

**THE EXPERIENCE OF ELDERLY PEOPLE TO COPE
WITH THEIR LIVES AT HOME: A LITERATURE
REVIEW**

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The purpose of this thesis was to explore how elderly people live and cope with their lives at home. The aim was to provide the experience of elderly people to help them and nurses to improve the quality of life at home for elderly people. The research problem of this thesis was elderly people's coping at home. The research questions were how elderly people cope with their lives at home and what kind of physical, social and psychological experiences elderly people have from ageing.

The theoretical framework of this study was Activity Theory and Continuity Theory by Havighurst, Neugarten and Tobin and Activities of Living Model by Roper, Logan and Tierney. The number of elderly people grows globally. The ageing process has brought different challenges for elderly people and the society. It is necessary to research about this topic to improve the situation.

The method of this research is narrative literature review. Data was collected through literature review from CINAHL and Academic Search Elite both hosted by EBSCO. Seven relevant articles were found and used for this thesis. The data was analysed by content analysis. According to the analysis, experiences from ageing and coping at home were found as results. Experiences from ageing consist of physical, social and psychological experiences. Coping at home comprises coping with daily life and coping with ageing. The conclusion of this study is that the ways to help elderly people to cope with lives at home are keeping good physical condition, having good social contacts, positive attitudes to ageing and being able to get assistance.

Key words: elderly people, experiences, coping, ageing, home care

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ABBREVIATIONS

ADL	Activities of Daily Living
PADL	Personal Activities of Daily Living
QOL	Quality of Life

1 INTRODUCTION

As a consequence of developments in technology and medicine, people live more comfortably and longer than ever before, and the rate of elderly people in the population has been increased gradually (Bayram, Öksüz, Türk & Sağsöz 2011, 165). The population is ageing the world over (Andersson, Burman & Skär 2011, 646). Ageing of the population has brought about concerns on how to keep older people living at home as long as possible. During the ageing process, coping with the situations of everyday life and meeting its demands become even more personal than before (Pietilä & Tervo 1998, 19). From the old person's point of view, the decreased functional ability and suffering from various health complaints also means dependency on others for carrying out activities of daily living, which may be more or less hard to live with (Andersson, Hallberg & Edberg 2008, 819).

The older patient population is increasing globally, especially in western countries (Suhonen, Stolt, Launis & Leino-Kilpi 2010, 337). According to Statistics Finland's statistics on population structure, there were 1,056,547 persons aged 65 or over in Finland's population at the end of 2013. Their proportion of the total population was 19.4 per cent. The number of persons aged 65 or over has doubled since the mid-1970s. (Nearly every fifth Finn is aged 65 or over 2014) The biggest change in the demographic structure is ageing (Ministry of social affairs and health 2013, 8). Finland's social and health policy strategy aims at supporting people in their own living environment (Hautsalo, Rantanen & Astedt-Kurki 2012, 2954). Home nursing, home hospital care and rehabilitation are aimed at supporting patients living in their own homes (Ministry of social affairs and health 2013, 26). The majority of older people lives at home and receives care at community settings. Families provide most of the care and help to older people. (Hautsalo et al. 2012, 2953.)

The starting-point of this study was from the phenomenon of ageing population and the practice of the author. During the practice, the author visited some elderly people's home. Some of the old people live with children, so they get helps from younger family members. Others live alone or with the spouse who is also old. These elderly people

might require more help than old people who live with children. Older people who live at home could have the problems with basic daily life such as cooking, visiting toilet, and shower. The most specific need of older patients is often the multiple need of care (Andersson et al. 2011, 646). The experiences of elderly people to cope at home should be studied more to improve their quality of life and make sure they can stay at home as long as possible. The assistance for elderly people is from family members and home services. Both family members and nurses should learn how to help elderly people to get more possibilities to continue live at home. The research problem is elderly people's coping at home. The purpose of this study is to explore how elderly people live and cope with their lives at home. The aim is to provide the experience of elderly people to help them and nurses to improve the quality of life at home for elderly people.

2 BACKGROUND AND THEORETICAL FRAMEWORK

2.1 Elderly people and ageing

Childhood, youth, adult and elderly are the stage of life circle of human's life. Elderly, is a phenomenon as old as mankind, is the last stage of the circle of lifetime (Bayram et al. 2011, 165). In this study, elderly people are the persons who are 65 years old and above which used the definition from John S. Hayes, Rasheed A. Balogun, Jamison Chang and Emaad M. Abdel-Rahman (2012, 159). A research about the impact of the economic recession on well-being and quality of life of older people suggested that older people are experiencing financial challenges as a result of the economic recession (Fenge, Hean, Worswick, Wilkinson, Fearnley & Ersser 2012). Gail Low, Anita E. Molzahn and Donald Schopflocher (2013) explored attitudes to aging mediate the relationship between older peoples' subjective health and quality of life in 20 countries. They concluded that older peoples' attitudes toward their own aging with respect to physical change, psychological loss, and psychological growth partly mediated the relationship between their health and QOL. M. Heravi-Karimooi, N. Rejeh, M. Foroughan and M. Vaismoradi (2012) explored experience of loneliness in Iranian abused elders. They summarised that the combination of abuse, old age and deprivation increased suffering and pain, which accompanied the loneliness experience in older people.

The ageing process ('normal ageing') represents the universal biological changes that occur with age and are unaffected by disease and environmental influences (Brundtland 1999, 10). The aging process reduces physiological capacity, which makes the elderly more susceptible to many health threats (Lepeule, Bind, Baccarelli, Koutrakis, Tarantini, Litonjua, Sparrow, Vokonas & Schwartz 2014, 566). The ageing process differs because of a number of reasons such as health problems, functional abilities, personal resources or the amount of social support (Hautsalo et al. 2012, 2954). Several researches about ageing have been done. Kattika Thanakwang, Kusol Soonthorndhada and Jiraporn Mongkolprasoet (2012) explored the ways that contribute to healthy aging among Thai elderly. Their study revealed that healthy aging is viewed as a multidimensional concept involving physical, psychological, emotional, and social aspects, which are inextricably

related to oneself, family, friends, neighbors, and society. Maryalice Kozar-Westman, Meredith Troutman-Jordan and Mary A. Nies (2013) investigated the suitability of using the Successful Aging Inventory in an effort to describe successful aging among older adults currently living in assisted living community. Their findings showed that among the differences were those influenced by gender, with females tending to score higher on successful aging. Christina Melin-Johansson, Ulrika Eriksson, Inger Segerbäck and Sara Boström (2014) explored experiences of ageing in older people living in nursing homes. Their study indicated how healthcare professionals could apply the gerotranscendence theory of ageing as a conversation model to enable care to be adjusted according to older people's wishes.

2.2 The experiences of coping at home

The definition of experience is something that happens to you that affects how you feel according to Cambridge Dictionaries Online. The experience of aging refers to self-perceptions of the individual's own aging process. These perceptions are multidirectional and multidimensional, implying that individuals experience both gains and losses in different domains, such as physical, psychological, and social functioning. (Bode, Taal, Westerhof, Gessel & Laar 2012, 666.) The concept of coping, pictures how an individual manages and/or makes out in life's adversities. Coping is also seen as adaptation. (Pietilä & Tervo 1998, 20.) Many things affect the possibility to live at home while getting old, including health, functional abilities and the amount, availability and quality of home care services (Backman & Hentinen 1999, 565). The factors that promoted coping in everyday life were social, physical and psychological (Pietilä & Tervo 1998, 23).

The research about older home nursing patients' perception of social provisions and received care showed that high levels of social provisions and togetherness were clearly associated with frequency of contact with various social networks, and with amount of formal and informal care (Dale, Sævareid, Kirkevold & Söderhamn 2010). Rowena MacKean and Joan Abbott-Chapman (2012) studied older people's perceived about contribution of peer-run community-based organisations. The result was that older

people from the sample were independent, active and involved with a wide range of social, cultural, educational and sporting activities, despite a range of medical conditions. Katja Hautsalo et al. (2012) researched family functioning, health and social support assessed by aged home care clients and their family members and concluded that the assessment of needs, care planning and updating are important. The factors influencing life satisfaction compared and examined between older people living with family and those living alone (Shin & Sok 2012). They found that perceived health status, self-esteem, depression, age and monthly allowance were the factors related to the life satisfaction of older people. Effects of family caregivers on the use of formal long-term care were investigated in South Korea (Kim, Cho & Lee 2013). They draw the conclusion that the decision to use formal services may depend not only on the care level required by the applicant, but also on the presence and type of care givers.

2.3 Narrative literature review

Nursing knowledge is drawn from a multifaceted base and includes evidence that comes from science (research and evaluation), experience and personally derived understanding (Moule & Goodman 2009, 15). Nursing knowledge is scientific knowledge of human beings. Nurse researchers tend to use qualitative research approaches to look at questions around life experiences, beliefs, motivations, actions and perceptions of patients and staff (Moule & Goodman 2009, 205). Narrative literature review will be used for this study to answer the research questions about life experiences. Narrative literature review aims to show how concepts, theories and methods have developed within particular subject areas (Jones 2013, 43). Narrative or traditional literature reviews are useful for providing a general perspective on a topic and are appropriate for describing the history of a problem or its management (Moule & Goodman 2009, 247). Its primary purpose is to provide the reader with a comprehensive background for understanding current knowledge and highlighting the significance of new research (Cronin, Ryan & Coughlan 2008, 38).

Brian J. Gleberzon (2011) did a narrative review of chiropractic regarding older patients and concluded that there is clearly a gap in the evidence base of chiropractic geriatric

care, particularly the under-representation of clinical trials of all kinds involving older chiropractic patients. A narrative review of chemotherapy treatment decision making highlighted some of the special problems faced by older patients during the process of assessment of the risks and benefits of chemotherapy (Johnson 2012). Goetz Ottmann, Jacqui Allen and Peter Feldman (2013) did a systematic narrative review of consumer-directed care for older people. They had the conclusion that consumer-directed care has the potential to empower older people and their caregivers by offering them greater flexibility and by increasing their involvement in case-related decisions. A narrative literature review of older people's cancer pain experience highlighted the need for further research into living and dying with cancer pain which incorporates the unique and individual experience of older people (Dunham, Ingleton, Ryan & Gott 2013).

2.4 Activity theory and continuity theory

Activity theory and continuity theory are the theories about ageing. Both theories were developed by Havighurst, Neugarten and Tobin. The activity theory was based on the hypothesis that older people remain socially and psychologically fit, if they stay active (McGarry, Clissett, Porock & Walker 2013, 52). The activity theory sees activity as necessary to maintain a person's life satisfaction and positive self-concept. Within the context of this theory, activity may be viewed broadly as physical or intellectual. (Meiner 2015, 22.) The continuity theory utilizes the psychological theory of personality to explore the influence of personality on personal roles and life satisfaction (McGarry et al. 2013, 52). According to the continuity theory, the latter part of life is a continuation of the earlier part and therefore an integral component of the entire life cycle. Individuals will respond to aging in the same way they have responded to previous life events. (Meiner 2015, 22-23.)

2.5 Activities of living model

Activities of living model were developed by Roper, Logan and Tierney. The model is concerned with the individual's ability to carry out everyday activities which individuals regularly perform independently, recognizing that physical, psychological,

environmental, politico-economic and sociocultural factors may all affect an individual's level of independence (Moules & Ramsay 1998, 602). In the model, individuals are seen as engaging in 12 basic activities of living. The 12 activities are: maintaining a safe environment, communicating, breathing, eating and drinking, eliminating, personal cleaning and dressing, controlling body temperature, working and playing, mobilising, sleeping, expressing sexuality and dying. (Pearson, Vaughan & FitzGerald 2005, 89.)

3 IMPLEMENTATION OF THESIS

3.1 Purpose, aim and problem

The number of elderly people is increasing and the world is facing a demographic upheaval, therefore it is a challenge to manage the care and support of the rising proportion of older people's needs (Antonsson, Korjonen & Rosengren 2012, 738). Consequently, it is very necessary to study about elderly people and their experiences of coping daily life.

The purpose of this study is to explore how elderly people live and cope with their lives at home. The aim is to provide the experience of elderly people to help them and nurses to improve the quality of life at home for elderly people.

The research problem of this thesis is elderly people's coping at home. The research questions will be answered in this literature review are: how do elderly people cope with their lives at home and what kind of physical, social and psychological experiences do elderly people have from ageing?

3.2 Research method

The method of this research is narrative literature review. This study which concentrates on the experiences of elderly people is descriptive. According to the purpose and aim for this thesis, the type of narrative review is narrative overview. Narrative review consists of providing qualitative descriptions of the results of many previous studies (Baumeister 2003, 58). In a narrative review, the reviewer offers a critique in order to assess, analyse and synthesize previous research, and place it in its current context (Jones 2013, 43).

The reasons why narrative literature review was chosen as the method are focus of this thesis and the number of author. The focus of this study is to address a broad range of how elderly people live and bring an overview. Narrative review can be undertaken independently. The literature review which is done by only one author is difficult to avoid subjectivity.

3.3 Data collection

The method of data collection was literature review. The process of literature searching started with the research questions. Then search terms and inclusion and exclusion criteria were decided. Narratives and stories are collected through open interviews as part of research approaches that seek to understand the lived experience of participants (Moule & Goodman 2009, 351). Consequently, all of the relevant articles include interview as the research method. The data was collected on 9th of February from the website CINAHL and Academic Search Elite both hosted by EBSCO. The inclusion and exclusion criteria are seen from Table 1.

Table 1 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
From year 1995 to 2015	Older than 1995
Full text	Without full text
Academic journals	Other types of articles
In English	In other languages
Experiences from elderly people	Experiences from other people
Elderly people who live at home	Elderly people who do not live at home
Interview as research method	Other research method

From CINAHL elderly, experiences and life limited with abstract were used as key words. 236 articles were found. Then year 1995 to 2015, linked full text, English language and academic journals were selected. Result was 61 articles. Three articles were relevant. According to Academic Search Elite old person, experience and living limited with abstract or author-supplied abstract were searched. Fifteen articles came out. With year 1995 to 2015, linked full text, English language and academic journals, eight articles were gained. One relevant article was identified. Elderly people, experiences and life limited with abstract or author-supplied abstract were used as search words on Academic Search Elite, consequence was 68 articles. Year 1995 to 2015, linked full text, English language and academic journals were chosen as conditions. Only 1 of 42 articles was relevant. With keywords older people, experiences and live limited by abstract or author-supplied abstract, 117 articles were available. With year 1995 to 2015, linked full text, English language and academic journals, out of 58 found as result 2 were used as relevant articles. Totally, seven relevant articles were collected for this thesis. Table 2 shows the summary of the included studies.

Table 2 Summary of included studies

Title	Author	Method	Sampling	Findings
Model for the self-care of home-dwelling elderly	Backman, K. & Hentinen, M. 1999, Finland	Interview	40 home-dwelling elderly persons aged 75 or more	Self-care of the elderly living at home consists of caring for health and illness and carrying out daily activities
Elderly persons with disabilities in Sweden: their experiences of everyday life	Tollén, A., Fredriksson, C. & Kamwendo, K. 2008, Sweden	Interview	22 aged between 65 and 91 years living with spouse or alone	Occupational therapy intervention should be directed at increasing

				social contacts and engagements in meaningful activities, as well as strengthening the individual's autonomy
Doing everyday life-experiences of the oldest old	Larsson, Å., Haglund, L. & Hagberg, J-E. 2009, Sweden	Interview and observation	18 community-living people aged 85 and above	Knowledge emanating from the very old themselves is vital to diversify the image of elderly people and to offer interventions and support adapted to their needs and desires
Feeling old: being in a phase of transition in later life	Nilsson, M., Sarvimäki, A. & Ekman, S-L. 2000, Sweden	Interview	15 persons 85-96 years of age living in their own homes	Feeling old when you are very old is a special experience related to being in a stage of transition within the ageing process
Elderly Finnish	Pietilä, A-M. &	Interview	20 elderly	By supporting

people's experiences with coping at home	Tervo, A. 1998, Finland		inhabitants over 75 years of age living at home	elderly people to cope at home, it is possible to influence their sense of safety and well-being and hence their quality of life
Problem-solving experiences among elders living alone in eastern Taiwan	H-H. Tsai & Y-F. Tsai 2007, Taiwan	Semi-structured interview	9 elders living alone	In Chinese society, maintaining a balance between internal and external resources is an important mechanism for elders in solving problems
Facing the challenge of adapting to a life 'alone' in old age: the influence of losses	Kirkevold, M., Moyle, W., Wilkinson,C., Meyer,J. & Hauge, S. 2013, Norway, Australia and UK	Open-ended interview	78 older people aged 65 and above living at home or in long-term care settings	Older people's interpretations of losses in their life have a significant impact on whether they experience loneliness or not

3.4 Data analysis

Content analysis was used as the method of data analysis. Content analysis is the simplest form of data processing. It is a process that involves labelling the data for retrieval. The content of the data is explored, reducing the data by the process of 'coding'. (Moule & Goodman 2009, 349.) Qualitative content analysis was applied for this study. The type of the data is textual data. The data analysis was done through manual process independently.

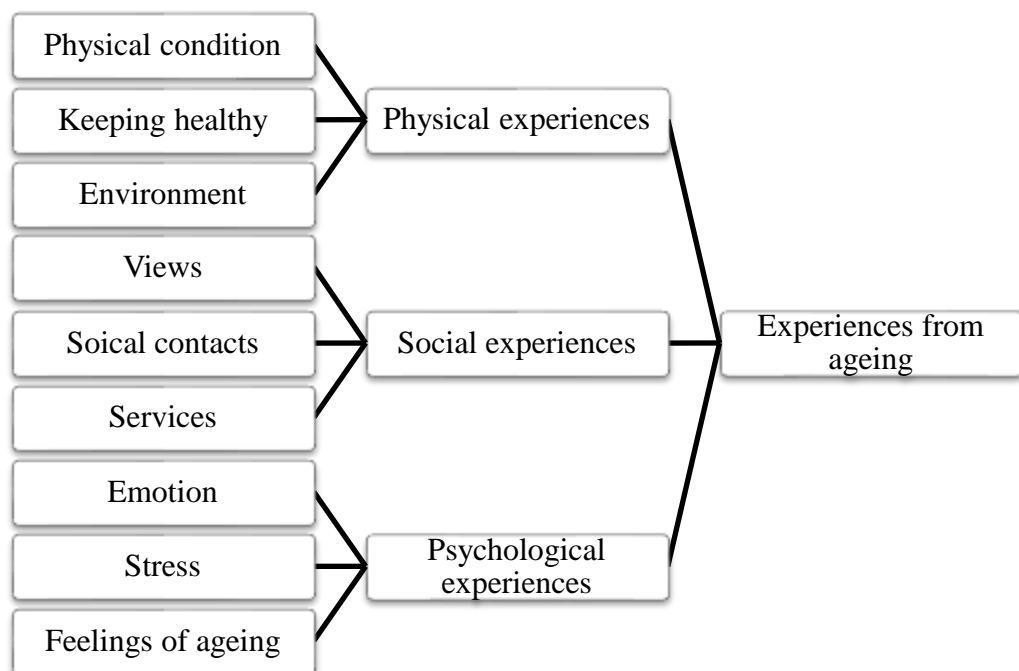
Initially, the data was read through several times to obtain the overview and meaning units. Then, meaning units were abstracted and labelled to codes. Next, codes were compared and grouped to sub-categories and categories. Afterward, categories were developed to themes. The themes are experiences from ageing and coping at home.

4 RESULTS AND CONCLUSIONS

4.1 Experiences from ageing

According to the analysis of the material, the categories of experiences from ageing are physical, social and psychological experiences. Condition, health and environment were categorised to physical experiences. The sub-categories of social experiences are views, contacts and services. Emotion, stress and feelings of ageing are the sub-categories of psychological experiences. The description of experiences from ageing is shown in Figure 1.

Figure 1 Experiences from ageing



4.1.1 Physical experiences

Condition consists of physical deterioration, illness or diseases, symptoms and operations. Elderly people have different kinds of physical deterioration such as auditory and visual deterioration, difficulties in moving and keeping balance,

deteriorating memory, losing resilience and diminished strength during the ageing process (Backman & Hentinen 1999, 568-569; Nilsson, Sarvimäki & Ekman 2000, 43-45; Tollén, Fredriksson & Kamwendo 2008, 140-141; Larsson, Haglund & Hagberg 2009, 103-106; Kirkevold, Moyle, Wilkinson, Meyer & Hauge 2013, 397).

“Some were unable to read any more, some had lost their ability to hear, and some did not remember things or were unable to move.”

“The persons who felt old reported physical changes, mainly difficulty in walking and moving around, often in combination with dizziness and difficulty in keeping their balance. Another experience was lack of previous strength and energy.”

“Reduced strength in the arms and legs also imposed on the doings, for example having to walk long distances from the bus, which he had problems with, or lifting a heavy frying pan, which was problematic for another participant.”

Examples of chronic illness or diseases are Parkinson’s disease, angina pectoris, high blood pressure, stroke, knee and arm problems, cancer, rheumatoid arthritis and dementia (Backman & Hentinen 1999, 568; H. Tsai & Y. Tsai 2007, 983; Tollén et al. 2008, 136; Larsson et al. 2009, 104-105; Kirkevold et al. 2013, 397).

“The participants’ disabilities related to musculoskeletal problems and neurological problems, cerebrovascular disease and cardiovascular disease.”

“Angina pectoris, high blood pressure, knee problems, and complications after lung cancer are examples of illnesses among the participants.”

Dissimilar symptoms brought limitations for elderly persons. Dizziness, ringing in the head, stiff body and pain in head, shoulder, arms, legs and knees also made older people suffer. (Backman & Hentinen 1999, 568-569; Nilsson et al. 2000, 43-45; Tollén et al. 2008, 138-142; Larsson et al. 2009, 104.)

“This dizziness, it bothers me. My shoulder ached and my knees ached sometimes.”

“To carry books is difficult, the books collapse when I want to take a book and at the same time hold on to the others, the arm can’t keep up.”

“The only thing she could not do was to crawl on her knees to scrub the floors.”

Physical condition was weakened more by operations such as pacemaker, knee and hip operation, disabilities and complications from cancer (Backman & Hentinen 1999, 569; Tollén et al. 2008, 136; Larsson et al. 2009, 103-105).

“One has a pacemaker, another one has pain in her legs, one has had a knee operation, another had an operation on her hip, and so on.”

Health includes keeping healthy and exercise. In order to keep healthy, elderly adults take good care of their physical condition, have healthy life style and obey the instructions from health professionals. Crossword puzzle was played to maintain cognitive ability. Physical trainings and keep doing things help to maintain bodily function. Having healthy diet makes life style healthy. Elderly people follow the guidance from health professionals such as taking medication, injecting insulin and observing the changes of symptoms. (Backman & Hentinen 1999, 567-568; H. Tsai & Y. Tsai 2007, 983; Tollén et al. 2008, 139-142; Larsson et al. 2009, 103; Kirkevold et al. 2013, 397.)

“In striving to resist a physical decline or improve their physical ability, they engaged in physical training. They hoped to maintain their cognitive ability through intellectual activities and challenges.”

“I used to smoke and drink, but I quit all those habits due to health concerns.”

“A formally guided old person took her/his medication from a medicine box, as instructed by a nurse. These elderly persons also obeyed all the other instructions concerning their health care.”

Exercise is the activity concerning health. Walking, golf and swimming are elderly people’s exercise. (Pietilä & Tervo 1998, 23; Backman & Hentinen 1999, 567; Tollén et al. 2008, 139; Larsson et al. 2009, 103-104; Kirkevold et al. 2013, 397.)

“They carried out a range of physical exercises, such as riding an exercise bike and exercising arms and hands.”

Physical environmental barriers and living environment constitute environment. According to Tollén et al. (2008, 138), stairs without rail to hold and difficult entrance can become the environmental barriers for elderly individuals.

“Other physical environmental barriers, such as stairs, reduced the participants’ ability to visit friends and participate in club activities.”

“But it is not just that little half staircase, it’s the entrance which is so difficult. It is a staircase without a rail. If I had a rail, I could hold on and go one foot at a time.”

Physical changes brought the limitations for living environment. Wheelchair should be able to use at home. The living environment also should be taken good care of to meet the physical needs. (Backman & Hentinen 1999, 567; Larsson et al. 2009, 105.)

“Technical aids such as wheelchairs were to become needed.”

“These old persons took good care of their physical condition. They also took good care of their environments.”

4.1.2 Social experiences

Views comprise social views of elderly people and elderly people’s own views. In the society, there are some negative views about older people (Larsson et al. 2009, 103-104).

“Several of the participants talked about how they perceived society’s view of elderly people, describing it as becoming useless and worthless. They emphasize this shamefulness in being old, this one needs to abandon.”

“She did not understand people who said they had nothing to do.”

Some elderly people think that they are able to continue working. However, some other elderly people think themselves negatively to society. Being not respected or understood made elderly persons feel being separated. (Backman & Hentinen 1999, 569; Nilsson et al. 2000, 44-45; Larsson et al. 2009, 103-106; Kirkevold et al. 2013, 398.)

“She said that she thought that there are many old people that are capable and want to continue working and that they should be allowed to do that.”

“These old persons had not been respected or understood in their lives.”

“Old persons spoke about how they felt awkward in social life.”

“We are a burden to society of course.”

“She now had nothing to contribute to social life and the community.”

Family, friends, neighbours and social activities compose social contact. Older people contacted their relatives and friends by calls and correspondence. They also visit other family members, friends and neighbours or get visit from others. They go shopping with family sometimes. Activities with friends keep the relationships. On the other hand, some acquaintances stopped visiting and finally lost contact. (Pietilä & Tervo 1998, 22-23; Backman & Hentinen 1999, 568; Nilsson et al. 2000, 44; H. Tsai & Y. Tsai 2007, 984; Tollén et al. 2008, 138-139; Larsson et al. 2009, 103-105; Kirkevold et al. 2013, 398.)

“I write letters and get a lot of cards and of course the telephone rings, though I call mainly in the evening when it is a little cheaper.”

“Maybe I get a call or call one of my children, or I might get a visit or visit a friend myself. Not a day goes by without having contact with somebody.”

“Several of us ladies go out and eat, at the most once a month, yes it can be once a month. Sometimes, I also go to a concert at the concert hall with a friend.”

“Now I’ll have a friend coming to pick me up tomorrow and accompanying me to the dentist.”

“Participants gave up socializing as they felt that they could not manage, for example, the duties they believed were implied in being a host, and because friends and acquaintances no longer came to visit.”

Elderly people participated different kinds of social activities such as theatre group and physical exercise group. Some of them are still able to manage travelling. In addition, elderly people do errands and collaborated with doctors, nurses and personal physician when they meet health professionals. In comparison, some elderly people reduced their social activities. Indeed, few elderly people had very limited social networks because they did not have good body condition or good relationships with others. (Pietilä & Tervo 1998, 22-23; Backman & Hentinen 1999, 567-569; Nilsson et al. 2000, 44-45; Tollén et al. 2008, 139-143; Larsson et al. 2009, 103-104; Kirkevold et al. 2013, 397.)

“Taking part in hobbies (travelling, parish activities, associations, the elderly people’s university, and reading) provided further content in the elderly people’s life.”

“Many of the participants were active in their societies, participating in or being responsible for different activities. An activity that particularly stood out, since about one-third of the participants talked about it, was playing bridge and other card games. This was organized through the societies but was also done in smaller groups that got together and played and socialized every fortnight. The participant for example participated in bridge tournaments, and another went on special bridge trips, both in Sweden and abroad.”

“I always go out for a walk or to do some errands, visiting the bank or post-office or shop for groceries.”

“Older pensioners tend to give up some of their hobbies, their membership in organizations, and cultural events and entertainment.”

“Physical changes such as reduced hearing and vision and a body that had become stiff or more easily fatigued hindered their ability to maintain contact with the outside world.”

“These old persons had very limited social networks. It could be that only one person knew how they were.”

Services were classified to services at home and services outside home. Social, voluntary, cleaning and home visiting services are the services which are provided at home. Nevertheless, few elderly people in Taiwan were unable to fill forms to get home visiting services or even did not know about this service. Outside home, older people can call buying services or get transportation services to shops, friends or relatives and doctors. They even can get accompanied on walks out from home. (Pietilä & Terbo 1998, 22-23; Backman & Hentinen 1999, 569; H. Tsai & Y. Tsai 2007, 984; Tollén et al. 2008, 140-141; Larsson et al. 2009, 105.)

“Assistance was received from relatives (husband/wife or children/grandchildren), friends, neighbours, social services, voluntary services and private cleaning companies.”

“It is so complicated to use the home visiting service. I had to fill out a lot of forms. You know, I am not educated. It is really difficult to fill them out.”

“No one told me about this resource (home visiting). I had no idea it existed.”

“Assistance outside the home often consisted of being accompanied on walks and to a variety of events. Participants had a subsidized transportation service which they used for pleasure trips, such as shopping, and visiting children and friends. They also used it for other trips such as visits to the doctor.”

“He called the buying of groceries the ‘pensioners’ occupation indicating that as one is old one shops on many occasions.”

4.1.3 Psychological experiences

Emotion comprises fear, worry and anxiety. Elderly people fear that they are not able to manage things what they did or enjoy existence as individual persons any more. They are also afraid that something will take too much of their time away. Older people worry how long time they can still stay at home and when they need to move to nursing home. (Backman & Hentinen 1999, 569; Nilsson et al. 2000, 43-44; Tollén et al. 2008, 138-142; Larsson et al. 2009, 103-106; Kirkevold et al. 2013, 398.)

“Concerning the future, they felt only fear. They had a fear of pain, disability, decline, loss of control, and ultimately dying or death.”

“The physical changes were perceived as problems they had to struggle with in daily life and involved feelings of anxiety, fear and powerlessness.”

“There was also a fear that a fall or inducing pain would result in deterioration in their current health.”

“Participants expressed anxiety that their physical and mental abilities would be weakened and decrease if they did not actively use them.”

There are different reasons such as being independent, future and being able to stay at home why elderly people have stress (Larsson et al. 2009, 103-104).

“She stressed that the most important thing for her was to stay totally independent. She fears the day when she cannot manage any longer. They as couple both expressed the same fear of not being able to get up in the morning and manage what they did. Their main concern was how long they could manage at home by themselves. Thus they described uncertainty about how to cope in the future.”

“The oldest man among the participants stressed the importance of having something to do.”

“She stressed how she rested during the activity, that is, first she made the dough and then she rested and then she took the dough and made the buns.”

Feelings consist of positive and negative feelings. Older persons feel positive to be able to get helps. They also feel belonging. (Pietilä & Tervo 1998, 23; Backman & Hentinen 1999, 568; H. Tsai & Y. Tsai 2007, 984; Tollén et al. 2008, 143.)

“The feeling of safety was increased when the elderly people knew that they could get help whenever they needed it.”

“A sense of belonging could also be maintained indirectly even though the participant was no longer active in the community (e.g., at a workplace or in an association) but had contact with other people who were still active.”

However, some other elderly persons have negative feelings such as emptiness, sadness, resignation, frustration, loneliness and regret. It could be caused by living alone, limited activities or troubles to cope with ageing. They feel discouraged, helpless and different from others, too. Elderly persons feel old and fatigued. Being dependent and being not needed are also negative feeling from their opinion. (Backman & Hentinen 1999, 568-569; Nilsson et al. 2000, 43-45; Tollén et al. 2008, 140-141; Kirkevold et al. 2013, 397-399.)

“Feeling different from others entailed quite a few disparate meaning.”

“Significant for those who felt old was that suffering loss was associated not only with feelings of void and regret but also sorrow for what had been lost.”

“Setbacks in the recovery process following an illness or injury strengthened the feeling of dejection, discouraging even simple activities.”

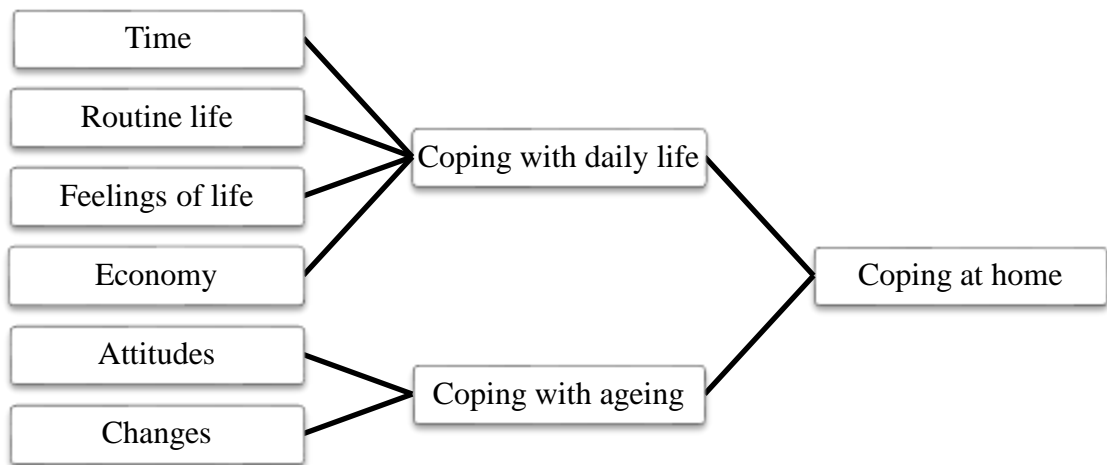
“The very old persons described how they had become fatigued, listless or indifferent in a way they had not experienced earlier.”

“The feeling of living within a context and being needed had disappeared.”

4.2 Coping at home

On the basis of the analysis, coping at home comprises coping with daily life and coping with ageing. The sub-categories of coping with daily life are time, routine life, feelings and economy. Attitudes and changes were categorised to coping with ageing. Figure 2 shows the description of coping at home.

Figure 2 Coping at home



4.2.1 Coping with daily life

Some elderly people feel that every day goes quickly and they do not have enough time to do everything. They also feel days also become less and less for them. (Tollén et al. 2008, 139; Larsson et al. 2009, 103-106.)

“Participants whose days were filled with a variety of activities and who had the opportunity to socialize thought time passed quickly.”

“He, a widower, said that his days had ‘become less and less’, thus describing how life had become more mundane as compared with earlier in life.”

“You have to leave yourself plenty of time. Everything is long-winded and slow. The day had shrunk and small tasks suddenly became enormous.”

Conversely, other elderly people feel that they have too much time. Doing something makes time go quicker for them. If they do not have any activities during the whole day, they will feel the day goes very slowly. (Tollén et al. 2008, 140-143; Kirkevold et al. 2013, 397.)

“It was a great loss not to be able to follow their interests or carry out activities in the same way as before and the days seemed to go more slowly.”

“There is a lot of looking at the TV and that mightn’t always be that good, but it is a good time-waster.”

Routine life involves everyday doings and assistance. Everyday doings for older people are composed of personal hygiene, dressing, taking medication, gardening, learning things, reminiscing and rest. Reading, listening, writing, watching and household chores such as cooking, doing dishes, cleaning and doing laundry, baking and craftwork constitute their activities. (Pietilä & Tervo 1998, 22-23; Backman & Hentinen 1999, 568; H. Tsai & Y. Tsai 2007, 984; Tollén et al. 2008, 139-143; Larsson et al. 2009, 103-104; Kirkevold et al. 2013, 397-399.)

“Taking part in everyday tasks (cooking, shopping, following the daily events in the newspapers, radio, and television) was important in keeping up the activity. Some of the elderly people used to plan their daily programme beforehand.”

“At home, the participants engaged in various leisure activities, for example, reading, listening to talking books, solving crossword puzzles or watching TV. Sitting and reminiscing was also a part of their everyday life.”

Assistance is also one of important parts for some elderly people. They get assistance from family, friends and neighbours. The assistance normally includes personal

activities and household activities. Nonetheless, some of them think that receiving assistance is a troublesome process. On the other hand, assistance can also weaken elderly person's independence. (Pietilä & Tervo 1998, 22; Nilsson et al. 2000, 43-44; H. Tsai & Y. Tsai 2007, 984; Tollén et al. 2008, 140-142.)

“Asking for private help, e.g., from relatives or friends, when the home help was not sufficient was seen as a difficult task, especially when the older person had to ask for assistance in everyday matters like changing bulb.”

“Participants primarily needed help with household activities such as cooking, cleaning and washing but also with personal activities, such as hygiene and dressing.”

“Furthermore, their service [home visiting] is not so convenient. They only visit me twice a week. And they visit on a schedule. I really have trouble in getting their helps in an emergency. They just can help me to do the regular household activities.”

“Assistance from relatives was perceived as a threat to the participants' independence and was something they tried to avoid at all costs.”

Feelings of life are different from different elderly people. Some elderly people feel that life is mundane, meaningless, boring and even miserable, while others feel happy and confident to live at home. Older adults need peaceful life. The previous life experiences are very important for them to cope with daily life of ageing process. (Pietilä & Tervo 1998, 22; Backman & Hentinen 1999, 568-569; Nilsson et al. 2000, 44-45; H. Tsai & Y. Tsai 2007, 983-985; Tollén et al. 2008, 141; Larsson et al. 2009, 103; Kirkevold et al. 2013, 399.)

“They described a life that was boring and meaningless.”

“They felt that their whole life had been miserable.”

“The participants felt optimistic and confident about the likelihood of being able to continue living in their own home.”

“The wish to be left in peace can also be perceived as a way to avoid further changes and demands.”

“The interviews also pointed out the significance of previous life experiences.”

Economy comprises income and saving. Pension is the main income for older people. Insufficient income sometimes brought troubles for them. It could happen that they could not afford to do something anymore because of the financial situation. They need to save money to be able to travel and in case of future needs. (Pietilä & Tervo 1998, 23; H. Tsai & Y. Tsai 2007, 982-985; Larsson et al. 2009, 106.)

“Pensions were the most important source of income.”

“Some participants even mentioned that they could buy and do whatever they wanted since they had their pension.”

“I never help others. For this reason, I think I am ashamed to ask for help even if I am short of money.”

“Two of the participants mentioned that economy could be a reason for not performing certain doings any more.”

“The person, who liked to go on cruises on the Baltic Sea, said he had to save up to be able to do this; he could maybe afford it but he had just enough to make his finances break even.”

“I receive NT\$20,000 [about US\$570] every month as my pension. I don’t give all of this to my relatives in mainland China. I save some money in case of future needs.”

4.2.2 Coping with ageing

Attitudes include positive attitudes and negative attitudes. Elderly people who have positive attitudes are optimistic. They feel happy to be independent. They enjoy their life and adapt to new conditions. They are active and responsible. They do things by themselves as possible as they can. They also combat loneliness. (Pietilä & Tervo 1998, 22; Backman & Hentinen 1999, 567-568; Nilsson et al. 2000, 44-45; H. Tsai & Y. Tsai 2007, 983-984; Tollén et al. 2008, 140-143; Larsson et al. 2009, 103-104; Kirkevold et al. 2013, 397-398.)

“The elderly people thought of themselves as being healthy in spite of their illness. You can learn things even though you are older, if you want to. She felt she had many things that she could do even if the motivation was sometimes missing.”

“To ‘live in the present’ is usually seen as something positive. Those who were beginning to feel old and felt old occasionally still had a hope of recovery and expected their lives to continue as before.”

“Expressions like ‘you are as old as you feel’, ‘being old but feeling young inside’ and the attention paid to those who do not feel old and are capable of living as much younger people strengthen this.”

“The participants’ described being independent as something which they saw as desirable and which they strived for.”

“They enjoyed various social activities and had good relationships with their children and friends. These elderly persons had a positive orientation towards the future.”

“He said that it was better to do a little at a time and then have things to do rather than get help from someone else. Being inactive was no fun.”

“The elderly subjects who were responsible controlled their treatments and medication. Responsible persons wanted to know the reasons for their symptoms and the possibilities for treating them. ”

Nevertheless, some older people have negative attitudes to the ageing process. They are unwilling to fight against ageing and change. They have pessimism spirit. They do not have expectation to get better. They give up unmanageable things. Elderly adults who are lazy prefer to get helps than be independent. They just do not want to do anything. They are also suspicious of health professionals. For example, they feel that it is useless to visit doctor. (Backman & Hentinen 1999, 568; Nilsson et al. 2000, 44-45; Tollén et al. 2008, 138-141; Larsson et al. 2009, 104-105; Kirkevold et al. 2013, 397-399.)

“These elderly persons thought that their life would become more limited over the years, and they did not fight against that.”

“Their spirits had altered from optimism to pessimism or from a cheerful temperament to melancholy.”

“They felt excluded and unable to connect, while simultaneously waiting for others to connect to them.”

“The very old persons had felt old for a period of time seemed to accept this state as being irreversible and did not expect to get better.”

“Participants gave up socializing as they felt that they could not manage.”

“It was better to get help than to do it in an inadequate and mediocre way.”

“They were suspicious of doctors’ and nurses’ opinions and regulations. ‘In hospital I was so sad because they did not give me these medicines [natural cure]. They gave nothing else but those horrible poisons. They gave so much of them that I had to hide some.’”

There are a lot of changes regarding ageing. Because physical condition changes little by little, elderly persons also change the way to do things. They did not dare to climb on chairs. It also takes longer time for them to do the same things as before. They try to be engaged to forget pain. Some of them are even not sensitive to notice the changes of their body. (Backman & Hentinen 1999, 568; Nilsson et al. 2000, 44; Tollén et al. 2008, 139-142; Larsson et al. 2009, 104-106.)

“These descriptions also included how these doings were adapted to the individual’s strength and capability.”

“I don’t know otherwise how I would get it down, as I don’t dare walk and carry, as I need to hold onto the rail with both hands.”

“Activities that had previously been done automatically now required complete attention, which meant that it took significantly longer to carry out said activities than prior to the illness or injury.”

“They did not notice illness and symptoms or they did not take them seriously.”

In order to adapt to ageing, older people adjust their doings. Having a rest during doings is an example of adjusting. They learn to give up when they cannot do something anymore. During the ageing process, they give up daily activities gradually. They take easy food to manage winter time or difficulties in cooking. They do something to relieve boredom and loneliness. They also have to adapt to the death of spouse, relatives and friends. (Backman & Hentinen 1999, 568-569; H. Tsai & Y. Tsai 2007, 983; Tollén et al. 2008, 138-142; Larsson et al. 2009, 104-106; Kirkevold et al. 2013, 396-399.)

“One has to lean to give up a little. This was something that one just had to accept and she and her husband did not feel deprived as a result.”

“They had gradually given up their daily activities, such as cleaning and cooking, and someone else did those for them.”

“I buy bread, dumplings and steamed bread to eat, instead of food that is hard to deal with.”

“My son bought ready-made meals in the shop so I only had to put them in the microwave.”

Concerning changes of methods, elderly people prepare everything before starting doing. They do less per time and more slowly. (Tollén et al. 2008, 142; Larsson et al. 2009, 103-105.)

“To do dishes, water plants, cooking, vacuuming etc. were often described as doings that were done a little bit each day.”

“I have got a shower instead of a bath and that was nice, otherwise I couldn’t wash until someone came and helped me.”

Older adults have changes of behaviours as well. They become more careful to do things and with people. They lose confidence and keep putting things off. They lose motivation to do things or because of others’ illness or death. Finally, they prefer to be alone. (Backman & Hentinen 1999, 568; Nilsson et al. 2000, 45; H. Tsai & Y. Tsai 2007, 984-985; Tollén et al. 2008, 138-140; Larsson et al. 2009, 104-105; Kirkevold et al. 2013, 398.)

“When you’re young almost any behavior is appropriate, but when you’re older you’re more careful with people anyway.”

“Participants also described how illness and/or the death of someone close to them noticeably reduced both their will and motivation to socialize and do things.”

“They did not care very much about the company of other people but preferred to be alone.”

There are different kinds of reasons why elderly adults stop doing something. Being unable to do or being unwilling to do alone causes stopping doing. The cause of

stopping something can be also laziness and risks. For instance, old people do not go outside in the winter because of the risk of slipping. (Backman & Hentinen 1999, 569; Tollén et al. 2008, 138; Larsson et al. 2009, 105; Kirkevold et al. 2013, 397.)

“He had stopped playing boules, saying this was due to laziness. The feeling of not making oneself do things was mentioned both as a form of laziness that made one disinclined to do anything and as being natural at the advanced age the participant had reached.”

Assistive devices such as cane, walker, shopping trolley, wheelchair and safety telephone become necessary for elderly people. Walker with basket and shopping trolley help them to carry food from shops. (Pietilä & Tervo 1998, 23; Larsson et al. 2009, 105.)

“He talked about being careful, walking slower, and using a cane or a walker to manage. They talked about their little shopping trolley that made it possible for them to continue to do this on their own, and they said that they had to use their walkers with a basket to carry the food in.”

4.3 Conclusion

It can be concluded from the results that keeping good physical condition, having good social contacts, positive attitudes to ageing and being able to get assistance are the ways to help elderly people to cope with lives at home.

Good physical condition is one of the most important factors for elderly people to be able to live at home. This confirms the findings according to Pietilä & Tervo (1998), Backman et al. (1999), Tollén et al. (2008) and Larsson et al. (2009). Activities of daily living (ADL) and healthy life style could help to keep good physical condition.

Performing an activity could help to forget pains and worries (Tollén et al. 2008, 145). The risk of physical deterioration was something that was always present (Larsson et al. 2009, 103), so healthcare providers should not only check on the status of elders living alone, particularly if their health status is fragile, but also deliver health promotion programmes when they are in good health (H. Tsai & Y. Tsai 2007, 985).

The findings of Pietilä & Tervo (1998), Backman et al. (1999), Larsson et al. (2009) and Kirkevold et al. (2013) have showed the importance of social contacts. People at advanced ages are lonely (Larsson et al. 2009, 107), because giving up social and other activities was a natural part of ageing (Backman et al. 1999, 570). The disengagement in activities and social contacts resulted in feeling of resignation and dejection. However, being active and socializing gave feelings of pleasure and a sense of belonging. (Tollén et al. 2008, 143-144.) Older persons missed having somebody to share their small daily experiences with (Nilsson et al. 2000, 45). Even though elderly people maybe already have lost their friends or other important persons, people who are still alive should keep in touch with them to support their ageing process. According to Pietilä & Tervo (1998, 23), family was an important factor that contributed to the elderly people's ability to cope at home.

Positive attitudes bring benefits for ageing process. Elderly people who have positive attitudes use different strategies to manage their everyday doings and to stay as independent as possible (Larsson et al. 2009, 107). The transition process was a troublesome experience to the very old persons who felt old. This does not mean that their life was entirely bad, since there was a positive side as well to being old. (Nilsson et al. 2000, 46.)

Older people experienced a wide variety of difficulties managing aspects of their own care (McKeown 2007, 475), so assistance affects the possibility of staying at home for them. This was also found by Pietilä & Tervo (1998), Backman et al. (1999) and Tollén et al. (2008). Family and near relatives are the most important sources of help and care (Pietilä & Tervo 1998, 23). Home services which provide the assistance of personal and household activities are also significant for elderly persons.

What is considered meaningful varies from individual to individual. Nurses can make a difference here, being close to people in later life in institutions and in home care, and are able to apply the individual perspective (Nilsson et al. 2000, 47). Strengthen the individual's autonomy, despite dependence on others, are equally important. (Tollén et al. 2008, 145-147.) It is also necessary to know each client's personal goals for health and what health means to her/him (Backman et al. 1999, 571). Elderly people's individual desire should be respected. It is more important than whether they could continue live at home.

5 ETHICS, RELIABILITY AND VALIDITY

All the researchers of the included studies and the author of this thesis obeyed veracity, justice, non-maleficence, beneficence and confidentiality. Researchers were honest with participants and respected the rights of participants. Researchers communicated clearly with participants. Participants received proper written information about research which they can understand. Informed consent was done. However, Nilsson et al. (2000) did not mention the process of gaining participants in detail. It was fair to every participant during the research process. Researchers prevented harms to participants. Research benefits both the individual participants and society in general. Data is stored safely. Participants know who can assess their data. Researchers report the data with participants' permission. The research cannot be linked with a particular participant. Anonymity was obeyed. Indeed, names and address of participants should not be used. Nevertheless, Larsson et al. (2009) used name in the presentation of result. Whether name is real or not is not known. The topic of this study was considered and research evidence was produced ethically.

All the data from the relevant articles are credible. Pietilä & Tervo (1998) discussed the results with expert to support credibility. Backman et al. (1999) used continuous comparative analysis to ensure the link between the data and the categories. H. Tsai & Y. Tsai (2007) applied prolonged engagement in the field. Tollén et al. (2008) used follow-up questions for the participants. Larsson et al. (2009) collected data through both interview and observation. It enhanced credibility. Dependability and confirmability were not mentioned from the relevant articles. Identifying sampling and design details was used to establish transferability by the researchers of the relevant articles.

The selection of sources was not comprehensive but selective. Inclusion and exclusion criteria were set before data was collected to avoid bias and subjectivity from data collection. The analysis was summative. Original quotations were used to illustrate results from analysis process. The whole process of data collection and analysis was done by individual. This may cause trustworthiness weaker.

6 DISCUSSION

This study showed the understanding of the experiences of elderly people to cope with their lives at home. It answered how elderly people live and cope at home during ageing process by reviewing the literatures concerning to the experiences of elderly persons. The findings indicated physical, social and psychological experiences of elderly people from ageing and how they coped with daily life and ageing. Physical experiences revealed the physical condition, methods of keeping healthy and environment relating to physical aspect. Views of elderly people, social contacts, activities and services were found from social experiences. Emotion, stress and feelings of ageing illustrated psychological experiences. Coping with daily life was found by time, routine life, feelings of life and economy. Attitudes and changes were described coping with ageing.

During this thesis, the author learned more experiences of elderly people to cope with lives at home. It will help the author to consider more when she works with elderly people. Not only improvement of physical condition but also the condition of psychological health should be thought about when health professionals and family members get along with elderly people. This research provided more comprehensive experiences of elderly people to cope with lives at home during the ageing process. This review could be as beneficial in guiding practice about services and assistance provided for elderly people to help them live at home as long as possible.

Feeling different or awkward may lead to isolation or to an inability to care about others (Nilsson et al 2000, 46). There was an underlying discourse relating to how the participants believed society viewed the elderly as a group of citizens. A view needs to be altered in favour of a more positive image of elderly people. (Larsson et al. 2009, 102-107.) The social view of elderly people should be more positive to give them feeling of belonging. The difficulties caused by decreased physical condition for elderly persons should be understood. "Altered doings" illustrate how the doings have changed (Larsson et al. 2009, 102-103). When participants could no longer carry out activities in the same way as previously, they found a new way to perform the activity or did it in the same way but took pause (Tollén et al. 2008, 139). The nurse and people who give

assistance for elderly people should provide helps to find strategies to cope with daily activities. Economy could be a reason for not performing certain doings any more (Larsson et al. 2009, 106). The social welfare should consider more about elderly persons. Personal activities of daily living (PADL) is a determining factor for managing on one's own and is often evaluated with regard to receiving home help or other services. Motivation to continue to manage on one's own seems to be a strong driving force to keep active and perform preferred doings. (Larsson et al. 2009, 106-107.) Helping elderly people get motivation to continue living at home could make them be active and keep doing things when it is possible. It may help to reduce the problems about shortage of social services for elderly people. The quality of services provided for elderly persons should be researched more in further studies.

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