

# Older people's experiences of care in nursing homes: A metasynthesis

**Running head:** care in nursing homes

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## **Older people's experiences of care in nursing homes: A metasynthesis**

### **Abstract**

**Aim:** To integrate the current international knowledge and enhance our understanding of the experiences of older people of being cared for in nursing homes.

**Background:** There is a lack of integrated knowledge to help face the challenge of providing care to older people in nursing homes.

**Introduction:** Understanding the experiences of older people regarding their own care leads to interventions for reducing older people's suffering, while living in nursing homes.

**Methods:** Keywords describing the experiences of being cared for in nursing homes were used to systematically search electronic databases for qualitative research articles. A meta-synthesis study employing the interpretative meta-ethnography approach devised by Noblit and Hare was carried out to analyse seven qualitative articles identified during the search process.

**Findings:** Seven studies included in this meta-synthesis were published between 2007 and 2015.

The experiences of older people of being cared for in nursing homes were expressed by the metaphor 'retaining the meaning of being alive'. Older people wished for a homelike place where they would be delivered care with the consideration of all its humanistic

aspects. While conflict between their expectations and organisational demands damaged this sought ideal, adjustment to life conditions and taking an active role led to a feeling of being alive.

**Discussion:** This meta-synthesis integrates our knowledge on organisational and administrative demands, and personal factors influencing the provision of individualised-care in nursing homes.

**Limitations:** The mental functionality of older people that suffer from dementia might impact on their ability to be involved in research and have a 'voice' in terms of their experience of being cared for in nursing homes.

**Conclusion and implications for nursing:** The institutional character of the nursing home restricts older people's decision-making. The challenge in nursing home care is to balance the tensions between the individual needs and the holistic dimensions of care.

**Implications for nursing policy:** Nurse policymakers need to consider the ambience in nursing homes, develop a caring culture for the provision of a holistic care to older people and make the nursing home as close to a home as possible.

**Keywords:** meta-synthesis, meta-ethnography, nursing care, nursing home, older people

## **Introduction**

The life expectancy over the world is increasing. By 2050, the world population will be 1.5 billion people aged 60 and older, comprising 16% of the world's population (ICN 2012). Such a steep trend towards ageing demands an increasing need for professional care in nursing homes (Oosterveld-Vlug et al. 2014). Those older people who spend the remainder of their lives in nursing homes expect that their physical, psychological, and spiritual needs will be met (Oosterveld-Vlug et al. 2013). Living in nursing homes influences older people's lives. While the goal of nursing care is to improve older people's capacity for an independent life as much as possible, the quality of care in nursing home requires improvement (Chang 2013; Nakrem et al. 2013). Therefore, many countries over the world have devised policies and strategies to improve the quality of care in nursing homes (Chang 2013; Habjanič et al. 2012). Older people should be provided the opportunity to experience the least change in their life when transitioning into nursing homes. Therefore, increasing our knowledge regarding the essential qualities of care provided to older people in nursing

homes is essential (Hall et al. 2014). Understanding the experiences of older people regarding their own care helps reduce deficiencies and increase facilities (Habjanič et al. 2012). Also, it improves our awareness of how to provide person-centred care characterised by comfort and providing a supportive environment (Crandall et al. 2011). Finally, it leads to interventions for reducing older people's suffering, while living in nursing homes (Gran et al. 2010; Nakrem et al. 2013).

### **Aim**

This meta-synthesis aimed at integrating the current international findings and enhancing our understanding of the experiences of older people of being cared for in nursing homes.

### **Methods**

#### *Design*

The improvement of clinical practice requires the accumulation of understanding gained from qualitative research. Meta-synthesis interprets and integrates qualitative research findings of a particular phenomenon with the consideration of variations (Bradley et al. 2007). Previous qualitative studies have collected the experiences of older people of being cared for in nursing homes. However, to the best of our knowledge, no meta-synthesis was available on this topic to cover the gap of knowledge and advance the theoretical development of future related studies (Bondas & Hall 2007). Therefore, a meta-synthesis employing the interpretative meta-ethnography approach devised by Noblit and Hare (1988) was carried out. In line with this approach's aim of construction of interpretation, the main phases of this study were:

- (i) deciding on the phenomenon;
- (ii) deciding on the relevance of studies for the synthesis;
- (iii) reading each study;
- (iv) deciding how the studies were related to each other by juxtaposing the studies' themes and subthemes and comparing them so as to discover their reciprocal and refutational relationships;

- (v) translating studies into one another through development of themes with respect to preserving themes and conserving holism;
- (vi) synthesising translation and creating a whole that is more than the individual parts; and reporting the synthesis, providing a coherent description of the study phenomenon and creating a meta-finding (Noblit & Hare 1988; Polit & Beck 2008).

The rigour of this meta-synthesis rested upon the systematic literature review and precise appraisal of reviewed articles, the interpretive logic of findings, application of creativity for reframing each study findings, and provision of audit trail through the description of the search process as follows (Bondas & Hall 2007; Sandelowski & Barroso, 2007).

#### *Search strategy and criteria*

A thorough systematic review of articles related to the experiences of older people of being cared for in nursing homes was conducted, starting in the 'i' and 'ii' phases. Using pilot testing in the electronic databases, the authors' previous experiences of this phenomenon, and consultation with a qualified librarian, the authors identified the review question and keywords. All authors (MV, ILW, HT, TB) collected the relevant empirical research articles published without any year limitation in journals included from the online databases: PubMed (including Medline), CINAHL, SCOPUS, OVID, Wiley Online Library and Science Direct. The applied key search terms were 'older' and 'nursing home' combined with 'experience' and 'nurse' and 'qualitative' in any part of the articles.

In addition to the backtracking of references of the reviewed articles, in line with ancestry search and to maximise coverage, a manual search was conducted in the more well-known journals that published articles relevant to the study topic. Although no language limitations were applied, only English results were included because of translation issues and a lack of access to the full-text of the articles in their original languages. The search strategy and the result of each search step are presented in **Table 1**.

#### *Progression of the search process and quality appraisal of studies*

The inclusion criteria for the studies were as follow: (1) peer-reviewed empirical qualitative studies in caring sciences, (2) focused on the experiences of older people being cared for in nursing homes, (3) studies conducted with older people who had an intact or sufficiently intact cognitive status, and (4) published in online scientific journals.

As an exclusion criterion, the authors supposed to exclude those studies with the mixed-methods design in which the separation of qualitative and quantitative findings was impossible. However, no article was found with such a criterion during the search process.

The authors independently conducted each phase of the search process, held discussions throughout the study and reached a consensus on the search process. First, a thorough literature search performed using the key terms resulted in 12952 articles. Second, the duplicate titles were deleted and 299 articles were selected by titles using the inclusion criteria. The abstracts of the articles were checked using the mentioned inclusion criteria and 79 articles were selected. The full text of the selected articles was obtained and appraised for quality using the modified version of the COREQ 32-item checklist (Tong et al. 2007) developed by Lundgren et al. (2012). The reason for such a decision by the authors was that aspects such as ethical issues, quality and audit assessment, relevance and transferability of findings were not included in the COREQ tool. It is noted that no scoring system was considered for the quality appraisal of the articles in this study, because the items on the checklist had not an equal weight in terms of quality. Instead, the authors held discussions regarding the importance and quality of each article that resulted in the exclusion of 70 articles. Accordingly, 7 articles were agreed on by all the authors for inclusion in the analysis based on high degrees of all appraisal domains such as aim and scope, design, analysis process, findings, relevance and transferability.

#### *The interpretative process*

The authors followed the interpretative process of the approach outlined by Noblit and Hare (1988). The studies were read (phase 'iii') independently by each author. Themes, subthemes, and metaphors were extracted from each study. Next, the findings of each study were compared in order to discover their relationships. According to Noblit and Hare (1988), the relationships that emerged in the analysis might be either reciprocal (similar or analogous), refutational (in opposition) or cumulative (in a line of argument) (phase

‘iv’). The studies were found to be analogous and possible to be analysed as reciprocal. In connection to phase ‘v’, the studies were translated into one another. The authors worked separately, discussed their understanding and presented their theoretical perspectives. Through the development of themes with respect to preserving the key content of each study, the authors created an overarching metaphor as an integration that was more than what the individual parts implied (Phase ‘vi’).

## **Results**

The characteristics of seven studies included in this meta-synthesis are summarised in **Table 2**. The chosen studies had been published between 2007 and 2015. One study was conducted in Sweden (Anderberg & Berglund 2010), one in Canada (Coughlan & Ward 2007), two in Taiwan (Chuang et al. 2015; Hwang et al. 2013), one in Norway (Nakrem et al. 2011), and two in Spain (Palacios-Ceña et al. 2013; Rodriguez-Martin et al. 2013). With regard to the methodology of the studies, two studies used grounded theory (Coughlan & Ward 2007; Rodriguez-Martin et al. 2013), two studies used phenomenology (Anderberg & Berglund 2010; Palacios-Ceña et al. 2013), and the remaining recognised their methodology to be qualitative descriptive analysis (Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011). The older people’s experiences were related to: ‘care and help in nursing homes’ (Anderberg & Berglund 2010; Chuang et al. 2015), ‘quality of care’ (Coughlan & Ward 2007; Nakrem et al. 2011; Rodriguez-Martin et al. 2013), ‘nature of care’ (Hwang et al. 2013), and ‘nursing homes’ organisation and practice’ (Palacios-Ceña et al. 2013).

Altogether, the participants of the studies consisted of 128 older people in 24 nursing homes. The studies did not report the demographic data of the participants in an equivocal manner and with full details. Generally, the studies recruited older people over the age of 60 years, both male and female. Aside from one study (Anderberg & Berglund 2007) that did not mention the length of the participants’ stay, the range of the length of stay in nursing homes varied from one month to unlimited time.

In line with the aim of meta-synthesis to go beyond the current knowledge of the study phenomenon and construct interpretation rather than conducting analysis (Bondas & Hall 2007; Noblit & Hare 2008), the experiences of the older people of being cared for in nursing homes illuminated the metaphor of ‘retaining the meaning of being alive’. A schematic model was created to integrate the main

findings (**Figure 1**). This meta-synthesis has been described further with three themes and six sub-themes (**Table 3**). The following descriptions and interpretations using some quotations from the studies, illustrate the meaning of the themes and sub-themes. This section will conclude with an overview of the metaphor integrating the findings of the study.

### **Confrontation of needs**

The main reason for deciding to enter nursing homes by the older people was their inability to meet their own needs and the necessity of receiving appropriate care by professional nurses, and the inability of their family members or relatives to take up such a role or manage the older persons' increasing needs for care. Therefore, the central part of the experiences of the older people of being cared for in nursing homes was the presentation of their expectations of having their needs met in nursing homes. However, organisational demands and the varying nurses' commitments in the workplace conflicted with nursing care required to meet the older people's needs (Anderberg & Berglund 2010; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011; Rodriguez-Martin 2013). This theme consisted of the following sub-themes: 'Presentation of expectations' and 'Meeting organisational demands'.

#### **a) Presentation of expectations**

The older people's experiences conveyed their expectations of an appropriate nursing home as the place of provision of long-term care and also of nurses with regard to the quality of care. They wished to receive care in a safe and homelike environment. They compared nursing homes with their own home and expected a similar environment in terms of personal hygiene, nutrition, sleep and elimination, and enough space for movement (Anderberg & Berglund 2010, Chuang et al. 2015; Rodriguez-Martin et al. 2013).

*"Yes, it is a fantastic change ... to move away from one's own self really ..."* (Anderberg & Berglund 2010, p. 65).

*"The fact that you are well taken care of, that there's cleanliness, to me that's quality"* (Rodriguez-Martin et al. 2013, p. 6).

*"It is good to have three meals to eat. It can help us restore some energy and feel fully satisfied"* (Chuang et al. 2015, p. 3).

The favourite style of communication by nurses with the older people was a close and friendly relationship, similar to communication with family members, calm and respectful behaviour, and being listened to and understood by nurses. The older people believed and trusted in the care that met their needs with respect and positive attitude by healthcare professionals (Anderberg & Berglund 2010; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011; Rodriguez-Martin et al. 2013).

*“Since they have to do things, what I most value is that they go about them with a good will”* (Rodriguez-Martin et al. 2013, p. 4).

*“Someone (a nurse) will come to see us ... Actually, greeting is not a big deal, but the feeling is good”* (Chuang et al. 2015, p. 5)

The provision of competent care was described to be person-centred and based on the older people’s needs, being provided with information about the care process and free of uncertainties about the time of receiving care (Chuang et al. 2015; Hwang et al. 2013, Rodriguez-Martin et al. 2013).

*“I like the staff asking me what I want to eat...I don’t like them comparing me with others and grumbling about me”* (Hwang et al. 2013, p. 699).

#### **b) Meeting organisational demands**

Some conflicts were reported by the older people. While they recognised the necessity of rules and regulations in the process of care, organisational regulations and norms and administrative restrictions were considered to be the sources of worry about the quality of care in nursing homes (Chuang et al. 2015; Coughlan & Ward 2007; Hwang et al. 2015; Nakrem et al. 2011; Palacios-Ceña et al. 2013; Rodriguez-Martin et al. 2013). The older people felt that organisational rules and norms surrounded their life, and restricted the delivery of care and also their activities. Moreover, they felt that they were controlled and that no flexibility was present in the process of providing care (Hwang et al. 2013; Palacios-Ceña et al. 2013).

*“At times, it seems they move us like furniture. They’re all rushing, non-stop... They must satisfy their timetable needs; therefore if they have to take everybody for breakfast, they do so...”* (Palacios-Ceña et al. 2013, p. 1048).

Nursing shortages and busy healthcare providers hindered the development of an appropriate older people-nurse relationship or prevented it from going beyond the nurses’ line of duty. A lack of continuity of care added to the problem of development of appropriate relationships because of a lack of stabilisation of nurses in nursing homes and a frequent turnover rate (Coughlan & Ward 2007, Hwang et al. 2013; Nakrem et al. 2013; Palacios-Ceña et al. 2013; Rodriguez-Martin et al. 2013).

*“At times, we have dinner very fast; we end up with food still in our throat. They just do it ... before the night shift arrives...”* (Palacios-Ceña et al. 2013, p. 1049).

*“... they’ve cut back on the staff. They’re busy going getting the food”. That’s it and you have a good relationship and all of a sudden they’re not here anymore... (Coughlan & Ward 2007, p. 52).*

### **Participation in living**

The descriptions of the older people of receiving care in nursing homes were mixed with both the acceptance of dependency on the care provided by nurses and an inclination to being independent and self-reliant. The acceptance of and request for dependence in the care provided, and the effort to take the responsibility of their own care, were two heads of the continuum of provision of care in nursing homes. It is noted that both the acceptance of dependency and effort to obtain independence retrieved the meaning of participation in life for the older people (Anderberg & Berglund 2010; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011; Rodriguez-Martin et al. 2013). ‘Asking for dependence’ and ‘Striving for autonomy’ were two sub-themes of this theme described below.

#### **a) Asking for dependence**

The older people in nursing homes were often deeply worried about their health and were apprehensive that they would become more helpless and more ill than they already were. They emphasised that they depended on nurses to care for them in a continual way, not haphazardly or having to wait and beg for care, and that they needed care and attention to their needs, while living in nursing homes. From their perspective, a lack of knowledge of health issues and disorders accompanied with old age made it necessary for them to rely on nurses' knowledge and skills. The feeling of safety in terms of activities of daily life was reported when handing over care to nurses (Anderberg & Berglund 2010; Chuang et al. 2015; Nakrem et al. 2011).

*"...But of course I am dependent. And that is a feeling of safety... I am safe, you know. My life is so good..."* (Nakrem et al. 2011, p. 1362).

*"They (nurses) will come to clean the catheter... It protects me". "At 2 or 3AM, I could not stand the pain anymore ... She (the nurse) gave me two tablets. It is better now"* (Chuang et al. 2015, p. 4).

#### **b) Striving for autonomy**

The older people believed that their dependence in nursing homes did not mean that the power to control their fate and make all decisions was given to nurses. They insisted that they liked to remain active in their own care and form their own life. They believed that it was their right to remain independent. Also, they expected nurses not to make judgements about their preferences for living (Anderberg & Berglund 2010; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011; Rodriguez-Martin et al. 2013).

*"We really value the fact that the nursing home's open and we're free to go out"* (Rodriguez-Martin et al. 2013, p. 6).

*"Caring is not making rules to limit or restrain us. ... I like to make my own decisions, so the staff does not need to make decisions for me"* (Hwang et al. 2013, p. 699).

The feeling of safety and satisfaction in the care delivered to the older people was tied to the respect of their privacy, and being granted the permission to freely move in and outside world.

*“I decide ... my own schedule, I’m independent and that is a good feeling. I feel free, and I am too. But of course I am dependent. And that is a feeling of safety...”* (Nakrem et al. 2011, p. 1362).

*“... if the staff can knock or call out to us before they enter the room, it will make me have greater feelings of privacy”* (Chuang et al. 2015, p. 6).

## **Adjustment**

Adjustment was the process of changing the older people’s way of living to manage the situation of becoming a resident in nursing homes. The older people tried to face the situation as ‘surrendering to conditions’ and ‘Trying to take control as much as possible’ as the subthemes of this theme (Anderberg & Berglund 2010; Chuang et al. 2015; Coughlan & Ward 2007; Hwang et al. 2013; Nakrem et al. 2011).

### **a) Surrendering to conditions**

Some older people described their experiences of the care delivered to them using words such as ‘helpless’, ‘being ignored’ and ‘wishing death’, especially when they were unable to plan for their own care. They felt that they had to surrender to the conditions in nursing homes, and were unable to intervene. In cases of dissatisfaction with care in nursing homes, they reduced their activities, felt resigned and worthless, and that their life was wasted, lost their identity, and therefore withdrew from participation in their own care (Anderberg & Berglund 2010; Chuang et al. 2015; Coughlan & Ward 2007; Hwang et al. 2013; Nakrem et al. 2011).

*“You just have to live with it”* (Nakrem et al. 2011, p. 1361).

*“...when one can manage something on one’s own (...) then you are not so...disregarded...you sort of get a different worth for yourself”* (Anderberg & Berglund 2010, p. 66).

Such older people preferred to wait for care and did their best to hide their requests in order to not disturb nurses and not to be considered a burden by them (Coughlan & Ward 2007; Hwang et al. 2013; Nakrem et al. 2011).

*“... I prefer to get help without asking for it... I fear being abused someday”* (Hwang et al. 2013, p. 698).

*“Well I push[ed] the button to get the nurse, I wanted to get a Tylenol and I waited too late I guess. I didn’t know what I was doing. God.”* (Coughlan & Ward 2007, p. 52)

*“... It takes too long. Once I watched and it took over an hour before someone came ...”* (Nakrem et al. 2013, p. 1361).

#### **b) Trying to take control as much as possible**

Instead of letting go, some older people remained active in their own care, participated in planned and social activities, retained the sense of humour, accepted health issues, asked for assistance in retaining the social network and keeping in touch with their family members, welcomed visits by family members, and requested religious support to improve the living condition and share their own care in nursing homes (Anderberg & Berglund 2010; Chuang et al. 2015; Coughlan & Ward 2007; Hwang et al. 2013; Nakrem et al. 2011).

*“Sometimes, we cooked and made dumplings. It was nice to do it”* (Chuang et al. 2015, p. 7).

*“Caring is having children visit me. I feel happy only if my family comes to see me. Otherwise, living here is very boring, and nothing is meaningful to me”* (Hwang et al. 2013, p. 700).

*“Well sometimes they have some programme going off ... but ... they have an exercise program ah... and take you for a walk, which is nice. I mean I need that”* (Coughlan & Ward 2007, p. 53).

#### **Metaphor and schematic model of the study phenomenon**

The final interpretative meta-synthesis of the experiences of the older people of being cared for in nursing homes illustrated the importance of 'retaining the meaning of being alive' (**Figure 1**). This model depicts that life in nursing homes is more than a simple transfer of the older people from their own homes to long-term care facilities. The older people enter nursing homes with many expectations and ideas of a place similar to their own previous home. The older people's perspectives of an ideal and appropriate care convey the message that nursing homes have the potential to become a homelike place, if care were delivered with the consideration of all the humanistic aspects of care. On-time nursing care and caring without any experiences of suffering related to care were wished for by the older persons. However, a conflict between the older people's expectations and organisational demands and varying nurses' commitments damaged this ideal. Administrative and organisational norms were developed to ostensibly facilitate the provision of safe care to the older people, but they imposed a style of care that the older persons experienced as inflexible, restricted and unstable. Additionally, the older people balanced their dependence to care delivered by nurses through striving to remain independent as much as possible in caring for themselves. Adjustments consisted of surrendering to conditions and trying to take control as much as possible. Both helped the older persons to lead comfortable lives in nursing homes. Taking control was considered an opportunity for them to participate in their own care, retain meaning in life, and feel alive.

## **Discussion**

The mental functionality of older people that suffer from dementia might impact on their ability to be involved in research and have a 'voice' in terms of their experience of being cared for in nursing homes. Although the focus of this study was the experiences of 'being cared for' in nursing homes, articles with similar and overlapping topics might have been excluded during the search process. Therefore, future studies need to cover the related experiences of older people of care in nursing homes and provide a more comprehensive picture of this phenomenon.

In this meta-synthesis, the older people compared nursing homes to their own home and expected a similar environment, but the organisational and administrative demands conflicted with this ideal. According to the international literature, the residents' ambiguity

regarding nursing homes as a home may create a challenge for nurses to create a homelike atmosphere (Falk et al. 2013; Nakrem et al. 2013). From an international perspective, nursing shortages and high rates of nurses' turnover lead to a lower efficiency, decreased staff morale and group productivity. They may impede offering high quality care and enhance the older people's feelings of loneliness (Chang 2013; Habjanič et al. 2012).

The older people respected and trusted care that met their needs. Moreover, competent care was described as person-centred and based on their wishes. Older people emphasise the importance of being cared for by well-trained and competent nurses (Harrefors et al. 2009). Individualised care delivered to older people in nursing homes is described in terms of attentiveness to care and an unhurried approach to caring, respecting older people's dignity and enhancing their sense of value (Nakrem et al. 2013; Oosterveld-Vlug et al. 2014).

In this study, organisational regulations and norms affected the older people's life as well as the care delivered to them. Similarly, the mission of nursing homes is to shape a home for older people in accordance with their personal wishes for privacy, social relationships and physical activities (Nakrem et al. 2013). Older people appreciate the organisation of activities, but the structured lifestyle in nursing homes rarely respects residents' choices and may result in tensions to cope with the expectations of living (Nakrem et al. 2013; Oosterveld-Vlug et al. 2014). The preservation of older persons' dignity depends on life control and being regarded as worthwhile persons (Oosterveld-Vlug et al. 2013).

According to our findings, the acceptance of dependence in care and efforts to reach autonomy were two ends of the continuum of nursing care in nursing homes.

Older persons like to be taken care of but at the same time do not wish to hand over their entire life to healthcare staff (Harrefors et al. 2009). Satisfaction with living conditions in nursing homes depends on the participation of older people in activities of daily living (Hadjanič et al. 2012; Hall et al. 2014; Oosterveld-Vlug et al. 2013).

The older people often felt helpless and ignored when they were unable to plan for their own care. It is in line with international findings that independence is perceived to be a highly appreciated value by older persons (Hall et al. 2014; Harrefors et al. 2010). In the absence of this feeling, older people may suffer feeling of loneliness, helplessness and hopelessness (Gran et al. 2010).

Moreover, the older people preferred to wait for care in order to not to be considered a burden by nurses. It is believed that not asking for help despite needing it indicates an awareness of the nurses' workload and not wanting to disturb them. They may feel a threat to their dignity and lose the personal sense of value when their requests are ignored (Higgins 2005).

The older people asked for assistance to retain the social network and participate in their own care in nursing homes. According to studies, nurses can create the opportunities for older people to remain socially active through holding regular meetings of residents with their family members and providing conditions for them to easily participate in religious activities (Eloranta et al. 2008; Nakrem et al. 2013). The feeling of safety and a sense of belonging to the community facilitate adjustment to nursing home care and help retain a meaning-in-life among older people (Haugan 2014; Oosterveld-Vlug et al. 2013).

### **Conclusion and recommendations**

From the older people's perspectives nursing homes were not always experienced as their own home. The balance between the older people's expectations of the living condition in nursing homes, and nurses' commitments and facilities in nursing homes helps them retain the meaning of being alive. The institutional character of the nursing home restricted the older people's decision-making for their own life. The main challenge in nursing home care was to balance the tensions between individual needs and the holistic dimensions of care. The question is why the nursing home becomes institutionalized to the point that the 'home' aspect of the nursing home is forgotten and the older people lose their meaning of life.

### **Implications for nursing practice**

Nursing education requires preparing the future generation of nurses for the provision of holistic care to older people in nursing homes. As practical implications for improving the quality of care, nurses can provide a homelike environment in nursing homes

through the consideration of older people's expectations of quality of care. It encompasses attention to older people's socio-psychological needs, the provision of person-centred care and development of a friendly relationship. The improvement of nurses' competence, commitment to care and a caring attitude through educational programmes is required to help with the significance of preserving the dignity of older people. Moreover, the application of a balance between organisational and administrative routines, and the expectations of older people's needs facilitates the provision of individualised-care. Nurses can provide opportunities for older people to maintain their independence as much as possible, while considering their dependence in the activities of daily living. Recognition of older people's needs and wishes during planning for the provision of care by nurses can attract older people's participation in care and help them lead a meaningful life. Nurses are required to establish a positive attitude in older people that they are not a burden on nurses and their needs are respected and will be met. The provision of equipment and facilities in nursing homes, encouragement of older people to practise their religious rituals and also maintain their social network help with the preservation of their safety. Lastly, family members and relatives are encouraged to keep their touch with older people and prevent from their feeling of loneliness and isolation in nursing homes.

### **Implications for nursing policy**

Older people may not be able to rely on their family members for the provision of care. Therefore, there is a need to plan for the provision of sufficient long-term care that meets the needs of the increasing number of older people all over the world. Nurse policymakers need to consider the ambiance of nursing homes, develop a caring culture and make the nursing home as close to a home as possible. In this respect, the impact of organisational issues can be reduced through employment of nursing staff that may curb the problem of nursing shortages and the lack of continuance of care.

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**Table 1.** The search strategy and results of different phases of the meta-synthesis process

Years	Database and search words	Total	Selections based on title	Selections based on abstract	Selections based on full text and inclusion criteria
All years	<b>CINAHL</b> "Older" AND "nursing home" AND "experience" AND "nurse" AND "qualitative"	2339	49	8	0
	<b>SCOPUS</b> "Older" AND "nursing home" AND "experience" AND "nurse" AND "qualitative"	1925	47	11	1
	<b>PubMed</b> "Older" AND "nursing home" AND "experience" AND "nurse" AND "qualitative"	6	2	2	0

<b>OVID</b>	2136	51	17	2
"Older" AND "nursing home" AND "experience" AND "nurse" AND "qualitative"				
<b>Wiley Online Library</b>	4755	38	17	1
"Older" AND "nursing home" AND "experience" AND "nurse" AND "qualitative"				
<b>Science Direct</b>	1614	100	20	3
"Older" AND "nursing home" AND "experience" AND "nurse" AND "qualitative"				
<b>Manual search/backtracking references</b>	177	12	4	0
<b>Total</b>	12952	299	79	7

**Table 2.** Characteristics of the studies selected for meta-synthesis

<b>Author(s), year, country</b>	<b>Aim</b>	<b>Methods</b>	<b>Sample and setting</b>
Anderberg & Berglund, 2010, Sweden	To gain a deeper understanding of elderly persons' experiences of care and help, and how their lives change in nursing homes.	van Manen's phenomenological approach with both hermeneutic and descriptive fundamentals	Fifteen older people in four nursing homes

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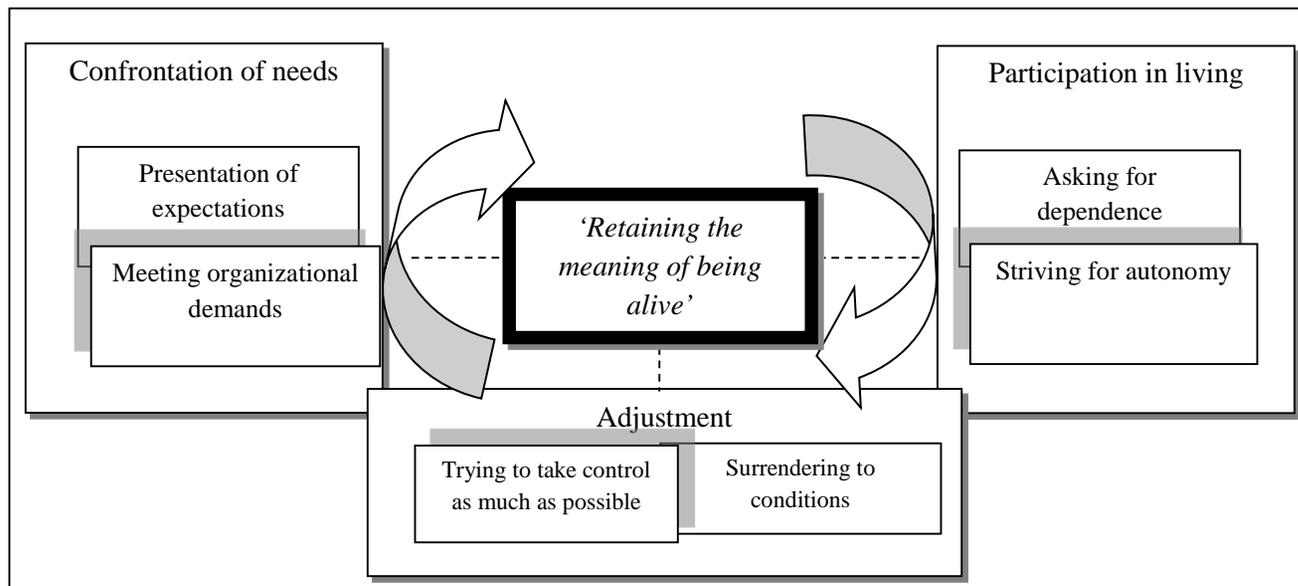
Coughlan & Ward, 2007, Canada	To assess residents' experiences in a long-term care facility and their understanding of quality of care.	Grounded theory approach	Eighteen older people in one nursing home
Chuang et al., 2015, Taiwan	To explore the older nursing home residents' care needs from their own perspectives.	Qualitative data analysis	Eighteen older people in two nursing homes
Hwang et al., 2013, Taiwan	To elucidate the nature of caring by describing the experience of elderly residents of Taiwan's long term care facility	Content analysis	Twelve older people in seven nursing homes
Nakrem et al., 2011, Norway	To describe the nursing home residents' experiences with direct nursing care, related to the interpersonal aspects of quality of care.	Analytic qualitative approach	Fifteen older people in four nursing homes
Palacios-Ceña et al., 2013, Spain	To describe residents' experiences of nursing home organization and nursing care practices in a region of Spain.	The Giorgi phenomenological analysis	Thirty older people in five nursing homes
Rodríguez-Martín et al., 2013, Spain	To ascertain what means quality of care for residents of nursing homes.	Grounded theory	Twenty older people in one nursing home

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**Table 3.** Themes and subthemes developed in the process of meta-synthesis to integrate the findings

	<b>Themes</b>	<b>Subthemes</b>	<b>Key aspects</b>	<b>Articles</b>
<b>Metaphor</b> ‘Retaining the meaning of being alive’	Confrontation of needs	Presentation of expectations	A safe, clean and homelike environment, physical and socio-psychological care, being understood, close and friendly relationship with staff, being respected, person-centred care, being informed, positive attitude, no uncertainty	Anderberg & Berglund 2010; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011; Rodríguez-Martín et al. 2013.
		Meeting organisational demands	Stabilised healthcare providers, older people-staff relationship beyond the line of duty, living based on the institutional norms, administrative restrictions, being controlled, no flexibility in activities, busy staff, lack of continuity of care	Coughlan & Ward 2007; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011; Palacios-Ceña et al. 2013; Rodríguez-Martín et al. 2013
	Participation in living	Asking for dependence	Handing over care to staff, asking for help in the activities of daily living, need for contact with staff, wholistic care if needed, relieving pain, dependency to routines	Anderberg & Berglund 2010; Chuang et al. 2015; Nakrem et al. 2011.
		Striving for autonomy	Forming owns life, independence right, having power,	Anderberg & Berglund 2010; Chuang et al.

			privacy feeling, respecting decisions, making no trouble, self-care, free movement to the outside world	2015; Hwang et al. 2013; Nakrem et al. 2011; Rodríguez-Martín et al. 2013
Adjustment		Surrendering to conditions	Feeling of no identity, having no plan for future, being ignored, having no social network, feeling lonely, waiting for care, too much request, waiting time, withdrawal from participation, not being burden, being helpless, endangering safety, having no role	Anderberg & Berglund 2010; Coughlan & Ward 2007; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011.
		Trying to take control as much as possible	Humour, feeling of existence, being accompanied and liked, religious support, talking about death, participating in social activities, social nourishment, having aim in life, family members' visit, being active, accepting health issues, not losing dignity, close relationship with staff, feeling of being a member of society, balance between loneliness and sociability	Anderberg & Berglund 2010; Coughlan & Ward, 2007; Chuang et al. 2015; Hwang et al. 2013; Nakrem et al. 2011.



**Figure 1.** The schematic model of older people's experiences of being cared for in nursing homes