Ulster University
Faculty of Life and
Health Sciences
School of Nursing and
Institute of Nursing and
Health Research
& Practice Development
Nursing Homes Ireland

The Lived Experience of Nursing Home Residents in the Context of the Nursing Home as their 'Home'

Executive Summary

August 2017

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FOREWORD

Nursing Homes Ireland (NHI) and the NHI Nursing Committee are delighted to partner with Ulster University in commissioning this major research project exploring the lived experience of nursing home residents across Ireland. This partnership above all demonstrates our members' commitment to ensuring that the residents who call nursing homes "home" are provided with the highest quality care and services. At present, private and voluntary nursing homes are a "home away from home" for over 22,000 residents who require specialist, dedicated, continuous care in the community.

This study is particularly timely given the growing demand for private long-term residential care in Ireland due to a continuing increase in the numbers growing older and living longer. Figures from Census 2016 reveal that for the population aged over 85, the male population increased by 24.8 per cent to 23,062 while the female population increased by 11.4 per cent to 44,493. In this context, exploring the perspective of older people receiving such care is key in planning for the future.

The results of this research can play a significant role in informing and educating key stakeholders across the healthcare spectrum and wider society of the contribution of nursing homes and their staff. As the research concludes, nursing homes can and *are* perceived as "home" by many residents. This can be attributed in significant part to compassionate, responsive and dedicated staff who on a daily basis help create a welcoming environment for residents in nursing homes across all parts of the country. However, the study points out that nursing home care in Ireland can be undervalued and be subject to unfair criticism. This has proven to be a key contributory factor in hindering the supply and availability of highly skilled and ambitious nurses and care

assistants in Ireland. With an ever-aging population, it is essential that Government and health policymakers ensure that workforce planning addresses the challenges of attracting and retaining high-quality staff in our sector.

One of the other key findings emerging from this research is the need for greater collaboration between the HSE and individual nursing homes. This is something which NHI has long advocated. As residents' transition from a hospital environment or from their own home to a nursing home setting, there is a need for strong cooperation and effective communication amongst all stakeholders in this process.

NHI looks forward to partnering with other actors in the long-term care sector to ensure this transition is as smooth as possible. It is vitally important for current and future residents, relatives and staff that the move into a nursing home is rightly recognised as a positive life choice.

Finally, I would like to take this opportunity to commend the work of the research team at Ulster University's School of Nursing and the Institute of Nursing and Health Research, and in particular Dr Kevin Moore and Professor Assumpta Ryan. The recommendations put forth will help frame our members' future policies to ensure all residents feel "at home" in their local nursing home.

Tadhg Daly
Chief Executive Officer Nursing Homes Ireland

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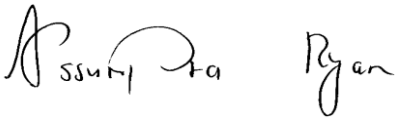
We wish also to thank the Nursing Committee from Nursing Homes Ireland (NHI), who participated within this study. Moreover, we wish to acknowledge the ongoing facilitation and support of the NHI Practice Development Facilitator, Mrs Sinead Morrissey and her colleagues, especially Mrs Gaynor Rhead, who assisted with the early part of the project. We wish to thank them for their time, patience, consideration and invaluable contribution throughout the entire study.

We are grateful to all the nursing homes registered with Nursing Homes Ireland, for facilitating and enabling access for the research team from Ulster University. All of the nursing homes that participated accommodated the research team with all aspects of the data collection and demonstrated a willingness for active participation in the research. The important contribution and foresight of Nursing Homes Ireland, who were involved in the initial development of the research proposal, is acknowledged with our sincerity and gratitude.

This study would not have been possible without funding from NHI and we wish to thank Mr Tadhg Daly, Chief Executive Officer, NHI, for supporting this important and timely study.



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The full research report entitled: *The Lived Experience of Nursing Home Residents in the Context of the Nursing Home as their 'Home'* is accessible via: http://www.science.ulster.ac.uk/inhr/pcp/publications.php

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Project Background

Independent Nursing Homes Ireland Limited (trading as Nursing Homes Ireland) (NHI), and the NHI Nursing Committee has undertaken a review of its strategic approach to advancing nursing and care practices in its member nursing homes. This included a regionalisation process of training, a review of education/learning priorities and increased funding mechanisms as well as the identification for on-going research that can support, in a robust manner, the advancement of knowledge and evidence-informed practice in the nursing home sector.

NHI has well established links with the Person-centred Practice Research Centre (PcPRC) at Ulster University. The PcPRC focuses on the enhancement of knowledge and expertise in person-centred practice. NHI has subsequently engaged in further research and practice development activities to ensure that nursing care is delivered in a dignified and compassionate way, that not only centres on the needs of residents, who live in nursing homes registered with NHI, but also on the staff who work within such homes. To this end, NHI funded this major research project 'to explore the lived experience of nursing home residents in the context of the nursing home as their '*home'*. Staff experiences of working within the nursing home sector are interconnected directly to the experiences of nursing home residents and thus including their experiences within this study enabled a much more critical and informed approach to the project. The overall aim of the project was to advance knowledge within the sector and to add to, what can only be described as, a dearth of literature, within this area, to inform and enhance evidenced-based practice and educational standards and guidelines among its members and residents.

ABSTRACT

Background:

A worldwide demographic trend elucidates significant global transitions to an older population as people are living much longer. This grounded theory study was designed to explore the lived experience of nursing home residents in the context of the nursing home as their '*home'*. Further, the study also explored how staff employed within the nursing home sector in the Republic of Ireland, facilitated the creation of a homely environment for their residents. The transition to long-term care can be an emotional and stressful experience for older people and their families and whilst much literature reports on such transitions, very few studies have explored the concept of the nursing home as the residents' *home.*

Aim:

The overall aim of this study was to explore the lived experience of nursing home residents in the context of the nursing home as their '*home'*. Moreover, it also aimed to evaluate and critique the role of nursing home staff in enabling and maximising a '*homely'* experience for their residents.

Design and Methods:

This was a grounded theory study, which used qualitative data collection methods. A semi-structured interview schedule was operationalised within focus groups with both nursing home residents and nursing home staff. Interviews lasted approximately one

hour and were recorded and transcribed verbatim. The total number of participants was 92 comprising 44 staff members and 48 residents. A total of 8 staff groups and 8 resident groups participated in 16 focus groups which were conducted in both urban and rural areas and which contained a mixture of nursing home types (single operator and groups) from the private and voluntary sectors.

Analysis:

Data were analysed using open, axial and selective coding methods. Manual analysis of transcripts, charting, field notes and collages contributed to the earlier stages of analysis and then QSR NVivo was utilised, which assisted in the retrieval and storage of participant data. This facilitated the emergence of sub-categories to support the core category and subsequently the development of a substantive theory on the context of nursing homes as 'home'.

Conclusion:

'Understanding' and '***knowing'*** the '***person'*** was central to the concept of '***homely care'*** in participating nursing homes. This theory describes the centrality of the experience for both the recipients of nursing home care and the staff who provide this care.

Literature Review and Background

A worldwide demographic trend elucidates significant global transitions to an older population as people are living much longer (Want et al., 2008; Gitlin et al., 2009). The approximate world population is over 7.3 billion people, with an estimated annual growth of world population of 1.13% (GeoHive, 2016). The population of Ireland is approximately 4.7 million (4,757,976) and the population growth of Ireland is 0.544% annually (GeoHive, 2016; Central Statistics Office, Ireland [CSO], 2016). The United Nations [UN] Population Division (2016) reports that approximately 20 countries in 2000 had over one-fifth of their total population aged 65 years and over. Population projection figures suggest that many of these countries will have well over 35% of their total population aged 65 years and over by 2050. Further, they suggest that in most regions and countries of the world, the population aged 60 or more is growing faster than younger adults and children, and this has important consequences for the family, the labour market, and public programmes directed to different generational groups (UN, 2016).

Some authors report that the population projection figures for Ireland may increase to approximately 14.2% in the over 65 years' age category (Layte, 2009; CSO, 2016) with a 21.6% projected increase in those living in Ireland over 85 years of age in comparison to the 2011 census data (CSO, 2016). Life expectancy has thus increased significantly over the years and many people are now living well into old age and terminology such as the young old (60+) and the very old (85+) are evident within the literature (Layte et al., 2009).

These demographic trends are significant policy drivers throughout Ireland, the United Kingdom (UK) and Europe and they consistently recognise the growing ageing population and the myriad of opportunities and challenges that this entails. These include chronicity of ill health, cognitive decline, physical ill health and mental health disorders. All of which provide significant challenges for the provision of effective and responsive models of health and social care (Cowan et al., 2003; NCAOP, Murphy et al., 2006; Layte et al., 2009; Glendinning, 2010; The McKinsey Report, 2010; Transforming Your Care (TYC), DHSSPS, 2011; Livindhome, 2011; The Appleby Report, 2011).

A recent Health Services Executive (HSE) publication 'Dementia-Understand Together' (HSE, 2017) reported that there are now 55,000 people in Ireland living with dementia with an estimated 4,000 people each year developing the condition. The statistics also revealed that 1 in 10 people diagnosed with dementia in Ireland are under 65 years of age and approximately two-thirds of people living with dementia in Ireland are women. These figures are consistent with the rising figures for dementia worldwide. It is estimated that somewhere in the world someone develops dementia every 3 seconds. Further, it is estimated that approximately 50 million people worldwide are living with dementia in 2017, with numbers expected to double every 20 years (Alzheimer's Disease International, 2017), reaching 75 million by 2030. The oldest old (i.e. those aged 80 years and older) make up a high proportion of the estimated population of people with dementia.

Clearly, expertise is required in caring for this group, many of whom will have coexisting illnesses and disabilities. The 'Dementia-Understand Together' report suggests that over 180,000 people in Ireland are currently or have been carers for a

family member or partner with dementia with many more providing support and care in other ways (HSE, 2017). Assuring the quality of life for people with cognitive decline also presents opportunities and challenges for nursing homes providing care to these vulnerable people (NCAOP, Murphy et al., 2010; Cahill and Diaz-Ponce, 2010; Cahill and Diaz-Ponce, 2011). Meyer and Owen (2008) suggested that a number of challenges could be anticipated for long-term care such as access for all; finance; co-ordination between social and medical services; promoting home or community based care; improving recruitment and working conditions of formal carers, and supporting informal carers.

Furthermore, questions arise as to the environs for such care and how it is to be financed in the longer term (Meijer et al., 2000; Livindhome, 2011). The evidence suggests that the number of people being cared for and wanting to be cared for at home, is increasing, with both Irish and UK Government strategic drivers emphasising this (Health Services Executive [HSE], 2011; DHSSPS, 2011; Care Quality Commission, 2013). According to the Irish Medical Organisation's (IMO) Chief Executive, George McNeice, elderly citizens value their independence and prefer to remain in their homes within their own community (IMO, 2016). Moreover, other empirical evidence suggests that an older person's first choice and preference would be to remain in their own homes (Moore, 2013; Ryan and Moore, 2013; Moore and Ryan, 2014; Hillier and Barrow, 2015). Meyer and Owen (2008) suggested that the changing nature presented by such global ageing would rearrange the geopolitical order of the next century.

There are thus significant implications for governments in the provision of effective health and social care services; and more importantly in assuring the quality of

standards for the recipients of such complex care (McClimont et al., 2004; Layte et al., 2009; Health Information and Quality Authority, [HIQA], 2012, 2016a). Additionally, the need to explore the perspectives of older people receiving such care and their perceived quality of life should remain high on the research agenda (Hellström and Hallberg, 2001; NCAOP, Murphy et al., 2006; Owen et al., 2012; Moore, 2013; Moore and Ryan, 2014; Hillier and Barrow, 2015). Moreover, the need to explore the nature of the lived experience of 'home' will be central to the effectiveness of such care provision (Lawrence and Banerjee, 2010; Riedl et al., 2013). A workforce that is strategic and responsive to individual, societal and government demands, and one that enables and supports independent living, promotes respect, dignity and person-centeredness, whether this occurs in the person's own home or in a nursing home, is thus an essential and important facet to assuring that service provision is fit for purpose.

There are many positive examples of good healthcare (NCAOP, Murphy et al., 2006; Phelan and McCormack, 2012; Day, 2016), as well as experiences of service users being let down by serious failings in such health and social care systems within the Republic of Ireland (HSE, McCoy Review Group, 2016), Northern Ireland (The Regulation and Quality Improvement Authority (NI) [RQIA], 2014) and mainland UK (The Francis Report, 2013). HIQA (2012) reported on the need for greater reliability and less variation in the quality of Irish healthcare and the need for the setting and implementation of standards and monitoring compliance with them as important levers in driving improvements in quality and safety in healthcare. HIQA (2012; 2016a) also suggested that such standards in healthcare were key to safeguarding patients and to delivering continuous quality improvement in care provision.

Notwithstanding the important concept of living in one's own home independently for as long as possible, an ageing population with complex care needs coupled with changes in family size and structure mean that many older people will invariably require nursing home care (Nakrem et al., 2012). The deterioration of physical and mental health coupled with challenges to independence, particularly following a fall at home; appear to be significant precursors for a move to a nursing home. This is compounded if the person has sustained a hip fracture because of such a fall (Lisk and Yeong, 2014; Irish Hip Fracture Database National Report, 2016; National Hip Fracture Database Annual Report, 2016).

Moving into a nursing home can be a major challenge and many authors have articulated the issues related to this transitional time period (Ryan, 2002; Reed et al., 2003; Davies and Nolan, 2004; Davies, 2005; Ellis, 2010; Gill and Morgan, 2011; Riedl et al., 2013; Couture et al., 2012; Phelan and McCormack, 2016). Others have reported significant changes in the quality of life particularly with respect to physical, psychological and social functioning in later life that are directly related to the individuals' need for a nursing home admission (Gerritsen et al., 2004; Meyer and Owen, 2008; NCAOP, Murphy et al., 2006).

Davies and Nolan (2004) suggested that making the move to long term care required an exploration of the relatives' experiences as they ultimately were closely linked to the final decision making process. They identified three phases to the transition from the relatives' perspective: 'making the best of it'; 'making the move'; and 'making it better'. Lee et al., (2013) accepted that the move into residential care was associated with increased stress and anxiety for the person and their families and their research sought to explore qualitatively older people's experiences and the importance of

narrative analysis. They suggested that professionals should move away from considering the transition as a stage-based process ending in acceptance and focus on how residents perceive relocation in relation to previous life experiences, unspoken fears evoked by moving and how the environment and relationships with staff may be altered to assist residents in maintaining their identity and sense of control.

The empirical literature suggests that one's quality of life is a predictive variable for individual autonomy and independence; and therefore, is inextricably linked to one's perceived sense of mortality within the ageing process (Ho et al., 2002; Dorr et al., 2006). Further, The Institute of Public Health in Ireland (2016) have examined the prevalence of loneliness and suggested that the quality of life for older people is impacted by the experience of loneliness. They further suggested that loneliness was linked to many health outcomes including depression, nursing home admission and an awareness of one's own mortality.

Murphy et al., (2006) reported on the National Council on Ageing and Older People (NCAOP) and the National Economic and Social Forum (NESF, 2005) assertions that enhancing the quality of life of older people in different settings should be a key policy priority. They alluded to the fact that '*quality of care is a key determinant to quality of life'.* The NCAOP (Murphy et al., 2006) thus stated that a core objective of long-stay care service delivery must be rehabilitation and the enhancement of quality of life. They recommended:

> "All future legislation, policy documents and service statements relating to long-stay care services for older people, whether public, private or voluntary, at a local, regional and national level, assert that a core objective of these services is promotion of quality of life and rehabilitation".
>
> NCAOP (Murphy et al., 2006, 14)

Meyer and Owen (2008) reported on the evidence base for My Home Life indicating that the research explored two primary objectives: '*what residents want from care homes'*, and '*what practices work in care homes'*. They put forward eight integrated themes:

1. Managing Transitions: supporting people both to manage the loss and upheaval associated with going into a home and to move forward.

2. Maintaining Identity: working creatively with residents to maintain their sense of personal identity and engage in meaningful activity.

3. Creating Community: optimising relationships between and across staff, residents, family, friends and the wider community. Encouraging a sense of security, continuity, belonging, purpose, achievement and significance for all.

4. Sharing Decision-Making: facilitating informed risk-taking and the involvement of residents, relatives and staff in shared decision-making in all aspects of home life.

5. Improving Health and Healthcare: ensuring adequate access to healthcare services and promoting health to optimise resident quality of life.

6. Supporting Good End of Life: valuing the 'living' and 'dying' in care homes and helping residents to prepare for a 'good death' with the support of their families.

7. Keeping Workforce Fit for Purpose: identifying and meeting ever-changing training needs within the care home workforce.

8. Promoting a Positive Culture: developing leadership, management and expertise to deliver a culture of care where care homes are seen as a positive option.

(Meyer and Owen, 2008, 293)

Their definitive conclusions were that the inclusive nature of these eight themes offered a vision for care homes together with a framework to deliver quality of life in these settings. This vision for care underpins a relationship-centred care ethos and the Senses Framework as advocated by Nolan et al., (2006). This promotes acceptance that the care home is a shared community of staff, residents, family and

friends, all of whom are interconnected synergistically to assuring quality of care and improvements within practice.

HIQA (2012; 2016a) reported that there are many examples of good health care provision in the nursing home sector within Ireland and often these are under-reported. Phelan and McCormack (2012; 2016) explored nursing expertise in residential care in Ireland as they viewed such expertise as an essential component of care excellence in this sector. They presented seven themes, which they asserted represent nursing expertise in residential care of older people:

1. Transitions: the transition to a nursing home was considered traumatic for the older person and often linked to a decline in health status.

2. Context of the nursing home: the idea of communities of practice where knowledge is shared and belonging to a group who have mutual goals.

3. Saliency: this involves examining how the expert nurse uses skills related to picking up on and responding to cues in daily practice.

4. Holistic practice knowledge: expert nursing depends on the integration of multiple knowledge forms to optimise therapeutic responses.

5. Knowing the resident: a central part of person-centredness is personhood, this was apparent in all of the nurses' actions and verbal communications.

6. Moral agency: this was evidenced through careful communication strategies that promoted self-determination of residents, respected individuality, promoted dignity and demonstrated value and respect for one's beliefs and those of others.

7. Skilled know how: being able to lead and adapt appropriately to situations and mobilising the appropriate resources for individual situations underpinned the skilled know how of the expert nurse.

(Phelan and McCormack, 2016, 2529-2532)

Phelan and McCormack (2016) suggested that the work of nurses in residential care can often be invisible. By rendering this expertise visible, the need for appropriate and adequate skill mix for a growing residential care population is highlighted.

Williams et al., (2012) suggested that relationship difficulties can emerge early within the transition to a nursing home, suggesting that they could in fact be somewhat antagonistic due to nurses taking over the roles primarily provided by the family up until this point. Ryan and McKenna (2015) advocated for the need to develop caring partnerships that enabled families to continue providing care to their relatives after the transition into the nursing home. They suggested that this would provide them with a sense of belonging and attachment to the nursing home community (Ryan and McKenna, 2015). This sense of belonging and concern for the residents' resilience and adaptation can underpin both their physical and mental health outcomes for many years (Mossey et al., 2005; Leong et al., 2007; O'Neill at al., 2015).

Some authors focused on how the move to a nursing home was perceived as a forced relocation (Holder and Jolley, 2012) that resulted in detrimental effects to the wellbeing, survival and overall health profile of residents. Others reported on the transition as a significant life event, resulting in anxiety symptoms with severe emotional results being experienced by both the older people concerned and their families (Cheek et al., 2007; Ellis, 2010; Kirsebom et al., 2012). Katz et al., (2013) suggested that a commonly held view about moving to a care home was that it was often seen as a last resort, particularly by family members. Brandburg et al., (2013), pointed out that an understanding of the strategies that facilitate residents to make a successful transition to long-term care, would enable nurses to provide support at

this difficult time. They identified over 21 facilitative strategies, which were underpinned by the core category of personal resilience.

Research by Cooney (2012) identified four categories as critical to identifying and 'finding home' in long-term care settings. These were: 'continuity', which she believed helped to create a sense of security, comfort and predictability for the person. The second category was, 'preserving a personal identity', which she asserted centred around having time on their own, privacy and personal belongings and most importantly feeling known and valued as an individual. The third category focussed on the resident feeling as part of a group, having companionship, relaxation and fun and this category was labelled 'belonging'. The final category, 'being active and working' recognised the important role of structured activities within the home in helping residents gain a sense of satisfaction within their daily lives. Cooney (2012) concluded that long-term care settings are first and foremost a resident's home and moving beyond the technical and procedural aspects of care enabled nurses to meet the holistic needs of the individual.

Therefore, whilst much empirical evidence exists relating to the transition into a nursing home, paradoxically there appears to be a dearth of research exploring the residents lived experiences in the context of the nursing home as their '*home'.* Phelan and McCormack (2012; 2016) alluded to this being a complex phenomenon, which encompasses many aspects of care delivery in a person-centred framework. McCormack et al., (2012) articulated the importance of appreciating the 'person' in long-term care, whilst Dewar and Nolan (2013) advocated the importance of 'appreciative caring conversations' to promote compassionate relationship-centred care. Buckley et al., (2013) asserted the importance of valuing narrative in the care of

older people and advocated a framework for nurses that enables confirmation of the older persons' identity by taking into account the biography of their lives. The importance of dignified and respectful care within the confines of the therapeutic nurse-patient relationship and the need for a person-centred or relationship-centred ethos have been extrapolated upon as core constructs for the effectiveness of care provision within the nursing home sector. This study sought to redress the dearth of literature on this topic particularly within an Irish context.

Aim and Objectives of the Study

Aim

The overall aim of this study was to explore the lived experience of nursing home residents in the context of the nursing home as their '*home'*. Moreover, it also aimed to evaluate and critique the role of nursing home staff in enabling and maximising a '*homely'* experience for their residents.

Objectives of the Study

The objectives of this study were:

- To identify the context and meaning of 'home' from the perspective of residents and staff in the nursing home sector.

- To identify, compare and contrast the residents' context and meaning of 'home' prior to admission to the nursing home.

- To examine current levels of nursing home practice that determines a '*typical day*', thus enabling identification of the factors that may maximise or minimise the lived experience of 'home'.

- To explore the factors that influence current practice and service provision that promotes or inhibits a 'homely' experience.

- To make recommendations to NHI that will inform policy, practice, education and research.

Methodology

The approach adopted for this study was grounded theory. Grounded theory according to Corbin and Strauss (2008) is an effective research approach where there is minimal knowledge of the phenomenon under investigation. Cutcliffe (2000) contends that a grounded theory approach is most suitable where the researcher is already aware that there is a lack of knowledge in the area and where the remit about the phenomenon lies outside the researcher's expertise or specific areas of interest. These assertions are also well documented and advocated within the current literature (Bryant and Charmaz, 2012; Silverman, 2011; Polit and Beck, 2013). Despite the existence of detailed studies on the transition to life in a nursing home, there remained a paucity of research on the context of a nursing home as home and a grounded theory design was therefore deemed most appropriate for this study. The key principles that underpin grounded theory are: constant comparative analysis, theoretical sampling and theoretical sensitivity (Corbin and Strauss 2008).

The research team used semi-structured focus group interviews to gather rich qualitative narrative from nursing homes residents and staff who participated in the study. Focus groups are broadly defined as in-depth, open-ended group discussions of 1-2 hours that explore a set of issues within a particular topic. The focus groups within this study comprised between 5 and 8 participants with the researcher acting as a facilitator. The group discussion was recorded and transcribed verbatim to enable data analysis (Parahoo, 2006; Curtis and Redmond, 2007; Bowling, 2009). Chiovitti and Piran (2003) delineated a list of criteria for achieving rigour in grounded theory research and these criteria underpinned the credibility, auditability and fittingness of the data within this study.

Ethics

Ethical approval was obtained prior to the commencement of the study. This involved several important steps in the process. Firstly, an application for ethical approval was submitted to Ulster University Research Ethics Committee. This necessitated at least three independent peer-reviews of all the information and procedures relating to the study. Secondly, once ethical approval was obtained from Ulster University, a copy of all documentation (as submitted to Ulster University for ethical approval) was submitted to the Nursing Committee of NHI to seek approval from NHI and to provide NHI with assurances that all research and governance procedures were being adhered to. NHI reviewed all of the relevant material and permission was subsequently granted to proceed with the study.

The Research Team developed letters of invitation for residents and staff, accompanied by a participant information sheet. These explained the purpose of the study as it related to each of the participant groups. The letters of invitation and the participant information sheets were distributed to all of the randomly selected homes registered on the NHI database. These contained details of the Principal Investigator, should any of the potential participants wish to request additional information prior to their participation in the focus group interview. A consent form was developed and signed by all participants prior to the commencement of the focus group interviews. The ethical principles that underpinned this study were informed consent, anonymity, justice, autonomy and beneficence.

Findings

The full comprehensive findings are detailed in the main report and presented here in a succinct manner under two discrete headings, residents findings and staff findings.

Residents' Findings

Key Facts

- Eight focus groups were conducted (5 urban and 3 rural) with a total of n=48 residents participating.

- The age range of residents was 38 to 98 years with a mean age of 78.21 years.

- Participating residents had been in the nursing homes from 4 months to 11.5 years. The average period of residency was 4.2 years.

- Reasons for admission included a deteriorating health, loss of independence, falls, isolation, loss of support structure (death of carer or spouse) and following hospitalisation.

The main themes that emerged from the resident interviews related to 1) the circumstances surrounding the nursing home admission, 2) the experience of the transition, 3) dignity and respect in care delivery, 4) the nursing home as home and 5) improving the experience.

Circumstances Surrounding the Nursing Home Admission

The need for admission to a nursing home primarily occurred in the context of the person experiencing some degree of physical or psychological impairment or decline that resulted in significant challenges to independent living. The residents spoke openly and provided deeply personal accounts of the move to the nursing home. This was quite often phrased within the context of needing more help and not being able to cope at home as evidenced in the following narrative exemplars:

> *"I was living with my sister who was born in 1919 and died at the age of 91, and I wasn't myself, little nervous and upset about different things, so they thought it would be better to come to a nursing home so I came here." (R 48)*

> *"I was living at home and I fell. I had 2 broken shoulders and I went into hospital…..…...I had a choice of going home or go into a nursing home. My family wanted me to go to live with them…but I decided it wasn't fair to any of them so I came here". (R 34)*

> *"All my family are married and gone from home and my husband is dead. I fell and broke a bone and had to go into hospital…when I came home, I couldn't walk very well and couldn't not do very much and my family couldn't be with me all the time and I got nervous and depressed, then decided to come here. My daughter told me about this place and I'm happy, Thank God". (R 1)*

Experience of the Transition

The experience of the initial move and the involvement (or not) of potential residents can have a major impact on the transition. Residents spoke openly about their move to the nursing home, with most expressing satisfaction but a few expressing concern about the way the move was planned or communicated by their families. In some cases, particularly in urban areas, the move to the nursing home was directly from hospital and it appeared that not all residents were involved in the decision-making process.

"...I had been in hospital after a bad fall at home, was in hospital for months. They (my sister) wouldn't let me come back to my own home. She told me it would only be for four weeks." (R 46)

In rural areas, it was apparent that some residents specifically choose the nursing home based on geography but also on the quality of a personal recommendation. There also appeared to be a sense of 'personal knowing' or 'societal knowing' of the home which was attributed to local knowledge or the 'local grapevine'. In some cases, residents had already visited other family members or friends within the home and this was a contributory and important factor in their decision-making process as evident within these residents' experiences:

"*I would say it was a good move for me, everyone appears to be happy here, I know that I am". (R 2)*

"My husband's mother in law and cousin's mother in law all ended their days here so I thought maybe I would repeat the process. They were well taken care of. I had heard good reports about it from various people. It's important to get to know the ins and outs of the place beforehand I think". (R 44)

Dignity and Respect in Care Delivery

The concept of dignity, respect and promotion of independence was identified by the residents as central to the provision of effective care within the nursing home. Maintaining a level of independence appeared to be a core component of individuality within the home as was the importance of involvement and choice in decision making. Respecting residents' choices was linked to how well the staff knew the residents and for many residents, truly knowing them as a person meant respecting their choices, affording them respect within all communications and promoting their independence:

"Staff should be very proud of themselves, all so patient; sometimes an individual can be a little bit trying but I have never seen them lose their temper; it's a miracle sometimes"….(R 35)

"Well when I need to go to the toilet, ..if I have had an accident, they are always very kind, to a fault, I couldn't complain, they're all great really". (R 3)

"Yes, [name] really knows me, my ups and downs. I don't even have to speak, she just knows. But then she's been at it a long time and has a sixth sense, very intuitive and caring. I feel her love and compassion for me as a person not just one of her residents. She can see past my crippled body in this wheelchair. Sometimes when I am just pondering the day, she'll just come and sit with me, hold my hand, share her experiences over a cuppa and a bit of home-made scone bread. Days like these, I can survive my pain". (R 10)

The Nursing Home as 'Home'

A recurring theme with all of the residents was their perceived positivity with many aspects of the twenty-four hour caring experiences. Time and again residents spoke about how the promotion of their dignity related to effective communications within the nursing home and a sense of feeling listened to and valued, particularly if they had raised issues of concern within residents' meetings, that were subsequently addressed. Many reported excellent standards of satisfaction with the care they received in the home and drew comparisons with their own home and the nursing home as 'a home from home':

"Not only is this our home, our families are made so welcome when they come, it's like it's their home as well. My sister has her dogs with her and nobody tells her to take them out." (R 40)

"Well I lived alone and I see more people here during the day than many a day at home and I like doing my own thing and I'm allowed to do it". (R 38)

"I used to be on my own; I like to be on my own sometimes and I like to go for walks.....and they respect this, and help me to do these things that I could not really do in my own home". (R 14)

"First of all, the surroundings. Inside you have the warmth of the rooms and the care that the girls give us. And a doctor coming in every week and a hairdresser every week, chiropodist when we want one. What more could you want? I didn't have this kind of caring in my own home". (R 24)

Improving the Experience

Whilst the majority of residents expressed their satisfaction and contentment, some suggested ways of improving their experience of life in the nursing home:

"The lack of activities, yeah, linked to the turnover of staff. Staff are like our family, you grow to care about them and you love them and then they're gone". (R 38)

"Bingo, the little things we used to do and we had a book club and we came down to the back-sitting room and had singing and that, not now, so many staff have left. Sad really because it affects us. Now it's my iPad – I use my iPad all day." (R 47)

Summary of Findings from Residents

In summary, the residents interviewed shared and recalled memories and feelings about their experiences within the nursing home in an open, honest, frank and sometimes very sad and reflective manner. It was difficult not to sense the brevity and depth of expressed emotions from many residents, due to their honesty and positivity, and their sense of fun and laughter.

Many shared moments of sadness as they reflected back to what was their lived experiences of ‘home’ and their transition to what is now, their new ‘home’. While some residents accepted the changes associated with the ageing process, others wanted to return to the way things were. This in no way related to unhappiness or concerns about their care, but rather because they had fond memories from times past, when they enjoyed better health and were surrounded by family and friends.

The residents interviewed valued the safety and security of the nursing home environment where they had regular contact with other human beings. This fulfilled a need that they felt had not been previously met when they lived alone in their own homes. Others took a more philosophical perspective of their current life trajectory. Many demonstrated a capacity for adaptation and change and in essence portrayed a picture that emphasised that they were making the most of their later life; embracing and enjoying their new relationships, both with staff and residents, which they had formed since moving into the nursing home.

Staff Findings

Key Facts

- Eight focus groups were conducted (5 urban and 3 rural) with a total of n=44 staff members participating.

- Private, group and voluntary nursing homes were represented in the sample.

- Staff group included all staff, RN (n=20), Health Care Assistants (n=14), PT (n=2), OT (n=1), Activities Coordinator (n=3), other staff (n=4), comprised of: Chef (n=2), Domestic (n=1) and an Administrator (n=1).

- Participating staff had between 3 months and 46 years of experience working in the nursing home.

- 34% of staff had less than 5 years' experience in the sector.

- 45% of staff has between 6-10 years' experience.

- 11% had over 20 years' experience in the sector.

- The aggregate total work experience in years for the entire sample was 410.9 years

The study also explored how staff employed within the nursing home sector in the Republic of Ireland, facilitated the creation of a homely environment for their residents. The main themes that emerged from the staff interviews were broadly consistent with the findings from residents, in many areas, and related to 1) the circumstances surrounding the nursing home admission, 2) the nursing home as home, 3) knowing the resident and 4) care standards in the context of 'homely care'.

Circumstances Surrounding Admissions to the Nursing Home

The various staffing groups demonstrated expert contextual knowledge in terms of the reasons for residents' admissions to their nursing home. They also recognised that while it was important to do so, that some families found it difficult to discuss the long-term nature of the move with the resident. Broadly speaking, these related to changes in life circumstances and a deterioration of the persons' physical and psychological wellbeing. The staff demonstrated an appreciation and acceptance of the reality that many of the residents had become increasingly dependent on others for care, as evidenced by their increased need for assistance with multiple activities of daily living:

> *"People obviously come to nursing homes maybe through illness, they might not be able to cope at home any more, they could be living alone, family may not be able to provide the 24-hour care that they may need. There are many different reasons why people come to a nursing home. Maybe they choose to come, they feel that they cannot do it themselves and the best choice for them and those involved is to come to a nursing home where there is 24-hour care provided*". (S 24)

> "*Many residents come here because their health is so poor and they are unable and their families are perhaps unwilling to provide for their needs anymore. Many of the older residents have multiple needs and illness and need lots of care, so here is the best place for that. Being at home, they'd never get the care they need as the community services couldn't cope either*". (S 28)

The Nursing Home as 'Home'

Many participants within the staffing groups spoke in a very open and frank manner about the centrality of their roles, as they perceived them to be, within the nursing home and how this might compare or contrast to care for the resident if they were in their own homes. Multiple phrases and concepts occurred again and again within the data collection that demonstrated a clear appreciation and understanding that the transition was a complex journey not just for the resident, but also for their families and for staff within the nursing home. The theme of the nursing home as 'home' also emerged as an important subject for staff as evidenced within some of these narrative exemplars:

> *"I think they come here because we've always had a good name around the local community and it's a home from home really". (S 17)*
>
> *"All I can say is that this place is home from home and 100% here. We involve all of our residents in the decision making, they are truly autonomous…….. Moving into our home is a very important thing, we need to get it right as first impressions can be the lasting ones". (S 13)*
>
> *"They know we know what they do; if it's boxing, music, sport whatever, their personalities are reflected on the door and it reminds you what to discuss with the resident. That's from day one, that we know exactly what will make it home for them. We know it won't ever be the same, but at least we continue to try and help them cope with the changes". (S 18)*
>
> *"We often have residents who have been given a new lease of life. Respite from their own homes and perhaps for some the loneliness that they felt. This is not the home they might want to be in, if they had a choice, but our role is to make it as homely as possible working alongside them in doing so". (S 40)*

Knowing the Resident

Nursing home staff articulated their abilities to truly know and care for their residents as being a core construct for person-centred care. They identified the relevance of expert knowledge in knowing the person. This was linked to knowing them as a person not just here and now, but in life, what they did for a living, what they like to do now, what connections they have with family or significant others? This is outlined in the following narrative exemplars:

> *"Truly knowing the person is important for me, even when they themselves can't find the words. I still know that they are communicating with me. I will always try to involve them and show respect for them. I will also try to promote a culture of residents' needs first and foremost, despite the inherent difficulties it might cause". (S 42)*

> *"You know when things aren't right, they don't even need to tell you. Sometimes they'll say they're ok and you just know by looking at them and sensing that all is not ok. This is when time for them is essential, listening with empathy and concern. You never know what is going on unless you show genuineness and concern for the things that matter the most to them". (S 38)*

> *"On Sunday, a lady told me she was going out on Tuesday. I do her hair for her and she asked me could I come in and I came in on my own time to do it because it gives them that wee bit of friendliness and that we are always there for them, try to help them out. That would be just one thing I would say about here, because everybody goes above their duty. We treat them like our own family". (S 39)*

Care Standards in the Context of Homely Care

There was a general consensus among the staff interviewed that care standards were important for residents, staff and as a means of providing the general public with assurances about standards of care delivery. Whilst due cognisance was given to the need for standards, staff nonetheless felt that there was too much focus on clinical and

medical matters which they felt detracted from a homely experience. Other staff felt that there were now too many rules and regulations and this didn't lend itself to the provision of homely care. Staff, particularly Directors of Nursing reported feeling under pressure, which at times, they described as 'extreme'. Others reported a lack of consistency among inspectors with respect to the interpretation and implementation of standards.

> *"I think it's a very positive influence. I think sometimes they are trying to take us away from the homeliness. Thinking are they trying to bring nursing homes to be too clinical/medical…..... trying to keep away from being so clinical because I think that takes the home away from nursing home". (S 18)*

> *"Rules can affect choice, like types of bed linen, mattresses, choices of furniture, all problematic if they are non-compliant with health and safety inspections or if they are not fire retardant. ….I do think at times that it can take away from the homely environment the staff work hard to maintain". (S 31)*

The provision of effective quality care standards was intrinsically linked to care giving and a sense of reciprocity within the care-giving relationship existed. There were however, ongoing challenges to the effective provision of care standards and homely care as evidenced within some of these narrative exemplars:

> *"Every single staff member here (name) and I felt many times that it's compromising the care of the resident by spending so much time with documentation. Myself, out of 8 hours if I count going back to [Year], I wasn't even on the floor 15 minutes out of 8 hours just because I had to get the documentation right". (S 25)*

> *"Sometimes the resident chooses to have the bed rails up because it makes them feel safe. We have involved the family in the decisions as well, and then the HIQA inspector makes out that this is not allowed". (S 27)*

> *"The documentation was not up to their expectation. But at the same time, I felt threatened. For example, we were having fire training coming up, and we had an unannounced inspection and out of four staff working that night only one was having the fire training done that year, the other three had done it the previous year but the inspector made me get the fire training done that night at 7pm otherwise they won't be able to work. It was, you know, it wasn't easy". (S 26)*

Summary of Findings from Staff

In summary, nursing home staff groups shared their feelings and experiences about working in their nursing home environment. This was open, honest, and reflective. It was difficult not to sense altruistic tendencies of the staff within their caring roles. They explored in detail the nature of caring within the caregiving relationship and expressed positive emotions whilst talking about the residents they cared for. It was clearly evident that there was reciprocity within the caregiving relationship and nursing expertise, nursing knowledge, and the provision of compassionate care were core constructs to effective care provision.

There was strong evidence of valuing and respecting the residents' culture, beliefs, attitudes and autonomy within the nursing home environment. Moreover, promotion of choice and working with the person were intrinsic values for many staff. Interconnected to these values and beliefs was the promotion of a 'home from home' experience. Clear and unequivocal attempts were made to promote flourishing and the human and social connections needed to enable adaptation for the residents to the change in their life circumstances.

These aspirations were linked to working and providing care within a regulated environment that many felt, at times, negated a 'homely experience'. Despite these beliefs however, staff worked tirelessly to promote their residents' independence and way of life and did what had to be done, whilst trying to ensure that the nursing home did not move too far away from a 'homely environment'.

Conclusion

In conclusion, the significant role that a nursing home fulfils in the provision of a 'home from home' for its residents must be recognised and acknowledged. The exemplary standards of care provision and excellence that promote a person's sense of security, independence, belonging, dignity and respect within the long-term care sector must be clearly recognised as intrinsic to the provision of person-centred care and personhood. The lived experiences of nursing home residents and how this has been succinctly and eloquently articulated within this study provides an insightful and meaningful interpretation of their lives at a critical point within their life's trajectory. It is a time of momentous change for the person and their family, involving significant personal, psychological and psychosocial responses in a process of adaptation and coping. It is one that exhibits human resilience, vitality, spirit and determination for enjoying later life. A personal sense of purpose within community living that is interconnected in a positive manner with daily living, that takes due cognisance of truly understanding, knowing and appreciating the person will enable and maintain a focus on those important things that help to create 'home' within the nursing home.

Further, the role that staff play within the interconnected processes of care delivery to the residents that enables and maximises a homely experience must also be recognised and acknowledged. Staff play a critical role in promoting a therapeutic and caring milieu, and one that respects the residents' autonomy, identity, belonging, community, independence and personhood. The provision of compassionate, responsive and meaningful care ensures that residents can feel personally fulfilled and happy within the nursing home environment, as it is the existence of these exemplars that will enable and facilitate the creation of a 'homely experience' for the resident.

Moreover, the caring and sharing within this milieu is one that demonstrates mutuality of respect resulting in the presence of reciprocity within the caring and dialogic exchange.

Recognition and understanding that underpins the effectiveness and quality of life and care standards within the long-term care sector must clearly be identified within the wider health and social care environs, particularly when such nursing care can be undervalued or subjected to unfair criticism. Moreover, a lack of understanding that underpins the complexity of such caring interventions within the long-term care sector can often result in misrepresentation with respect to procedural aspects of care. Consequently, assertions that care delivery is focussed on tasks or solely on the activities of living, and not individualised and holistic, only serves to complicate misconceptions about the nature and quality of care within the nursing home sector. Co-existent financial restraints to effective care provision for older people may underpin some assertions within the literature but it is clearly not the only important issue of note that must be given due consideration within long-term care provision.

The concept of providing homely care within the nursing home sector is also compounded by the ageism and stigma, albeit largely unsubstantiated, that continues to prevail around long-term care settings and which are exacerbated by the belief that admission to a nursing home is viewed as the end phase of an older person's life trajectory. Such rigid views negate the essence and meaning of the lived experiences of nursing home residents within this study. It further negates the evidence within this study regarding the importance of relationships, community and a sense of contentment and belonging. As one resident succinctly put it:

> *"What we have here is second to none; the care is excellent and I have no complaints. I get up every day feeling positive and content. I have nothing that I would want to change about living here". R44*

This study has identified core categorical dimensions that underpin the effectiveness of the quality of care provision to residents in long-term care and details the lived experiences from the residents' perspectives in the context of home as their 'home'. The study highlights the centrality of exploring the nature of the therapeutic alliance between residents and staff inherent in the creation of a 'home', within the nursing home setting.

The study presents multiple examples of the complexity of the care giving relationship within nursing homes and puts forward a theory grounded in the study's evidence and applicable to residents and staffs' experiences of the nursing home as home in the context of the lives that residents are now living. Therefore, the challenge is not to try and replace residents' interpretation of 'home' (as experienced before the admission to the nursing home) but rather to focus on creating a new home. If one subscribes to the belief that *'home is not a place but a feeling'*, perhaps the question is not whether the nursing home is perceived as the resident's home but rather whether it is perceived by them as their home *now.*

Recommendations

Several recommendations based on this study's findings are now presented to further enhance our understanding of the context and meaning of home within a nursing home. The recommendations address issues relating to policy, practice, education and research.

Recommendations for Practice

- Moving into a nursing home is a major life event. Potential residents, their families and nursing home staff should work honestly and collaboratively, with due regard to the centrality of the resident in the decision-making process, to ensure a smooth transition for all concerned.

- Accepting the sensitivities associated with families addressing the issue of long-term care, it appears that health and social care professionals have a key role to play in this regard. As objective professionals, they are ideally placed to initiate discussions with the older person without fear of reprisal. Such discussion should not be deferred until the older person becomes ill but rather comprise part of the regular contact with GPs or public health nurses in a pro-active manner.

- The assessment of older people in acute care settings should also address these issues as an integral part of the assessment process. Questions such as *'Where would you choose to live if you were no longer able to manage on your own'?* could be used to *'sow the seed'* about long-term care arrangements.

- Nursing home managers should pro-actively demonstrate through effective leadership and management strategies the value placed on the multiple roles and responsibilities fulfilled by their staff.

- The creation of a ‘homely environment’ depends on staff ‘knowing the person’. However, turnover rates can result in a loss of intrinsic and intuitive knowing of the resident and nursing homes should consider additional and more creative ways of retaining staff to promote greater continuity of care.

- Assessments and care plans within nursing homes should be underpinned by a resident-centred approach and supported by actions which recognise the contribution of residents, relatives and staff to the creation of a homely environment within the nursing home.

- The assessment process should include clarification about what constitutes meaningful activities for each individual resident and these activities should be able to be provided by other staff in addition to the activities co-ordinator.

- Existing documentation should be reviewed to ensure that rich biographical information about residents is captured and documented in the initial assessment but of equal importance is the need to comprehensively review care plans so that they remain tailored to the changing need of the residents.

- This study has highlighted the core components that help to create a ‘home from home’ experience for residents and every effort should be made to

recreate a ‘homely’ experience for all residents by promoting a sense of belonging, maintaining identity, feeling respected, valued and appreciated as a person while also being actively involved in decisions about their care.

- Shared decision making should begin prior to the nursing home placement and every effort must be made to ensure that families and staff are guided by the Nursing Homes Support Scheme Act (2009). This advocates that the applicant (resident) may select the relevant facility or approved nursing home in which to receive care services. In light of the findings of this study, Fair Deal Placement Officers should ensure that residents are central to the decision-making process about their choice of nursing home. It is also recommended that these officers should provide nursing homes with all the information they require in order to meet the resident’s needs and in doing so to facilitate a positive transition.

- As the transition from an acute hospital was particularly stressful for the residents in this study, there is an immediate need to put effective systems in place to ensure greater communication and cooperation between HSE staff and nursing homes.

Recommendations for Policy

- As evidenced by this study, government and HSE policies should facilitate older people to ‘age in place’ by supporting locally based respite and long-term care facilities, particularly in rural communities.

- The findings of this study have implications for health and social policy and for the organisation, management and inspection of nursing homes. Quality of care should be less about the physical environment and more about the extent to which older people actually feel *'at home'* as evidenced by their degree of decisional autonomy in day-to-day activities.

- If nursing homes are to become and remain 'homes' for their residents, then residents should be more actively involved in the inspection process and have their voice heard and acted upon. This needs to go beyond the existing models in operation and be truly used to fully triangulate inspection findings for the benefit of residents.

- As many staff expressed frustration around regulatory and inspection processes and procedure, there is an urgent need for HIQA and the nursing home sector to work in partnership to address these issues. While both parties have a remit for the maintenance of standards, it appears that much more can be done to ensure that the inspection process does not have adverse consequences for residents and staff.

- The findings of this study provide detailed insights and understanding into the experiences of residents and staff and into the perceptions of nursing homes as '*hom*e'. Recognising the negative media publicity often associated with this sector, it is imperative for actual and potential residents, relatives and staff that the narrative around nursing home life is rewritten to reflect the move as a positive life choice as evidenced by residents in this study. This can be

achieved by raising the profile of the sector through publications, conference presentations and through increased media engagement and by involving residents, families and staff in these activities.

- Recognising the power of language, there is a need to challenge the public perception and use of ageist terms such as ‘elderly’ and ‘institutions’ as these perpetuate stereotypes that mitigate against quality care provision for older people.

Recommendations for Education

- The role of gerontological nursing at both under-graduate and post-graduate or specialist level requires greater recognition and attention within the educational, clinical practice and academic arena.

- The development of pre and post registration nursing programmes should be informed by the views of older people and their carers with input from experienced nurses across all settings providing care to older people including nursing home staff. This would help to ensure that nurses in general are better prepared to work in the sector.

- The decision of pre and post registration nurses to pursue a career in the nursing home setting can be influenced by their own personal experiences. It is recommended that education providers and nursing homes work in partnership to provide high quality practice learning experiences for undergraduate and postgraduate students.

- Continued professional development (CPD) with an emphasis on the specific and changing training and education needs of nursing home staff vis a vis person-centred care, advocacy, dealing with ethical issues, advance care planning and end of life care, should be developed by education providers in collaboration with nursing home staff to ensure relevance to this area of practice.

- The findings from the study highlight the critical role family, friends and personnel such as social workers, discharge coordinators and advocates can fulfil in easing the transition to nursing home care and supporting day-to-day living. There is a need to ensure greater public awareness about the key role that nursing homes play in the long-term care of older people.

Recommendations for Further Research

- The findings from this study explicate issues on the meaning and context of home within a nursing home. Further research is needed to test the relevance of this theory across a more diverse sample of nursing homes.

- Developing and testing a measurement tool for a larger quantitative sample from the qualitative data contained within this study may enable Nursing Homes Ireland to provide further evidence on nursing homes as home. However, in light of the richness of data collected in this qualitative study, a degree of caution is recommended as the good work being done by staff, as evidenced in this study, may not be accurately captured in a more quantitative study.

- This study has highlighted pertinent issues related to rurality and location as a potentially positive contribution to the provision of a homely experience within ‘local’ nursing homes and this could be explored in greater detail in future studies.

- Future research should include an exploration of the transition from life at home to life in a nursing home in a more longitudinal manner that would follow the resident from preadmission phase through the transition and to the point of adaptation or maladaptation to their new environment.

Limitations

There are a number of limitations to this study. Firstly, this study was conducted using a relatively small sample of both urban and rural nursing homes registered with Nursing Homes Ireland (NHI). While a small sample size is a limitation in quantitative research, this is not equally applicable to qualitative research methodologies. Moreover, whilst the total number of participating homes within this study may be regarded as small, the overall participation from both the resident and staff groups is appropriate for qualitative research studies. However, a larger scale study that incorporated a larger inclusive sample size of homes, residents and staff could perhaps generate further perspectives. Also, a further phase to this study that attempted to test theory relevancy and applicability within a wider sample using quantitative methodological approaches could have also enhanced the study findings.

Secondly, whilst the study has presented a grounded theory approach and presents a theory grounded within the data, a degree of caution should be exercised in making generalisations that are considered applicable to all aspects of long-term care. As identified above, further research must be conducted to explicate theory relevance to a wider population sample.

Thirdly, this study highlighted important findings that appeared to be more prevalent in rural nursing homes and although there is some support for this in the literature, these findings must be viewed with a degree of caution in light of the small and localised sample of rural nursing homes in the study. However, given the nature of the debate concerning rural proofing all aspects of health and social care provision and ageing in place, this study makes a valuable contribution to the body of knowledge

on rural health care provision suggesting a need for much more comprehensive considerations of urban and rural experiences of nursing home care provision.

Finally, the focus of the study was on the lived experiences of nursing home residents and on the role of the staff groups in facilitating a homely environment. The views of residents' families may have offered additional insights. While this may be considered a limitation, it must be considered in the context of the large body of evidence that already exists with respect to the families' perspectives and involvement in long-term care relative to the paucity of research on residents' experiences.

Summary

In summary, the researcher's contention is that this study's findings provide an enlightened insight to account for the dearth of literature in this area. The assertion is that this study will most definitely add to the academic debate on the importance of residents' and staffs' experiences in creating and maintaining an ethos of 'home', within the nursing home environment.

The theory grounded in the data from this study is thus:

"Understanding and knowing the person is central to the concept of homely care in a nursing home".

This theory describes the centrality of the experiences for both the recipients of nursing home care, the residents', and the staff who provide this care within the nursing home sector. Because there is little published about this particular area within gerontological nursing, this grounded theory, as generated, is best described as a descriptive theory.

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