As they see it: A qualitative study of how older residents in nursing homes perceive their care needs

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Summary

Objectives: Meeting care needs of nursing home residents is a significant element in providing the best quality care. A literature review revealed that there is poor understanding of the care needs of older residents from their own viewpoints within a nursing home context. Therefore, this study aimed to explore the older nursing home residents’ care needs from their own perspectives.

Methods: This was a qualitative study. In-depth interviews were conducted by a purposive sample of 18 nursing home residents with a mean age of 80.7 years in Taiwan. All data was transcribed and coded for emerging themes.

Results: A qualitative data analysis generated six themes including the body, economics, environment, mind, preparation for death, and social support, referred to subsequently as BEEMPS.

Conclusions: These findings can provide nursing home managers with information on how to improve nursing home care protocols to accommodate residents’ expressed needs and also inform healthcare professionals about the care needs of older residents, thus fostering better care.

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Introduction

Aging populations are an issue of universal concern. In 2012, people aged 65 years and over represented 11.15 percent of the total population of Taiwan, and this proportion is predicted to continue to steadily rise (Ministry of the Interior, 2013). This increase suggests that Taiwan will see greater numbers of older people with chronic illnesses and physical or mental disabilities in the future. As of March 2013, the number of beds needed in long-term care facilities was around 66,774 (Ministry of the Interior, 2013). To care for these people, the number of nursing homes has rapidly increased throughout Taiwan.

A nursing home is a healthcare institution and also a place where residents live, many for the rest of their lives. Healthcare professionals need to ensure an optimal quality of life and care for residents. Nakrem, Vinsnes, and Seim (2011) found that residents in nursing homes emphasized the importance of nurses identifying their individual needs relating to quality of care issues. Meeting individual needs was identified as one of the basic elements of quality of care (Orrell & Hancock, 2004). Satisfying the care needs of residents is fundamental and crucial to providing quality care. Powers (2006) argued that a ‘need’ is a statement made by a person, and needs are subjective. In addition, needs should be considered within a specific context, time, and space (Fortin, 2006). Therefore, understanding and meeting the care needs of older residents in nursing homes are important.

Few studies were found using a holistic approach for exploring the care needs of older nursing home residents. Instead, a one-time focus group and pre-defined questionnaires were previously used to explore residents’ needs (Chabeli, 2003; Huang, Lin, & Li, 2008). Some studies focused on specific care needs, such as oral care needs (Ferro et al., 2008), religious and spiritual needs (Hamilton, Daaleman, Williams, & Zimmerman, 2009), and palliative care needs (Strohbueter, Eisenmann, Galushko, Montag, & Voltz, 2011). The assessment tools used to gather data are often limited by the concepts of the questions and may unconsciously neglect certain aspects. Examples of quantitative analysis tools used are the Camberwell Assessment of Needs for the Elderly (CANE) and the Minimum Data Set/Resident Assessment Instrument (MDS/RAI). Worden, Challis, Hancock, Woods, and Orrell (2008) argued that these two common assessment tools are not interchangeable because the domains of the needs covered in the instruments differ. Each tool has main areas on which it focuses, so the use of one of the tools might omit some information which is not included in that tool. Therefore, open-ended questions or an in-depth qualitative analysis can be used to identify an individual’s care needs and help collect appropriate data (Levy-Storms, Schnelle, & Simmons, 2002). In addition, some studies sought to ascertain the needs of residents by asking their families and care providers, and examining activities of nursing assistants rather than directly asking the residents themselves (Davis, 2005; Li & Yin, 2005; Milke, Beck, & Danes, 2006). Little is known about the overall care needs of older nursing home residents from their own perspectives. Therefore, the aim of this study was to explore the care needs of older nursing home residents from their own viewpoints using qualitative in-depth interviews.

The premise on which this paper rests is that older residents’ care needs must be understood to ensure the provision of quality life and care, and that these needs cannot confidently be identified without listening to the residents’ own views on this subject. The views of others may supplement, but not replace, these data.

Methods

A descriptive qualitative approach was used. Purposive sampling and in-depth interviews were conducted.

Research settings and participants

Two nursing homes in southern Taiwan, both accredited by the Taiwanese Department of Health, were invited. One nursing home was a public 90-bed hospital-based facility, and the other was a private 55-bed free-standing facility. They were chosen because both met government accreditation standards for staffing and equipment, and both were willing to participate. Inclusion criteria were residents who (1) were aged 65 or over; (2) had lived in the nursing home for over six months; (3) had mental functions sufficiently intact to record a score of more than 20/30 on the Mini-Mental State Examination (MMSE) scale; (4) were able to communicate in Mandarin or Taiwanese; and (5) were able to provide informed consent.

Data collection

After obtaining approval from the nursing homes, each home’s head nurse was contacted, and a list of eligible residents was determined. The study was introduced to eligible residents before they were invited to sign a consent form by the first author. After they had signed the consent forms, the in-depth interviews were conducted. This resulted in 18 residents (15 males and 3 females) with a mean age of 80.7 years and with an average institutionalized length of stay of 32.5 months being included in this study after data saturation was achieved. Participants’ demographic details are given in Table 1.

A digital recorder was used to record the interviews with the permission of the participants. Only one resident refused to be recorded, so notes were made during that interview. The in-depth interviews were used to collect data. The interview began with an open-ended question, “What are your care needs when living in the nursing home?” This question was followed by further questions suggested by the answers given to the previous question, such as “why?”, “would you please talk more about it?”, or “anything else?”. Thirty-eight interviews were carried out between 2005 and 2009, with one to five interviews conducted with each resident. The reasons that some residents were interviewed more than once were that several residents tended to feel tired or easily lost their focus. Sometimes, they needed to return for nursing care or treatment. Each interview lasted about 20–99 min.
Data analysis

The audio tapes were transcribed verbatim, and the transcripts were converted to a format accessible by the NVivo7 qualitative computer program to facilitate data management. The process of analysis included five steps: (1) ordering and organizing the collected material; (2) repeatedly reading the data; (3) searching for meaning units and labeling the meaning units into codes; (4) grouping the codes together to create subcategories; and (5) grouping subcategories to create categories and generate themes (Miles & Huberman, 1994). The rigor of this study was ensured using four criteria proposed by Lincoln and Guba (1985). Strategies to enhance the rigor included becoming familiar with the residents before the interviews to build trusting relationships with them, verifying responses with participants (credibility), selecting appropriate research participants (dependability), using extracts from the participants’ interviews to support findings (transferability), and establishing an audit trail (confirmability).

Ethical considerations

The study was approved by the appropriate ethics committee at one university. The participants were informed, and written consent was obtained from all participants. Participants were also informed that if they chose to withdraw there would be no adverse effects on their care provision, either immediately or in the future. To assure anonymity, pseudonyms were used throughout the study.

Findings and discussion

After analyzing the interview transcripts, six themes relating to the care needs were generated including body, environment, economics, mind, preparation for death, and social support care needs, subsequently referred to as BEEMPS for healthcare professionals to easily remember (Table 2).

### Table 1 Participants’ demographics.

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<thead>
<tr>
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<th>M ± SD</th>
<th>Median (min–max)</th>
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<tbody>
<tr>
<td>Age</td>
<td>80.7 ± 6.3</td>
<td>81.5 (65–91)</td>
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<td>Gender</td>
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<tr>
<td>Non-catholic Christian</td>
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<tr>
<td>Length of institutionalization (months)</td>
<td>32.5 ± 20.5</td>
<td>30 (7–68)</td>
<td>2</td>
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<tr>
<td>Barthe index (ADLs)</td>
<td>69.7 ± 27.1</td>
<td>80 (10–100)</td>
<td>2</td>
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<tr>
<td>MMSE</td>
<td>24.6 ± 3.6</td>
<td>23.5 (20–30)</td>
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Body

Care needs most often expressed by older residents were the needs of their own bodies, including assistance for their activities of daily livings (ADLs) and skilled nursing care.

Assistance for ADLs

Subcategories included eating and feeding, sleep, elimination, personal hygiene, skin care, and exercise. For residents, the issues surrounding food were very important. “It is good to have three meals to eat. It can help us restore some energy and feel fully satisfied” (Mr. Han). The temperature of the food was of concern for the residents. “The rice is cold. The vegetables are cold... This is not good for the elderly to eat” (Mr. Chang).

Older residents also emphasized assistance in getting sufficient sleep and pointed out that factors including noise, nocturia, poor air circulation, their physical conditions, the care provided by the staff at night, and the level of light might affect their sleep. “I cannot help but get up at night... One room has 3 to 5 people... When you sleep, he begins to yell and shout” (Mr. Han). In addition to food and sleep, the care needs for elimination, personal hygiene, skin care, and exercise were also expressed by residents in the current study.

Residents needed staff to assist with their ADLs. Simmons and Schnelle (2006) showed that residents, regardless of different levels of eating dependence, needed around 30–45 min of staff time for each meal. Meal times are an important moment in a nursing home resident’s day, especially in a monotonous environment (Chuang & Abbey, 2009), so the residents paid a lot of attention to food. Therefore, residents’ satisfaction with the food service in nursing
homes is an important component of their quality of life (Crogan, Evans, & Velasquez, 2004). Furthermore, one significant finding in the current study was that most older residents preferred hot meals. In Chinese and Taiwanese culture, people believe that the temperature of food which is similar or higher than the body temperature is better for health. The other reason is that hotter meals taste better than cold ones in many Chinese dishes. Likewise, Chan and Kayser-Jones (2005) found that Chinese residents preferred to drink hot water or tea, even when they lived in an American nursing home.

Previous studies identified that disturbances during sleep are a common problem for nursing home residents (Martin et al., 2006; Tsai, Wong, & Ku, 2008). Similar to the findings of the current study, several studies indicated that nursing home residents’ night-time sleep is affected by environmental noise, light, stuffy air, the need to go to the toilet, physical discomfort, the type of bed, staff’s over-checking on residents, and the fact that some residents often spend substantial periods of time sleeping during the day (Fetveit & Bjorvatn, 2002; Herrmann & Flick, 2011; Kerr, Wilkinson, & Cunningham, 2008).

### Skilled nursing care

Skilled nursing care included medications and treatment, and health information and education provided by healthcare professionals in this study. "They (nurses) will come to clean the catheter... It protects me" (Mr. Chen). "At 2 or 3 AM, I could not stand the pain anymore... She (nurse) gave me two tablets. It is better now" (Mr. Han).

Residents in this study also identified a need for information regarding their own diseases or epidemic diseases. "It is very important to know my present conditions and the disease I have now" (Mr. Liu). "We need information about bird flu. We need to know how to prevent it" (Mr. Bai).

Most nursing home residents need several different medications every day. They require these medicines, treatment, and nursing care to prolong their lives. Similarly, one study also indicated that the top reason for placement in a nursing home is the need for more-skilled care (Buhr, Kuchibhatla, & Clipp, 2006).

A few studies focused on the information needs of physicians, staff, and families in long-term care settings (Rosen et al., 2003; Royle et al., 2002). However, relatively little attention has been given to the information needs of older residents. This may be due to the high levels of cognitive impairment of nursing home residents in Western countries. However, one study suggested that meeting residents’ information needs can enhance their sense of control, relieve their anxieties, and enable them to better manage their own diseases (Harris, Bayer, & Tadd, 2002).

### Economics

For a person to live in a nursing home, a fee must be paid. The National Health Insurance Program in Taiwan does not...
cover monthly fees of nursing homes. This means a certain level of financial self-sufficiency is essential to live in a Taiwanese nursing home. Without funding, nursing home care cannot be delivered.

**Financial support**

Two money-related issues raised by residents were how to pay the monthly fee and having pocket money. Residents who do not have enough money to meet their home’s charges will be discharged or transferred to other non-profit institutions. Inevitably, the cost of living in a nursing home can be a heavy burden for the residents and their families. "You need to pay to live here... Only 'rich' people can live in a nursing home" (Mr. Bai). "... You need to pay for the bed that you sleep in. You need to pay for the laundry..." (Mr. Chen). Moreover, some residents may keep pocket money with them in case they need to buy something or for making phone calls.

This finding echoes that of Su, Chen, and Wang (2005), who noted that the heavy financial burden on nursing home residents is a challenging issue and needs to be resolved in Taiwan. The high price of nursing home care could be a barrier to some who need such care.

**Environment**

The environment surrounding the residents also needs to be considered. The needs of environmental hygiene and space were clearly identified by residents.

**Environmental hygiene**

Environmental hygiene in the nursing home clearly affects residents’ health. In this regard, residents recognized that a clean, quiet, temperature-controlled environment with good air quality and pollution control measures should be maintained to meet their needs. "The toilet is very clean, which is good for health" (Mr. Bai).

Environmental cleanliness was associated with the degree to which residents were satisfied with their nursing home (Yeh, Sehy, & Lin, 2002). Residents in Natan’s (2008) study also ranked a clean environment as one of their highest needs when living in a nursing home.

**Space**

Residents talked of the need for space to move around. "It is really nice to let residents have more space for their activities" (Mr. Su).

Older Taiwanese adults prefer to walk and exercise outdoors because they believe that breathing fresh air promotes their health and that being in nature provides them peace of mind. A study by Chen (2010) found that a lack of an accessible and convenient space in long-term care institutions was one of the barriers to physical activity.

**Mind**

This theme includes emotional support care needs and psychological care needs.

**Emotional support care needs**

Older residents need emotional support that can come from the positive attitude of the staff, from others’ companionship such as staff, family or significant others, and from their religious beliefs. All of these were identified by residents in this study as important elements of their emotional support care needs.

Residents in this study stressed the importance of attitudes of the professional staff. Displays of respectful and caring attitudes were identified as helping older residents feel warm, needed, and valued. "They treat us like children. Do what they want to do... No respect... They need to be polite to older persons. More polite. Respect us" (Mr. Lee). "Someone (a nurse) will come to see us... Actually, greeting is not a big deal, but the feeling is good" (Mr. Han).

In addition to positive attitudes, the residents experienced feelings of loneliness, and pointed out that when they lived in the nursing home, companionship was an important care need. Offering companionship was emphasized by the residents in this study as a way to diminish their feelings of loneliness. "No one asks how your meal is today? No. No one comes to see you... If you have someone to talk to, you will not feel alone (sigh)" (Mr. Hsu). "Very lonely... Just keep watching the ceiling. I really like to have companionship from the nursing staff. But no one comes. They are not available..." (Ms. Wang).

Some residents in this study wanted more support and opportunity for religion to be part of their lives. "I can’t go to the Sunday ceremony, but I read the Bible by myself... You will feel consoled after you read it" (Mr. Su). "I am a Buddhist... It is hard to worship now, but I think about it in my mind" (Mr. Ken).

Respect and honor shown to parents and older adults is an obligation in Taiwanese culture. Accordingly, older people inevitably expect some respect from the staff. Chao and Roth (2005) suggested that respect for individual preferences is one of the key dimensions of good quality of care in nursing home settings. Therefore, respectful attitudes from the staff clearly make older residents feel important and worthwhile.

Alongside respectful attitudes, caring attitudes were also identified as a dimension of good-quality care in Taiwanese nursing homes (Chao & Roth, 2005). The extent to which staff displays caring attitudes is as important as basic physical care.

Lack of company is the most common unmet need of nursing home residents (Hancock, Woods, Challis, & Orrell, 2006). The feeling of loneliness occurs when individuals perceive they lack a network of social relationships, or when they experience a lack or loss of quality companionship (Sorkin, Rook, & Lu, 2002). Loneliness in old people is related to depression and poor physical health (Luanagh & Lawlor, 2008). One study also reported that older residents often felt loneliness (Chuang & Abbey, 2009) and especially those who lived in single rooms (Andersson, Pettersson, & Sidenvall, 2007).

Religious participation is beneficial to the physical and psychological well-being of older persons. Berges, Kuo, Markides, & Ottenbacher (2007) found that older stroke patients who attended more religious services had fewer declines in their ADLs; they also experienced less
disability and fewer decreases in bodily functions. Regular religious service attendance was also related to a slower rate of decline in pulmonary function (Maselko, Kubzansky, Kawachi, Staudenmayer, & Berkman, 2006). In addition, studies revealed that religious older persons or persons with more religious attendance might have lower depression scores than non-religious ones or those without religious attendance (Bosworth, Park, McQuoid, Hays, & Steffens, 2003; Hahn, Yang, Yang, Shih, & Lo, 2004; Payman & Ryburn, 2010). Older residents might need to be assured that their religious practices and rituals are understood to be important to them by their care providers, and that the chance to practice will be made available when they desire it. In Taiwanese culture, thinking of good things, meditation, and reflection are considered to be practices able to satisfy an individual’s religious needs even if they do not go to a temple, church, or shrine to worship. Nurses could routinely inquire about religious and spiritual beliefs, and make arrangements for the residents to fulfill this care need.

**Psychological care needs**

Three psychological care needs were identified by the residents: feelings of security, autonomy, and privacy.

The residents pointed out that feeling secure was an important element of their care. A few residents worried about their possessions, fearing that they might be stolen because they lived in what they felt was a public area. ‘’I have lost two mobile phones since I lived here’’ (Mr. Su). Furthermore, psychological feelings of security were raised as matters of concern by the residents. Accessible medical care and the ability to contact the staff were major components of the residents’ psychological security. ‘’Sometimes I need a nursing assistant to help me. If I need them, I just press the call button. They will come right away (smiling)’’ (Ms. Tai).

The residents noted that having a sense of autonomy, in terms of being able to make choices and having control over various matters of their day-to-day lives, was a need they would like address. Residents in nursing homes are prone to a lack of individuality and a feeling of powerlessness. ‘’Eleven o’clock for lunch. They set the time at 11, not me’’ (Mr. Ken). ‘’What can you do? You are the patient (resident), so what can you do? You are supposed to get bullied because you live under subjugation (a Taiwanese saying)’’ (Ms. Wu).

Some residents in this study expressed the need for privacy. Private rooms and knocking on doors were identified as key care needs relating to the feeling of privacy. ‘’They come directly into the room. They are free to come and go... If the staff can knock or call out to us before they enter the room, it will make me have greater feelings of privacy’’ (Mr. Su).

The assurance that staff are available to residents when they need them was previously identified as a significant element of the caring behavior of nursing home staff (Chao & Roth, 2005). Thus, ensuring that residents know and having demonstrated to them that medical and nursing staff are quickly accessible when needed are important to a sense of security.

Bellis (2010) found that residents have no or little autonomy in an aged care residential facility, and a British study showed that long-term care residents have a need for choice and autonomy (Train, Nurock, Manela, Kitchen, & Livingston, 2005). Residents’ autonomy is one of the important needs that should be met in long-term care facilities.

Privacy is crucially important for an individual’s well-being. The unfulfilled needs for residents’ privacy were consistent with findings of Low, Lee, & Chan, 2007. Having several residents in one large bedroom and the inconsiderate practices of nursing staff might violate residents’ privacy. In a nursing home, the resident’s territory usually consists of his or her room, whether it is private or shared; however, in either case, this is also the working area of the nursing home staff. Previous studies showed that nursing home residents experienced low levels of privacy (Tse, 2007; Woodhouse, 2006).

**Preparation for death**

Preparing for death was another care need identified by residents. They needed to discuss this issue and make arrangements with their families, friends, or staff before they passed away.

**Discussion and arrangement of matters related to death**

Older residents identified preparation for death, and specifically funeral issues, as an important element of their care needs. Several residents expected that living in the nursing home would be the last journey of their life, so they were willing to discuss their deaths, such as symptom management, emotional, psychological, and spiritual support, and counseling services, especially with their significant others, before they died. ‘’I have told my daughter (about my death) and wanted to say a nice goodbye. She doesn’t want to listen to me. She becomes angry when I mention it. I want to talk, but she doesn’t want to listen’’ (Mr. Hsu).

In addition to talking about death, arrangements of funeral issues were also important to residents. These individuals felt relieved after arranging such matters. ‘’I have told my son that I want to be buried beside my wife. I don’t want to be cremated...’’ (Mr. Ken).

Within the Chinese cultural context, arranging funeral issues gives residents a sense of belonging (Wu, 2005). However, discussing death is somewhat of a taboo in Chinese society. Family members of a dying Chinese person often feel uncomfortable about their relative’s death (Shih, Gau, Lin, Pong, & Lin, 2006), and consider it bad luck to talk or think about it (Chan & Kayser-Jones, 2005). Care providers should pay attention to the need to prepare for death by residents.

**Social support**

The need for social support was recognized by residents in this study, who indicated a desire for recreational activities in general, and the need for activities on special occasions and holidays.
Activities

Residents identified recreational activities and activities on special events and occasions as important in the nursing home. "Sometimes, we cooked and made dumplings. It was nice to do it" (Mr. Ni). "They gave us some small gifts during the monthly birthday party... It was nice" (Mr. Su).

The importance of recreational activities is addressed throughout the literature. Recreational activities are essential if a nursing home is to feel like a home rather than an institution (Nazarko, 2002). Furthermore, structured recreational activities can significantly improve residents’ emotions (Schreiner, Yamamoto, & Shiotani, 2005), because recreational activities usually create an atmosphere of informality, facilitating residents’ interactions with other people, and increasing their sense of social connectedness. Similarly, Burack, Jefferson, and Libow (2002) indicated that developing and providing recreational activities is important for meeting the needs of nursing home residents. However, Hancock et al. (2006) found that one of the most-commonly unmet needs of residents in residential care homes is day-time activities. In addition, holiday celebrations are symbols of family gatherings. For those who are not able to go home, a family atmosphere and a holiday spirit might be fostered by decorations, entertainment, holiday food, and even greetings from the staff.

Relationships

Residents expressed a need to engage in meaningful interpersonal social interactions with their families and friends or with other residents in this study. "...I am happy to see them (his son and family) here... I miss them very much... I feel pleasure when seeing them and do not feel alone" (Mr. Ni). "Mr. Shing sat there for many years. He has been gone for 1 month (passed away)... It is boring when I sit here alone" (Mr. Chen). "It is necessary to have friends here. (I) feel more cheerful, much happier and valued" (Ms. Wang).

Visits from families confirm and reinforce the Chinese/Taiwanese traditional value of filial piety. Chao and Roth (2005) found that the absence or inattention of their children seemed to decrease the residents’ level of satisfaction with their lives. Having relationships with their families makes them feel valued. Nursing home residents think family visits are one of their highest needs (Natan, 2008). Visits from friends are also important to older residents. Beyond this, when they live in a limited and isolated environment, interactions among residents are also vital. Similarly, Chao and Roth (2005) indicated that establishing intimate and trusting relationships in nursing homes is frequently an unfulfilled need.

Overall, the BEEMPS found in this study have wide coverage of care needs among older residents living in a nursing home. Compared to two popular assessment tools, CANE (Orrell & Hancock, 2004) and MDS/RAI (Worden et al., 2008), the findings of this study emphasized physical care needs and also included emotional support care needs, such as attitudes of healthcare providers and companionship, and the need to prepare for death. In addition, the MDS/RAI has more details of basic care needs, physical health, treatment, and medication use, but it does not assess the economic needs of nursing home residents.

Limitations of the study

The findings of this study might be limited by the sample size and settings, but they obviously provide important and invaluable information about care needs of older residents in a nursing home through the use of an appropriate method, ensuring the rigor of data collection and analysis, and presenting the perceptions of nursing home residents. Another limitation is that this study only interviewed older residents who had intact cognitive functions due to the inclusion criteria. Thus, care needs of residents with cognitive impairment remain to be explored in the future.

Conclusions

The care needs identified here as BEEMPS were generated from data provided by older nursing home residents. The abbreviation, BEEMPS, is easy to remember and can serve as a guide when assessing care needs of older residents. This study provides new knowledge, such as needs of providing hot meals for Taiwanese residents, attitudes of nursing staff, and preparations for death by older nursing home residents. Moreover, findings can provide nursing home managers with information on how to improve care protocols in institutions to accommodate residents’ needs and also informs healthcare professionals about the care needs of older residents from the residents’ perspectives, making better care possible in the future. It also calls immediate attention to the importance of reviewing Taiwanese national policy on the funding of residential aged care. Long-term care insurance should be developed as soon as possible. Finally, there is still a need for further research to explore whether the overall needs of older residents are unique to Taiwan or are similar to the older adults internationally, and consider exploring the care needs of cognitively impaired residents.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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References


