

Nurses' Perceptions of Outcomes of Quality of Care in Thai Nursing Homes: A Qualitative Study

Chaowarit Ngernthaisong, Yupin Aungsueroch, Areewan Oumtanee*

Abstract: The quality of care in nursing homes is distinctive and vital due to the unique characteristics and individual needs of older adults and dependent residents. This study aimed to describe the quality of care outcomes in nursing homes in Thailand. Qualitative description was applied to interview ten registered nurses working in several private nursing homes using semi-structured questions, observation, and audio recordings. Participants were selected through purposive and snowball sampling. Data analysis was conducted utilizing content analysis, and trustworthiness was ensured through member checking and peer debriefing. The findings revealed six major themes perceived by nurses as indicative of quality care in nursing homes: Physical well-being, Psycho-cognitive status, Social well-being, Nutrition and fluid intake status, Safety and health risks, and Satisfaction. These findings suggest that nursing home nurses must provide care emphasizing the residents' overall well-being, minimize risks, improve safety measures, and increase satisfaction to achieve quality of care. Among these themes, the status of nutrition, fluid intake, safety, and health risks can cause life-threatening conditions. So, the study provides a guideline for quality improvement in nursing homes. Moreover, future research should describe the outcomes from the perspectives of residents, relatives, or caregivers to extend the phenomenological insight.

Keywords: Nursing homes, Outcomes of care, Qualitative description, Quality of care, Registered nurses

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Introduction

The ageing of populations is a vital global issue affecting the 21st century's health, economic, and social systems worldwide. One in eleven of the 7.7 billion global population is aged over 65, and by 2050, the proportion is expected to jump to one in six.¹ In 2050, an expected 2 billion older people will be living in low- and middle-income countries, including Thailand.²

Thailand is facing an unprecedented demographic shift towards an aged society.² The Department of Older

Chaowarit Ngernthaisong, RN, PhD (Candidate), Faculty of Nursing, Chulalongkorn University, Thailand. E-mail: chaowarit_tar@hotmail.com
Yupin Aungsueroch, RN, PhD (Nursing), Associate Professor, Faculty of Nursing, Chulalongkorn University, Thailand. E-mail: yaungsueroch@gmail.com.
Correspondence to: Areewan Oumtanee, RN, PhD (Nursing), Associate Professor, Faculty of Nursing, Chulalongkorn University, Thailand. E-mail: areeday@yahoo.com*

Persons reported that in 2005, approximately 10% of the Thai population was 60 and over.³ However, data from 2023 indicated a notable increase, with 13,064,929 older adults accounting for 20.8% of the total population of 66,052,615 people.⁴ This trend is approaching the threshold of an aged society, defined as 20% or more of the population. Moreover, projections suggest that

by 2050, Thailand is expected to reach 35.8% of the population being aged, transitioning into a super-aged society.⁵ This demographic shift poses a significant challenge for the Thai government in effectively and sustainably managing the long-term care system to address the aging population's needs.

Long-term care (LTC) is personal or social care support to maintain or promote the functional abilities of persons with physical or mental limitations by concerning the rights and dignity required in an aged society.⁶ The two main LTCs are community-based and institutional-based.⁵ This study focused on the institutional-based LTC, which is in the initial phase of being accepted and developed because previously, home care was preferred due to the values of families, preferences, and culture of Thai society.⁷ According to social norms and family structure changes, institutional-based LTC services in Thailand are classified as daycare centers, residential homes, and nursing homes. Among these LTC facilities, nursing homes are the most significant number aiming to provide nursing care, health promotion and prevention, and rehabilitation; registered nurses (RNs) and nursing assistants are on hand 24 hours for residents who are older adults and dependent persons requiring daily, supportive, or complex care services that the family cannot provide. They do not need to be in a general hospital.⁸

A nursing home (NH) is an essential institutional-based long-term care facility operated privately in Thailand. This service offers care, health promotion, and rehabilitation to the residents.⁹ The primary determinant of care goals in NHs is functional status, which assists the individual in performing activities of daily living such as bathing, dressing, toileting, transfer, feeding, and continence. Residents also require care services, care management, and social welfare, especially those who are frail and/or have chronic illness or disability with both physical and/or cognitive impairments.¹⁰ Moreover, some nursing procedures needed to be provided by RNs, such as

nasogastric tube insertion, Foley catheter retention, wound dressing, and medicine administration, to ensure the quality of care.¹¹ Therefore, the residents who live in NHs should receive health promotion and rehabilitation to meet the quality of care outcomes.

The quality of care in nursing homes (QOC-NH) has been discussed over four decades to improve nursing services and the health care system.¹² The definition of quality of care refers to the extent to which health services enhance the probability of achieving favorable health outcomes for individuals and populations. It has been defined from many perspectives and depends on the settings in which care occurs, such as nursing homes.¹³ Previous studies revealed that low QOC-NH induces adverse outcomes of care such as fraud, abuse, neglect, poor hygiene care, the usage of physical and chemical restraints, the prevalence of dehydration and stasis ulcers, and the use of catheters.¹⁴ Furthermore, the serious quality of care deficiencies resulted in actual harm to residents or placed them at risk of death or serious injury in nursing homes.¹⁵ So, the outcomes of QOC-NH are vital to be accessed, monitored, evaluated, and improved precisely.

The QOC-NH pertains to changes in a resident's functional or psychosocial health resulting from the care provided. These outcomes help care providers determine the most efficient ways to achieve specific goals. They are categorized into subjective and objective measures.¹⁰ The subjective components encompass a resident's overall satisfaction with themselves, their environment, and their satisfaction with various aspects of nursing home care. Objective components include changes in functional and mental status.¹⁶ These outcomes are predominantly documented in Western or developed countries such as the US, the UK, and Switzerland.^{17,18} Outcomes have been defined and measured internationally to assess the status of residents.

In Thailand, several studies have established the Thai standard of care for long-term care institutions, including nursing homes, by considering structure,

process, and outcome.¹⁹ However, there has been limited exploration of specific outcomes of QOC–NH. Instead, nurses rely on the experiences and knowledge acquired from the institutions’ owners to drive quality improvement efforts.^{11,20} As a result, nursing home care services in Thailand are still in an early developmental phase, with gaps in understanding the outcomes of QOC–NH concerning residents’ needs, the quality of care provided, and the socio-cultural context of Thailand.⁷ Therefore, describing and examining the quality of care outcomes in nursing homes is crucial to address these gaps effectively.

Review of Literature

Literature regarding the QOC–NH, in international and Thai contexts, was reviewed to determine its state of science. The earliest literature on outcomes of quality of care originated in the USA in 1986 with a publication titled “Improving the Quality of Care in Nursing Homes.”¹⁶ This document served as a blueprint for regulating and enhancing such homes in the USA and worldwide. This publication referenced the changes observed in residents after receiving care from nursing staff encompassing various domains, including 1) functional status, including transferring, ambulating or wheeling, dressing, toileting, bathing, eating, and grooming; 2) mental status related to cognition, emotion, judgment, and depression; 3) social status involving social relationships and participation in group activities; 4) health status and specific complications, such as pressure sores, falls, accidents, incontinence, urinary tract and respiratory tract infections, and exacerbation of underlying diseases; and 5) satisfaction incorporating feedback regarding complaints and overall satisfaction with the services provided.¹⁶

In the UK, adverse outcomes of QOC–NH were highlighted, including the occurrence of behavior problems, an increase in bowel or bladder incontinence, the percentage of residents with urinary tract infections

(UTIs), the prevalence of weight loss, the prevalence of decline in activities of daily living, the prevalence of physical restraint use, resident-level indicators of hospitalization risk, and resident satisfaction.¹⁷ In Switzerland, the outcomes of NH care are assessed through various indicators, including the percentage of residents with significant weight loss, the percentage of residents with limited mobility, and the percentage of residents experiencing pain.¹⁸

In South Korea, the outcomes of nursing home care are determined through various issues, including the prevalence of falls or slips, the percentage of residents with prescribed antibiotics for urinary tract infections, significant weight loss or dehydration, those needing assistance for a decreased range of motions, those who were physically restrained, and those with pressure sores.²¹

The Standard of Care for Long-term Care Institutes in Thailand covers various facilities, including daycare, assisted living, residential homes, nursing homes, geriatric hospitals, and hospices. This standard has three dimensions: 1) Structure of care: this dimension pertains to the physical environment, staffing, and management within long-term care organizations for ensuring that facilities are well-equipped; 2) Process of care: this dimension concerns the delivery of care services, ensuring safety and promoting resident participation, and 3) Outcome of care: this dimension evaluates resident satisfaction and the overall quality of care provided.¹⁹ Additionally, the Ministerial Regulation governs the service standards for older adults and dependent persons, including daycare, residential homes, and nursing homes. This regulation focuses on ensuring the adequacy of facilities, safety measures, and service quality across various care settings.²²

As mentioned above, numerous studies have examined the quality of care outcomes in nursing homes, focusing on various aspects such as the prevalence, incidence, or percentage of residents’ physical function, psychological status, social status, health status, complications control, and satisfaction. However, there

is a gap in research in the Thai context, necessitating further exploration of outcomes specific to nursing home care.

Study Aim

This study aimed to describe the quality of care in Thai private nursing homes as perceived by registered nurses.

Methods

Design: Qualitative description was used to provide straightforward or initial descriptions of the required phenomena and facts within a naturalistic inquiry.^{23,24} This study aimed to uncover outcomes of QOC–NH and has been reported following the Standards for Reporting Qualitative Research (SRQR).²⁵

Participants and Setting: The informants were ten Thai RNs with over one year of working experience in ten nursing homes and were accredited by the Department of Health Service Support, Ministry of Public Health, Thailand. These nursing homes were private and purposefully selected from the total 790 registered nursing homes in Thailand.⁸ The characteristics of informants are displayed in Table 1. Purposive sampling²⁴ was used to select six informants who mainly work in the Bangkok Metropolitan Region as the above qualifications. They were invited using an infographic specifying the required qualifications and allowing them to decide on participation independently. Moreover, snowball sampling was applied to select four informants, as suggested by the first group of informants. The informants worked in Thailand's North, Northeast, Central, and South (see Table 1).

Table 1. Characteristics of informants (N = 10)

ID	Age	Marital status	Position	Education	Years of experience	Number of residents	Province
1	37	Single	Nurse manager	Master	10	17	Nonthaburi
2	47	Married	Nurse entrepreneur	Master	6	30	Khon Khean
3	44	Married	Nurse entrepreneur	Master	10	43	Bangkok
4	62	Married	Nurse entrepreneur	Master	21	22	Nakorn Ratchasima
5	39	Married	Nurse entrepreneur	Master	2	6	Chonburi
6	49	Married	Nurse manager	Bachelor	18	70	Nonthaburi
7	49	Married	Nurse entrepreneur	Master	10	15	Nonthaburi
8	38	Single	Staff nurse	Master	15	5	Bangkok
9	42	Married	Nurse manager	Bachelor	2	8	Trang
10	47	Married	Nurse entrepreneur	Bachelor	8	55	Chiang Mai

Ethical Considerations: This research was approved by the Institutional Review Board, Chulalongkorn University (approval No. 650075), on July 5, 2022. The informants were appraised and asked to sign a consent form before data collection by the researchers. Their confidentiality was assured by reporting the findings overall with their name, related information, or photos not shown in the study reports.

Data Collection: Data were ethically collected from July–September 2023 using in–depth interviews with five mainly semi–structured questions (see Table 2).

There were three ways of interviewing: face–to–face (n = 1), phone call (n = 6), and Zoom application (n = 3), which the informants could choose. All informants were asked for their permission to record an audio file without using the camera during Zoom or photo–taking during interviews. The interview period took 45 to 65 minutes. Seven informants were interviewed for one round, while the other three were interviewed for two rounds to obtain enriched and saturated data.²⁶ The audio recordings were permanently deleted after the final data analysis.

Table 2. Interview questions

Interview questions
1. What does quality of care mean in the nursing home context from your perspective?
2. Can you describe the quality of care provided to your nursing home residents?
3. Can you share any examples of the quality of care provided to your residents?
4. How do you ensure that residents have well-being?
5. How does the nursing home accommodate the preferences and needs of residents?

Data Analysis: Data were analyzed using content analysis to interpret words or statements, one of the most common approaches for analyzing qualitative descriptions.²⁷ In this study, content analysis was applied as follows.²⁸ After transcribing all interviews, coding was performed to extract related codes. Then, every code was

highlighted and defined how it refers to the outcomes of QOC-NH. After that, they were categorized into 35 sub-themes based on their relevance and merged into 19 sub-themes and six major themes, respectively (see **Table 3**). Eventually, narrative reflection was performed to describe the outcomes of the QOC-NH phenomenon.

Table 3. Sub-themes and themes of QOC-NH outcomes

Sub-themes	Major themes	Description
- Body hygiene of residents	Physical well-being	The physical condition of nursing home residents is reflected in their physical and oral hygiene and their ability to maintain or enhance their capacity to carry out activities of daily living.
- Oral hygiene		
- Maintain and promote physical movement and motion		
- Maintain and improve the stool elimination		
- Sleep quality must be monitored		
- Residents express feelings of their happiness through verbal and facial expressions.	Psycho-cognitive status	The state of nursing home residents pertains to their feelings and emotions, encompassing aspects such as happiness, vitality, and cognitive function experienced during their residency.
- Residents present good mood.		
- Residents are joyful with good orientation.		
- Cognitive functions should be maintained.		
- Residents enjoy group activities with others.		
- Residents have a good relationship.	Social well-being	Nursing home residents value social relationships and participation, viewing them as integral to being members of the community. They support one another.
- Residents help and support each other.		
- Residents follow nursing home regulations.		
- Body weight is suitable with age and height.		
- Muscle mass maintained or increased.		
- Having adequate fluid with no dehydration.	Nutrition and fluid intake status	The residents' physical condition is affected by their nutrition and fluid intake, which can manifest in body weight, muscle mass, hydration levels, taste and variety in food, and absence of feeding complications.
- Taste and variety of food with quality		
- NGtube feeding cases must be free from complications.		
- Residents free from falls		
- No new pressure sore or getting better		
- No accident from transferring or burn	Safety and health risks	The preventable harms and adverse events stemming from accidents or health conditions can be mitigated and controlled proactively for nursing home residents.
- No UTI, URI, and pneumonia		
- U/D under control		
- Pain and discomfort control		

Table 3. Sub-themes and themes of QOC–NH outcomes (Cont.)

Sub-themes	Major themes	Description
– Safety from emergencies		
– Administering medication completely		
– Giving admiration from residents and relatives	Satisfaction with nursing care	Residents and their relatives expressed a sense of contentment and gratitude towards the nursing care service provided.
– No complaints from residents and relatives		
– Getting good collaboration from residents and relatives		
– Residents and relatives positively recommend to others impressively.		

Trustworthiness: Trustworthiness was performed using member checking and peer debriefing to enhance credibility and dependability.²⁹ Member checking was conducted by sending the transcripts to the informants to ask them to check and respond to their agreement, but they had no revisions. In addition, peer debriefing was performed by using group discussions with two gerontological nursing instructors and one LTC nurse practitioner to check both themes and sub-themes, with minor revisions of wording usage for a clear description.

Findings

The findings showed that nurses perceived the QOC–NH in six major themes and 19 sub-themes:

Theme 1: Physical well-being

The initial observation by the nurses typically revolves around residents' physical condition. They concentrate on aspects such as cleanliness, abnormalities, functionality, and progress in the residents' physical health. Consequently, the provision of high quality-of-care is portrayed through the residents' physical well-being, encapsulated within the following sub-themes:

1.1 Body and oral hygiene of residents

The residents' cleanliness is a vital indicator, encompassing both body and oral hygiene. The RNs must ensure that residents' bodies, including their hair, scalp, oral cavity, skin, and nails, remain clear of any abnormalities such as rashes, redness, bleeding,

wounds, deformities, or unpleasant odors. Additionally, their oral hygiene, covering teeth, tongue, gums, and lips, is essential to prevent decay, gingivitis, plaque, fungal infections, or any undesirable odors.

At our nursing home, ensuring the residents' cleanliness is a top priority. They must be kept free from any urine or fecal odor. We make sure they receive a shower daily or are cleaned in bed, especially considering the hot climate of our country, Thailand, where they tend to sweat easily. ID3

Oral care is very important, and always be careful.... The nurses have to check their teeth, gum, and tongue to avoid decay, gingivitis, or plague affecting their eating and digestion. ID8

1.2 Maintaining physical motion

Older adults often choose nursing homes due to a decline in physical abilities, particularly in mobility and performing activities of daily living (ADL). Nursing home services are geared towards aiding, preserving, and enhancing residents' physical functions by assisting with cleaning, eating, and walking tasks. Furthermore, activities promoting fine and gross motor skills, such as active range of motion (ROM) exercises or occupational activities, are implemented to maintain or improve residents' physical mobility.

Older adults typically experience physical decline before choosing to live in a nursing home. For those who are homebound, encouragement

is provided to independently perform basic functions like eating or walking. In cases of bedridden residents, efforts are made to prevent muscle atrophy, joint stiffness, and issues such as difficulty swallowing food. ID6

The nursing home residents can't walk or move independently; we must help them by providing rehabilitation programs to maintain or improve their movement. It is one of our quality indicators. ID10

1.3 Stool elimination status

Older adults have a natural decline in bowel movements, leading to constipation, which is considered as not passing stool at least three times a week. Therefore, one of the primary responsibilities of the nurses is to regularly care for, monitor, and evaluate the residents' stool elimination patterns.

Managing residents' elimination processes is significant as it can impact appetite and overall comfort. To address this, strategies such as increasing fiber and water intake are implemented, alongside encouraging bowel movements through activities like walking or gentle bowel massaging. ID2

We regularly check the residents' eliminations, whether they have diarrhea, constipation, IAD [Incontinence-associated dermatitis], and hemorrhoids, especially when wearing diapers, to ensure that their conditions are good under our care. ID7

1.4 Sleep quality

Nursing home nurses need to assess and evaluate sleep patterns, considering health conditions, for example, insomnia, Alzheimer's disease or dementia, and lifestyle factors influencing sleep, such as preferring to sleep with lights on to avoid disturbance. While the ideal sleep duration is 6–8 hours per night, residents often sleep less than this. Therefore, RNs must manage and promote sleep quality to enhance overall well-being.

The quality of care is measured by the resident's ability to eat, eliminate, and sleep comfortably. Sleeping poses challenges for many residents, especially those with dementia who may experience insomnia. ID5

If our residents get better sleep conditions, such as sleeping throughout the night or about six hours per night, it can indicate that we provide a good quality of care. ID9

Theme 2: Psycho-cognitive status

Nursing home nurses carefully observe the residents' feelings, emotions, and cognitive functions to gauge the effectiveness of the provided care in fostering happiness, vitality, and cognitive maintenance. This overarching theme comprises three sub-themes as follows:

2.1 Residents' feelings

Attending to the residents' feelings is paramount for nursing home nurses. They assess whether residents feel content, secure, and comforted by directly communicating with those who can express themselves verbally. Additionally, nurses rely on observation of their eyes and facial expressions to evaluate their feelings for residents with limited or challenging communication abilities, such as those who are bedridden.

"I usually check the residents' feelings by observing their eyes and facial expressions. Occasionally, I directly ask, "Grandma!!! How have you been living here? Can you live here with us?" If they express a sense of security and warmth, viewing the nursing home as a second home indicates that our nursing care is of good quality. ID6

We truly consider their feeling because they left their house and family. It was difficult to adapt themselves at the beginning. Moreover, living with others sometimes annoyed them. We have to arrange activities to ensure that they are happy. ID7

2.2 Residents' emotion

Living in a nursing home, which neither resembles a house nor a hospital and sharing living spaces with others under the care of nursing staff creates a range of emotions. Nurses observe that initially, residents may experience anxiety, loneliness, or homesickness. Furthermore, many emotions, such as liveliness, joyfulness, sadness, or depression, can emerge. Nurses emphasize that providing high-quality care can foster a positively stable mood or emotional state among residents.

It's essential to ensure that our residents maintain a positive mood while engaging in daily activities and should be lively and joyful. Creating a relaxed atmosphere is key to cultivating a pleasant and stable mood among our residents by playing music or organizing drama sessions. ID3

With our good quality of care shows through the residents' emotions. They shouldn't be lonely or homesick. Most of them are lively and joyful while living here [in nursing home]. ID10

2.3 Residents' cognition

Maintaining the cognitive well-being of residents is paramount in evaluating the quality of care. Nurses mentioned that older adults are prone to delirium due to inadequate nursing care or an unhealthy environment. So, they are responsible for assessing, managing, and evaluating residents' cognitive status to uphold their mental health.

We prioritize residents' mobility by organizing activities that encourage movement and engagement in diverse settings. This promotes brain stimulation and reduces the risk of confusion or delirium by preventing prolonged periods of inactivity confined to rooms or beds. ID9

We have brain training activities to stimulate their memory and cognition. The memory declines with age, but their orientation needs to be maintained to prevent confusion. ID3

Theme 3: Social well-being

Nursing home nurses view effective nursing care and management as essential for fostering peaceful coexistence among residents. They emphasize that the nursing home serves as a second home for residents, where individuals come together, valuing social relationships, active participation, and supporting one another as good community members. The social well-being theme consists of three sub-themes:

3.1 Social relationships

Creating relationships among residents from diverse backgrounds challenges nursing home nurses. Despite differences in lifestyles or preferences among residents, nurses strive to foster social relationships by placing individuals in suitable social environments and organizing activities that promote social interaction. This approach aims to cultivate a sense of community and camaraderie among residents.

It is important to establish a welcoming environment for our residents. This involves assessing their personalities and lifestyles to group individuals with similar preferences. We aim to create a sense of belonging and allow them to live among extended family members. ID1

Social relationships are needed to prevent loneliness among the residents. Social skills can be trained through group activities. I could observe that they take care of and support each other. It can also show our service quality. ID5

3.2 Social participation

In addition to fostering good relationships, living in a nursing home involves active social engagement through participation in group activities. Nurses emphasize the importance of creating and encouraging social participation among residents. They believe this facilitates opportunities for residents to come together, enjoy shared experiences, and derive fulfillment from communal interactions.

Encouraging group activities is highly valued in our nursing home as it promotes interaction among residents. Good quality care is the ability to foster residents' participation in activities together, which helps prevent loneliness and fosters a sense of unity within our community. ID7

We made this nursing home as a family by encouraging our residents to eat, live, and sleep together. They mostly do activities together and help each other. Some residents helped his friends to eat or report what his friends forgot. ID2

3.3 Being a good member

Nursing home nurses emphasize the importance of residents adhering to nursing home regulations and treating fellow members respectfully as indicators of quality care. Nurses are responsible for clearly outlining these regulations from the outset of a resident's stay and ensuring residents understand and adhere to them, fostering a culture of compliance and mutual respect among residents.

We need to provide clear guidance to residents on the dos and don'ts of living here. We respectfully address the issue, speaking with them kindly and informing their relatives to confirm whether the residents understand and adhere to the guidelines. ID2

Our residents are so nice because they have kindly been cooperating with us by following the nursing home's regulations. We provided a clear orientation on the first day of admission. We also discussed monthly what should be improved. I think that it shows our quality of care as well. ID6

Theme 4: Nutrition and fluid intake status

In nursing home settings, RNs highlight the importance of routinely assessing, monitoring, and evaluating various aspects of residents' well-being, including body weight, muscle mass, hydration levels,

taste preferences, variety in food choices, and absence of feeding difficulties. This overarching theme included three sub-themes:

4.1 Quality and quantity of food and water

Assuring adequate food quality and quantity is vital in nursing care. Each resident's dietary needs are unique, considering health conditions, preferences, culture, and religion. Nurses monitor and assess residents to prevent malnutrition, obesity, and dehydration, providing 3–5 meals daily tailored to individual requirements.

Food preparation in nursing homes is tailored to residents' specific requirements and conditions, considering factors like daily caloric and protein intake. This is particularly crucial for older adults with compromised immunity, such as those with cancer, muscle atrophy, or pressure sores. To address their needs, protein intake is increased to 1.2–1.5 g/kg/day, provided kidney function is normal. ID5

The amount of water is vital, so the residents are encouraged to drink about 6–10 glasses per day based on their condition to prevent dehydration and UTI [Urinary Tract Infection]. ID7

4.2 Body mass index and muscle mass

Weekly body weight checks are conducted for both ambulatory and bedridden residents, and weight measurements are obtained during hospital visits. Some residents are not regularly weighed. They prioritize ensuring appropriate body weight, muscle mass, and body mass index (BMI) relative to residents' conditions. They focus on maintaining or increasing muscle mass through protein intake and exercise.

I need to monitor body weight and BMI from day one for residents who can stand, but measuring bedridden cases is challenging. We'll rely on hospital records for their data. Monitoring these metrics ensures our nutrition and exercise programs are appropriate for all residents. ID4

Older people always have muscle mass decreasing gradually. We encourage them to exercise, especially weight-bearing exercise, and consume high protein every day. The more they can maintain or increase muscle mass, the higher quality of care we have. ID9

4.3 Nasogastric tube feeding

Nursing home residents with swallowing difficulties are fed through a nasogastric tube (NG tube). The RNs prepare a blenderized diet comprising boiled egg, chicken, rice, vegetables, and soybean oil, providing 1 kcal/cc for three meals daily. Ensuring clear airways and monitoring potential complications of NG tube feeding, such as aspiration, nausea, vomiting, and hyperosmolarity shock, are essential tasks for nurses.

I must obtain consent from residents or their relatives before inserting the tube. Ensuring correct tube placement is crucial. Additionally, I prepare a blenderized diet by boiling and blending chicken, rice, vegetables, and oil. Before feeding, gastric content is checked, and complications such as aspiration or watery stool are closely monitored. ID8

We are seriously concerned about preventing pneumonia and other complications of the NG tube feeding like nasal pressure sore, nausea and vomiting, or diarrhea. If these events always occur, it may indicate poor quality of our care. ID10

Theme 5: Safety and health risks

In nursing homes, residents are typically older adults and dependent individuals with physical or cognitive limitations. The RNs and care teams are tasked with assisting and caring, identifying risks, minimizing preventable harm, and enhancing safety for residents. This theme consisted of three sub-themes, as described below:

5.1 Incidence of pressure sore, accidents, and falls

The layout resembles a resident's home in a nursing home, complemented by assisting equipment like handrails, emergency call systems, and sliding doors. Despite these measures, caregivers and RNs remain vigilant in observing and caring for residents to prevent accidents like falls, burns, and pressure sores. When these incidents are reduced, then this serves as an indicator of the quality of care provided.

Safety is a significant concern due to past reports of low care quality, especially given the vulnerability of older, dependent residents to accidents. Preventing harm from falls, pressure sores, or burns is vital, necessitating clear guidelines to avert life-threatening situations. ID1

To consider the quality of care in nursing home, we have to control adverse events such as falls and pressure sore. Even if they are the most common events, we have to prevent them to be zero ideally. ID5

5.2 Free from preventable infection and complications

Residents are primarily older people with compromised immune systems and underlying health conditions. They commonly experience urinary tract infections, pneumonia, and COVID-19 infections. Additionally, many residents have underlying diseases such as hypertension, diabetes, heart disease, kidney disease, or cancer. As a result, ensuring quality of care involves effectively controlling both infections and complications.

The prevalent issues in nursing homes are UTIs and pneumonia, with COVID-19 being a prominent concern in recent times...If they have a history of UTIs or pneumonia, it enables us to anticipate the likelihood of recurrence. ID4

For the bedbound cases with retaining Foley catheter, we have to do bladder massage to eliminate any residual urine to reduce infection events... Promoting air ventilation by opening windows to get ventilated and natural air. ID5

5.3 Safety from emergencies

Emergencies can arise among residents, particularly those with underlying conditions like heart disease, chronic kidney failure, systemic lupus erythematosus, chronic obstructive pulmonary disease, or cancer. Critical events such as cardiac arrest, respiratory failure, aspiration, or hypovolemic shock are common. Nursing home nurses equip themselves with the necessary knowledge and skills to address these situations, training staff to mitigate serious complications, disability, or death.

In emergencies, our ability to promptly detect, administer first aid, refer, and monitor residents until they are out of danger is crucial. Effectively managing these situations is a hallmark of quality care in nursing homes. ID7

I have to set up a CPR [Cardiopulmonary Resuscitation] and first aid training program for the caregivers and staff in our nursing home once a year because, caring for older persons or dependent persons, we have to deal with many unpredictable events such as arrests, shock, or aspiration. ID10

Theme 6: Satisfaction with nursing care services

Residents' and relatives' satisfaction with nursing care services is a significant focus, reflecting the quality of care provided. Their positive feelings and expressions of appreciation serve as indicators of satisfaction. This theme encompasses three sub-themes, outlined below:

6.1 Appreciation from residents and relatives

Feedback from residents and their relatives is integral to gauging satisfaction with nursing care

services. The RNs often seek resident feedback or organize monthly meetings for this purpose. Relatives may receive questionnaires or Google forms to provide comments, appreciation, or suggestions or share positive stories via LINE groups or Facebook to express gratitude or admiration for nursing care services.

We prioritize the satisfaction of both residents and relatives, viewing their feedback as indicative of our care quality. They often share both commendations and areas for improvement directly with us. Occasionally, they express their sentiments through cards to show appreciation. ID3

Normally, we check the feedback by asking the residents for group and individual evaluations. In addition, we check any comments or complaints of their relative from the Line chat and Facebook reviews showing our quality of care. ID8

6.2 Collaboration of residents and relatives

The collaboration of residents and their relatives is a clear indicator of satisfaction. The RNs sometimes seek collaboration from both parties regarding nursing care, such as limiting in-person visits during the pandemic and using video calls instead. Additionally, relatives often contribute food during special events at the nursing home, fostering a sense of togetherness and reflecting a strong relationship and satisfaction.

We assess collaboration by implementing measures like encouraging video calls instead of in-person visits during the COVID-19 pandemic. Additionally, during special occasions such as New Year parties or Mother's Day, residents and relatives often suggest not preparing food but bringing different items to join, demonstrating their collaborative spirit. ID9

When we can establish a relationship with residents and relatives, they will collaborate with us well. For example, when we asked the relative to be able to change the urinary catheter's size and type for the resident, they complied with our suggestion. ID4

6.3 Word of mouth from residents and relatives

Recommendations to others regarding nursing home services can reflect satisfaction with the care provided. Satisfied residents and relatives are likelier to recommend the same service to others. Nurses often note an influx of new residents through word of mouth, indicating satisfaction with the care received.

Initially, I only had 1–2 cases per month. I believe that by providing excellent care, the number of residents would increase. After six months, I had 10 cases, and after seven years, I now have 55 cases, which is truly remarkable. This growth confirms the quality of our care services, indicating that residents are happy, impressed, and satisfied with the care we provide. ID 10

It is an easy way to evaluate whether the residents and relatives are happy with our care or not. If they are satisfied, they will recommend others or new cases to receive our service. It refers to their satisfaction and represents our quality of care. ID 2

Discussion

The findings explored six major QOC–NH themes: physical well-being, psycho-cognitive status, social well-being, nutrition and fluid intake status, safety and health risks, and satisfaction with nursing care. These findings can be discussed based on the structure–process–outcome models in Thai and international contexts.

According to the SPO model of Donabedian,³⁰ the Thai Standard of Care for Long-term Care Institute was introduced, including 1) Structure of care consisting of physical environment, staff, and management in long-term care organization, 2) Process of care consisting of care services, safety of care, and participation of the residents in long-term care organization, and 3) Outcome of care including of satisfaction and quality of care.¹⁹ Moreover, the standard of Older Adults and Dependent Persons Service focuses on place, safety, and service domains, which are mainly structure and process of care.²²

This study was explored from the perspectives of registered nurses who play a crucial role in NHs. Likewise, enhancing the quality of care in nursing homes requires the maintenance of an adequate number of RNs and enhancing their working conditions because a decline in the RNs workforce can adversely affect resident safety and the quality of care provided.³¹ Moreover, it is essential to understand what care needs for the residents, such as physical, psychological, social, economic, and environmental support, including preparation for death.³² Interestingly, spiritual care was provided in NHs, but the RNs did not perceive it as the outcome of QOC–NH in this study. Unlike studies in Muslim countries, they believe spiritual care can improve the residents' health, requiring religious, existential, and communication needs.³ It can be explained that spiritual well-being is a prolonged and ongoing process affected by many factors and depends on individual beliefs. Another point is the relationship between the residents and RNs; some studies found that effective communication and increased intergenerational relationships can improve QOC–NH.³⁴ So, these issues must be deeply explored in the Thai context.

To deeply understand the QOC–NH, it is crucial to consider the perspectives of the residents, family, and staff, aligning with the principles of relationship-centered care. Incorporating quality assessments into the daily routines of nursing homes

is recommended for feasibility and comprehensive evaluation.³⁵ Quality of care can be associated with effective communication and information flow, emphasizing understanding patient needs and fostering communication among various services involved in patient care. Furthermore, the availability of resources, such as sufficient staffing and adequate time for task completion, directly influences the quality and safety of care delivery.³⁶ These studies also mainly found the structures and process of care. In contrast, the findings of this study highlighted the outcome category, which has consequences for the nursing home residents' well-being, safety, health, and satisfaction. It aligns with the resident's physical and social needs, aiming for high-quality nursing home care by RNs and teams.³⁷

Thai RNs are allowed to be nursing home operators or entrepreneurs professionally and legally.¹¹ They use their experiences and learning from the institutions' owners to create quality improvement with no protocol to follow as their practice guideline.²⁰ Likewise, nurse managers in high-performing nursing homes demonstrate a solid commitment to person-centered quality of care, establishing conducive working environments, and collaboratively shaping a vision for quality care. Recently, smart nursing homes have ideally discussed and should have high-quality care, skillful staff, technology use, and basic medical services.³⁸ This inclusive approach fosters continuous improvement and the realization of shared quality care goals.³⁹ Thus, the findings have similarities and differences to the previous studies in various contexts, locally and internationally. The findings address the important themes to be considered in providing care.

Limitations

This study was described through the lens of nursing home nurses only. To compare its characteristics, the quality of care in nursing homes should be explored from other perspectives, such as residents, relatives, or nursing home entrepreneurs. Moreover, most nursing

homes in Thailand have only one RN working in each place, and many of them do not stay there 24 hours a day, especially at nighttime. So, it may affect the completion of the information.

Conclusion and Implications for Nursing Practice

The quality of care in nursing homes was perceived as the outcome of nursing care services consequence in the residents that should be endeavored through physical well-being, psycho-cognitive well-being, social well-being, adverse event incidence, risks, complication, safety, appreciation, collaboration, and satisfaction. Nursing home nurses play crucial roles as care providers, care managers, educators, counselors, and team leaders in nursing homes to achieve quality-of-care service.³⁴ The results can be used as a guideline for providing care and as a preliminary concept to develop a scale for measuring the quality of care in nursing homes to evaluate it precisely. Moreover, nurse administrators should be concerned with improving the quality of care in nursing homes by assessing, monitoring, and evaluating these findings effectively.

Recommendations for Future Research

Further studies should explore the quality of care in nursing homes through various lenses, e.g., residents, relatives, or caregivers, to validate and optimize its outcomes and through quantitative means. Additionally, onsite interviews for data collection are needed to observe the current situation regarding the QOC-NH.

Conflict of Interest: The authors declare no conflict of interest.

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การรับรู้ของพยาบาลต่อผลลัพธ์คุณภาพการดูแลในสถานดูแลผู้สูงอายุแบบมีที่พักร้างคืนในประเทศไทย : การวิจัยเชิงคุณภาพ

เชาวฤทธิ์ เงินไธสง ยุพิน อังสุโรจน์ อารียวรรณ อ่วมตานี*

บทคัดย่อ: คุณภาพการดูแลในสถานดูแลผู้สูงอายุแบบมีที่พักร้างคืนมีความสำคัญและมีลักษณะเฉพาะตามความต้องการของผู้สูงอายุและผู้ที่มีภาวะพึ่งพิงแต่ละราย การศึกษาครั้งนี้มีวัตถุประสงค์ เพื่อบรรยายผลลัพธ์คุณภาพการดูแลในสถานดูแลผู้สูงอายุโดยมีที่พักร้างคืนในประเทศไทย โดยใช้การวิจัยเชิงบรรยาย ผู้ให้ข้อมูล คือ พยาบาลวิชาชีพที่ปฏิบัติงานเต็มเวลาในสถานดูแลผู้สูงอายุแบบมีที่พักร้างคืนจำนวน 10 คน เก็บรวบรวมข้อมูลโดยใช้วิธีการสัมภาษณ์ด้วยคำถามกึ่งโครงสร้าง การสังเกต และการบันทึกเสียง วิเคราะห์ข้อมูลด้วยวิธีวิเคราะห์เชิงเนื้อหา และตรวจสอบความน่าเชื่อถือของข้อมูลโดยกลุ่มตัวอย่างและผู้ทรงคุณวุฒิ ผลการศึกษา พบว่า ผลลัพธ์คุณภาพการดูแลในสถานดูแลผู้สูงอายุโดยมีที่พักร้างคืน ประกอบด้วย 6 ประเด็น ได้แก่ 1) สุขภาวะทางกาย 2) สุขภาวะทางจิตและการรู้คิด 3) สุขภาวะทางสังคม 4) ด้านโภชนาการและน้ำ 5) ความปลอดภัยและความเสี่ยงทางสุขภาพ และ 6) ความพึงพอใจในการบริการ จากประเด็นดังกล่าวชี้ให้เห็นถึงความสำคัญของผลลัพธ์ที่พยาบาลวิชาชีพต้องตระหนักและให้การดูแลผู้รับบริการในสถานดูแลผู้สูงอายุให้มีสุขภาวะที่ดี ลดความเสี่ยงต่างๆ เพิ่มมาตรการด้านความปลอดภัย และสร้างความพึงพอใจในการบริการดูแล โดยผลลัพธ์ด้านโภชนาการและน้ำ รวมถึงความปลอดภัยและความเสี่ยงทางสุขภาพ สามารถนำไปสู่ภาวะคุณภาพถึงชีวิตของผู้รับบริการได้ ดังนั้นผลการวิจัยนี้สามารถนำไปประยุกต์ใช้เป็นแนวทางในการพัฒนาผลลัพธ์คุณภาพการดูแลในสถานดูแลผู้สูงอายุ ซึ่งการวิจัยในอนาคตควรศึกษาผลลัพธ์จากมุมมองของผู้รับบริการ ญาติ หรือพนักงานผู้ดูแล เพื่อให้ครอบคลุมปรากฏการณ์อย่างลึกซึ้ง

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คำสำคัญ: สถานดูแลผู้สูงอายุแบบมีที่พักร้างคืน ผลลัพธ์การดูแล การวิจัยเชิงคุณภาพเชิงบรรยาย คุณภาพการดูแล พยาบาลวิชาชีพ

เชาวฤทธิ์ เงินไธสง นิสิตระดับคุณวุฒิบัณฑิต คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย E-mail: chaowarit_tar@hotmail.com
ยุพิน อังสุโรจน์ รองศาสตราจารย์ คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย E-mail: yaungsuroch@gmail.com.
ติดต่อที่ : อารียวรรณ อ่วมตานี* รองศาสตราจารย์ คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย E-mail: areeday@yahoo.com