Research Article

Lived Experiences of Nursing Home Residents in Korea

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A R T I C L E   I N F O

Article history:
Received 16 November 2012
Received in revised form
14 February 2013
Accepted 20 March 2013

Keywords: elderly
nursing home
qualitative research

S U M M A R Y

Purpose: The goal of the study was to understand the experiences of life among nursing home residents. Methods: Qualitative study was conducted using Colaizzi's phenomenological method. The participants were 11 people aged 76–96 years in two nursing homes in Korea. Results: Nine themes were identified: giving up on one self, growing apart from familiar relationships, perceiving the monotony of daily life as suffering, feeling anxious about one's future upon observing other residents, being dissatisfied with the lack of consideration for individualized care, developing interpersonal skills for communal life, missing the daily routines of their past lives, feeling optimistic about living in a nursing home, and having a strategy for the remainder of life in the nursing home. Conclusion: The results of this study confirmed the positive and negative emotions that elderly people typically experience while in nursing homes. Nurses should educate the families of nursing home residents, so that the family can better respect elderly people's opinions and provide them with adequate support. Furthermore, nurses must not only provide reliable support, resources and serve as advocates, but they must also pay more attention to the environment of the nursing home to make it feel like home to the elderly residents.

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Introduction

The proportion of the elderly people in Korea is rapidly increasing. About 11.0% of the population is currently over 65 years of age, a percentage that is expected rise to 14.3% by 2018 (Statistics Korea, 2011). The trend of aging causes social problems, such as changes in the position and social role of the elderly, economic problems, and increased healthcare needs with the concomitant increase in people with chronic diseases. Among them, chronic diseases are a predominant cause of decline in physical functioning, which constitutes the greatest difficulty faced by the elderly and their families; this is the case not only because of the long-term treatment and care required but also because the associated costs are high (Statistics Korea).

For these reasons, the Korean government has provided a Long-Term Care Insurance System (LTCIS) since July 2008. As a result, the number of nursing homes and nursing home residents has increased rapidly. In 2001, 7,864 elderly people resided in 128 nursing homes throughout the whole of Korea. In 2012, following the launch of LTCIS in 2008, 103,973 elderly Korean people resided in 4,079 nursing homes (Ministry of Health & Welfare, 2012). This number is expected to grow steadily in the future due to the increase in the elderly population and financial support from the Korean government.

The transition to nursing home is associated with a decrease in role overload among family caregivers (Gaugler, Pot, & Zarit, 2007). However, this transition is an important life event that requires the elderly to adapt to a new environment. The elderly are confronted with not only a change in the physical location of their primary living space but also a change in their daily life patterns, social networks, and support systems (Lee, Woo, & Mackenzie, 2002). Previous studies have indicated that nursing home residents typically experience stress and uncertainty about the future and decreased contact with family members, friends, and neighbors. Moreover, if an unwanted transition occurs, it is difficult to adapt to the nursing home environment, and higher mortality rates are found than if the transition is voluntary (Heliker & Scholler-Jaquish, 2006; Lee, Lee, & Lee, 2009). In other words, maladjustment to their new life situation negatively affects the quality of life and health status of the elderly (Chao et al., 2008).

In Korea, a few studies concerning the experiences of nursing home residents were conducted before the start of LTCIS (Jeong, 2006; Lee, 2001). Even 5 years ago, most nursing home residents in Korea were from either the low-income group or the wealthy class. However, the current situation differs in that everyone can...
receive the benefits of LTCIS. In other words, enforcement of the LTCIS brought a drastic change to the South Korean society. People’s views on caring for older adults shifted after the enforcement, from the dominant perception that elderly care was the responsibility of the family and based on filial piety to an alternative view that the family has a right to utilize long-term care service (Shin, 2011). Therefore, although many changes on caring for older adults have occurred recently, few researchers to our knowledge are bringing awareness to and identifying the experiences of elderly people living in nursing homes after the implementation of LTCIS.

One’s lived experience is affected by cultural values and social context. Since a nursing home is a place of residence for the elderly who have various socioeconomic status, education, careers, religions, and regional backgrounds (Lee et al., 2002), their experiences are various and unique. To understand the meaning and the essence of the experiences of nursing home residents in this specific situation deeply and accurately, a qualitative research method called the phenomenological method, which makes it possible to observe phenomena in context, is ideal (Holloway & Wheeler, 2002).

Methods

Study design

This study was performed in order to understand the lived experiences of Korean nursing home residents using the phenomenological method.

Setting and samples

The facilities in this study are private nursing homes, one with 86 beds and the other with 48 beds, operated by nurses in city A and city G of Gyeonggido, Korea. The author chose two facilities that were easy to approach and had similar participant service standards, management styles, and environmental structures to reduce the effects of environmental factors. Both have received an A grade, meaning that they are in the top 10% according to an evaluation for nursing homes conducted by the National Health Insurance Service in 2009 and 2011. People admitted are elderly people with senile diseases such as dementia and stroke who need help with their daily lives. Each participant must undergo care rating according to the criteria of the LTCIS, which covers 80% of long-term care benefits. While both facilities have rooms of various sizes, holding 1–4 people, only one of them has specifically devoted space to patients with severe dementia. Both facilities generally put patients with moderate or mild dementia and general patients in the same rooms.

The participants were purposively sampled 11 elderly people (8 women and 3 men) who were aged 76–96 years. The participants had lived in the nursing homes from 2 months to 3 years and 10 months.

The inclusion criteria were that the individual had the ability to express him/herself verbally, be cognitively intact, attained a Mini-Mental State Examination—Korean version score of 24 or higher, and agreed to participate voluntarily in this study. The participants had conditions and diseases such as cerebrovascular accidents, rheumatoid arthritis, femur fractures, cancer, and senile infirmity. In addition, they had already received their care rating and spent most of their time in a wheelchair. Regarding their physical functioning, although they had common meals without help, they did need help completely or for the most part during toilet use, bed exercises, movement throughout the wards, general movement, and putting on clothes; they needed exclusive help with personal hygiene.

Data collection

Phenomenology is an approach to philosophy, and as a method of inquiry it has often been misunderstood. It is partly about the epistemological question—about the theory of knowledge—of “how we know”, the relationship of the person who knows and what can be known. It is also concerned with the nature of reality and our knowledge about it, “how things really are” (Holloway & Wheeler, 2002). Therefore, the research question of this study was as follows: What are the lived experiences of nursing home residents in Korea?

To collect data on this question, the initial question asked was, “Tell me about your life here.” Other questions used in this study were, “Please explain to me what brought you here” and “Please describe the difference between home and here.”

Each participant was interviewed 2–4 times, and each interview lasted 25–100 minutes. Data collection and analysis were performed simultaneously using Colaizzi’s method. This is one of approaches that follow the requirements of bracketing, intuition and reflection in data analysis for phenomenological inquiry (Holloway & Wheeler, 2002). All interviews were recorded as digital files using MP3 compression and transcribed verbatim.

Data analysis

Data were analyzed in a 7-stage process: (a) all of the participants’ descriptions were read several times in order to acquire a feeling for them; (b) the author returned to each description and extracted phrases or sentences from them which directly pertained to the experience of nursing home life; (c) the author attempted to enumerate the meaning of each significant statement; (d) the above steps were repeated for each description, and the aggregate formulated meanings of the descriptions were organized into clusters. At this time, conceptual validation of the interpretations was performed by two people with PhD degrees and with experience in qualitative research; suggestions were obtained from four nursing professors and one manager of a nursing home to increase the reliability of the data; (e) the results were integrated into an exhaustive description of the topic; (f) the essential structure of the phenomenon was formulated; (g) for validation, the author returned to five participants and asked them questions about the findings.

Results

Nine themes were identified from the lived experiences of nursing home residents.

Theme 1: Giving up on oneself

One day, all of a sudden, the participants were forced to reside in an unfamiliar nursing home by their children. They could not express their opinions, and they were unilaterally led. For that reason, they feel worthless and believe that they lead a deserted existence from their children:

My body is like that; my children didn’t let me stay at their home. That’s why I am here. This is not what I wanted. They forced me to come here. I said nothing. I was dragged like the dead when
they wanted me to go. What should I do? So, I have been suffering until now... (Silence). (Participant C)

My children told me that I would go to a good place when they came to me. They said, “Mom, this hospital is so poorly ventilated and complex that you had better reside in a place where it is fresh and convenient to live, not in this hospital.” I knew I would come here. Ah... It’s impossible for me to come back to and live in my home. I think I should have died then, but I was revived, so I should come to a place like this... (Sobbing). (Participant K)

Entering a nursing home means changing from an independent lifestyle to a dependent lifestyle with the constant presence of helping hands. The participants feel that their sense of value associated with “I” suddenly disappears through the change in their position, because although they have done their best for their children and home throughout their lives, they are not rewarded in the end:

I came here after I had thrown away every aspect of my domestic life. How can I sleep? I felt so upset that I began to take pills. Now, if I didn’t take a sleeping pill, I couldn’t sleep. And then, I wake up at 2 a.m. ... The effects of the medicine no longer remain. At first, I couldn’t make up my mind. I couldn’t sleep here. I was just stifled. I had tried really hard to teach my children how I was taught. but one day, I was left with nowhere to go, and now I’m just waiting for my passing day. Whenever I think like this, how can I sleep? I can’t sleep. (Participant A)

Elderly people often hide their desire of returning home and their resentment towards the children who left them behind in the nursing home. However, most never express their true feelings because they do not want to be a burden to their children:

Oh, I don’t blame them. Although sometimes I want to blame, I try not to. So, what should I do? Now, should I ask my children why they took me here? ... Will it be useful if I ask them about it? Ah, they took me here, so if I tell them to take me back to my house, will they be glad? So, I closed my eyes. (Participant G)

When entering the nursing home, most participants thought that their ‘Children’s opinion’ held greater weight than their ‘Own will’ In addition, even when deciding on activities that they wanted to perform and more trivial matters, participants felt helpless that their reality depended on their children’s permission rather than their own will: “I can’t go. I need their permission. My son should ask the nurses for me to leave... So everything is useless.” (Participant G)

Theme 2: Growing apart from familiar relationships

Upon entering the nursing home, the participants had difficulty maintaining their long-term good relationships with family, friends, and neighbors, both in times of joy and sorrow. Therefore, they felt completely isolated from the outside:

I used to griddle a pan-fried dish and share it with my neighbors, and then they thanked me and washed the dishes... We used to get together often and have some meals with a little humble vegetable dish. I used to live like that, but now I feel like I live in exile. (Participant C)

As the participants are surrounded by new people and an unfamiliar environment, they think of their children more often. Their longing for their children grows stronger as time passes. On the other hand, their children make poor excuses, such as travel or health status, and the number of visits decreases until they only visit on the days of their parents’ medical checkups and birthdays. However, even these visits are shortened by other family obligations, their children cannot stay with them for long periods of time. This makes them feel sadness as well as longing, because they are demoted on the priority list:

At this time, my child visited me after 5 months. When I asked, “Why haven’t you visited me for such a long time? It’s hard for me not to see you often.” [She answered,] “Mom, I was sick, and my husband couldn’t take a day off.” I was really wondering about why she didn’t come at that time. I’m always worried about my children if I can’t see them, even if only for a day. (Participant C)

When I got an optical checkup, my son used to call and visit me. As I don’t take any treatment, he doesn’t do it anymore. (Participant G)

Theme 3: Perceiving the monotony of their daily lives as suffering

Repetitive and monotonous daily lives make the participants feel bored, and the length of a day seems like 10 days:

Nowadays, the only thing I do is to pray... It certainly makes the day go by more quickly. A day seems like 10 days, and a year seems like 10 years. My child told me to live until 90. So I said, Do you curse me? It’s a disaster for me to live so long. (Participant A)

In a nursing home full of residents who are physically or mentally handicapped, there is no one that the participants interviewed could communicate frankly with or share hobby with. Because of this, they feel quite lonely and isolated from the outside:

I can’t communicate with the people here. There’s nobody to talk to at all. I feel absolutely terrible, don’t I? I have no one to talk to! I want a friend... I like talking. I’m dying to have a friend to talk to. (Participant F)

Elderly people in nursing homes can spend their days without doing anything, even talking, which makes any pleasure that they may feel while alive disappear. They begin to regard life as suffering:

How much longer should I spend my life like this? I have lived like this for about 2 years ... I have no reason to live. Although my family sometimes visits me, is it helpful in solving my problem? ... Most people like me spend their lives in suffering. (Participant G)

Some elderly people experience considerable loneliness or recurrent feelings of loss of meaning due to the frequent turnover rate of nurses in the facility, whom they rely on physically and emotionally:

I cried and said when [the nurse] left, “What should I do, ma’am? What should I do when three nurses have left since I lived here? What should I do?” (Participant A)

Theme 4: Feeling anxious about one’s future upon observing other residents

Cohabitation with the elderly who have dementia causes suffering. Their uproarious conduct at all hours disturbs one’s sleep and rest, and the fact that they keep rotten food and fail to dispose properly of their waste arouses detestation and makes it very difficult to live in a nursing home:

In my opinion, all of the people here are patients (pointing at each bed)... They are screaming at all hours, looking for their moms and dads, calling their children and grandchildren, shouting, and making a lot of noises. I feel absolutely terrible... Mr. X has too much
to drink and dribbles urine, which is very dirty... I feel absolutely terrible. (Participant G)

Through cohabitation with the elderly who have dementia, nursing home residents can observe many problem behaviors. They feel that only a few years later, they might also suffer from dementia. This greatly upsets them, because the end of life seems to be determined already:

They don’t recognize themselves as either alive or dead... Whenever I see them, I feel bad... I think it’s like the end of life...

If we get older by 5 or 6 years, we can be like that, right? That can be my figure... It will be awful to watch. (Participant E)

Theme 5: Being dissatisfied with the lack of consideration for individualized care

The participants’ illnesses prevent their bodies from moving freely, and the fact that the beds (which are standardized in size regardless of physique) cause various injuries is a source of discomfort; this can lead to overall disapproval of life in the nursing home:

I wish this bed were wider or lower. My leg comes near the floor, so I was bruised all over this leg. I was harassed... If I want to get out of the bed, my legs must go down completely first. The other day, after I happened to miss this side rail, I fell down. So, using my knees, I managed to climb up onto the bed. (Participant D)

Despite their unreasonable demands, participants want care providers to understand and accept what they want. However, when some care providers do not listen to or care about them, they tend to feel sad:

Well, since I’ve been here, everybody has told me, “This is not a hospital but only a nursing home”, when I feel sick and ask for help. Of course, I know I’m in a nursing home. But I really feel pain... (Silence) When I’m in pain and exhausted, I should have an injection... When I feel bad, I want to have an injection, but they seem to neglect me. (Participant K)

Because most programs in nursing homes are for elderly people with dementia, those without dementia are bored by them:

Every program consists of sitting around and talking about the old days, not discussion. Sometimes it really gets on my nerves, yes... Is it interesting for the elderly? They are ridiculous... Well, I want something a little special... for everybody, Yes, something fun. (Participant E)

Theme 6: Developing interpersonal skills for communal life

Since they regard the nursing home as a space for residence for the rest of their lives, they withhold their complaints and dissatisfaction. They worry about the disadvantages that could result from complaining, such as unfair care from employees or conflicts with other residents, when they express their opinions. In addition, as they do not want their children to feel guilty or worried, they do not speak frankly or uncover the truth to them:

My youngest daughter said, “Mom, you went through hardships, but there’s no other place like this anywhere.” I don’t say anything... Not at all... (She said), “There’s no other place like this anywhere, even in Seoul. Why are they all coming here? There are so many nursing homes in Seoul, so why?” Ms. Z (cook) had been gone for about 3 months before Ms. U came here. When Ms Z was here, the food was not delicious. We must button up here. We must not do anything wrong. No. If so..., no! This is the kind of community that says we should do what’s right. We must button up. (Participant A)

As long as participants live in the nursing home, they perceive themselves as members of the community and try to obey the rules of communal life:

Although I don’t want to wake up in the morning, I have to wake up and have breakfast, because it’s one of the rules of communal life. (Participant J)

Theme 7: Missing the daily routines of their past lives

As the nursing home is clearly a distinct space from the participants’ homes and their lives of interactive relationships with their families and neighbors, it is regarded as alien to mental comfort. In other words, they long for communication with their families and former acquaintances and for their previous daily lives despite the fact that they came from a worse living environment than the nursing home and that they are enabled to spend the end of their lives surrounded by their families:

I want to keep living there; I don’t want to part with my neighbors... I just want to go home; although it’s almost broken, my house is the best. My children tell me to feel at home here... My eldest son told me he would come here later... How can they read my mind? I want to go home and die. Regardless of the place where I die, either at home or here, I should go to the hospital. Therefore, I really want my children to take me home. (Participant C)

They feel sorry for and regret clearing out their houses and household goods before entering the nursing home. They are eager to get out of the nursing home and go back home, but soon they feel that it would be in vain, because there is no place to which they can return:

I couldn’t throw away my household goods, because they were too good for me. I lived only with my husband, so I didn’t need to buy new ones. So, I didn’t throw them away. My children said they had had a hard time cleaning up the trash. (Laughing) The goods occupied a truck and a half. Long ago, people would have picked them up, but nobody did so with my things, so I cried a lot. My youngest daughter cries whenever she visits here... I can’t go now. Even if I went home, I would come back here again, right? (Participant A)

Theme 8: Feeling optimistic about living in a nursing home

When participants lived alone or with busy family members, they would easily skip daily routines like meals or medications, but after entering the nursing home, they can be helped regularly and feel comfortable:

[Before coming to the nursing home,] I was so skinny and weighed only 33 kg. I ate nothing at the hospital and stayed at home for 10 days, but now I eat well without overeating. That’s how I get better. I gain weight and get better... I feel comfortable here, so I think I feel better. In my home, after my son went to work, I really couldn’t take my medicine, because my helper couldn’t help me. Here, I can take it correctly before and after meals... How could I do that at home? (Participant J)

As participants can ultimately feel better and their functions can be enhanced in the nursing home, they become more confident about the things they could not do during their sickness and want to recover their previous roles more than they did at the beginning of nursing home life:

[The care providers] make me sleep and eat proper meals. What more could I want? They give me a bath, so I’m comfortable. This
comfort reminds me of my working days. I’m strong, but I live an idle life, so what should I do? Whenever I get up in the morning, I feel light enough to work. My children are devoted to me, so I want to return their favors by pressing oil, repaying money, farming, making vegetable dishes, and so on. (Participant C)

Unlike the nervous home life of placing the burden of their daily lives on their children, who are also getting older, some feel freed because they pay their bills and receive fair services without imposing upon anyone else:

I was helped to go to the bathroom and bathed by my son and my daughter-in-law... Despite having a family like my son and my daughter-in-law, I should be careful, because we grow older together... Although I can open my heart and live together with them, it causes nervousness to live with my son and my daughter-in-law. Is it because I’m nervous? I’m free here. Somehow, moving around is taken care of here, too. Even if I don’t move, they bring me to the dining room or toilet. I can move somehow without moving my body. I can live in peace. (Participant I)

After the development of the LTCIS, the reduced care costs have decreased the economic burden considerably while providing greater satisfaction, especially for elderly people who must live in hospitals for many years.

The hospital charged 2,300,000 won per month for a few treatments. I couldn’t afford it. By the way, this nursing home said that I should only pay 570,000 won or 580,000 won per month. It’s much cheaper compared with the hospital. I don’t waste any money unnecessarily here, according to my children. (Participant D)

Theme 9: Having a strategy for the remainder of their lives in the nursing home

Participants consider various alternative methods to going back home, but that would mean reliance on their families for their daily routines. As they realize that this could burden their families, they are willing to endure life in the nursing home:

My son who lives in Germany said that he would live with me when he comes back to Korea. I can visit his house, but I cannot live there anymore. I would like to pass away here... These days, the young are very busy, even at home. But someone must keep taking care of me; my daughter-in-law cannot only support me all day long, and that would make me feel uncomfortable... So although I can visit them, I don’t want to live with them. (Participant J)

Participants have had some attachments to their houses and household goods when they were young. However, as long as such an object of attachment exists, they know that the longing for it becomes greater. Therefore, they try to forget these objects of attachment. Furthermore, they eliminate their longing for their houses and possessions by trying to remove the objects from their lives:

I said to my daughter, “Don’t leave my stuff, even my spoon. Throw all of my stuff away. I will wait for my passing here from now on. I am going to think of this place as my home. Throw it all away...” I have forgotten everything, since I didn’t go home. That’s why I have begun to feel comfortable and gain weight... I feel comfortable now after I threw everything away... Now I forget. Why should I think about my home? (Sobbing). (Participant A)

Although time goes by, the nursing home seems not to be the true meaning of home. In situations in which the nursing home residents cannot go back home, it comes to signify a temporary place for the residents to spend the rest of their lives. It has been exactly 4 years since I left home. Now this will be my home... until I pass away. I have just been waiting for the day and accepting my fate. (Participant A)

By helping other residents and sharing their talents rather than spending their lives in boredom, they seek to find meaning in their existence through serving other roles, like economic ones:

We can be divided into two groups of people who are collectively strong and have a powerful grip, and then we can make something quickly... because the economy is the driving force... right? The young can make things with the elders’ help, and during this work, we can forget everything... Well, that way I can push all of the distracting thoughts out of my mind. Even someone crazy can do work such as spreading beans on this field (Laughing). Although I am lonely, I would like to find something that I can do. Why can’t I bring a pot and boil soybeans this fall? I wish I could make soybean paste and red pepper paste... I think there must be skillful people here. (Participant E)

Discussion

Giving up on oneself

When they first entered the nursing home, the participants seemed to experience giving up on themselves. The participants who had not heard much information from their children or had been unilaterally led and felt deserted experienced negative emotions. The participants who had heard information about the nursing home had never expected that they would come to this place, which they had once considered irrelevant to themselves. This result is similar to those of several studies (Jeong, 2006; Lee, 2001).

This experience can be explained in terms of traditional Korean values. The elderly people in Korea comprised a generation who grew up in the poorest surroundings in modern Korean history: they were born under the colonialism and experienced the Korean War. Many of them had not received formal education but traditional Chinese classics education in the village schools. As a generation influenced by Confucian culture, they believed that reliance on their children was acceptable and considered it a natural duty for children to care for their parents (Kim, 2010).

In addition, this indicated that, compared with elderly people in the West, elderly Koreans had much stronger family-oriented awareness and relational self-concepts. For them, moving into new facilities meant moving out of families, both spatially and metaphorically, making it an experience that threatened their way of living. This threat could result in them feeling that they had lost meaning in their own existence and the surroundings that they had once cherished (Shin, 2011).

On the other hand, their children’s generation, which comprised people in their forties and fifties, grew up experiencing industrialization and urbanization. As a generation that acquired Western values and norms, such as freedom, individualism, and equality through public education, the children of the elderly were different from their parents in that they were relatively free from traditional values and the obligation to support their parents (Kim, 2010). In light of these differences in social background, subjective experiences like “being deserted” and “the value of existence was disappearing” in the older generation can be explained as disappointment that their expectations were not met.

Growing apart from familiar relationships

The participants experienced growing apart from the relationships to which they had been accustomed to. They felt isolated from
their daily lives with their families and neighbors, and they felt sorry about their children’s rare visits. Family visits are perceived as a very important resource to support the elderly: the visits reinforce family bonds and have healing roles, such as lowering the levels of psychosocial disorders (Choi, Ransom, & Wyllie, 2008; Hjaltadottir & Gustafsdottir, 2007). The elderly residents evaluate their quality of life positively or negatively according to the level of social contacts they have, especially those with family and children: the better their relationships with family, the more they feel loved and valued by family (Tsai & Tsai, 2008). In particular, elderly people in Korea think of their children as their most important social resources: the older they get, the more important their families become (Kim, 2010). Jo (2006) proposes a basis for this trend, stating that through unique historical and individual experiences, such as colonization, war, ideological confusion, liberation and industrialization, the elderly in Korea realize that they should not allow themselves to trust anyone except for their family. Further, the elderly realize that family is their only safety net for survival. Therefore, nurses need to diversify their methods of giving emotional support to the elderly and enhance their contact with them and thus reducing the pressure on their families.

Perceiving the monotony of their daily lives as suffering

The participants perceived the monotony of their lives as suffering. This result is similar to those of several studies (Chuang & Abbey, 2009; Coughlan & Ward, 2007; Hjaltadottir & Gustafsdottir, 2007). This experience causes negative effects for the nursing home residents, and lowers their quality of life (Coughlan & Ward). The participants expressed that their loneliness was caused by the absence of meaningful socialization. Hauge and Heggen (2008) proposed that the elderly did not communicate with their co-residents not because they did not want social contact but because they did not want to be classified as dependent. For that reason, the elderly preferred talking and connecting with employees over talking with their peers (Hauge & Heggen; Hjaltadottir & Gustafsdottir).

However, this study differed from Jeong’s (2006) finding, where participants felt happy to be conversing with their friends. It may be influenced by the differences in the elderly people’s disease characteristics and severity in nursing homes before and after the emergence of the LTCIS. Before the emergence of the system, admission criteria for nursing facilities were not strictly clear. Criteria were used mostly according to income brackets rather than level of disease, that is, most people who were admitted were elderly people with no one to rely on or excessively low income, and those with high income (Sunwoo, 2001). However, after the emergence of the system, admission came to be based on disease severity and care ratings. Thus, a relatively higher proportion of patients with dementia are admitted.

Some of the participants also expressed a deep sense of loss and loneliness because of the high turnover rate among nurses. This means that nursing home residents consider their nurses as very important: nurses are the individuals with whom the residents want to make contact. This shows that nurses play a very important role for the nursing home residents in their efforts to live and find meaning in their lives. Therefore, frequent employee turnover can be a stressor for elderly nursing home residents (Choi et al., 2008).

Feeling anxious about one’s future upon observing other residents

The participants felt anxious about their own future upon observing other residents. In accordance with results from other studies (Hauge & Heggen, 2008; Tsai & Tsai, 2008), upon observing their peers, they did not desire to be considered “old and dependent”, simply because they lived on the same floor or in the same room with other dependent residents. Thus, their interactions with others were restricted, and they worried about their future physical condition. Choi et al. (2008) indicated that although elderly people who have good cognitive functioning adapt to life in nursing homes, their stress levels caused by feelings like sadness and sense of loss will not decrease if they reside with elderly people who suffer from dementia or face the passing of their peers. In order to increase the quality of life of those nursing home residents who have good cognitive functioning and to carefully meet the individual needs of elderly people with dementia, a living space that is segregated on the basis of cognitive level or illness is warranted.

Being dissatisfied with the lack of consideration for individualized care

The participants were dissatisfied that the nursing home gave little consideration to individualized care. This result is similar to those of many previous studies (Chuang & Abbey, 2009; Coughlan & Ward, 2007; Hjaltadottir & Gustafsdottir, 2007; Lee, 2001; Murphy, O’Shea, & Cooney, 2007; Tsai & Tsai, 2008). The standardized physical environment makes the elderly residents think of the nursing home as a “hospital” or “communal facility” rather than a “home”, themselves as “patients” rather than “residents” (Chuang & Abbey). Murphy et al. contended that suitable personal space and self-adornment are related to the self-identity and self-value of nursing home residents. Further, they stated that these are important determinants of their quality of life. In Korea, elderly people who are accustomed to the Ondol (Korean floor heating system) and sleeping on the floor can experience discomfort in beds. Therefore, individualized physical environments that take individual preferences and illness conditions into consideration need to be provided.

Some of the participants’ feelings about careless behaviors and mistreatment by certain care providers can be recognized as feelings of being treated like they are nonexistent as humans (Chao et al., 2008; Hjaltadottir, & Gustafsdottir, 2007). On the other hand, they think of themselves as senior citizens and would feel recognized and respected if the nurses and care providers call them Eorsin (an elder sir/ma’am) or listen to them carefully (Jeong, 2006). They would like to be treated themselves as the worthy and primary agents who create the life of the nursing home (Jonas-Simpson, Mitchell, Fisher, Jones, & Linscot, 2006). Therefore, the nurses and care providers are charged with the important role of making the residents feel worthy, and they need to provide high-quality service. In order to do so, they need to attend programs for ethics education and the prevention of exhaustion.

Developing interpersonal skills for communal life

The participants developed interpersonal skills for communal life: they dealt with their own complaints without showing them and adapted to rules in the nursing home. These trends can be explained in the following ways: First, contemporary elderly people experienced an era characterized by patriarchal ideology, the Korean War, and economic poverty while they were young; they therefore maintained strong bonds and attachments with respect to family, community, and their values of obeying communal rules (Lee, 2003). Second, in Confucianism, which serves as the basis of Korean cultural tradition, peace and harmony among people are emphasized. Although Westernization is happening in the modern society, the elderly still cherish traditional values more than the young do (Park & Chesla, 2007). Third, elderly people mainly use passive strategies of emotional control rather than proactive ones.
considered key to improving the quality of life of nursing home residents. The participants missed the daily routines of their past lives as previous studies revealed (Jeong, 2006; Lee, 2001). They perceived their homes as spaces where they could stay with their children, meet their neighbors, go freely to anywhere they want, and feel familiar and comfortable. The meanings of “home” (Blanchard-Fields & Coats, 2008) include familiar and comfortable spaces where they could share with friends and loved ones, and realize their desire of becoming worthy and meaningful activities rather than doing nothing. According to Timonen and O’Dwyer (2009), this makes the residents feel free from placing a burden on their aging families, so that the family can better respect the elderly. They perceived meaningful activities as important and seek out activities that are possible and valuable for them (Hjaltadóttir & Gústafsdóttir, 2007). Therefore, nurses and care providers need to remember that elderly people can also be active. Furthermore, they must find activities for the elderly by considering their needs and interests and encourage them to perform such activities.

This study has some limitations. First, residents with cognitive impairments or language deficits were excluded. Considering the high rates of older residents with severe cognitive impairments in many nursing homes (Ministry of Health & Welfare, 2012), the results of this study cannot be generalized to all nursing home residents’ experiences. In addition, because this study was conducted in two nursing homes with 86 and 48 beds, respectively, it is necessary to carry out other studies including residents who reside in smaller facilities such as senior congregate housing.

Feeling optimistic about living in a nursing home

The participants felt optimistic about living in the nursing home. They were eager to recover their roles by improving their physical functioning. This result is similar to that of a few studies (Hjaltadóttir & Gústafsdóttir, 2007; Jeong, 2006; Lee, 2001). The participants felt free from placing a burden on their aging children at home because they had entered a nursing home. While Jeong (2006) noted that the cost of burden for admission exists, in this study, as care costs decrease, the economic burden on family members does as well, thus increasing satisfaction.

These experiences coincide with the intent of the LTCIS (Ministry of Health & Welfare, 2012), which was to promote health among elderly people who need assistance with activities of daily life and to decrease the burden that such people place upon their families.

Having a strategy for the remainder of their lives in the nursing home

The participants finally formulated strategies for the end of their lives. Knowing that they would burden their families if they went back home, the participants said that they were willing to endure life in the nursing home. This result coincides with conclusions of a previous study demonstrating that Hispanic elders do not necessarily accept their lives in nursing homes, but they endure it for their families (Almendarez, 2007). However, it was difficult to find evidence of this in previous Korean studies. The participants in previous studies were in good health before the implementation of the LTCIS, so their resentment and the sense of betrayal from their children were dominant emotions. On the other hand, because the elderly were rated according to activities daily of living levels after the implementation of the LTCIS, they became informed about several aspects of their reality, such as their illness status, physical condition, and the degree of help they need. This provided information on how much they would burden their families if they went back home. The participants defined the nursing home not as a permanent home but as a “temporary stop-over residence before passing”. This is similar to studies indicating that nursing home is a place to rest at the end of life (Choi et al., 2008) or that the time in a nursing home is for preparing for death (Hjaltadóttir & Gústafsdóttir, 2007).

The participants tried to find meaning in their existence through worthy and meaningful activities rather than doing nothing. According to Timonen and O’Dwyer (2009), this makes the residents perceive their “desire of becoming”. Further, nurses and care providers believe that the elderly exist as passive observers rather than active participants; they noted that passive observers made their work easier and indicated that they are not interested in the self-realization needs of the elderly. However, although elderly people in nursing homes are too weak physically to do certain things, they perceive meaningful activities as important and seek out activities that are possible and valuable for them (Hjaltadóttir & Gústafsdóttir, 2007). Therefore, nurses and care providers need to remember that elderly people can also be active. Furthermore, they must find activities for the elderly by considering their needs and interests and encourage them to perform such activities.

Conclusion

The results of this study confirmed the positive and negative emotions that elderly people typically experience while in nursing homes. Particularly, this study shows that residents perceive nursing homes as facilities, not homes. Although the LTCIS brings considerable social change, the elderly people who will spend the rest of their lives in facilities may not be ready to accept the situation.

Solutions that could address these problems are active promotion of the advantages of the LTCIS and nursing homes and development of information programs for helping elderly people make decisions about entering nursing homes. Nurses should educate elderly people’s families, so that the family can better respect the elderly people’s opinions and provide them with enough support. Nurses must not only provide reliable support, resources and serve as advocates, but also pay more attention to the environment of the nursing home to make it feel like home. Lastly, policies for smaller-scale facilities are encouraged and methods that protect autonomy and privacy must be strengthened.

Conflict of interest

The author declares no conflict of interest.
Acknowledgments

The author would like to thank to Drs. S.S. Kim, S.A. Kim, E.H. Jo, M.S. Hyun, and H.S. Jo for their guidance with this paper.

References


