

SCOPING REVIEW OPEN ACCESS

Interventions to Increase Thriving Amongst Older People in Care Homes and Factors Contributing to Their Thriving Experience—A Scoping Review

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ABSTRACT

Aim: The aim was to map and describe the state of knowledge regarding interventions to promote thriving amongst older people in care homes and the factors that affect their experience of thriving.

Design: A scoping review.

Review Methods: A scoping review based on the methodological framework by Arksey and O'Malley and presented following the PAGER (Patterns, Advances, Gaps, Evidence for Practice, and Research recommendations) framework.

Data Sources: Five electronic databases were searched for studies published between 2012 and 2022. From a total of 185 studies found, 17 met the inclusion criteria.

Results: This study recognised five factors that contribute to thriving: the resident's attitude towards living in a care home, the quality of care and caregivers, activities and interactions with others, qualities of the physical environment and health. Two studies reporting interventions were identified.

Conclusion: This scoping review highlights the scarcity of knowledge regarding older people's experience of thriving in care homes. The review results could contribute to our understanding of the factors involved and interventions needed to improve thriving.

Implications for the Profession and/or Patient Care: The focus should be on education and the development of working methods that could improve thriving in care homes.

Reporting Method: The Prisma ScR-checklist was used.

Patient or Public Contribution: No patient or public contribution.

1 | Introduction

Well-being is important for us humans at all stages of life, especially so at the end of our lives when we are dependent on care and support (Pivodic et al. 2018). Thriving is a less researched concept in nursing science compared to quality of life (QoL), which is more established. The WHO defines QoL as an

individual's perception of their position in life in the context of the culture and the value system in which they live and in relation to their goals, expectations, standards and concerns (WHO 2024). QoL seems to focus more generally on well-being, whilst thriving has been defined as a holistic experience of place-related well-being (Bergland and Kirkevold 2001, 2006, 2008).

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Earlier theorising regarding thriving by Petersen (1995) and Haight et al. (2002) was used as a basis to conceptualise the thriving of physically frail care home residents by Bergland and Kirkevold at the beginning of this century. They developed a theory of thriving in long-term care facilities based on literature reviews and a qualitative study with a phenomenological life-world approach to thriving as described by care home residents (Bergland and Kirkevold 2001). In the care home context, residents who thrive are said to experience place-related well-being as they have settled into the nursing home and perceive their life to be as good as it can be despite potential physical or cognitive decline (Bergland and Kirkevold 2001, 2006). Thriving seems important to promote a good life amongst care home residents (Bergland and Kirkevold 2001). In the following, care home resident = older person living in a care home/nursing home/long-term care facility.

Thriving as described by Bergland and Kirkevold (2006) has seven dimensions, two core dimensions and five additional. The additional dimensions were not considered to contribute to thriving if the core dimensions were not present. The core dimensions were ‘the resident’s attitude towards living in a nursing home’ and ‘the quality of care and caregivers’. The five additional dimensions were ‘positive relationships with other residents’, ‘participation in meaningful activities’, ‘opportunities to get outside and around’, ‘relationships with family’ and ‘qualities of the physical environment’.

Thriving has been the subject of several studies in Norway and Sweden since the beginning of the 2000s. However, it is still a relatively new research topic in aged care, and research on interventions to improve thriving seems particularly scarce. We used the scoping review approach (Arksey and O’Malley 2005) to be as comprehensive as possible in identifying scientific papers and grey literature on the thriving of care home residents published from 2012 to 2022. The aim was to map and describe the state of knowledge regarding interventions to promote thriving amongst care home residents and the factors that affect their experience of thriving.

2 | The Review

This study is a scoping review.

3 | Aims

The aim of this study was to map and describe the state of knowledge regarding interventions to promote thriving amongst care home residents and the factors that affect their experience of thriving.

4 | Methods

4.1 | Design

In this study, we used a scoping review design based on a methodological framework developed by Arksey and O’Malley (2005) and further enhanced by Levac et al. (2010) and the PAGER (Patterns,

Advances, Gaps, Evidence for practice, and Research recommendations) framework proposed by Bradbury-Jones et al. (2022). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist, extension for Scoping Reviews (PRISMA-ScR) by Tricco et al. (2018), shown in Appendix 1, was used. Stages 1–5/6 of the Arksey and O’Malley (2005) methodological framework were followed, namely: (1) identifying the research questions, (2) identifying relevant studies, (3) study selection, (4) charting the data and (5) collating, summarising and reporting the results. To synthesise the results in Stage 5, we employed the PAGER framework to maximise the utility of this report for practitioners, policymakers and researchers (Bradbury-Jones et al. 2022). Of the six stages, Stages 1–5 were employed, that is, we did not perform the optional Stage 6 or consultation exercise (Arksey and O’Malley 2005; Levac et al. 2010).

4.2 | Search Methods

4.2.1 | Stage 1: Identifying the Research Questions

The Population, Concept and Context (PCC) framework (Table 1) was employed to select the database search terms and to set the inclusion criteria (Peters et al. 2020). The main research questions were (a) What interventions have been used to promote thriving amongst care home residents and what were the results? (b) Which factors affect their experience of thriving?

4.2.2 | Stage 2: Identifying Relevant Studies

The database search for this scoping review was conducted in the following databases: Cinahl, EBSCO, Medline, PsycINFO and Google Scholar. These databases were considered relevant as they are related to nursing, health care and social care. Literature between the years 2012 and 2022 was searched. A manual search of the reference lists was performed on the papers considered. A search strategy was developed with the assistance of a librarian. The first author, together with the librarian, conducted the literature search, which involved a systematic database search, a manual search and a refining of the search strategy (Levac et al. 2010). Appropriate keywords were selected using the Medical Subject Headings (MeSH) and free terms. Search terms for this review included ‘thriving’, ‘thrive’, ‘older people’, ‘older adults’, ‘elderly’, ‘aged’, ‘senior citizen’, ‘nursing home’, ‘long-term facility’, ‘care home’, ‘intervention’, ‘strategies’

TABLE 1 | The PCC framework.

PCC protocol	Review question components
Population	Older people or aged population (65 years or older)
Concept	Thriving (holistic experience of place-related well-being), factors contributing to it and interventions promoting it
Context	Care home, nursing home and long-term care facilities

and ‘best practice’. Boolean operators OR and AND were used to expand and narrow the search terms.

4.2.3 | Stage 3: Study Selection

The inclusion criteria (Table 2) were chosen based on purpose, issue and method (Arksey and O'Malley 2005; Peters et al. 2015). Excluded from this scoping review were commentaries, letters, study protocols and studies related to the thriving of older people living at home, healthcare professionals or relatives. All duplicates were removed. The screening process consisted of two phases: (i) title and abstract screening and (ii) full-text screening. Preliminary screening, focusing on the titles and abstracts of the articles, was performed by the first author. Subsequently, the titles, abstracts and full texts were screened independently by two of the authors (REDACTED and REDACTED), and studies irrelevant to the research topic were removed based on the inclusion criteria. In case of disagreements, the third author (REDACTED) was requested to make the decision.

4.2.4 | Stage 4: Charting the Data

We developed a data extraction table for this study following the methodological framework of Arksey and O'Malley (2005). The following data were extracted: author(s), year and country(ies) where the study was performed, title, sample/design, aim(s), intervention and main results (Table 3).

4.2.5 | Stage 5: Collating, Summarising and Reporting the Results

Data collection and article selection were performed in an iterative process (Figure 1). The flow chart for the literature follows the guidelines of PRISMA (Tricco et al. 2018) and includes scientific papers and a dissertation given by the search for grey literature. Mapping, screening and sorting data into themes was done by the narrative account of the findings, and the data were summarised according to the main topics to answer our research questions (Arksey and O'Malley 2005; Peters et al. 2015). As a supplement to Arksey and O'Malley's Stage 5, the PAGER framework proposed by Bradbury-Jones et al. (2022) is supposed to lead to better reporting and clarity.

TABLE 2 | Inclusion criteria.

Published between the years 2012 and 2022
Peer reviewed
Written in English
Concerned thriving of older people in care homes
Contained ‘thrive’ or ‘thriving’ in the title or the abstract, and in the text
Available in full text

5 | Results

5.1 | Search Results

We identified 182 papers on thriving amongst care home residents from the electronic databases and three papers from the manual searches. After the removal of duplicates and the preliminary literature search based on titles and abstracts, 29 papers remained for full-text screening. After the exclusion process performed by consensus amongst the authors, 17 papers remained to be included in this study.

5.2 | Characteristics of the Included Studies

The results of the present scoping review are based on 17 studies that met the inclusion criteria. As shown in Table 3, they were qualitative ($n=5$) and quantitative ($n=10$) studies, a dissertation ($n=1$) and a scoping review ($n=1$). One of the studies came from the United Kingdom, one from Taiwan, two from Australia, two from Norway, seven from Sweden and four from a mix of countries, totalling $n=17$. The dissertation was the only included study found in the grey literature. It consists of four peer-reviewed qualitative or quantitative papers.

5.3 | Findings of the Scoping Review

The findings summarised from the 17 included studies and presented below are related to factors observed and interventions used to promote thriving amongst care home residents. A more concise presentation of the results is shown in Table 4 using the PAGER framework (Bradbury-Jones et al. 2022).

A major contribution to research on thriving during the years covered by this study was the development of the Thriving of Older People Assessment Scale (TOPAS) (Bergland et al. 2014, 2015). Baxter et al. (2019) developed a short-form TOPAS based on 15 items as opposed to the 32 items of the original version. A version of the TOPAS for shelter-housing (TOPAS-SH), consisting of 20 items, has been suggested (Corneliusson et al. 2020), and a Chinese version of it (TOPAS-C) has even been validated (Li et al. 2021). The TOPAS was developed and evaluated as a self-report and proxy assessment scale based on the theory of thriving. A proxy instrument needed to be developed for residents in care homes who are unable to report their subjective experiences. The use of the TOPAS may encourage nursing staff and students to adopt a more salutogenic and psychosocial approach to the care of frail older people (Bergland et al. 2015).

5.3.1 | Interventions to Promote Thriving Amongst Care Home Residents

Only two studies reporting interventions were identified (Østensen et al. 2017; Sjögren et al. 2022). The study by Østensen et al. (2017) presented an innovative care model to support thriving by introducing new technology and mobilising volunteer services. The aim was to help 15 older people use tablets in residential care via personal guidance. The intervention included

TABLE 3 | Articles included in this study.

Author(s)/Year/ Country(ies)	Title	Sample/Design	Aim(s)	Intervention	Main results
Baxter R., Lövheim H., Björk S., Sköldunger A., Lindkvist M., Sjögren K., Sandman P.-O., Bergland Å., Winblad B., Edvardsson D. 2019 Sweden	The thriving of older people assessment scale: Psychometric evaluation and short-form development	Staff completed TOPAS as proxy raters for a random sample of 4831 nursing home residents. Quantitative design	To evaluate the psychometric properties and performance of the 32-item TOPAS and to explore reduction into a short-form		The proposed short-form TOPAS exhibited a high level of internal consistency and a strong correlation to the original scale
Baxter R., Sandman P.-O., Björk S., Lood Q., Edvardsson D. 2020 Australia	Illuminating Meanings of Thriving for Persons Living in Nursing Homes	21 nursing home residents. Qualitative design	To illuminate the meanings of thriving as narrated by nursing home residents		Several meanings of thriving were identified and summarised in themes
Baxter R. 2021 Australia Sweden	'Life is for living': Exploring thriving for older people living in nursing homes	For studies 1 and 2, data were collected in the form of qualitative interviews with Australian nursing home residents ($N = 21$; study 1) and staff ($N = 14$; study 2). For studies 3 and 4 cross-sectional baseline (i.e., 2013/2014) and follow-up (i.e., 2018/2019) data were collected from a nationally representative sample of Swedish nursing homes. Dissertation	To explore meanings, expressions, measurements and associations for thriving in nursing homes		The meanings of thriving for nursing home residents were understood as encompassing elements of acceptance, balance and contentment in relation to the persons living situation, as well as their social and physical environment
Baxter R., Corneliussen L., Björk S., Kloos N., Edvardsson D. 2021 A Sweden Netherlands Australia	A recipe for thriving in nursing homes: A meta-ethnography	Four electronic databases were searched, with sources published between 2000 and 2019. Qualitative design	To explore contributors for thriving in nursing homes by evaluating, analysing and synthesising peer-reviewed qualitative literature on the topic		Two main themes illustrating the contributors to thriving were identified: ingredients for thriving (subthemes: personal contributors and social contributors) and environment for thriving (subthemes: special contributors and societal contributors)

(Continues)

TABLE 3 | (Continued)

Author(s)/Year/ Country(ies)	Title	Sample/Design	Aim(s)	Intervention	Main results
Baxter R., Sandman P.-O., Björk S., Sköldunger A., Edvardsson D. 2021 B Australia	Recognising expressions of thriving amongst persons living in nursing homes: a qualitative study	14 nurses working at a nursing home. Qualitative design	To explore how staff recognise expressions of thriving amongst nursing home residents		Expressions of thriving were recognised in relation to how staff understood thriving, observed thriving, and sensed thriving
Baxter R., Lövhim H., Björk S., Sköldunger A., Edvardsson D. 2022 Sweden	Exploring changes to resident thriving and associated factors in Swedish nursing homes	4831 residents for the baseline sample and 3894 residents for the follow-up sample. Quantitative design	To explore changes to resident thriving over a 5-year period		The results show an increase in overall thriving scores and a decrease in overall neuropsychiatric scores between baseline and follow-up
Bergland Å., Kirkevold M., Sandman P.-O., Hofoss D., Vassbø T., Edvardsson D. 2014 Norway	Thriving in long-term care facilities: Instrument development, correspondence between proxy and residents' self-ratings and internal consistency in the Norwegian version	48 resident-family member-nurse triads from 12 nursing homes. Quantitative design	To develop an instrument for measuring thriving amongst residents in long-term care facilities		The 32-item instrument appears to have internal consistency and enable reliable proxy measures of thriving
Bergland Å., Kirkevold M., Sandman P.-O., Hofoss D., Edvardsson D. 2015 Norway Sweden	The Thriving of Older People Assessment Scale: Validity and reliability assessments	259 residents 146 family members 52 staff from 13 long-term care facilities. Quantitative design	To explore construct validity and reliability of the Thriving of Older People Assessment Scale (TOPAS)		Five factors were identified that corresponded with the thriving theory
Björk S., Lindkvist M., Wimo A., Juthberg C., Bergland Å., Edvardsson D. 2017 Sweden	Residents' engagement in everyday activities and its association with thriving in nursing homes	172 nursing homes and 4831 residents. Quantitative design	To describe the prevalence of everyday activity engagement for older people in nursing homes and the extent to which engagement in everyday activities is associated with thriving		Positive associations were found between activity engagement and thriving
Björk S., Lövhim H., Lindqvist M., Wimo A., Edvardsson D. 2018 A Sweden	Thriving in relation to cognitive impairment and neuropsychiatric symptoms in Swedish nursing home residents	4831 nursing home residents Quantitative design	To explore relations amongst thriving, cognitive function, and neuropsychiatric symptoms (NPS) in nursing home residents		Aggression and depressive symptoms were identified as negatively associated with thriving regardless of resident cognitive functioning

(Continues)

TABLE 3 | (Continued)

Author(s)/Year/ Country(ies)	Title	Sample/Design	Aim(s)	Intervention	Main results
Björk S., Lindkvist M., Lövhelm H., Bergland Å., Wimo A., Edvardsson D. 2018 B Sweden	Exploring resident thriving in relation to the nursing home environment: A cross-sectional study	4205 residents, 3509 staff, and the environment of 147 nursing home facilities. Quantitative design	To explore the extent to which environmental factors are associated with resident thriving		A positive psychosocial climate, having access to newspapers, living in a special care unit, and living in an unlocked facility showed significant positive associations with thriving
Corneliusson L., Sköldunger A., Sjögren K., Lövhelm H., Lindkvist M., Wimo A., Winblad B., Sandman P.-O., Edvardsson D. 2020 Sweden	Well-being and thriving in sheltered housing versus ageing in place: Results from the U-Age sheltered housing study	A matched cohort study (N = 3805). Quantitative design	To explore to what extent the type of residence (sheltered housing or ageing in place) contributes to thriving and well-being in older adults		With increasing level of depressive mood and decreasing levels of self-rated health and functional status, those residing in sheltered housing generally reported higher levels of thriving, as compared with those ageing in place
Kydd A., Fulford H. 2020 UK	Access to learning opportunities for residents in care homes: Reviewing the challenges and possibilities	Scoping review	To explore the learning opportunities for nursing home residents		Many residents are marginalised when it comes to their learning requirements
Li C.-P., Lee S.-F., Bergland Å., Edvardsson D. 2021 Taiwan	Psychometric properties of the Chinese version Thriving of Older People Assessment Scale	285 participants from five long-term care facilities. Quantitative design	To evaluate the psychometric properties of the translated Chinese version of TOPAS		The Chinese version of TOPAS was presented as a tentatively reliable and valid tool for measuring thriving
Østensen E., Gjevjon E., Øderud T., Moen A. 2017 Norway	Introducing Technology for Thriving in Residential Long-Term Care	15 older adults in two municipalities. Qualitative design	To present an innovative care model that supports the participation and thriving of older adults in residential care by introducing them to use tablet computers	The intervention encompassed weekly workshops over the course of 1 year with volunteer adolescents as personal tutors	The participants showed enjoyment, more social engagement and increased thriving

(Continues)

TABLE 3 | (Continued)

Author(s)/Year/ Country(ies)	Title	Sample/Design	Aim(s)	Intervention	Main results
Patomella A.-H., Sandman P.-O., Bergland Å., Edvardsson D. 2016 Sweden	Characteristics of residents who thrive in nursing home environments: a cross-sectional study	191 residents in a nursing home facility were separated into two groups rated as having high and low thriving. Quantitative design	To describe what characterises residents with higher levels as compared with those with lower levels of thriving in nursing homes using TOPAS		Residents with higher levels of thriving had a shorter stay at the facility, higher functioning, less cognitive impairment, lower frequency of behavioural and psychological symptoms and higher assessed quality of life
Sjögren K., Bergland Å., Kirkevold M., Lindkvist M., Lood Q., Sandman P.-O., Vassbø T., Edvardsson D. 2022 Australia Norway Sweden	Effects of a person- centred and thriving- promoting intervention on nursing home residents' experiences of thriving and person-centredness of the environment	Samples of 205–292 residents from six nursing homes. Qualitative design	To evaluate the effects of a person-centred and thriving- promoting intervention on nursing home residents' experiences of thriving and person-centredness of the environment and to evaluate if the effects varied between female and male residents	Staff educational programme	Statistically significant effects were found on experiences of thriving and person-centredness of the environment. These effects were significant for male residents but not for female residents

weekly workshops over the course of a year with young volunteers as personal tutors. All use and levels of mastery generated a sense of pride that supported thriving.

Sjögren et al. (2022) evaluated the effects of a person-centred and thriving-promoting effort on the person-centredness of the environment and care home residents' thriving and whether the effects varied between female and male residents. The theoretical framework was operationalised within three dimensions: (1) doing a little extra, (2) developing a caring environment and (3) assessing and meeting highly prioritised psychosocial needs. The intervention resulted in higher ratings of thriving and a better person-centred environment for male residents.

5.3.2 | Factors Affecting the Experience of Thriving Amongst Care Home Residents

The included studies resulted in five factors contributing to thriving: the resident's attitude towards living in a care home, the quality of care and caregivers, activities and interactions with others, qualities of the physical environment and health.

5.3.2.1 | The Resident's Attitude Towards Living in a Care Home. A person's attitude towards being in long-term care is a contributing factor as regards their feeling at ease there (Bergland et al. 2015), as is one's own assessment of QoL (Patomella et al. 2016). Thriving can be understood as experiencing one's current dwelling as home even if it is different from one's previous home, and trying to make the best of the current life situation (Bergland et al. 2014). It can also be understood as striving to accept and adapt to living in a care home whilst maintaining a positive outlook on life and a sense of acceptance, balance and satisfaction in relation to one's life situation (Baxter et al. 2020; Baxter, Corneliusson, et al. 2021; Baxter, Sandman, et al. 2021; Baxter 2021). For some residents, achieving and maintaining a positive attitude may require an active decision, and it can also be described as an ongoing process (Baxter et al. 2020). The attitude factor explained 41.6% of the total thriving variance of 67.5% based on five factors in the factor analysis by Bergland et al. (2015) and 24.5% of the total variance of 72.3% in the study by Baxter et al. (2019) on the short-form TOPAS. The resident's attitude towards living in a care home is probably the most important factor affecting thriving.

5.3.2.2 | The Quality of Care and Caregivers. A feeling of support and care is necessary to achieve thriving in care homes whilst at the same time maintaining a sense of independence and finding a balance between loneliness and company (Baxter et al. 2020). A welcoming psychosocial climate in which residents and staff experience safety, everydayness and community contributes to the experience of thriving (Björk, Lindkvist, et al. 2018). It is essential that residents are listened to and that their individual needs are taken into account (Baxter et al. 2020), and to discuss subjects other than their care with them (Björk et al. 2017). Baxter, Corneliusson, et al. (2021) and Baxter, Sandman, et al. (2021) investigated how staff recognise expressions of well-being in people living in care homes. Staff described comparing clinical assessment indicators with

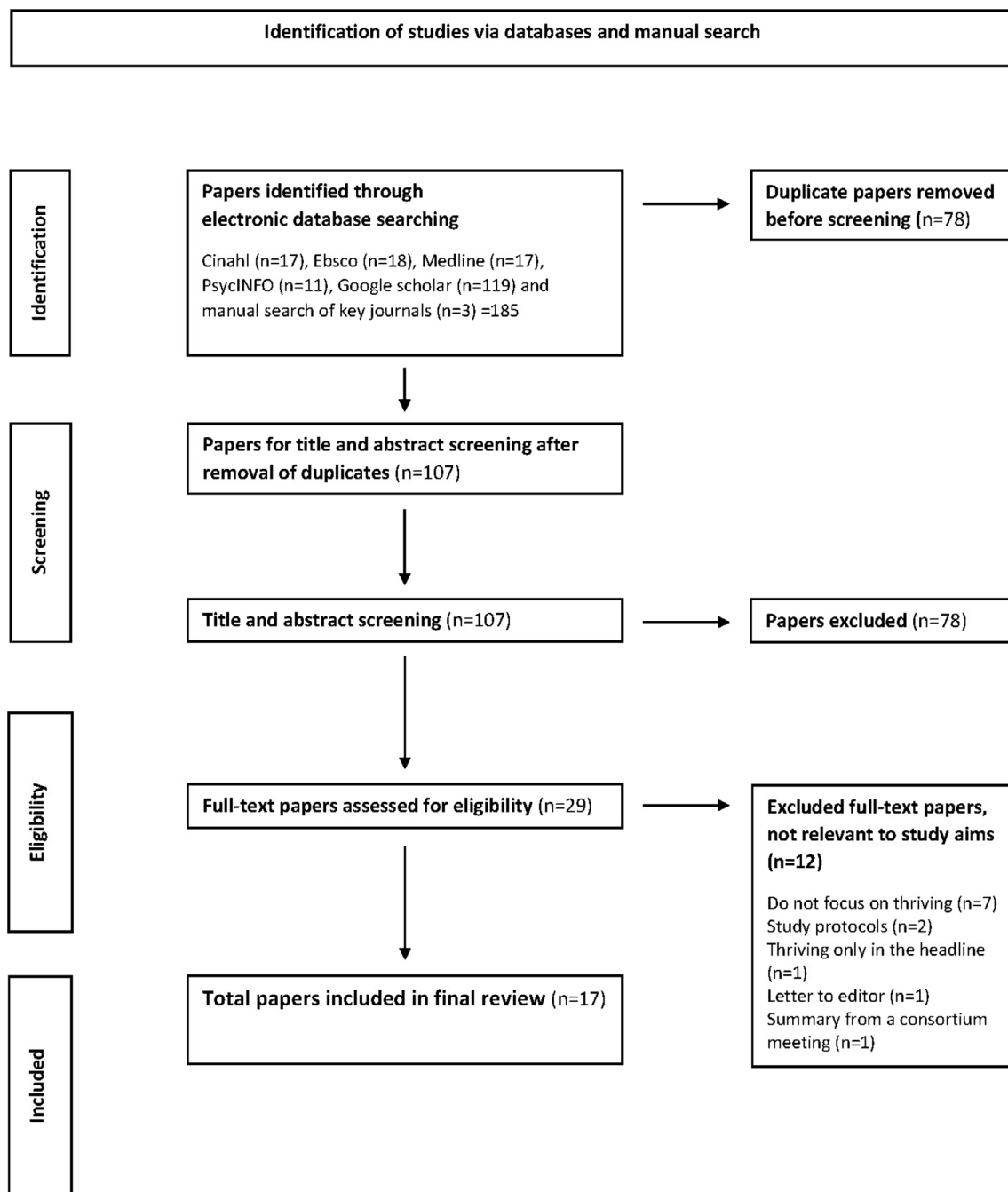


FIGURE 1 | PRISMA flow diagram of paper selection.

their own personal and professional understanding of thriving, as well as their overall sense of the individual person in the wider situational and environmental context. Guidelines regarding care play an important role in thriving in care homes (Baxter, Corneliussen, et al. 2021; Baxter et al. 2022; Bergland et al. 2015; Patomella et al. 2016).

5.3.2.3 | Activities and Interactions With Others. There are positive associations between thriving, activities and keeping in touch with people and places (Baxter et al. 2020; Baxter, Corneliussen, et al. 2021; Baxter, Sandman, et al. 2021; Bergland et al. 2015; Björk et al. 2017). In the study by Björk et al. (2017), the most commonly occurring

everyday activities that residents engaged in were receiving hugs and physical touch, talking to relatives or friends and receiving visitors, having conversations not related to care with staff and watching TV. Engaging in an activity programme, dressing nicely and spending time with someone had the strongest positive associations with thriving. Being able to be outdoors is experienced as important and has an impact on thriving (Baxter et al. 2020; Baxter, Sandman, et al. 2021; Bergland et al. 2015; Patomella et al. 2016). In the study by Baxter et al. (2020), persons who received visits from family and friends described these in terms of providing a sense of social support and connection to their identity. Visits from volunteers, school children, sports teams and church groups

TABLE 4 | The results are summarised using the PAGER framework (Bradbury-Jones et al. 2022).

Patterns	Advances	Gaps	Evidence for practice	Research recommendations
Interventions	Only two intervention studies were found	There is research on interventions concerning QoL and well-being, but little concerning thriving	Continuing education for staff and decision-makers is needed to implement interventions to improve thriving	Evidence-based interventions would probably be an effective way to improve thriving
Resident's attitude towards living in a care home	Positive outlook improves thriving	The characteristics of residents who have positive vs. negative attitudes need to be explored. Managers and staff should support the positive outlook on life of older people	Positive attitude of older people affects care, if not otherwise, indirectly	Research is needed on factors that encourage staff to help residents to have a positive attitude
Quality of care and caregivers	The psychosocial environment plays a role, as well as the caregiver's perception of thriving	There is a lack of studies on how staff, managers and decision-makers should develop care to improve resident thriving in care homes	Focus on person-centred care could increase thriving but also result in economic savings	More attention should be paid to the factors promoting thriving, especially for residents with dementia. Staff competence to meet their needs should be improved
Activities and interactions with others	There is a growing body of research on activities in care homes	The life history of the resident should be known to provide person-centred activities	There is evidence of the positive association between activity engagement and thriving	Further research and clinical attention on the content and outcomes of activity programmes seem to be needed
Qualities of the physical environment	The ability to go out and unlocked doors contribute to thriving	More attention needs to be paid to associations of thriving with the physical and psychosocial environment of care homes	Physical care home environments have an impact on residents' thriving. Residents, relatives and staff all benefit from a good quality physical environment	Research is needed on how the size of care home units affects thriving and the associations between thriving and care home environments in relation to different levels of cognitive impairment
Health	NPS are known to affect thriving	There are few studies on health factors that promote older people's thriving	Physical and cognitive health should be observed in both nursing care and decision-making. The competence of the staff is especially important as far as the care of residents with cognitive impairment is concerned	Person-centred care is especially important for residents with varying health problems, both physical and mental

were described as important aspects of the wider care home environment. The opportunity to undertake learning activities may be important for the thriving of some care home residents, but lifelong learning in these homes has received little attention despite international, national and regional guidelines. Care home residents may be a marginalised group when it comes to promoting lifelong learning (Kydd and Fulford 2020).

5.3.2.4 | Qualities of the Physical Environment. A positive psychosocial climate in nursing units is more important than the physical environment as regards thriving (Björk, Lindkvist, et al. 2018); however, the physical environment (Bergland et al. 2015) and the opportunities to influence one's surroundings also have an impact (Baxter, Corneliusson, et al. 2021; Baxter, Sandman, et al. 2021; Björk, Lindkvist, et al. 2018). Access to staff can also be interpreted as an important physical characteristic of the care home environment (Baxter et al. 2020). In the study by Björk, Lindkvist, et al. (2018) and Björk, Lövhelm, et al. (2018), having access to newspapers, living in a special care unit and living in an unlocked facility showed significant positive associations with residents' thriving, whereas thriving was not associated with the size of the unit. Even having the opportunity to look out of the window increases the feeling of thriving (Baxter et al. 2020). In the study by Baxter, Corneliusson, et al. (2021) and Baxter, Sandman, et al. (2021), the environment was one of the main themes for thriving, with spatial and societal contributors as subthemes. Spatial contributors refer to the physical space of the care home and the atmosphere of the care environment. Societal contributors encompassed the policy and political foundations that support the organisation of care services for older people.

5.3.2.5 | Health. In the study by Patomella et al. (2016), care home residents who experienced thriving had a higher level of functioning in activities of daily living, a higher QoL, a shorter stay in the care home and were less physically and cognitively impaired. Thriving seemed to be related to the residents' level of functioning and thereby to their chances of having a varied life in the care home. In the study by Baxter, Corneliusson, et al. (2021) and Baxter, Sandman, et al. (2021), some residents could be observed to thrive physically but not mentally, and vice versa.

Björk, Lindkvist, et al. (2018) and Björk, Lövhelm, et al. (2018) examined the severity of 12 neuropsychiatric symptoms (NPS) as correlated to the level of cognitive impairment and found that the highest symptom scores for most of them were seen at the middle level of cognitive functioning. Aggression and depressive symptoms were negatively associated with thriving regardless of cognitive functioning. At higher cognitive levels, several factors, such as age, gender, ADL functioning, cognitive functioning and the NPS of delusions, hallucinations, aggression/agitation, depression/dysphoria, apathy and disinhibition, showed associations with thriving. However, at more severe cognitive impairment, only the degree of cognitive impairment and the NPS of aggression/agitation and depression/dysphoria were associated with thriving. Baxter et al. (2022) found thriving to have a positive association with the NPS of elation/euphoria and negative associations with aggression/agitation, depression/dysphoria, apathy and irritability.

According to Corneliusson et al. (2020), people with depressive moods and decreased self-rated health reported higher levels of thriving when residing in sheltered housing as compared to living in place. Well-being was not found to be significantly associated with the type of accommodation.

6 | Discussion

This scoping review aims to map and describe the state of knowledge regarding interventions to promote older people's thriving in care homes and the factors that affect it. The study recognised five factors that contribute to thriving: the resident's attitude towards living in a care home, the quality of care and caregivers, activities and interactions with others and qualities of the physical environment and health. Two studies reporting interventions were identified. A factor analysis performed by Bergland et al. (2015) of the TOPAS resulted in five factors that contribute to older people's experience of thriving: the resident's attitude towards living in the care home, the quality of care and caregivers, resident engagement and peer relationships, keeping in touch with people and places and qualities of the physical environment. These factors included all the seven dimensions of thriving identified by Bergland and Kirkevold in an earlier qualitative study (Bergland and Kirkevold 2006), but as a result of the factor analysis, the dimensions 'positive relationships with other residents' and 'participation in meaningful activities' were merged into the factor 'resident engagement and peer relationships' and the dimensions 'opportunities to get outside and around' and 'relationships with family' into the factor 'keeping in touch with people and places'. In our study, we combined these two factors further into the factor 'activities and interactions with others' because evaluating them separately was not feasible based on the qualitative assessment of the included studies. In the factor analysis of Bergland et al. (2015), these two factors together explained only 11.4% of the thriving variance.

In a meta-ethnographic study, Baxter, Corneliusson, et al. (2021) and Baxter, Sandman, et al. (2021) suggested a re-grouping of the original dimensions, entitled personal, social, spatial and societal contributors to thriving. The societal contributor, which impacts care quality on the level of the welfare system and politics through the allocation of resources, represents an additional framework to the original dimensions, but it could perhaps also be interpreted as belonging to the dimension 'quality of care and caregivers'. The original thriving dimensions also feature in our results, but health might deserve attention as an additional factor. However, Bergland and Kirkevold (2006) seem to have considered it a negative dimension as opposed to the positive ones represented by the thriving concept. In any case, even impaired health may improve the experience of thriving if the care home appears to be a safer place to live than the resident's own home because of health issues (Corneliusson et al. 2020).

Previous research on thriving has focused on identifying factors that contribute to it, omitting intervention studies. It was surprising, however, that only two intervention studies (Østensen et al. 2017; Sjögren et al. 2022) were found in this scoping review. The scarcity of intervention studies was also recently recognised by Baxter et al. (2024).

6.1 | Interventions to Promote Thriving Amongst Care Home Residents

The intervention study by Østensen et al. (2017) supported the use of new technology and volunteer services to sustain thriving amongst older adults and demonstrated that cross-generational meetings and opportunities for social contacts enhance thriving. As a person-centred approach, it stimulated participants' tablet skills and increased their social contacts. Models that systematically involve voluntary services may ease the workload of nurses. The third sector, that is, organisations representing neither the public nor the private sector, will probably play an increasing role in aged care in the future, given the shortage of human resources.

The results of the other intervention study by Sjögren et al. (2022) indicated that person-centred interventions might influence various groups differently and underlined the importance of individually tailored social and recreational activities. The group activities commonly offered in care homes may be coded to favour femininity because staff are mostly female. There may be a need for gender-specific activities and assessments of residents to ensure thriving amongst male residents in care homes.

6.2 | Factors Contributing to the Experience of Thriving Amongst Care Home Residents

6.2.1 | The Resident's Attitude Towards Living in a Care Home

Care home residents have usually experienced many losses and illnesses, and they may be frail and nearing death. Finding meaning and purpose in life in that situation can prove difficult; nevertheless, individuals who find meaning despite losses, suffering and illness withstand their setbacks and the various outcomes better than those with a low sense of meaning (Drageset et al. 2017). Older people's zest for life and positive life expectations are a great health asset. Efforts need to be made to increase staff understanding of the positive impact of this health asset (Borglin et al. 2005; Söderbacka et al. 2017). In the study by Baxter et al. (2020), striving for a sense of positivity towards living in the care home was seen as an active decision and an ongoing process. Staff, managers and organisations should support a positive attitude towards living in a care home.

6.2.2 | The Quality of Care and Caregivers

Caring for frail residents in care homes is a task that needs to be approached with professional knowledge and skills regarding their life situation and concerns (Hjaltadóttir and Gústafsdóttir 2007). Care homes should be developed so that staff have more time for interacting with the residents: continuity and mutuality in nurse-patient relationships should be prioritised and facilitated (Haugan et al. 2020). Staffing should be sized to correspond to the workload in elderly care (Fagerström et al. 2018). Nurses' clinical competence is crucial to ensure high-quality care (Finnbakk et al. 2020). The staff are uniquely positioned to support residents' thriving through person-centred care (Baxter et al. 2024). As the ageing of

the population increases and the care environment changes, leadership and care staff will play a more important role in ensuring high-quality care (Björk et al. 2017; Borglin et al. 2005; Morris et al. 2018; Söderbacka et al. 2017).

6.2.3 | Activities and Interactions With Others

There is some evidence of a positive association between activity engagement and thriving, but research concerning the impact of everyday activities on thriving is scarce. Everyday activities could be implemented as interventions to improve thriving in care homes (Björk et al. 2017; Patomella et al. 2016). Participation in social activities is associated with a longer life expectancy and a lower risk of depression (Terraneo 2021). It is important to tailor the activities to the individual and to enable the residents to take part actively. Nurses should collect information about the resident's preferences for participating in care home activities (Slettebø et al. 2017). Participatory arts may enhance social relationships amongst older people and between older people and care staff in care homes (Dadswell et al. 2020). Art activities appear suitable for varying contexts and can promote person-centredness (Vaartio-Rajalin et al. 2021). The right to lifelong learning should also be respected in care homes (Kydd and Fulford 2020).

6.2.4 | Qualities of the Physical Environment

According to Bergland and Kirkevold (2006), thriving is the result of an interaction between individual and environmental characteristics. Less attention has been paid to exploring associations between physical and psychosocial environments in care homes. It seems that what is created in the interaction between people in the physical environment has a stronger association with residents thriving in care homes than the physical environment itself (Björk, Lindkvist, et al. 2018). Since a large proportion of residents live with dementia, studies are needed concerning environments that support thriving amongst residents with dementia. Moreover, further studies exploring the adaptive relationship between thriving and the psychosocial environment are needed where residents' perspectives concerning the impact of the environment on their thriving are integrated (Björk, Lindkvist, et al. 2018). Residents, relatives and staff all benefit from a good quality physical environment.

6.2.5 | Health

To support the functional capacity of older people, mental well-being is as important as physical health. Depression in older people reduces QoL and well-being and increases disability (Juniarni n.d.; Waterworth et al. 2015). Most residents in care homes are cognitively impaired, and many suffer from dementia. Through a better understanding of the relationship between specific NPS, level of cognitive function and thriving, interventions could be developed to meet their individual needs (Björk, Lövheim, et al. 2018). According to Baxter et al. (2022), support for thriving seems particularly important amongst residents at risk of lower thriving due to cognitive impairment or NPS. Physical and cognitive health should be considered in both nursing care and political decision-making.

6.3 | Implications for Nursing Research, Clinical Practice and Education

Our results may contribute to the development of more efficient care to promote thriving amongst care home residents. Further studies exploring associations between care home environment characteristics, resident characteristics and thriving in relation to different levels of cognitive impairment would be valuable. If activities and assessments in care home settings tend to be coded towards femininity, particular attention and consideration may be needed for male residents. Further research should especially focus on developing interventions to promote thriving, for example, to investigate if interventions that improve resident thriving could reduce NPS. Validation studies outside Scandinavia on the TOPAS are needed to widen the applicability of this assessment scale. Identifying care home residents who experience high or low thriving could provide information for health-promoting care interventions, practice development and future research to improve resident thriving. If opportunities to enhance thriving are identified, that could reduce costs in aged care by encouraging investments in preventive care.

7 | Limitations

The search terms selected for this scoping review may not have identified all interventions and factors related to thriving amongst care home residents. Other search terms, such as well-being, could have captured more relevant studies, but the number of studies to screen would have increased substantially. Only papers in English were included, whilst thriving in care homes is a global issue. This may have resulted in omitting essential studies in other languages. We identified 17 scientific papers on thriving that were predominantly from Scandinavia. This may limit the applicability of our findings in some parts of the world.

8 | Conclusion

As far as we know, this is the first scoping review concerning thriving amongst care home residents. The methodology for scoping reviews (Arksey and O'Malley 2005; Levac et al. 2010) was followed, making it feasible to include both qualitative and quantitative studies, as well as other literature (Peters et al. 2015). All the 17 included papers were peer-reviewed. A quality appraisal of the papers was not performed. Although published research on thriving was scarce, our results hopefully provide a useful review of recent studies on thriving. We employed the PAGER framework to summarise our results. This study recognised five factors that contribute to thriving: the resident's attitude towards living in a care home, the quality of care and caregivers, activities and interactions with others, qualities of the physical environment and health. Only two studies reporting interventions were identified. An ageing population and the increased need for resources in health care will place ever greater demands on competent staff, managers and decision-makers to implement high-quality care and promote thriving. The results of this study emphasise the need for continuing education and the development of skills amongst staff, in addition to the development of aged care itself.

Author Contributions

Each author of this study has substantially contributed to its conception and design, acquisition of data or analysis of data. All authors were involved in drafting the manuscript or revising it critically for important intellectual content. All authors gave final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Ethics Statement

As this was a scoping review, no interpersonal conflicts were identified. Research Ethics Committee approval was not required for this study. Finnish Research Ethics Delegation's (TENK) instructions and guidelines for good scientific practice were followed. All authors reviewed the articles that were included and excluded.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Five electronic databases were used to identify the papers included in this review.

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Appendix 1

Preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) checklist

Section	Item	PRISMA-ScR checklist item	Reported on page #
Title			
Title	1	Identify the report as a scoping review	Title page
Abstract			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results and conclusions that relate to the review questions and objectives	Abstract
Introduction			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach	2
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts and context) or other relevant key elements used to conceptualise the review questions and/or objectives	3
Methods			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number	—
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language and publication status), and provide a rationale	5 Table 2
Information sources ^a	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed	4
Search	8	Present the full electronic search strategy for at least one database, including any limits used, such that it could be repeated	4
Selection of sources of evidence ^b	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review	4
Data charting process ^c	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators	5
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made	4
Critical appraisal of individual sources of evidence ^d	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate)	—
Synthesis of results	13	Describe the methods of handling and summarising the data that were charted	8
Results			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram	8 Figure 1
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations	5–8 Table 3
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12)	—

(Continues)

Section	Item	PRISMA-ScR checklist item	Reported on page #
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives	8–12
Synthesis of results	18	Summarise and/or present the charting results as they relate to the review questions and objectives	8 Table 4
Discussion			
Summary of evidence	19	Summarise the main results (including an overview of concepts, themes and types of evidence available), link to the review questions and objectives and consider the relevance to key groups	13–17
Limitations	20	Discuss the limitations of the scoping review process	17
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps	17–18
Funding			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review	—

Note: Tricco et al. (2018).

Abbreviations: JBI= Joanna Briggs Institute, PRISMA-ScR= Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews.

^aWhere *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms and Web sites.

^bA more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

^cThe frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

^dThe process of systematically examining research evidence to assess its validity, results and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of 'risk of bias' (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion and policy document).