Received: 16 June 2022 | Revised: 11 October 2022 | Accepted: 31 October 2022

DOI: 10.1002/nop2.1474

EMPIRICAL RESEARCH QUALITATIVE

NursingOpen Open Access WILEY

Registered Nurses' perspective of systemic factors affecting nursing home care quality decline: A qualitative descriptive study

Yunhee Park | Deulle Min

Department of Nursing, College of Medicine, Wonkwang University, Iksan, Korea

Correspondence
Deulle Min, Department of Nursing, College of Medicine, Wonkwang University, 460, Iksandae-ro, Iksan, Jeonbuk, 54538 Korea.
Email: dlmin20@wku.ac.kr

Funding information
National Research Foundation of Korea, Grant/Award Number: 2021R1G1A1003576

Abstract

Aim: A growing number of older people are living in nursing homes worldwide, but their safety and quality of care are not guaranteed. This study explores registered nurses' (RNs) perspectives on systemic factors affecting the quality of care and safety decline of nursing home.

Design: Qualitative descriptive study.

Methods: In this study, semi-structured interviews were conducted with 10 RNs working in six nursing homes, who were chosen through purposive sampling. Data were collected from 1 August–19 September 2019, and analysed using thematic analysis.

Results: The following five themes were derived: lack of sufficient number of RNs, poor work conditions, unclear job descriptions for RNs, no official position of nursing director and absence of transition care system.

Patient or Public Contribution: All reports of RNs affecting resident safety and quality of care decline were related to systemic factors. Therefore, improving quality of care in nursing homes should be supported by changes in systemic factors, such as maintaining an appropriate number of RNs and improving their working conditions.

KEYWORDS
care quality, nursing homes, older adults, qualitative descriptive study, registered nurses

1 | INTRODUCTION

Population ageing is a global phenomenon. It is expected that one in six people in the global population will be 60 years or over by 2030 (World Health Organization, 2021). In Korea, those aged 65 and over represented 16.5% of the total population in 2020 (Health and Welfare Association, 2020); if this trend continues, they will account for 25% of Korea's population by 2030 (Korean Statistical Information Service [KOSIS], 2021). This adds to the burden of caring for older adults because of an increase in geriatric diseases such as dementia and stroke.

According to the 2020 Survey of the Elderly in Korea, 84% had chronic diseases, with an average of 1.9 chronic diseases per individual, and 54.9% had two or more (Ministry of Health and Welfare, 2020). To respond to these demographic changes, Korea implemented the Long-Term Care Insurance system for older adults in 2008 to stabilize their lives and reduce the burden on families. Nursing homes play a social role by providing nursing personnel-centred professional services along with daily life services including food, clothing and shelter (Kim et al., 2013).

Recent studies have shown that the concepts of quality of care and patient safety are often used interchangeably, and bedsores,

incontinence, malnutrition and falls among older people in nursing homes are key indicators of the care provided (Brauner et al., 2018; Carryer et al., 2017). Registered nurses (RNs) in nursing home are an important factor influencing the quality of nursing home care, performing direct care and care planning for residents with complex needs (Perry et al., 2003). RNs must act as supervisors, planners and care coordinators, overseeing the indirect nursing activities of other staff for the quality of care provided to residents (Montayre & Montayre, 2017). A study examining physical restraint, antipsychotic drug use, pressure injuries and cognitive decline in 1135 nursing homes in five states in the United States reported that when the number of RNs was greater than that of other nursing staff, the incidence of pressure injuries and cognitive decline in residents was lower (Weech-Maldonado et al., 2004). In addition, a study that systematically reviewed 50 papers on quality of care indicators according to nursing staff levels reported that the greater the number of RNs, the better the quality of care (Spilsbury et al., 2011).

In a previous study examining RN staffing, care quality and residents' outcomes in nursing homes in Korea from 2013–2015, the number of RNs did not affect resident outcomes such as physical and cognitive functions (Cho et al., 2020). However, another study in Korea indicated that the relationship between the number of RNs at 19 nursing homes and 15 quality indicators showed that the incidence of falls and tube feeding decreased as RNs' direct nursing hours increased, and there was a slight decrease in physical and cognitive function (Shin & Hyun, 2015).

The perspective of RNs currently working in nursing homes may be of great importance to policymakers, as previous studies conducted in Korea do not report consistent results regarding the number of RNs and direct nursing hours on resident safety and quality of care. Moreover, it is important to inform policymakers of organizational systemic factors that can be modified relatively easily.

Key points

- Enhancing the quality of care at nursing homes is vital amidst increasing population ageing.
- Insufficient numbers of RNs on staff, lack of clear job descriptions, poor working conditions for job security, the presence of a Director of Nursing and the need for a transition care system were identified as the primary systemic factors affecting quality of care in nursing homes.
- Addressing the above-mentioned factors will help prevent decline in nursing home quality of care.

2 | BACKGROUND

In Korea, there is only one level of RN with at least a bachelor's or diploma degree. After graduation, they can work in clinical settings, including acute hospitals, and communities, including welfare institutions such as nursing homes. However, nursing homes in Korea do not stipulate that RNs are formally required personnel. The law stipulates that Certificated Nursing Assistants (CNAs) can replace RNs in nursing homes. Thus, very few RNs work in nursing homes in Korea, since the law requires that nursing homes have one RN or CNA for every 25 residents (National Law Information Center, 2011).

In 2021, it was surveyed that 203,852 older adults were receiving care in 4,132 nursing homes across Korea, which was a significant increase compared to the 174,634 seniors receiving nursing care in 3,604 nursing homes in 2019. However, the number of RNs working in nursing homes did not increase proportionately (1,582 in 2019 and 1,594 in 2021) (KOSIS, 2022a; KOSIS, 2022b). Several previous studies reported that the greater the number of RNs, the greater the safety and quality of care provided to residents (Montayre & Montayre, 2017; Spilsbury et al., 2011). However, a previous study found that about 26% of nursing homes nationwide have one working RN, and about 10% have two or more RNs (Cho et al., 2020). This indicates that most nursing homes in Korea are shifting the role of quality managers to occupations other than RNs; moreover, that is a very limited number of RNs to provide adequate care to residents.

RNs in nursing homes are divided into staff nurses who take full care of residents and nurse managers who take care of residents and also perform administrative tasks. However, although there are differences in their work, there is no difference in reward from the facility. RNs in Korean nursing homes regard the managerial role as another load of work (Min et al., 2022). For example, one study investigating 15 quality indicators in 45 nursing homes nationwide from 2014–2017 reported that RNs' direct care time per resident was only about 10 minutes on a 24 hour day (Shin, 2019). Although reports consistently confirm that inadequate staffing influences resident care (Sawan et al., 2017; Shin, 2019), there is limited understanding of the barriers to maintaining quality of care in the face of RN shortages. Therefore, even in this reality, understanding the systemic factors affecting resident safety and quality of care decline of RNs working in nursing homes will provide insights for future improvements.

2.1 | Purpose

To explore 'What do RNs perceive as the systemic factors affecting the decline of safety and quality of care in Korean nursing homes'? The reason one of our inclusion criteria was that participants must have worked in a nursing home for at least 1 month to ensure that they had sufficient experience on which to base their perspectives.

3 | METHODS

3.1 | Design

This is cross-sectional, qualitative descriptive study analysed the contents of inductively collected data collected through face-to-face in-depth interviews. The qualitative approach was selected

to explore the influence of systemic factors that affect the decline of residents' quality of care based on the actual experience of RNs working in nursing homes.

3.2 | Development of interview questionnaire

Interview questions were drafted by two nursing professors with experience in qualitative research and one field practitioner currently working in a nursing home. Interviews began with the following open question to determine how systemic factors in nursing homes affect residents' care quality and safety: 'What is the level of safety and care quality of residents in the nursing home where you currently work'? As the interview progressed, semi-structured questions such as 'What system factors do you think are influencing it and why'? and 'What do you think should be improved'? followed.

3.3 | Sampling and data collection

Since there were few nursing homes employing RNs, we proceeded with purposeful sampling for facilities that were identified as having RNs on the Long-Term Care Insurance webpage (https://longtermcare.or.kr/npbs/indexr.jsp) for the older adults. First, the study's purpose and method were explained to the heads of the nursing homes by phone or mail, and facilities that gave verbal consent to participate in the study were selected. Then, a researcher visited the RNs who agreed to participate and explained its purpose, content and confidentiality. RNs voluntarily provided written informed consent to participate. The selection criteria were RNs who (1) provide direct care to residents and (2) worked at the current facility for more than 1 month. Even if the selection criteria were met, nursing home owners were excluded to avoid research bias due to social desirability. Data collection took place from 1 August–19 September 2019.

Ultimately, six nursing homes could participate in the study, and 10 RNs they employed volunteered to be interviewed. Interviews were conducted in an independent space, such as the facilities' counselling or training room, until saturation. Interviews took about 60 minutes and were recorded simultaneously with a smart phone and small recorder; the recordings were transcribed immediately after encoding the participant's personal information.

3.4 | Data analysis

Data analysis was performed by two researchers. The transcribed content was analysed using Microsoft Excel 2016. To broadly explore the effects of systemic factors on nursing home RNs' perspective on decline of residents' safety and care quality, the following six steps of Braun and Clarke's (2006) thematic analysis were carried out. The first step was to become familiar with the data. Two researchers read the transcribed original scripts several times, marked important words and sentences and grasped the approximate feeling or meaning of the content. In the second step, the initial code generation stage, words and sentences expressing key ideas or concepts were separately marked and coded. The third step was the theme search step, and the subject was composed of coded data by combining codes with similar meanings. In the fourth step, the relationship between the coded raw data and the extracted subject was confirmed. Inter-coder reliability for the coding extracted in this step was confirmed by calculating Cohen's kappa value. In the fifth step, the extracted themes were defined and named. After discussion between two researchers, the factors influencing nursing home care at the organizational level were redefined. Finally, in the sixth step, the final analysis was summarized and the results were recorded.

3.5 | Trustworthiness

This study tried to maintain strictness in terms of true value, applicability, neutrality and consistency, as suggested by Lincoln and Guba (1985). To reflect the true value of the research results, private and public nursing home RNs were allowed to participate. Efforts were made to clearly describe the participants' meaning, and repeated readings were conducted to ensure that there were no errors in the statements. In addition, written codes and themes were shared with participants. To ensure applicability, we tried to secure diversity and generalization of the actual context as much as possible through interviews with participants from various nursing homes. A regular meeting between researchers was held at least weekly, and they wrote field notes to describe the data collection and analysis process in detail to ensure auditability. The study results were presented to the experts and participants from the nursing homes and the meaning was confirmed. To maintain neutrality, the researcher's bias and subjectivity were excluded, and theoretical triangulation was attempted by sharing the analysis process and results with researchers from different academic backgrounds. Consistency was maintained by faithfully implementing the research analysis process suggested by Braun and Clarke (2006).

3.6 | Researcher preparation

The first author is a professor of nursing (Ph.D. in Nursing) who has lectured on qualitative research methodology and conducted numerous qualitative studies. Another author is a professor (Ph.D. in Nursing) specialized in geriatric nursing with abundant experience and research focused on nursing homes and residents' quality of life. Two researchers conducted continuous discussions to ensure consistent understanding and analysis of interview contents.

3.7 | Ethical considerations

This study was conducted with the approval of the Institutional Research Ethics Committee (No. WKIRB-202105-SB-028). The purpose and method of this research were explained to the participants, and written informed consent was obtained after all participants were informed that they could withdraw at any time if they wished. The participants were enrolled in a previous study published elsewhere (Min et al., 2022). Unique identification numbers were assigned to protect participants' personal information.

4 | RESULTS

Participants' average age was 51.90 (±10.42) years, and their average experience of working as an RN was 16.90 (±8.86) years. Level of education included one diploma, seven bachelors' and two masters' degrees. Five RNs cared for residents and also performed managerial roles, and seven worked in shifts. Regarding facility characteristics, nine were public and cooperative. The average number of beds was 190 (±81.13), and each facility had an average of 13 RNs (±6.30) (Table 1).

The systemic factors for the deterioration of nursing home care quality inductively derived by analysing data obtained from the 10 participants had five themes (Table 2). The inter-researcher reliability of the extracted coding was Cohen's kappa = 0.93.

4.1 | Lack of sufficient number of RNs

Nursing home RNs consistently asserted that the number of RNs was insufficient compared to the given nursing tasks, which caused difficulties in task performance. The residents were older adults with complex diseases; thus, the amount of care required was almost the same as in acute hospitals:

> *Nursing homes have too few RNs. It's legal 1:25, but we have to work three shifts. There is also one day off. The reality is that one shift RN takes care of 100 residents*
>
> (Participant 4).

> *If the RN checks the vital signs of 74 residents, the rest of the work cannot be done. There is no nursing assistant or other person to help with this. So, they are as busy here as in the acute hospital*
>
> (Participant 5).

RNs complained that they desperately needed someone to solve problems that were arising while they were busy attending to other problems. In a ward where only CNAs were assigned without an RN, residents' health problems worsened, resulting in a situation where RNs from other wards had to intervene.

> *Computer work, wound dressings, calls from relatives of residents, calls from other departments… All of this happens at the same time. Occasionally, the resident's family comes to the station and waits for me to address their needs…*
>
> (Participant 5).

> *Some wards only have CNAs, so they ask me everything. It is impossible for me to solve everything. Meanwhile, the residents' health was getting worse…*
>
> (Participant 1).

TABLE 1 General characteristics of participants and facilities

Variables		N (%) or M ± SD
Participants		
Age (years)		51.90 ± 10.42
Work period as an RN (years)		16.90 ± 8.86
Education level	Diploma	1 (10%)
	Bachelor's degree	7 (70%)
	Master's degree	2 (20%)
Role	Staff RN	5 (50%)
	Manager RN	5 (50%)
Work type	Same time every day	3 (30%)
	Shift	7 (70%)
Facilities		
Ownership	Public	6 (60%)
	Cooperative	3 (30%)
	Private	1 (10%)
Average number of beds	(R: 56–296)[a]	190.10 ± 81.13
Average number of RNs	(R: 2–20)[a]	13.50 ± 6.30

[a]R: range.

TABLE 2 Systemic factors of care quality deterioration perceived by registered nurses

Theme	Condensed meaning units
Lack of sufficient number of RNs	. Insufficient number of RNs compared to tasks . Overwork similar to acute hospitals . One CAN does not act as one RN . Lack of time to provide patient-tailored care
Poor work conditions	. Low salary not related to length of work . Lack of opportunity for promotion . Lack of night shift allowance . Lack of space for rest during night shift
Unclear job descriptions for RNs	. Lack of job description as an RN in a nursing home . Providing unplanned sporadic care to the residents and their families
No official position of Nursing Director	. Lack of support of nursing manager affecting RNs' job satisfaction . No nursing position to resolve conflicts in relationships with residents or their families
Absence of transition care system	. Absence of linkage system between nursing homes and acute hospitals . Occurrence of care absence due to accompanying transfer

Owing to their workload, it was difficult for RNs to provide patient-tailored care within working hours, and so a vicious cycle of overtime occurred. This caused the quality of nursing care to deteriorate, and RNs felt uncomfortable with the fact that they could not provide quality care.

> *Sometimes, I have to play ball and go for a walk with the residents. When older adults are excited or anxious, I need to be with them. If it took 30 minutes to do that, then I have to put off going home for 30 minutes because I cannot do my other work for 30 minutes*
>
> (Participant 1).

> *I am unable to provide holistic care. I know I have to talk with the older adults, but I always feel sorry for them because I do not have time*
>
> (Participant 8).

4.2 | Poor work conditions

Most RNs complained about their low salary and the fact that increases in wages due to long-term work were insignificant. In addition, there was no motivation to work for a long time because promotion opportunities would not be provided.

> *The salary is so very small; it has risen by only 50,000 won in two years. There is no such thing as position pay*
>
> (Participant 1).

> *There is no difference between working for 10 years, working for seven years, or working for five years. It should be fun to get a promotion or a raise in salary, but it's not fun because it's standardized regardless of whether I have the ability or not. In other places, the reward changes as the working period increases*
>
> (Participant 4).

RNs complained about the lack of clear guidelines on additional pay for night shifts and lack of space to rest. Tasks such as responding to emergencies and observing residents' sleep patterns had to be performed at night, so it was recognized that RNs should be put on the night shift; however, they were reluctant to work at night.

> *We are paid the same regardless of the number of night shifts because we have an annual contract*
>
> (Participant 4).

> *I do not want to work at night. Working at night is hard but not rewarding*
>
> (Participant 5).

> *I have time off legally. During that time, I should be able to rest comfortably, but there is no place to lie down. Now I use the bench in the back of the nurse's station*
>
> (Participant 6).

4.3 | Unclear job descriptions for RNs

The lack of job descriptions resulted in confusion for new RNs. Thus, new RN's overall work efficiency decreased, and the burden of work passed to co-workers.

Actually, I thought it would be similar to a hospital. I did not know about the work of the nursing home…

(Participant 2).

An old RN who worked here in the past had very little ability to deal with the work. Even though she was an RN, I had to help her because she couldn't perform the role of an RN at all

(Participant 1).

Since there was no job description, RNs were performing sporadic tasks based on the requests of residents or guardians without a work plan.

When a resident is admitted here, it should be clearly stated what can and cannot be done, but there is no evidence

(Participant 1).

I can't do everything the residents' family want…

(Participant 7).

4.4 | No official position of nursing director

RNs have high job satisfaction when they have a nursing manager (who is sometimes not an RN) who can empathize with and actively solve their problems. However, most participants complained to the manager about their experience that their requests were not accepted because there was no official RN officer for the facility.

The director RN explained the work of the staff RNs well, so while there were a lot of shortcomings, they were easy to address

(Participant 9).

I had a work-related problem at my previous job, so I asked the administrator to solve it, but he did not so I thought I would have to quit after only two days, and I finally quit after three months. They don't understand the difficulties faced by RNs

(Participant 1).

In particular, the most difficult problem that RNs could not address on their own was conflict with a resident or their family. Since they had to deal with conflict situations during work, in most cases it was difficult for them to manage it alone. The RNs wanted an official director RN to intervene and lift the burden.

It's exhausting when dealing with aggressive families

(Participant 5).

Sometimes I want that the director RN protects me from the resident who is abusive, loud, and abusive…but… (there is no director RN…)…

(Participant 7).

4.5 | Absence of transition care system

Since RNs care for residents with complex diseases, emergencies occur frequently. Additionally, even if it is not an emergency, invasive treatment is not performed in nursing homes, so emergency room visits are inevitable in the case of relatively simple accidents. RNs said that it was necessary to introduce a system that would professionally support transition care to address urgent situations. When a resident is transferred to the hospital because their family cannot come (for any reason), RNs temporarily stop working and accompany them. This threatens the safety of the other residents.

Several times a year there were emergencies. In such cases, we may not be able to respond promptly to situations requiring transfer to the hospital. Emergencies often happen at night, but we can't communicate well with residents' family at night…

(Participant 6).

I am the only RN and I work alone. If a resident has to be taken to the hospital, the rest of the older adults must be left unattended…I am very sad about that

(Participant 5).

5 | DISCUSSION

This study aimed to explore RNs' perspective on systemic factors affecting the quality of care and safety decline of nursing home residents in Korea. Through in-depth interviews with RNs working in nursing homes, vivid data in real-world contexts were collected. As a result, RNs reported five themes for systemic factors affecting the quality of care and safety decline.

Participants pointed to the lack of RNs as the biggest factor lowering the quality of nursing care. This is controversial as, to date, there is insufficient evidence to suggest what optimal staffing levels for nursing homes would be (Spilsbury et al., 2011). However, many countries worldwide, including the United States and Canada, have established a legal number of RNs and are trying to maintain it. They recognize that RN shortages are a serious threat to residents' safety (Harrington et al., 2012). These countries emphasize that reducing the number of RNs is expensive in the long run, as it worsens residents' health outcomes (Di Giorgio et al., 2016). Concerned that facilities are reducing the number of RNs due to operating costs, a previous study investigated the additional wages of RNs and the urinary tract infection and pressure injury incidence rates of residents

in 82 US nursing homes. The results showed that increasing RNs' direct nursing hours per resident had a social benefit of $3,191.00 per year (Dorr et al., 2005). In Korea, the number of RNs is decreasing because they are not designated as essential personnel for nursing homes. Although nursing homes should provide high-quality nursing care, it is assumed that most residents are receiving care from non-medical personnel rather than RNs.

Participants emphasized that poor working conditions such as low salaries and lack of welfare for RNs were factors that reduced their willingness to work in nursing homes. As highlighted above, an insufficient number of RNs is associated with a quality of care and safety decline in residents, so improving RNs' perceived poor working conditions might improve the quality of care provided to residents. One study including 274 RNs and certificated CNAs from 21 nursing homes in the Netherlands showed that a better team climate, multidisciplinary collaboration and agreement and communication or coordination were associated with high quality of care (Backhaus et al., 2017). Another study that analysed the work environment and resident outcomes of 245 Medicare- and Medicaid-certified nursing homes and 674 RNs in four US states found that nursing homes with a good work environment reported 1.8% fewer residents with bedsores and 16 fewer hospitalizations per 100 residents annually than nursing homes with a poor work environment (White et al., 2020).

Our results revealed that because RNs did not have proper job descriptions, they felt unsure of their duties. Moreover, although they are qualified as nurses and have worked in hospitals, they perform duties without the opportunity to receive training in the duties required in nursing homes; however, the work in nursing homes is not the same as in acute hospitals. For example, for nursing home residents, unlike patients in general acute hospitals, aspects such as social interaction may be more important to quality of life (Cho et al., 2019). Therefore, it is necessary to develop clear job descriptions of the care RNs are to provide to nursing home residents as healthcare professionals. We think that education using the preceptor system will be helpful, facilitating new RNs' access to the residents and helping them to work independently (Carlson & Bengtsson, 2014; Sørø et al., 2021).

Participants in this study believed that the absence of a nursing director to support and protect their work would affect the quality of care they provided. In Korea, RNs are not compulsory for nursing homes and a director of nursing is not required in nursing home personnel systems (National Law Information Center, 2011). It is generally perceived as a good working environment for RNs when nurses have good leadership and support (Cho et al., 2019). Several previous studies have reported that the director of nursing plays a key role in improving the quality of nursing services in long-term care institutions, creating a source of income while performing administrative tasks and improving cost-effectiveness (Siegel et al., 2012; Siegel et al., 2015).

Since most nursing home residents are older adults with complex health needs, emergencies can occur at any time and there are often cases that require urgent medical treatment (Spilsbury et al., 2011). We found that RNs frequently have no choice but to accompany residents due to delays in contacting the families or responsibility for transfers to the institution. These nursing home-to-hospital or hospital-to-nursing home transfers are error-prone. A previous study examining all medication errors in 398 North Carolina nursing homes found that lack of communication between different clinics was a significant cause of medication errors during the nursing transition (Desai et al., 2013). Unlike Korea, where the transition care (TC) system has not been introduced, TC has been established in the United States and Europe and has been shown to reduce social costs and improve patient health outcomes (Blum et al., 2020; Le Berre et al., 2017; Van Spall et al., 2019). Therefore, Korea needs to introduce a TC system, and to this end, a preliminary investigation into the needs of hospitals and nursing homes is required.

This study has the following limitations: first, caution is required when interpreting our findings as a whole, because we targeted 10 RNs currently working in nursing homes. Second, since we focused on nursing homes with RNs, the situation where there are no RNs may differ. Third, the factors in the facility where each RN worked were not controlled. Nevertheless, this study has the advantage of clearly reflecting the voices of RNs currently working in nursing homes in Korea.

6 | CONCLUSION

All reports of RNs affecting resident safety and quality of care decline were related to systemic factors. Therefore, improvement in the quality of care in nursing homes should be supported by changes in systemic factors such as maintaining an appropriate number of RNs and improving their working condition.

7 | RELEVANCE FOR CLINICAL PRACTICE

The themes uncovered in this research offer clear and concrete targets for preventing and improving decline in quality of nursing home care. Employing more RNs in nursing homes, enhancing work conditions and developing job description, having Nursing Directors at each facility, and developing and implementing a system for TC all have the potential to positively impact the quality of nursing care in nursing homes. Therefore, in the future, based on the results of this study, intervention studies for correcting system factors and for measuring the quality and safety of care in nursing homes should be conducted.

AUTHOR CONTRIBUTIONS

Study design: Deulle Min. Data collection: Deulle Min. Data analysis: Deulle Min, Yunhee Park. Manuscript writing: Deulle Min, Yunhee Park.

ACKNOWLEDGEMENT

The authors thank the RNs who participated in this study.

FUNDING INFORMATION

This paper was supported by the National Research Foundation of Korea (NRF) grant funded by the Korean government (MSIT) (No. 2021R1G1A1003576). The funding source did not participate in the planning, collection, analysis or interpretation of data. However, this source contributed financially to the reporting of the study and the publishing process.

DATA AVAILABILITY STATEMENT

Author elects to not share data.

ORCID

Yunhee Park https://orcid.org/0000-0001-8123-9782
Deulle Min https://orcid.org/0000-0002-7305-5059

REFERENCES

Backhaus, R., van Rossum, E. V., Verbeek, H., Halfens, R. J. G., Tan, F. E. S., Capezuti, E., & Hamers, J. P. H. (2017). Work environment characteristics associated with quality of care in Dutch nursing homes: A cross-sectional study. *International Journal of Nursing Studies*, *66*, 15–22. https://doi.org/10.1016/j.ijnurstu.2016.12.001

Blum, M. R., Øien, H., Carmichael, H. L., Heidenreich, P., Owens, D. K., & Goldhaber-Fiebert, J. D. (2020). Cost-effectiveness of transitional care services after hospitalization with heart failure. *Annals of Internal Medicine*, *172*(4), 248–257. https://doi.org/10.7326/M19-1980

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brauner, D., Werner, R. M., Shippee, T. P., Cursio, J., Sharma, H., & Konetzka, R. T. (2018). Does nursing home compare reflect patient safety in nursing homes? *Health Affairs*, *37*(11), 1770–1778. https://doi.org/10.1377/hlthaff.2018.0721

Carlson, E., & Bengtsson, M. (2014). The uniqueness of elderly care: Registered nurses' experience as preceptors during clinical practice in nursing homes and home-based care. *Nurse Education Today*, *34*(4), 569–573. https://doi.org/10.1016/j.nedt.2013.07.017

Carryer, J., Weststrate, J., Yeung, P., Rodgers, V., Towers, A., & Jones, M. (2017). Prevalence of key care indicators of pressure injuries, incontinence, malnutrition, and falls among older adults living in nursing homes in New Zealand. *Research in Nursing & Health*, *40*(6), 555–563. https://doi.org/10.1002/nur.21835

Cho, E., Kim, I. S., Lee, T. W., Kim, G. S., Lee, H., & Min, D. (2020). Effects of registered nurse staffing on quality of care and resident outcomes in nursing homes. *Geriatric Nursing*, *41*(6), 685–691. https://doi.org/10.1016/j.gerinurse.2020.04.001

Cho, E., Min, D., Lee, K., Kim, J., Chang, S. J., Kim, H., Kim, S., & Min, A. (2019). Development and validation study of an instrument to measure work environment of nurses in nursing homes. *Journal of Korean Gerontological Nursing*, *21*(3), 144–154. https://doi.org/10.17079/jkgn.2019.21.3.144

Desai, R. J., Williams, C. E., Greene, S. B., Pierson, S., Caprio, A. J., & Hansen, R. A. (2013). Exploratory evaluation of medication classes most commonly involved in nursing home errors. *Journal of the American Medical Director's Association*, *14*(6), 403–408. https://doi.org/10.1016/j.jamda.2012.11.006

Di Giorgio, L. D., Filippini, M., & Masiero, G. (2016). Is higher nursing home quality more costly? *The European Journal of Health Economics*, *17*(8), 1011–1026. https://doi.org/10.1007/s10198-015-0743-4

Dorr, D. A., Horn, S. D., & Smout, R. J. (2005). Cost analysis of nursing home registered nurse staffing times. *Journal of the American Geriatrics Society*, *53*(5), 840–845. https://doi.org/10.1111/j.1532-5415.2005.53267.x

Harrington, C., Choiniere, J., Goldmann, M., Jacobsen, F. F., Lloyd, L., McGregor, M., Stamatopoulos, V., & Szebehely, M. (2012). Nursing home staffing standards and staffing levels in six countries. *Journal of Nursing Scholarship*, *44*(1), 88–98. https://doi.org/10.1111/j.1547-5069.2011.01430.x

Health and Welfare Association. (2020). World population status report 2020 Korean version. http://www.ppfk.or.kr/main.asp

Kim, H., Kwon, S., Yoon, N. H., & Hyun, K. R. (2013). Utilization of long-term care services under the public long-term care insurance program in Korea: Implications of a subsidy policy. *Health Policy*, *111*(2), 166–174. https://doi.org/10.1016/j.healthpol.2013.04.009

Korean Statistical Information Service. (2021). Key population indicators. https://kosis.kr/statHtml/statHtml.do?orgId=101&tblId=DT_1BPA002&vw_cd=MT_ZTITLE&list_id=A41_10&seqNo=&lang_mode=ko&language=kor&obj_var_id=&itm_id=&conn_path=MT_ZTITLE

Korean Statistical Information Service. (2022a). Current status of long-term care institutions. https://kosis.kr/statHtml/statHtml.do?orgId=350&tblId=DT_35006_N021&vw_cd=MT_ZTITLE&list_id=350_35006_A004&seqNo=&lang_mode=ko&language=kor&obj_var_id=&itm_id=&conn_path=MT_ZTITLE

Korean Statistical Information Service. (2022b). Current status of manpower in long-term care institutions. https://kosis.kr/statHtml/statHtml.do?orgId=350&tblId=DT_35006_N022&vw_cd=MT_ZTITLE&list_id=350_35006_A004&seqNo=&lang_mode=ko&language=kor&obj_var_id=&itm_id=&conn_path=MT_ZTITLE

Le Berre, M., Maimon, G., Sourial, N., Guériton, M., & Vedel, I. (2017). Impact of transitional care services for chronically ill older patients: A systematic evidence review. *Journal of the American Geriatrics Society*, *65*(7), 1597–1608. https://doi.org/10.1111/jgs.14828

Lincoln, Y. S., & Guba, E. G. (1985). Establishing trustworthiness. In *Naturalistic inquiry* (pp. 289–331). SAGE Publications.

Min, D., Cho, E., Kim, G. S., Lee, K. H., Yoon, J. Y., Kim, H. J., & Choi, M. H. (2022). Factors associated with retention intention of registered nurses in Korean nursing homes. *International Nursing Review*. In press.

Ministry of Health and Welfare. (2020). Senior Citizen Survey. http://www.mohw.go.kr/react/jb/sjb030301vw.jsp?PAR_MENU_ID=03&MENU_ID=032901&CONT_SEQ=366496&page=1

Montayre, J., & Montayre, J. (2017). Nursing work in long-term care: An integrative review. *Journal of Gerontological Nursing*, *43*(11), 41–49. https://doi.org/10.3928/00989134-20170519-02

National Law Information Center. (2011). Enforcement rule of the elderly welfare Act. https://www.law.go.kr/%EB%B2%95%EB%A0%B9/%EB%85%B8%EC%9D%B8%EB%B3%B5%EC%A7%80%EB%B2%95%EC%8B%9C%ED%96%89%EA%B7%9C%EC%B9%99

Perry, M., Carpenter, I., Challis, D., & Hope, K. (2003). Understanding the roles of registered general nurses and care assistants in UK nursing homes. *Journal of Advanced Nursing*, *42*(5), 497–505. https://doi.org/10.1046/j.1365-2648.2003.02649.x

Sawan, M., Jeon, Y. H., Fois, R. A., & Chen, T. F. (2017). Exploring the link between organizational climate and the use of psychotropic medicines in nursing homes: A qualitative study. *Research in Social and Administrative Pharmacy*, *13*(3), 513–523. https://doi.org/10.1016/j.sapharm.2016.06.012

Shin, J. H. (2019). Appropriate nursing home nurse hours per resident day in Korea: A secondary analysis of longitudinal data. *Journal of Nursing Scholarship*, *51*(5), 569–579. https://doi.org/10.1111/jnu.12498

Shin, J. H., & Hyun, T. K. (2015). Nurse staffing and quality of care of nursing home residents in Korea. *Journal of Nursing Scholarship*, *47*(6), 555–564. https://doi.org/10.1111/jnu.12166

Siegel, E. O., Young, H. M., Leo, M. C., & Santillan, V. (2012). Managing up, down, and across the nursing home: Roles and responsibilities of directors of nursing. *Policy, Politics, & Nursing Practice*, *13*(4), 214–223. https://doi.org/10.1177/1527154413481629

Siegel, E. O., Young, H. M., Zysberg, L., & Santillan, V. (2015). Securing and managing nursing home resources: Director of nursing tactics. *The Gerontologist*, *55*(5), 748–759. https://doi.org/10.1093/geront/gnu003

Sørø, V. L., Aglen, B., Orvik, A., Søderstrøm, S., & Haugan, G. (2021). Preceptorship of clinical learning in nursing homes – A qualitative study of influences of an interprofessional team intervention. *Nurse Education Today*, *104*, 104986. https://doi.org/10.1016/j.nedt.2021.104986

Spilsbury, K., Hewitt, C., Stirk, L., & Bowman, C. (2011). The relationship between nurse staffing and quality of care in nursing homes: A systematic review. *International Journal of Nursing Studies*, *48*(6), 732–750. https://doi.org/10.1016/j.ijnurstu.2011.02.014

Van Spall, H. G. C., Lee, S. F., Xie, F., Xie, F., Oz, U. E., Perez, R., Mitoff, P. R., Maingi, M., Tjandrawidjaja, M. C., Heffernan, M., Zia, M. I., Porepa, L., Panju, M., Thabane, L., Graham, I. D., Haynes, R. B., Haughton, D., Simek, K. D., Ko, D. T., & Connolly, S. J. (2019). Effect of patient-centered transitional care services on clinical outcomes in patients hospitalized for heart failure: The PACT-HF randomized clinical trial. *Journal of the American Medical Association*, *321*(8), 753–761. https://doi.org/10.1001/jama.2019.0710

Weech-Maldonado, R., Meret-Hanke, L., Neff, M. C., & Mor, V. (2004). Nurse staffing patterns and quality of care in nursing homes. *Health Care Management Review*, *29*(2), 107–116.

White, E. M., Aiken, L. H., Sloane, D. M., & McHugh, M. D. (2020). Nursing home work environment, care quality, registered nurse burnout and job dissatisfaction. *Geriatric Nursing*, *41*(2), 158–164. https://doi.org/10.1016/j.gerinurse.2019.08.007

World Health Organization. (2021). Ageing and health. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

How to cite this article: Park, Y., & Min, D. (2023). Registered Nurses' perspective of systemic factors affecting nursing home care quality decline: A qualitative descriptive study. *Nursing Open*, *10*, 1900–1908. https://doi.org/10.1002/nop2.1474