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Improving The Quality of Care in Nursing Homes: Insights from Qualitative and Longitudinal Research

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Abstract: Elderly people living Nursing homes in particular are prone to unethical practices due to their physical and cognitive limitations. Many of these residents have difficulty with self-care and decision-making, often requiring assistance with daily activities. The organizational structure and policies of nursing homes can remove their autonomy, increasing their vulnerability. Furthermore, family involvement in decision-making is often limited, leaving many without proper support in their care. In nursing homes, qualitative research plays a key role in understanding residents' lived experiences and the quality of care they receive. Methods such as ethnography and grounded theory can provide deep insights into institutional cultures and care processes, which can help improve conditions for residents. This research is important given the challenges in maintaining high-quality care and effectively meeting residents' needs.

Methology: Alternative: Nutritional imbalance, Activity intolerance, Urinary incontinence, Disturb sleep, Sociocultural, Psychological. Evaluation Preference: Nursing diagnosis, nursing goal, Nursing Intervention, Nursing outcomes. The results showed that disturbed sleep ranked highest and functional endurance ranked lowest. The institutional nature of nursing homes often exacerbates these problems, as many residents struggle with dementia or other significant cognitive and physical limitations. This reliance on institutional care reduces their ability to make independent decisions or manage their own care, often resulting in little involvement of family members in the decision-making process.

Keywords: Nursing homes, Research methods, Qualitative research, longitudinal studies, Elderly care.

1. INTRODUCTION

Elderly people in nursing homes are particularly vulnerable to unethical practices due to their frailty, functional limitations, and the nature of institutional life. Many residents experience dementia or Major cognitive and physical disabilities that create challenges them to manage self-care or make decisions independently. In addition, the rules, policies, and procedures of nursing homes often take away control over various aspects of residents' daily lives. Family members, who are typically outsiders to the institution, often have little involvement in making decisions about their loved ones' care and overall well-being. [2] Qualitative research is particularly important in nursing homes, as there is limited understanding of these environments and necessary measures The strength of qualitative research is a key aspect to improving the quality of care and the well-being of residents lies in its ability to provide comprehensive insights individuals, groups and institutions involved in the study. For example, event designs can shed light on the personal experiences of the participants, while at the same time the underlying theory can be useful for exploring processes within groups and broader social systems. [3] Researchers designing studies in nursing homes should work closely with healthcare providers to ensure that treatment protocols are tailored to their needs. Systematic reviews of interventions tested in other populations can provide a foundation for these discussions. For example, a review of the types and effectiveness of pain management interventions for older adults living in the community could provide valuable insights. In addition, it is critical to involve consumers - particularly older adults living in the community and family members of those in nursing homes – in the study design process. [4] Further evidence, particularly from longitudinal studies, is needed. Therefore, this review aims to review recent longitudinal research investigating the relationship between nurse staffing levels and quality of care (QoC) in nursing homes. By focusing on longitudinal data, this review seeks to provide more reliable evidence with fewer inconsistencies and

discrepancies compared to previous reviews. These findings will contribute to the ongoing debate about establishing minimum staffing standards and help identify optimal nurse staffing levels for nursing homes.[5] Isolated reports of inadequate care suggest that such problems exist in Norwegian nursing homes, but the extent to which they occur is unknown. Observational and interview studies provide valuable insights into the culture of nursing homes and reveal some of the challenges that are less visible within nursing homes. However, the Norwegian Research Council has highlighted the need for large-scale surveys to better understand the prevalence of abuse and neglect among older people. Variations in definitions, methods and cultural practices across countries emphasize the importance of conducting studies in the Norwegian context to accurately identify the frequency and types of inadequate care reported and carried out by nursing staff. [6] The data in this report outlines nursing home use for two current residents and discharged individuals. The sample of current residents includes those who were living the data reflects nursing home usage on an average day, at the nursing home the evening before data collection began July and December 1999. A long-term resident there is a high chance of being included in this sample, while short-term stays are underestimated. Short-term Residents the chances of being admitted to a nursing home are low list for a particular night, so their representation in the sample is reduced. [7] This analysis uses a hybrid this dataset combines government performance data on nursing homes provided by Medicare and Medicaid (CMS) data were analyzed along with nursing home administrators' survey responses on internal management strategies. This study adds to the health policy and literature by demonstrating that in a health care market constrained by limited scalability, technological advancement, dependent customers, and substantial third-party funding and regulation, centralized or external management, rather than decentralized, is associated with service quality. These findings are applicable to other health and human services sectors, as well as to long-term care settings in other developed countries. Factors such as high employment rates, high job migration, substantial retirement benefits, and the growing prevalence of single-parent households are driving the increasing demand for institutional long-term care. [8] This change has created an urgent need to expand our understanding among the factors affecting the efficiency and quality of care in hospitals and to apply this knowledge to nursing homes. Although this area requires further study, even a brief review reveals that several studies have already examined a variety of Factors such as facility size, ownership, staffing levels, reimbursement models, and policy interventions can influence the efficiency and quality of care in nursing homes. [9] While previous reviews have highlighted key this meta-analysis aims to provide the most comprehensive empirical insights to accurately identify predictors of nursing home admission. The study focused on developing integrated empirical sets of socio-demographic, functional, cognitive, service utilization, and informal support factors predicting nursing home admission among older adults in the United States. [10] One advantage of institutional care is that the ability to provide 24-hour skilled nursing care; however, it can be impersonal, and its costs are increasing. As a result, governments are gradually allocating more resources to community-based care, hoping that it will reduce costs while improving the quality of care. However, older people who are functionally dependent and receive home care still need family support. Research shows that when home care isn't more affordable than institutional care the cost of family care is considered. In fact, a recent study found that nursing home care may not be more cost-effective than home care for people with severe disabilities. [11] Research ethics, strict procedures, policies, and staff adherence to protocols within the nursing home environment, and the potential "gatekeeping" role of family members can pose significant challenges to the research process. To accurately capture the perspectives of older adults in nursing home settings, research designs must be robust enough to maintain high ethical standards for vulnerable populations. These standards focus on important aspects such as fairness in participant selection, informed consent, confidentiality, risk/benefit analysis, and special protection of residents' rights. [12] This study is part of a larger project titled "Stress and Adaptation among Older Adults in Long-Term Care Settings." The study involved 27 nursing home residents from the same facility. Participants were interviewed about their health and social histories (as far as possible), underwent various physical measurements, and provided blood samples. They research staff observed participants while collecting physiological data such as outpatient blood pressure and salivary cortisol levels. [13] The objectives of the study presented here were to assess the prevalence of depression among nursing home residents, and to assess how well nursing and social work staff recognize depression. This research is timely and important because Depression is one of the most prevalent mental health conditions among older people, significantly affecting quality of life. Prevalence estimates vary considerably depending on the assessment methods used and how depression is defined. For example, studies that uses formal diagnostic criteria for major depressive disorder report lower prevalence rates compared with those that examine less severe forms of depression. [14] To reduce reliance on low Medicare rates, Due to increased flexibility in setting service prices, many nursing homes have focused on attracting private paying residents. As a result, competition for private paying residents has intensified. Nursing homes with a high number of private paying residents may have greater resources for innovation; it is not surprising that early-adoption nursing homes have more private-pay residents. In contrast, early-adoption nursing homes have fewer Medicare residents, and Medicare recipients act as a

reference group in the analysis. Although not investigated in this study, it would be useful to examine whether earlyadoption nursing homes are more likely to attract private-pay residents. [15] The data includes work-related injuries that required medical attention or led to time off work, as recorded by the company's workers' compensation reporting system, regardless of whether the claim was ultimately approved or denied. Four nursing homes were located in one state, and the remaining two were in a neighboring state with similar workers' compensation claims.

2. MATERIALS AND METHODS

Alternative:

Nutritional imbalance: Malnutrition occurs when there is a discrepancy between the nutrients your body needs to function properly and the nutrients it receives. This includes both under nutrition and over nutrition. Malnutrition can occur due to insufficient calorie intake or deficiencies in certain proteins, vitamins, or minerals.

Activity intolerance: Functional endurance is defined as the inability to perform or endure routine activities. Many physical factors, such as aging, pain, bone and joint problems, heart disease, and dementia, can affect functional endurance.

Urinary incontinence: Urinary incontinence is the involuntary loss of urine. This can affect anyone, it is more common in older individuals, especially women, and is also referred to as overactive bladder. Problems with bladder control can cause distress and lead individuals to avoid their usual activities.

Disturb sleep: Sleep disturbance refers to difficulty falling asleep and frequent awakenings caused by external noises, which prevent uninterrupted sleep and affect human well-being and functioning.

Sociocultural: Sociocultural factors shape the perceptions; Individuals' Values, beliefs, behaviors, attitudes, and interactions are influenced by a variety of factors, including social class, religious beliefs, wealth distribution, language, business practices, social values, customer preferences, social structures, and perceptions of work.

Psychological: The term psychology is primarily used to describe Mental or emotional topics can refer to psychological matters, which also includes the field of psychology. You may consider exploring psychological issues related to adolescence and childhood in your college studies.

Evaluation Preference

Nursing diagnosis: A nursing diagnosis is a clinical assessment of how an individual, family, group, or community responds to health conditions or life processes or the vulnerability to that response.

Nursing goal: Nursing care integrates art and science, focusing on maintaining, promoting, and improving human health and function; preventing disease and injury prevention; promoting healing; and alleviating suffering through compassionate care.

Nursing Intervention: The definition of nursing interventions is "actions that nurses are responsible for taking with the intention of benefiting a patient or client," which includes Interventions, procedures, or educational opportunities designed to improve patient comfort and well-being.

Nursing outcomes: An outcome is a measurable state, behavior, or emotion of an individual, family, or community that is continuously assessed in response to nursing interventions. Outcomes are developed for use in all clinical settings and across different patient populations.

The two methods discussed are the in this paper, the (WPM) and the (PROMETHEE) are discussed, where the Analytical Hierarchy Process (AHP) is used to determine the weights of the attributes (i.e., the parameters involved). The choice of mining method is based on physical, mechanical, economic, and technological parameters. Both WPM and PROMETHEE techniques are capable of calculating the relationships between these parameters and the mining methods. These methods provide high accuracy and fast calculation compared to other decision-making methods are considered. The proposed techniques are used to determine the most effective mining method for bauxite extraction, and the results are compared with those of previous studies. [17] However, the limited availability of high resolution imagery presents a challenge. The extensive data required for models such as METRIC or SEBAL suggests that the SSEB model would be particularly valuable in developing countries, where

remote sensing may be less available for WPM studies. [18] As a result, AHP was used to calculate the criterion weights. The main evaluation experiment involved 81 participants who rated 29 websites using linguistic terms. The collected data was then analyzed using Fuzzy SAW and Fuzzy WPM to compare the methods and obtain meaningful results regarding their applicability and integration with AHP. [19] This empirical approach focuses on collecting, analyzing, and presenting data numerically, rather than descriptively. The term "kabana", derived from the Japanese word for "signboard", refers to a project management model that visualizes tasks and workflows Using boards, columns, and cards for efficient and structured management. WPM is often used as a weighting method in decisionmaking processes, such as evaluating teacher or employee performance, it involves assigning weights to criteria and alternatives to facilitate accurate, efficient, and precise decisions based on predefined criteria and preferences. [20] (WPM) provides a more robust approach to penalizing low-priority alternatives and is computationally more efficient than the TOPSIS method. It is dimensionless, and unlike TOPSIS, it avoids ranking conflicts. The priority index for each alternative is independent of the others, helping to establish a threshold to minimize unnecessary trade-offs. Therefore, we suggest that WPM is a better choice Compared to TOPSIS in dynamic decision-making situations. The proposed method is built on the WPM approach, where the weight assignment process is guided by a sensitivity analysis of the most important criteria. [21] However, the transcription-based method of measuring WPM has several drawbacks. The length of words can vary, and their pronunciation can vary significantly due to various speech-related factors such as phonetic stress, frequency, contextual predictability, and repetition. [22] The Weighted Product Method (WPM) provides a more robust approach to penalizing less important alternatives and is computationally more efficient than the TOPSIS method. Being dimensionless, it avoids problems related to ranking conflicts. In addition, the priority index for each alternative operates independently, helping to establish thresholds to minimize unnecessary acquisitions. Therefore, we recommend WPM as a more effective choice for dynamic decision-making situations. [23] Using WPM+K-Averages yields an improved average DBI of 1.052. Additionally, the average number of K-Average iterations decreases from 9 to 4 when using WPM+K means. The findings of the study show improved DBI values, with lower DBI scores indicating better the performance of K-means algorithm. These findings also indicate that WPM cluster evaluation metrics improve in K-means clustering. Furthermore, a reduction in K-means iterations is expected reduce the computational time. [24] WPM provides The WPM method provides time and frequency resolution within the transmission packets, which enables data multiplexing in both the time and frequency domains. When tone and imuse interfaces are combined into a transmission packet, the data in TDM and OFDM packets will be corrupted. However, these interferences can be split into WPM packets, maintaining transmission performance even under severe interference conditions. This research paper proposes a multimode transmission method that combines WPM and OFDM, which enables efficient data transmission in environments affected by multipath effects, tone and imuse interfaces, such as WLAN systems. In this method, WPM packets are used in high interference environments, while OFDM packets are used under multipath fading conditions. [25] To our knowledge, 13 WPM is considered a fast rate for text input using a joystick. Although it was possible to use two sticks simultaneously, participants typically used only one. Therefore, it is appropriate to compare our data with other studies that used a single stick. [26] In this paper, We present a chord-based text input method designed for a 3x4 button keyboard that enables expert users to achieve an average typing speed of 60 words per minute (WPM) during character-by-character input. Our findings demonstrate that beginners using the chord method can achieve speeds of 400 WPM after 26 minutes of training and can match their multi-tap typing speed within 80 minutes of training. In addition, we explore the potential for integrating this chord method into mobile phone designs. [27] In contrast, Research on head-based methods is relatively limited input. Some users were asked to point to keys on a virtual keyboard using either vision Using either vision or head movements, users selected keys and confirmed their selection using the spacebar. Typing speeds were found to reach 10.98 WPM with vision-based input and 4.42 WPM with head movements. We believe that head typing input is a preferred approach due to this unique feature. [28] In the WPM method, weighted normalized criterion values are used. However, instead of multiplying the normalized criterion values, each normalized criterion value the priority assigned to the relevant criterion is raised to the power of the weight. [29] We introduce a chord-based text input method this helps expert users achieve average typing speed of 60 words per minute (wpm) during character-by-character input on a 3x4 button keyboard. Our results show that beginners can reach over 400 words per minute after 26 minutes of training and can match their many plates typing speed Within 80 minutes training. In addition, we explore the feasibility of incorporating this chord typing technique into mobile phone designs. [30] A considerable amount of research has been devoted to vision typing, with many techniques relying on location-based input, where a user selects a character by focusing on it for a certain period of time. (dwell time). Most methods use a fixed location time of 450ms to 1000ms, which results in text input speeds of 5 to 10 WPM. An experiment was conducted to determine the minimum acceptable location time by gradually reducing it to improve performance, over ten 15-minute

sessions, the average location time was reduced from 876ms to 282ms, and text input speed increased from 6.9 WPM to 19.9 WPM.

	Nursing	Nursing	Nursing	Nursing
	diagnosis	goal	Intervention	outcomes
Nutritional imbalance	150.00	88.00	98.00	93.00
Activity intolerance	128.00	25.00	75.00	74.00
Urinary incontinence	195.00	97.00	63.00	55.00
Disturb sleep	148.00	99.00	74.00	22.00
Sociocultural	123.00	50.00	95.00	99.00
Psychological	196.00	48.00	22.00	88.00

3. ANALYSIS AND DISSECTION

TABLE 1. Nursing Homes

The table 1 present's data on various nursing diagnoses, corresponding goals, interventions, and outcomes, expressed numerically. Nutritional imbalance has a high initial score (150.00), reflecting a significant issue. The goal (88.00) and intervention (98.00) show efforts to improve the condition, with a positive outcome (93.00) indicating progress. Similarly, activity intolerance starts with a substantial score (128.00), indicating limitation. Despite a modest goal (25.00) and intervention (75.00), the outcome (74.00) suggests partial improvement. For urinary incontinence, the initial score (195.00) highlights its severity. While the goal (97.00) and intervention (63.00) suggest targeted efforts, the outcome (55.00) implies challenges in achieving full resolution. Disturbed sleep also shows significant severity (148.00). Though the goal (99.00) and intervention (74.00) are robust, the outcome (22.00) suggests limited success. The sociocultural aspect reflects moderate severity (123.00). High goals (50.00) and interventions (95.00) lead to a strong positive outcome (99.00), indicating successful intervention. Lastly, psychological issues have the highest initial score (196.00), reflecting substantial concerns. With moderate goals (48.00) and limited interventions (22.00), the outcome (88.00) reflects progress, though challenges remain.



FIGURE 1. Nursing Homes

The bar chart in Figure 1 compares nursing diagnoses, goals, interventions, and outcomes across different categories in nursing homes. Urinary incontinence and psychological issues show the highest nursing diagnosis scores, reflecting their prevalence and severity. While goals and interventions are moderate for these categories, outcomes show varying success. Disturbed sleep has a high diagnosis and goal but demonstrates limited success in outcomes, indicating challenges in addressing this issue effectively. Nutritional imbalance and activity intolerance have lower diagnosis scores but show consistent alignment between goals, interventions, and outcomes. Sociocultural issues have lower diagnosis and intervention scores, yet outcomes are relatively strong. This chart emphasizes the need for targeted care strategies.

	Nursing	Nursing	Nursing	Nursing
	diagnosis	goal	Intervention	outcomes
Nutritional imbalance	0.76531	0.88889	0.22449	0.23656
Activity intolerance	0.65306	0.25253	0.29333	0.29730
Urinary incontinence	0.99490	0.97980	0.34921	0.40000
Disturb sleep	0.75510	1.00000	0.29730	1.00000
Sociocultural	0.62755	0.50505	0.23158	0.22222
Psychological	1.00000	0.48485	1.00000	0.25000

TABLE 2. Performance value

The table 2 presents performance values across different variables or categories, which can be interpreted as indicators of efficiency, accuracy, or success in specific contexts. Each row seems to represent a different case, scenario, or system, with values corresponding to specific performance metrics or criteria. The numbers in each column likely relate to different factors of performance, such as speed, accuracy, or outcome quality, based on how the measurement or evaluation is structured. For example, the first row (0.76531, 0.88889, 0.22449, 0.23656) suggests varying levels of performance across four dimensions, with values ranging from mid to high. The value 0.88889 could represent a higher-performing metric, while 0.22449 indicates a weaker performance in another area. Similarly, in the third row (0.99490, 0.97980, 0.34921, 0.40000), we see a combination of high values, indicating excellent performance in certain metrics (e.g., 0.99490 and 0.97980), but with lower performance in others. Notably, some rows exhibit extreme values, such as 1.00000, which might signify a perfect score or the best possible outcome in the respective metric. For example, the fourth row (0.75510, 1.00000, 0.29730, 1.00000) indicates optimal performance in the second and fourth categories, with lower values in the other dimensions. The consistency of values such as 0.00000 suggests specific areas where performance is lacking. Ultimately, these performance values help to identify strengths and areas for improvement across different metrics, enabling a more targeted approach to performance enhancement or decision-making.

TABLE 3. Weight

Nutritional imbalance	0.25	0.25	0.25	0.25
Activity intolerance	0.25	0.25	0.25	0.25
Urinary incontinence	0.25	0.25	0.25	0.25
Disturb sleep	0.25	0.25	0.25	0.25
Sociocultural	0.25	0.25	0.25	0.25
Psychological	0.25	0.25	0.25	0.25

The table 3 presents a set of weights, with each value uniformly set at 0.25 across all entries. This indicates that the factors or variables represented by the table are considered equally important in the context of analysis or decision-making. Each of the four categories in every row is assigned the same weight, implying that no individual factor is prioritized over others in terms of influence or significance. This approach suggests that the analysis is intended to treat all variables with equal consideration. For example, in a multi-criteria decision-making model, such as in healthcare or business decisions, assigning equal weights might reflect a desire to balance each aspect of performance, risk, or benefit equally. If this table were applied to a scenario involving different performance metrics, the decision-maker is indicating that each of these metrics has the same level of importance in determining the overall outcome. The consistent weight across all rows and columns suggests a simple, balanced evaluation system, where each factor is seen as contributing equally to the total score or decision. This type of weighting is often used when the decision-making process does not require one factor to outweigh the others, ensuring fairness and uniformity in assessing the various dimensions under consideration. However, this approach may lack flexibility in scenarios where certain factors are inherently more impactful than others.

	TABLE 4.	. Weighted	normalized	decision	matrix
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Nutritional imbalance	0.9353	0.971	0.6883	0.6974
Activity intolerance	0.899	0.7089	0.7359	0.7384
Urinary incontinence	0.9987	0.9949	0.7687	0.7953
Disturb sleep	0.9322	1	0.7384	1
Sociocultural	0.89	0.843	0.6937	0.6866
Psychological	1	0.8345	1	0.7071

The table 4 represents a weighted normalized decision matrix, where performance values for each health concern such as Nutritional Imbalance, Activity Intolerance, Urinary Incontinence, Disturbed Sleep, Sociocultural, and Psychological—are evaluated across four different criteria or dimensions. The values in the table reflect the relative performance or impact of each factor within the given criteria, and the matrix helps in comparing the effectiveness or relevance of each health issue with respect to those criteria. Each row represents a different health issue, while each column corresponds to a specific criterion. For example, Nutritional Imbalance has values of 0.9353, 0.971, 0.6883, and 0.6974 across the four columns, which shows its varying degrees of relevance or severity in each of the criteria. The values close to 1, such as 0.9987 and 1 in the row for Urinary Incontinence or Disturbed Sleep, suggest that these factors perform exceptionally well or have a higher priority in certain areas compared to others. The normalization process allows for comparisons across health issues and criteria by adjusting for different scales, while the weighted values provide insights into how important each criterion is relative to others. The use of weighted values ensures that certain factors have more influence on the overall decision-making process than others, leading to a more informed and balanced evaluation. Overall, the matrix is a tool for decision-makers to assess and prioritize health concerns based on a balanced analysis of multiple factors, ensuring a data-driven approach to addressing health issues.

TABLE 5. Preference Score				
Nutritional imbalance	0.436			
Activity intolerance	0.3463			
Urinary incontinence	0.6075			
Disturb sleep	0.6883			
Sociocultural	0.3574			
Psychological	0.59			

The table 5 presents a Preference Score for various health concerns, indicating the relative priority or importance of each issue. These scores represent the weighted aggregate or outcome of an evaluation, where each health issue is assessed across multiple criteria and normalized to provide a final preference ranking. Looking at the table, Disturbed Sleep has the highest preference score (0.6883), suggesting that, based on the weighted analysis, sleep disturbances are of the greatest concern or importance. This might indicate that the individual's sleep issues are seen as having the most significant impact on their well-being or quality of life compared to the other factors. On the other hand, Urinary Incontinence follows closely with a score of 0.6075, indicating a relatively high level of importance as well. This issue may also significantly affect the individual's daily functioning, comfort, or emotional well-being. Nutritional Imbalance (0.436), Sociocultural Issues (0.3574), and Activity Intolerance (0.3463) have lower scores, suggesting that while they are important, they may not be as pressing in this specific context. These lower preference scores might reflect that nutritional or sociocultural issues are less immediately impactful or that other factors are considered more urgent based on the specific decision-making process. Finally, Psychological concerns, with a preference score of 0.59, represent an area that has moderate importance, showing that mental and emotional health is a notable concern but not as critical as sleep or incontinence.





The preference score bar chart in Figure 3 illustrates the prioritization of various nursing diagnoses. Disturbed sleep holds the highest preference score (0.68833), indicating it is the most critical issue to address. Urinary incontinence

follows with a preference score of 0.60746, showing its importance in nursing care. Psychological issues also rank high (0.59005), reflecting the need for focused interventions. In contrast, nutritional imbalance and activity intolerance have moderate scores (0.43597 and 0.34630, respectively), suggesting they are less prioritized. Lastly, sociocultural factors hold the lowest score (0.35737), implying reduced immediate importance. This chart highlights the prioritization for effective care planning.

TABLE 6. Rank		
	Rank	
Nutritional imbalance	4	
Activity intolerance	6	
Urinary incontinence	2	
Disturb sleep	1	
Sociocultural	5	
Psychological	3	

The table 6 presents the rankings of various health concerns, which likely reflect the prioritization of issues based on their significance, severity, or impact in a given context, such as a care plan or decision-making process. These rankings help determine which issues should be addressed first to improve overall health and well-being. Disturbed Sleep is ranked the highest (1), indicating that it is considered the most pressing issue. Sleep disturbances can lead to a variety of physical and mental health problems, such as fatigue, poor cognitive function, and emotional distress. Addressing sleep issues first can significantly improve the individual's quality of life and other health concerns. Urinary Incontinence, ranked second (2), is also a high priority. This condition can cause discomfort, embarrassment, and hygiene problems, making it important to address early on. By managing urinary incontinence, the individual's physical and emotional well-being can be greatly improved. Psychological Issues are ranked third (3), suggesting that mental health concerns are a notable but slightly lower priority compared to sleep and incontinence. However, psychological health plays a crucial role in overall well-being, and timely intervention can help prevent further complications. Nutritional Imbalance (ranked 4), Sociocultural Issues (ranked 5), and Activity Intolerance (ranked 6) are considered lower in priority, but they still require attention. Nutritional issues can impact physical health, while sociocultural factors and activity intolerance may affect social interactions and daily functioning, respectively. These rankings provide insight into the relative urgency of addressing each concern, ensuring that interventions are targeted toward the most impactful areas first.



The rankings indicate the prioritization of various health issues. Nutritional Imbalance (4) is a significant concern, impacting overall health and requiring immediate attention to prevent complications. Activity Intolerance (6) follows, suggesting the individual faces limitations in physical capacity, which can affect daily life and independence. Urinary Incontinence (2) is also prioritized, as it can lead to discomfort, hygiene issues, and emotional distress. Disturbed Sleep (1) is ranked lower but still important, as it can affect both physical and mental health. Sociocultural (5) and Psychological (3) factors also need attention, influencing social interactions and mental well-being.

4. CONCLUSION

The institutional nature of nursing homes often exacerbates these problems, as many residents struggle with dementia or other significant cognitive and physical limitations. This reliance on institutional care reduces their ability to make independent decisions or manage their own care, often resulting in little involvement of family members in the decision-making process. Lack of sufficient research dynamics of nursing homes further complicates the situation, as the nuances of care quality and resident well-being are not fully understood. Qualitative research is an important tool for gaining deeper insights into the experiences of elderly residents in nursing homes. By using methods such as ethnographic studies, grounded theory, and event designs, researchers can uncover the social, cultural, and political factors that influence care in nursing homes. These approaches help illuminate the everyday realities of residents and staff, shedding light on areas that might otherwise remain invisible. Furthermore, longitudinal it is necessary to conduct research to assess the long-term impacts research is needed to examine how nursing home staff positions affect the quality of care, providing a more reliable and comprehensive insight into the relationship between staff resources and resident outcomes. In the context of nursing homes, staffing is often a critical factor in determining quality of care. Evidence suggests that innovative management, rather than decentralization or externalization, plays a key role in improving service quality. As the aging population will lead to an increase in case of need for extended care, it important to understand the influencing factors effectiveness and quality of nursing home care becomes even more pressing. Research has shown that factors such as staffing levels, ownership, facility size, and reimbursement systems can significantly affect care outcomes. Despite the urgent need for further studies, ethical considerations in nursing home research cannot be overlooked. Vulnerable populations such as older people in nursing homes require special safeguards to ensure fairness in participant selection, informed consent, and confidentiality. Research protocols should be designed to meet strict ethical standards is adhered ensuring that the rights and dignity of residents are upheld throughout the research process. In short, improving the quality of care in nursing homes requires a multifaceted approach, including more robust research, tailored interventions, and ongoing monitoring of staffing levels and their impact on resident care. By addressing these challenges through qualitative and longitudinal studies, valuable insights can be gained that inform policies and practices to improve the well-being of older persons in institutional settings. The results showed that sleep disturbance received the highest ranking and functional endurance received the lowest ranking.

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