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REVIEW ARTICLE

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Older individuals' perspectives on the prerequisites for living at home: A mixed-methods systematic review

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Abstract

Introduction: Living at home for as long as possible is a central ageing policy goal. Older individuals usually expect to stay at home, if possible, and their goals regarding living at home generally include holistic wellness, prevention and treatment of ageing effects and the retention of satisfaction. Previous research on older individuals living at home has mostly focused on their physical performance, usually evaluated by healthcare professionals. However, there is limited research on older individuals' identification of the prerequisites for living at home.

Methods: The aim was to identify older individuals' views on the prerequisites for living at home. We conducted a mixed-methods systematic review with a data-based convergent design. We carried out a computerized search in MEDLINE (1966 to the end of August 2021) and CINAHL (1982 to the end of August 2021). All types of study designs were included. We evaluated the methodological quality of the included articles.

Results: Of the 1052 articles identified, 28 were eligible. The prerequisites for older individuals to be able to live at home include lifestyle and self-care capability and physical, psychosocial, environmental and socio-economic components.

Conclusion: The review provided knowledge that can be used to inform measures for supporting independent at-home living. Older individuals' perspectives on prerequisites for at-home living are unique and individually specific. A checklist can be developed to detect individuals' singularity and the strengths and limitations impacting independent living. Therefore, assessments of each older individual's own perspective are needed to better identify the prerequisites for at-home living.

KEYWORDS
gerontological nursing, home, older individual, prerequisites, review

1 | INTRODUCTION

Living at home for as long as possible is a central ageing policy goal (WHO, 2020). The aim of this study was to identify older people's views to the prerequisites for them to be able to live at home. This is important for several reasons. First, the population aged 65 and over is projected to increase to nearly 30% by 2060 in EU countries (OECD, 2021). For example, at the end of 2019, there were 874,314 older individuals aged 70 or older in Finland (Statistics Finland, 2020), most of whom lived at home (Finnish Institute for Health and Welfare, 2021). Furthermore, rising life expectancy indicates likely increases in the prevalence of long-term conditions, disability and dependence, leading to societal challenges such as the need to develop social and health care (Eurostat, 2021; Mitnitski et al., 2017; WHO, 2020).

Second, social and healthcare policies in Western countries underscore that older individuals would benefit from living in their own homes for as long as possible (Sixsmith et al., 2014; WHO, 2015, 2020), and older individuals usually expect to stay at home if possible (Molina-Mula et al., 2020). Older individuals perceive home as an intimate area where they can feel safe, have the right to be themselves and can hold onto their routines (Markel-Reid et al., 2006). Older individuals living at home make an effort to cope with unexpected needs and challenges in adapting their home environment and connecting with important people (Rosenwohl-Mack et al., 2020).

Third, healthy ageing is important to older individuals in terms of their subjective experience of self-determination, well-being and independence (Sixsmith et al., 2014). The goals of older individuals regarding living at home include holistic wellness, prevention and treatment of ageing effects and the retention of satisfaction (Lommi et al., 2015). Older individuals consider that functional capacity is related not to physical traits but, rather, attitudes towards life. They have the tendency to minimize problems and delay solutions (Molina-Mula et al., 2020). Facing life with optimism, a good mood and self-irony can help in difficult situations. Usually, living at home positively influences older individuals' attitudes towards life and the future (Dale et al., 2012). Furthermore, home is a safe place where older individuals can live daily, free from worry (Kivimäki et al., 2020). The main problems threatening older individuals' capability to live at home are related to physical frailty and malnutrition (Verlaan et al., 2017). Approximately 80% of older individuals maintain high-level functional capacity. However, 6% of them experience rapid decline after 65 years and are at greater risk of cardiovascular, non-cancer and all-cause mortality (Taniguchi et al., 2019). While social activities often decrease in older age, participation in them can decrease the risk of dependence. Social activities also help in maintaining functional capacity and activities of daily living (ADLs) (Verbrugge & Jette, 1994; Zunzunegui et al., 2005).

Fourth, previous systematic reviews have focused on self-care among older individuals (Lommi et al., 2015; Naik et al., 2008; Van Het Bolscher-Niehuis et al., 2016), technologies that help older individuals cope at home (Dermody et al., 2020; Holthe et al., 2018) and transitions in care (Luker et al., 2019; Schick-Makaroff et al., 2021). There are several systematic reviews on the impact of home care compared to alternative care locations on older individuals' health outcomes (Boland et al., 2017), complex interventions to improve physical function (Beswick et al., 2008) and sustaining independence (Crocker et al., 2021), health-related decision-making by older individuals (King et al., 2018) and physical frailty among community-dwelling malnourished older individuals (Verlaan et al., 2017). Furthermore, based on a systematic review and meta-ethnography of qualitative studies, Rosenwohl-Mack et al. (2020) developed a new conceptual model of ageing in place in the United States.

Summary statement of implications for practice

What does this research add to existing knowledge in gerontology?

- Our research provides new knowledge from the perspective of older individuals regarding the prerequisites for living at home
- The results of the research identify that prerequisites for living at home are unique for each older individual and they are expressed in individual situations

What are the implications of this new knowledge for nursing care for and with older adults?

- Nurses and nursing managers can use this new knowledge to inform measures for supporting independent living at home
- A checklist can be developed to detect individuals' singularity and the strengths and limitations impacting independent living

How could the findings be used to influence practice, education, research and policy?

- There is a need for nursing care policies to address ways to promote the identification of the importance to identify older individuals' perspectives on the prerequisites for living at home
- Future research is needed on developing instruments and methods to assist social and healthcare professionals in obtaining information regarding older individuals' prerequisites for living at home.
- Further research is warranted on interventions based on the perspectives of older individuals regarding how to sustain at-home living, including how to support individual perspectives on living at home for as long as possible.

To summarize, previous research on older individuals living at home has mostly focused on their physical performance, usually evaluated by healthcare professionals. However, studies on older individuals' identification of the prerequisites for living at home remain limited. While the nursing care of older individuals is based on individual assessment and planned activities, there is an urgent need to understand the prerequisites for at-home living from the perspective of older individuals. This study focused on older individuals' views on the prerequisites for living at home. We used mixed-methods systematic review method to get a broad understanding of the prerequisites. In this review, the home is defined as a place where older individuals live either alone or in co-habitation. This may also refer to independent living facilities, including senior housing, but excludes assisted living facilities. Prerequisites are defined as things that must happen or exist as preconditions, from the viewpoint of older individuals, before they can live at home (Collins Dictionary, 2022).

2 | MATERIALS AND METHODS

2.1 | Aim

The aim of the study was to identify older individuals regarding their views on the prerequisites for them to be able to live at home.

2.2 | Design

A mixed-method systematic review with a data-based convergent design (Hong et al., 2017) was conducted.

2.3 | Search methods

This review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Page et al., 2021). The SPIDER (sample, phenomenon of interest, design, evaluation, research type) tool was used to create the search terms to ensure that the search would produce a fit with the research question (Table 1) (Cook et al., 2012).

2.4 | Search strategy

A computerized search strategy identified relevant studies in two electronic databases: MEDLINE (PubMed) from the earliest record in 1966 to the end of August 2021 and CINAHL (Ebsco) from the earliest record in 1982 to the end of August 2021. Search terms and strategies were developed in collaboration with a health and medical science library informatics expert using keywords relating to older individuals, independent living and evaluations of preconditions for living at home based on different variations. (Appendix S1 Search Strategy). The searches were limited to English language and individuals aged 65+ years. Grey literature was not searched.

2.5 | Study eligibility

This review included empirical studies with all types of designs. To be included in the review, a study had to (1) be published in a peer-reviewed scientific journal, (2) be empirically based, (3) describe older individuals' (aged 65+) views regarding the prerequisites for at-home living and (4) be written in English. Studies were excluded if they described older individuals' views after transitioning from hospital or emergency department care and if they evaluated prerequisites based on a specific disease or disorder (e.g. hip fracture, Alzheimer's disease and osteoarthritis). Conference abstracts, editorials, comments, protocols, reviews, meta-syntheses and discussion papers were also excluded.

2.6 | Data management

The titles and abstracts of the records identified from the systematic search were stored on SeaFile, an open-source file, sync and

TABLE 1 Spider tool terms.

Criteria	Inclusion	Exclusion
Sample	Older individuals aged 65 years and older	Individuals younger than 65 years
Phenomenon of interest	Prerequisites for living at home	No prerequisites for living at home
Design	All designs	None
Research type	Empirical research	Conference abstracts, editorials, reviews, commentaries, protocols or no abstract available
Evaluation	Older individuals' perspectives	Other than older individuals' perspectives
Time frame	From the inception of the database to the end of August 2021	After August 2021
Language	English	Languages other than English
Setting	Home	Settings other than home

share solution used in the university (https://www.seafile.com/en/home/).

2.7 | Study selection

All 1052 identified records (669 from MEDLINE [PubMed] and 383 from CINAHL [EBSCO]) were screened. The first stage involved two researchers reading the abstracts to determine their relevance regarding the aim of the review and the inclusion and exclusion criteria. The next stage involved two researchers independently considering the full texts of these articles in terms of meeting the inclusion criteria (Figure 1).

2.8 | Data analysis and synthesis

Two researchers independently analysed the data, and one researcher completed the analysis of the final results. The data were synthesized by using the convergent integrated approach. Quantitative data and qualitative evidence were integrated using thematic synthesis by coding and developing descriptive themes to generate an overall summary of the study results (Hong et al., 2017). Each article was searched for words and sentences containing older individuals' views of prerequisites for living at home. The words and sentences were grouped under sub-themes and then into themes, which were named according to content (Table 2).

3 | RESULTS

3.1 | Search results

We identified in total 1052 articles. Because of lack of relevance, we excluded 967 articles during the first stage of the screening process, leaving 82 articles for further assessment. After the full-text screening, 28 articles were included in this review (Figure 1).

3.2 | Description of the studies reviewed

The studies ($n=28$) were concluded in the United Kingdom (UK) ($n=6$), Australia ($n=3$), Canada ($n=3$), Sweden ($n=3$), United States (USA) ($n=3$), Finland ($n=2$), Germany ($n=2$), Spain ($n=2$), France ($n=1$), Ireland ($n=1$), Netherland ($n=1$) and Slovenia ($n=1$). Most of them were cross-sectional studies ($n=18$), and data in these were collected with interview ($n=8$), questionnaire ($n=8$) and both interview and questionnaire ($n=2$). The sample size of the studies ($n=28$) varied from 12 participants in a qualitative real-life-approach study (Breitholtz et al., 2013) to 9447 in cross-sectional study (Stineman et al., 2012). The bibliometric information, authors, years of publication, country, design, sample and data collection methods of the studies are presented in Table 3.

3.3 | Quality appraisal of the studies

The Mixed Method Appraisal Tool (MMAT) was used to evaluate the methodological quality of the included articles (Hong et al., 2018), that is, both qualitative ($n=6$) and quantitative descriptive ($n=22$) studies. Two researchers completed the quality appraisal independently. Possible differences in assessment were discussed until a consensus was reached. All of the qualitative articles ($n=6$) and nine of the 22 quantitative descriptive articles fulfilled all the MMAT criteria. There was a lack of sample representativeness (many refusals and small samples) in 10 quantitative descriptive articles, and in 10 of them, the risk of nonresponse bias was high. In one article, the sample strategy was deemed not to be relevant, and in one article, the measurement was very broad, making it impossible to evaluate its accuracy (Tables 4 and 5).

3.4 | Older individuals' perspectives on the prerequisites for living at home

The prerequisites for older individuals to be able to live at home included lifestyle and self-care capability and physical, psychosocial, environmental and socio-economic components (Table 6).

3.5 | Lifestyle and self-care capability

Older individuals used what they learned from experience to enable them to remain autonomous and self-reliant and relied on the knowledge and skills they had gained from their parents, partner and others. They knew that in order 'to remain control autonomous', they needed to stay in control and not allow others to make decisions for them (Hatcher et al., 2019). According to them, keeping busy and occupied (Ballesteros et al., 2013; Hatcher et al., 2019; Saajanaho et al., 2014; Strobl et al., 2013; Tomandl et al., 2021) and remaining mentally and physically active (Hatcher et al., 2019; Klomstra et al., 2019) were part of their healthy lifestyle practices. Also, having enough daily sleep time was deemed important as it impacted the physical prerequisites (Wang et al., 2019).

Older individuals believed that self-care capability was important. The oldest (aged 85+) individuals perceived their health as being better than that of younger individuals (Damian et al., 1999). According to older individuals, good health meant not only the ability to take care oneself, sometimes with assistance, but also the absence of disease (Partridge et al., 1996). Older individuals believed that impairment in the unaided performance of ADL was one of the main determinants of self-assessed health (Damian et al., 1999). Those who reported the fewest difficulties with mobility, no illness-related physical restrictions on their social activities and the ability to look after themselves were more likely than others to report their quality of life (QoL) as 'very good' (Bowling et al., 2002). Health status was rated lower among older individuals who reported a low

FIGURE 1 The retrieval process.

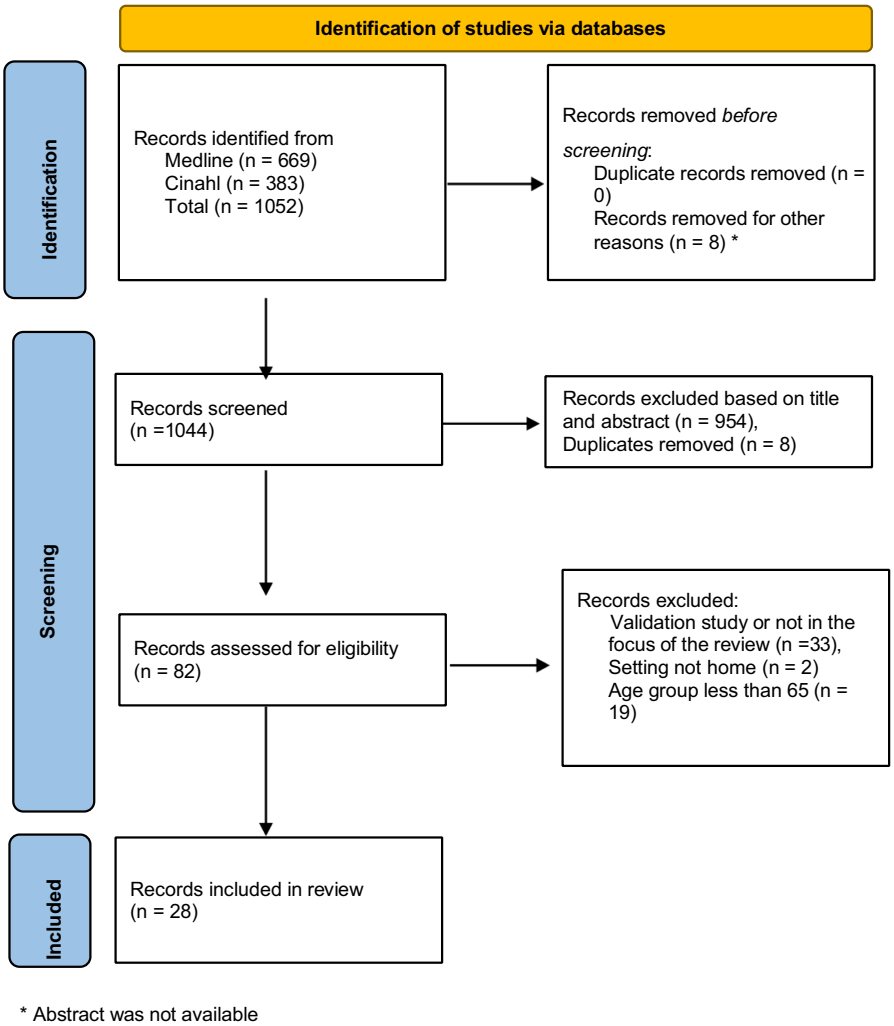

TABLE 2 Example of the data analysis and synthesis.

Theme	Sub-theme	Original expression	Reference
Lifestyle and self-care capability	Nutritional habits	'good nutrition'	Hatcher et al. (2019)
		'never quick meals'	Hatcher et al. (2019)
		'hot meal per day'	Hatcher et al. (2019)
Physical	Vision	'eye disease'	Hébert et al. (1999)
		'loss of contrast sensitivity vision'	Dargent-Molina et al. (1996)

instrumental ADL (IADL) status (Bowling et al., 2002; Stineman et al., 2012).

3.6 | Physical prerequisites

According to older individuals, physical capabilities and mobility were among the strongest predictors of sustaining at-home living (Tomandl et al., 2021). They wanted to do as much as possible for themselves as well as retain their independence for as long as possible (Breitholtz et al., 2013). They made compromises and renounced to some responsibilities for others to carry out (Hatcher et al., 2019), and according to them, managing well did not always mean managing independently (Partridge et al., 1996). When help was needed, they were satisfied when caregivers could fulfil their needs in a flexible manner. They experienced need fulfilment when caregivers were available whenever a problem occurred. However, they expressed that caregivers' work was not always organized according to their individual needs. They also felt that caregivers could prevent them from making their own decisions and that they could not influence the timing of a caregiver's arrival (Breitholtz et al., 2013).

Older individuals spoke about the importance of visual capability (Hébert et al., 1999) and how eye diseases contributed to disability (Strobl et al., 2013; Wang et al., 2019). Loss of contrast sensitivity vision was strongly associated with the ability to independently carry out daily activities. In particular, older women

TABLE 3 Summary of the reviewed articles.

Researcher (s) and year	Country	Aim	Sample; age	Design/method	Results[a]
Dargent-Molina et al. (1996)	France	To examine the relationship among visual acuity, depth perception, contrast sensitivity and hearing difficulty and the ability of older women living at home to accomplish instrumental activities of daily living independently	1210; 75+	Cross-sectional/interview	Older women with vision problems were likely to experience greater physical dependency than those with good vision. Self-reported hearing difficulty was associated with physical dependency
Partridge et al. (1996)	UK	To investigate disability and health in a sample of elderly people living at home in the community	200; mean 75.8	Cross-sectional/interview	Good health meant not only the ability to take care oneself, but also the absence of disease. Walking ability was as a crucial variable in disability
Johnson et al. (1998)	UK	To assess the food storage knowledge and practice of elderly people living at home	809; 65+	Cross-sectional with follow-up/interview, dietary diaries	Older individuals reported having difficulties in reading food labels, and as such, food was not always stored appropriately
Schudds and Robertson (1998)	Canada	To determine whether physical disability was associated with the presence of musculoskeletal pain in a sample of senior citizens	887; 65–94	Cross-sectional/ questionnaire	Pain caused difficulties in walking outside on flat ground, chores such vacuuming and yard work, climbing at least five stairs and bathing in a tub
Damian et al. (1999)	Spain	To identify the main determinants of self-assessed health among community-dwelling elderly	677; 65+	Cross-sectional/interview	Older individuals believed that impairment in the unaided performance of ADL was one of the main determinants of self-assessed health
Hébert et al. (1999)	Canada	To analyse the factors associated with functional decline and improvement in a community-dwelling population of people aged 75 years and older	504; 75+	Cross-sectional and longitudinal/ questionnaire	Visual and hearing capability were important. Those who lived alone reported more difficulties with ADL
Bowling et al. (2002)	UK	To define the constituents and indicators of QoL in older age in order to offer a more multidimensional and useful model of QoL based on the perspectives of older people themselves	999; 65+	Cross-sectional/ questionnaire	Health status was rated lower among older individuals who reported a low instrumental ADL (IADL) status. Those who reported the most social activities and who had someone to whom they could turn for help rated their QoL as 'very good' more often than other older individuals
Skelton et al. (2002)	UK	To consider differences in leg muscle strength, leg muscle power, asymmetry and activity between age-matched community-dwelling women aged 65 and over who do and do not have a history of falls	35 (20+15); 65+	Case–control/ questionnaire	Those who were worried about falling or had fallen in the last year reported fewer activities
Boyle (2004)	Ireland	To explore the extent to which reforms actually enabled older people receiving domiciliary care to have greater choice and control in their daily lives than older people living in institutions	44; 65+	Cross-sectional/interview	Those who lived alone reported having greater level of choice than those living with others

TABLE 3 (Continues)

Researcher (s) and year	Country	Aim	Sample; age	Design/method	Results[a]
Barr et al. (2005)	Australia	To determine whether foot and leg problems are independently associated with functional status in a community sample of older people after adjusting for the influence of sociodemographic, physical and medical factors	1000; 65–94	Cross-sectional/interview	Foot and leg problems were associated with self-reported difficulty climbing stairs, difficulty walking one kilometre and a history of falling in the previous year
Bowling and Stafford (2007)	UK	To investigate associations between type of area, individuals' perceptions of their neighbourhoods, and indicators of social and physical functioning	761; 65–85	Cross-sectional with follow-up/interview	Those who lived alone reported more difficulties with ADL
VanBilsen et al. (2008)	Netherlands	To assess the importance of housing for frail elderly people and elderly people at risk of institutionalization	317; mean 83.3	Cross-sectional/interview	Those who lived in sheltered accommodation had greater perceived autonomy than those living independently in the community
Demers et al. (2009)	Canada	To explore the relationships between cognitive and behavioural coping strategies and the social participation of community-dwelling older adults	350; 65–95	Cross-sectional/ questionnaire	Social contacts were lower among those who did not own their home, those in lower social classes, those with less formal education and those who lived alone
Eloranta et al. (2010)	Finland	To explore and compare older home care clients' and their professionals' perceptions of the clients' psychological well-being and care and identify possible differences in these perceptions	120; 67–96	Cross-sectional/ questionnaire	Self-reported depression and loneliness were common
Nunney et al. (2011)	UK	To determine how the attitudes and beliefs of older people and healthcare professionals impact the use of multi-compartment compliance aids by older people living at home	15; 72–92	Grounded theory/ interview	Multi-compartment compliance aids (MCAs) were seen in various ways
Portacolone (2011)	USA	Rose's theory and the political economy perspective serve as frameworks by which to examine how discourses around independence are translated into the experiences of 22 older adults aged 75+ living at home alone in the Bay Area of San Francisco	22; 75+	Ethnography/interview	Living alone was not a choice; older individuals felt that it was a natural part of their identity or something inevitable
Stineman et al. (2012)	USA	To describe the conceptual foundation and development of an activity limitation and participation restriction staging system for community-dwelling people	9447; 70+	Cross-sectional/ questionnaire	Those who reported a low ADL status also reported an unmet need for environmental accessibility features
Ballesteros et al. (2013)	Spain	To compare the way two groups of healthy older adults who differ in their participation in physical activities performed on tests of executive control, processing speed, and control processing and investigate the effect of long-term physical activity repetition priming for attended and unattended objects	40; 65–78	Cross-sectional/ questionnaire	Keeping busy and occupied were part of older individuals healthy lifestyle practices

(Continues)

TABLE 3 (Continues)

Researcher (s) and year	Country	Aim	Sample; age	Design/method	Results[a]
Breitholtz et al. (2013)	Sweden	To illuminate the meaning of older people's dependence on caregivers' help and opportunities to make independent decisions	12; 80–91	A qualitative and life-world approach/ interview	Older individuals wanted to do as much as possible for themselves as well as retain their independence for as long as possible
Saajanaho et al. (2014)	Finland	To investigate the associations between personal goals and exercise activity and the relationships between exercise-related and other personal goals among older women	308 at baseline, 239 at follow-up; 66–79	Cross-sectional longitudinal/interview and self-report	Keeping busy and occupied were part of older individuals healthy lifestyle practices
Strobl et al. (2013)	Germany	To examine the frequency, distribution and determinants of functioning and disability in aged persons and assess the contribution of diseases to the prevalence of disability	4117; mean 73.6	Cross-sectional/interview and questionnaire	Eye diseases contributed to disability
Taube et al. (2015)	Sweden	To examine loneliness, HRQoL, and health complaints in relation to healthcare consumption of in- and outpatient care among frail older people living at home	153; 65+	Cross-sectional/interview	Those who reported loneliness used more outpatient services than those who do not report loneliness. They also have poorer overall health, both physically and psychosocially
Price et al. (2017)	Australia	To explore the perspectives of older people following their recent participation in a 75+ Health Assessment (75 + HA) and interrogate these perspectives using a person-centred lens	19; 75–89	Qualitative descriptive/ interview	Older individuals valued the nurse going through their medicine with them and identifying out-of-date medicines and those with side effects if taken inappropriately
Kim and Portillo (2018)	USA	To identify significant relationships between environmental hazards and falls among older adults	88; 71–98	Case–control/interview and questionnaire	Older individuals were able to find alternative ways to cope with environmental challenges, for example, using a towel rack instead of installing a grab bar
Galof et al. (2019)	Slovenia	To explore the need for assistance in daily activities among older Slovenian people living at home	358; 65–97	Cross-sectional/ questionnaire	Shopping and house work were the activities where they needed the most assistance
Hatcher et al. (2019)	Australia	To understand older people's perspectives on the experiences and strategies they utilize to remain living at home	21; 66–97	A grounded theory methodology/ interview and focus-group discussion	Older individuals knew that in order 'to remain control autonomous', they needed to stay in control and not allow others to make decisions for them. They strived hard to stay connected with people in the community, and communicating and socializing with others enabled them to feel connected
Klomstra et al. (2019)	Sweden	To investigate factors related to HRQoL in older people living at home with multimorbidity and high healthcare consumption	238; 75–96	Longitudinal design/ interview	They knew that in order 'to remain control autonomous'; they needed to remain mentally and physically active
Tomandl et al. (2021)	Germany	To explore relevant areas of functioning from the perspective of community-dwelling adults	27 interviews, 24 focus groups; mean 80.8	Qualitative study/ interview and focus-group discussion	According to older individuals, physical capabilities and mobility were among the strongest predictors of sustaining at-home living

[a]Results related to the topic of the review are presented in the table.

TABLE 4 Quality evaluation results of the qualitative articles.

	Nunney et al. (2011)	Portacolone (2011)	Breitholtz et al. (2013)	Price et al. (2017)	Hatcher et al. (2019)	Tomandl et al. (2021)
Criteria						
Is the qualitative approach appropriate to answer the research question?	Y	Y	Y	Y	Y	Y
Are there qualitative data collection methods adequate to answer the research question?	Y	Y	Y	Y	Y	Y
Are the findings adequately derived from the data?	Y	Y	Y	Y	Y	Y
Is the interpretation of the results sufficiently substantiated by the data?	Y	Y	Y	Y	Y	Y
Is there coherence between the qualitative data sources, collection, analysis, and interpretation?	Y	Y	Y	Y	Y	Y

Abbreviations: CT, Can't tell; N, No; Y, Yes.

with this problem were more likely to experience greater physical dependency than those with good vision (Dargent-Molina et al., 1996). Older individuals also reported having difficulty reading food labels, and as such, food was not always stored appropriately (Johnson et al., 1998).

Hearing capability was deemed important (Hébert et al., 1999), with self-reported hearing difficulty being strongly associated with physical dependency (Dargent-Molina et al., 1996; Wang et al., 2019). However, using a hearing aid was not significantly associated with physical disability. Many older individuals tried hearing aids but stopped using them because they were of no help (Dargent-Molina et al., 1996).

Walking ability was seen as a crucial variable in disability (Partridge et al., 1996). Older individuals expressed that living at home independently became difficult when there were problems walking inside, climbing stairs, sitting and getting up, lifting and carrying objects and bending (Taube et al., 2015). Changes in mobility were mostly perceived in relation to locomotor functions (reach and grip) and problems with joint functions (Strobl et al., 2013). Shopping and house work were the activities where older individuals needed the most assistance (Galof et al., 2019). Those who reported musculoskeletal pain were three times more likely to experience difficulties relating to ADL. Most difficulties caused by pain were related to walking outside on flat ground, chores such vacuuming and yard work, climbing at least five stairs and bathing in a tub (Schudds & Robertson, 1998).

Older individuals who were worried about falling or had fallen in the last year reported fewer ADL and fewer activities overall (Skelton et al., 2002; Wang et al., 2019). Some older individuals used walking sticks or frames as physical aids to minimize the risk of falling (Hatcher et al., 2019). Foot and leg problems were associated with self-reported difficulty climbing stairs, difficulty walking 1 km and a history of falling in the previous year (Barr et al., 2005). Older individuals experienced changes in hygiene because of physical constraints (Strobl et al., 2013), and they mostly needed assistance for bathing (Galof et al., 2019).

Older individuals expressed the need to better understand their medications and how to use them safely. They valued the nurse going through their medicine with them and identifying out-of-date medicines and those with side effects if taken inappropriately (Price et al., 2017). They saw multi-compartment compliance aids (MCAs) in various ways. Some of them thought that the use of MCA removed their independence and took away their control; thus, they were reluctant to use them. For others, MCAs were seen as one way of retaining independence, thereby making it easier to use them (Nunney et al., 2011).

3.7 | Psychosocial prerequisites

Self-reported depression was common among older individuals (Eloranta et al., 2010), with women experiencing more nervous disorders and depression (Damian et al., 1999). Loneliness was also common among older individuals (Eloranta et al., 2010), who reported lower health-related quality of life (HRQoL) and poorer overall health, both physically and psychosocially, compared to peers who were not lonely. They also reported more health complaints and used more outpatient services compared to individuals who did not experience loneliness (Taube et al., 2015). They believed that participation in activities (especially recreation and leisure) is very important (Tomandl et al., 2021). Living alone was not a choice for older individuals; they felt that it was a natural part of their identity or

TABLE 5 Quality evaluation results of the quantitative descriptive articles.

	Dargent-Molina et al. (1996)	Partridge et al. (1996)	Johnson et al. (1998)	Schudds and Robertson (1998)	Damian et al. (1999)	Hébert et al. (1999)	Bowling et al. (2002)	Skelton et al. (2002)	Boyle (2004)	Barr et al. (2005)	Bowling and Stafford (2007)
Criteria											
Is the sampling strategy relevant to address the research question?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is the sample representative of the target population?	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Are the measurements appropriate?	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Is the risk of nonresponse bias low?	Y	Y	N	Y	CT	Y	Y	Y	Y	Y	Y
Is the statistical analysis appropriate to answer the research question?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

	VanBilsen et al. (2008)	Demers et al. (2009)	Eloranta et al. (2010)	Stineman et al. (2012)	Ballesteros et al. (2013)	Strobl et al. (2013)	Saajanaho et al. (2014)	Taube et al. (2015)	Kim and Portillo (2018)	Galof et al. (2019)	Klomstra et al. (2019)
Criteria											
Is the sampling strategy relevant to address the research question?	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y
Is the sample representative of the target population?	N	Y	CT	CT	N	Y	CT	N	CT	N	N
Are the measurements appropriate?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is the risk of nonresponse bias low?	N	CT	N	CT	N	Y	CT	N	CT	N	Y
Is the statistical analysis appropriate to answer the research question?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Abbreviations: CT, Can't tell; N, No; Y, Yes.

TABLE 6 Prerequisites for living at home.

Prerequisite (theme)	Expression (sub-theme)	Reference
Lifestyle and self-care capability	Ability to take care oneself = good health	Partridge et al. (1996), Damian et al. (1999), Bowling et al. (2002), Stineman et al. (2012)
	Unaided performance	Damian et al. (1999)
	Healthy habits	Hatcher et al. (2019)
	Nutritional habits	Hatcher et al. (2019)
	Hot meals per day	Hébert et al. (1999)
	Keeping busy and occupied	Ballesteros et al. (2013), Strobl et al. (2013), Saajanaho et al. (2014), Hatcher et al. (2019)
	Keeping mentally active	Hatcher et al. (2019), Klomstra et al. (2019)
	Keeping physically active	Hatcher et al. (2019), Klomstra et al. (2019)
	Learning from past experience	Hatcher et al. (2019)
	Remain autonomous	Hatcher et al. (2019)
	Stay in control	Hatcher et al. (2019)
Physical	Physical capability and mobility	Tomandl et al. (2021)
	No physical restriction	Bowling et al. (2002)
	Doing self as much as possible	Breitholtz et al. (2013)
	Making compromises	Hatcher et al. (2019)
	Giving up some things for others	Hatcher et al. (2019)
	Vision	Hébert et al. (1999), Strobl et al. (2013), Dargent-Molina et al. (1996)
	Hearing	Hébert et al. (1999), Dargent-Molina et al. (1996)
	Weight	Hébert et al. (1999)
	Shopping	Galof et al. (2019)
	Locomotors functions (reach, grip)	Strobl et al. (2013)
	Walking ability	Partridge et al. (1996)
	Going outdoors	Eloranta et al. (2010)
	Foot and leg health	Barr et al. (2005)
	Falling, falls, worrying about falling	Skelton et al. (2002), Bilotta et al. (2011)
	General fitness	Strobl et al. (2013)
	Physically active lifestyle	Strobl et al. (2013)
	Exercise program, doing exercise	Clemson et al. (2012)
	Joint function, joint disease	Strobl et al. (2013)
	Chronic musculoskeletal pain	Schudds and Robertson (1998)
	Taking care of hygiene	Strobl et al. (2013)
	Taking a bath	Galof et al. (2019)
	Housework	Galof et al. (2019)
	Medication taking	Nunney et al. (2011)
	Goals related to cultural activities	Saajanaho et al. (2014)
Psychosocial	Cognitive status	Hébert et al. (1999)
	Mini Mental State Examination result	Hébert et al. (1999)
	Depressive symptoms	Hébert et al. (1999), Klomstra et al. (2019)
	Depression	Eloranta et al. (2010), Klomstra et al. (2019)
	Loneliness	Taube et al. (2015)
	Perceived health	Partridge et al. (1996), Damian et al. (1999), Hébert et al. (1999)
	Health-related quality of life	Stineman et al. (2012), Taube et al. (2015)
	Number of days off regular activities	Hébert et al. (1999)
	Others around at home	Hatcher et al. (2019)

(Continues)

TABLE 6 (Continued)

Prerequisite (theme)	Expression (sub-theme)	Reference
	Level of reciprocal support	Hatcher et al. (2019)
	Connections with people in the community	Hatcher et al. (2019)
	Knowing about available services	Hatcher et al. (2019)
	Recognizing the need to outsource	Hatcher et al. (2019)
	Perceived level of activity	Demers et al. (2009)
	Goals related to cultural activities	Saajanaho et al. (2014)
	Someone to turn to for help	Partridge et al. (1996), Bowling et al. (2002)
	Social activities and participation	Bowling et al. (2002)
	Neighbourly living area	Bowling and Stafford (2007)
	Owning own home	Bowling and Stafford (2007)
	Living with someone	Bowling and Stafford (2007)
Environment	Environmental accessibility	Stineman et al. (2012)
	Safety precautions	Hatcher et al. (2019)
	Staying aware of the risks in the home	Hatcher et al. (2019)
	Staying aware of the risks out of the home	Hatcher et al. (2019)
	Pendant with emergency button	Hatcher et al. (2019)
	Friend or neighbours on speed dial	Hatcher et al. (2019)
	Living upstairs to minimize the risk of intruders	Hatcher et al. (2019)
	Safe bathroom	Kim and Portillo (2018)
	Safe kitchen	Kim and Portillo (2018)
	Safe living and dining rooms	Kim and Portillo (2018)
	Realistic evaluation of the prevalence of risks in the home	Kim and Portillo (2018)
	Finding alternative ways to deal with environmental challenges	Kim and Portillo (2018)
Socio-economic	Schooling	Demers et al. (2009)
	Social class	Bowling and Stafford (2007)
	Income	Demers et al. (2009)

something inevitable (Portacolone, 2011). Those who lived alone reported more difficulties with ADL (Bowling & Stafford, 2007; Hébert et al., 1999). However, they reported having a greater level of choice than those living with others (Boyle, 2004). One study showed that older individuals who lived in sheltered accommodation had greater perceived autonomy than those living independently in the community (VanBilsen et al., 2008).

Older individuals strived hard to stay connected with people in the community, and communicating and socializing with others enabled them to feel connected (Hatcher et al., 2019). Those, who reported the most social activities and who had someone to whom they could turn for help rated their QoL as 'very good' more often than other older individuals (Bowling et al., 2002). Higher expressed levels of ADL were associated with higher participation in social activities. Older individuals thought that it was important to recognize and gain knowledge about available outsourcing services and how they could be obtained and used (Hatcher et al., 2019).

Social activities were significantly more limited for older individuals living in less affluent areas and for those who found their areas to be less neighbourly. Social contacts were lower among older individuals who did not own their home, those in lower social classes, those with less formal education and those who lived alone (Bowling & Stafford, 2007; Demers et al., 2009).

3.8 | Environmental prerequisites

Older individuals who reported a low ADL status also reported an unmet need for environmental accessibility features (Stineman et al., 2012). Older individuals also saw the bathroom as the place with the highest fall risk, the kitchen being the next, followed by the living/dining room. The bedroom was viewed as the place presenting the lowest fall risk. Some older individuals underestimated the prevalence of the risks in their homes; for example, they knew that the floor was slippery but did not see this as problematic as they believed that they were always cautious. They were able to find alternative ways to cope with environmental challenges, for example, using a towel rack instead of installing a grab bar (Kim &

Portillo, 2018). Some older individuals took safety precautions and made changes to improve safety in the home. For example, they wore a water-resistant pendant with an emergency button. Older individuals could ensure that someone was present in their lives, meaning that support was readily available. Having another person at home provided a sense of security and safety. Some older individuals had friends or neighbours on speed dial in case of an emergency. Some of them preferred living in an upstairs apartment to avoid the risk of intruders (Hatcher et al., 2019).

Knowledge about food hygiene could be low. Only 41% of respondents ($n = 279$) knew the star rating of their freezer. In a smaller sub-sample, knowledge of 'use by' and 'sell by' dates was good. Storing foods at the inappropriate temperatures tended to be more likely among poorer individuals and those who did not live alone (Johnson et al., 1998).

3.9 | Socio-economic prerequisites

Older individuals on lower incomes tended to report the worst health ratings. This was not explained by possible differences in lifestyle variables such as alcohol consumption, tobacco use, body mass index and medication use (Damian et al., 1999). Older individuals in higher social classes, those on higher incomes and those who owned their homes rated their lives as 'very good' more often than others (Bowling et al., 2002).

4 | DISCUSSION

The reviewed articles provide new knowledge and understanding, from the points of view of older individuals, about the prerequisites for them to be able to live at home, although not necessarily fully recognized by healthcare professionals. Based on the results of this review, the prerequisites for at-home living, as reported by older individuals, are multidimensional. The prerequisites reported by older individuals were mostly physical in nature.

To sustain living at home, older individuals need insight into their changes to maintain self-care capability (Hatcher et al., 2019). A positive state of mind is an important resource for them; it motivates them to improve self-care and positive thoughts (Lommi et al., 2015). A low HRQoL is related to older age, a higher symptom burden and higher levels of depression. In contrast, a better HRQoL is related to higher levels of physical activity (Klomstra et al., 2019). Also, the number of chronic conditions is one of the clearest determinants of self-assessed health among older individuals (Damian et al., 1999). Low total scores in older individuals' QoL were independently associated with a greater risk of falling and emergency department admission (Bilotta et al., 2011). If health-promoting interventions are used, they should be based on assessments of older individuals' attitudes and beliefs towards life and ageing (Lommi et al., 2015).

Physical abilities are affected by the amount and severity of diseases (Damian et al., 1999; Hébert et al., 1999; Partridge et al., 1996; Wang et al., 2019). In particular, Alzheimer's disease, dementia (Stineman et al., 2012), asthma and bronchitis (Hébert et al., 1999) can have an impact on physical coping at home. The number of days without regular activities, the number of hot meals per day and cognitive status are the most important factors associated with functional decline (Hébert et al., 1999). Notably, physical activity, obesity and malnutrition are identified as modifiable factors for future targeted interventions (Strobl et al., 2013). Exercise programmes can produce positive outcomes such as increased energy to perform more tasks, improved functioning during activities and enhanced participation in daily life (Clemson et al., 2012; Saajanaho et al., 2014); mobility improvements are also associated with fewer hospitalizations (Shuman et al., 2020). Furthermore, better physical health is associated with higher mental well-being and greater resilience (Jeste et al., 2019), and functional capacity decline is associated with depressive symptoms in older individuals (Boström et al., 2014; Hébert et al., 1999).

Importantly, lack of social support and somatic health problems should be addressed in mental health promotion among older individuals as they are both important risk factors for psychological distress. Better mental health is associated with higher optimism and self-compassion, lower levels of loneliness and sleep disturbances, and better self-rated successful ageing (Jeste et al., 2019). To facilitate better delivery of appropriate health care to older individuals, it might be helpful to assess depression and changes in symptom burden over time (Klomstra et al., 2019).

Social networks prevent social isolation (Kivimäki et al., 2020), and living alone is associated with the risk of functional decline over time (Bowling & Stafford, 2007; Hébert et al., 1999). Older individuals reporting loneliness use more outpatient services than those who do not report loneliness. They also have poorer overall health, both physically and psychosocially (Taube et al., 2015). Many professionals believe that they motivate older individuals to participate and communicate with others, but older individuals do not support this view (Eloranta et al., 2010). Environmental factors are also important to older individuals (Tomandl et al., 2021). Some of them utilize OTs (occupational therapist) to help them recognize their needs in the context of making changes in the home. This often involves modifying the home environment by removing existing structures, such as bathtubs or steps deemed unsafe, or making other changes recommended by the OT (Hatcher et al., 2019).

4.1 | Practice and policy implications

Older individuals' views of the prerequisites for living at home warrant careful analysis for several reasons. Studies have found high levels of unmet care needs of older individuals (OECD, 2021). At the same time, strategies have shown a strong commitment to individual assessments of care needs and the provision of tailored services (MSHA, 2020). The results call not only for standardized support but

also for individual considerations of a variety of ways to tailor services to support living at home. The prerequisites identified herein may provide valuable knowledge with which to predict or anticipate the rapid growth in the provision of services early enough to support older individuals in their self-management and independence (OECD, 2021).

The prerequisites reported by older individuals were predominantly physical in nature. However, other prerequisites are also noteworthy because they impact the physical prerequisites and older individuals' coping at home. This is important in terms of developing social and health care relating to ageing policy to support older individuals to live in their own homes for as long as possible (MSHA, 2020; WHO, 2020). Social and healthcare professionals need a holistic view of older individuals and the willingness to listen to them to understand and take into account the various prerequisites identified herein in order to fulfil policy requirements.

4.2 | Research implications

Based on the results, future research should focus on developing instruments and methods to help social and healthcare professionals to get information on older individuals' prerequisites for living at home. In addition, there should be further research on interventions containing older individuals' views regarding how to sustain at-home living for as long as possible.

4.3 | Strengths and limitations

A methodological strength of this review is the synthesis of qualitative and quantitative research, providing rich and detailed information on the prerequisites reported by older individuals (Granheim & Lundman, 2004). To strengthen methodological rigour, the Spider tool (Cook et al., 2012) was used to create the search terms. The selection and evaluation of the quality of the studies were completed by two researchers independently. While the sampling was performed in two databases (MEDLINE and CINAHL), they are the most comprehensive databases for nursing-related topics (Subirana et al., 2007). No additional studies were searched from the article references, grey literature was not searched, and only studies written in English were included in the search.

5 | CONCLUSION

The review provided knowledge that can be used to inform measures for supporting independent living at home. Older individuals' perspectives on the prerequisites for living at home are unique and individually specific. A checklist can be developed to detect individuals' singularity and the strengths and limitations impacting independent living. Thus, an assessment of each older individual's perspective is needed to better identify the prerequisites for living at home and familiar environment.

AUTHOR CONTRIBUTIONS

Study design: MY, RS; data collection: MY; data analysis: MY, MS, DK, RS; manuscript preparation: MY, MS, DK, RS.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interests.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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