No.	*Ovid Medline Search Strategy*	*Results*
1	("aged" or "aging" or "Elderly" or "older people" or "older person*" or "older individual*" or "cognitively impaired" or "dementia" or "elderly person*" or "vulnerable population*" or "people with disabilities" or "Older person Residential" or (disabled adj3 person*)).mp. or exp Aging/ or exp Aged/ or exp Persons with Mental Disabilities/ or exp Dementia/ or exp Disabled Persons/ or exp Vulnerable Populations/ or exp Wandering Behavior/	6,672,777
2	("nursing home*" or "residential care" or "care home*" or "skilled nursing 1acility*" or "SNF" or "long-term care 1acility*" or "long term care 1acility*" or "Care assistant" or "Care home*" or "Care staff*" or "Health service executive" or "staff nurses").mp. or exp Nursing Homes/ or exp Residential Facilities/ or exp Insurance, Long-Term Care/ or exp Homes for the Aged/ or exp Home Care Services/	145,742
3	("Decision-making capacity act" or "Declaration of human rights" or "European Nursing home*" or "Human right*" or "Intellectual care" or "Palliative care" or "Physical environment" or "Sensory deprivation" or "long-term care home").mp. or exp Human Rights Abuses/ or exp Palliative Care/ or exp Sensory Deprivation/ or exp Human Rights/	261,418
4	(Abuse or "Activities of daily living" or "Autonomy" or "Benefit" or "Community access" or "Conscience" or "Cost" or "Decision making" or "Deprivation" or "Dignity" or "Disabilities" or "Discrimination" or "Duty of Care" or "Economics" or "Entrenched views" or "Equality" or "Equity" or "Fairness" or "Freedom" or "Liability" or "Liberties" or "Movement" or "Neglect" or "Polypharmacy" or "Pressure ulcers" or "Religion" or "Respect" or "Restraint" or "Restrictive practices" or "Safeguarding" or "Seclusion" or "SROI" or "Social Return on Investment" or "Surveillance" or "Violation" or (movement adj2 freedom) or "infected control*" or "Accident*" or "poor quality" or "poor quality care" or "unnecessary care" or "unsanitary food" or "adequate care plan*" or "improper N3 recording keeping" or "violation of resident*" or "safeguarding" or "spiritual life" or restraint* or (System adj2 control*) or "poor clinical care" or "facility deficiencies").mp. or exp Infection Control/ or exp Accidents/ or exp Clinical Governance/ or exp Quality Control/ or exp Respect/ or exp Disability Evaluation/ or exp Discrimination, Psychological/ or exp Economics/ or exp Diversity, Equity, Inclusion/ or exp Freedom/ or exp Movement/ or exp Polypharmacy/ or exp Pressure Ulcer/ or exp Religion/ or exp Restraint, Physical/ or exp "Activities of Daily Living"/ or exp Personal Autonomy/ or exp Cost-Benefit Analysis/ or exp Conscience/ or exp "Costs and Cost Analysis"/ or exp Decision Making/	4,915,153
5	1 and 2 and 3 and 4	***2,577***

No.	*Embase Search Strategy*	*Results*
#1	'aged' OR 'aging' OR 'elderly' OR 'older people' OR 'older person*' OR 'older individual*' OR 'cognitively impaired' OR 'dementia' OR 'elderly person*' OR 'vulnerable population*' OR 'people with disabilities' OR 'older person residential' OR (disabled NEAR/3 person*) OR 'aging'/exp OR 'mentally disabled person'/exp OR 'dementia'/exp OR 'vulnerable population'/exp OR 'disabled person'/exp	7,233,698
#2	'nursing home*' OR 'residential care' OR 'skilled nursing 1acility*' OR 'snf' OR 'long-term care 1acility*' OR 'long term care 1acility*' OR 'care assistant' OR 'care home*' OR 'care staff*' OR 'health service executive' OR 'staff nurses' OR 'residential care'/exp	133,647
#3	'decision-making capacity act' OR 'declaration of human rights' OR 'european nursing home*' OR 'human right*' OR 'intellectual care' OR 'palliative care' OR 'physical environment' OR 'sensory deprivation' OR 'long-term care home' OR 'human rights'/exp OR 'palliative therapy'/exp OR 'sensory deprivation'/exp	557,046
#4	'abuse' OR 'activities of daily living' OR 'autonomy' OR 'benefit' OR 'community access' OR 'conscience' OR 'cost' OR 'decision making' OR 'deprivation' OR 'dignity' OR 'disabilities' OR 'discrimination' OR 'duty of care' OR 'economics' OR 'entrenched views' OR 'equality' OR 'equity' OR 'fairness' OR 'freedom' OR 'liability' OR 'liberties' OR 'movement' OR 'neglect' OR 'polypharmacy' OR 'pressure ulcers' OR 'religion' OR 'respect' OR 'restraint' OR 'restrictive practices' OR 'seclusion' OR 'sroi' OR 'social return on investment' OR 'surveillance' OR 'violation' OR (movement NEAR/3 freedom) OR 'abuse'/exp OR 'daily life activity'/exp OR 'conscience'/exp OR 'cost'/exp OR 'decision making'/exp OR 'disability'/exp OR 'economics'/exp OR 'fairness'/exp OR 'freedom'/exp OR 'legal liability'/exp OR 'movement (physiology)'/exp OR 'neglect'/exp OR 'polypharmacy'/exp OR 'decubitus'/exp	7,362,470

	OR 'religion'/exp OR 'respect'/exp OR 'monitoring'/exp OR 'infection control'/exp OR 'accident'/exp OR 'physical restraint'/exp OR 'infected control*' OR 'accident*' OR 'poor quality' OR 'poor quality care' OR 'unnecessary care' OR 'unsanitary food' OR 'adequate care plan*' OR (improper NEAR/3 'recording keeping') OR 'violation of resident*' OR 'safeguarding' OR 'spiritual life' OR restraint* OR (system NEAR/2 control*) OR 'facility deficiencies'	
#5	#1 AND #2 AND #3	***3,261***

No.	***Ebsco Cinahl Search Strategy***	***Results***
#1	"aged" OR "aging" OR "Elderly" OR "older people" OR "older person*" OR "older individual*" OR "cognitively impaired" OR "dementia" OR "elderly person*" OR "vulnerable population*" OR "people with disabilities" OR "Older person Residential" OR (disabled N3 person*) OR (MH "Aged+") OR (MH "Mild Cognitive Impairment") OR (MH "Frail Elderly") OR (MH "Dementia+") OR (MH "Special Populations")	1,299,753
#2	"nursing home*" OR "residential care" OR "care home*" OR "skilled nursing 2acility*" OR "SNF" or "long-term care 2acility*" OR "long term care 2acility*" OR "Care assistant" OR "Care home*" OR "Care staff*" OR "Health service executive" OR "Staff nurses" OR (MH "Housing for Older Persons")	86,513
#3	"Decision-making capacity act" OR "Declaration of human rights" OR "European Nursing home*" OR "Human right*" OR "Intellectual care" OR "Palliative care" OR "Physical environment" OR "Sensory deprivation" OR "long-term care home" OR (MH "Human Rights+") OR (MH "Intellectual Freedom") OR (MH "Sensory Deprivation") OR (MH "Long Term Care") OR (MH "Long Term Care Nurses") OR (MH "Long Term Care Nursing") OR (MH "Decision Making, Clinical+") OR (MH "Palliative Care")	231,925
#4	Abuse OR "Activities of daily living" OR "Autonomy" OR "Benefit" OR "Community access" OR "Conscience" OR "Cost" OR "Decision making" OR "Deprivation" OR "Dignity" OR "Disabilities" OR "Discrimination" OR "Duty of Care" OR "Economics" OR "Entrenched views" OR "Equality" OR "Equity" OR "Fairness" OR "Freedom" OR "Liability" OR "Liberties" OR "Movement" OR "Neglect" OR "Polypharmacy" OR "Pressure ulcers" OR "Religion" OR "Respect" OR "Restraint" OR "Restrictive practices" OR "Safeguarding" OR "Seclusion" OR "SROI" OR "Social Return on Investment" OR "Surveillance" OR "Violation" OR (movement N2 freedom) OR (MH "Pressure Ulcer+") OR (MH "Restraint, Physical") OR (MH "Civil Rights+") OR (MH "Betrayal") OR (MH "Patient Seclusion") OR (MH "Respect") OR (MH "Religion and Religions+") OR (MH "Outdated Practice") OR (MH "Diversity, Equity, Inclusion+") OR (MH "Equality+") OR (MH "Pressure Ulcer+") OR (MH "Freedom") OR (MH "Polypharmacy+") OR (MH "Movement") OR (MH "Economics+") OR (MH "Equality+") OR (MH "Economics+") OR (MH "Outdated Practice") OR (MH "Human Dignity") OR (MH "Social Deprivation") OR (MH "Sensory Deprivation") OR (MH "Discrimination+") OR (MH "Persons with Disabilities+") OR (MH "Decision Making+") OR (MH "Conscience") OR (MH "Cost Benefit Analysis") OR (MH "Autonomy+") OR (MH "Activities of Daily Living+") OR (MH "Patient Abuse") OR (MH "Elder Abuse") OR (MH "Infection Control+") OR (MH "Accidents+") OR (MH "Restraint, Physical") OR "infected control*" OR "Accident*" OR "poor quality" OR "poor quality care" OR "unnecessary care" OR "unsanitary food" OR "adequate care plan*" OR (improper N3 "recording keeping") OR "violation of resident*" OR "safeguarding" OR "spiritual life" OR restraint* OR (System N2 control*) OR "facility deficiencies"	2,148,797
#5	S1 AND S2 AND S3 AND S4	***6,392***

No.	***Web of Science: Science Citation Index Expanded (SCI – EXPANDED –1945- present***	Results
#1	TS=("aged" OR "aging" OR "Elderly" OR "older people" OR "older person*" OR "older individual*" OR "cognitively impaired" OR "dementia" OR "elderly person*" OR "vulnerable population*" OR "people with disabilities" OR "Older person Residential" OR (disabled NEAR/3 person*))	1,395,705
#2	TS=("nursing home*" OR "residential care" OR "care home*" OR "skilled nursing 2acility*" OR "SNF" or "long-term care 2acility*" OR "long term care 2acility*" OR "Care assistant" OR "Care home*" OR "Care staff*" OR "Health service executive" OR "Staff nurses")	59,439

#3	TS=("Decision-making capacity act" OR "Declaration of human rights" OR "European Nursing home*" OR "Human right*" OR "Intellectual care" OR "Palliative care" OR "Physical environment" OR "Sensory deprivation" OR "long-term care home")	64,931
#4	TS=("Abuse" OR "Activities of daily living" OR "Autonomy" OR "Benefit" OR "Community access" OR "Conscience" OR "Cost" OR "Decision making" OR "Deprivation" OR "Dignity" OR "Disabilities" OR "Discrimination" OR "Duty of Care" OR "Economics" OR "Entrenched views" OR "Equality" OR "Equity" OR "Fairness" OR "Freedom" OR "Liability" OR "Liberties" OR "Movement" OR "Neglect" OR "Polypharmacy" OR "Pressure ulcers" OR "Religion" OR "Respect" OR "Restraint" OR "Restrictive practices" OR "Safeguarding" OR "Seclusion" OR "SROI" OR "Social Return on Investment" OR "Surveillance" OR "Violation" OR (movement NEAR/2 freedom) OR "infected control*" OR "Accident*" OR "poor quality" OR "poor quality care" OR "unnecessary care" OR "unsanitary food" OR "adequate care plan*" OR (improper NEAR/3 " recording keeping") OR "violation of resident*" OR "safeguarding" OR "spiritual life" OR restraint* OR (system NEAR/2 control*) OR "facility deficiencies")	4,826,076
#5	#1 AND #2 AND #3 AND #4	***571***

No.	***Web of Science: Social Sciences Citation Index (SSCI) – 1956-present***	***Results***
#1	TS=("aged" OR "aging" OR "Elderly" OR "older people" OR "older person*" OR "older individual*" OR "cognitively impaired" OR "dementia" OR "elderly person*" OR "vulnerable population*" OR "people with disabilities" OR "Older person Residential" OR (disabled NEAR/3 person*))	472,924
#2	TS=("nursing home*" OR "residential care" OR "care home*" OR "skilled nursing 3acility*" OR "SNF" or "long-term care 3acility*" OR "long term care 3acility*" OR "Care assistant" OR "Care home*" OR "Care staff*" OR "Health service executive" OR "Staff nurses")	44,878
#3	TS=("Decision-making capacity act" OR "Declaration of human rights" OR "European Nursing home*" OR "Human right*" OR "Intellectual care" OR "Palliative care" OR "Physical environment" OR "Sensory deprivation" OR "long-term care home")	62,025
#4	TS=("Abuse" OR "Activities of daily living" OR "Autonomy" OR "Benefit" OR "Community access" OR "Conscience" OR "Cost" OR "Decision making" OR "Deprivation" OR "Dignity" OR "Disabilities" OR "Discrimination" OR "Duty of Care" OR "Economics" OR "Entrenched views" OR "Equality" OR "Equity" OR "Fairness" OR "Freedom" OR "Liability" OR "Liberties" OR "Movement" OR "Neglect" OR "Polypharmacy" OR "Pressure ulcers" OR "Religion" OR "Respect" OR "Restraint" OR "Restrictive practices" OR "Safeguarding" OR "Seclusion" OR "SROI" OR "Social Return on Investment" OR "Surveillance" OR "Violation" OR (movement NEAR/2 freedom) OR "infected control*" OR "Accident*" OR "poor quality" OR "poor quality care" OR "unnecessary care" OR "unsanitary food" OR "adequate care plan*" OR (improper NEAR/3 " recording keeping") OR "violation of resident*" OR "safeguarding" OR "spiritual life" OR restraint* OR (system NEAR/2 control*) OR "facility deficiencies")	1,559,051
#5	#1 AND #2 AND #3 AND #4	***561***

No.	***Ebsco APA PsyInfo Search Strategy***	***Results***
S1	"aged" OR "aging" OR "Elderly" OR "older people" OR "older person*" OR "older individual*" OR "cognitively impaired" OR "dementia" OR "elderly person*" OR "vulnerable population*" OR "people with disabilities" OR "Older person Residential" OR (disabled N3 person*) OR DE "Dementia" OR DE "Alzheimer's Disease" OR DE "Mild Cognitive Impairment" OR DE "Geriatrics" OR DE "Disabilities" OR DE "Multiple Disabilities	870,491
S2	"nursing home*" OR "residential care" OR "care home*" OR "skilled nursing 3acility*" OR "SNF" or "long-term care 3acility*" OR "long term care 3acility*" OR "Care assistant" OR "Care home*" OR "Care staff*" OR "Health service executive" OR "Staff nurses" OR DE "Nurse Practitioners" OR DE "Direct Care Workers" OR DE "Home Care Personnel" OR DE "Institutional Attendants" OR DE "Nursing Home Residents" OR DE "Nursing Homes"	37,662
S3	"Clinical" OR "Decision-making capacity act" OR "Declaration of human rights" OR "European Nursing homes" OR "Human rights" OR "Intellectual care" OR "Palliative care" OR "Physical environment" OR "Sensory deprivation" OR "long-term care home" OR DE	1,028,868

	"Palliative Care" OR DE "Human Rights" OR DE "Freedom" OR DE "Human Rights Violations" OR DE "Long Term Care" OR DE "Sensory Deprivation"	
S4	"Abuse" OR "Activities of daily living" OR "Autonomy" OR "Benefit" OR "Community access" OR "Conscience" OR "Cost" OR "Decision making" OR "Deprivation" OR "Dignity" OR "Disabilities" OR "Discrimination" OR "Duty of Care" OR "Economics" OR "Entrenched views" OR "Equality" OR "Equity" OR "Fairness" OR "Freedom" OR "Liability" OR "Liberties" OR "Movement" OR "Neglect" OR "Polypharmacy" OR "Pressure ulcers" OR "Religion" OR "Respect" OR "Restraint" OR "Restrictive practices" OR "Safeguarding" OR "Seclusion" OR "SROI" OR "Social Return on Investment" OR "Surveillance" OR "Violation" OR DE "Social Equality" OR DE "Polypharmacy" OR DE "Respect" OR DE "Patient Seclusion" OR DE "Physical Restraint" OR DE "Freedom" OR DE "Autonomy" OR DE "Fairness" OR DE "Religion" OR DE "Religious Practices" OR DE "Spirituality" OR DE "Equity" OR DE "Health Disparities" OR DE "Social Equity" OR DE "Socioeconomic Disparities" OR DE "Duty to Protect" OR DE "Discrimination" OR DE "Cognitive Discrimination" OR DE "Discrimination Laws" OR DE "Perceptual Discrimination" OR DE "Disabilities" OR DE "Multiple Disabilities" OR DE "Dignity" OR DE "Deprivation" OR DE "Stimulus Deprivation" OR DE "Decision Making" OR DE "Ethical Decision Making" OR DE "Conscience" OR DE "Autonomy" OR DE "Empowerment" OR DE "Activities of Daily Living" OR DE "Patient Abuse" OR DE "Accidents" OR "infected control*" OR "Accident*" OR "poor quality" OR "poor quality care" OR "unnecessary care" OR "unsanitary food" OR "adequate care plan*" OR (improper N3 "recording keeping") OR "violation of resident*" OR "safeguarding" OR "spiritual life" OR restraint* OR (system N2 control*) OR "facility deficiencies"	1,500,372
S5	S1 AND S2 AND S3 AND S4	***3,440***

Appendix 1: Search strategies for all databases searched.

#	Author and date	Intervention	Study type	Outcomes	Main findings	Main theme
1.	**Aguilar** [79] **Year:** 2017 **Country:** USA **Aim:** To explore the knowledge, attitudes, and experiences towards older people's sexuality and sexual expression in nursing homes.	**Model or approach:** Systematic review **Dates of data collection:** January 2000 to November 2016 **Population and sample size:** 12 papers ~~were included.~~ **Setting:** Nursing homes **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Systematic review **Review papers:** 12 papers **Length of follow-up:** n/a	**Outcome/s of interest:** Knowledge, attitudes, and experiences towards older people's sexuality and sexual expression in nursing homes.	**Main finding:** 1) Sexual expression in older adults is recognized as a basic need that should be supported. 2) Positive attitudes towards sexuality in nursing homes were correlated with a higher level of knowledge about older adults' sexuality. 3) Positive predictors of attitudes towards sexuality in nursing homes were found to be age, level of education, and years of experience. 4) Barriers to addressing sexuality in the elderly are the lack of privacy and staff discomfort, which together represent common causes for loneliness and lack of intimacy in nursing homes. **Additional finding:** n/a	**Sexual expression**
2.	**Anand et al.** [28] **Year:** 2022 **Country:** European countries **Aim:** To expose the deaths and harm~~s~~	**Model or approach:** Literature review **Dates of data collection:** March and December 2020	**Study type:** Review **Review papers:** 7 papers **Length of follow-up:** n/a	**Outcome/s of interest:** Using the framework of the European Convention on Human Rights to identify examples of human rights violations	**Main finding:** 1) The identified human rights violations include the right to life, liberty and security, respect for private and family life, and prohibition of torture, and general prohibition of discrimination.	**Freedom of movement**

	experienced by older people living in care homes in seven European countries during the first 10 months of the pandemic using the European Convention on Human Rights lens.	**Population and sample size:** n/a **Setting:** The UK, Sweden, Spain, Ireland, Italy, Finland, Estonia **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			2) A significant contributing factor to the scale and nature of deaths and harms are the abject disregard of older people's human rights. **Additional finding: NA**	
3.	**Bayer et al.** [41] **Year:** 2005 **Country:** 6 countries in Europe: France, Ireland, Slovakia, Spain, Sweden and United Kingdom (UK) **Aim:** To explore older people's views	**Model or approach:** **Dates of data collection:** **Population and sample size:** This paper reports the findings of 89 focus groups and 18 individual interviews (involving 391 older people in 6 European countries) that were held to explore how	**Study type:** Qualitative study **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Dignity • Communication • Privacy • Personal identity • Feelings of vulnerability • Respect • Recognition • Participation • Involvement	**Main finding:** For dignity of older people to be enhanced, communication issues, privacy, personal identity and feelings of vulnerability need to be addressed. Education of all professionals should pay attention to practices that enhance or detract from the experience of dignity. Policies and standards need to go beyond the merely mechanistic and	**Dignity**

	of what was meant by dignity and how it was experienced in their day-to-day lives	older people view human dignity in their lives. Participants were all aged over 60 years and 25% were aged 80+years. They were from a range of educational, social and economic backgrounds. 72% were women and 17% were living in residential or nursing homes. **Setting:** Nursing homes and other settings **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			easily quantifiable, to identify meaningful qualitative indicators of dignity in care. **Consider moving this section into discussion on dignityAdditional finding:** In terms of correlation to the theoretical model of human dignity developed during the project, of particular importance and relevance was the notion of 'dignity of personal identity', not least because it is perhaps most vulnerable to the actions of others and many participants expressed the view that one way of demonstrating respect was to treat someone as though they were an individual, with a history, a unique identity and personal relationships.	
4.	**Bellenger et al.** [64] **Year:** 2017 **Country:** Australia **Aim:** to investigate the nature and extent of physical restraint deaths reported to	**Model or approach:** Quantitative study approach. **Dates of data collection: Between** 1 July 2000-30 June 2013 **Population and sample size:** Nursing home resident deaths reported to Coroners and	**Study type:** Retrospective cohort study. **Review papers: 30 studies** **Length of follow-up:** n/a	**Outcome/s of interest:** All five deaths occurred in metropolitan regions. Four Occurred amongst individuals residing as permanent residents for seven months or longer. No standards govern the use of restraint in nursing homes.	**Main finding:** Five deaths in nursing home residents due to physical restraint were reported in Australia over a 13-year period. All incidents occurred on weekdays. The time the resident was last seen alive was documented and	**Restraint**

	Coroners in Australia over a 13-year period	attributed to physical restraint **Setting:** Residents dwelling in accredited nursing homes in Australia **Delivery mode:** N/A **Intervention deliverers:** Nurses working in the nursing homes **Timing and duration:** **Intervention description:** N/A		Use of physical restraint has been identified by the National Aged Care Quality Indicator Program as an intervention that if reduced will contribute to better quality of care and an improved quality of life for consumers. A 'restraint free' model of care in nursing homes should be promoted.	ranged from 15 min to 4 hours. The age of residents ranged from 56 to 86 years. The median age of residents was 83 years; all residents had impaired mobility and had restraints applied for falls prevention. Three subjects were male. 80% of resident deaths had dementia. Neck compression and entrapment by the restraints was the mechanism of harm in all cases, resulting in restraint asphyxia and mechanical asphyxia, respectively. The types of physical restraints used in these cases of death were primarily lap belts and bed rails.	
5.	**Bellenger et al.** [61] **Year:** 2019 **Country:** Australia **Aim:** To develop and prioritise recommendations intended to reduce and prevent the use of physical restraints among nursing home	**Model or approach:** A mixed method approach was used. **Dates of data collection:** Between June and August 2016. **Population and sample size:** Fifteen participants (10 female) took part in the expert and stakeholder	**Study type:** Mixed method study including qualitative theory methods, comprising two expert consultation forums using a modified nominal group technique and a follow-up survey using a modified Dillman protocol. **Review papers:** n/a	**Outcome/s of interest:** • Care standards • Context specific physical restraint • Enforcement of human rights • Human rights policy	**Main finding:** There were 15 recommendations formulated to prevent the use of physical restraint among nursing home residents. The three recommendations ranked as most important were that: a single definition be mandated for describing "physical restraint"; use of physical restraint acts as a trigger for mandatory	**Restraint**

	residents and to rank the recommendations according to perceived importance, feasibility and impact.	consultation forums. The first forum comprised seven experts in the fields of aged care, geriatric psychiatry and risk management. The second forum comprised three experts from the first forum in conjunction with eight representatives from key stakeholder organisations in the aged care sector. Both forums included four members of the research team and an experienced external forum facilitator who were considered non-participants in the study. Nine self-reported as manager (n = 3), nurse (n = 2), geriatric psychiatrist (n = 1), academic (n = 1), consumer advocate (n = 1) and retired (n = 1). Participants were purposively sampled and identified through the research team's existing network of contacts in aged care, policy, research and clinical practice. Participants were approached via email.	**Length of follow-up:** N/A		referral to a specialist aged care team; and nursing home staff profile and competencies are appropriate to meet the complex needs of residents with dementia and obviate the need to apply physical restraint. **Additional finding:** • More staff training is needed. • Improved staff to resident ratios are needed. • Families have a role to play in the issue of restraint/no restraint of residents.	

		Setting: Each forum was held in central Melbourne, over a two-hour period. **Delivery mode:** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a				
6.	**Bloemen et al.** [91] **Year:** 2015 **Country:** USA **Aim:** The aim was to describe national trends in reporting of abuse and neglect in nursing facilities to long term care ombudsmen from 2006 to 2013 using National Ombudsman Reporting System (NORS)	**Model or approach:** National Ombudsman Reporting System (NORS) system **Dates of data collection:** Neglect-related complaints in nursing homes from 2006 to 2013 **Population and sample size:** 11,749 abuse and neglect-related complaints in nursing homes from 2006 to 2013. **Setting:** USA reporting system	**Study type:** Quantitative analysis of complaints **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Prevalence of neglect related complaints in nursing homes in the USA.	**Main finding:** The ombudsmen received an annual average of 11,749 abuse and neglect-related complaints in nursing facilities from 2006 to 2013. Physical abuse by a non-resident was the most common type of abuse/neglect reported (28%). Overall, abuse/neglect complaints decreased over the 8 years, from 7.5 to 5.6 reports per 1000 beds ($P < 0.0001$). This reduction in reporting was observed for all types of abuse/neglect complaints ($P < 0.05$) except for financial exploitation. **Additional finding:** Another account for the	**Elder abuse**

		Delivery mode (e.g., remotely online, in person): n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			reduction in reporting is that alternate reporting pathways inside and outside the nursing facility have reduced the need for involvement of the ombudsman. Training for ombudsmen, staff, families, and residents about other types of abuse and neglect, improved understanding of the reasons for decline in reporting, and the expansion of the NORS database to allow for more comprehensive analysis are needed.	
7.	**Botngård et al.** [93] **Year:** 2020 **Country:** Norway **Aim:** To estimate the prevalence of observed and perpetrated staff-to-resident abuse in Norwegian nursing homes	**Model or approach:** A cross-sectional exploratory study **Dates of data collection:** October 2018-January 2019 **Population and sample size:** 3693 nursing staff from 100 randomly drawn Norwegian nursing homes. **Setting:** Nursing staff working in nursing homes in Norway.	**Study type:** Quantitative **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** The primary objectives of the study were to 1) estimate the prevalence of observed and perpetrated staff-to-resident abuse in Norwegian nursing homes and 2) explore demographic differences between staff who reported perpetrating and not-perpetrating acts of abuse.	**Main finding:** 76% of nursing staff reported having observed at least one incident of abuse committed by other members of staff, and 60.3% admitted that they had perpetrated at least one incident of abuse against a resident during the past year. 57.8% had observed at least one incident of neglect by other staff, with 40.1% observing staff commit neglectful acts on two or more occasions. The most-frequent reported acts were neglecting oral care (35.4%), ignoring a	**Elder abuse**

		Delivery mode (e.g., remotely online, in person): -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description**: n/a			resident (35.1%), delaying care (29.3%), and prohibiting a resident from using the alarm (20.2%). **Additional finding:** In the e last year 62.4% observed at least one incident of psychological abuse committed by other staff 43.4% reporting they had observed such abusive acts on two or more occasions. Incidents of yelling were most prevalent with almost 50% of staff observing this at least once, followed by arguing with a resident (36.8%) and making critical remarks to a resident (21.8%) at least once during the past year. Regarding physical abuse, 23.2% had observed staff commit one or more acts, and 8.7% had observed this on two or more occasions. The most frequent acts were pushing, grabbing or pinching a resident (12.9%), behaving aggressively towards a resident (8.4%), and deliberately delaying giving medications (4.5%) at least once in the past year. Most nursing staff	

					reported that they had never observed financial/material abuse (97.9%) or sexual abuse of residents (98.4%).	
8.	**Boyle** [29] **Year:** 2009 **Country:** n/a **Aim:** To discuss the adequacy of the Deprivation of Liberty Safeguards for protecting the liberty of residents in social care settings and the role of regulation in monitoring their implementation.	**Model or approach:** n/a **Dates of data collection:** n/a **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Discussion paper **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** the potential impact of unitary regulation on the ability of the regulator to protect the liberty of residents lacking capacity, centring on people with dementia living in care homes	**Main finding:** 1) The potential impact of planned unitary regulation on the regulator's ability to protect residents' liberty is critiqued, centered on people with dementia living in care homes. 2) It is suggested that the capacity of the safeguards to adequately protect the liberty of residents with dementia may be limited by under-recognition of the extent to which deprivation of liberty can occur in care homes, insufficient resourcing and a lack of critical independence in their proposed implementation. 3) the planned contraction of regulation – especially a reduction in inspections – will constrain the regulator's ability to ensure that residents' right to liberty is protected. **Additional finding:** The author concludes that the new model of regulation adopted by the UK government has	**Freedom of movement**

					prioritised economic efficiency over safeguarding the right to liberty of vulnerable residents in institutions.	
9.	**Burack et al.** [36] **Year:** 2012 **Country:** USA **Aim:** to determine those components of nursing home Quality of life (QOL) that are associated with elder satisfaction to provide direction in the culture change journey.	**Model or approach:** Primary study (survey). **Dates of data collection:** No date, but the paper was published in 2012. **Population and sample size:** 62 participants **Setting:** Nursing homes in the New York area, USA. **Delivery mode (e.g., remotely online, in person):** - In person survey **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A	**Study type:** Survey (face to face administered). **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Autonomy • Dignity • Food enjoyment • Functional competence • Individuality • Meaningful activity • Physical comfort • Privacy • Relationships • Security • Spiritual well-being	**Main finding:** The face to face administered survey included the QoL Scales for Nursing Home Residents, which examines elder QOL in 11 domains: autonomy, dignity, food enjoyment, functional competence, individuality, meaningful activity, physical comfort, privacy, relationships, security, and spiritual well-being. Elder satisfaction with the nursing home and nursing home staff were also examined. After accounting for cognitive and physical functioning, among the QOL domains, dignity, spiritual well-being, and food enjoyment remained predictors of overall nursing home satisfaction. Additionally, dignity remained a significant predictor of elder satisfaction with staff **Additional finding:** Although dignity was significantly related to both of the satisfaction	**Quality of life**

					measures, spiritual well-being and food enjoyment were also significant positive predictors of elders' overall satisfaction with the nursing home. The domain of spiritual well-being may relate to perceptions of the nursing home as a "good place" for people to be.	
10.	**Caspari et al.** [35] **Year:** 2018 **Country:** Denmark, Sweden and Norway **Aim:** To gain knowledge about whether the residents felt that their dignity was maintained and respected.	**Model or approach:** Hermeneutic, with qualitative research interviews **Dates of data collection:** 2009 and 2010. **Population and sample size:** Twenty-eight residents living in nursing homes **Setting:** Nursing homes in Denmark, Sweden and Norway **Delivery mode (e.g., remotely online, in person):** In person **Intervention deliverers:** n/a	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Nursing home residents' experience of having their dignity taken care of.	**Main finding:** 1) Three main themes emerged: (a) Autonomy or paternalism; (b) Inner and outer freedom; (c) Dependence as an extra burden. 2) Residents in a nursing home may experience the feeling of having lost their freedom. **Additional finding:** 1) In clinical practice, it is important and valuable for the staff to consider how they can help older people feel that they still have their freedom.	**Freedom of movement**

		Timing and duration: n/a **Intervention description:** n/a				
11.	**Castle et al.** [84] **Year:** 2015 **Country:** USA **Aim:** To report on elder abuse in residential long-term care in the USA since the previous report in 2003.	**Model or approach:** Review **Dates of data collection:** 2003-2012 **Population and sample size:** Many papers were reviewed however as this was not a systematic review, the number of included papers was not stated explicitly. **Setting:** Residential long-term care facilities in the USA. **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a	**Study type:** Review of the literature, definitions and evidence **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** • Definitions of elder abuse • Prevalence rates of abuse • Theoretical and conceptual models of elder abuse	**Main finding:** There are many conflicting definitions of elder abuse in the literature and many theoretical and conceptual models need further elaboration. Rates of elder abuse are probably inaccurate and under-reported. **Additional finding:** Resident to resident abuse has been identified as an important aspect of elder abuse.	**Elder abuse**

		Intervention description: n/a				
12.	**Charpentier and Soulieres** [94] **Year:** 2013 **Country:** Canada **Aim:** To investigate how residents in institutional settings perceived abuse.	**Model or approach:** Interviews **Dates of data collection:** Not specified, but pre 2013 (when the paper was published). **Population and sample size:** n=15 elderly females and n=5 elderly males. **Setting:** Canadian institutional settings **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative interviews. **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** The perspectives of residents on elder abuse and neglect in institutional settings in Canada.	**Main finding:** The perceptions of the residents about abuse was conditioned by sensationalistic media coverage and was limited to physical mistreatment. The elderly participants tended to legitimise day to day infringements on their rights as minor violations in comparison to 'real' acts of violence reported in the media. **Additional finding:** Emotional abuse was reported in the quotes by the residents but was not acknowledged by the residents as 'real' abuse and was not reported.	**Elder abuse**
13.	**Chien et al** [58] **Year:** 2022 **Country:** Taiwan	**Model or approach:** **Intervention:** An epidemiology approach. **Dates of data collection:** From July 2019 to February 2020,	**Study type: Survey.** A cross-sectional, community-based epidemiology study conducted by the National Health	**Outcome/s of interest:** • Duration of restraint • Physical health and restraint	**Main finding:** Of the 5,752 included institutionalized residents, 30.2% (1,737) had been previously restrained. Clinical	**Restraint**

	Aim: To explore the rate of physical restraint and associated risk factors in institutionalized residents in Taiwan.	**Population and sample size:** A total of 6,549 residents surveyed and 5,752 residents finished the study. **Setting:** Study conducted in 266 residential long-term care service institutions in Taiwan **Delivery mode.** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	Research Institutes of Taiwan. **Review papers:** N/A **Length of follow-up: N/A**	• Physical restraint • Risk of falling	characteristics including older age, lower education level, lower cognitive function, higher dependence, cerebrovascular disease, pulmonary disease, dementia and intractable epilepsy contributed to a higher physical restraint rate, while orthopedic disease and spinal cord injury were associated with a lower restraint rate. **Additional finding:** Residents with special nursing care had a higher restraint rate. Residents with most of the behaviour and psychological symptoms were also associated with an increased restraint rate. There was no significant difference in gender between the two groups. Lower education level was significantly associated with the probability of residents being restrained. The percentage of residents with severe dementia (CDR 3) was higher in residents who had been restrained compared to the group not being restrained (79.3% vs 49.9%).	

14.	**Choe et al.** [100] **Year:** 2017 **Country:** South Korea **Aim:** To explore barriers to ethical nursing practice for older adults in long-term care facilities from the perspectives of nurses in South Korea.	**Model or approach:** Qualitative interviews **Dates of data collection:** January-June 2023. **Population and sample size:** n=17 **Setting:** Long-term care facilities in South Korea. **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Barriers to implementing an ethical nursing practice for older adults in long-term care facilities	**Main finding:** Five main themes emerged from the data analysis concerning barriers to the ethical nursing practice of long-term care facilities: emotional distress, treatments restricting freedom of physical activities, difficulty coping with emergencies, difficulty communicating with the older adult patients and friction between nurses and nursing assistants. **Additional finding:** Nurses face significant ethical challenges in providing care to older adults in long-term care settings. These challenges include conflicts between professional values and institutional policies, inadequate staffing, and lack of support for ethical decision-making.	**Elder care**
15.	**Cleland et al.** [95] **Year:** 2021 **Country:** Australia **Aim:** To carry out a comprehensive review of the literature	**Model or approach:** Literature review **Dates of data collection:** Literature from June 2009 to July 2020.	**Study type:** Review **Review papers:** Five grey literature sources and 33 peer-reviewed articles **Length of follow-up:** n/a	**Outcome/s of interest:** Quality of care.	**Main finding:** The review identified nine key themes as salient to the quality of care experience, which include treating the older person with respect and dignity; acknowledging and supporting their spiritual, cultural, religious	**Elder care**

	relating to quality of care and/ or person-cantered care in aged care to understand what defines quality of care for older people receiving aged care services internationally with a primary focus on Australia.	**Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** - n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			and sexual identity; the skills and training of the aged care staff providing care; relationships between the older person and the aged care staff; social relationships and the community; supporting the older person to make informed choices; supporting the older person's health and well-being; ensuring the delivery of safe care in a comfortable service environment; and the ability to make complaints and provide feedback to the aged care organisation. **Additional finding:** This review article highlighted the importance of person-centred care and the overall care experiences as fundamental aspects of quality in aged care.	
16.	**Díaz Diaz et al.** [96] **Year:** 2023 **Country:** Spain **Aim:** To define a cost model for residential and day care centres for dependent persons in Cantabria (Spain).	**Model or approach:** Questionnaire **Dates of data collection:** The third quarter of 2021 **Population and sample size:** n= 68 universe of care centres.	**Study type:** Quantitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** The actual costs of residential and day care centres for dependent persons in Cantabria, Spain.	**Main finding:** The daily cost per user for elderly residential care is €53.72. The cost per user in elderly day centres (5 days) is €32.56 euros. In residential centres for people with disabilities, the values range between €47.41 and €75.25, depending on the category of the centre. In	**Elder care**

		Setting: The universe of care centres for dependent persons in the region of Cantabria, Spain (including both care for the elderly and care for disabled persons). **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			three categories of centres, the public price is not enough to cover the cost (physical disability, intellectual disability, mental illness—low care); therefore, the administration should reconsider their public prices for these kinds of centres if they want to really contribute to the sustainability of residential care centres. **Additional finding:** The cost study by Diaz Dias et al (2023) highlighted that the current public pricing for residential care in Spain is insufficient to cover the actual costs of providing care, particularly for centres catering to physical disabilities, intellectual disabilities and mental illnesses.	
17.	**Dong et al.** [52] **Year:** 2021 **Country:** China **Aim:** To explore the dignity and related factors among older adults in long-term care facilities.	**Model or approach:** Survey only. **Dates of data collection:** July to September 2018 **Population and sample size:** A sample of 253 Chinese older adults dwelling in long-term care facilities.	**Study type:** Cross-sectional study (face to face survey) **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Dignity • Socioeconomic status	**Main finding:** Dignity among older adults dwelling in long-term care facilities in Hangzhou, China, is associated with disease-related factors and socioeconomic factors, which refer to economic status and previous residence in this study. However, no significant association was found with	**Dignity**

		Setting: Long -term care facilities in Hangzhou, China. **Delivery mode (e.g., remotely online, in person):** -N/A **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A			age, gender, religion, marital status, educational level, occupation, and type of health insurance. **Additional finding:** When the material needs became a problem, the spiritual needs were no longer pursued. Economic status also influenced physical and psychological conditions. Quality nursing is needed to preserve the dignity of older adults in long-term care facilities.	
18.	**Duffy et al.** [85] **Year:** 2024 **Country:** Ireland **Aim:** To map and describe the existing literature on the phenomenon of elder abuse in residential care settings.	**Model or approach:** Scoping review **Dates of data collection:** From inception of database to 2023. **Population and sample size:** n=8 papers were included the review. **Setting:** Residential care settings **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a	**Study type:** Review **Review papers:** N=8 reports included in review. **Length of follow-up:** n/a	**Outcome/s of interest:** Older people's experiences of elder abuse in residential care settings. • Psychological abuse • Physical abuse • Sexual abuse • Financial abuse • Neglect	**Main finding:** The findings of the review can inform the development of comprehensive safeguarding strategies to prevent and address elder abuse in residential settings, promoting the well-being and safety of older people. **Additional finding:** The authors noted that prevention and management of elder abuse in residential care homes involves multiple stakeholders including healthcare professionals, administrators, family members and family	**Elder abuse**

		Timing and duration: n/a **Intervention description:** n/a			caregivers, safeguarding authorities, legal authorities, regulatory bodies, government agencies, academics and older people themselves and their advocates.	
19.	**Dunbar et al.** [59] **Year:** 2022 **Country:** Ireland **Aim:** To determine Incidence and type of restrictive practice use in nursing homes in Ireland.	**Model or approach:** A quantitative approach was taken. **Dates of data collection: Between** November-2019 and October-2020. **Population and sample size:** During 2020 there were 608 nursinghomes operating in Ireland, providing 32,091 beds with national occupancy of 28,664 (which was calculated as the sum of each nursing home's mean occupancy). **Setting:** Nursing homes in Ireland **Delivery mode:** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** A cross-sectional study **Review papers: N/A** **Length of follow-up: N/A**	**Outcome/s of interest:** • Policy and practice relating to the use, monitoring • Reduction of restrictive practices. • Restrictive Practices (RP)	**Main finding:** There were 70,663 reported uses of RP over the 12-month period, which was equivalent to 2465.1 per 1000 residents in all nursing homes, and 2848.9 per 1000 residents in nursing homes that reported using RP. Five hundred fifty nursing homes (90.5%) reported using at least one RP in the 12-month period, meaning 58 (9.5%) nursing homes reported using no RP in the 12-month period. Most nursing homes (*n* = 527; 86.7%) reported using at least one physical RP. This was followed by environmental (*n* = 298; 49%); chemical (*n* = 233; 38.3%); and 'other' (*n* = 109 (17.9%). Environmental was the most frequently reported category of RP (5 per 1000). Physical was the second highest. The third category was chemical and other the least reported. In	**Restraint**

					the physical RP category, bedrails were the most frequently reported (63.7%). For environmental RP, the most frequently reported RP type was door lock. Second most frequent was window lock. When combined, door lock and window lock accounted for the majority of types within this category (90.0%). Under chemical RP, no drug was specified in the majority of notifications (85.2%). Where a drug was specified, the majority (96.0%) were: antipsychotics and anxiolytics. There were 37 instances of a resident being administered multiple drugs (2 drugs out of a total of 4048). The 'other' RP category described restrictions such as motion alarms (devices that notify staff if a person is mobilising) and listening devices. The theme of liberty and autonomy was the third most frequently reported type (*n* = 278; 12.6%). This theme included codes such as access to cigarettes or alcohol and alarm bracelets	

					(devices worn on a person's body which notify staff if the person passes a certain location e.g. an exit door). For Q's 3 and 4 only, Covid-19 privacy and autonomy were the three most cited restraints.	
20.	**Emmer De Albuquerque Green et al.** [49] **Year:** 2018 **Country:** UK **Aim:** To review and discuss evidence of good practice in respecting care home residents' right to privacy.	**Model or approach:** Review only. **Dates of data collection:** Articles published between January 2000 and January 2018. **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** - n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Review **Review papers:** 12 articles were included in the review **Length of follow-up:** n/a	**Outcome/s of interest:** • Privacy • Respect	**Main finding:** Privacy: it is good privacy practice in care homes to make available single-occupancy bedrooms to residents since this offers the opportunity to personalising this physical space with furniture and other belongings, adding a sense of ownership over the space. **Respect:** It is good practice to respect residents' private physical space and private choices, for example by knocking on doors before entering or agreeing with the resident when it is permissible to enter. **Additional finding:** Surveillance technology: Such as cameras in common room locations can infringe people's right to privacy.	**Dignity**

21.	**Emmer De Albuquerque Green et al.** [101] **Year:** 2022 **Country:** England **Aim:** To produce a typology of approaches to the topic as a basis for critical reflection and as a starting point for future activist scholarship in gerontology, social policy and law.	**Model or approach:** Reflexive thematic analysis **Dates of data collection:** Articles published between 1998 and March 2019 **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative study **Review papers:** n=23 **Length of follow-up:** n/a	**Outcome/s of interest:** The ways different scholars have approached explicitly or implicitly the concept of human rights in relation to care homes for older people.	**Main finding:** It reports the pertinent and common assumptions that care homes are 'inherently risky' places for the protection of the human rights of 'vulnerable' care home residents. The study highlights five types of approaches: the anti-institutional, the legalistic, the care quality, the equality approach, and the issue-based approach. **Additional finding:** A commonality within the literature analysed for this current work was that care homes were mostly viewed as inherently risky places for the protection of human rights, especially in the light of perceptions of residents as 'vulnerable' and 'disadvantaged'.	**Elder care**
22.	**Enmarker et al.** [75] **Year:** 2011 **Country:** Norway **Aim:** To describe, from a nursing perspective,	**Model or approach:** A systematic literature review in three phases, including a content analysis. **Dates of data collection:** Between 1999 and August 2009.	**Study type:** Systematic Review **Review papers: 21 studies were included** **Length of follow-up:** N/A	**Outcome/s of interest:** Physical violence is defined as physical, Psychological violence Sexual violence Other forms of actions which risk causing harm or paining the person exposed.	**Main finding:** Based on summary of two themes. The first theme aggression that may trigger violence', showed no differences in the character or severity of agitation in residents' behaviour depending on what type of dementia	**Restraint**

	aggressive and violent behaviour in people with dementia living in nursing home units and to find alternative approaches to the management of dementia related aggression as a substitute to physical and chemical restraints.	**Population and sample size:** The results of this review are based on 21 papers from five different countries: **Setting:** Nursing Home units **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a		The most commonly reported reasons for the occurrence of aggression and violence in nursing homes were in connection to the residents' personal care,. morning care, such as washing, dressing and grooming. Pain and discomfort during morning care can be a major source of negative resident actions because these nursing activities involve a high amount of touch, which could cause the resident pain.	diagnosis the person had. The second theme is the origins that may trigger violence' and 'activities that decrease the amount of violent behaviour'. Together, the themes showed that violence was a phenomenon that could be described as being connected to a premorbid personality and often related to the residents' personal care. It was found that if the origin of violent actions was the residents' pain it was it was possible to minimise it through nursing activities. **Additional finding:** This review indicated that an organisation in special care units for residents who exhibit aggressive and violent behaviour led to the lesser use of mechanical restraints, but also an increased use of non-mechanical techniques. To communicate with people with dementia provides a challenge for nurses and other health caregivers. To satisfy the needs of good nursing care, an important aspect is for staff to acquire knowledge and	

					understanding about aggressive and violent behaviour and its management. **Additional finding:** The optimal management of aggressive and violent actions from residents with dementia living in nursing homes was a person-centred approach to the resident.	
23.	**Estévez-Guerra et al.** [62] **Year:** 2017 **Country:** Spain **Aim:** To determine the use of physical restraints in long-term care in Spain.	**Model or approach:** A modelling study **Dates of data collection:** July 2014 to September 2014. **Population** 920 residents in 30 units within the nine centres. All the public centres in the Canary Islands, Spain, with more than 80 beds assigned to long-term care. **Sample size** A total of 1,238 beds in 30 units within nine centres in Gran Canaria. Residents living in the centre for less than a month were excluded from the study, as well as	**Study type:** A cross-sectional observational and correlational multicentre study **Review papers:** n/a **Length of follow-up:** N/A	**Outcome/s of interest:** • Physical restraint • Dignity • Autonomy • Risks • Benefit • Family members documented and regularly reviewed. An important observation made in this study is that the use of full enclosure side rails is not routinely recorded in the patient's history suggesting that	**Main findings:** A significant association was found between restraint use and the impaired cognitive status of residents. The mean age of the study participants was 80 years. Most were women (63.22%). Overall, 47.44% presented with total functional impairment and 41.76% with severe cognitive impairment People who were restrained were older (80.7 v. 76.1 years) and length of stay in the centres was lower. They showed greater functional and cognitive deterioration than those who were not and had less mobility. We believe that these strategies should be supported by	**Restraint**

		residents with no voluntary movement. **Setting:** Centre with 88 to 285 beds; one of which had a dementia care unit and two operated a protocol regulating the use of physical restraint **Delivery mode** Observational in person and review remote**:** - **Intervention deliverers:** Two investigators and registered nurses working with residents **Timing and duration**: In 2014 over 3 months **Intervention description:** Review of clinical records. Use of restraints, full enclosure side rails, belts in chair and in bed.			specific laws that guide practitioners and institutions to provide care in the least restrictive way possible. The high prevalence of physical restraint use, compared to studies in other countries, will hopefully convince legislators of the need to enact legislation that will restrict usage. The cluster-adjusted prevalence of residents with at least one physical restraint was 84.9% with variability between centres of 70.27 to 96.55% (p-value Kruskal Wallis test <0.001). When full-enclosure side rails were not included, the cluster-adjusted prevalence was 36.6%. The devices most used were full enclosure side rails followed by belts in chair and belts in bed. **Additional finding:** The review of the clinical records and staff interviews confirmed that the major reason for the use of restraint was to prevent falls from a bed or a chair (94.2%). The use of side rails was rarely documented in the clinical notes a nursing staff do not	

					consider them as a form of restraint. The authors noted that full-enclosure side rails, when limiting the freedom of movement of the person, should be considered as a restraint. s	
24.	Evans et al. [20] **Year:** 2018 **Country:** England **Aim:** To determine how care home managers negotiate the conflict between maintaining a safe environment while enabling the autonomy of residents with dementia.	**Model or approach:** Semi-structured interviews **Dates of data collection:** March - July 2014 **Population and sample size:** 18 managers from care homes offering dementia care in the Northwest of England **Setting:** Semi-structured interviews were conducted with 18 managers from care homes offering dementia care in the Northwest of England. **Delivery mode (e.g., remotely online, in person):** - In person **Intervention deliverers:**	**Study type:** qualitative, semi-structured interview study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** how care home managers negotiate the conflict between maintaining a safe environment while enabling the autonomy of residents with dementia	**Main finding:** There are three areas in which care home staff report that they were required to balance safety and risk against the individual needs of residents: physical environment; preservation of dignity; and the individual versus the group. 1) the physical environment created a tension between safety and accessibility to the outside world, which meant that care homes provided highly structured or limited access to outdoor space. 2) care home managers reflected a balancing act between an individual's autonomy and the need to protect their residents' dignity. 3)Care home managers highlighted the ways in which an individual's needs were framed by the needs of other residents to	**Autonomy**

		n/a **Timing and duration:** n/a **Intervention description:** n/a			the extent that on some occasions an individual's needs were subjugated to the needs of the general population of a home. **Additional finding: n/a**	
25.	**Fekonja et al.** [42] **Year:** 2022 **Country:** Slovenia **Aim:** To explore the concept of dignity from the experience of older people with limited mobility and confined to beds while living in a nursing home	**Model or approach:** Care of the elderly in nursing homes. **Dates of data collection:** Between July and October 2021. **Population and sample size**: n=19 older people who were immobile and confined to bed and living in a nursing home. **Setting:** One nursing home in Slovenia. **Delivery mode (e.g., remotely online, in person):** N/A **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A	**Study type:** Qualitative study **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Dignity • Care • Respect	**Main finding:** The main theme 'Dignity of older people confined to bed' emerged from subthemes 'Emotions', 'Lived experience' and 'Failure to maintain care'. The participants expressed their dissatisfaction towards the nursing staff's disrespectful care. **Additional finding:** The disrespectful care evoked feelings of insignificance and inferiority in the bedridden residence of the nursing home.	**Dignity**

26.	**Hall et al.** [43] **Year:** 2014 **Country:** England, UK **Aim:** To explore and compare the views of care providers, residents and their families on dignity and how to maintain it	**Model or approach:** Framework qualitative approach. **Dates of data collection:** Before May 2013. **Population and sample size:** **Setting:** Care homes for older people in two areas of London UK. **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative study **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Independence, autonomy choice and control • Privacy • Comfort and care • Individuality • Respect • Communication • Physical appearance • Being seen as human	**Main finding:** Issues of dignity are embedded in the everyday interactions between residents and care providers. Treating residents with respect, promoting their independence, autonomy, choice and control whilst minimizing risk, and ensuring their privacy helps residents of care homes maintain dignity. Focusing on fostering dignity can be a starting point for improving the quality of care and quality of life of residents. However, it is important to remove the gap between the rhetoric of dignity conserving care and the reality experienced by residents in these and in other care settings. This could be achieved by providing care homes with sufficient resources along with quality assurance programs, which provide leadership, support and training and training for staff. **Additional finding:** The tension between the rhetoric of dignity conserving care and the reality experienced by	**Dignity**

					residents and their families is one of those described by Jacobson in relation to dignity violation in health care "the multiple disjunctions between stated policy and what actually occurs." 23(p1544).	
27.	**Haunch et al.** [37] **Year:** 2021 **Country:** United Kingdom and The Netherlands **Aim:** To develop a theory explaining the relationship between long-term care facility staffing and quality by understanding the mechanisms by which staffing promotes or hinders quality.	**Model or approach:** Realist review of the available evidence. **Dates of data collection:** 2007-2020 **Population and sample size:** 66 papers were included in the realist review. **Setting:** Long-term residential care facilities **Delivery mode (e.g., remotely online, in person):** - n/a **Intervention deliverers:** n/a **Timing and duration**: n/a **Intervention description:** n/a	**Study type:** Realist review **Review papers:** 66 papers were included in the review **Length of follow-up:** N/A	**Outcome/s of interest:** Individualised care for residents and better team working.	**Main finding:** Three key findings explain the relationship between staffing and quality: 1. Quality is influenced by staff behaviours. 2. Behaviours are contingent on relationships nurtured by long-term care facility environment and culture. 3. Leadership has an important influence on how organisational resources (sufficient staff effectively deployed, with the knowledge, expertise and skills required to meet residents' needs) are used to generate and	**Quality of life**

					sustain quality promoting relationships. **Additional finding:** Leaders (at all levels) through their role-modelling behaviours can use organisational resources to endorse and encourage relationships (at all levels) between staff, residents, co-workers and family.	
28.	**Heggestad et al.** [44] **Year:** 2013 **Country:** Norway **Aim:** To investigate how life in Norwegian nursing homes may affect experiences of dignity among persons with dementia.	**Model or approach:** A phenomenological and interpretative hermeneutical approach. **Dates of data collection:** Between March and December 2010. **Population and sample size:** Participant observation in two nursing homes units was combined with qualitative interviews with five residents living in these units. **Setting**: Two nursing homes in Norway. **Delivery mode (e.g., remotely online, in person):** n/a	**Study type:** Qualitative study. **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** 1. Freedom 2. Being seen as individuals 3. Autonomy 4. Dignity	**Main finding:** The residents feel that their freedom is restricted, and they described feelings of homesickness. They also experience that they are not being seen and heard as individual autonomous persons. This lack of freedom, experiences of homesickness and feelings of not being confirmed and respected as individual autonomous persons, may be a threat to their personal dignity. **Additional finding:** To protect and enforce the dignity of persons with dementia living in nursing home, we should confirm them as whole and individual persons, and we should try to make the	**Dignity**

		Intervention deliverers: n/a **Timing and duration:** n/a **Intervention description:** n/a			nursing homes less institutional and more home-like.	
29.	**Heggestad et al.** [54] **Year:** 2015 **Country:** Norway **Aim:** To gain more knowledge about how people with dementia, and their relatives, experience that dignity being maintained or harmed in nursing homes.	**Model or approach:** A hermeneutic approach (qualitative research). **Dates of data collection:** Between March and December 2010. **Population and sample size:** Observation in the special care unit, and observation in the general unit. **Setting**: Unusual care unit and general unit of two Norwegian nursing homes. **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up: N/A**	**Outcome/s of interest:** • Personhood • Dignity • Relationships	**Main finding:** Care which focuses on the residents' personhood, combined with a relational focus, is of great importance in maintaining the dignity of people with dementia living in nursing homes. One nursing home worker described 'diversion' to calm a patient with dementia down. *Later I ask Elise what she did to calm Dagny down. She says, "It's about diversion. Diversion, diversion and diversion, again and again. And if talking about one subject doesn't help, I have to move on to another. But it's very time-consuming."* **Additional finding:** The findings confirm experiential and practical dimensions of dignity.	**Dignity**

		Timing and duration: n/a **Intervention description:** n/a				
30.	**Heinze et al.** [69] **Year:** 2011 **Country:** Germany **Aim:** To investigate factors related to the use of restraints and to explore whether the rate of nurses was an influencing factor regarding the use of restraints in German nursing homes and hospitals.	**Model or approach**: A modelling approach was used. **Dates of data collection:** 2009 **Population and sample size:** 76 nursing homes (n = 5521) and 15 hospitals (n = 2827). **Setting:** Nursing homes and hospitals in Germany. **Delivery mode** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** A secondary analysis of a cross-sectional study was carried out. For data analysis, a 3-level random intercept logistic model was used. The nurses used their clinical judgement to assess the risk of falling on a scale from 1 (very low risk) –10 (very high risk). Polypharmacy was defined as the intake of four or more orally administered types of medication. Urinary incontinence was defined as any involuntary loss of urine. Disorientation/confusion related to a state of mental confusion was characterised by an inadequate or incorrect perception of place, time or identity. Impaired mobility was measured by using the items activity and mobility of the Braden Scale. A patient/resident was assessed as mobile with restrictions, if four to	**Outcome/s of interest:** Hospital patients with previous falls were more often restrained, but in the nursing homes, the restrained residents experienced less falls. The number of qualified nursing staff had no major influence on the use of physical restraints. Lower nurse staffing ratios were not related to higher frequencies of restraint use in this study.	**Main Findings:** The prevalence of restraints (bed rails and/or belts) was 9.3% for hospital patients and 26.3% for nursing home residents. Amongst hospital patients, restraint use was more prevalent in women, older patients, patients with a high care dependency, patients who fell during the last two weeks, patients with a perceived risk of falls, polypharmacy, urinary incontinence, disorientation and confinement to bed. In the nursing homes, the restrained residents were significantly younger, more care dependent, had less falls and were more often urinary incontinent, disoriented and bedfast. The rate of qualified nurses was not significantly related to the use of restraints in hospitals, and nursing homes according to the three-level random intercept model.	**Restraint**

			seven points were obtained in the items activity and mobility. A patient/resident was assessed as bedfast according to the item activity. **Review papers: N/a** **Length of follow-up:** N/A			
31.	**Heward et al.** [102] **Year:** 2022 **Country:** United Kingdom **Aim:** To contribute to the knowledge gap about current practice of care hoe managers in supporting residents with dementia to orientate and navigate care environments.	**Model or approach:** Telephone interviews **Dates of data collection:** July – October 2018 **Population and sample size:** n=12 telephone interviews with care home managers. 10 were female and 2 were male. **Setting:** Care homes in the UK **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** • Spatial orientation strategies • Reality orientation strategies	**Main finding:** Three themes emerged from the qualitative data and these were 1. Aligning strategies with need 2. Intuitive learning 3. Managing within the wider business context **Additional finding:** Although managers were aware of some design principles they frequently relied on intuitive learning and pat experience to inform their choice of interventions for orienting residents with dementia. Managers also mentioned lack of time to seek out orientation specific training and guidance, resulting in a low uptake of guidelines and audit tools in practice.	**Elder care**

32.	**Hirt et al.** [86] **Year:** 2022 **Country:** Switzerland **Aim:** To provide an up-to-date comprehensive overview of staff-to-resident abuse in nursing homes.	**Model or approach:** Scoping review **Dates of data collection:** Between 2000 and 2021. **Population and sample size:** n=47 papers **Setting:** Nursing home settings globally. **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Review **Review papers:** N=47 **Length of follow-up:** n/a	**Outcome/s of interest:** Staff-to-resident abuse in nursing homes. 1. How often does it occur? 2. How is abuse described and experienced? 3. Which interventions are aimed at preventing staff-to-resident abuse in nursing homes?	**Main finding:** Staff-to-resident abuse is an issue in nursing homes. The imbalance between excessive demands and coping resources may increase the risk of abuse. There was one intervention study by Buzgova and Ivanova (2011) which used a before and after design where lecture sessions were followed by 40 minutes of informal exchange and mutual support among group members. Statistically significant pre-post effects comprised decreased psychological abusive behaviour on the part of nurses and improved knowledge about gerontology nursing. Self-rated level of work stress did not significantly decrease. **Additional finding:** The authors not that a change in culture is needed to establish safe reporting and critical case reviews**.**	**Elder abuse**
33.	**Hofmann & Hahn** [72] **Year:** 2014 **Country:** Switzerland	**Model or approach:** A review approach was used.	**Study type:** Systematic Review	**Outcome/s of interest:** • Autonomy • Dignity	**Main finding:** Only nine studies met the research objectives.	**Restraint**

	Aim: To analyse and to summarise factors associated with nursing home residents' characteristics which could lead to physical restraint, and to investigate the consequences of physical restraint use for this population.	**Dates of data collection:** January 2005–November 2011 **Population and sample size:** 9 studies fulfilled the inclusion criteria. **Setting:** Nursing Homes in Switzerland. **Delivery mode** n/a **Intervention deliverers:** n/a **Timing a nd duration:** n/a **Intervention description: n/a**	**Review papers:** 9 studies fulfilled the inclusion criteria. **Length of follow-up:** N/A	• Physical restraint • Risk .	Restrained residents had low activities of daily living (ADL) scores and severe cognitive impairment. Residents with low cognitive status and serious mobility impairments were at considerable risk to be restrained, as well as residents with previous fall and/or fracture. Repeated verbal and physical agitation was found to be positively associated with restraint use. Possible consequences of physical restraint were lower cognitive and ADL performance, higher walking dependence, falls, pressure ulcers, urinary and faecal incontinence. **Additional finding:** The authors indicated that further eeducational and training programmes for nurses are needed and that these should be based on the current body of evidence to train staff's knowledge and awareness of restraint-associated consequences.	

34.	**Holst & Skar** [76] **Year:** 2017 **Country:** Norway **Aim:** To investigate formal caregivers' experiences of aggressive behaviour in older people living with dementia in nursing homes.	**Model or approach:** A review approach was used **Dates of data collection:** Between 2000 and 2015 **Population and sample size:** *n* = 311 studies identified and included in this review **Setting:** Nursing Homes in Norway **Delivery mode** N/A **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A	**Study type:** Systematic Review **Review papers:** n=11 papers included **Length of follow-up:** N/A	**Outcome/s of interest:** • Dealing with aggressive behaviour • Quality of care	**Main finding:** The analysis resulted in four categories: formal caregivers' views on triggers of aggression, expressions of aggression, the effect of aggressive behaviours on formal caregivers and formal caregivers' strategies to address aggression. The results show that aggressive behaviour may lead to negative feelings in formal caregivers and nursing home residents. **Additional finding:** Caregivers prefer person-centred strategies to handle aggressive behaviour while the use of pharmaceuticals and coercion strategies is a last resort.	**Restraint**
35.	**Hoy et al** [45] **Year:** 2016 **Country:** Denmark, Norway and Sweden. **Aim:** To illuminate the meaning of maintaining dignity from the perspective of older people living in nursing homes	**Model or approach:** A phenomenological-hermeneutic approach. **Dates of data collection:** Before September 2015. **Population and sample size:** Twenty-eight nursing home residents were included.	**Study type:** Qualitative study. **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Dignity within their everyday lives in nursing homes. Connections with others.	**Main finding:** The meaning of maintaining dignity was constituted in a sense of vulnerability to the self and elucidated in three major interrelated themes: Being involved as a human being, being involved as the person one is and strives to become and being involved as an integrated member of the society.	**Dignity**

		Setting: Six nursing homes in Scandinavia **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			**Additional finding:** Maintaining dignity in nursing homes from the perspective of the residents can be explained as a kind of ongoing identity process based on opportunities to be involved and confirmed in interaction with significant others.	
36.	**Hutchinson et al** [38] **Year:** 2024 **Country:** Australia **Aim:** To discover what quality of life domains are most important to older adults in residential care.	**Model or approach:** Primary study (qualitative) **Dates of data collection:** Pre-publication in 2022. **Population and sample size:** N = 43 older adults (67 to 99 years). **Setting:** Six residential aged care facilities in four Australian states. **Delivery mode (e.g., remotely online, in person):** - n/a **Intervention deliverers:** n/a	**Study type:** Qualitative study **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Independence • Mobility • Pain management • Social connections • Emotional well-being • Activities	**Main finding:** Physical and psycho-social aspects were identified as important for older adults' quality of life with six key quality of life domains identified: independence, mobility, pain management, social connections, emotional well-being, and activities. **Additional finding:** More research is needed to test these domains with a more diverse sample of older adults living in residential aged care, in particular older adults from culturally and linguistically diverse communities (all interviews were conducted in English only).	**Quality of life**

		Timing and duration: n/a **Intervention description:** n/a				
37.	**Jen et al.** [81] **Year:** 2022 **Country:** USA **Aim:** To provide an updated assessment of sexual expressions, staff reactions, practices, and policies in place related to sexuality in Skilled Nursing Facilities (SNFs) in the state of Kansas, USA. This study also builds on the original study to gain greater detail around staff responses and attitudes toward sexual expression among LGBTQ residents and those living with dementia.	**Model or approach:** A mixed-methods approach **Dates of data collection:** June 2020 **Population and sample size:** N= 60 **Setting:** Long-term care facilities in Kansas, USA **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** • Sexual expression and behaviours • Attitudes of administrators • Staff responses and practices • Policies around sexual expression	**Main finding:** Attitudes and emotional responses of staff have shifted in a more sex-positive and supportive direction and policies are more common; however, staff actions remain more similar to those reported in 2013, the majority of facilities do not have specific policies in place, and those that exist are varied in their coverage. Staff training around sexuality are also focused on issues related to liability rather than the broader experience of sexual expression and there is evidence to suggest that sexual expressions of LGBTQ residents will provoke different, and at times discriminatory responses. **Additional finding:** n/a	**Sexual expression**
38.	**Kloos, et al.** [22] **Year:** 2018	**Model or approach:** Satisfaction of the three basic psychological needs was measured at baseline, and depressive	**Study type:** Quantitative study **Review papers:** n/a	**Outcome/s of interest:** The association between the satisfaction of these three basic psychological needs to the subjective	**Main finding:** All three needs (Autonomy, Relatedness, and Competence) were related to both well-being	**Autonomy**

	Country: The Netherlands **Aim:** To test the longitudinal relations of the satisfaction of these three basic psychological needs to the subjective well-being of nursing home residents and to determine whether a balance among the satisfaction of the three needs is important for well-being.	feelings and life satisfaction 5–8 months later. Absolute differences between the three basic need satisfaction scores were summed to create a score of need satisfaction balance. **Dates of data collection:** Before May 2017. **Population and sample size:** 128 physically frail residents at four Dutch nursing homes. **Setting:** The Netherlands **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Length of follow-up:** 5-8 months	well-being of nursing home residents	measures over time, although autonomy had the strongest relationships. Only autonomy and competence were uniquely associated with depressive feelings, and only autonomy was uniquely associated with life satisfaction. **Additional finding:**	
39.	**Koczy et al.** [60] **Year:** 2011	**Model or approach:** 3-month intervention.	**Study type:**	**Outcome/s of interest:**	**Main finding:**	**Restraint**

	Country: Germany and Australia **Aim:** To evaluate the effectiveness of a multifactorial intervention to reduce the use of physical restraints in residents of nursing homes.	**Dates of data collection:** Three months after the start of the 6-hour course in 2011. **Population and sample size:** Three hundred thirty-three (333) residents who were being restrained at the start of the intervention in 45 nursing homes. **Setting:** Nursing homes in Germany **Delivery mode** in person. **Intervention deliverers:** Four members of the research team led the training course: one nurse scientist, one lawyer, one geronto psychiatrist and one social worker. **Timing and duration:** 6-hour training course. **Intervention description:** Intervention group (IG): n=268 restrained residents in 23 nursing homes. T2 (91 to 93	Cluster-randomized controlled trial (intervention) **Review papers:** N/A **Length of follow-up:** Advice by telephone from the research team was available during the entire 3-month intervention period. An in-house visit by a member of the research team was offered on request, and 22 nursing homes took advantage of this. Persons responsible for the intervention attended the 6-hour training course that included education about the reasons restraints are used, the adverse effects, and alternatives to their use. After 3 months, the probability of being free of restraints was more than twice as high in the intervention group as in the control group.	• Aggressive behaviour • Physical restraint • Psychoactive drugs • Risk of falling	Nearly 70% of the 333 restrained residents were aged 80 and older. The median score of 16 on the Dementia Screening Scale indicated the presence of severe cognitive impairment. The restrained residents were considerably limited in physical mobility. Restraint use at the start was higher in the IG (7.2%) than in the CG (5.0%). In both groups, women represented the majority of restrained residents. The percentage of fallers in the month before the start of the intervention was twice as high in the intervention group (7.0%) than in the control group (3.4%). More than 90% of the study population was categorized at level of care 2 or 3, indicating a medium or high need for care. The intervention group needed more nursing	

		days after start of intervention): Follow-up assessment of main and secondary outcomes: n=333 residents in 45 nursing homes Investigated the effect of a multifactorial cluster-randomized intervention to reduce the need for physical restraints (belts tied to a chair or bed and chairs with fixed tables), Bed rails were not included. It was hypothesized that the intervention would reduce the use of restraints without increasing risks to residents			assistance than the control group on the mobility and cognition scales. The percentage of fallers during the intervention period was higher in the intervention group. No effect was observed on the number of psychoactive drugs taken or in change of behaviour. **Additional finding:** Results from this study, together with other efforts, have prompted the government at the federal and state level in Germany to initiate similar programmes to achieve a restraint-free environment in long-term care.	
40.	**Komorowski et al.** [103] **Year:** 2024 **Country:** Austria **Aim:** To explore nursing homes in two Austrian provinces and give insights into the effectiveness of the Austrian National Preventive Mechanism (NPM)	**Model or approach:** Observational and interviews **Dates of data collection:** Between 2017 and 2019 **Population and sample size:** 55 monitoring visits in 32 nursing homes between 2017 and 2019.	**Study type:** Qualitative **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Each of the standardized protocols collected data on: • infrastructure • occupancy • staffing, • resident's demographics medical conditions measures related to the functioning of the National Preventive Mechanism (NPM)	**Main finding:** Accessibility with mobility aids was sufficient in 87%, but assistance for persons with visual or hearing impairments solely in 20–40% of the institutions. An understaffing with nursing assistants (–5.2 fulltime equivalents in Carinthia) and home helpers (–1.6 in Carinthia and Styria) was present. Less than 20% of the personnel received advanced training related	**Elder care**

		Setting: Austria established distinct commissions governed by the Austrian Ombudsman Board (AOB). Data from this study is from Commission 3: Styria and Carinthia, Commission **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			to dementia and neuropsychiatric care. While 50% of the residents were diagnosed with a psychiatric disorder, approximately 36% received support from an appointed legal guardian. **Additional finding:** Of the monitoring visits 58.1% were conducted due to anonymous complaints and urgent referrals. The median processing times of the NPM and the provincial governments exceeded 250 days.	
41.	**Kor et al.** [67] **Year:** 2018 **Country:** Hong Kong	**Model or approach.** Quantitative approach – longitudinal. **Dates of data collection:** Between May 2015 and August 2016. **Population and sample size:** 29 8 staff members. **Setting:** Four nursing homes in Hong Kong run by a non-	**Study type:** Questionnaire (survey) **Review papers:** n/a **Length of follow-up:** 17 years from original questionnaire in 1999 to the end of the time period for the new study in August 2016.	**Outcome/s of interest:** • Ethical considerations • Hands on practice • New assistive technology (e.g. devices such as motion detectors or anti-slip pads). • Physical restraint • Quality of care	**Main finding:** A significant improvement among the nursing home staff in terms of their attitudes and practice of using restraints. Overall, staff had satisfactory knowledge of the daily application of physical restraints, such as the operational procedure and daily assessment. Just 6.6% of respondents were aware that residents had a right to reject the use	**Restraint**

		governmental organization. **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			of physical restraints, and 70% believed that there were no good alternatives to restraints. Respondents showed appropriate attitudes in their practice of daily use of physical restraints. Compared with the previous study in 1999, a significant improvement was found in the attitudes (p = .0014) and practice (p = .0002) of using restraints, but there was no difference in their knowledge test results (p = .29).	
42.	**Lane & Harrington** [63] **Year:** 2011 **Country:** Australia **Aim:** To identify the factors that influence nurses' use of physical restraint on people aged over 60 years.	**Model or approach:** A review approach was used. **Dates of data collection:** Between 1992 and 2010. **Population and sample size:** N= 19 papers were included in the review. **Setting:** Nursing homes **Delivery mode** n/a **Intervention deliverers:** n/a **Timing and duration:**	**Study type:** A thematic literature review **Review papers:** 19 articles reviewed **Length of follow-up: N/A**	**Outcome/s of interest:** • Ethical considerations • Physical restraint • Policy on physical restraint	**Main finding:** Two reasons for decisions to use physical restraint were categorized as 'patient safety' and 'nurses' workload'. Nurses need to understand the nursing culture that perpetuates restraint use, and to consider patient-centred nursing as an instigator for change. Restraint use was found to have a higher profile in acute and residential care, due to frequent, ritualized practice, and nurses' automatic response to	**Restraint**

		n/a **Intervention description:** n/a			using restraint. Given the complex nature of nursing and the increasing workload restraints might continue to be used. There is an obligation to question if this decision is in the best interest of the patient or the nurse. Nurses need to know how to balance moral and safety issues to effectively make decisions on restraint use. Person-centred nursing might assist in decision-making when there is an ethical dilemma. Additional finding: The authors noted that education on alternatives to restraint and consequences of restraint use should be implemented.	
43.	**Lee et al.** [105] **Year:** 2021 **Country:** Taiwan **Aim:** To investigate if a training program would improve long-term care facilities (LTCF) nurses' knowledge of late-life	**Model or approach:** Intervention programme. Pre and post self-report questionnaire (multiple brief training sessions for nurses). **Dates of data collection:** February to April 2018	**Study type:** Cluster-randomized controlled trial **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Participants' demographic and work characteristics, • the Late-Life Depression Quiz (LLDQ) • the Revised Depression Attitude Questionnaire (R-DAQ),	**Main finding:** Results indicated that the educational program was effective in improving LTCF nurses' late-life depression knowledge. LLDQ scores increased substantially after the intervention group training, whereas the scores in the comparison group did not increase as	**Elder care**

	depression, attitudes about depression, and confidence in depression care.	**Population and sample size:** 67 nurses participated (intervention group =30; comparison group = 37). **Setting:** Long-term care facilities in Taiwan. **Delivery mode (e.g., remotely online, in person):** -In person training at each long-term care facility (LTCF). **Intervention deliverers:** Instructor/researcher trainers. **Timing and duration:** Data were collected before and after the intervention using a self-report questionnaire by the same research assistant who made the phone call. **Intervention description:** Educational program consisted of three 30-min training sessions (one per week for three consecutive weeks).		• the Confidence on Depression Management and Care Scale (CDMCS).	much, stayed the same, or decreased. There were significant differences between groups concerning improvement in nurses' knowledge of late-life depression, attitudes towards depression, and confidence in providing depression care. The effect size (Cohen's d) was 1.55 for knowledge, 1.38 for attitudes, and 0.89 for confidence. This training program was effective in improving LTCF nurses' knowledge, attitudes, and confidence in providing depression care. **Additional finding:** The authors noted that duration of the program, location, and delivery method should e considered when developing educational programmes for nursing staff.	

44.	**Lee et al.** [74] **Year:** 2020 **Country:** Taiwan **Aim:** To examine the effectiveness of multiple, face-to-face, brief training sessions in improving nurses' knowledge, attitudes, and confidence in providing late-life depression care in long term care facilities.	**Model or approach:** A randomised controlled trial approach was taken. **Dates of data collection:** 2016-2019. **Population and sample size:** The study involved a total of **66 nurses**. Specifically, **30 nurses** were in the intervention group, and **36 nurses** were in the comparison group. **Setting:** Nine long term care facilities in Taiwan. **Delivery** mode: In person. **Intervention deliverers:** The intervention was delivered by trained nursing educators from Taipei Medical University. They conducted the three 30-minute face-to-face training sessions for the nurses in the intervention group. **Timing and duration:** Three x 30 min training session for the nurses in the intervention group**.**	**Study type:** This cluster-randomized controlled trial was the last phase of a three year Research project entitled "Applying the ADDIE Model in Developing an Educational Program about Depressive Symptoms among Older Residents for Nurses in Long-term Care Facilities **Review papers:** **N/A** **Length of follow-up: 3 months after the intervention.**	**Outcome/s of interest:** • Attitudes towards depression • Depression care • Quality of care	**Main finding:** This training programme was effective in improving nurses' knowledge, attitudes, and confidence in providing depression care. Significant differences between groups concerning improvement in nurses' knowledge of late-life depression, attitudes towards depression, and confidence in providing depression care. The effect size (Cohen's d) was 1.55 for knowledge, 1.38 for attitudes, and 0.89 for confidence. **Additional finding:** These results show that brief, targeted training sessions can effectively enhance nurses' ability to care for older adults with depression in long-term care facilities.	**Restraint**

		Intervention description: 30 nurses from the four LTCFs assigned to the intervention group received three 30-min training sessions and 36 nurses in the five comparison group LTCFs did not.				
45.	**Lennox & Davidson** [80] **Year:** 2013 **Country:** Northern Ireland, UK **Aim:** To explore the current law, policy and practice issues relevant to sexuality and dementia, particularly in care home settings.	**Model or approach:** Review **Dates of data collection:** n/a **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Review and discussion paper **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** • Current Practice in Care Homes • Service User, Carer and Staff Perceptions • Legislation and Policy Implications for Law, Policy and Practice (Assessment; Person-Centred Approaches; Possible Strategies for Intervention; Training and Support; Policy Development)	**Main finding:** There is a need for greater discussion and debate on sexuality and dementia and how the complex issues this raises should be responded to. Much wider research are needed into this area as the majority of studies are exploratory with relatively small sample sizes. A gap in literature is also apparent in relation to service user perspectives. In order to manage sexuality and dementia, it is essential that staff are aware of the issues surrounding the subject and are appropriately trained and supported in managing relationships. To appropriately manage sexuality and dementia, staff need to have sound knowledge of legislation and policy and skills in multi-disciplinary working to	**Sexual expression**

					determine and deal with issues surrounding capacity to consent. **Additional finding:** n/a	
46.	**Leyerzapf et al.** [82] **Year:** 2016 **Country:** The Netherlands **Aim:** To acquire in-depth understanding of experiences and needs of LGBT older people concerning their inclusion and participation in care settings to contribute to development of inclusive and responsive care that structurally enhances visibility, 'voice' and wellbeing of LGBT residents.	**Model or approach:** Interviews, focus group, observation **Dates of data collection:** 2012-2013 **Population and sample size:** Interviews: n=18 Focus groups: n=46 **Setting:** Residential elderly care homes in two major cities in The Netherlands **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative study and observational study **Review papers:** n/a **Length of follow-up:** Observation length: 12 months	**Outcome/s of interest:** Experiences and needs of LGBT older people in residential care homes	**Main finding:** 1) The four themes of the research findings are: a) organisation of gay-friendly care; b) social exclusion, (in)visibility and difference; c) safety, feeling at home and being yourself; d) corresponding experiences between older LGBT and heterosexual people. 2) LGBT respondents reported social exclusion and the need to feel safe and at home and be yourself. Exclusive activities for LGBT people foster personal and relational empowerment. However, heterogenous activities seem crucial in dealing with stereotypical imaging, heteronormativity and an equality-as-sameness discourse that influenced culture and daily practice in the homes and negatively affected the position of LGBT older adults.	**Sexual expression**

					Additional finding: For development of gay-friendly elderly care exclusionary social norms need to be addressed. Dialogical sharing of narratives can help to empower LGBT older adults and stimulate understanding and shared responsibility between LGBT and heterosexual older people, as well as professionals.	
47.	**MacKinlay** [77] **Year:** 2008 **Country:** Australia **Aim:** To explore directions for the practice and continuing research in aged care nursing of older people and spiritual care.	**Model or approach:** A review approach was undertaken **Dates of data collection:** 2007 **Population and sample size:** 27 papers reviewed **Setting:** n/a **Delivery mode:** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Literature Review **Review papers:** n=27 **Length of follow-up:** N/A	**Outcome/s of interest:** • Ethics • Palliative care • Spiritual care	Ethical perspectives of older people nursing must be carefully addressed as frail and vulnerable older people struggle with issues of compromised autonomy. The changes from monocultural to multicultural societies challenge nurses to know how to provide culturally and faith appropriate care. The extension of palliative care to the needs of those growing older and dying is noted as a key area for developing spiritual care. It is asserted that spiritual assessment forms a basis for the provision of spiritual care for all of these themes.	**Spirituality**

					Further research should focus on spirituality as seen through the eyes of older people and examine the interface between nurses and patients, where the relationship becomes the guiding basis for practice. Education in nursing courses and through continuing programmes of education is needed to ensure adequate understanding of spirituality in the nursing role. Once there is enough data about the meaning of spirituality for older people, and what they perceive as their needs that can inform the development of models and frameworks for care. Undergraduate and postgraduate nursing programs need to address central issues of ageing and spirituality. Small group work and one-on-one work with people with moderate dementia can support them in making new friendships in residential care, dealing with grief and improving their communication skills.	

					Cross disciplinary research and teamwork and lines of communication around spirituality must be maintained to further develop concepts of spiritual care and practice. **Additional finding:** Further research should focus on spirituality as seen through the eyes of older people and examine the interface between nurses and patients, where the relationship becomes the guiding basis for practice.	
48.	**McDonald et al.** [87] **Year:** 2015 **Country:** Canada **Aims:** To (1) characterise the nature and extent of resident-to-resident abuse in Long Term Care (LTC) homes; (2) To examine factors that increase risk of initiating or becoming victim to resident-to-resident abuse; To (3) identify the frequency with which resident-to-resident abuse	**Model or approach:** A scoping review. **Dates of data collection:** 1985-April 2013. **Population and sample size:** n=32 studies **Setting:** n/a **Delivery mode:** n/a **Timing and duration:** n/a	**Study type:** Review **Review papers:** n=32 studies. **Length of follow-up:** n/a	**Outcome/s of interest:** Resident to resident abuse.	**Main finding:** The main finding of the scoping review by McDonald et al., (2015) on resident-to-resident abuse in long-term care facilities is that such abuse is a significant and under-recognised issue. Resident-to-resident abuse can take many forms, including physical, verbal, and sexual aggression, and it has profound consequences for both the victims and the aggressors. **Additional finding:** The study highlights the need for better recognition, reporting, and management	**Elder care**

	occurs in LTC homes; To (4) identify strategies for minimizing resident-to-resident abuse; and to (5) identify gaps in knowledge.				of this type of abuse to improve the quality of life for residents in long-term care homes.	
49.	**Moilanen et al.** [23] **Year:** 2020 **Country:** n/a **Aim:** To identify and synthesise nursing support for older people's autonomy in residential care.	**Model or approach:** Integrative review **Dates of data collection:** Reviewed papers were published between 1985 and 2018 **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Integrative review **Review papers:** 24 papers **Length of follow-up:** n/a	**Outcome/s of interest:** Nursing support for older people's autonomy in residential care	**Main finding:** • Older people's autonomy was based on dignity • Nurses protected older people's autonomy in eight diverse ways (Protecting people's rights to make their own decisions; Acting as advocates; Respecting older people's wishes; Providing opportunities; Fostering independence; Providing information for older people and their families; Individualising care practices; Protecting safety). • There were also barriers that needed to be overcome.	**Autonomy**
50.	**Morgan** [53] **Year:** 2012	**Model or approach:** Survey approach.	**Study type:** Survey **Review papers:** N/A	**Outcome/s of interest:** • **Independence**	**Main finding:** Some key themes were identified, particularly relating to	**Dignity**

	Country: North Wales **Aim:** To report on a survey conducted within North Wales regarding the perceptions of older people on dignity in care issues in the services received.	**Dates of data collection:** **Population and sample size:** 499 responses were received. **Setting**: **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Length of follow-up:** N/A	• **Personal care** • **Respect**	keeping independence, individual respect and personal care. National Health Service and local authority responses had some differences. *"To be treated with respect to be seen as a whole person with a range of different experiences to be seen as someone with something to give".* **Additional finding:** More needs to be done regarding dignity in care work in Wales.	
51.	**Morrison-Dayan** [30] **Year:** 2024 **Country:** Australia **Aim:** To demonstrate how a human rights-based framework can provide guidance to governments in approaching issues involving the protection of older people's need for	**Model or approach:** n/a **Dates of data collection:** n/a **Population and sample size:** n/a **Setting:** Australian residential aged care **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a	**Study type:** Discussion paper **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** How the right to social participation may be protected under international human rights law, specifically Rights of Persons with Disabilities implemented in the Australian RAC context	**Main finding:** 1) Social participation can be better protected and social isolation countered in the Australian RAC context through implementing international human rights law (IHRL). 2) Federal, state and local governments and community organisations should engage in educational campaigns and other measures, including dementia awareness programs.	**Freedom of movement**

	social connection in aged care.	**Timing and duration:** n/a **Intervention description:** n/a			**Additional finding:** n/a	
52.	**Morrissey et al.** [88] **Year:** 2022 **Country:** USA **Aim:** To ensure that policy interventions following a pandemic includes a commitment to human rights; health, dignity, safety, and inclusiveness (United Nations 1991). To recognise that if older people are full participants in policy planning it will ensure dignity, safety, and well-being (United Nations 2020).	**Model or approach:** Literature review **Dates of data collection: (**References up to 2021). **Population and sample size:** n/a **Setting: USA** **Delivery mode:** n/a: **Intervention deliverers:** n/a **Timing and duration:** 2022 **Intervention description:** n/a	**Study type:** Review (in a chapter, not a systematic review) **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Equitable access to pain management and palliative care strategies to meet the needs of older adults' psychosocial social care need is a right of older adults and is consistent with international frameworks. (United Nations 2000).	**Main finding:** • Short- and long-term policy interventions must include a commitment to human rights – health, dignity, safety, and inclusiveness (United Nations 1991). • The COVID-19 pandemic identified inequities across race, ethnicity, gender and class, and the social and economic determinants of health, and death (Weil 2020), and in understanding elder abuse. • There has been a significant increase in older adult abuse reports during the pandemic,	**Elder abuse**

					ranging from financial swindles to family and social (Han and Mosqueda (2020). • Physical distancing must be tempered by strengthened social supports and services for older adults. Full integration of older people into a socioeconomic and humanitarian response plan is necessary to protect the human rights of older persons" (United Nations 2020, p. 4) and to influence health outcomes forolder adults.	
53.	**Murphy** [97] **Year:** 2007 **Country:** Ireland **Aim:** The aim of this research was to determine the factors that facilitate or hinder high quality nursing care for older people in long-term care settings in Ireland.	**Model or approach:** A review of the literature, interviews and a self-reported questionnaire. **Dates of data collection:** Pre-2005 (when the study was submitted for publication). **Population and sample size:** 498 nurses	**Study type:** Mixed method study **Review papers**: n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Factors that facilitate or hinder high quality nursing care for older people in long-term care settings in Ireland.	**Main finding:** Nine factors where identified six facilitating factors of quality and three hindering factors of quality care. The six factors, which facilitate quality, were: • an ethos of promoting independence and • autonomy; • a homelike social environment;	**Elder care**

		Setting: Long-term care settings **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			• person centred, holistic care; • knowledgeable, skilled staff; knowing the person and • adequate multidisciplinary resources. Three factors that hindered quality care; were: • a lack of time • patient choice • resistance to change bound by routine. **Additional finding:** The provision of planned social activities was also identified by nurses as a key element of quality care for older people. The largest factor with most variable loadings was an ethos of promoting independence and autonomy.	
54.	**Nakrem et al.** [104] **Year:** 2011 **Country:** Norway **Aim:** The aim of the study was to describe the nursing home	**Model or approach:** In depth interviews **Dates of data collection:** November 2010 to May 2011. **Population and sample size:** A purposive	**Study type:** Qualitative **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Interpersonal factors of direct nursing care and resident outcomes of nursing care.	**Main finding:** Interpersonal aspects have a major influence on nursing care quality. Caring relationships between nurse and resident in which their integrity was protected, and put great emphasis on support	**Elder care**

	residents' experience with direct nursing care, related to the interpersonal aspects of quality of care.	sample of fifteen mentally lucid residents from of four municipal public nursing homes in Norway. **Setting:** Nursing home in Norway. **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			from the nursing staff to uphold their social relationships. Many areas of nursing home care of importance to the residents depended on the direct efforts of the nurses, such as receiving care with acknowledgment for remaining functions, being treated with respect or simply having someone to talk with. The dependency of the nursing staff was generally accepted, but it created an extra vulnerability. Power and control in everyday situations were placed on the nurses in their interactions with the residents. **Additional finding:** The many functions of the nursing home contribute to the complexity of the service. The nursing home is the residents' home and place to live, their social environment where they experience most of their social life and the place where health care service is provided. The diversity of the residents' needs, varying from palliative care to social stimulation,	

					adds complexity to nursing care.	
55.	**Oosterveld-Vlug et al.** [55] **Year:** 2016 **Country:** The Netherlands **Aim:** To explore which characteristics of nursing home residents relate to factors influencing their dignity.	**Model or approach:** Quantitative survey **Dates of data collection:** **Population and sample size:** 95 residents **Setting**: Six nursing homes in the Netherlands. **Delivery mode (e.g., remotely online, in person):** N/A **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A	**Study type:** Survey **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** Preserving personal dignity Testing out the Measurement Instrument for Dignity AMsterdam e for Long-Term Care facilities (MIDAM-LTC).	**Main finding:** Results showed that not being optimistic, being male and/or being heavily dependent predispose nursing home residents to have their dignity undermined. Residents with these characteristics should therefore be given special attention in the provision of dignity-conserving care. Age, cultural background, religion, length of stay and socioeconomic status were very rarely related to individual MIDAM-LTC items. **Additional finding:** An increased sensitivity toward factors undermining dignity is a major step toward more effective dignity-conserving care which will benefit people living in long-term care institutions.	**Dignity**
56.	**Ostaszkiewicz et al.** [46] **Year:** 2018 **Country:** Australia	**Model or approach:** A qualitative exploratory descriptive research approach.	**Study type:** Qualitative study **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • **Communication** • **Continence care** • **Dignity** • **Preferences**	**Main finding:** Participants' understanding and expectations about quality continence care were linked to beliefs about incontinence being	**Dignity**

	Aim: To explore nursing home staff members' beliefs and expectations about what constitutes "quality continence care" for people living in nursing Homes.	**Dates of data collection:** Between 2014–2015. **Population and sample size:** n=19 nursing home staff: n=8 registered nurses, n=4 enrolled nurses, n=7 personal care workers. **Setting**: A nursing home in Australia between 2014–2015. **Delivery mode (e.g., remotely online, in person):** N/A **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A		• **Privacy**	an intractable and undignified condition in nursing homes. The key theme to emerge was "protecting residents' dignity" which was supported by the following six subthemes: (i) using pads, ii) providing privacy, (iii) knowing how to "manage" incontinence, (iv) providing timely continence care, (v) considering residents' continence care preferences and (vi) communicating sensitively **Additional finding:** Toileting is resource intensive. *Providing residents with timely toileting assistance and changing their pads when they were soiled or saturated protected residents' dignity. However, participants indicated they were often unable to meet residents and family members' expectations because of a lack of staff. An RN said:* *Probably our biggest barrier to actually delivering toileting assistance is like a*	

					resourcing issue, you know, just having literally enough staff to actually deliver that [toileting assistance] adequately for the person. (Int 05). *Similarly, a RN manager pointed out the resource implications of having to provide a resident with toileting assistance on a two or three hourly basis during the day. She said:* *To take someone who is [requires assistance to the toilet] two or three hourly from the hours of say 7am until 9 pm to the toilet that amount of times, and they may need two staff, that's a huge resource. (Int 02).*	
57.	**Øye and Jacobsen** [71] **Year:** 2018 **Country:** Norway **Aim:** The aim of this article is to identify various kinds of informal restraint, and how staff use informal restraint under which circumstances.	**Model or approach:** Mixed methods **Dates of data collection:** May 2013 to March 2014. **Population and sample size:** Four nursing homes in the Western part of Norway (out of 83). **Setting:** Nursing Homes in Norway.	**Study type:** RCT and qualitative data The study is an education intervention study, examining the use of restraint in 24 nursing homes in the region. The mixed method study integrates a single-blind cluster randomised controlled trail (RCT) and qualitative methods such as ethnography, carried out in the period 2012–2014.	**Outcome/s of interest:** • Dignity • Freedom of movement or choice • Physical restraint	**Main finding:** Five different forms of informal restraint use were identified (1) diversion of residents' attention; (2) white lies; (3) persuasion and interpersonal pressure; (4) offers and (5) threats. These different forms of informal restraint are actions by staff against residents' will, limiting residents' freedom of movement and their personal preferences.	**Restraint**

		Delivery mode: The ethnographic investigation consisted of field observations for a total of 51 days: 43 formal interviews as well as several informal interviews with staff carried out in daily life situations. **Interviewers** Included 5 leader interviews (all nurses), 1 social educator, 1 assistant occupational therapist, 8 nurses (who were not leaders), 23 auxiliary nurses and 5 assistant nurses. **Timing and duration:** Observations lasted from between 5 and 10 hours per day and were performed in shared areas in the three homes (kitchen, dining room, living room, garden, hall and the offices including approximately 65 handovers where staff discussed challenging residents and use of restraint. **Intervention description:** The	**Review papers:** N/A **Length of follow-up:** Unclear if there was follow-up after the initial observation.		Also identified was 'grey-zone restraint' which comprises actions by staff towards residents which lie in between formal and informal restraint. The use of informal restraint can be explained by institutional circumstances such as location, architecture and institutional collectivist constraints in relation to care work.	

		single-blind cluster RCT measured to what extent the education intervention works (effect), while the qualitative approaches examined contextual factors in relation to the education intervention and use of formal and informal restraint, based on empirical material on the ethnographic data set based on field observations in four different nursing homes within a sample total of 24 nursing homes.				
58.	**Øye et al.** [73] **Year:** 2016 **Country:** Norway **Aim:** To investigate (1) what kind of restraint is used in three nursing homes in Norway and (2) how staff use restraint under what organisational conditions.	**Model or approach:** Ethnographic investigation. **Dates of data collection:** Unclear, but over a 10-month period pre-publication of the article in 2017. **Population and sample size:** Twenty-four nursing homes, but exact number of people observed was not made clear in the paper. **Setting:** Nursing homes in Norway, **Delivery mode:** In person: -	**Study type:** Observational **Review papers:** N/A **Length of follow-up:** Unclear if there was follow-up after the initial 10-month observation.	**Outcome/s of interest:** • Environmental restraint • Medical restraint • Physical restraint • Surveillance devices	**Main finding:** The overall investigation showed a relatively low level of use of restraint in the 24 NHs (n =274): at the time of the baseline, the rate of patients subject to at least one form of restraint was on average 19.0%. Interactional restraint was used most frequently. The use of restraint related to the characteristics of individual residents, such as agitation, aggressiveness and wandering. Restraint use also explained by	**Restraint**

		Intervention deliverers: Investigators **Timing and duration:** 10-month period **Intervention description:** Based on restraint diversity measured in the trial, ethnographic investigation was carried out in three different nursing homes in Norway over a 10-month period to examine restraint use in relation to organisational constraints.			organisational conditions such as resident mix, staff culture and available human resources. **Additional finding:** A fluctuating and dynamic interplay between different individual and contextual factors determines whether restraint is used or not in particular situations with residents living with dementia.	
59.	**Patomella et al.** [98] **Year:** 2016 **Country:** Sweden **Aim:** To understand the characteristics of nursing home residents who thrive and residents who do not thrive in nursing homes, using the Thriving of Older People Assessment Scale.	**Model or approach:** Cross-sectional study **Dates of data collection:** 2013 **Population and sample size:** 191 residents **Setting:** Large Swedish nursing home facility. **Delivery mode (e.g., remotely online, in person):** -A study-specific questionnaire	**Study type:** Quantitative **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Thriving in nursing homes. Residents with and without cognitive impairments.	**Main finding:** Residents with higher levels of thriving had shorter length of stay at the facility, higher functioning in Activities of Daily Living and less cognitive impairment, lower frequency of behavioural and psychological symptoms and higher assessed quality of life ($P < .002$). The ability to walk and possibilities to spend time outdoors were higher among those with higher levels of thriving.	**Elder care**

		was used consisting of demographic variables as well as assessment scales on levels of thriving, frequency of behavioural and psychological symptoms, cognitive impairment, ADLs and functional abilities and quality of life. All resident assessments were performed by proxy due to the known high prevalence of cognitive impairment in the sample and each resident was assessed by the member of staff who knew this particular resident best; typically, the contact staff member. **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			**Additional finding:** Residents who experience thriving have a higher quality of life. Knowledge about what characterizes residents with lower levels of thriving may help nursing home staff to identify residents at risk of not thriving and to initiate interventions to improve their level of thriving. The results highlight the importance of increasing experiences of thriving in nursing home environments.	
60.	**Phelan** [90] **Year:** 2015 **Country:** Ireland	**Model or approach:** Literature Review (not a systematic review) **Dates of data collection:** n/a	**Study type:** Review **Review papers:** Unclear. **Length of follow-up:** n/a	**Outcome/s of interest:** Abuse in the domiciliary environment and care home environment.	**Main finding:** • Person centred care must be delivered so that human rights are articulated and	**Elder abuse**

	Aim: To examine maltreatment in care homes/nursing homes and the need for policy that is based on a multi systems approach.	**Population and sample size:** n/a **Setting:** n/a **Delivery mode:** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			adopted as standard. • Independent regulatory bodies are essential components of policy implementation. • Policy must direct that staff have regular training in sensitive communication care delivery, risk management, dementia complexity and conflict. • Balancing residents' autonomy, will, and preference is needed.	
61.	**Phelan** [90] **Year:** 2018 **Country:** Ireland **Aim:** To determine the role of the nurse in detecting elder abuse and neglect by determining current perspectives	**Model or approach:** Review **Dates of data collection:** n/a **Population and sample size: n/a** **Setting:** Nursing homes **Delivery mode,** n/a	**Study type:** Literature Review **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Risk factors for elder abuse in care homes.	**Main finding:** **Risk factors for elder abuse** identified as: Older person **functional** dependence/physical disability, poor physical health, cognitive impairment, poor mental health, low income, gender, age, financial dependence and race/ethnicity.	**Elder abuse**

		Intervention deliverers: n/a **Timing and duration:** n/a **Intervention description:** n/a			**Perpetrator:** mental illness, substance abuser, abuser Dependency. **Relationship**: victim–perpetrator relationship, marital status. **Community**: geographical location. **Societal:** negative stereotypes of aging, cultural norms. Nurses must be conscious of the conditions of possibility of detection. Older persons need to be positioned as equal human beings, who have equal rights and entitlements. If abuse is suspected the nurse evaluates the need to refer to protective services. Judgment involves an assessment of the immediacy of intervention as elder abuse may represent a legal trespass. Specific findings from numerous studies include: In the US, neglect (9.8%) and caretaking abuse (17.4%) are the most common forms of abuse in nursing homes.	

					• 36% of nurses' aides observed argumentative behaviour toward residents, and 28% reported resident intimidation. • In Norway, 91% of staff observed colleagues engaging in inadequate care, and 87% admitted to perpetrating inadequate care themselves. • In Germany, 79% of staff admitted to abusing or neglecting a resident at least once in the previous two months, and 66% witnessed colleagues victimizing residents. Drennan et al (2012) found rates of elder abuse in residential care in Ireland with 57.5% reporting that they had observed one or more abusive behaviours	

					by colleagues in the previous 12 months.	
62.	**Pu & Moyle** [66] **Year:** 2020 **Country: Australia** **Aim:** To provide an overview of restraint use in residents with dementia in the context of residential aged care facilities.	**Model or approach: A review** approach was used **Dates of data collection:** 2015 – 20 May 2019 **Population and sample size:** 23 papers were included **Setting:** Residents with dementia living in residential care settings in Australia **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention descriptions found:** N/A	**Study type: Scoping Review** **Review papers:** From 1,585 articles, 23 met the inclusion criteria. **Length of follow-up:** N/A	**Outcome/s of interest:** • Restraint • Decision making	**Main finding:** The prevalence of restraint use in people with dementia living in residential care settings remains high. There is a lack of a clear definition of restraint use, and the prevalence of restraint use varied from 30.7% to 64.8% depending on the different operational concepts. People with dementia were at a higher risk for restraint use. The decision-making process for restraint use was largely ignored in the literature. The effect of staff educational interventions to reduce restraint use was inconsistent due to varying delivery duration and content.	**Restraint**
63.	**Redmond et al** [68] **Year:** 2022 **Country:** Ireland **Aim:** To explore and identify the relationship between nurses' knowledge levels, attitudes and intentions. regarding	**Model or approach:** A quantitative approach was used **Dates of data collection:** 2020 **Population and sample size:** 83 nurses self-selected to participate in the study	**Study type:** Cross-sectional study (survey) **Review papers:** N/A **Length of follow-up: N/A**	**Outcome/s of interest:** Restraint Risk	**Main finding:** Knowledge and attitudes negatively predict nurses' intentions toward restraint, with attitude being the stronger predictor of intentions. Falls risk caused the greatest variation in intention scores. Results showed high knowledge levels, negative	**Restraint**

	physical restraint use in two large Irish elderly residential care facilities.	**Setting:** Two large Irish elderly residential care facilities **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A			attitudes toward restraint implementation and moderate mean intention scores. A significant positive relationship existed between knowledge and attitudes, with both variables negatively predicting intentions regarding restraint. Education was significant in predicting knowledge and attitudes, yet years of experience did not.	
64.	**Roos et al.** [56] **Year:** 2022 **Country:** Sweden **Aim:** To examine the associations between perceived dignity and well-being and factors related to the attitudes of staff, the care environment and individual issues among older people living in Residential Care Facilities (RCFs).	**Model or approach:** A national cross-sectional study. **Dates of data collection:** Between March and May 2018. **Population and sample size:** 35,432 residents responded to the survey (response rate 49%). **Setting**: Residential care facilities in Sweden **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a	**Study type:** A cross-sectional study. **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** **Framework incorporating:** • **Care environment** • **Person-centred outcomes** • **Person-centred processes** • **Prerequisites**	**Main finding:** Respondents who had experienced disrespectful treatment, those who did not thrive in the indoor-outdoor-mealtime environment, those who rated their health as poor and those with dementia had higher odds of being dissatisfied with dignity and well-being. To promote dignity and well-being, there is a need to improve the prerequisites of staff regarding respectful attitudes and to improve the care environment. The person-centred practice framework can be used as a theoretical framework for improvements, as it targets	**Dignity**

		Timing and duration: n/a **Intervention description:** n/a			the prerequisites of staff and the care environment. **Additional finding:** As dignity and well-being are central values in the care of older people worldwide, the results of this study can be generalised to other care settings for older people in countries outside of Sweden.	
65.	**Roos et al.** [47] **Year:** 2023 **Country:** Sweden **Aim:** To gain an understanding of important aspects for older persons to experience dignity and well-being in residential care facilities (RCFs).	**Model or approach:** A qualitative approach. **Dates of data collection:** **Population and sample size:** n=20 older persons living in RCFs. **Setting**: RCFs in Sweden **Delivery mode (e.g., remotely online, in person):** N/A **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A	**Study type:** Qualitative study **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • **Dignity** • **Identity** • **Social context** • **Support**	**Main finding:** To experience dignity and well-being older persons emphasized the importance of preserving their identity. To do this, it was important to be able to manage daily life, to gain support and influence and to belong to a social context. **Additional finding:** The participation of different professionals working together has in previous research been described as essential for implementing person-centred care (PCC).	**Dignity**

66.	**Saarnio &Isola** [65] **Year: 2010** **Country:** Finland **Aim:** To describe the perceptions of nursing staff on the use of physical restraints in institutional care of older people.	**Model or approach:** A qualitative approach was used. **Dates of data collection:** 2005 **Population and sample size:** Focus group interviews carried out in four groups: nurses (n = 6), practical nurses (n = 6), institutional assistants (n = 4) and care supervisors (n = 5). The supervisor focus group included both head nurses and senior nurses. All participants were female. **Setting:** Various different institutional care units: municipal or private nursing homes and health centre wards in Finland. **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative focus group interviews **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Decision making • Ethical issues around physical restraint • Physical restraint • Quality of care	**Main finding:** In addition to traditional methods of restraint, such as belts and locked doors, the nursing staff also used indirect restraint by removing the patient's mobility aid. Factors contributing to the use of restraints included requests by the patient's family members to use restraint to ensure the patient's safety and social reasons, in the form of lack of legislation on the use of restraint. The use of restraints caused feelings of guilt among the nursing staff but was seen to make older patients feel more secure.	**Restraint**
67.	**Sandgren et al.** [39] **Year: 2020**	**Model or approach:** This was a primary	**Study type:** Cross-sectional study	**Outcome/s of interest:** • Person centred care	**Main finding:** Only one-fifth of the older persons reported that they were	**Quality of life**

	Country: Sweden **Aim:** To assess the quality of life in frail older persons (65+ years) living in nursing homes and to examine differences between QoL perceptions among different gender and age groups.	study (cross-sectional study) **Dates of data collection:** 2015-2017 **Population and sample size:** 78 older persons **Setting:** Nursing homes in Sweden **Delivery mode (e.g., remotely online, in person):** -Face to face interviews. **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A	**Review papers:** N/A **Length of follow-up:** N/A	• Communication • Autonomy	able to do the things they liked to do and they did not feel in control of their future, which indicated that the participants in this study had low autonomy. This needs to be taken into consideration to enhance frail older persons' QoL. Nursing home staff should frequently offer, invite and involve them in interactions. This interaction can be enabled by asking for their opinions, involving the older person in meaningful everyday activities, care planning and offering choices. **Additional finding**: The frail older persons seemed to have no or little fear of death and dying. This result can increase the staff's understanding of older persons' attitudes towards death and dying and thereby ease and opening conversations about death and dying according to frail older persons' eventual needs. The actions suggested promoting person-centred care.	
68.	**Sherwin & Winsby** [24]	**Model or approach:**	**Study type:**	**Outcome/s of interest:**	**Main finding:**	**Autonomy**

	Year: 2010 **Country:** n/a **Aim:** To review critically the traditional concept of autonomy, propose an alternative relational interpretation of autonomy, and discuss how this would operate in identifying and addressing ethical issues that arise in the context of nursing home care for older adults.	Philosophical methods **Dates of data collection:** n/a **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** - n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	n/a **Review papers:** n/a **Length of follow-up:** n/a	Relational interpretation of autonomy Identification and addressing of ethical issues that arise in the context of nursing home care for older adults	1)To truly attend to the needs and interests of frail older persons who require the care associated with residency in nursing homes, we need to change the conceptual framework within which many facilities function and be more attentive to the need to correct the damage of oppressive ageism. 2) A relational autonomy approach suggests that the problem does not lie primarily with specific caregivers or institutional managers, but rather with the cultural space occupied by nursing homes for older citizens. **Additional finding:** n/a	
69.	**Slettbo et al.** [48] **Year:** 2017 **Country:** Denmark, Norway and Sweden **Aim:** To examine how nursing home residents experience	**Model or approach:** A qualitative approach. **Dates of data collection:** Between 2010–2011. **Population and sample size:** n=28 residents	**Study type:** Qualitative study. **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Dignity • Meaningful activities	**Main finding:** The participants highlight two dimensions of the activities that foster experiences of dignity in nursing homes in Scandinavia. These two categories were 1) Fostering dignity through meaningful participation and 2) Fostering dignity	**Dignity**

	dignity through the provision of activities that foster meaning and joy in their daily life.	**Setting**: Nursing homes in Denmark, Norway and Sweden. **Delivery mode (e.g., remotely online, in person):** N/A **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A			through experiencing enjoyable individualized activities. **Additional finding:** Activities are important for residents to experience dignity in their daily life in nursing homes. However, it is important to tailor the activities to the individual and to enable the residents to take part actively. Nurses should collect information about the resident's preferences for participation in activities at the nursing home.	
70.	**Steele and Fleming** [106] **Year:** 2022 **Country:** Australia **Aim:** to explore to which extent autonomy is supported within staff-resident interactions.	**Model or approach:** Exploratory, cross-sectional, observational study (mainly qualitative). **Dates of data collection:** March 2017 - September 2018. **Population and sample size:** 57 nursing home residents with dementia and staff from 9 different psychogeriatric wards **Setting:** Exploratory, cross-sectional, observational	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** The support of resident autonomy within staff-resident interactions	**Main finding:** 1) Autonomy seemed to be supported by staff in 60% of the interactions. However, missed opportunities to engage residents in choice were frequently observed. These mainly seem to occur during interactions in which staff members took over tasks and seemed insensitive to residents' needs and wishes. 2) Differences between staff approach, working procedures, and physical environment were observed across nursing	**Autonomy**

		study, samples included people with dementia living in 9 different psychogeriatric wards of 6 nursing homes in the southern part of the Netherlands. **Delivery mode (e.g., remotely online, in person):** - In person **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			home locations, which may support or impede resident autonomy. 3) Data suggest that staff's approach can increase resident autonomy, as resident consent and engagement in care activities appeared greater when staff actively supported resident autonomy. 4)There were still many cases in which staff seemed to ignore resident's needs and wishes. **Additional finding:** 1) Challenges seem to exist in supporting autonomy for residents with severely high cognitive impairment	
71.	**Steele and Swaffer** [31] **Year:** 2022 **Country:** Australia **Aim:** This paper explores the possibility of reparations for harms suffered by people in residential aged care,	**Model or approach:** Case study (using Australia as a case study) **Dates of data collection:** n/a **Population and sample size:** The focus was on people with dementia in	**Study type:** Review and Case Study (using Australia as a case study) **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Reparation processes (including compensation, rehabilitation, apologies and public education).	**Main finding:** In order to ensure that reparations support the prevention of further harm in aged care, the design of redress could form part of broader government strategies directed toward increasing funding and access to community-based support, care, and accommodation, and enhancing the human	**Elder abuse**

	focusing on experiences of people with dementia.	residential aged care settings in Australia. **Setting:** Residential homes **Delivery mode online, in-person: n**/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a			rights of people with dementia. People with dementia have the right to access justice on an equal basis with others (article 13, CRPD). Principle 8 of the International Principles and Guidelines on Access to Justice for Persons with Disabilities provides that "persons with disabilities have the rights to report complaints and initiate legal proceedings concerning human rights violations and crimes, have their complaints investigated and be afforded effective remedies.". Devandas-Aguilar has recognized that "access to effective remedies is critical to combating all forms of exploitation, violence or abuse against older persons with disabilities" and that effective remedies are in place for human rights violations including the rights to restitution, and compensation amongst others.	
72.	**Teeri et al.** [99] **Year:** 2008	**Model or approach:** Survey approach	**Study type:** Quantitative **Review papers:**	**Outcome/s of interest:** **Patient integrity**	**Main finding:** Social factors emerged as most important item restricting	**Elder care**

	Country: Finland **Aim:** To describe and compare the views of nurses and older patient's' relatives on factors restricting the maintenance of patient integrity in long-term care.	**Dates of data collection:** Between May and July 2004 **Population and sample size:** n=222 nurses N=213 relatives N=98 relatives of patients without dementia N=115 relatives of patients without dementia **Setting:** Long-term care facilities in Finland. **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	n/a **Length of follow-up:** n/a		the maintenance of patient integrity. Other key restricting factors were patients' inability to make decisions, forgetfulness and difficulties with expressing themselves. **Additional finding:** Staff shortages were identified as a key factor restricting the maintenance of patient integrity. Staff shortages led to time pressure leaving nurses with not enough time to concentrate on patients' needs.	
73.	**Testad et al.** [70] **Year:** 2016 **Country:** Norway **Aim:** To evaluate the effectiveness of a tailored 7-month	**Model or approach: Randomised Controlled Trial (RCT)** **Dates of data collection:** 2011–2013 **Population and sample size:**	**Study type:** Single-blind cluster randomized controlled trial **Review papers: N/A** **Length of follow-up:**	**Outcome/s of interest:** This study reports on the statistically significant reduction in use of restraint in care homes, both prior and during the 7-month intervention periods, in both intervention and control groups.	**Main finding:** Use of restraint significantly reduced in both the intervention group and the control group despite unexpected low baseline, with a tendency to a greater reduction inthe control group.	**Restraint**

	training intervention "Trust Before Restraint," in reducing use of restraint, agitation, and antipsychotic medications in care home residents with dementia.	24 care homes. 274 residents were included in the study, with 118 in the intervention group and 156 in the control group **Setting:** Within the Western Norway Regional Health Authority. **Intervention deliverers:** N/A **Timing and duration:** N/A **Intervention description:** N/A		Educational initiatives to reduce restraint and focus on person-centred care highlights the potential success of national training programs for care staff. Further evaluation to inform future training initiatives recommended.	Significant reduction in Cohen-Mansfield Agitation Inventory score in both the intervention group and the follow-up group with a slightly higher reduction in the control group, although this did not reach significance. A small non-significant increase in use of antipsychotics (14.1–17.7%) and antidepressants (35.9–38.4%) in both groups.	
74.	**Thys et al.** [83] **Year:** 2019 **Country:** Belgium. **Aim:** To better understand how nurses experience and react to intimate and sexual expressions of nursing home residents.	**Model or approach:** Qualitative semi-structured interviews **Dates of data collection:** April 2015–February 2016 **Population and sample size:** N=15 **Setting:** Nursing homes in Flanders, Belgium **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Nurses experience and react to intimate and sexual expressions of nursing home residents.	**Main finding:** Nurses experienced and dealt with intimate and sexual expressions of residents in an individual way, which was focused on setting and respecting their own sexual boundaries and those of residents and family members. Depending on their comfort level with residents' expressions, nurses responded in three ways: active facilitation, tolerance and termination. Nurses' responses depended on contextual factors, including their individual experiences with sexuality, the nature of their relationship with the residents involved, the	**Sexual expression**

		Timing and duration: n/a **Intervention description:** n/a			presence of dementia and the organisational culture of the facility. **Additional finding:** Residents with dementia have an increased vulnerability that exposes them to a higher risk of sexual abuse.	
75.	**Torossian** [50] **Year:** 2021 **Country:** USA **Aim:** To explore the state of art regarding the dignity of individuals with Alzheimer's disease and related dementias (ADRD).	**Model or approach:** A scoping review approach. **Dates of data collection:** **Population and sample size:** Twenty-six articles were included in the review. **Setting**: n/a **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Scoping Review. **Review papers:** n=26 articles were included in the review. **Length of follow-up:** N/A	**Outcome/s of interest:** • Autonomy • Connection • Dignity • Freedom • Personalised care	**Main finding:** Findings highlighted characteristics of care that affected the dignity of individuals with ADRD. Researchers found that care was task-centred, depersonalized, and lacked a genuine connection. Individuals with ADRD experienced embarrassment, lack of freedom, and powerlessness, which contributed to feelings of being devalued, and threatened their dignity. Studies testing interventions to enhance dignity were either inconclusive, lacked rigor, or had no lasting effect. **Additional finding:** The dignity of individuals with ADRD may be violated during healthcare interactions. More research is needed to objectively measure the dignity of	**Dignity**

					these individuals and examine the effectiveness of interventions aimed at promoting dignity.	
76.	**Tuominen** [32] **Year:** 2016 **Country:** Finland **Aim:** To describe older people's experiences of free will, its actualisation, promoters and barriers in nursing homes to improve the ethical quality of care.	**Model or approach:** Open-ended unstructured interviews **Dates of data collection:** April to June 2012 **Population and sample size:** 15 participants **Setting:** Four public nursing homes in Southern Finland **Delivery mode (e.g., remotely online, in person):** In person **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** Older people's experiences of free will in nursing homes	**Main finding:** 1) Older people described free will as action consistent with their own mind, opportunity to determine own personal matters and holding on to their rights. 2) Own free will was actualised in having control of bedtime, dressing, privacy and social life with relatives. 3) Own free will was not actualised in receiving help when needed, having an impact on meals, hygiene, free movement, meaningful action and social life. Promoters included older people's attitudes, behaviour, health, physical functioning as well as nurses' ethical conduct. 4) Barriers were nurses' unethical attitudes, institution rules, distracting behaviour of other residents, older people's attitudes, physical frailty and dependency. **Additional finding:**	**Freedom of movement**

					n/a	
77.	**Van der Geugten and Goosensen** [51] **Year:** 2019 **Country:** The Netherlands **Aim:** To synthesise dignifying and undignifying aspects of formal and informal care for people with dementia within nursing homes.	**Model or approach:** Review. **Dates of data collection:** Between 2003 and 2018. **Population and sample size:** 29 papers were included in the narrative review. **Setting**: n/a **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Narrative review including qualitative synthesis **Review papers:** 29 papers were included in the narrative review. **Length of follow-up:** N/A	**Outcome/s of interest:** • Attentiveness • Belonging • Connectedness • Dignity • Encouragement • Personalisation • Physical care • Respect	**Main finding:** Narrative synthesis showed that dignifying aspects of care are characterised by a process of adjusting and attuning to the changing abilities, personality, preferences and care needs of the person with dementia. In contrast, undignifying aspects of care are characterised by unsuccessful processes of acknowledging and conciliating with the changing person with dementia. These processes especially threaten dignity in people with severe dementia because of their total care dependency. Their vulnerability towards undignifying care practices is reinforced by the lack of reciprocity in the care relation and diminished conversation and communication skills. **Additional finding:** Formal and informal caregivers can contribute to preserving the dignity of people with dementia, especially in the later stages of the disease.	**Dignity**

78.	**Van der Weide** [25] **Year:** 2023 **Country:** n/a **Aim:** To explore what is known in literature on autonomy support interventions for people with dementia in nursing homes.	**Model or approach:** Rapid realist review **Dates of data collection:** Articles published between Jan 2012 and Feb 2022 **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Rapid realist review **Review papers:** Sixteen published articles were included. **Length of follow-up:** n/a	**Outcome/s of interest:** The approaches that autonomy is supported for people with dementia in nursing homes.	**Main finding:** Four themes were identified: a. preferences and choice: interventions for supporting autonomy in nursing homes and their results, b. personal characteristics of residents and family: people with dementia and their family being individuals who have their own character, habits and behaviours, c. competent nursing staff each having their own level of knowledge, competence and need for support, and d. interaction and relationships in care situations: the persons involved are interrelated, continuously interacting in different triangles composed of residents, family members and nursing staff. **Additional finding:** The findings showed that results from interventions on autonomy in daily-care situations are likely to be just as related not only with the characteristics and competences of the people involved, but also to how they interact. Autonomy support interventions appear to be successful	**Autonomy**

					when the right context factors are considered.	
79.	**Van Liempd, et al.** [34] **Year:** 2023 **Country:** n/a **Aim:** To collate, summarize, and synthesize the scientific evidence published to date on the influence of freedom of movement on health among NH residents with dementia.	**Model or approach:** Systematic review **Dates of data collection:** March 2021 **Population and sample size:** n/a **Setting:** The review included papers published between 2008 and 2020 in seven different countries; the majority were conducted in Europe (n = 9), followed by the United States of America (n = 6) and Australia (n = 2). **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Systematic review **Review papers:** 16 studies **Length of follow-up:** n/a	**Outcome/s of interest:** Influence of freedom of movement on health among nursing home residents with dementia	**Main finding:** 1) Compared to closed NHs, freedom of movement in semi-open and open NHS may have a positive influence on bodily functions, mental functions and perception, quality of life, and social and societal participation. 2) Increase in freedom of movement is related to a decrease in the use of psychotropic medication and the number and severity of falls.3) The influence on daily functioning and on the existential dimension remains unclear. **Additional finding:** n/a	**Freedom of movement**
80.	**Van Liempd, et al.** [33] **Year:** 2024	**Model or approach:** Linear mixed models	**Study type:** Longitudinal study **Review papers:** n/a	**Outcome/s of interest:** Health outcomes that associated with increased	**Main finding:** 1) Increasing freedom of movement for NH residents with dementia is	**Freedom of movement**

	Country: Netherlands **Aim:** To investigate whether and to what extent increased freedom of movement is associated with the positive health of nursing home residents with dementia over time.	Using OAZIS-Dementia **(**Research Attractiveness Healthcare Environments using the Impact Scan**)** **Dates of data collection:** August 2020 and June 2021 **Population and sample size:** N=46 **Setting:** Two nursing homes (one closed, one semi-open) in Netherlands **Delivery mode (e.g., remotely online, in person):** Online **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Length of follow-up:** 9 months	freedom of movement in nursing homes	associated with improved health outcomes, both immediately and over time. 2) Most dimensions of the residents' health improved after moving from a closed NH to a semi-open NH. These health improvements did not always last until nine months after relocation. None of the residents' health scores declined over time when compared to the baseline, except for mobility scores. 3) A significant improvement over time lasted for agitation and the quality-of-life subscales 'care relationship' and 'feeling at home'. **Additional finding:**	
81.	**Villar et al.** [107] **Year:** 2020 **Country:** Spain **Aim:** To explore to what extent staff	**Model or approach:** Questionnaire **Dates of data collection:** 2016 **Population and sample size:** N=2115	**Study type:** Qualitative study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** 1) Staff views on the extent to which older people living in LTCFs have sexual needs and how they usually express them in institutional settings.	**Main finding:** Most participants did not see sexual needs as being present in many (or even any) older people living in LTCFs. Masturbation was the most common way staff thought residents'	**Sexual expression**

	perceive older residents in long-term care facilities (LTCFs) as still having sexual needs, and how they think care in relation to sexual issues could be improved.	**Setting:** LTCF **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a		2) Staff views on what should be done to improve care for residents with sexual needs. 3) The influence of work position (differentiating among managers, technical staff and care assistants) on staff views.	sexual needs were being satisfied. The participants mentioned a broad range of measures to improve care regarding sexual issues, including providing more training opportunities for staff, guaranteeing privacy and improving negative attitudes held by family, residents or staff members. Work position influenced participants' responses. Managers and technical staff were more likely to attribute sexual needs to residents than care assistants. **Additional finding:** n/a	
82.	**Vitorino et al.** [78] **Year:** 2019 **Country:** Brazil **Aim:** To examine associations between aspects of physical environment (PE) and spiritual/religious coping (SRC) behaviours and to understand what aspects of older people's physical environment are	**Model or approach:** Quantitative approach **Dates of data collection:** Between September 2013 and March 2014. **Population and sample size:** n=77 nursing homes and 326 community-dwelling residents. **Setting:** Brazilian nursing home residents	**Study type:** Cross-sectional survey. **Review papers:** N/A **Length of follow-up:** N/A	**Outcome/s of interest:** • Belief in God • Spiritual/religious coping	**Main finding:** The physical environment was significantly associated with positive spiritual/religious coping alone and differed between the two studied samples. "Feeling safe in daily life" and "having access to health services" were positively associated with positive spiritual/religious coping behaviours in nursing home residents. Higher satisfaction with access to healthcare services enhanced positive	**Spirituality**

	important to enhancing positive spiritual/religious coping.	and community dwelling residents. **Delivery mode:** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention Description:** n/a			spiritual/religious coping behaviours among nursing home residents. Nursing homes provided continuous access to registered nurses who administered medications. Nurse technicians and formal care providers assisted residents with washing, dressing, bathing, and eating. Nursing homes were equipped with readily available psychologists, chaplains, nutritionists and physiotherapists. Healthcare students were present all year round. Nursing home residents reported higher perceived health than community dwelling residents. Unlike community dwelling residents, nursing home residents had around-the-clock healthcare services and support. "Having access to information needed in their day-to-day lives" and "adequate transport" were significant among community dwelling residents and enhanced positive spiritual/religious coping behaviours. **Additional finding:** Spirituality and religiosity	

					should be considered an important part of geriatric and gerontological social care planning. Spirituality and religions are a particularly important part of day-to-day life in Brazil, especially among older people.	
83.	**Wang et al.** [57] **Year:** 2020 **Country:** China **Aim:** To investigate the use of physical restraints among Chinese long-term care facilities older adults and to identify its risk factors.	**Model or approach: Mixed methods approach:** Observational and cross-sectional study. **Dates of data collection:** July - November 2019. **Methods:** Data on physical restraint use and older adults characteristics were collected using physical restraints observation forms and older adults' records. Organisational data from nurse managers were collected by questionnaires. **Population and sample size:** Total of 1,026 older adults **Setting:** N=6 long-term care facilities in Chongqing, China	**Study type:** Quantitative **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** • Physical restraint • Risk factors	**Main findings:** The prevalence of physical restraints in six long-term care facilities in China was 25.83%. Waist belt (55.47%) and wrist restraint (52.83%) were most frequently used. Only 61.51% of physical restraints were signed with informed consent. 71.70% of physical restraints were caused by the prevention of falls. 89.06% of physical restraints did not have nursing documentation 13.58% restrained older adults were observed to have physical complications. Binary logistic regression analysis identified important risk factors for the use of physical restraints as facility type and ownership, older adults per nursing assistant, length of residence, cognitive impairment, care	**Restraint**

		Intervention deliverers: n/a **Timing and duration:** n/a **Intervention description:** n/a			dependency, mobility restriction, fall risk, physical agitation, and indwelling tubes. **Additional finding:** The elevated level of nursing staff using physical restraint was the result of lack of training and lack of standards and regulations, especially in reporting and decision making.	
84.	**Wang et al.** [92] **Year:** 2018 **Country:** China **Aim:** To compare the prevalence of elder abuse in nursing homes between Macau and Guangzhou China, and also examine its association with clinical factor and QoL.	**Model or approach:** Survey **Dates of data collection:** September 2015 – November 2106. **Population and sample size:** 193 males and 488 females. Total sample was n=681. **Setting:** Nursing homes in Macau and Guangzhou, China. **Delivery mode (e.g., remotely online, in person):** -n/a **Intervention deliverers:** n/a **Timing and duration:** n/a	**Study type:** Quantitative Cross-sectional study **Review papers:** n/a **Length of follow-up:** n/a	**Outcome/s of interest:** • Perceived health status • Chronical medical conditions • Reported insomnia They used measures for measuring physical and mental health (PHQ-9, Physical QoL, Psychological QoL, Social QoL, and Environmental QoL).	**Main finding:** Elder abuse is common in nursing homes in both Macau and Gaungzhou, China. Having a religion and depressive symptoms were independently associated with elder abuse. **Additional finding:** The authors note that appropriate strategies and educational programmes should be developed for health professionals to reduce the risk of elder abuse.	**Elder abuse**

		Intervention description: n/a				
85.	**Welford** [26] **Year:** 2010 **Country:** n/a **Aim:** To reveal the antecedents and consequences of autonomy for older people in residential care and thus enable this concept to be operationalised.	**Model or approach:** Concept analysis **Dates of data collection:** The literature review was initially conducted in 2007 and again in 2009. **Population and sample size:** n/a **Setting:** n/a **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Study type:** Literature review and Concept analysis **Review papers:** 28 journal articles **Length of follow-up:** Articles published in 10-year period	**Outcome/s of interest:** Antecedents and consequences of autonomy for older people in residential care A model case of autonomy for older people in residential care.	**Main finding:** Six attributes of autonomy for older people in residential care were delineated. (1) Residents are involved in decision making while their capacity is encouraged and supported. (2) Residents delegate their care needs based on the right to self-determination, and this can be achieved through (3) negotiated care planning, which is encouraged through open and respectful communication and (4) including families or significant others when the resident is cognitively impaired. (5) The residential unit operates a culture and atmosphere of flexibility within an ethos of maintaining resident dignity. (6) Meaningful relationships are enabled by the presence of regular and motivated staff, and these relationships enhance the residents' opportunities to be autonomous.	**Autonomy**
86.	**Woolford et al.** [27] **Year:** 2020	**Model or approach:** A qualitative approach.	**Study type:** Qualitative study **Review papers:** n/a	**Outcome/s of interest:** • Autonomy Cognitive ability	**Main finding:** Senior policy makers and advocate guardians described dignity of risk	**Dignity**

	Country: Australia **Aim:** To explore the meaning and the barriers and facilitators to applying Dignity of Risk (DoR) to Nursing Home residents.	**Dates of data collection:** Around 2016. **Population and sample size:** 14 participants. **Setting**: Nursing homes in Australia. **Delivery mode (e.g., remotely online, in person):** n/a **Intervention deliverers:** n/a **Timing and duration:** n/a **Intervention description:** n/a	**Length of follow-up:** n/a	• Needs • Physical safety (risk, safety framework, return on investment versus risk). • Stage of life	(DoR) as constituting four interrelated components: the person, taking risks, choice, and the process. Participants' explanations of DoR is consistent with person-centred care in which a client's choices and values are considered a necessary part of care to support autonomy and meaning in life. The exception is the participants' inclusion of the key role risk has in daily life for older vulnerable persons. **Additional finding:** Recognising vulnerable clients make choices that involve risk, often termed "positive risk taking," is instrumental for those persons with cognitive and physical disabilities to manage their health and its effects. This approach supports independent living.	

Appendix 2: Data extraction table; All n=87 included papers were data extracted. Please find below in alphabetical order.

Appendix 3 – Quality appraisal tables

Quality appraisals

The Joanna Briggs quality appraisal tools were used to quality appraise the included studies [108–110]See Tables 3.1 to 3.5.

Study	JBI Appraisal items											Score
	1	2	3	4	5	6	7	8	9	10	11	
1. Aguilar (2017	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
2. Anand (2022)	Y	Y	Y	U	U	U	Y	U	Y	Y	Y	Moderate
3. Boyle (2009)	Y	Y	Y	Y	Y	Y	U	U	Y	Y	Y	High
4. Castle et al (2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
5. Cleland et al (2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
6. Duffy et al (2024)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
7. Emmer De Albuquerque Green (2018)	Y	Y	Y	N	Y	N	N	Y	N	Y	Y	Moderate
8. Emmer De Albuquerque Green et al (2022)	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	High
9. Enmarker et al. 2010	Y	Y	Y	Y	U	N	U	U	U	Y	Y	Moderate
10. Haunch et al (2022)	Y	Y	Y	Y	Y	Y	U	Y	U	Y	Y	Moderate
11. Hirt et al (2022)	Y	Y	Y	U	U	Y	N	N	N	Y	Y	Moderate
12. Hofmann and Hahn	Y	Y	Y	Y	Y	Y	U	Y	U	U	U	Moderate
13. Holst et al. 2017	Y	Y	Y	Y	U	Y	U	U	U	Y	Y	Moderate
14. Lane and Harrington (2011)	Y	Y	Y	U	Y	Y	N	U	U	Y	Y	Moderate
15. Lee et al (2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
16. Lennox and Davidson (2013)	Y	Y	Y	Y	Y	Y	U	U	U	Y	Y	Moderate
17. MacKinlay (2008)	Y	Y	Y	Y	Y	N	U	Y	U	Y	Y	Moderate
18. McDonald et al (2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
19. Moilanen et al (2022)	Y	Y	Y	Y	Y	U	Y	Y	U	Y	Y	Moderate
20. Morrison-Dayan (2024)	Y	Y	Y	Y	Y	U	N	U	NA	Y	Y	Moderate
21. Morrissey et al (2022)	Y	Y	Y	Y	Y	NA	NA	Y	NA	Y	Y	Moderate
22. Phelan (2015)	Y	Y	Y	Y	Y	N	NA	NA	NA	Y	Y	Moderate
23. Phelan (2018)	Y	Y	Y	Y	Y	N	NA	Y	Y	NA	Y	Moderate
24. Pu and Moyle 2020	Y	Y	Y	Y	Y	U	U	Y	U	Y	Y	Moderate
25. Sherwin and Winsby (2011)	Y	Y	Y	Y	Y	U	U	Y	NA	Y	Y	Moderate
26. Steele and Swaffer (2022)	Y	Y	Y	Y	Y	N	NA	Y	NA	Y	Y	Moderate
27. Torossian et al (2021)	Y	Y	Y	Y	Y	N	U	Y	Y	Y	Y	High
28. Van der Geugten and Goosensen (2019)	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	High
29. Van der Weide (2023)	Y	Y	Y	Y	Y	Y	U	Y	U	Y	Y	High
30. Van Leimpd (2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High

31. Welford et al (2010)	Y	Y	Y	Y	Y	U	NA	NA	U	Y	Y	Moderate

Table 3.1: Critical appraisal of review studies; Key: Y – Yes; N – No; U – Unclear; n/a – not applicable.

1. Is the review question clearly and explicitly stated?
2. Were the inclusion criteria appropriate for the review question?
3. Was the search strategy appropriate?
4. Were the sources and resources used to search for studies adequate?
5. Were the criteria for appraising studies appropriate?
6. Was critical appraisal conducted by two or more reviewers independently?
7. Were there methods to minimize errors in data extraction?
8. Were the methods used to combine studies appropriate?
9. Was the likelihood of publication bias assessed?
10. Were recommendations for policy and/or practice supported by the reported data?
11. Were the specific directives for new research appropriate?

Study	JBI appraisal items										Score
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	
1. Bayer et al (2005)	Y	Y	Y	Y	Y	Y	CT	Y	CT	Y	High
2. Caspari et al (2018)	Y	Y	Y	Y	Y	N	CT	Y	Y	Y	High
3. Charpentier and Soulieres (2013)	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	High
4. Choe et al (2017)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	High
5. Evans et al (2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
6. Fekonja et al (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
7. Hall et al (2014)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	High
8. Heggestad et al (2013)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	High
9. Heggestad et al (2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
10. Heward et al (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
11. Hoek et al (2020)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	High
12. Hoy et al (2016)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
13. Hutchinson et al (2024)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	High
14. Jen et al (2022)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	High
15. Leyerzapf et al (2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
16. Nakrem et al (2011)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
17. Ostaszkiewicz et al (2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
18. Oye et al (2016)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
19. Roos et al (2023)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	High
20. Saarnio and Isola (2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
21. Slettebø et al (2017)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
22. Stell et al (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
23. Thys et al (2019)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
24. Tuominen et al (2016)	Y	Y	Y	Y	Y	CT	CT	Y	Y	Y	High
25. Woolford et al (2020)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	High

Table 3.2: Critical appraisal scores for qualitative studies; Key: Y – Yes; N – No; U – Unclear; n/a – not applicable

Q1: Is there congruity between the stated philosophical perspective and the research methodology?
Q2: Is there congruity between the research methodology and the research question or objectives?
Q3: Is there congruity between the research methodology and the methods used to collect data?
Q4: Is there congruity between the research methodology and the representation and analysis of data?
Q5: Is there congruity between the research methodology and the interpretation of results?
Q6: Is there a statement locating the researcher culturally or theoretically?
Q7: Is the influence of the researcher on the research, and vice- versa, addressed?
Q8: Are participants, and their voices, adequately represented?
Q9: Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?
Q10: Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

Study	JBI Appraisal items								Score
	1	2	3	4	5	6	7	8	
1. Chien et al (2022)	Y	Y	Y	Y	Y	Y	Y	Y	High
2. Dong et al (2021)	Y	Y	Y	Y	Y	Y	Y	Y	High
3. Dunbar et al (2022)	Y	Y	Y	Y	Y	Y	Y	Y	High
4. Estevez-Guerra et al (2017)	Y	Y	Y	Y	Y	Y	Y	Y	High
5. Heinze et al (2011)	Y	Y	Y	Y	Y	Y	Y	Y	High
6. Komorowski et al (2024)	Y	Y	Y	Y	N	N	Y	Y	High
7. Murphy (2007)	Y	Y	Y	Y	Y	Y	Y	Y	High
8. Redmond et al (2020)	Y	Y	Y	Y	Y	Y	Y	Y	High
9. Roos et al (2022)	Y	Y	Y	Y	Y	Y	Y	Y	High
10. Sandgren et al (2020)	Y	Y	Y	Y	Y	Y	Y	Y	High
11. Wang et al (2020)	Y	Y	Y	Y	Y	Y	Y	Y	High

Table 3.3: Critical appraisal for analytical cross-sectional studies; Key: Y – Yes; N – No; U – Unclear; n/a – not applicable.

1. Were the criteria for inclusion in the sample clearly defined?
2. Were the study subjects and the setting described in detail?
3. Was the exposure measured in a valid and reliable way?
4. Were objective, standard criteria used for measurement of the condition?
5. Were confounding factors identified?
6. Were strategies to deal with confounding factors stated?
7. Were the outcomes measured in a valid and reliable way?
8. Was appropriate statistical analysis used?

Study	JBI Appraisal items								Score
	1	2	3	4	5	6	7	8	
1. Bellenger et al (2017)	Y	Y	Y	Y	U	U	Y	Y	Moderate
2. Bellenger et al (2019)	Y	Y	Y	N	N	N	N	Y	Low
3. Bloemen et al (2015)	Y	Y	Y	Y	Y	Y	Y	Y	High
4. Botngard et al (2020)	Y	Y	Y	Y	Y	Y	Y	Y	High
5. Burack et al (2012)	Y	Y	Y	Y	Y	Y	Y	Y	High
6. Diaz Diaz et al (2023)	Y	Y	Y	N	Y	Y	Y	Y	High
7. Kor et al. 2018	Y	Y	Y	Y	U	U	Y	Y	Moderate
8. Kloos et al (2019)	Y	Y	Y	Y	Y	Y	Y	Y	High
9. Morgan (2012)	N	N	N	N	N	N	N	N	Low
10. Oosterveld-Vlug et al (2016)	Y	Y	Y	Y	Y	Y	Y	Y	High
11. Patomella et al (2016)	Y	Y	Y	Y	Y	Y	Y	Y	High
12. Teeri et al (2008)	Y	Y	Y	Y	Y	Y	Y	Y	High
13. Van Leimpd (2024)	Y	Y	Y	Y	Y	Y	Y	Y	High
14. Vitorino et al (2019)	Y	Y	Y	Y	Y	Y	Y	Y	High
15. Wang et al (2018)	Y	Y	Y	Y	Y	Y	Y	Y	High

Table 3.4: Critical appraisal of descriptive (survey) studies; Key: Y – Yes; N – No; U – Unclear; n/a – not applicable.

1. Were the criteria for inclusion in the sample clearly defined?
2. Were the study subjects and the setting described in detail?
3. Was the exposure measured in a valid and reliable way?
4. Were objective, standard criteria used for measurement of the condition?
5. Were confounding factors identified?
6. Were strategies to deal with confounding factors stated?
7. Were the outcomes measured in a valid and reliable way?
8. Was appropriate statistical analysis used?

Study	JBI Appraisal items													
	Q1	**Q2**	**Q3**	**Q4?**	**Q5?**	**Q6**	**Q7**	**Q8**	**Q9**	**Q10**	**Q11**	**Q12**	**Q13**	**Score**
1. Koczy et al (2011)	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
2. Lee et al (2020)	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	High
3. Oye and Jacobsen (2018)	Y	Y	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	High
4. Testad et al (2016)	Y	Y	N	N	N	Y	Y	Y	Y	N	Y	Y	Y	High

Table 3.5: Critical appraisal of Randomised Controlled Trials (RCTs); Key: Y – Yes; N – No; U – Unclear; n/a – not applicable.

Q1 Was true randomization used for assignment of participants to treatment groups?
Q2 Was allocation to treatment groups concealed?
Q3 Were treatment groups similar at the baseline?
Q4 Were participants blind to treatment assignment?
Q5 Were those delivering the treatment blind to treatment assignment?
Q6 Were treatment groups treated identically other than the intervention of interest?
Q7 Were outcome assessors blind to treatment assignment?
Q8 Were outcomes measured in the same way for treatment groups?
Q9 Were outcomes measured in a reliable way
Q10 Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analysed?
Q11 Were participants analysed in the groups to which they were randomized?
Q12 Was appropriate statistical analysis used?
Q13 Was the trial design appropriate and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?

Abbreviation	Full term
Care home	A care home is a residential setting where personal care and support is offered but medical care is not provided.
COVID-19	*COVID-19 is the short and commonly used term for Coronavirus* 2 (SARS-CoV-2), the new coronavirus named in February 2020
(DoLYS)	Deprivation of Liberty Safeguards
DoR	*Dignity of Risk*
EU	*European Union*
FoM	Freedom of Movement
HR	Human Rights
LGBT	Lesbian, Gay, Bisexual, Transgender
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), and others.
LTCF	Long Term Care Facility
NHI	Nursing Homes Ireland
NPM	National Preventive Mechanism
Nursing home	A nursing home is a residential setting where personal care and medical care is provided with qualified nurses on duty.
PICO	Population, Intervention, Comparison and Outcomes
PR	Physical Restraint
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
QoL	Quality of Life
RP	Restrictive Practices
RRA	Resident to Resident Abuse
SNF	Skilled Nursing Facility
SRA	Staff to Resident Abuse
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations
USA	United States of America

Appendix 4: Table of abbreviations.