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Individuality in delivering older people's home care and services: An integrative review

Jonna Puustinen, MHSc[a,*], Riitta Turjamaa, PhD[a,b], Mari Kangasniemi, PhD[a]

[a] Department of Nursing Science, Faculty of Medicine, University of Turku, 20014 University of Turku, Finland
[b] Unit of Continuous Learning, Savonia University of Applied Sciences, 70201 Kuopio, Finland

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ABSTRACT

Individuality is an ethical value and a focus in achieving quality outcomes for both older people and professionals through person-centred care. This integrative review aimed to identify and synthesise previous research on individuality in delivering older people's home care and services. We conducted systematic searches in CINAHL, PubMed, SocIndex, and Web of Science databases on empirical studies published in English (1/2012 – 2/2024). Out of 1596 records, 23 studies were included in the review. Based on this review, individuality is a prerequisite for older people to pursue a meaningful life and receive tailored care at home. It relies on older people expressing individuality, voicing self-determination in their care, and the structures of home care and services prioritising individuality. Further research is needed into how individuality can be supported and delivered in home care and services, and how delivery can be evaluated and developed to respect the individuality of older people.

Introduction

Individuality is an ethical value in the delivery of quality care and services for older people.[1,2] Globally, in 2030, every sixth person is expected to be over the age of 60 and this proportion will grow further in the following decades.[3] Thus, it has been noted that the need for reliable home care and services will grow and even those with more complex needs are likely to be cared for in their own homes,[3,4] creating more demand for tailored delivery of integrated care and services that meets older people's wide-ranging needs.[3,5] Finding the best solutions and reaching the best solutions for delivering home care and services requires an understanding of individuality.

There are numerous individual prerequisites for enabling older people to continue living at home for as long as possible.[6] Most older people prefer to live at home and various models have been developed around the world for providing home care and services which support older people to live independently and age in place.[3,7,8] Home care and services (hereafter referred to as "home care") consists of services provided by health and social care professionals at home.[7] It includes the coordination, management, and delivery of medical, nursing, and rehabilitative care; home services to assist with carrying out everyday activities, domestic care, and participating in social life; and collaboration with family members.[3,7,8]

The concept of individuality in care has been used synonymously with person-, patient-, client-, and family-centred care, and with personhood.[9,10,11] While the literature does draw some distinctions between these terms they share a focus on tailoring care to fit the individual, considering their lives as a whole and endeavouring to support them comprehensively.[2,10] In this study, we chose the specific focus of 'individuality' in order to identify and highlight the unique characteristics of older people in their home environment that distinguish them from others,[2] are individually significant, and thereby form a foundation for delivering their individual care and services at home. Individualised care takes into account both the patient's clinical situation, including health conditions, abilities, and specific needs, and their personal life situation, including day-to-day activities, preferences, and family involvement. It also considers their knowledge, opinions, and decision-making control over their care.[2]

Previous research has studied individuality and related concepts in relation to older people's care delivery in long-term care facilities,[1] professional perceptions of care practices,[12] descriptions of related competence and contexts,[13] and older people's experiences in care homes.[14] Literature reviews on individuality have also been conducted in home-based services[15,16] and dementia care settings,[17] with a focus on assessment and care planning[17] and the key competencies for planning and care practice.[15] Reviews in home care settings have focused on older people's prerequisites for living at

*Corresponding author.
E-mail addresses: jonna.i.puustinen@utu.fi (J. Puustinen), riitta.turjamaa@savonia.fi (R. Turjamaa), mari.kangasniemi@utu.fi (M. Kangasniemi).

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home,[6] the preconditions for home care nursing,[8] and a client-centred approach.[9] However, while the need to prioritise individualised care is thus broadly recognised (e.g.[1,2,6,18]) there has so far been no synthesis of up-to-date empirical insight into individuality in the delivery of home care for older people. Therefore, the aim of this integrative review was to identify and synthesise earlier empirical research on individuality in delivering older people's home care and services. The resulting insight can be utilised in developing home care in ways that support older people's individuality.

Methods

We conducted an integrative review in five stages: (1) problem identification, (2) literature searches, (3) data evaluation, (4) data analysis, and (5) presenting results.[19] This approach allowed us to include primary studies that employed diverse research methods and identify and synthesise existing knowledge comprehensively.[19] We registered the protocol in PROSPERO (CRD42024505824; February 12th, 2024), and reported the review using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement and checklist (Supplemental Table S1).[20]

Problem identification and literature search

We identified the research problem through preliminary literature searches. Then, we systematically searched the literature both using electronic databases and manually (Fig. 1).[19] We used the CINAHL, PubMed (Medline), Web of Science, and SocIndex databases as they are relevant to nursing, social care, and multidisciplinary research. We used the search terms "individuality", "home care and services", "older people", and their synonyms, and data-base-specific headings combined with Boolean operators. We verified the search strings with an information specialist (Appendix, Table A.1). The systematic searches were limited to original studies in English published between 1/2012 and 2/2024.

Inclusion and exclusion criteria were applied in selecting studies. We included studies that focused on individuality in older people's home care and mentioned concepts such as individualised, person/

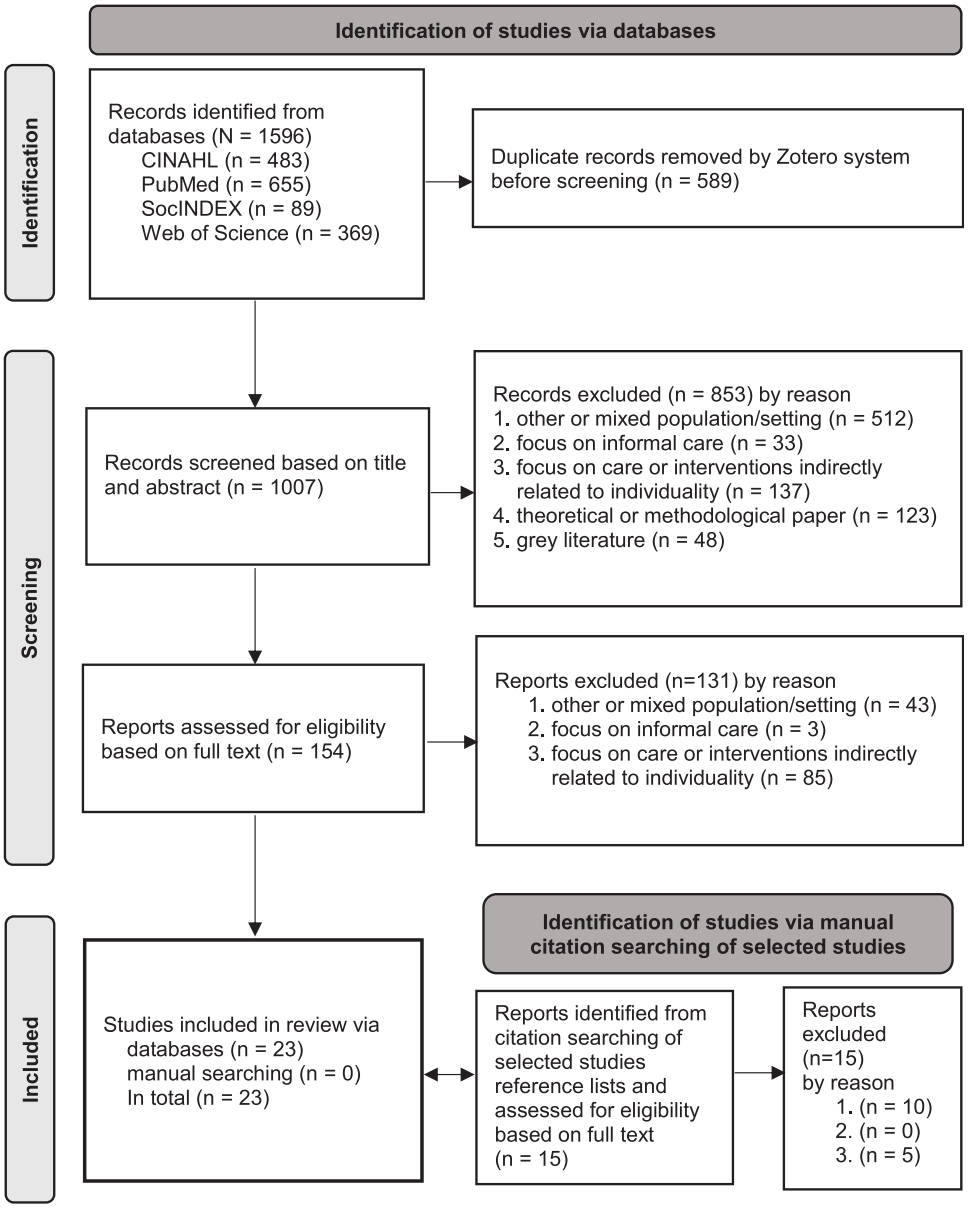

Fig. 1. Retrieval and selection of studies (adapted PRISMA 2020 flow diagram for systematic reviews[20]).

people-centred, client-centred, patient-centred, and tailored care in the results, theoretical background, and title or aim/purpose of the study. In terms of research subjects, we included older people (with no specific age limit), family members, and health and social care professionals in home care. We excluded theoretical and methodological papers, grey literature, and studies that explored other or mixed settings such as transitional care (e.g.[21]), informal care (e.g.[22]), consumer-focused aspects, or interventions and treatments indirectly related to individuality in care.

In all, 1596 records were identified and uploaded to Zotero for reference management. Prior to screening, duplicate records (n = 589) were removed, yielding 1007 records for eligibility assessment. Two reviewers (JP and A-LA) independently selected studies from the search using first the title and abstract and then the full text. At every stage of the process the two reviewers had to reach agreement, recording their reasons for exclusions. Discrepancies between the reviewers were resolved through continuous discussions on the relevance of records in meeting the criteria and aim of the review. When necessary, two other members of the group were consulted, and the final selection was agreed by consensus with the whole research group.

Data evaluation

Data evaluation was conducted independently by the two reviewers (JP and A-LA), setting no cut-off-point for exclusion and aiming to form an overall picture of the quality of the selected studies. We used the Mixed Method Appraisal Tool (MMAT), version 2018,[23] which included two screening questions for all types of study design and five items per design type: qualitative, quantitative non-randomised, quantitative descriptive, and mixed-methods studies. All items were scored against three options: yes (one point), no (zero points), or can't tell (zero points). Disagreements about scoring were resolved through discussion. All studies scored between 2−5/5 points (Table 1), and the scoring was not used in weighing the findings. The most common reasons for missing scores related to, in qualitative studies, data analysis and coherence between the data sources, collection, analysis, and interpretation; in quantitative non-randomised-studies, accounting for confounders in the design and analysis; in quantitative descriptive studies, the appropriateness of measurements; and in the mixed-methods study, representativeness of samples.

Data analysis and presentation of results

Inductive content analysis[24] was used for analysis and integration of findings from qualitative, quantitative, and mixed-methods studies, and their narrative synthesis.[19] NVivo[25] was used in the data extraction, reduction, and coding phases which were first executed by one researcher (JP) and then checked, discussed, and confirmed by the research group. First, data were extracted and tabulated by author(s), year, country, data evaluation scores, use of concepts related to individuality in home care, aim, and methods (Table 1). Next, sentences or paragraphs of primary data were extracted, coded, and named inductively according to their contents. Similar codes were first grouped into sub-categories and then abstracted to form main categories (Supplemental Table S2). Finally, each main category was synthesised to produce an integrated presentation of the phenomenon as results of this review (Table 1 and 2).

Ethical considerations

Ethical approval was not required for a review of published literature. Throughout the review, we followed the ethical guidelines for the responsible conduct of research and integrity.

Results

Characteristics of selected studies

23 empirical studies were included in the review (Table 1). Most of these were qualitative studies (n = 18)[26–43] and, of the rest, two were non-randomised experimental studies,[44,45] two quantitative cross-sectional surveys,[46,47] and one an exploratory, cross-sectional study which employed mixed methods.[48] In most qualitative studies data were collected via interviews[26-32,34–43] and audio-recorded home visits,[33,48] participant observation,[28,32] and informal conversations.[32] Quantitative data were collected through surveys and questionnaires.[44–47] Qualitative data were analysed by topic and analytical coding,[26] collective qualitative analysis,[40] inductive[31,33,37,43] and deductive[38,39] content analysis, qualitative latent content analysis,[36] thematic analysis,[27–29,32,42] systematic text condensation analysis method,[30] grounded theory,[34] and other qualitative analysis (not explicitly named).[35,41] Statistical analysis methods[44-48] were used for quantitative data.

Most of the studies (n = 16) were conducted in Nordic countries: six in Sweden,[32,36,37,42,44,48] five in Norway,[28,30,31,33,40] and three in Finland,[38,39,43] with the remainder coming from the United States (4),[34,35,46,47] Canada (3),[26,29,41] the United Kingdom (1),[27] and New Zealand (1).[45] A total of 1274 older people,[26–29,31,33,36–38,41–46,48] 29 family or friend caregivers,[29,38] and 463 care professionals[30,32–35,39–44,47,48] participated in the studies. All the older people were over 65 years old and were receiving or had recently received regular home care and/or services. Four studies focused specifically on older people with dementia.[30,31,36,47] Professionals were mainly nurses including registered nurses (n = 271)[30,39,40,42,47,48] (four of whom were leaders[30]), home health and specialised nurses (n = 23),[34,40] and practical (n = 17),[40,43] enrolled (n = 30),[44] and assistant nurses (n = 76).[30,32,33,39,40,44] Other participants included service managers (n = 10),[39] one service coordinator,[39] four nursing students,[39] staff members without nursing education or reported level of education (n = 10),[44] and home care workers (n = 17).[41]

Individuality was explored in sixteen of the primary studies through the concept of person-centred care[27,28,31–33,36,37,40–42,44–47] or a combination of person- and family-centred care.[29] Additionally, three studies examined individuality through concepts such as individualised,[30] individually tailored,[30] or designed[43] care and services; three studies through patient-centred care[48] and combined with culture-sensitive care[34,35]; two studies through client-centred care[38,39]; and one study through the concept of personhood.[26]

Individuality in delivering older people's home care and services

Individuality in delivering older people's home care consisted of validating the older person in their unique life context, preserving perceived self-determination in mutual care encounters, and sharing responsibilities within service delivery (Table 2).

Validating the older person in their unique life context

One basis for individuality in home care is validating the individual in their unique life context. This includes respecting their life circumstances, responding to their desired preferences, recognising their needs and resources, and enabling them to engage in meaningful activities.

Respecting the person's life circumstances means that older people are known, valued, and treated as unique individuals[26,29,35,36] in their own home environment and unique life situation[26,28,29,35,38,42] including its cultural norms and psychosocial and spiritual aspects.[35] It includes respecting and supporting their personhood by

Table 1
The characteristics of selected studies (n = 23) author(s), year, country, evaluation criteria scores, used concepts, aim, and methods.

Author(s), year, country, MMAT evaluation scores, and used concepts related to individuality	Aim	Methods (incl. participants and context)
Qualitative studies		
Byrne et al.[26] (2012), Canada, 5/5 p *Personhood, individualised care*	To enhance understanding about the relevance of personhood and positive person work in home support for older adults without dementia.	Semi-structured interviews, qualitative analysis, analytical coding, meetings, memos. Participants were 82 older clients in home support services.
Chapman[27] (2021), United Kingdom, 5/5 p *Person-centred care*	To examine the views and experiences of adult social care users who receive care at home, to explore if and how a person-centred approach might work for older adults in Northern Ireland.	Semi-structured interviews, thematic analysis. Participants were 12 older adults in domiciliary care services at home.
Eggebø et al.[28] (2020), Norway, 5/5 p *Person-centred care*	To explore the possibilities of promoting well-being and person-centred care practices in the context of home-based elderly care, and to explore the met and unmet needs of older adults receiving home-based care services.	Descriptive-interpretive approach, in-depth interviews, participant observation, thematic analysis with narrative approaches. Participants were 28 older adults in home-based care services.
Giosa et al.[29] (2022), Canada, 5/5 p *Person- and family-centred care*	To determine how client goal-setting practices in home care could be re-oriented around older adults' self-perceived goals, needs and preferences.	Solution-focused semi-structured key informant interviews, thematic analysis with a multi-step framework method. Participants were 13 older adults and their 12 family/-friend caregivers in home care services.
Hoel et al.[30] (2021), Norway, 4/5 p *Person-centred care, individually tailored care and services*	To explore the experiences of homecare staff about the impact of the organisation of homecare services for people with dementia.	Exploratory design, phenomenological-hermeneutic approach, individual in-depth interviews, systematic text condensation analysis method. Participants were 14 registered and assistant nurses, leaders, and social educators in homecare services.
Hoel et al.[31] (2021), Norway, 2/5 p *Person-centered care*	To explore the experience of home care services among people with dementia, to understand the continuity in services, how the service was adapted to people with dementia, and how the patient experienced person-centered care and shared decision-making.	Exploratory design, phenomenological-hermeneutic approach, individual, semi-structured in-depth interviews, qualitative content analysis. Participants were 12 older persons in home care services.
James et al.[32] (2024), Sweden, 5/5 p *Person-centred care*	To explore nurse assistants' experiences and knowledge of how they create a meaningful daily life for older people receiving municipal home healthcare.	Participatory appreciative action reflection approach, interviews, participant observations, informal conversations, thematic analysis. Participants were 23 nurse assistants in municipal home healthcare.
Kristensen et al.[33] (2017), Norway, 5/5 p *Person-centered care*	To describe the characteristics of communication practice in home care visits between older people and nurse assistants and to discuss the findings from a person-centered perspective.	A descriptive, inductive approach, 15 audio-recorded conversations in home visits, inductive qualitative content analysis. Participants were 12 nurse assistants and 13 older people in home care.
Narayan et al.[34] (2022), United States, 4/5 p *Patient-centered care and culture-sensitive care*	To explore culture-sensitive/patient-centered care in the context of home health nursing, and the process by which home health nurses develop their culture-sensitive/patient-centered assessment and care planning skills.	Grounded theory approach, in-depth, semi-structured, individual interviews, grounded theory analysis using open and axis coding. Participants were 20 home health nurses* in home health care.
Narayan[35] (2022), United States, 2/5 p *Patient-centered care and culture-sensitive care*	To explore home health care nurses' attitudes, knowledge, and skills consistent with patient-centered/culture-sensitive assessments and care planning.	In-depth, semi-structured, individual interviews, analysis method not explicitly named. Participants were 20 home health nurses* in home health care.
Olsen et al.[36] (2021), Sweden, 5/5 p *Person-centred care*	To interview persons with dementia and describe their views on the important aspects of receiving home care service.	Semi-structured in-depth interviews, qualitative latent content analysis. Participants were 14 older persons in home care service.
Olsen et al.[37] (2022), Sweden, 5/5 p *Person-centered care*	To explore values that older person holds regarding home care services and their experiences of how these values manifest in home care service delivery.	Exploratory design, semi-structured interviews, qualitative inductive content analysis. Participants were 16 older persons in home care services.
Sanerma et al.[38] (2020), Finland, 4/5 p *Client-centred care*	To evaluate client−centred care in older persons' home care services from the perspective of older persons and family members.	Realistic evaluation, thematic family interviews, deductive content analysis. Participants were six older persons and seven family members in six families in home care.
Sanerma et al.[39] (2022), Finland, 3/5 p *Client-centred care*	To evaluate and describe the differences in client-centered approaches to home care services for older adults and to enable operating models, and to explore how nurses and managers evaluate changes in the operating models of the client-centered approach in home care.	Developmental evaluation, individual semi-structured and group interviews, deductive content analysis. Participants, in first data set were five service managers, ten nurses, 21 assistant nurses, four nursing students, and in second dataset five managers, two nurses, six assistant nurses in home care services.
Schönfelder et al.[40] (2020), Norway, 4/5 p *Person-centered care*	To investigate how professional caregivers in Norwegian home care for older people relate their professional mandate to social care to assess what different professional positions regarding social care imply for realising the ideal of integrated and person-centered care.	Semi-structured interviews, collective qualitative analysis. Participants were three specialised nurses, seven registered nurses, three practical nurses, and three assistants in home care

(*continued*)

Table 1 (*Continued*)

Author(s), year, country, MMAT evaluation scores, and used concepts related to individuality	Aim	Methods (incl. participants and context)
Spring et al.[41] (2024), Canada, 2/5 p *Person-centered care*	To reflect such an analysis, employing a critical disability and intersectional framework to highlight the instrumental and social benefits of person-centered care for both workers and clients, but also its risks and tensions.	Semi-structured one-on-one interviews in-person and on Zoom/ telephone, analysis method not explicitly named. Participants were 17 workers and 12 clients in home care.
Sundler et al.[42] (2020), Sweden, 5/5 p *Person-centred care*	To explore attributes of person−centred communication between nurses and older persons being cared for in their home.	Descriptive approach, 77 audio-recorded home visits, qualitative thematic analysis. Participants were 11 registered nurses, and 37 older persons in home healthcare.
Turjamaa et al.[43] (2014), Finland, 5/5 p *Individually designed care*	To identify descriptions of older home care clients and practical nurses regarding the current structure of home care available for older clients and the elements promoting the ability of clients to continue living at home.	Descriptive approach, 51 videotaped home visits for stimulated recall interviews, inductive content analysis. Participants were 14 practical nurses, and 23 older clients in home care.
Quantitative non-randomised studies		
Lämås et al.[44] (2021), Sweden, 3/5 p *Person-centred care*	To study the effects of a person-centred and health-promoting intervention, compared with usual care, on health-related quality of life, thriving and self-determination among older adults, and on job satisfaction, stress of conscience and level of person-centred care among care staff.	Non-randomised, controlled trial, a before/after design, a person-centred care intervention (educational programme), survey and questionnaires (EuroQol-five dimensions' scale, EQ-5D 5 L, NHP, TOPAS, IPA-O, Measure of Job Satisfaction scale, P-CAT, the Stress of Conscience scale), parametric and non-parametric statistical analyses. Participants in intervention and control groups were 81 older recipients and 48 staff members in home care services.
Parsons et al.[45] (2012), New Zealand, 3/5 p *Person-centred care*	To determine the ability of a designated tool developed to identify client-directed goals in a sample of older people referred for homecare.	A retrospective, pre/post-intervention design, restorative model of homecare including a Towards Achieving Realistic Goal in Elders Tool (TARGETtool), statistical analysis. Participants were 360 older clients of homecare.
Quantitative descriptive studies		
Abbott et al.[46] (2018), United States, 5/5 p *Person-centered care*	To identify the top 10 shared preferences that are important to a majority of consumers receiving long-term services and supports.	A cross-sectional survey design, preference assessment interviews with Preferences for Everyday Living Inventory, PELI-HC (home care) and PELI-NH (nursing home), statistical analysis. Participants were 528 older adults in home and community-based services and 255 older nursing home residents**.
Osakwe et al.[47] (2021), United States, 4/5 p *Person-centered care*	To describe the perception of home healthcare nurses toward persons with dementia by assessing nurses' perception of person-centeredness toward persons with dementia and identifying the factors that are associated with such perception.	A cross-sectional survey design, a web-based modified Approaches to Dementia (ADQ) questionnaire, person-centeredness sub-scale, statistical analysis. Participants were 225 registered nurses in home health care.
Mixed-methods studies		
Höglander et al.[48] (2020), Sweden, 4/5 p *Patient-centered care*	To explore the patient-centered aspects of home care communication between older persons and registered nurses.	An exploratory, cross-sectional design, 50 audio-recorded home visits, verbal communication coded by Roter Interaction Analysis System (RIAS), a Generalized Linear Mixed Model analysis. Participants were 11 registered nurses, and 37 older persons in home care.

* Same participants in two studies.[34,35]
** In this review, we included only the participants and results concerning home care.[46]

Table 2
Individuality in delivering older people's home care and services.

Main category	Subcategories
Validating the older person in their unique life context	Respecting older person's life circumstances Responding to older person's desired preferences Recognising older person's needs and resources Enabling older person to engage in meaningful activities
Preserving perceived self-determination in mutual care encounters	Prioritising older person's own voice in communication Maintaining older person's control over their environment and care Acknowledging older person's right to act on their own terms
Sharing responsibilities within service delivery	Mutuality between the older person, family members, and professionals Caring relationships with trustworthy professionals Reliability of care and service provision Policies and structures that prioritise individuality

responding to their life history, experiences,[28,36–38] and values[26,34,38] to maintain their identity, independence, privacy, and safety during care in their own home.[26,29,37] This has been shown to create meaningfulness[32] and support older people's dignity,[29] physical activity,[38] and connection to everyday and social life[33,38] and enable family members to participate in their care.[29,38]

Responding to the person's desired preferences means that older people are able to fulfil their personal wishes, routines, habits, and

schedules at home,[34,37,43,46] and manage these in their preferred ways, order, and pace without feeling like a burden.[32,36,46] It includes older people having both privacy and regular opportunities for social activities.[46] Responsiveness to individual schedules is important in relation to activities such as dining,[38,43] showering,[37,38] dressing, sleeping, and waking,[38] and relies on professionals encouraging the individual to express their wishes and getting to know them,[26,31] tailoring care and services[29,35,45,46] and adapting work flexibly to their preferences,[26,27,29,37,43] and thus enabling the person to reach their optimal outcomes and goals.[34,45] Maintaining personal preferences has been shown to promote older people's feelings of self-esteem, competence, well-being,[32,46] and meaningfulness in their daily lives,[32] and support their activity and socialisation.[37,38]

Recognising the person's needs and resources has been a major priority in home care,[27] and entails older people being seen, met, understood, and cared for as individuals.[31,36] It includes utilising the individual's abilities and knowledge while meeting their needs and supporting them to live independently at home.[36,43] Their needs include emotional,[26,42] psychological,[35,43,46,47] and existential[33,35] necessities, assistance with daily activities,[28] domestic care,[26] social interaction,[28,43] and family,[29,34,38] financial,[35] and cultural[34,35] aspects. Comprehensive assessment of health and social care needs[27,35,38,40] and resources[29,43] is the basis for tailored goal-setting, planning, and delivering individualised home care.[29,38,40] Tailoring care to individual needs has supported older people's personhood,[26] social activity,[40] and participation in their care.[29]

Enabling the person to engage in meaningful activities means enabling them to maintain and engage with the important activities[28,32,33,43,44,46] that relate to their life stories and environment.[28,38] These include in-home chores and hobbies such as cooking, baking, reading, and learning new things,[28,43,46,47] and external or outdoors activities such as participating in social and cultural events or gardening.[28,43] Enabling older people to engage in meaningful activities has been shown to be important for their personhood, feelings of competence, well-being, thriving, and social-connectedness to life,[28,33,43,44,46] and supports them in living at home.[28,43]

Preserving perceived self-determination in mutual care encounters

Another element of individuality in older people's care is preserving their perceived self-determination in encounters with professionals. This includes giving them voice in communications, control over their environment and care, and space to act on their own terms.

Prioritising the person's own voice in communication means engaging in attentive and responsive communication[33,42,48] that demonstrates interest and recognises and validates the uniqueness of the older individual with respect to their life situation, history, and environment.[26,29,33,36,37,42] It involves showing empathy,[26,42,48] creating equality and respect,[26,32,38] listening carefully, asking detailed questions and sharing two-way information,[29,37,38,42] and using humour[32,33,43] and informal conversations[37,42,48] as a basis for deeper conversations. This enables older people to voice their ways of being and lead a meaningful life in their environment.[32,33] It also enables professionals to address the person's needs discreetly, show compassion and comfort in distress, overcome a lack of privacy or dignity during home visits,[26,33] and tailor individual home visits, care, and services.[32,38,42] It supports older people's personhood and self-esteem,[26,36] health, well-being,[36,48] sense of meaningfulness,[26,32] and involvement in their care.[33]

Maintaining the person's control over their environment and care means acknowledging their autonomy and control over their assistance needs and what happens in their own home.[26,29,32,37] This includes their right to actively direct, plan, and shape their care and engage in shared decision-making from setting goals to providing and evaluating care.[26,27,29,31–33,35,36,38,39,41,43] It relies on creating opportunities to express wishes,[31,32] negotiability, equality, and sharing power between the older person and the professional during care encounters.[26,32,34,35,42] Older people exercise control in decision-making according to their resources,[37,38,39] trust in their perceived capabilities and limitations,[29] and access to information about the content of possible changes to care and service delivery.[27,33,36,37,38] Professionals respect older people's control and integrity by adopting the role of a guest, avoiding violating personal space, and adapting to the environment when working in a person's home.[26,32,33,37,42] Having control supports older people's personhood,[26] privacy,[38] collaboration with family members,[29] and tailoring care to meet their needs and wishes.[26,29] It is seen as vital to avoiding unwanted services and changing people's personal environment and schedules against their wishes.[27,31,38]

Acknowledging the person's right to act on their own terms means the older person leading their lives and doing things as independently as possible without a professional taking over.[26,29,32,36,37,39,43] It includes supporting the person only when necessary, working together with professionals, and participating in care at the desired level.[26,29,32,36–39,43] It is based on the older person taking a lead in managing their daily activities using their own resources, preferences, and terms, and assessing their own needs for assistance.[29,32,36–38] It is enabled by professionals encouraging the person to participate and negotiate tasks as a team.[26,32,42,43] It includes professionals trusting older person's own perceptions and adjusting the level of support given based on daily variations the person's ability to manage everyday activities.[26,29,32,43] Older people do participate at least partly in daily activities and care,[38,43] but also experience limitations to it.[31,38] Participation in daily care is shown to support their independence and capacity at home.[32,39]

Sharing responsibilities within service delivery

A precondition for individuality in delivering older people's home care is sharing responsibility for those services between the individual, family members, and professionals. This involves trust and mutuality in the caring relationship, reliable and appropriate service provision, and policies and structures that prioritise individuality.

Mutuality between the older person, family members and professionals involves collaboration and communication that builds trust and respect, and supports the involvement of family members.[29,33,38,42,43] It is based on a clear division of tasks and responsibilities between the individual, family members, and multiple professionals in the complex delivery of home care.[30,38,43] Older people and professionals share responsibility for contributing to mutual collaboration.[31] Family members wish to share responsibilities with professionals and, in doing so, can give voice to the older person's individuality and support their independence.[29,35,38] Professional responsibilities encompass multiprofessional expertise, assessment, and guidance,[39,43] and nurses are responsible for both providing holistic care and coordinating integrated health and social services in ways that enable the individual and their family to be involved.[30,31,38,40] Mutuality is facilitated by planning meetings in which the person and family members can take the lead, share information, and negotiate with professionals.[29,38] Mutuality strengthens the tailoring of care to meet the older person's needs and supporting their independence.[29,39]

Caring relationships with trustworthy professionals refers to building reciprocal and respectful relationships between the professional and the older person.[31,34,35–38,43] This is particularly important in the context of the private home.[27,34,35] It entails trust, familiarity, and closeness that develops over time into something like a friendship or kin relationship.[27,31,32,34–36,38,41,43] It relies on trusting professionals' competence,[34,35,37–40,42,47] including their expertise relating to

health care and social services,[38–40] tailoring individual care to the person's preferences and values,[34,35] individualised communication and relationship building,[35,37,38,42] and critical thinking and independent decision making.[34,41] Interpersonal attributes such as being empathic,[26,35,38,42] attentive,[35,42] reliable,[35,37,38] and able to demonstrate equality in practice[34,35] are also important. Professional competence increases people's satisfaction and opportunities to influence care and services,[37,38] and supports tailoring home care to meet individual needs.[34,39,40,47] Caring and trusting relationships facilitate social interaction and the sharing of private issues,[36,37,43] reducing concerns about dependency,[37] and supporting the integrity of older people at home.[32] These are a basis for teamwork and shared decision-making with professionals[42,43] and acknowledging the person's individuality while delivering home care.[29,30,34,35,37,38,43]

Reliability of care and service provision means predictability, availability, and trust in getting the right services at the right time to the individual who relies on them.[33,37–39] It includes flexibility,[26,29,37] un-hurriedness,[31,34,38,40] continuity of care and services,[31,33,37–39] and carer consistency.[26,27,30,31,36–38,42,43] Availability and flexibility involve adapting to the individual's personal situation with compatible services.[26,29,33,37,38] Being unhurried is vital to communication, building familiar relationships, and assessing and recognising specific aspects of the older person's situation so that care and services can be tailored to them and they are willing to accept it.[27,30,31,32,34,36–38,40,48] Information flow about schedules and visits by professionals is important for continuity.[33,37,38] This can be facilitated through direct contact and continuous collaboration between professionals and family members,[38] and supported by technology.[39] Reliability of care and service provision is important to older people's experiences of well-being, confidence, and security.[30,31,33,37,38,42]

Policies and structures that prioritise individuality refers to public policies, organisational guidelines and mission statements,[26,32,34,40–42] and systems and processes[26,30,32,34,38,39,41,43] that steer the entire culture and organisation of home care and are visibly shaped by older people's individuality. Achieving this involves continuous education, evaluation, and development of professionals' competence and expertise about independent ways of working and providing individual services in the complex and changing context of home care.[34,39,40–43] Policies need to provide clarity within the complex interactions between integrated health and social services, resource allocation, organisational guidelines and task lists, and responding to older peoples individuality during caring and decision-making situations in the home.[26,32,40,41] Such systems are based on interaction, participation, adaptation, trust, and inclusion of the individual at every level of home care delivery.[38] These processes require knowledge management, local decision-making, and development of individual service models.[30,32,39] Creating opportunities for individualised service processes is shown as the responsibility of service providers.[26,30,43] It involves ensuring that professionals have sufficient time to balance responding to the individual's unique and multiple needs during home visits with the challenge of travelling large distances and adhering to their organisation's policies and procedures.[30,32,34,41,43]

Discussion

This review shows that existing research has focused mainly on the qualitative approach and explored individuality from various conceptual viewpoints. According to our findings, individuality is a prerequisite for older people living meaningful lives and receiving tailored care at home, and relies on people expressing their individuality, voicing their self-determination, and owning their care. The structures of home care and services can provide a foundation for individuality in the provision of those services if they prioritise individuality, support mutual communication, and build trust.

Individuality - prerequisite for a meaningful life and tailored care at home

Based on this review, older people's individuality is closely associated with those aspects that are individually meaningful and make their lives at home dignified and worthwhile. Being respected as a valuable and capable older individual has been identified as a basis for being visible and experiencing dignity in care.[49] Validating older people's individuality is a prerequisite for tailoring their care to support their unique preferences and ways of living, within and outside of their home. The home environment can reveal people's individuality both in terms of their current reality and life situation and by reflecting their life history, experiences, and values. It can also expose the person's challenges and possibilities, and thus their needs and resources. These all need to be considered when tailoring individual care and services in the home environment. Previous research has concluded that the care environment has significant potential to either improve or limit the delivery of person-centred care.[11] The dilemma is that an older person's home differs from other care environments as it needs to be considered primarily as a home. Further, professionals are situated somewhere between being a guest and a professional when working in people's private homes,[8] surrounded by their individual memories, feelings, and lifestyle,[50] highlighting the uniqueness of every care encounter in the home environment.

Realising individuality includes assessing, planning, and delivering home care that comprehensively addresses the individuality of the older person and what makes their life at home meaningful. However, the care and services provided have not always met people's comprehensive preferences, resources, or needs[5] such as social participation.[51] Home care and service plans have been task and intervention oriented,[52] and consideration of people's resources[53] and prerequisites for living at home[6] have primarily emphasised physical aspects. Assessment tools such as the interRAI system have been widely used to improve comprehensive and consistent assessment of older people's service needs but have also been criticised for focusing on physical and functional aspects and lacking a holistic view of meaningfulness and participation.[54] Developing checklists for detecting the individual perspectives of older people at home[6] and home-care sensitive systems for enabling individual planning and documentation[53] have been suggested. Individuality in home care goes far beyond physical aspects and care delivery. Care and services need to be adapted to the individual's holistic situation, potential, and resources for supporting them in having an independent and meaningful life at home.[18,53]

Voicing self-determination and owning care by expressing individuality

Older people's individuality can be seen to entail voicing self-determination, as perceived self-determination enables their individuality to be expressed, acknowledged, and validated during their home care. Realising individuality requires building trust and common ground through mutual communication[55] that prioritises the older person's voice as the basis for them retaining control over their environment and care and acting on their own terms in daily life. Based on this review, preserving an individual's self-determination seems particularly vital in the context of home: older people who wish to live at home tend to be grateful and adapt to care and services however they are delivered without expressing their wishes.[31,38] People receiving home care have also experienced a loss of control and privacy, "becoming a guest in their own home",[56] and been even exposed to greater risk of receiving treatment against their will.[57] Notably, supporting the individuality of older people in home care, especially when they experience cognitive decline, requires balancing the preservation of their self-determination and ensuring their safety in all its dimensions[58] at home.

Preserving older people's self-determination seems to relate to fulfilling their rights in the home environment. By contrast, their responsibilities were only discussed in relation to contributing to a trusting relationship with professionals.[31] This raises a question as to whether older people are seen more as recipients than as capable and responsible actors in home care. This has been suggested in previous research that reveals latent paternalism in the professional practice of home care.[8,18] This may lead to older people being passive and withdrawing from leading roles in care encounters, inhibiting them from expressing their individuality. Older people have expressed a desire for opportunities to actively engage in their care, services, and related decision-making as this enables them to control such care and services in their home.[26,29,37,38] Older people exercise self-determination based on the available opportunities for independent decision-making[59] and may experience a shift in the level of self-determination from independence to accepting dependency and shared-decision making.[60] This must be addressed by creating care atmospheres which support self-determination and the involvement in decision-making that is crucial to the person's quality of life and care.[59,60]

Structures that prioritise individuality are fundamental

Older people's individuality can be realised where the various stakeholders, systems, and policies involved in their care support shared responsibility and collaboration based on trust. However, older people living at home are not clearly visible and engaged as partners in policymaking, provision, and research, and thus lack opportunities to influence how their care is tailored.[61] This review shows that family members are vital stakeholders as they possess information about the person's individuality and contribute to delivering individual support, care, and services at home. Their role is dual: they contribute by supporting older people living at home, but often need home care support themselves as well.[8] Stronger partnership between[61] and involvement of family members and older people in co-creating home care[18,50] are needed to improve the quality of older people's care.[61]

Multiprofessional collaboration and integrated health and social care services are vital for respecting the individuality of older people and supporting their meaningful everyday life at home. The role and competence of the professional responsible, often a nurse, seems undeniably important to building a trusting relationship with the person and family members and coordinating and delivering care and services at home, a unique context for safe, effective, and person-centred care.[50] The independent nature of working and decision-making in home settings requires broad competence,[50] and professionals need specific training in home-person-centred care education. Based on this review, realising individuality in care and services requires that they are predictable, available, flexible, unhurried, and delivered with continuity. Professionals value individualised care but struggle with time pressure to execute important tasks,[62] reach their own working ideals,[8] and endeavour to provide person-centred care while fulfilling organisational responsibilities and limiting structural barriers.[18,63] This has led to experiences of shame,[8] moral distress, and burnout.[63] Our findings focused on traditional face-to-face home care: however, such services could also be provided using modern technology. Technology has been seen to improve the availability and flexibility of services although their use in person-centred care must be approached with caution.[64] This review suggests that all stakeholders have important roles to play in delivering individualised services, and strategies for individuality must consider all of these.

Implications for practice, education, policies, and research

These review findings highlight the importance of recognising and validating the individuality of older people who live and receive care at home and prioritising their individuality throughout the process and practices of home care. As an implication for practice and professionals, we suggest developing assessment and documentation practices in a way that allows individuality in care and services to be integrated from the planning phase through to the delivery and evaluation of home care. Previous person-centred interventions have been shown to be successful and effective in other care settings[65] and developing these for home care would be pertinent.[6] Furthermore, the home as an integrated health and social care environment, along with the independent nature of home care work, requires specific competencies. Therefore, it is essential to develop both basic and advanced education for students in social and health care as well as for home care professionals. As an implication for policy and guidance development, we emphasise that the structures and organisation of home care services must be designed to recognise and prioritise the individuality of older people. This means stronger collaboration with older people and their family members in co-creating individually tailored care. Further research is recommended to generate quantitative data and more generalisable empirical insights into how individuality has been realised in practice. This includes exploring the perspectives of both older people and professionals involved and evaluating and developing relevant practices further.

Strengths and limitations

The selection of studies with varying research designs and informant perspectives provided rich data with which to synthesise knowledge on individuality in delivering older people's home care and services. The reliability of the review was strengthened by formulating and validating the search strings with an information specialist, supplementing systematic literature searches with manual searches to eliminate search bias, defining eligibility criteria after testing them on the first 10 percent of retrieved records, two researchers independently selecting and evaluating the original studies, and using relevant quality criteria: MMAT. Consensus across the research team was reached at every step of the process. The team included researchers in nursing science with expertise in integrative review methodology, qualitative analysis, and professional nursing in home care. This pre-understanding and disciplinary positioning were recognised and carefully considered while analysing and interpreting data. The limitations of this review include possible language bias related to restricting literature searches to English, varying methodological quality across the selected studies, integrating qualitative and quantitative data, processing and reducing the various concepts used in original studies, and reporting those review findings in a uniform way. As our aim was not to measure the level of individuality in delivering home care, but to identify and synthesise earlier empirical research on the topic, the quantitative findings from five studies — none of which directly addressed the phenomenon — were synthesised narratively to avoid giving them disproportionate weight in the overall analysis. Variations in the designation, organisation, and provision of home care models between different countries have likely influenced the primary studies and their findings. These differences should be taken into account when interpreting and utilising the results of the review.

Conclusions

Every older person is an individual. Based on our findings, this review outlines what individuality in delivering older people's home care and services comprises. As implications for practice and policies, these findings can guide the recognition and evaluation of individuality in professional assessment, planning, and delivery practices and the development of guidance and organisation of home care. Although individuality is an ethical value typically studied through a descriptive approach, further research is recommended on how

individuality is delivered in home care, to evaluate and develop these services to respect the individuality of older people at home.

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Data availability statement

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Declaration of competing interest

The authors declare that they have no conflicts of interests.

CRediT authorship contribution statement

Jonna Puustinen: Writing – review & editing, Writing – original draft, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Riitta Turjamaa:** Writing – review & editing, Supervision, Investigation, Formal analysis, Conceptualization. **Mari Kangasniemi:** Writing – review & editing, Supervision, Investigation, Formal analysis, Conceptualization.

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Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.gerinurse.2026.103833.

Appendix

Table A1

Table A1
Database searches for empirical studies (*N* = 1596) concerning individuality in delivering older people's home care and services.

Database and number of records	Search terms and strings	Limitations and search date: *15th February 2024*
CINAHL (EBSCOhost) 483 records	"individualized home care" OR "individualised home care" OR "individuali* care*" OR "individual* design*" OR "individual* tailor*" OR individualit* OR personalit* OR "personali* care*" OR "personal* design*" OR "personal* tailor*" OR "person-cent*" OR "person cent*" OR "person focused care" OR "people-cent*" OR "people cent*" OR "client-cent*" OR "client cent*" OR "patient-cent*" OR "patient cent*" OR "patient focused care" OR "tailored care" AND MH "Home Health Care" OR MH "Home Health Aides" OR "Home car*" OR "Home-car*" OR "Home health car*" OR "Home health nurs*" OR "Home nurs*" OR "Home care service*" OR "Home service*" OR "Home help service*" OR "district nursing" OR "domiciliary care" OR "individualized home care" OR "individualised home care" AND MH "Aged+" OR MH "Aged, 80 and Over+" OR Aged OR Elderly OR Senior* OR Pensioner* OR geriatric* OR gerontologic* OR "Older people*" OR "Older person*" OR "Older client*" OR "Older patient*"	Years: 1/2012–2/2024 Language: English Document type: Peer Reviewed Search fields: All fields
PubMed (MEDLINE) 655 records	"individualized home care" OR "individualised home care*"[tw] OR "individualized care*" OR "individualised care" OR "individually design*" OR "individually tailor*" OR individualit* OR personalit* OR "personalized care*" OR "personalised care" OR "personally design*" OR "personally tailor*" OR "person-centered" OR "person centered" OR "person-centred" OR "person centred" OR "person focused care" OR "people-centered" OR "people centered" OR "people-centred" OR "people centred" OR "client-centered" OR "client centered" OR "client-centred" OR "client centred" OR "patient-centered" OR "patient centered" OR "patient-centred" OR "patient centred" OR "patient focused care*"[tw] OR "tailored care") AND "Home Care Services"[Mesh] OR "Home Care Services, Hospital-Based"[Mesh] OR "Home car*"[tw] OR "Home-car*"[tw] OR "Home health car*"[tw] OR "Home health nurs*"[tw] OR "Home nurs*"[tw] OR "Home care service*"[tw] OR "Home service*"[tw] OR "Home help service*"[tw] OR "district nursing"[tw] OR "domiciliary care*"[tw] OR "individualized home care"[tw] OR "individualised home care*"[tw] AND "Aged"[Mesh] OR "Aged, 80 and over"[Mesh] OR Aged OR Elderly OR Senior* OR Pensioner* OR geriatric* OR gerontologic* OR "Older people*" OR "Older person*" OR "Older client*" OR "Older patient*"	Years: 1/2012–2/2024 Language: English Search fields: All fields
SocIndex (EBSCOhost) 89 records	"individualized home care" OR "individualised home care" OR "individuali* care*" OR "individual* design*" OR "individual* tailor*" OR individualit* OR personalit* OR "personali* care*" OR "personal* design*" OR "personal* tailor*" OR "person-cent*" OR "person cent*" OR "person focused care" OR "people-cent*" OR "people cent*" OR "client-cent*" OR "client cent*" OR "patient-cent*" OR "patient cent*" OR "patient focused care" OR "tailored care" AND DE "HOME care of older people" OR DE "HOME care services" OR "Home car*" OR "Home-car*" OR "Home health car*" OR "Home health nurs*" OR "Home nurs*" OR "Home care service*" OR "Home service*" OR "Home help service*" OR "district nursing" OR "domiciliary care" OR "individualized home care" OR "individualised home care" AND DE "OLDER people" OR Aged OR Elderly OR Senior* OR Pensioner* OR geriatric* OR gerontologic* OR "Older people*" OR "Older person*" OR "Older client*" OR "Older patient*"	Years: 1/2012–2/2024 Language: English Document type: Peer Reviewed Search fields: All fields
Web of Science Core Collection 369 records	"individualized home care" OR "individualised home care" OR "individuali* care*" OR "individual* design*" OR "individual* tailor*" OR individualit* OR personalit* OR "personali* care*" OR "personal* design*" OR "personal* tailor*" OR "person-cent*" OR "person cent*" OR "person focused care" OR "people-cent*" OR "people cent*" OR "client-cent*" OR "client cent*" OR "patient-cent*" OR "patient cent*" OR "patient focused care" OR "tailored care" AND "Home car*" OR "Home-car*" OR "Home health car*" OR "Home health nurs*" OR "Home nurs*" OR "Home care service*" OR "Home service*" OR "Home help service*" OR "district nursing" OR "domiciliary care" OR "individualized home care" OR "individualised home care" AND Aged OR Elderly OR Senior* OR Pensioner* OR geriatric* OR gerontologic* OR "Older people*" OR "Older person*" OR "Older client*" OR "Older patient*"	Years: 1/2012–2/2024 Language: English Search fields: Topic (Searches title, abstract, author keywords, and Keywords Plus)

References

1. Rodrígues-Martín B. Individualised nursing care in older people care. In: Suhonen R, Stolt M, Papastavrou E, eds. *Individualized care. Theory, measurement, Research and Practice*. Switzerland: Springer International Publishing AG, part of Springer Nature; 2019:121–129.
2. Suhonen R, Charalambous A. The concept of individualised care. In: Suhonen R, Stolt M, Papastavrou E, eds. *Individualized care. Theory, measurement, Research and Practice*. Switzerland: Springer International Publishing AG, part of Springer Nature; 2019:27–38.
3. World Health Organisation. Long-term care for older people: package for universal health coverage; 2024. https://www.who.int/publications/i/item/9789240086555. accessed 13 August 2024.
4. Kristinsdottir IV, Jonsson PV, Hjaltadottir I, et al. Changes in home care clients' characteristics and home care in five European countries from 2001 to 2014: comparison based on InterRAI - Home Care data. *BMC Health Serv Res*. 2021;21:1177. https://doi.org/10.1186/s12913-021-07197-3.
5. Graham L, Brundle C, Harrison N, et al. What are the priorities for research of older people living in their own home, including those living with frailty? A systematic review and content analysis of studies reporting older people's priorities and unmet needs. *Age Ageing*. 2024;53:afad232. https://doi.org/10.1093/ageing/afad232.
6. Ylönen M, Stolt M, Kohanová D, et al. Older individuals' perspectives on the prerequisites for living at home: a mixed-methods systematic review. *Int J Older People Nurs*. 2024;19:e12603. https://doi.org/10.1111/opn.12603.
7. Van Eenoo L, van der Roest H, Onder G, et al. Organizational home care models across Europe: a cross sectional study. *Int J Nurs Stud*. 2018;77:39–45. https://doi.org/10.1016/j.ijnurstu.2017.09.013.
8. Martinsen B, Mortensen AS, Norlyk A. Nordic homecare nursing from the perspective of homecare nurses—A meta-ethnography. *Br J Community Nurs*. 2018;23:597–604. https://doi.org/10.12968/bjcn.2018.23.12.597.
9. Sanerma P, Miettinen S, Paavilainen E, et al. A client-centered approach in home care for older persons – an integrative review. *Scand J Prim Health Care*. 2020;38:369–380. https://doi.org/10.1080/02813432.2020.1841517.
10. Håkansson Eklund J, Holmström IK, Kumlin T, et al. Same same or different?" A review of reviews of person-centered and patient-centered care. *Patient Educ Couns*. 2019;102:3–11. https://doi.org/10.1016/j.pec.2018.08.029.
11. McCormack B. A conceptual framework for person-centred practice with older people. *Int J Nurs Pract*. 2003;9:202–209. https://doi.org/10.1046/j.1440-172x.2003.00423.x.
12. Dys S, Tunalilar O, Hasworth S, et al. Person-centered care practices in nursing homes: staff perceptions and the organizational environment. *Geriatr Nurs*. 2022;43:188–196. https://doi.org/10.1016/j.gerinurse.2021.11.018.
13. Pakkonen M, Stolt M, Edvardsson D, et al. Person-centred care competence and person-centred care climate described by nurses in older people's long-term care—A cross-sectional survey. *Int J Older People Nurs*. 2023;18:e12532. https://doi.org/10.1111/opn.12532.
14. Hodge G, Lang I, Byng R, et al. Older peoples' lived experiences of personalised care in care homes: a meta-ethnography. *Int J Older People Nurs*. 2024;19:1–14. https://doi.org/10.1111/opn.12585.
15. Wong J, Pedersen J, Tennety N, et al. Service-delivery competencies in home and community-based services needed to achieve person-centered planning and practices: a systematic review. *J Appl Gerontol*. 2023;42:493–504. https://doi.org/10.1177/07334648221139476.
16. Olsen CF, Bergland A, Debesay J, et al. Striking a balance: health care providers' experiences with home-based, patient-centered care for older people-A meta-synthesis of qualitative studies. *Patient Educ Couns*. 2019;102:1991–2000. https://doi.org/10.1016/j.pec.2019.05.017.
17. Molony SL, Kolanowski A, Van Haitsma K, et al. Person-centered assessment and care planning. *Gerontologist*. 2018;58:S32–S47. https://doi.org/10.1093/geront/gnx173.
18. Gerdin AL, Hellzén O, Alm AK, et al. Older persons' experiences of care encounters in their home: a multiple-case study. *J Clin Nurs*. 2024;33:2287–2297. https://doi.org/10.1111/jocn.17043.
19. Whittemore R, Knafl K. The integrative review: updated methodology. *J Adv Nurs*. 2005;52:546–553. https://doi.org/10.1111/j.1365-2648.2005.03621.x.
20. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. https://doi.org/10.1136/bmj.n71.
21. Nilsen ER, Hollister B, Söderhamn U, et al. What matters to older adults? Exploring person-centred care during and after transitions between hospital and home. *J Clin Nurs*. 2022;31:569–581. https://doi.org/10.1111/jocn.15914.
22. Anker-Hansen C, Skovdahl K, McCormack B, et al. Collaboration between home care staff, leaders and care partners of older people with mental health problems: a focus on personhood. *Scand J Caring Sci*. 2020;34:128–138. https://doi.org/10.1111/scs.12714.
23. Hong Q., Pluye P., Fàbregues S., et al. Mixed Methods Appraisal Tool (MMAT), version 2018. Registration of copyright (#1148552), Canadian Intellectual Property Office, Industry Canada., http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT__criteria-manual_2018-08-01_ENG.pdf.
24. Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs*. 2008;62:107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x.
25. QSR International. NVivo, version 20, https://lumivero.com/.
26. Byrne K, Frazee K, Sims-Gould J, et al. Valuing the older person in the context of delivery and receipt of home support: client perspectives. *J Appl Gerontol*. 2012;31:377–401. https://doi.org/10.1177/07334648103875.
27. Chapman A. Person-centred care in Northern Ireland: learning from the experiences of adult social care users. *J Integr Care*. 2021;29:242–253. https://doi.org/10.1108/JICA-06-2020-0036.
28. Eggebø H, MC Munkejord, Land Schönfelder W. History and people: older people's stories about meaningful activities and social relations in later life. *J Popul Ageing*. 2020;13:465–483. https://doi.org/10.1007/s12062-019-09253-7.
29. Giosa JL, Byrne K, Stolee P. Person- and family-centred goal-setting for older adults in Canadian home care: a solution-focused approach. *Health Soc Care Community*. 2022;30:e2445–e2456. https://doi.org/10.1111/hsc.13685.
30. Hoel K-A, Rokstad AMM, Feiring IH, et al. Staff's perspectives on the organization of homecare services to people with dementia-A qualitative study. *Nurs Open*. 2021;8:1797–1804. https://doi.org/10.1002/nop2.822.
31. Hoel K-A, Rokstad AMM, Feiring IH, et al. Person-centered dementia care in home care services - highly recommended but still challenging to obtain: a qualitative interview study. *BMC Health Serv Res*. 2021;21:1–10. https://doi.org/10.1186/s12913-021-06722-8.
32. James I, Pejner MN, Kihlgren A. Nurse assistants' experiences and knowledge of how they create a meaningful daily life for older persons receiving municipal home healthcare. *Scand J Caring Sci*. 2024;38:159–168. https://doi.org/10.1111/scs.13219.
33. Kristensen DV, Sundler AJ, Eide H, et al. Characteristics of communication with older people in home care: a qualitative analysis of audio recordings of home care visits. *J Clin Nurs*. 2017;26:4613–4621. https://doi.org/10.1111/jocn.13807.
34. Narayan MC, Mallinson RK. Home health nurses' journey toward culture-sensitive/patient-centered skills: a grounded theory study. *Home Health Care Manag Pract*. 2022;34:24–34. https://doi.org/10.1177/10848223211027860.
35. Narayan MC. What constitutes patient-centered care in home care? A descriptive study of home health nurses' attitudes, knowledge, and skills. *Home Healthc Now*. 2022;40:317–329. https://doi.org/10.1097/NHH.0000000000001124.
36. Olsen M, Udo C, Boström A-M, et al. Important aspects of home care service: an interview study of persons with dementia. *Dementia (London)*. 2021;20:1649–1663. https://doi.org/10.1177/1471301220964393.
37. Olsen M, Udo C, Dahlberg L, et al. Older persons' views on important values in Swedish home care service: a semi-structured interview study. *J Multidiscip Healthc*. 2022;15:967–977. https://doi.org/10.2147/JMDH.S347886.
38. Sanerma P, Paavilainen E, Åstedt-Kurki P. Home care services for older persons. The views of older persons and family members: a realistic evaluation. *Int J Older People Nurs*. 2020;15:e12281. https://doi.org/10.1111/opn.12281.
39. Sanerma P, Paavilainen E, Åstedt-Kurki P. Differences in home-care services in Finland for older adults between 2012 and 2019 - A developmental evaluation study. *Home Health Care Serv Q*. 2022;41:341–356. https://doi.org/10.1080/01621424.2022.2091500.
40. Schönfelder W, Eggebø H, Munkejord MC. Social care for older people – a blind spot in the Norwegian care system. *Soc Work Health Care*. 2020;59:631–649. https://doi.org/10.1080/00981389.2020.1847747.
41. Spring L, Funk L, Kuryk K, et al. Person-centered home care: exploring worker-client relationships using an intersectional and critical disability framework. *J Appl Gerontol*. 2024;43:101–109. https://doi.org/10.1177/07334648231201837.
42. Sundler AJ, Hjertberg F, Keri H, et al. Attributes of person-centred communication: a qualitative exploration of communication with older persons in home health care. *Int J Older People Nurs*. 2020;15:e12284. https://doi.org/10.1111/opn.12284.
43. Turjamaa R, Hartikainen S, Kangasniemi M, et al. Living longer at home: a qualitative study of older clients' and practical nurses' perceptions of home care. *J Clin Nurs*. 2014;23:3206–3217. https://doi.org/10.1111/jocn.12569.
44. Lämås K, Bölenius K, Sandman P-O, et al. Effects of a person-centred and health-promoting intervention in home care services- a non-randomized controlled trial. *BMC Geriatr*. 2021;21:1–13. https://doi.org/10.1186/s12877-021-02661-5.
45. Parsons JGM, Parsons MJG. The effect of a designated tool on person-centred goal identification and service planning among older people receiving homecare in New Zealand: implementation of a goal-facilitation tool in homecare. *Health Soc Care Commun*. 2012;20:653–662. https://doi.org/10.1111/j.1365-2524.2012.01081.x.
46. Abbott KM, Klumpp R, Leser KA, et al. Delivering person-centered care: important preferences for recipients of long-term services and supports. *J Am Med Dir Assoc*. 2018;19:169–173. https://doi.org/10.1016/j.jamda.2017.10.005.
47. Osakwe Z, Ikhapoh I, Arora B, et al. Perception of home healthcare nurses toward persons with dementia. *Home Health Care Manag Pract*. 2021;33:65–71. https://doi.org/10.1177/1084822320963086.
48. Höglander J, Eklund JH, Spreeuwenberg P, et al. Exploring patient-centered aspects of home care communication: a cross-sectional study. *BMC Nurs*. 2020;19:91. https://doi.org/10.1186/s12912-020-00483-1.
49. Clancy A, Simonsen N, Lind J, et al. The meaning of dignity for older adults: a meta-synthesis. *Nurs Ethics*. 2021;28:878–894. https://doi.org/10.1177/0969733020928134.
50. Poksinska B, Wiger M. From hospital-centered care to home-centered care of older people: propositions for research and development. *J Health Organ Manag*. 2024;38:1–18. https://doi.org/10.1108/JHOM-03-2023-0077.
51. Nordin T, Lundgren AS, Nilsson I. Constructing loneliness: home care providers' notions of older adults' social needs and the possibilities of the home care profession to support social participation. *J Aging Stud*. 2023;65:101130. https://doi.org/10.1016/j.jaging.2023.101130.

52. Puustinen J, Kangasniemi M, Turjamaa R. Are comprehensive and individually designed care and service plans for older people's home care a vision or a reality in Finland? *Health Soc Care Commun*. 2021;29:e144–e152. https://doi.org/10.1111/hsc.13255.
53. Puustinen J, Kangasniemi M, Pasanen M, et al. Recognising older people's individual resources and home-care-specific tasks in home care in Finland: a document analysis of care and service plans. *Scand J Caring Sci*. 2023;37:507–523. https://doi.org/10.1111/scs.13135.
54. Fowokan A, Giosa JL, Saari M, et al. Mapping a comprehensive assessment tool to a holistic definition of health for person-centred care planning in home care: a modified eDelphi study. *BMC Health Serv Res*. 2023;23:1268. https://doi.org/10.1186/s12913-023-10203-5.
55. Höglander J, Holmström IK, Lövenmark A, et al. Registered nurse-patient communication research: an integrative review for future directions in nursing research. *J Adv Nurs*. 2023;79:539–562. https://doi.org/10.1111/jan.15548.
56. Jarling A, Rydström I, Ernsth-Bravell M, et al. Becoming a guest in your own home: home care in Sweden from the perspective of older people with multimorbidities. *Int J Older People Nurs*. 2018;13:e12194. https://doi.org/10.1111/opn.12194.
57. Mengelers AMHJ, Moermans VRA, Bleijlevens MHC, et al. Involuntary treatment in dementia care at home: results from the Netherlands and Belgium. *J Clin Nurs*. 2022;31:1998–2007. https://doi.org/10.1111/jocn.15457.
58. Kivimäki T, Stolt M, Charalambous A, et al. Safety of older people at home: an integrative literature review. *Int J Older People Nurs*. 2020;15:e12285. https://doi.org/10.1111/opn.12285.
59. Breitholtz A, Snellman I, Fagerberg I. Older people's dependence on caregivers' help in their own homes and their lived experiences of their opportunity to make independent decisions. *Int J Older People Nurs*. 2013;8:139–148. https://doi.org/10.1111/j.1748-3743.2012.00338.x.
60. Bölenius K, Lämås K, Edvardsson D. Older adults' experiences of self-determination when needing homecare services-an interview study. *BMC Geriatr*. 2023;23:824. https://doi.org/10.1186/s12877-023-04533-6.
61. Gregory A, Mackintosh S, Kumar S, et al. Visibility and meanings of partnership in health care for older people who need support to live at home. *Scand J Caring Sci*. 2018;32:1027–1037. https://doi.org/10.1111/scs.12545.
62. Fjørtoft A, Oksholm T, Førland O, et al. Balancing contradictory requirements in homecare nursing—a discourse analysis. *Nurs Open*. 2020;7:1011–1019. https://doi.org/10.1002/nop2.473.
63. Narayan MC. Structural barriers to high-quality home healthcare nursing: what home health nurses want medicare policy makers and agency administrators to know. *Home Health Care Manag Pract*. 2024;36:3–11. https://doi.org/10.1177/10848223231180590.
64. Jones NL, Read J, Field B, et al. Remote home visits: exploring the concept and applications of remote home visits within health and social care settings. *Br J Occup Ther*. 2022;85:50–61. https://doi.org/10.1177/03080226211000265.
65. Olsson L, Jakobsson Ung E, Swedberg K, et al. Efficacy of person-centred care as an intervention in controlled trials – a systematic review. *J Clin Nurs*. 2013;22:456–465. https://doi.org/10.1111/jocn.12039.