

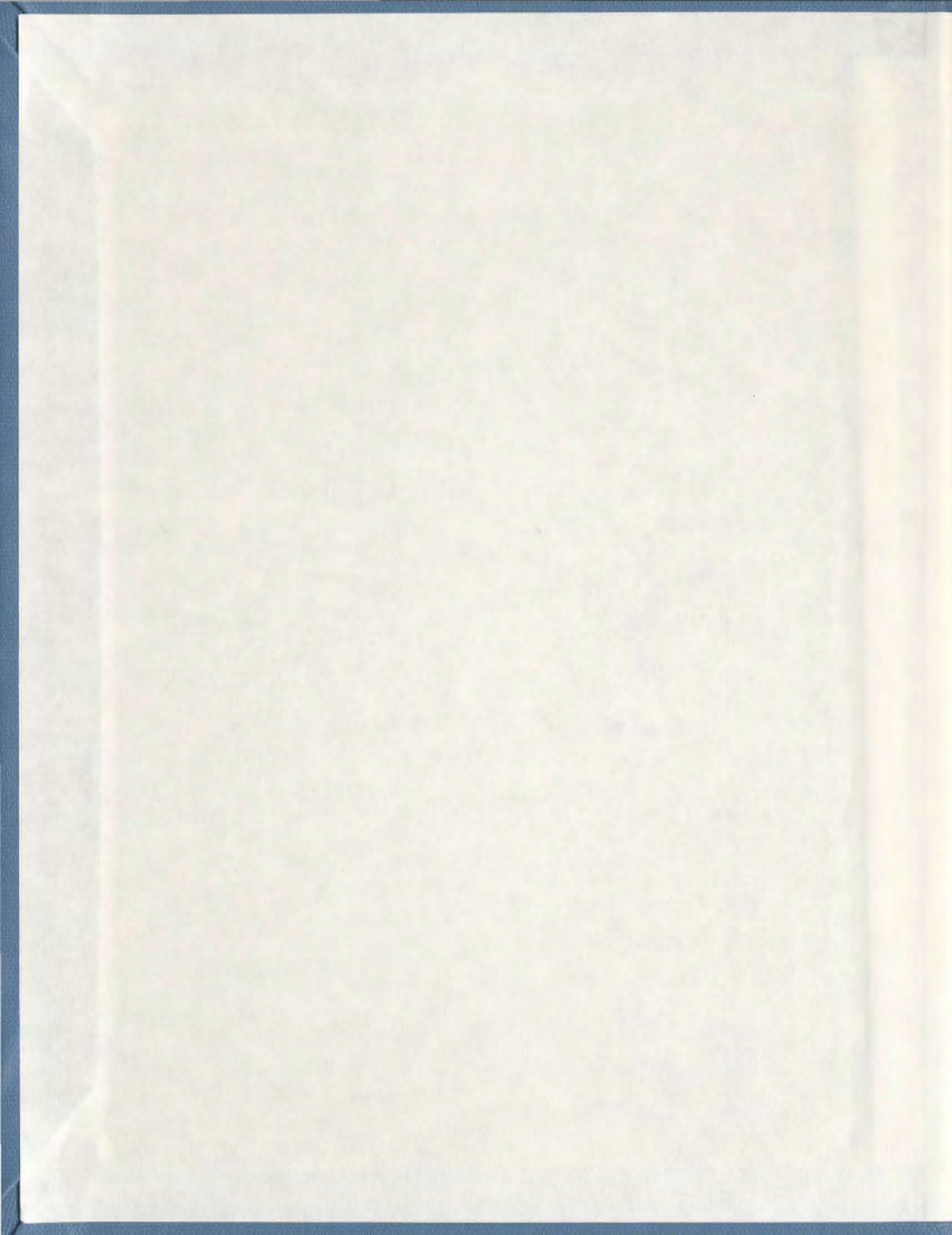
"ADJUSTMENT TO LIFE IN A NURSING HOME" -
THE PROCESS OF RELOCATION:
A GROUNDED THEORY STUDY

CENTRE FOR NEWFOUNDLAND STUDIES

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**“ADJUSTMENT TO LIFE IN A NURSING HOME” - THE PROCESS OF
RELOCATION : A GROUNDED THEORY STUDY**

by

Sue Ann Mandville-Anstey, B.N., R.N.

**A thesis submitted to the
School of Graduate Studies
in partial fulfilment of the
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ABSTRACT

Research into the relocation of the elderly from the community to long term care has been well documented as a major life change for this population, one that may have many physical, social, and cognitive implications. Some research documents the positive implications such as an increased sense of security, increased social contacts, and better physical well being. Contrary to this, other research suggests negative implications such as anxiety, depression, and loss of independence.

Grounded theory methodology was used to explore the process of relocation and subsequent adjustment to a nursing home among elderly adults four to six months after admission. Six females and three males were interviewed and data analysis was conducted to determine the common themes that existed in the individuals' experiences of their adjustment.

Three main stages of relocation were identified: preparing for the move, moving to the nursing home, and settling in on a more permanent basis. Within each of these three stages a number of phases were identified and the interrelationships between these phases allowed the researcher to identify similarities and differences among the participants with regards to their adjustment to the relocation to the nursing home.

The findings of this study emphasized the variation in the psychological adjustment to nursing home life including factors that helped or hindered the adjustment process. The results of this study supported the literature in the identification of interventions to help ease this transition. The research also identified new insights into the process of relocation and how adjustment may be experienced by members of this population.

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The process of relocation from home through to 4-6 months after admission 50

CHAPTER 1: INTRODUCTION

Life transition is defined by Chick and Meleis (1986) as “a passage from one life phase, condition, or status to another... transition refers to both the process and the outcome of the complex person-environment interactions” (p. 239-240). Relocation can be referred to as a transition into a new phase of life; one that often accompanies the phase of old age. Relocation to a long term care facility is a well documented life transition that may have a number of physical, emotional, cognitive, and social implications for the elderly.

As a transition, relocation is a major life change for older people and is mainly described in the literature as a stressful event. Relocation may be stressful in anyone’s life, but is particularly stressful for the elderly in whom it has the potential to evoke a grief like response (Dimond, McCance, & King, 1987; Mikhail, 1992). Usually at the time of relocation, the individual leaves his/her own home and belongings to move to a new and unfamiliar environment. Additionally, failing health and loss of life long friends may accompany the transition. Consequently, an older person experiencing a move to a nursing home may be at risk for a stress related illness, such as an acute illness or a psychosocial problem, such as anxiety or depression. Some literature, however, suggests that many elderly are quite pleased and happy with the move and this group reports a heightened sense of self, increased sense of security, and improved social relationships (Allen, Hogg, & Peace, 1992; Morgan, Reed, & Palmer, 1997; Reed & Roskell Payton, 1996).

This study examined the process of elderly adults relocating from their home to a long term care facility. I was interested in understanding the process of this

experience, beginning from the intent to move through to the first four to six months post admission. This time frame was selected because research has shown that most elderly begin thinking about the relocation prior to the move and achieve some degree of adjustment four to six months after admission (Brooke, 1989; Holzapfel, Schoch, Dodman, & Grant, 1992). The background to this research issue, the rationale, problem statement, the purpose, and the research question will be outlined in the remainder of chapter one.

Background

The growing population of seniors in Newfoundland, as well as across Canada, has presented a challenge to the health care system in accommodating the care needs for this group. In 1998 there were 3.7 million people aged 65 and over representing 12% of all Canadians, up from only 5% in 1921 (Statistics Canada, 1999). Growth of the senior population is expected to continue particularly after 2010 when the Baby Boom generation starts turning 65. Statistics Canada projects that seniors will account for 18 % of the population by 2021 and 23% of the population by 2041. There are also predictions that the percentages of older elderly (aged 85 and over) will increase. Currently people aged 85 and over represent 1% of the total population, double the total in 1971. It is predicted that by 2041 there will be almost 1.6 million Canadians over age 85, representing nearly 4% of the total population (Statistics Canada). This demographic change will almost certainly have an impact on the Canadian health system, especially in the provision of care in long term care facilities.

In the province of Newfoundland and Labrador in the time period from April 1999 to March 2000, the number of admissions to public nursing homes was 882 and in the period April 2000 to March 2001, the number of admissions was 845.¹ There was a slight decrease in admissions in 2000-2001. This is thought to be due to longer stays in long term care that decrease the availability of beds, thereby reducing admissions.

In this province the waitlist for entry into long term care was previously site specific and an individual was placed on a wait list for each nursing home in the region where they requested placement. In 1995 in the St. John's region, the single-entry system was implemented to ensure a more efficient and coordinated system of access to the six nursing homes in the city, as well as to the personal care home sector (O'Reilly, Parfrey, Barrett, & McDonald, 1998). This single entry system was implemented to reduce the occupancy of acute care beds by patients awaiting placement to long term care, as well as to reduce the waiting time for placement. All individuals in the St. John's region requesting nursing home placement are assessed by Health and Community Services, St. John's Region through a 35 page instrument. The instrument evaluates home support needs, activities of daily living, degree of disability, and financial status. Following the assessment applicants are placed on a waiting list based on their need for institutional care, as opposed to being maintained at home with home care. The individuals are classified according to indicators from the assessment tool and adequacy of their informal support network. Many of the admissions to nursing homes in this province include individuals who are mostly assessed as needing care at

¹ Data collected from phone conversations with Placement Coordinators in the health regions of the province.

level two and three and as such are unable to be maintained at home (See appendix A). No data were readily available as to how many of these admissions were because of dementia and how many for physical health problems. Statistics Canada reports that although the majority of seniors living at home report that their overall health condition is good, most do have some chronic health problem such as heart disease, diabetes, or arthritis. In addition, 33% reported cognition problems identifying that they were forgetful or they had trouble thinking. These factors may contribute to the necessity for nursing home admission.

It is important to note, however, that not all elderly will need admission to a nursing home. Statistics Canada (1999) indicates that a large proportion of seniors own their own homes. In 1997, it was reported by Statistics Canada that 84% of families headed by someone aged 65 and over owned their own home. At present many elderly are able to manage on their own or be maintained in their own homes with the assistance of family, friends, and home care services. However, there are still a number of seniors unable to remain in their own homes and therefore need admission to a nursing home. With the anticipated number of admissions to nursing homes, care must be taken to ensure a safe and successful transition from their own home to the nursing home. This will only be possible through further research into the process of this relocation and the education of health professionals working with this population.

Rationale and Problem Statement

In my interactions with the elderly both personally and professionally, I have developed an interest in the many transitions that take place in the lives of seniors. One of the main transitions I have observed among this group is that of moving into a nursing home from their own home. This transition is often accompanied by the loss of life long friends, loss of possessions accumulated throughout the years, as well as a loss of independence. However, for other elderly who have experienced the same transition, there is an increased sense of security, greater social interactions, and a sense of peace. This observation initiated my interest in this area of research. I was curious to know: How do elderly experience the changes associated with moving into a nursing home? What is the impact, if any, on the physical and emotional well-being of these individuals? What personal and situational factors contribute to the adjustment of the elderly? What is the process of relocation and how long does it take for an individual to adjust to such a move?

Research into relocation has been in progress for over 30 years but most research has concentrated on outcomes rather than the process of relocation and adjustment or what meaning it has for the participants (Nay, 1995). With the increasing aging population, admissions to long term care facilities will continue to rise. Therefore, research into the process of adjustment for the elderly is important for the identification of meaningful interventions by nurses.

Porter and Clinton (1992) suggested that exploratory interviewing and behavioral observation would be useful strategies for further study of nursing home

adjustment. They suggested that nurses should converse with residents about factors that are influencing their adaptation to the nursing home in order to identify and promote ways to enhance their adjustment. Staff should provide ample opportunities for residents to talk through their feelings and treat the resident as a valued adult who retains all adult rights. Since relocation may be a stressful event in the lives of the elderly and their families, and there is little research published examining the process of relocation among the elderly, more research in this area can aid in the identification of meaningful interventions for nurses (Mitchell, 1999). Continued research into the experiences of the elderly relocating to long term care will raise awareness of the relevance of the transition and aid in the development of effective interventions and policies to help ease this transition.

Purpose of the Study

The purpose of this study is to use a grounded theory methodology and examine the process of relocation experienced by the elderly, as a result of moving from their home in the community to a long term care facility. This research will attempt to develop a substantive theory on relocation among these residents. More research into the relocation of the elderly from the community to long term care will increase knowledge of the process of relocation and aid in the development of interventions to facilitate this process.

Research Question

The research question for this study is: How do the elderly experience the process of relocation from their home to a long term care facility?

CHAPTER 2: LITERATURE REVIEW

The relocation of the elderly to a nursing home and in particular the effects on the individual have been studied extensively. The process of relocation and the varying degrees of adjustment have stimulated debate among researchers in this area. Thorson and Davis (2000) best describe this controversy in stating "because of varying methodologies, differing populations, overlooked variables, and mistakes in interpretation, this area of research has resulted in debate among scholars in the field" (p. 131). Some of the research had been conducted a number of years ago when the concerns for the elderly in long term care began. Even back to the 1960's concerns were raised suggesting that relocation is not without any risk to the aged (Aldrich & Mendkoff, 1963). At this time it was discovered that the death rate for elderly people shortly after admission to the home was high. As well, a significant relationship was found between the lack of freedom of choice in the decision to relocate to a nursing home and the subsequent death of the person (Ferrari, 1963). The same issues that were identified in the early research into the relocation of the elderly are still concerns and areas for research forty years later.

This chapter presents a review of the literature incorporating many aspects of the topic of research. It is divided into the following sections: adjustment to a nursing home, predictors of admission, predictors of adjustment, and the impact of relocation, both positive and negative.

Adjustment to a Nursing Home

When individuals enter a nursing home they have to deal with the separation from their home, family, friends, and the adjustment to congregate living. How well an individual resolves these issues and the level to which the person achieves stability in his or her functioning is referred to as adjustment (Joiner & Freudiger, 1993). Aspects of adjustment to the nursing home are discussed in the literature such as the various adjustments to relocation and First Month Syndrome (Brooke, 1989). The phases of adjustment have also been addressed.

Once an individual has been placed in a nursing home, various adjustments are required on the part of the person. Nursing home placement involves adjustment to new routines and new people at a time when the person is experiencing the loss of the familiarity of family and home environment. The elderly must depend on health professionals in the home to meet their physical and psychosocial needs which may be a struggle for some new residents.

A resident's experience, either positive or negative, after admission to a nursing home can affect his or her adjustment to the new environment. Grau, Chandler, and Saunders (1995) conducted a pilot study to assess nursing home residents' perceptions of their best and worst experiences in the nursing home. This study presented the most frequently reported adjustments that residents had in the move to the home. The authors identified the "adaptive responses" that enabled residents to deal with these difficulties in adjustment. The researchers interviewed a total of 46 randomly chosen residents, with the exception of those in the dementia unit. The most frequently

reported "worst" experiences were with the nurses' aides. They accounted for 47% of all complaints; however, one limitation of the study was that the nurses' aides were of a different minority group than the residents. Other complaints were about food (35%), boredom (35%), other residents (22%), insufficient or inadequate therapy (9%), and uncaring professional staff (4%). The most frequently reported "adaptive responses" to these "worst" experiences were social interaction with family or friends outside the nursing home (30%), or with the residents and staff of the nursing home (22%). Other positive adaptive responses by the residents included the acceptance of the situation as a natural and inevitable consequence of old age, advocating for other residents, and empathy toward the workload and personal problems of staff members. Some negative adaptive responses included succumbing to routines (learned helplessness), anger, hostility to staff, going along and playing by the rules, and feelings of powerlessness, hopelessness. Residents reported the "best" experiences they had as the caring and concern of professional staff members (generally nurses, physicians, and therapists), accounting for 51% of all satisfaction. This was followed by positive experiences with food (22%), caring and concerned nurses' aides (15%), residential activities (13%), other residents (7%), and lastly the cleanliness of the facility (4%). Recognition and acknowledgement of the varied responses of best and worst responses along with the most reported adaptive responses, increased awareness among individuals working with these residents.

Chenitz and Swanson (1986) discussed the transition and adjustment to nursing home life as involving three phases: overwhelmed phase, adjustment phase, and the

initial acceptance phase. Others have categorized these phases as disorganization, re-organization, relationship building, and stabilization (Brooke, 1989), or overwhelmed, adjustment, and initial acceptance (Wilson, 1997). On admission, residents were found to have emotional responses that included crying, loneliness, and a longing to go home. Residents began to adjust by expanding social contacts, talking about the future, and internalizing their admission. Usually by 3-6 months, residents had gone through an initial acceptance phase which involved making new friends, taking control of their situation, feeling more self confident, and getting involved in activities. Some residents moved through the phases faster than others and some residents who experienced a physical or emotional setback returned to the disorganized phase for a brief period.

Porter and Clinton (1992) used a phenomenological method to research how the elderly experienced the changes associated with living in a nursing home. Three hundred and thirty-two individuals were chosen who had lived for at least 6 months in one of 54 nursing homes. Residents with a hearing impairment, with aphasia, who were cared for by a private duty nurse, or who scored unsatisfactorily on a mental status exam were excluded from the study. The residents were interviewed and several adjustment approaches were identified. These approaches included getting used to it, confronting change, going along, extending, fitting in, doing one's best, renaming, and reframing. This study closely paralleled a study by Baltes, Hann, Barton, Orzech, and Lago (1983) which identified many of the same adjustment approaches in their research.

First Month Syndrome is a term discussed widely in the literature to refer to the disorientation, confusion, and unsettled experience that the elderly may experience during the initial days and weeks following relocation (Brooke, 1989; Tobin & Lieberman, 1976). Many elderly experience First Month Syndrome, but as the name suggests, return to their pre-admission condition approximately 4-6 weeks after admission (Brooke, Holzapfel et al., 1992; Tobin & Lieberman). Brooke noted that even residents with cognitive problems adjusted somewhat after two months. Holzapfel et al. reported an improvement in the cognitive abilities of a sample of older people 6 weeks after relocation. They speculated that this initial reduction in cognitive abilities was a consequence of anxiety related to the move and it was this anxiety that initially caused the confusion and altered mental state. Six weeks after relocation, they reported improvements in cognitive abilities.

Predictors of Admission

There are various factors that can be identified as predictors of admission to a nursing home. These predictors are important to the present study because they can affect adjustment to a nursing home. Two identified predictors of admission include family structure and an increased need for care following a health crisis such as a stroke, a broken hip, or deterioration in their health (Cohen, Tell & Wallack, 1986; Freedman, 1996). Poor family contact, lack of a spouse, and failing health can influence the process of adjustment as these factors are predictors of admission, as well as indicators of a possibly difficult adjustment. It is vital that health professionals are aware of these predictors and the possible effects on adjustment. They must be able to

identify the type of extra care those residents need and provide guidance to facilitate the process of relocation. These predictors will be discussed as to how they relate to the process of adjustment.

Family Structure

Variations in family structure and relationships with other family members have been identified as predictors of nursing home admission. Freedman (1996) examined the influence of family structure. She reported that married older persons had half the risk of nursing home admission when compared with unmarried persons. Those with at least one daughter or sibling reduced the chance of admission by one-fourth.

Many more women live in nursing homes than males because of longer life expectancy, living longer with disabilities necessitating medical care, and a function of the gender associated differences in rates of widowhood. Women are much more likely to be widowed in old age than men and, therefore, are more vulnerable to the risk of institutionalization. Additionally, men are more likely to live their last years in the community being cared for by their wives.

Joiner and Freudiger (1993) conducted a study that evaluated male and female differences in nursing home adjustment and satisfaction. They found that "among the demographic factors that influence residents' perceptions of nursing home life, none has been as salient as the sex of the resident" (p. 72). The study involved interviews with 114 elderly residents living in four nursing homes and assessed the adjustment and satisfaction of these nursing home residents after the first two months of placement. Social work designees within the home completed a rating form for each resident who

was interviewed. The residents' files were assessed for demographic and psychosocial information. The research focused on three clusters of factors which were thought to influence nursing home adjustment. These clusters were grouped into historical, demographic, and psychosocial variables. They indicated that home ownership was included in the historical variables because of the importance which the elderly place on their homes and the trauma that they face when relinquishing them (Rubinstein, 1989). The findings of the study confirmed that women were older than men, both as current residents and upon entrance to the nursing home. Women had been residents of the facilities longer and engaged in fewer activities than the men. Sex of the resident was the strongest predictor of adjustment, but the mean scores of men and women indicated that it was men, rather than women, who were perceived by social work designees as better adjusted to nursing home life. This research indicated that voluntariness of placement was significantly related to women's adjustment scores. Women were less likely than men to be voluntarily placed and this difference may have accounted for part of the perception of their poorer adjustment. Two other variables were found to have a strong relationship to the women's adjustment. Living alone prior to institutionalization, more common in women than men, had a negative effect. Religious participation was also positively related to adjustment.

Increased Care Needs

The main reasons for relocating to a care home includes the inability of older persons to care for themselves, a need for nursing care, a fear of living alone, and the inability of family members to provide the required care (Johnson, Morton, & Knox

1992). These findings are supported in the research of Reed and Roskell Payton (1996) who looked at elderly who moved into care homes. They found that the move was often related to a personal crisis and that the move to a nursing home was often preceded by an admission to hospital. Other preceding factors suggested include financial problems, death of a spouse, and / or urban renewal (Rosswurm, 1983; Wilson, 1997; Young, 1990).

Entry into a nursing home has often been found to follow a health crisis which results in an admission to an acute care hospital (MacDonald, Higgs, MacDonald, Godfrey, & Ward, 1996) and then becomes a *fait accompli* (Nolan & Dellasega, 1999). For some older adults the nursing home is widely accepted as an uncomfortable but essential spectrum facing those in their later years (Biedenharn & Normoyle, 1991). Nolan et al.. (1996) discussed the *fait accompli* in nursing home placement and consider this the worst case scenario because all the basic conditions for an acceptable move are absent. There is no anticipation, the decision is made by others, there is no opportunity to explore alternative options, or to select a particular home. The move is, therefore, perceived in negative terms with no basis on which to create a positive or rational explanation. This often happens when the decision to relocate is made in a short period of time because of a rapid decline in health, or after hospitalization. Three other leading causes of admission to a nursing home have included dementia, difficulty with mobility, and incontinence (Mitchell & Koch, 1997).

To avoid being a burden to family members, many older adults agree to nursing home placement (McCullough, Wilson, Teasdale, Kolpahchi, & Skelly, 1993; Nay,

1995). Perceived effects on families were studied by Biedenharn and Normoyle (1991) who looked at perceptions of elderly to admission to a long term care facility. Their study examined the role of nursing home related beliefs as determinants of the elderly's fears and expectations of entering a nursing home. Fifty percent reported that they would be likely to enter a nursing home to avoid being a burden on their family. Some research has shown that when elderly had the choice to live with family members, they did not want to do this for fear of losing control, being a burden, or fear of affecting their family by "spoiling their lives" (Krothe, 1997).

Predictors of Adjustment

Research has identified factors that predict the probability of adjustment to a nursing home. Predictors of adjustment are indicators that are identified as enhancing or inhibiting adjustment. It is important to identify these predictors because health professionals need to direct interventions and plans of care around any risk factors. The personality traits of the individual, the values and beliefs of the residents and society in general, and the influence of control and autonomy both in the decision to relocate and after admission are predictors of adjustment that are strongly supported in the literature.

Personality Traits

Individual personality traits and pre-institutional life satisfaction influence adjustment to relocation. Rehfeldt, Steele, and Dixon (2000) as well as Turner, Tobin, and Lieberman (1972) noted that individuals who were assessed as being well-adjusted one year following their entry to a home were described prior to admission, as being active, aggressive, authoritarian, distrustful of others, and having a narcissistic body

image: traits that are typically considered indicative of maladaptive coping styles. However, it might have been these characteristics that helped them to survive and become adjusted to nursing home life. These authors argued that those with these pre-institutional personality traits were congruent with the demands of the relocation environment and would experience only a minimum degree of distress upon the relocation.

The focus of Rehfeldt et als. (2000) study was on characteristics of individuals entering a nursing home and how these characteristics influenced adjustment to the nursing home. The authors suggested that individuals who possessed psychological resources for dealing with different stressors prior to admission would show successful adjustment patterns during their time in the facility. The degree to which an individual knew what to expect in the facility, coupled with the feeling of some sense of control in that environment, were good predictors of psychological adjustment. Given this, it is understandable that individuals who are accustomed to being completely in control of their environment often show poor adjustment to long term care facilities (Schultz, 1987). It is also reported that individuals who reported very low life satisfaction prior to their entry into a long term care facility demonstrated a greater decreased life satisfaction following a period of time in the facility (Rehfeldt et al.).

Values and Beliefs

Individual attitudes, values, and beliefs may affect the decision to relocate, as well as adjustment to a nursing home. Recent gerontological research has emphasized the importance of values in long term care decision making (Forbes & Hoffart, 1998;

Johnson, Stone, Altmaier, & Berdahl, 1998; McCullough et al., 1993). The decision to relocate to long term care is a complex and individual process and the comfort that one experiences in relation to the decision to relocate, along with the satisfaction that is experienced after the move to a nursing home, is often shaped by individual values and beliefs. Krichbaum et al. (1999) noted that the response to adjustment is "based on the perceptions or meanings attributed to the triggering event, to the level of awareness of the changes that are occurring, and to the disruption in feelings of security associated with the change" (p. 136).

Values and beliefs of the elderly

The value systems of older adults, their families, and health professionals were examined by McCullough et al. (1993). These researchers used purposeful sampling strategies to identify older people who had changed their living situation and / or had started receiving help with personal care when their capacity for self-care was reduced. Twenty-six individuals agreed to participate in the study and were interviewed. The top priorities identified by the elderly included their living environment, self-identity, and relationships. Other identified values relating to long term care included care, health, avoiding being a burden to family, financial independence, and security. If individuals feel satisfaction in the maintenance of these values, they will experience a greater degree of life satisfaction, and thus have better adjustment to the nursing home.

Forbes and Hoffart (1998) examined older people's values, beliefs, and attitudes regarding long term care services use. They explored factors that influenced decision making regarding the use and non use of long term care services. The group

of 27 elders recruited was asked how values, beliefs, and attitudes influenced their living environment, self-identity, and relationships. Important values such as independence and sense of self were reflected by all elders. The five main attitudes that emerged from the interviews were: acceptance, do not accept change / fight, perseverance, self responsibility, and reciprocity. Some of these were passive behaviors while others were active. The strongest attitude to emerge was acceptance, and this was reported to have allowed elders in the nursing home to view their environment as a place that promoted their security. Important values such as independence, trust, quality of life, and sense of self were also identified.

A cross-sectional design was used by Johnson et al., (1998) to investigate the relationship among demographic variables, locus of control beliefs, and self-efficacy beliefs with nursing home adjustment. Prior studies have shown that demographic variables such as age, education, and marital status were significantly related to adjustment (Cohen, Tell, & Wallack, 1986; Freedman, 1996; Joiner & Freudiger, 1993). However, Johnson et al.'s demographic variables were not useful predictors of successful adjustment. Their study showed that self-efficacy and locus of control were related to successful adjustment in a healthy sample of nursing home residents. The results of the study showed that the perceptions of older adults' personal competence in performing behaviours such as choosing what clothing to wear or how to spend their leisure time (self efficacy) were more strongly related to successful nursing home adjustment than were their perceptions that outcomes were the result of intentional acts (locus of control).

Nursing homes may also be viewed as iatrogenic. One such model by **Donnenwerth and Petersen (1992)** suggested that residents experience lower levels of well being in the nursing home environment because it encouraged residents to internalize a sick role definition of self. According to this study, the residents incorporated a role of being sick despite the fact that they could perhaps do many activities of daily living independently. These researchers suggested that individuals who believed they were ill were more likely to participate willingly in the routines of the home, become more dependent upon the nursing staff, and become accustomed to daily routines. **Jacelon (1995)** supported this view in stating “even when not conscious, control is maintained by the staff by socializing residents into the role of the patient” (p. 544).

Research has shown that targeting the residents’ values and beliefs prior to admission may prove effective in planning care to facilitate adjustment. Interventions can be implemented to prepare the individuals for admission based on their attitudes and beliefs regarding nursing home placement. **Van Auken (1991)** discussed the use of crises intervention as a short term therapy for assisting elders awaiting nursing home placement. This therapy is thought to facilitate adaptation prior to admission and helps reduce stress among elders awaiting placement to a nursing home. **Van Auken** stated “the development of a more positive attitude in the elder will enable him to adapt more easily to the environment of the nursing home” (p. 33).

Values and beliefs of society staff

The attitudes about aging held by society have a large effect on care received by the elderly in institutions (Buckwalter, Smith, & Martin, 1993). Society's attitudes and values reflect how we treat people and how we address and respect their needs. The attitudes of staff can affect the resident's adjustment and satisfaction with nursing home life. Positive attitudes are reflected in positive care provided to residents and this care can influence their adjustment to the nursing home. Salmon (1993) designed a study to determine whether nurses' interactions with patients varied in relation to their attitudes. Each nurse completed a questionnaire measuring attitudes towards nursing care of elderly people. There was no relationship found between nurses' attitudes and their behaviour. These results did not support the view that nurses' behaviours could be substantially improved by changing attitudes towards the elderly. They did find, however, that the nurses with higher educational qualifications interacted more positively with the elderly than their less well educated colleagues. The interaction between residents and staff affected the residents' satisfaction and adjustment to the nursing home. This research supported programs designed to increase the knowledge and skills of health care workers as being effective in improving the living conditions of elderly nursing home residents.

Some research, however, in contrast to the study by Salmon (1993) has documented that patients' responses to treatment may be affected by physicians' attitudes. To promote a positive adaptation, physicians must know about normal aging and development and be sensitive to the special needs of the elderly (Intrieri, Kelly,

Brown, & Castilla, 1993). Understanding of the transitions experienced by the elderly population, including the transition to long term care, can certainly affect the staffs' professional and ethical means to deal with the situation. In contrast, poor understanding or negative attitudes can negatively affect the residents' transition to the nursing home and result in negative coping behaviours.

Control and Autonomy

Control and autonomy is very important to the elderly, especially considering that the majority have had control of life decisions for many years. The degree of control and autonomy that is maintained by the elderly will certainly affect their adjustment to the nursing home. Often upon admission to a nursing home, an individual's autonomy and decisional control may be weakened by family or health professionals. This is often the result of family and health professionals making the decision for the person to move to the home. Accompanying this is the influence of health professionals making decisions for the individual after admission to the home. Examples of this include the staff deciding what the resident will eat for meals and not allowing the resident to decide what clothes to wear or what activities to participate in. Control and autonomy is important in the decision to relocate, as residents who are involved in the decision making process are believed to adjust to the move more positively (Dimond, McCance & King, 1987). Residents who are involved in the decision to relocate to a nursing home are thought to have a higher morale than those who do not participate in the decision (Johnson et al., 1998).

Control and autonomy in the decision making process

Studies on the effects of decisional control prior to admission date back as far as the 1960's with Ferrari's (1963) study on the decisional control of selected female applicants. Findings suggested that control over the decision to relocate had a positive effect on variables such as mortality, life satisfaction, and overall adjustment. Ferrari conducted a study on decisional control and how it contributed to patient outcomes following admission to a nursing home. While it was not known if both groups had equal ability to make decisions, those with no choice in the move had much higher mortality rates than those with choice. Within the first 10 weeks of admission, 94% of residents in the involuntary group died, while 2.6% in the voluntary group died within the same time period.

More than 50% of those admitted to nursing homes do so without having taken part in the decision (Kane, Illston, Kane, & Nyman, 1990; Sherwood, 1975). The unplanned admission to a nursing home, usually results in the individual having little control over the decision to relocate. The situation is exacerbated by the fact that most admissions are made at a time of crises (Chenitz, 1983; Dellesega & Mastrian, 1995; Gair & Hartery, 1994; Hunter, Brace, & Buckley, 1993; Nolan et al., 1996; Reinardy, 1992; Willcocks, Peace, & Kellaheer, 1987). Most often both older people and their caregivers do not contemplate the possibility of admission to a nursing home until the last minute (Allen et al., 1992; Dellesega & Mastrian, 1995; Hunter et al., 1993). The result is that when a decision is needed on short notice the resident and family have few if any criteria upon which to base a judgment and make an informed decision; both of

which could affect their adjustment to the nursing home. Because of the sudden nature of the admission, older people are often not involved in the decision making process or even consulted (Booth, 1993; Reinardy, 1995). The decision tends to be initiated or made by others, typically family members or professionals (Allen et al., 1992; Chenitz, 1983; Dellasega & Mastrian, 1995; Gair & Hartery, 1994; Willcocks et al., 1987). Additionally, often elderly enter a nursing home without other options having been discussed (Nolan et al., 1996). Most often individuals who have had some choice in the decision to relocate have had time to consider various options in relation to their declining or changing physical health or changes in their financial and social resources.

The well-being of elderly individuals is affected by the degree to which they feel they are able to exercise some control over their lives (Grau et al., 1995). Research has shown that if the individual has some control over the decision they may have a higher level of satisfaction with the move over time (Lieberman & Tobin, 1983; Nay, 1995; Wapner, Demick, & Redondo, 1990). Wolanin (1978) stated that the elderly should be involved in the decision making process as much as possible to increase a sense of control and predictability during the transition. This will contribute to the maintenance of their health and quality of life. Rehfeldt et al. (2000) agreed that individual choice, control, and the predictability of the new environment are important variables that will determine how well individuals sustain the effects of relocation. Those residents who have maintained their control and autonomy and participated in the decision to relocate adjusted better than those who had no control over the decision. Murray (1999) agreed that "elderly residents who actually participate in their decision

to be admitted to a long term care facility adjust more easily as they retain their identity and have autonomy” (p. 254).

Decision making and relocation to a nursing home has been extensively studied by Chenitz (1983) and her work is discussed widely in the literature. Positive outcomes are related to individuals’ ‘wanting to move’ (Chenitz & Swanson, 1986). They found that when older people understand the need to move into a long term care facility and participate in this decision, the outcome is positive for many individuals. Acceptance to nursing home life was easier when legitimization occurred (Chenitz & Swanson). Chenitz stated that a factor in the psychological response of elders to entering a nursing home was their perception of how much control over their life would be lost.

Chenitz (1983) used a grounded theory methodology to examine the experiences of elderly persons admitted to a nursing home. She found that a common factor affecting the elders’ responses to the move was the importance of the admission in their struggle for the maintenance of independence and control. She found that if a move was perceived as being permanent and linked with the absence of control, participation, legitimization, and desirability, or if an older person felt that the move was involuntary, then he or she resisted or did not accept the move. Willcocks et al., (1987) agreed that people who recognized a legitimate reason for relocating and had more involvement in the move reported less homesickness and better relationships with staff.

Reinardy (1992) conducted a study to determine whether personal control over the decision to move to a nursing home had an impact on post admission adjustment

and well being. The sample was comprised of 502 newly admitted residents who were interviewed within 3-4 weeks after admission, then again at 3 months and 12 months. Residents were interviewed by nurses trained in the use of the Nursing Home Resident Questionnaire, a multi-dimensional assessment tool that had been tested and validated for nursing home populations (Kane, Riegler, Bell, Potter, & Koshland, 1982). The results showed that women did not appear to perceive themselves as being less in control of the decision than men, and there was no evidence that those who were married or had living children were more likely to have the decisions made by others, such as their spouses or families. There was support for the notion that those with lower socioeconomic status perceived themselves as less in control, since years of education were positively associated with decision making. The findings of this study indicated that deciding and wanting to move to a nursing home had an impact on the residents' well-being following admission. Older people who felt that they had made the decision to move saw the move as more desirable, demonstrated higher levels of satisfaction with services in the home, and participated more in activities than did those who felt the decision to move was not their decision and additionally did not want to be in the home.

As part of the plan for nursing home admission, Holzapfel et al. (1992) found that when residents visited future care homes and were included in decisions regarding relocation, for example choosing roommates, the new environment became more predictable and positive, and adjustment was evident. The degree to which the residents exercise control over their environment and participation in decision making

processes ultimately influences the outcome of relocation. While these are important factors for adjustment, it is not known how common these actions occur.

Control and autonomy after admission

According to the literature the control over the decision to relocate to a nursing home affects the individual's adjustment and life satisfaction after admission. Furthermore, the amount of control that is maintained after admission can positively or negatively affect adjustment. Guse and Masesar (1999) noted that moving to a long term care facility meant new relationships and most importantly a shift in control from the individual to the facility. This may be very difficult for some individuals who have tried to maintain their own control and independence throughout their lives. As a resident they may find that they have to attempt to fit in with the other residents, who already have set schedules and routines. The authors noted "opportunities for choice and independent decision making are diminished to the extent that the individual resident needs must conform or fit with the larger group needs within the facility" (p. 528).

The degree of control that individuals are able to maintain regarding their care decisions while residing in the home also affects their adjustment. Koch, Webb, and Williams (1995) suggested that residents in nursing homes needed to have more influence over, and choice about matters that affect them, particularly in relation to day to day management of their lives, in order for effective adjustment to occur. The research demonstrated that institutional procedures often dictated where, when, and how residents spent their waking hours (Lidz, 1992), resulting in a custodial rather

than therapeutic environment (Taft & Nehrke, 1990). Wapner et al. (1990) concluded that restrictions in the options for life in a nursing home, ie, bed placement or roommate suitability, may contribute to further loss of choice as residents are expected to adapt to the experience of being a nursing home resident. Activities as simple as giving residents the responsibility to care for a plant or to determine when to participate in an activity has been shown to have an effect on the residents' psychosocial adjustment, presumably by improving their sense of control (Langer & Rodin, 1976; Rodin, 1986).

The relationship between quality of life and personal control was measured by opportunities for choice in self-care and leisure activities among residents in a long-term care facility (Duncan-Myers & Huebner, 2000). Twenty-one residents were interviewed and filled out questionnaires. The results of the study suggested that an increase in choices in everyday tasks among residents in long term care was related to a positive perception of quality of life, particularly when choices concern common tasks such as eating and toilet hygiene. Participants rated the amount of choice on the items and identified the lowest as "when they take medications" and the choices of highest importance included "when I use the telephone" and "what time I go to bed".

Impact of Relocation to a Nursing Home

In exploring the process of relocation from the community to a nursing home, it is expected that there will be implications for the individual who is relocating. Both positive and negative implications of relocation are described in the literature and one must explore both in order to understand this process in its totality. It is important to

acknowledge and explore these implications, as health professionals need to be aware of all possible effects that relocation to a nursing home may bring.

Positive impact of relocation to a nursing home

Becoming a resident in a nursing home means several changes to one's social context including physical location, changes in relationships with family and friends, and new relationships with staff and other residents. Many elderly find the move to be positive and stimulating and report an improvement in their life satisfaction after the move. New relationships, increased social interactions, participation in activities, and increased life satisfaction have all been documented as positive outcomes from relocating to a nursing home. Kane et al. (1990) identified long term care facilities as "accidental communities" composed of individuals who vary in interests, educational status, cultural background, social class, and income. It is an opportunity for the elderly to meet new and interesting people, a factor that may contribute to successful adjustment.

Relocation to a nursing home may be beneficial to the elderly who choose to move and feel secure with the move both for safety reasons and physical comfort. Reed and Roskell Payton (1996) found that some elderly felt more secure, less lonely, and more stimulated than they had felt at home. These elders enjoyed the move because they now had more social contacts than they had while living in the community. For these individuals the transition to a nursing home and the adjustment to this new life was positive. Other research had similar outcomes and described the

experience of having more security and more social interaction with others (Allen et al., 1992; Liukkonen, 1995; Morgan et al., 1997).

Other studies have concluded that physical, psychological, and social abilities will not always decrease after admission to a nursing home. German, Rovner, Burton, Brant, and Clark (1992) conducted a study involving psychiatric evaluations at 2 week, 2 month and 1 year intervals post admission for a group of 454 admissions to a long term care facility. Life satisfaction, social support, and adjustment questionnaires were done at the same time. They found that 80% of the incoming population suffered from some sort of mental illness, 60% of which was a form of dementia. It was found that those who were diagnosed upon admission were given the same diagnosis at the end of the year. Those who were not diagnosed at the time of admission were likewise not diagnosed at the end of a year. For many of the participants, life satisfaction, social support, and positive adjustment measures actually increased post admission. Despite changes in the residents' environment, social contexts, and the development of new relationships, many elderly reported positive results from the move.

Negative impact of relocation to a nursing home

Negative impacts and consequences of relocation have also been reported (Davidhizar & Bowen, 1995; Donnenwerth & Peterson, 1992; Grau et al., 1995; Mallick & Whipple, 2000). These negative impacts can be either of a physical or psychological nature. One of the common psychological consequences is that of loss. Becoming a nursing home resident is ranked as an event that would be only somewhat less stressful than divorce or a spouse's death (Gordon, 1985). Dimond et al. (1987)

stated that for some older people relocation triggered a response not unlike the grieving process that followed the death of a spouse or close friend.

There are a number of reasons why relocation may be a negative experience for an elderly individual. For many elderly a move to a nursing home is made in association with alterations in health, financial status, or social networks. The individual may have to relocate to a nursing home following an illness, fall, death of a spouse, or a decreased ability to care for her or himself at home. Therefore many elderly perceive the move as negative because they associate it with the other undesired changes in their lives going on at the same time (Young, 1990). Familiar life routines have been disrupted, meaningful social relationships altered, and emotional attachments are strained. The relocation to a nursing home brings with it several factors that may inhibit adjustment. Grau et al. (1995) supported this in stating "nursing home placement entails adjustment to new routines, relinquishment of privacy to strangers, and dependency upon them to meet physical, as well as psychosocial needs" (p. 34). Adjustment to new routines, dependency upon strangers to meet their needs along with losing usual social roles, and a change in status from community to nursing home resident can affect self esteem and morale negatively (Pohl & Fuller, 1980; Rosswurm, 1983).

Psychological Effects

Relocating to a nursing home can produce several negative psychological effects. Some documented effects are fear, feelings of isolation, confusion, depression, decreased cognition, and poor life satisfaction (Krichbaum et al., 1999; Mikhail, 1992).

Most residents experience some extent of feelings of confusion and anxiety in the initial weeks after admission. Uncertainty and fear, especially in the initial weeks after relocation, may be a common occurrence. These feelings often stem from fear of isolation from family and friends (Davidhizar & Bowen, 1995; Rehfeldt et al., 2000) financial constraints, and the feeling by many residents that they are entering the final chapter of their lives (Maun, 1996). Brooke (1989) conducted a one year long study of 42 individuals admitted to a long term care facility and used weekly interviews to determine the phases of adjustment. She identified a period of "disorganization" 6 to 8 weeks after admission. This phase was characterized by feelings of displacement, withdrawal, anxiety, changes in sleeping and eating habits, fatigue, and feeling of abandonment.

Many investigators found that relocation had negative consequences for elderly individuals such as increased mortality and morbidity, including increased depression, decreased activity levels, feelings of abandonment, and poor life satisfaction (Aldrich & Mendkoff, 1963; Davidhizar & Bowen, 1995; Golander, 1987). Golander argued that institutionalization is associated with disorientation, depression, and depersonalization.

Nay (1995) conducted a phenomenological study to look at the nursing home resident's perceptions of relocation. The major themes identified were: "there was no choice", "everything went", "devalued self", and "the end of the line". Some participants in the study felt that they had no choice. Even in situations where they had made the decision to relocate, it was made in a situation where they perceived that there was no other alternative. The participants in the study felt that they had no real home;

for them entering a nursing home meant losing everything including possessions, family, friends, pets, roles, and lifestyles. They also reported that they felt devalued as individuals as some perceived themselves and their care as being a burden. Therefore felt that this dependency on others to meet their basic needs affected their value of and sense of self. She suggested that many elderly viewed entry into a nursing home as the end of the line, with no concept of a future. Many of these elderly felt that they have been rejected or that they were a burden to their family. Biedenham and Normoyle (1991) discussed how the elderly considered family members in relation to care-giving. "Due to a nearly universal sentiment that care-giving ought to fall within family members' obligations to one another, residency in a nursing home has come to signify for many (if not most) older adults rejection as an unwanted burden to the family" (p. 108).

A descriptive study of the transition to a nursing home was conducted by Krichbaum et al., (1999). The researchers examined the effects of the experience of transition to the nursing home through a trajectory of changes in the well-being, cognition, and satisfaction of 79 newly admitted residents. Variables that were thought to be affected by the transition included the residents' cognitive function, depression, observed affect, morale, and satisfaction with the nursing home. All factors except satisfaction were assessed within 2 weeks post admission and again at 26 weeks. Several instruments such as the Mini Mental Status Exam, Geriatric Depression Scale, Apparent Emotional Rating Scale, and Satisfaction with Nursing Home Scale were used to assess the variables. They suggested that as depression increased, one's ability

to adapt to change was affected and impaired. The strong contribution of depression to the variance in satisfaction scores both at admission and 26 weeks post admission, suggested the importance of identifying and treating depression in newly admitted residents. The results also showed that the trajectory involved a decline in cognitive ability on average, a slight but significant improvement in depression, and a decline in observed affect. The researchers found that age and level of care were not related to satisfaction and the decline in cognition was the greatest influencing variable. Overall 58 of the 79 participants showed a decline on at least one measure. The researchers reported that the highest percentage of residents declined in cognitive status and in observed affect.

Physical Effects

Physical effects of relocation such as sleep disturbances, anxiety, decreased appetite, and weight loss are widely supported in the literature (Johnson & Hlava, 1994; Manion & Rantz, 1995; Mitchell, 1999; Murray, 1999). Relocation often exacerbates pre-existing medical problems (Dimond et al., 1987; Resnick, 1989). Older people who perceive relocation to a nursing home as stressful are at risk for developing physical illness and in these people adjustment may take longer or never occur. This has been identified in the literature as "Relocation Stress Syndrome" (Brugler, Titus, & Nypaver, 1993; Manion & Rantz, 1995; Morgan et al., 1997; Morse, 2000). In 1992 the North American Nursing Diagnostic Association (NANDA) formally approved this new nursing diagnosis. NANDA had adopted this term to describe the "condition they perceive as resulting from the relocation of an individual from one environment to

another” (Morgan et al., 1997, p. 465). Of those affected, 50-79% are believed to exhibit dependency and withdrawal (NANDA, 1992). Some major characteristics of this diagnosis are anxiety, depression, loneliness, and increased confusion (occurring in 80% to 100% of individuals). Minor characteristics (occurring in 50% to 79% of individuals) are sleep disturbances, insecurity, restlessness, dependency, change in eating habits, lack of trust, weight change, and withdrawal (Manion & Rantz, 1995; Mallick & Whipple, 2000).

In 1985 a study was conducted to address the high mortality rates of the elderly after relocating to a nursing home (Lewis, Cretin, & Kane). For two years a sample of 197 individuals from 24 different nursing homes was followed. Thirty-seven percent died in the nursing home to which they had originally been assigned; 54% were transferred frequently between hospitals and other nursing homes. A total of 142 (72%) of the original group had died by the end of the two years, and only 29, or 14.7% of the original group, were alive and living at the home at the end of the two years. The remaining 26 (13.2%) were still in a nursing home at the end of the two year period. In sum only 27.8% were alive at the end of two years, a 72.2% probability of death within two years after nursing home admission. A limitation to this research is that there is no way to know if these residents might have died if they remained at home or were admitted to a hospital.

Loss

Loss has been a major element in the literature on the discussion of the elderly relocating to a long- term care facility. Many of the losses discussed in the literature

include loss of social status, loss of personal belongings, and loss of autonomy and independence. An understanding of the losses that an individual experiences during the process of relocation is necessary in providing health professionals with the knowledge that these losses exist and the possible effects on adjustment. The health professionals can use this knowledge to develop interventions to facilitate the transition. Most elderly admitted to nursing homes have suffered multiple losses including material possessions such as one's home or personal belongings, and abstract losses such as loss of roles, lifestyle, and freedom. Often for the elderly, many of these losses occur together and as Davidhizar and Shearer (1999) state the elderly "may become distraught, particularly when several losses occur simultaneously or become increasingly frequent, such as when all close friends and relatives their age are no longer living" (p. 148). Many elderly feel devalued as individuals as they may have had no choice in the move. It is not uncommon for the transition to nursing home life to be accompanied by negative feelings and fears associated with loss, or at least restriction, of personal choice and autonomy (Bonardi, Pencer, & Tourigny-Rivard, 1989; Cadby, 1996; Joiner & Freudiger, 1993).

The psychological and emotional consequences of losing one's home and entering a new environment may be a major concern for older people and their professional carers. Such losses can affect one's perception of social status, and personal identity (Morgan et al., 1997). Relocation has been associated with feelings of loss of personal identity and with "ontological security" – a feeling of security and control in one's life (Golant, 1984). Reed and Roskell Payton (1996) found that some

elderly expressed the feeling that they were in danger of losing their social role and identity and were concerned with preserving their sense of self.

Loss of home and possessions brings feelings of insecurity and loss of control as well as loss of sense of personal identity. The change in possessions that accompanies relocation can contribute to the loss of continuity with life history and loss of sense of self or identity (McCracken, 1987). Csikszentmalyi and Rochberg-Halton (1981) suggested that the elderly see their possessions as extensions of themselves or as personal records of their memories and experiences. To deprive older people of objects that they care about may be equivalent to destroying their identity. A study by McCracken hypothesized that a loss of possessions would increase the likelihood that an older person would experience difficulties associated with relocation and would perceive relocation as a threatening event and thus compromise adjustment. McCracken postulated that loss of possessions also held symbolic value, ie., loss of a dining table may have signified the end of the role as head of the family. The home and possessions represent what the person has accomplished throughout life and provides a quality of life that has no substitute in an institutional setting (U.S. Select Committee on Aging, 1987). Personal belongings are important to people for their intrinsic value, as a source of identity or role, and for their association with significant others or events. Nay (1995) agreed with McCracken in postulating that loss of possessions held symbolic value and further described possessions as 'memory evoking'.

Wapner et al. (1990) conducted a study with 100 older persons (75 females and 25 males), on cherished possessions and their relationship with adaptation to the

nursing home. The main findings suggested that those individuals who kept possessions with them were better adapted to the nursing home, and possessions served the major function of historical continuity, comforter, and sense of belongingness. It was also found that more women had taken cherished possessions in the nursing home with them than had men. The study suggested that cherished possessions served many functions with the main ones including giving individuals a sense of control, serving as comforters during the transition, facilitating the presentation of the self for the individual in developing person-environment congruence in the new home, and symbolizing the individual's status in society.

Another loss widely supported in the literature is the loss of autonomy and independence. A growing body of evidence suggests that older people themselves feel that autonomy and independence are important to a good quality of life. However, research has indicated that many health professionals have observed passivity and dependence among older people in their care. With relation to relocation to a nursing home, the most frequent adaptive response – succumbing to routines – is identified when individuals become apathetic and give up as a result of lack of consistent and appropriate responses to their needs (Grau et al., 1995). One theory used to explain this dissonance is the “learned helplessness” theory (Seligman, 1975), which proposes that a condition of helplessness develops when individuals experience uncontrollable life events (Davies, Ellis, & Laker, 2000). As previously discussed, nurses can also contribute to dependent behaviours in older people (Baltes et al., 1983; Waters, 1994).

Summary

Adjustment to a relocation such as a nursing home, is a complex process incorporating several factors that can influence the successful adjustment to the nursing home. This chapter presented a review of the literature and discussion on the factors that may influence adjustment. Literature on the predictors of admission (ie. family structure and increased care needs) was discussed and how these predictors relate to relocation and adjustment to a nursing home. Predictors of adjustment, including the resident's values and beliefs, and the perceived amount of decisional control and autonomy in the decision to relocate certainly may influence the ease with which the resident will adjust. These predictors and the literature supporting this process of relocation were discussed. This chapter presented the literature supporting both the positive and negative consequences of relocating to a nursing home and its effects on adjustment.

There are a number of similarities and contraindications in the literature on relocation and adjustment to life in a nursing home. The major similarity identified in the review of the literature involved the transition and adjustment as involving three phases using terms that were fairly similar. For example, overwhelmed, adjustment, and initial acceptance were used by Chenitz and Swanson (1986), disorganization, reorganization, relationship building, and stabilization by Brooke (1989), and overwhelmed, adjustment, and initial acceptance by Wilson (1997). Overall, the literature that addressed the transition and adjustment to nursing home life discussed a similar process.

The literature addresses the importance of control and autonomy in the decision to relocate, as well as the importance of the maintenance of control after relocation and the subsequent effects on adjustment. There was no literature that could be identified that contradicted this research on the importance of the maintenance of control and autonomy for elderly who relocated.

The relationship between demographic variables, locus of control beliefs, and self-efficacy beliefs with nursing home adjustment was researched by several investigators. Prior studies have shown that demographic variables such as age, education, and marital status were significantly related to adjustment. However, not all researchers found demographic variables were useful predictors of adjustment because decreased health, a common finding in the elderly population, can confound these predictor variables.

Many contradictions in the literature are evident especially with regards to the effects of relocation on the individual after the move to the nursing home. For some elderly people it is an opportunity to meet new and interesting people which may contribute to successful adjustment. In contrast to this, other literature addressed this merging of new and different people as a major obstacle to adjustment in that the individual has to fit in and conform to the larger group needs of the facility.

The literature addressed many positive influences of relocation to a nursing home including an increase in safety and security leaving the individual to feel more secure, less lonely, and more stimulated than they had at home. In contrast to this,

other literature reported that some individuals experienced feelings of fear, feeling of isolation, and poor life satisfaction.

In conclusion, while some studies were found that addressed the relocation process of the elderly, none were located that specifically addressed a context such as present in this study. The literature does not address in detail how the elderly experience this move from the community to long term care including the process of adjustment from before the move is made incorporating the decision to relocate.

Furthermore, the elderly and their caregivers in this study are relatively homogeneous as to culture and ethnicity. There is also a strong sense of kinship, at least espoused, as might be found in an island community. However, nursing homes are not a recent phenomenon while mode of admission, i.e. a central admission process is relatively new. Given these circumstances I was interested in studying the process of relocation to a nursing home among this particular group.

CHAPTER 3: METHODOLOGY

Grounded theory was the methodology used to conduct this research in order to explore and describe the process of adjustment for a group of elderly relocating from the community to a nursing home. This methodology as outlined by Glaser and Strauss (1967) seeks to generate explanations of human behaviour that are grounded in the data. The main position of these authors is that “generating a theory is a way of arriving at a theory suited to its supposed uses” (p.3). It is concerned with the generation of hypotheses and categories rather than testing them. Grounded theory allows the researcher to discover and explain a given social situation, such as nursing home placement, by identifying core concepts occurring in the situation, thus linking the process involved in the event.

The objective of grounded theory is to develop a theory that explains patterns and variations in behaviour common in social life (Cheritz & Swanson, 1986). It generates inductively a theoretical explanation of a social-psychological process, such as the relocation of elderly people from community to long term care. The choice of grounded theory methodology is appropriate for this study because “nursing home placement is a complex social process and there are many variations in the way people respond” (Pugh, 1998, p. 96).

Grounded theory uses a symbolic interactionist perspective to study human behaviour and interaction. Symbolic interaction focuses on the meaning of events to people in natural or everyday settings. One’s action toward an object or event is a measure of the purpose or value of that object or event to the individual. Studying

one's experiences and behaviours in relation to an object or event reveals the significance and meaning of that event to the individual. The following sections will describe the participants, data collection and analysis, sampling, and ethical concerns for this study.

Participants

Criteria for participation in this study included the following: elderly males and females over the age of 65 who had been admitted on a permanent basis to a local long term care facility within the last four to six months, the ability to hear with or without the use of a hearing aid, and the ability to communicate verbally. Residents were not included if they were aphasic, unable to effectively communicate their experiences, or if they were cognitively impaired. Any newly admitted residents suffering from a psychological impairment such as dementia, confusion, or other conditions that may affect their cognition or thought processes were not considered for the study. The main reason for the exclusion was that a resident with a psychological impairment would not be capable of providing an informed consent and the quality of the interview data may be limited. The residents were approached by a social worker within the nursing home who obtained the initial verbal consent for participation. The researcher then followed up with a visit to explain the details of the study and obtain written consent (See Appendix B).

Participants were chosen based on purposeful sampling and not random sampling. The participants for the research study were chosen based on their ability to give information relating to their experience of relocation to a nursing home from their

home in the community. As suggested in Morse and Field (1995) samples are chosen as the research continues and not necessarily before the research begins. Theoretical saturation was used to determine sample size, and a total of nine participants were included in the study. This number was determined when data saturation seemed to occur; when no new themes or patterns emerged (Chenitz & Swanson, 1986).

However, data saturation may be an artifact of the participants who agreed to take part in the study as will be discussed later in the limitations of the study in the final chapter.

Data Collection

Residents were interviewed four to six months after admission. Demographic data were also collected at the time of the initial interview. The purpose of the interview was to understand the process that these residents experienced in the first four to six months after relocation to their new residence. Participation in nursing home activities, satisfaction with services, and social interactions with other residents from the period of admission to the four to six month post-admission period were reviewed.

Data were collected by unstructured interviews in order to understand the process of relocation from the perspective of the participants. Some prompts were developed to facilitate the interview and were used with all of the participants. However, as the study proceeded, more direct interviewing became necessary to validate the hypotheses generated through the data. Through the first few interviews concerns of the participants regarding the loss of possessions were identified as a theme. Therefore as more interviews were conducted, more direct questions around the loss of possessions were incorporated into the interviews. Each participant was

interviewed and the interview was taped with the permission of the participants. The average time of the interview was approximately one hour. As soon as possible following the interview the researcher had the interviews transcribed in preparation for data analysis.

Data Recording and Analysis

The qualitative data were collected and stored in three ways: the original copy of the tape recorded interview, a transcript file of the interview where the coding process was recorded, and a reflective journal with the researcher's thoughts and comments on the interviews. Memoing, or recording of the researcher's ideas, was used in conjunction with coding to record and analyze data. Memoing of the data permitted the researcher to record the analytic process of theory generation.

Tape recorded interviews were transcribed and printed with 2 inch margins on the right side of the paper for analysis of the data. Within these margins I recorded substantive codes so that I could easily compare these various codes with each other as is required in the constant comparative method of data analysis. In grounded theory, data collection, analysis and verification and the development of theoretical explanation occur simultaneously throughout (Chenitz & Swanson, 1986). In this study the constant comparative method (Glaser & Strauss, 1967) was used to discover the main categories that account for the variation in the data. The constant comparative method involves comparing incoming data with already collected data and identifying common themes. The interview data were collected and compared to identify common themes among the experiences of the participants. Morse and Field (1995) suggest that each piece of data

be compared with every other piece of relevant data. Chenitz and Swanson (1986) further explain the constant comparative method in stating “relationships between categories continue to be developed until a pattern among relationships is conceptualized. Analysis now focuses on the interrelationships and a general theory about these relationships is produced” (p. 8).

The interviews were analyzed by examining the dialogue line by line and coding the data, producing substantive codes. Coding involves looking for persistent words, phrases, or themes within the data set. These codes were then examined for similarities and differences using constant comparative analysis. From this process, the initial categories were developed and these could be used to guide further interviewing with other participants. The interviews were transcribed and reviewed for common themes and phrases. Level one codes, or *in vivo* codes, were taken from the interview using the informants own language thus breaking data down into its components. In level two codes the categories involve the selection of significant proportions of the text and conceptualizing codes explaining the relations between the data. From this level of coding, categories were formed. Theoretical constructs, the final level of coding, linked categories together identifying an essential core category, reflecting the central themes of all categories. These categories account for variations in the data and conceptualize relationships between the three levels of coding (Chenitz & Swanson, 1986; Glasser & Strauss, 1967).

Setting

All nine interviews were conducted at the nursing home where the participants resided. The interviews were conducted at a time and place convenient for the participants and free from interruptions. Some participants chose to have the interview conducted in their own private room while others chose a quiet family room that was available for my data collection. The place for the interview was conducive to the privacy and comfort of the participants and enhanced the opportunity for the residents to provide detailed and accurate data.

The nursing home is a medium-sized institution with an approximate 215 bed capacity. It is located off a main thoroughfare of the city close to hospitals and the university and in a mixed residential / institutional (church and schools) neighborhood.

Ethical Considerations

The ethics of this research was in compliance with the Tri-Council document for research with human participants (www.mun.ca/research/ethics/ICEHR_info.html). Prior to the start of the research, permission to conduct the research was obtained from the Human Investigations Committee (See Appendix C). Written informed consent, including consent to audio-tape the interviews, was obtained from the participants and witnessed at an initial introduction meeting. Participants received a letter explaining the study and ensuring confidentiality and anonymity. For participants who were unable to read or write, the researcher read the letter of consent to the participant and ensured that they understood its content. If a participant could not sign, the researcher

witnessed the marking of an "X" in place of the signature. During this brief introduction the time was set for the formal interview.

Before the interview was started, the researcher again explained the aims of the study and reassured the participants that they had the right to withdraw from the study at any time without their treatment being affected in any way. Confidentiality and anonymity was further ensured by assigning numbers to interviews and transcriptions of the interviews. The identification numbers corresponded to tape recordings and consent forms. The consent forms, taped interviews, written transcripts, coding notes, and the researcher's personal notes were locked in a safe place. The consent forms were kept separate from the transcriptions to further ensure confidentiality. The only people who had access to the interviews and transcripts were the primary researcher and the research supervisors.

This research did not pose any physical risks however, due to the personal and private nature of the topic, some participants became upset and emotional. The possibility of these risks was explained prior to the consent being signed. When the participant became upset, needed time away from the interview, or asked that the tape recorder be turned off for a couple of minutes, the researcher respected these wishes. The researcher then ensured that the participant was fine before continuing with the interview or gave the participant the option to end the interview. The researcher ensured that the participants were with a family member or a staff member after the interview before leaving the nursing home.

Credibility and Auditability

To ensure both credibility (validity) and fittingness (applicability) the researcher ensured that the data were carefully analyzed. Credibility was increased by coding and validation using the constant comparative method. Throughout the data collection process the researcher attended to the issues of credibility and fittingness by ensuring the data, as they were reduced, were fully represented in the categories. Coding was done by the researcher and verified by supervisors who were familiar with this method of data collection and analysis, thus ensuring consistent coding of data. Data were shared with the participants to verify that the information was the true perception of the experiences of the participants in the relocation to a nursing home. This was done by clarification of the information that was discussed during the interviews with the participants and ensuring that the participants understood the information discussed.

Sandelowski (1986) suggests that “fittingness” of the research is essential for credibility. For credibility to be ensured, auditability and confirmability of the research process and results must be indicated. As patterns were identified from the data and hypotheses were formulated regarding the process of relocation, the researcher explored these and confirmed them with other participants. The research demonstrated a clear decision trail and research process that moved from the raw data to the theoretical explanation of the adjustment processes of elderly relocating from the community to a long term care facility.

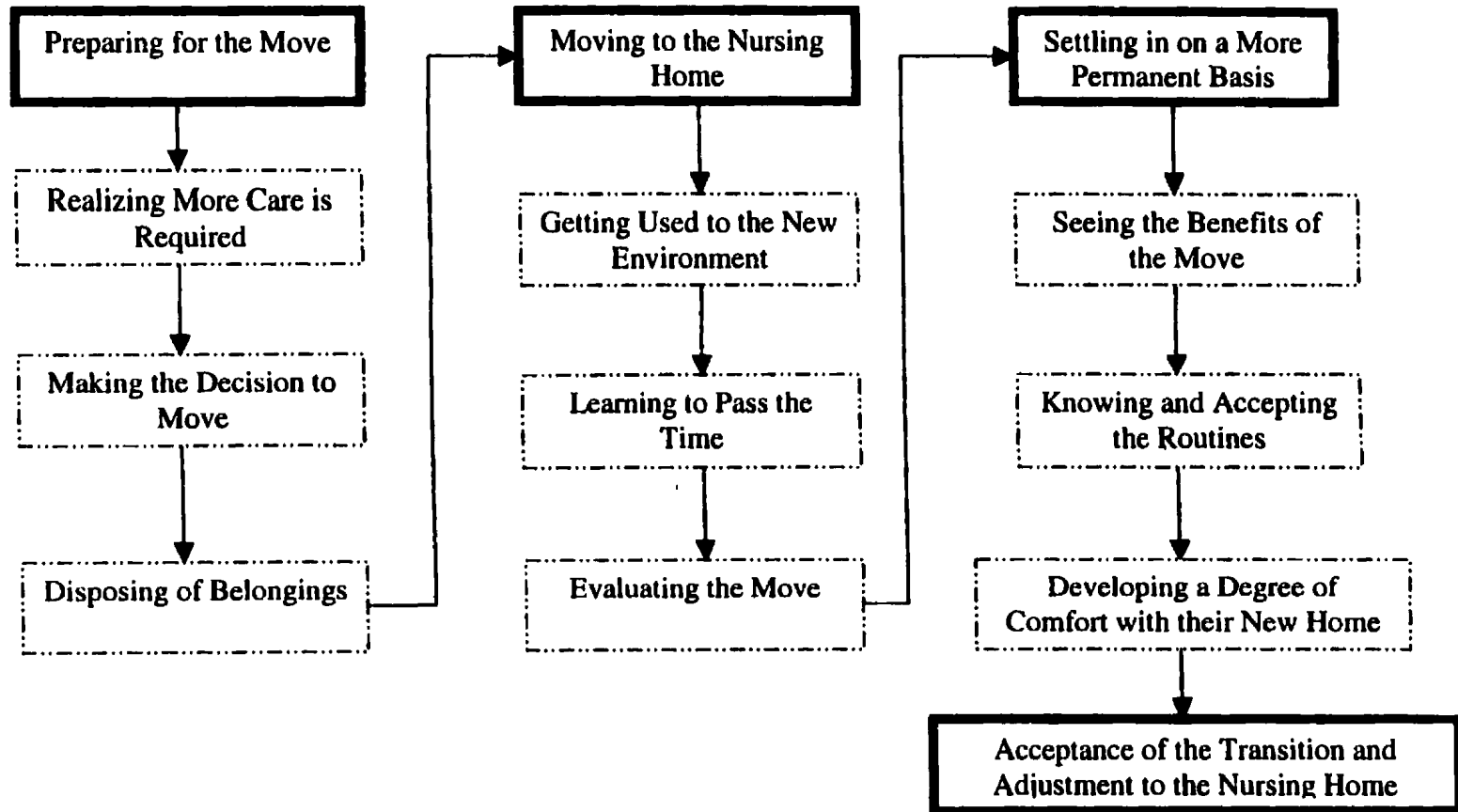
CHAPTER 4 : FINDINGS

How is the process of relocation from home to a long term care facility experienced by elderly people during the first four to six months after their move? This chapter contains the findings of a study on relocation to a nursing home. In it I present the process of relocation and describe how the elderly I interviewed for the study experienced their move. When I interviewed the participants about the move they began with the period just prior to their admission to the home. They continued through until they described the present, i.e., four to six months after the participants had entered the nursing home and how they were doing in their new environment. The chapter is divided into two main parts. The first part describes the participants who took part in my study. The second part presents the process of relocation as these elderly participants experienced and described it in their interviews.

The process of relocation is presented as “adjusting to life in a nursing home” (illustrated in Figure 1) because this is how the participants described their experiences and how they felt they were doing. Adjusting or not adjusting to their new environment figured highly in the participants’ descriptions and evaluations. The core variable was therefore identified as “adjusting to life in the nursing home” and the findings demonstrate how other factors were related to this adjustment. Adjustment is both a social and psychological process, as the participants had to learn to adapt to a new way of life, that of living in a new environment that was very different from their lives in their own home.

Figure 1
The Process of Relocation From Home Through to 4-6 Months After Admission

Stages of Relocation : “Adjusting to life in the nursing home”



Characteristics of Participants

Demographic data were collected from the participants prior to the interviews on their experiences of moving to the nursing home. There were nine participants consisting of six females and three males. They ranged in age from 70 to 87 years. Prior to the relocation seven participants had resided in their own homes. Two of the participants had lived with family members in the family members' homes; one had resided in a separate apartment in that home. All participants had resided in the nursing home for the past four to six months at the time of the interview.

Eight of the nine participants had been married and one had never married. Only one of the married participants had a spouse still living. This spouse was not in the nursing home, but had been placed in another facility because of a different level of care required. All of the married participants had children living in the city where the nursing home was located, or at least in the near vicinity, so were able to visit their parents.

The Process of Adjusting to Life in the Nursing Home

The findings from this study revealed that the participants proceeded through a number of stages and phases during their relocation to the nursing home. The findings further illustrated how they adjusted to a new way of life. The data were categorized into three main stages of adjustment: (1) Preparing for the move, (2) Moving to the nursing home, and (3) Settling in on a more permanent basis. Within each stage I identified a number of phases and certain conditions that helped or hindered the adjustment process. Each participant proceeded through these stages at a different

pace. Some participants spent longer periods of time in some stages and phases than they did in others. A few of the participants even moved back and forth through the phases within each stage, before they reached a comfortable level, and could move into the next stage in the process.

Stage One: Preparing for the Move

Relocation to a nursing home is a physical process, however, some degree of psychological readiness is required before the older adult decides to make the actual move, especially in those situations where the older person has some part or say in the decision-making process. This psychological readiness may be shaped by the person's perception of her or his state of health and how well he or she is able to manage with the assistance available. The participants told me in the interviews how they began preparing for the move before the actual placement in the nursing home. Most of the participants described some episode with their health that made them think about moving to a nursing home as the best option for dealing with their physical state. Preparing for the move involved three phases that made up the first stage of relocation and adjusting to life in the nursing home: realizing more care is required, making the decision to move, and disposing of belongings.

Phase 1: Realizing More Care is Required

Most of my participants began their interviews by explaining why they felt it was important for them to be in such a facility. Essentially, they had come to the realization that they required more care than was available to them in their homes. Many of them had pre-existing health problems, but had experienced some worsening

of their health status or an increase in medical care needs, and felt they required a higher level of care than was previously necessary. For some, this deterioration in their health status was a gradual process, while for others it was the result of an acute episode. While all of the participants saw the need for greater care, there was variation in why they felt that they required this care.

One group of participants said the reason they considered relocation was that they needed assistance beyond what they felt family members could provide. In particular they saw their care as requiring a specialized knowledge that health professionals possess and they felt that the staff in the nursing home would have this knowledge. A typical example of a move related to having access to specialized knowledge and care was recounted by a participant who said:

I got water trouble. There's a bag now on my leg . . . attached to my leg there. They look after me here [nursing home] with that. There's nobody home with experience to do that and so this is the place for me because they know how to do it. It takes some kind of medical training to do that. And there was nobody at home who could do that.

Other participants saw that a move to a nursing home was necessary because they felt that their home environment was a limiting factor in their ability to remain outside of long term care. This group talked about the number of stairs they had to climb, the layout of the house, or where the house was located as restrictive factors in accommodating their needs. For this group the realization that more care was required came about as a result of evaluating their home environment and feeling that this environment could not accommodate the special needs that had resulted from the deterioration in their health. These special needs often resulted from a particular

condition, like a fractured hip or a stroke. The participants felt that moving to a nursing home was the best, if not the only, option they had. Sometimes it was a health care professional looking after them in an acute care facility who suggested the move. Some said that their doctors felt that with their condition, it was just not feasible to stay in their own homes. A participant recovering from a fractured hip when she entered the nursing home explained:

I wasn't able to get around the house with that leg. I can only get around now, you know.

Limitations in the home environment to accommodate special needs seemed to be a strong factor in realizing greater care was required, but sometimes it was not the only reason older people begin thinking about a move to a nursing home. Some of the respondents I interviewed were not concerned about their home environment as much as their ability to look after themselves in this setting. They questioned their abilities to maintain themselves in their homes, given their failing health. They felt vulnerable as is illustrated by a woman who told me:

I wouldn't be able to look after an apartment now. And I wouldn't be able to cook and I'd be no good to myself.

While a number of the participants were concerned about their ability to look after themselves, many did acknowledge other factors. Frequently it was cumulative of a number of reasons why relocation to a nursing home was required. They could give me a number of reasons why they felt a nursing home would be a good place for them to live:

I couldn't look after myself anymore. I needed the chair and I needed someone to look after me. The wheelchair could not get around my house either.

Once an individual can no longer be easily maintained in their own homes they often see placement in the nursing home as their best option. Of course elderly people do not necessarily have to have special care needs to realize that their home environment is too challenging for them to easily remain there. The respondents talked about how the responsibility of looking after their own homes, coupled with their declining health, was just too much for them at this stage in their lives. They had concerns regarding care of their homes like snow clearing, garbage collection, and general maintenance, and wondered how they would be able to continue to look after these required tasks. In a physical environment where the winters can be severe, the respondents questioned the wisdom of remaining in their homes. In discussing her situation one respondent concluded:

You got to realize you are at the stage where you can't take care of all of that. I mean there is a certain amount which has to be done everyday, and I had people come in and do my work, you know, and that kind of way. So you know you realize that this is as much as you can look after.

Frequently the participants did not only consider themselves when they talked about why they moved to the nursing home. They thought about others who would be affected. One of the concerns they frequently voiced was being a burden to the family, or one family member in particular. With the increased care needs that many participants required, some form of assistance was necessary. Under these circumstances they felt that if they remained in their homes, they would be an increased

worry to the family and place extra demands on their time. It was often in order not to put increased demands on family members, that the participants made a decision to seek nursing home admission. They saw moving to a nursing home as taking the strain off the family and relieving them of worry about them and their care. As one respondent explained:

I got to the stage where I realized that this is it . . . and as I said before that my family have their lives to live and I don't want to be in the way in any ship, shape, or form.

While a physical health condition and the increased care this necessitated, was by far the major reason why most of the participants decided to move to a nursing home, a few required a different kind of care. The main problem they experienced was loneliness and a lack of social interaction because they were living alone. They wanted the company that they felt a nursing home could offer. Physically they were unable to go out as much as they had previously, and they wanted a place with increased contact with others. This group of participants felt a nursing home would offer more of an opportunity for being with others, as a participant said:

Well I had to go somewhere, I couldn't live alone. Cause I know I didn't want to stay in the house. I was too lonely. I didn't want to stay by myself.

Some of the participants also told me how they could no longer get out to partake in their church activities which was a large part of their lives. At a time when they needed the comfort that such participation would offer, they were distanced from it.

From the interview texts it was clear that one of the conditions for phase one, and realizing that greater care was required, was experiencing poorer health. Almost all

of the participants told me about how they had been hospitalized for some condition, and now felt they could no longer look after themselves or stay in their homes. Those with greater health problems felt a stronger need to move to a nursing home, where they would receive the type of care that they required. A change in health status seemed to be a major impetus for the participants to begin thinking about nursing home placement. The need to move was confirmed by doctors and family members, who suggested that either the older person could no longer be maintained in the home, or would get more appropriate care in the nursing home.

Phase 2: Making the Decision to Move

In the second phase of preparing for the move the participants talked about their decision to move. It was one thing to come to the realization that a move to a nursing home might be necessary, and another to make the actual decision to relocate. Most of the participants did not come to this decision quickly or easily. It was something that seemed to arise out of the fact that they realized that they could no longer stay at home. In this phase the participants discussed various factors, and many talked about who and what influenced the decision. It was not unusual that this phase would take some time, as individuals weighed the pros and cons of such a move. One woman described her decision-making stage:

I have been thinking about this move for quite a long time because I have had several very serious bouts of sickness. And being alone if the weather is bad, sometimes it can be difficult for someone to get to you. And it certainly would have been terrible this winter . . . I made the decision on my own and I'm quite happy and glad that I did.

The woman just quoted, and others like her, made a decision about moving to a nursing home based on how they assessed their life situation and their ability to cope with their present living conditions. They saw the decision as an accumulation of a number of events that occurred in their lives, that made them think that such a decision was timely. For this group, the timing of the decision was right; it was time to move to a nursing home. However, this was not the case for all of the participants. Some required external validation, or even prompting by others that a move to a nursing home would be a good idea for them, and would address their needs. One doctor's recommendation was reported as the stimulus she needed to decide on nursing home placement:

. . . the doctor told me everything medical has been done for me because there is nothing else they can do only make me comfortable. He said "do you live alone?" And I said "yes", but I never minded it. . . . "I'd like for you", he said, "to go into a home". And he said, then he said, "you can put your hand on the buzzer if you needs attention, and you will get the right . . . you know, whatever you needs".

One of the conditions that seemed to govern variation in this phase was the degree of control, or at least agreement with the decision, that the person was able to exercise. These individuals thought about the possibility of moving for a while. Some of the participants described how the decision was really theirs to make and they based this decision on how they saw their situation:

Well I said it's just as well for me to come here [nursing home] because I can't stay here [own home], no one to look after me there [own home].

Others felt that the decision was not really within their control, and that their family members were really the decision-makers in this instance. This particular group could understand why the decision-making occurred at this level, because their daughters or sons were the ones on whom they relied for the extra or special care that they needed. Many of these participants described how they had to call a daughter, son, or a spouse of their children late at night to take them to the hospital when they became ill or needed someone to help them out. They did not want to be a further burden and understood when their children made the final decision for placement of the parent in a nursing home. One woman described this phenomenon as:

My children did [make the decision for placement] . . . my children made them, and I said "o.k."

The third group of participants felt that the decision-making process for nursing home placement was neither a function of their own desires nor their children taking over the process for them. This group saw the management of where they would live their remaining days as being on the basis of a medical decision – in some ways the decision was beyond their control. It was the result of professional decision-making:

Well, the doctors wouldn't let me go home . . . they thought I might fall down and break my leg again.

Phase 3: Disposing of Belongings

The third phase of preparing to move into a nursing home involved the disposition of most of their belongings, and for some participants, the actual disposition of the home. Moving to a nursing home meant a restriction in the number of personal belongings that they could take with them because of limited space. Many of the older

people had a number of possessions that they had accumulated over the years, and when they moved they were faced with giving away, selling, throwing out, or otherwise disposing of these items prior to their move. The respondents talked about this part of the process of relocating and for some it was very traumatic, while others did not see it as a big event. The latter confronted this phase in a matter-of-fact manner as part of the move. One woman typified the acceptance of leaving behind her possessions when she told me how it was not a big deal:

No, whatever way God made up my mind, you know . . . some of it is gone anyway . . . sure if I had to die, I would have to leave it.

Others did not feel the same way as the woman just quoted, and felt that the hardest part of relocation was that they were separated from their belongings, and the things they valued most among these possessions. These older people felt that their possessions were such a large part of their lives that giving them away, or otherwise disposing of them, was very difficult. The possessions they had accumulated were part of their history and who they were, so it was often hard emotionally not to be able to bring more of their “own things” into the nursing home with them. As one participant recounted:

I brought some pictures but the most important things, a lot of things, I didn't bring what I wanted. I was always one for collecting different things, like books and stuff like that and I don't know where they are now. I don't know what happened to anything.

Two conditions seemed to account for the variation found within this particular phase. One condition was how attached the individuals were to these belongings, or the

meaning these possessions had for them, and the second condition was how the belongings were disposed of when they relocated. Becoming detached from, and leaving belongings behind, as they entered the home was especially difficult for some of the participants. They talked about what they had owned, how they came to possess such items, and the meaning of these items. These individuals were not prepared, or ready, to leave these things behind. One especially poignant example of this separation from her belongings was recounted by a woman:

You've really got nothing. I mean to say when you got your own stuff and you want to pick out what it is you want to do and you had all the letters that you received through the years, and I was wondering where they are. Because I mean to say I always saves things, especially something that you read and if it had verses into it, and it was so many years back. And you would enjoy it because it gave you a story. You haven't got anything to poke at of your own.

A second condition was how the belongings were allocated or how the participants or family disposed of them. Many of the participants wanted their belongings to remain with family members. These older people made arrangements for these family members to get what they had owned and were unable to take with them, in their move to the nursing home. They had always envisioned that their daughters or sons would get these possessions in due time. In some ways a normal order or progression was being followed. One woman told of her satisfaction of how this phase of the process had occurred:

I left everything and come on. I didn't care. In a way I didn't care what they did with it. I knew my daughters would all look after that and, you know, whatever I had, I mean, I want my daughters to have it. When I go there now [daughter's home] I see my own things. Yeah I go down and it seems just like home. I see all that you know. I sit down on my chesterfield.

Stage Two: Moving to the Nursing Home

The actual physical move to the nursing home was identified as the second stage in the process of relocation. This was described both as an event and a part of their adjustment to a new way of life. The participants did not talk a great deal about the actual day they moved to the home, nor did I specifically probe for information about that time, but they did describe the period immediately following the move. The stage consisted of three phases: 1) getting used to the new environment, 2) learning to pass the time, and 3) evaluating the move.

Phase 1: Getting Used to the New Environment

The first phase in stage two involved getting used to the nursing home environment. Some of the participants had relatives or friends who had been placed in long term care, so they knew of aspects of nursing home life from talking with these individuals, while others did not know what to expect of living in their new home. The participants reported a variety of feelings on admission, both positive and negative. These feelings ranged from relief and happiness to nervousness and fear. Perhaps the predominant feelings reported were those of sadness and loneliness upon relocation. Even though the participants told me it was the best decision, based on their present circumstances, many of them still would have preferred to remain in their own homes.

They missed their familiar surroundings and / or the contact with family members. A participant indicated how she reacted in the first few days after her move:

I may have had a few sad times and a few cries. I mean these are things that happen and it comes on you and that's all that's to it.

If the participants did not mention their feelings about relocation in the unstructured part of the interview, I later asked them about their first feelings and reactions to their move. Some then talked about the loneliness of being in the home, while others did not have such feelings, or at least did not talk about them. Others felt that loneliness was just something that you would expect in this situation. For the latter group a characteristic response to my question was:

There's times you get lonely all right . . . but I didn't mind it.

It took a little time for some of the participants to feel even somewhat at home in their new environment. A relocation at this point in the lives of elderly people requires time to get used to the change and the participants in my study were not that different from other older people who move to a nursing home. Some of them needed a connection with the past, or the familiar, to help them adjust:

Yes for a week or so [I felt lonely], but when they [my family] started coming in to see me . . . visitors and bringing me little presents like chocolates. They came to see me and then I was happy.

Variation was evident in this phase, as some of the participants described an earlier beginning adjustment than others. One of the conditions that participants reported that accounted for some of this variation, and helped them get used to their

new environment, was the helpfulness of the staff at the nursing home. Participants who felt the staff were interested and welcoming seemed to have an earlier adjustment. They discussed the staff a great deal because the staff, and how they felt the staff treated them, made a difference to life in the nursing home. A discussion about the staff that illustrates the importance of this group was:

Well they are so good to you. Whatever you want done or whatever they can do for you, you know. They will come in and talk to you and that . . . the staff are all nice. There is nothing they wouldn't do for you. Like I say there's not a bad thing about none of them.

Well I have found the staff very helpful and very interested in you as an individual. I think it takes a special person to be able to do that. A pleasant smile, a nice greeting means a lot. A smile is very important.

During the discussion about the importance of nursing home staff, many of the participants talked about qualities they felt were important among staff members. Some of these qualities were interest, attentiveness, helpfulness, and kindness. These qualities could promote a beginning adjustment and a feeling of welcome in the home, if they were present. While these were mentioned as important qualities, some of the participants realized that not all staff possessed these attributes, as a participant said:

The staff are not all as nice as others. It is hard to get used to the different staff all the time. You can't get used to them because they are always different. Whatever staff are on affects how your whole day will be.

A second condition, that also accounted for variation in getting used to their new environment was the degree of change required in the participant's daily lives and their ability to adjust to this change. Changes discussed were mainly around bed time,

meal time, and type of food served. Some of the older people had daily schedules at home similar to the nursing home so they did not see a big change in this aspect of their lives. For this group, there was one less routine to get used to after the move. When I asked one man if meals were an adjustment for him, he explained:

No because myself and the wife would always have our dinner at noon and our supper around 5:30. So when I come in here it was dinner at noon at the same time but supper is 5:00. Then I don't mind that.

In contrast to the example just given, some of the participants admitted that at first it was more difficult to get used to their new home because of the degree of change that they were expected to incorporate into their lives. Some of these changes were related to scheduling within the home such as meal and bed times. These aspects of life they could adapt to more easily than other changes they were required to make. Other changes were more fundamental to the participant's way of and preferences in life. Type of food was one such issue for some participants, particularly when this involved a fairly big change.

The only difference I do find is the quality of the food. It is not like your own cooking. Now t'is good food here. There's good, rich food, but there's lots of things that I don't like to eat, because I was never . . . never was used to that kind of food. I'd call it a nice bit of adjustment. I couldn't eat at first.

Phase 2: Learning to Pass the Time

One of the changes that the participants did experience was a difference in how their time was allocated. At home, their time had been largely unstructured i.e., they could get up, go to bed, and eat whenever they felt like it, or at least more loosely

structured than was the case in the nursing home. Time in the nursing home was now structured in that all these daily activities were scheduled. The scheduling created “free” time in between activities. The participants had not been used to this at home to the same degree, where one activity more freely flowed into the next and was not regulated by a schedule. The second phase of stage two was learning how to deal with time between getting up in the morning, scheduled meals, and going to bed at night time described by many participants as “learning to pass the time”. The participants no longer had the same responsibilities for cleaning or home maintenance that they had had in their own homes. For some, this resulted in a lack of structure to their days or discovering they had much more time at their disposal. Many of the participants made mention of the fact that days were long and they tried to find things to do to pass the time. As a participant observed:

The days are long. There are always activities to pass the time away and I do go to all the activities. But the time is still long and it's not the same as being at home. At home you can putter around and do your own thing . . . it is not like that here.

The nursing home has a recreational therapy department with planned daily activities and social events for residents. Some of the activities that the residents talked about were bus rides/tours, afternoon teas, parties for special occasions, dances, bingo, woodworking, and crafts. Participants told me that these planned activities were helpful in passing the time and that they enjoyed participating in selected activities. They also liked the interaction with other residents in the nursing home. Many even

looked forward to the activities and were pleased talking about them. One woman described this part of nursing home life:

They have a lot of activities. They seem to be finding something for almost every day of the week. If there's not something in the afternoon, it is something in the evening. We've had a few nice parties . . . we've had a Hallowe'en party, Valentine party, we had a Hawaiian party not long ago and what else did we have? We are always having something.

One of the conditions that seemed to account for variation in how well the participants were able to adjust during this phase, was finding activities that they liked and felt comfortable taking part in on a continuing basis. During the interviews I was told how the participants tried out a number of the activities and eventually found something that they wanted to do to fill their day time hours. One older man described his adjustment:

Down to woodworking I can use the sander. I can't nail or anything like that or can't use the hammer. But I can sand a little bit and punch in a couple of hours when they comes in . . . and that's alright. Yes, they helped pass away the day. I goes to [religious services] every morning and so on and pass the morning.

Scheduled activities, such as available in the nursing home, were not valued by all the participants. Some tried the different activities that were made available to them and either did not enjoy these, or else they were not what they really wanted to do.

They dismissed what was available to them:

Well, I did [partake in activities] for awhile, but I . . . ah . . . I found it kind of, I don't know, somehow irritating. Yeah, so I gave it up.

A second condition that seemed to influence how, or if, the participants learned to pass the time in an acceptable manner, was how much they enjoyed social interaction. Most of the planned activities were for group participation. The planned social events helped bring the residents together, let them meet each other, and interact. Some of the participants had lived alone for a number of years, had not met new people, or made new friends in a number of years. The social events and activities helped to bridge this gap and were evaluated positively:

Yes it has been great. You know you get to know a lot of people. There are a lot of people in this home and it seems that everything you attend you see another face you haven't seen before and some of them you recognize.

In contrast to the participants who felt that the social activities afforded them the opportunity to meet others, not all the participants were able to integrate well on a social level in the nursing home. They did not seem to make new friends or even make acquaintances. These were participants who did not find the home to be a friendly environment, and observed of the other residents:

That's one thing I find hard. They're all strangers. We seem to be all to ourselves. We sit down and have our meal and get up and go to our room.

Phase 3: Evaluating the Move

The last phase in this stage was evaluating the move. It was in this phase when the realization that they had actually moved to a nursing home had been internalized and much of the “newness” of the move was no longer present. The participants told

me what living in the home was like, compared with how they had envisioned it would be like, or whether or not the nursing home measured up to their expectations. They talked about what they thought of the nursing home, and in particular, how favourably the nursing home compared with their own home. They made comparisons on the basis of such things as leisure time, sleep schedules, meals, and even the type of heating systems in the two environments. Most comparisons were in favour of their own home:

But I had a lovely apartment. Oh my it was lovely; it was lovely. And oil heat . . . it wasn't electric. Way nicer.

Nothing like your own place. What I had home was my own. I worked hard and it was mine. But here it's not the same.

There were others who spoke of how happy that they had been from the beginning, e.g., when they first moved into the nursing home. This group saw the move as solving the problems that they had been experiencing at home, and that led up to the decision to move into a nursing home. They no longer had to worry about who would look after them, or how they would manage on their own. It was almost as if they had made up their mind that the move would be a positive experience:

And I was delighted that I had a place. I was here. I always had a great concern for this place. Always thought it was very wonderful.

Well I know I felt like I'd be alright, you know. I didn't feel lonely coming in

A factor that figured highly in a positive evaluation of the home for many participants was the fact that they could partake in religious services in the home on a daily basis. Many participants were actively involved in religious services and

activities prior to admission and were pleased that they could continue after their move to the home:

Oh yes, I goes to church all the time ... I went to church all my life.

Others explained that because of declining health over the last number of years they had not been able to attend religious activities as they were once able prior to becoming ill. Now, they are able to attend services in the nursing home without the worry of accessibility, transportation or going out in poor weather.

Not all the participants had a vision of what living in the nursing home would be like, so they needed to try it out for some time, and decide what they thought of it. This group was somewhat apprehensive of how they would fare in the nursing home, and if things would work out for them. Some were still a little tentative:

Oh well, it was all new to me then. I didn't know. I was a little worried at first, but now I'm getting used to it. And it seems to be all right.

In contrast to the participants who gradually got used to life in the nursing home, were some who at first felt they were adjusting well and even felt quite positive about the nursing home, but now did not feel that the nursing home was meeting their expectations. Upon reflection, or maybe in comparison with what they had expected of living there on a long term basis, they no longer felt as certain that they liked to live in the home. It was as if the newness of it all had worn off, and they had second thoughts:

At first it wasn't too bad. The first few weeks, I could . . . It seems like it steadily got worse.

This phase was a turning point in the adjustment process and seemed to set the

stage for the remainder of the process. Whether a participant evaluated his or her move positively or not, determined to a large extent the degree of adjustment.

While a number of factors influenced the evaluation, one condition that appeared to affect the evaluation in a positive manner was if the participants felt their needs were being met in a satisfactory manner. Within this group, those who had a health problem, and were receiving care for that problem were more positive. However, those who felt their needs were not addressed felt less positive and were not adjusting as well.

Stage Three: Settling in on a More Permanent Basis.

Over the first four to six months that the participants had been in the nursing home, most had started to accept their relocation, and seemed to be settling in on a more permanent basis. This was the case for most of the participants that I had interviewed but not for all of them. Some were more resistant to this stage and even though they knew the placement was permanent, still felt some uncertainty. For certain older people the nursing home may always be seen as a temporary place to live. The phases involved in this stage include : 1) seeing the benefits of the move, 2) knowing and accepting the routines, and 3) developing a degree of comfort with their new home.

Phase 1: Seeing the Benefits of the Move

All of the participants were able to identify some benefits of being in the nursing home, even those who felt less positive about living there. Most felt they were free of the worries that made them consider the move in the first place, and any special

needs they required were being looked after, so they did not have to worry about these. Some participants identified benefits such as receiving adequate medical care, having their basic needs met, and having more social interactions. Being relieved of care of the household and of themselves were distinct benefits that were identified as well. As some participants expressed:

I discovered that this is the best place. No one else can do that care only a nurse you know. And I got to have somebody with me because in case something may happen, you know. Now if something did happen in a storm, what would I do? The best place for me is right here.

I couldn't look after myself anymore. I needed the chair, [wheelchair] and I needed someone to look after me.

Aside from medical requirements being addressed, some residents had a very positive attitude regarding their basic needs being met. There were several residents who expressed gratitude and satisfaction with the home and the staff because of the level of care afforded them.

But like I said, it is better for me. I got a lovely room, I'm getting my meals, I'm getting my oxygen, I'm getting my prescriptions. There's everything good for you. There's nothing wrong with it.

Other participants saw the benefits of the nursing home as more than having their medical and physical needs met. These participants explained to me that their overall well-being had improved since coming into the nursing home. They reported that they now feel better about themselves, about their living arrangement, and about their relationships inside and outside of the nursing home. Others as well, reported that the increase in their social interactions and participation in activities had improved their

quality of life, and they now can do things that they would be unable to do if they were still in their own home.

Honestly, they tell me you know, it made an awful difference in me. I look better and everything And then, when they tells me it is the best time that I, you know, that I look..I look good you know. And happy.

Because I get around, you know to things that is going on and normally I wouldn't now if I was home, if I was by myself in my own home.

They also talked about the benefits to their family members. A great deal of worry and responsibility had been removed from their children. The participants did not have to be a burden to sons or daughters or put demands on them for care.

Phase 2: Knowing and Accepting the Routines

By this phase the participants had had a chance to experience, over a longer period, the many routines that are part of living in a nursing home. They knew how life was organized in this setting; when meals were served, when it was time for bed, when activities were scheduled, and even when particular staff members were scheduled to work. They had become accustomed to how staff worked and gave care. The knowledge of these routines is very important to the individuals so that they may settle in on a more permanent basis.

In interviewing the residents, most agreed that they had become accustomed to the new routines of the nursing home. They reported that accepting these routines was necessary for their satisfaction with the home and their adjustment to life in that setting. A small number of participants told me that they did not have any difficulty adjusting to the routines in the nursing home, even from the very beginning. Overall, they were

pleased with their decision to move to the home and accepted the routines as a normal part of life in the home.

It was never any trouble because I knew there was a certain time for meals and there was certain times that the nurse would take me down [dining room].

The majority of participants explained that upon admission to the home, they were nervous, apprehensive, and unsure about how they were going to adjust and learn to live with the routines of the home. Most explained that it was very difficult at first, even to know what to expect, but with time they became used to the schedules and routines and are now doing fine.

Yes, all the rules. It took a little while to get used to it but I caught on to it okay. They [staff] gave me a hand.

Yes, I'd call it a bit of an adjustment. I couldn't eat at first, eh Because it was not the same kind of cooking that I was used to But there's nothing wrong with the cooking when you realize it.

A small number of participants admitted that they still have not accepted the routines of the nursing home and subsequently felt that have not adjusted well to the move. They reported that they feel that they will never get used to the routines of the home, suggesting that they miss their home, their independence, and the contact with their family.

This place is full of noise. It's so crowded all the time with very sick people who need an awful lot of help. And there's not enough help.

I liked, anyway, your own stuff, when you had, you had something to make your meals with, you had something to heat up..

I'd like to lie down when I want...because all me life I could.

Phase 3: Developing a degree of comfort with their new home.

The final phase of settling in on a more permanent basis was becoming more comfortable with their new home. Once the resident is able to come to terms with and realize the benefits of the move, they begin to settle and, hopefully, consider the home their "home." For some participants there may have been an immediate comfort, while for others it took a longer period of time before they could reach the point when they considered the nursing home "home." A number of the participants referred to the nursing home as "home" throughout the interview. It was obvious that they were becoming more comfortable with their new environment. For others, this degree of comfort took a longer period of time to reach. Most of the participants expressed comfort and enjoyment with their new home and expressed this in stating:

I wasn't here too long when I got used to it, and got adjusted to it, you know... I think I always considered it as my home.

When I am going somewhere or leaving or something, I'll say home. If I'm coming towards it, I'll say my home

In contrast to this, some participants reported that they are still struggling with making the nursing home their "home". Even after a four to six month period they expressed difficulty in referring to the nursing home as being a comfortable place where they are at peace and experiencing satisfaction with their life. They feel as though they are not adjusting well to the move and, therefore, are having difficulty with developing a degree of comfort with their new home. Some participants expressed this in stating:

I feel that I have adjusted somewhat. I am as settled as I am going to be. It's not the same as home, but it has to be okay. I have no choice as I need the care and there is nobody home to look after me

It's not quite a home. It's where I live and sleep and eat. I am away from my home and this is where I am living because I cannot stay in my home

No, I'll never call it home ...just a place to put my head down

One can see from the data that some participants have settled in and adjusted better than others, and to varying degrees. The data suggest that some participants have adjusted well to the nursing home. Others have somewhat settled, but still have not developed that comfortable feeling that you experience at "home".

One of the conditions that influenced the participants' ability to develop a degree of comfort with their new home was their contact with family members. All participants at some time during the interview discussed their family and the contact that they still have with their family. In looking at the data, it can be seen that those participants who have reported that they have adjusted more positively to the home and have shown acceptance of the move, all have strong family support systems. Most participants spoke of the visits from their family, as well as the close relationships they have maintained with their family since admission to the home. They have attributed these close family contacts as being very influential in their level of comfort with the nursing home.

[Daughter visits] Everyday except Thursday. And probably she may not get in on Sunday. Storms now lately she did try and get in and see me. Put me in a wheelchair and took me around.. Yes she takes me in the wheelchair. The nurses wouldn't have time to do that. No they wouldn't have time. It's good though like I said, everything is falling in place.

I could go out every Sunday with my son who always wants to take me into [son's home]. Him and his wife come into see me every second night. She bakes a cake and makes stuff and bring it into me.

In contrast to this, some participants described their sadness that they do not have the close contact with their family that they had hoped they would have. They expressed disappointment that some of their family members are busy with work and family commitments. The participants do not have the contact with their family that they had before their admission and this may have been due to the fact that now the family knows that their loved one is being cared for and therefore they do not have to be visiting as often as they did when the individual lived in their own home. Often, prior to admission, some elderly see their family quite often in the planning and preparation for the move to the nursing home and some expect this close contact to be maintained after admission. Interestingly, the participants who expressed concern and the desire for closer family contact are those who I feel have not adjusted very well to life in the nursing home.

I miss the family. You know what I am saying? I don't see them anymore since I've come here...I don't see them like I should.

There are times when I'd love to have a home with my family and be with them.

Conclusion

From the interviews with the participants who volunteered for my study, it can be demonstrated that elderly people who relocate to a nursing home experience a complex social psychological process of adjustment. Some individuals adjust more successfully than others depending on a number of factors.

This process consists of a number of stages and phases that although interrelated occur in a somewhat sequential fashion that is not always linear. The adjustment process begins prior to the actual relocation when the elderly person first seriously entertains the thought of moving to a nursing home. It ends as the person settles in this environment on a more permanent basis when they realize that this is the place where he or she is likely to reside, whether or not it is thought of as "home." In between these two points there are a number of other important realizations that take place.

The most influential determining factor of the degree of adjustment and acceptance to the move to the nursing home was the degree of choice that the individual had into the decision to move to the nursing home. The data showed that those who fully participated in the decision to move to the nursing home and realized the necessity of the move seemed to adapt to the nursing home and had accepted the move at the time of data collection. Another factor identified in the study was the individual's degree of comfort with their new home along with their ability to maintain close family interactions after admission.

CHAPTER 5: DISCUSSION

The analysis of the interview data supports the literature suggesting that relocation to a nursing home is a very complex process involving many stages and phases. It is also a process that can be experienced in many different ways by individuals. In this chapter, the process of relocation and adjustment to a nursing home is discussed. It is evident that there is a lot of overlap between the findings of this study and previous research; however, new insights are also gained from the present inquiry.

This chapter is divided into three sections. The first section presents how the findings of this research relate to and support the literature. The second section will highlight some findings that are discussed in the literature, but not in the same capacity as described by the participants in this study. Finally, a section on new insights into the process of relocation to a nursing home for this population will be discussed.

Discussion of Findings in Conjunction with Literature Reviewed

Demographically, the participants in this research study closely represented the demographics presented in the literature on relocation to a nursing home. The research suggests that unmarried and childless seniors are over-represented in nursing homes. Freedman (1996) postulated that married older persons have half the chance of nursing home admissions of unmarried persons, and having at least one daughter or sibling reduces an older person's chances of admission by one-fourth. The study sample for this research corresponds with these demographics. Eight of the nine participants for this study were previously married, with only one still with a living spouse.

One of the main reasons for relocating to a nursing home includes the inability of older persons to care for themselves, a need for nursing care, a fear of living alone, and the inability of family members to provide the required care (Johnson et al., 1992; Reed & Roskell Payton, 1996). The participants in this study corresponded with these documented predictors for admission. The literature also documents that the move to a nursing home is often preceded by an admission to hospital. All of the participants in this research fit into one of the discussed categories for reasons for admission to the nursing home. The most common factors identified as influencing admission for this study group includes a decline in health status requiring more specialized care, the inability of family members to provide the required care, and the inability of individuals to care for themselves, and / or the responsibilities of a home. Most participants identified declining health as the major precipitating factor leading to their admission to the nursing home and some recognize that because of failing health they did not want to be a burden to their family. Loneliness and the desire for more social interactions was another major factor identified as leading to their admission to the nursing home. Other documented preceding factors include financial problems, death of a spouse and /or urban renewal (Rosswurm, 1983; Wilson, 1997; Young, 1990). Researchers suggest that many individuals move into a nursing home to avoid being a burden to family members (McCullough et al., 1993; Nay, 1995).

A major factor that is widely discussed in the literature and certainly supported by this study is the influence of the individual's control over the decision to relocate and its effects on adjustment. The research suggests that more than 50% of those

admitted to nursing homes do so without having taken part in the decision (Sherwood, 1975; Kane et al., 1990; Nolan et al., 1996). The well-being of individuals is affected by the degree to which they feel they are able to exercise some control over their lives (Grau et al., 1995). If the individual has some control over the decision to move, they may have higher satisfaction with the move over time (Lieberman & Tobin, 1983; Nay, 1995). Additionally, individuals who do not have control over the decision to move, often have a more difficult time in adjusting to the move than those who were involved and had an active role in the decision to relocate. This study strongly supports the literature as all participants in this study who seemingly have adjusted better to the move reported that they had control over the decision to relocate. Others reported that the decision was made by someone other than themselves; either health professionals or their family. They did, however, have some say in the decision and understood the reason for the placement into long term care. Some residents reported that they themselves considered this move for a long period of time, often as long as one year. They reported that they had full control over the decision to move and even had a say in the particular nursing home in which they wanted to move. The residents, who reported that they are not adjusting well to the move, reported that the decision to move to the nursing home was totally out of their hands.

Most participants in this study identified adjustment to the different staff as the most difficult obstacle in getting used to the nursing home. This corresponds with the literature in that several studies report that the residents identified the most difficult adjustment as getting used to the different staff (Grau et al., 1995; Krothe, 1997). Other

reported factors that the residents in my study felt they had to adjust to were the differences in food and meal schedules as well as sleep schedules.

As discussed in the literature by Chenitz (1983), as well as other researchers (Brooke, 1989; Wilson, 1997), the elderly proceed through a series of stages in the adjustment to the nursing home. These stages are categorized as the overwhelmed phase, the adjustment phase, and the initial acceptance phase (Chenitz & Swanson, 1983). This was concurrent with the findings from this research. The stages of adjustment from this research are a combination of psychological and social processes. The stages incorporating psychological processes such as realizing that more care is required and making the decision to move had to be resolved before proceeding to the next stage. Subsequent stages such as getting used to the new environment and learning to pass the time incorporate both psychological and social elements of the process of relocation. Some residents reported that on admission, they had feelings of loneliness, crying, and longing to go home. After a few days to weeks, they reported that they began to adjust through expanding their social interactions and participating in the activities in the nursing home. By three to six months, they moved to the initial acceptance phase where they expanded their social contacts and took control of their situation. However, some participants reported that they did not have these feelings of loneliness, and from the first day of admission, they knew that they made the right decision and felt a good fit with the home. Overall, the majority of participants did proceed through these phases of adjustment to the nursing home but with variations in

the amount of time that it took for each participant to work through the stages. Eventually, most participants reported that they had begun to adjust by participating in activities and meeting new friends.

Differences in the Findings of the Study and the Literature

The findings of the present study reveal aspects of adjustment to long term care that were not recognized in the same capacity in most of the past research. The literature on relocation emphasizes the negative impact of relocation to the nursing home. Research highlights negative physical, psychological and social impacts of relocating to a nursing home. However, in this study, many of the participants highlighted the positive aspects and benefits of the move even more so than the negative aspects of their new living arrangements. After conducting a literature review and analysis of the interviews, there were differences noted between the literature and the interviews with regards to the positive attitudes of the residents. The majority of participants expressed positive comments and few complaints with the nursing home, whereas only a few participants stressed negativities about the move to the home.

Loss has been a major element in the literature in the discussion of the elderly relocating to a long term care facility. Most elderly admitted to nursing homes have suffered multiple losses. Losses include material possessions including one's home, personal belongings and abstract losses including loss of lifestyle, loss of family roles and freedom. The most frequently reported loss identified in the literature was the loss of possessions (McCracken, 1987; Nay, 1995; Thomasma, 1990). The literature suggests that loss of home and possessions brings feelings of insecurity and loss of

control, as well as a loss of personal identity. The elderly see their possessions as extensions of themselves or as personal records of their memories and experiences (Csikszentmalyi & Rochberg-Halton, 1981). A study by McCracken (1983) hypothesized that a loss of possessions would increase the likelihood that an older person would experience difficulties associated with relocation. However, in this study, while many participants discussed the losses that they experienced, and the difficulty they had with leaving these possessions behind, they felt that it did not affect their adjustment to any great extent. Some reported that they were not bothered by having to leave their home and possessions behind. However, a minority of participants talked at great length about their loss of home, possessions, independence, and freedom. The participants who discussed their losses at great length were those residents who reported that they have not adjusted as well to the move and long to return to their own homes.

Another loss widely discussed in the literature is the individual's loss of autonomy and independence (Bowsher & Gerlach, 1990; Davies et al., 2000; Krothe, 1997; Murray, 1999). Many individuals upon relocation to a nursing home give up and succumb to the routines and expectations of nursing home life. One theory supported in the literature to explain this phenomenon is the learned helplessness theory (Seligman, 1975). This theory proposes that a condition of helplessness develops when individuals experience uncontrollable life events (Davies et al., 2000). Perhaps some degree of learned helplessness is inevitable if an older person is to adapt to nursing home routines. Despite the fact that they did have some control in the decision to move

to the nursing home, they have lost some control in the decisions around meal times, sleep schedules, and other scheduled routines of the home. However, the data did not support the theory of residents becoming helpless, giving up, and succumbing to routines of the nursing home. In contrast, they have adapted and adjusted their pre-admission routines and incorporated them into the daily routines at the nursing home. To what degree they were creating “virtue of necessity” was not known. However, they did not see these changes as major events in their lives. However, those participants who reported that they did not have much say in the decision to move to the home, did report feelings of helplessness and loss of autonomy and independence, thus supporting the theory of learned helplessness.

Another theme that was evident from the data analysis was the importance of spirituality and religious practices in the successful adjustment to the nursing home. Many participants discussed the fact that they can attend religious services daily within the home, and many attributed their successful adjustment to the availability of these services. This was discussed in the literature but not to the depth that it was evident in the interviews with the participants of this study. The nursing home has a long time affiliation with a major religious denomination in the province and older people of that faith often request placement to this particular nursing home. Many of the participants discussed spirituality and their religious beliefs as paramount in their adjustment to the nursing home. In the nursing home where the interviews were conducted, the participants have the opportunity to attend religious services daily, participate in prayer groups, and have constant contact with the religious authorities in Pastoral Care. Some

participants were unable to attend religious services weekly before admission either because of problems with transportation, poor health, or unavailability of services. Since admission, some participants reported that they are pleased that they can attend religious services daily and continue with religious practices, that they could not maintain while living at home.

Relocation as a Positive Experience

The relocation of the elderly to long term care is one transition that, unfortunately, often has a negative stigma and is perceived as a negative consequence of old age. Society has lost sight of the fact that each stage of the lifespan brings with it new experiences and opens new doors. Society often perceives admission to a nursing home as leading to a lonely life. It is a place where older adults go when they are too sick to remain in their own homes or when they have nobody to look after them. The results of this study suggest an alternative view. Conducting this research was certainly revealing as many positive consequences to moving to a nursing home were discovered. The majority of participants wanted to move to a nursing home, many had thought about this for some time, and made the decision on their own. Many reported feelings of increased security, less worry and responsibility, and more socialization with people of their own age which they have not experienced in some years.

Most of the literature identified the transition of moving into a nursing home as negative, emphasizing the negative impact of relocation as well as the difficulties associated with the move. Certainly, many elderly do experience these negative consequences and some were evident in this study. There can also be negative aspects

in an otherwise positive experience – it is not all or nothing when it comes to evaluation of the relocation. We must not lose sight of the positive influences and positive effects of moving to a nursing home. Research must take a focus of researching and educating others about the benefits and positive experiences of this population during relocation to a nursing home. This will be discussed further in the implications of this research in chapter six.

CHAPTER 6: LIMITATIONS AND IMPLICATIONS

The final chapter of this thesis outlines the limitations of this study as well as the implications for nursing policy and practice, nursing education, and nursing research. The chapter concludes with a comprehensive summary of the study.

Limitations

One of the first limitations identified in this research study is the limited access to participants who are cognitively well and voluntarily willing to participate in the study. According to the division of Placement Services at Health and Community Services, the number of admissions to nursing homes of individuals who are assessed as cognitively well is declining. Many of these cognitively well individuals are being maintained in their homes and therefore many new admissions are assessed as cognitively impaired and requiring much more care. Some residents who were assessed as cognitively well upon admission had later been assessed at the time of data collection as cognitively impaired. Their cognitive status had changed since admission and they were not able to give informed consent to participate in the study. Also, some residents assessed as cognitively well and fit into all of the criteria for participation in the study did not feel comfortable in participating in the study. Some felt that they would not be helpful to the research, were nervous speaking to a stranger, or they were not interested in participating. Additionally, it is anticipated that some residents may have declined participation in the study because of dissatisfaction with the home or

their perception of adjusting poorly to the nursing home. Some residents may have other negative attitudes or negative experiences in the home and may not have wanted to participate in a study regarding their relocation to the nursing home. This may have limited the number of participants who report that they are not adjusting well to the move.

Ideally, a strength of grounded theory is that you select participants according to theoretical sampling. Theoretical sampling being “on the basis of emerging concepts, with the aim being to explore the dimensional range or varied conditions along which the properties of concepts vary” (Strauss & Corbin, 1998, p. 73). In practice this is not easy to employ because of the ethical requirements of recruitment of participants. In a setting like a long term care facility where resident privacy is highly valued, I was required to have an intermediary, such as the social worker, first approach potential participants and ask their permission to have their name released to me. Even though I explained to her my purpose and described eligible participants, I feel theoretical sampling was not possible in the way it would be in a different setting where I could do greater screening of potential participants.

Another limitation in this study is that all the participants were from the same nursing home in the St. John’s area. Additionally, most of the participants were from the same religious affiliation. It is difficult to determine if the residents of a different nursing home would have the same experience of adjustment to a nursing home as the participants in this study. This nursing home had been identified as having many activities for the residents, daily religious services, as well as supportive staff. It is

difficult to determine if these participants would experience the same process of relocation and subsequent adjustment as residents in another nursing home.

Implications of the Study

This study has several implications for nursing policy and practice, nursing education, and nursing research. With the rapidly changing demographics favoring an increase in the numbers of seniors, society will witness increases in the numbers of elderly facing admissions to long term care. Health professionals will need to be prepared for this trend and be prepared to assist older adults to make a good transition to living in a nursing home.

Implications for Nursing Policy and Practice

The relocation of the elderly population from the community to long term care has many implications for nursing policy and practice. Policies are developed as a means of defining the scope of nursing practice that is necessary for goal achievement: such as successful relocation and adjustment. These policies need to be in accordance with the standards of practice guided by the Association of Registered Nurses of Newfoundland and Labrador (ARRNL). This provides accountability in the promotion of high standards of nursing care when these guidelines are translated into policies at the nursing home level.

With the growing elderly population and the anticipated increase in the numbers of nursing home admissions, policies guiding nursing practice around the relocation to long term care need to be implemented. Nurses are on the front line in working with the elderly both in the community prior to admission and upon admission to the nursing

home. Community health nurses working with these individuals can help prepare them for the move prior to the time of admission, establish a therapeutic relationship with the individual and family, and work with them throughout this transition. Preparation is vitally important for success of the relocation and the maintenance of residents' health (Johnson & Hlava, 1994; Rosswurm, 1983; Thomasma, 1990). For elderly without cognitive impairment, it is important that residents and their families have timely notification of the move in order to reduce stress. The work of Rosswurm (1983) suggests that preparing the older person for relocation, facilitating choice by providing information about care homes, and involving older people in the decision making process are likely to make the process less disturbing and a more positive experience.

Preparation programs have been developed and made available to potential residents and families to help facilitate the process of relocation. Information sessions are available to individuals seeking nursing home placement to advise the individuals and their families of the admission process, finances, and what to expect while in the nursing home. These programs need to continue to be encouraged and monitored to ensure that they are meeting the needs of the elderly and their families. These programs are believed to ease the transition from the community to long term care and should be a priority for nursing practice.

Upon admission to the nursing home, nurses could reduce stress in the residents by implementing a thorough and competent assessment to recognize individuals who may be experiencing difficulty with the transition. As discussed in this research, some elderly experience depression, loneliness, and isolation after the move to the nursing

home. A thorough assessment to identify the elderly at risk for these symptoms may alleviate further complications. Once the individual has been identified as having difficulty with the transition, therapeutic interventions that address those difficulties are warranted. Some interventions that may assist include: encouraging the individual to participate in activities, sitting and talking with the individual, or facilitating the continuation of hobbies that were enjoyed while living at home. Awareness of the difficulties that some elderly experience and the knowledge of helpful interventions are certainly necessary to help ease the transition.

This study suggests that family support and family contact have significant impact on the process of adjustment to the nursing home. This was evident throughout all stages of adjustment from the decision making process through to six months after admission. Nurses who have contact with the individual prior to admission as well as after the move could encourage the family of these individuals to continue showing support and visit frequently. The nurses could explain to the family members how important the continued support of the family is to the elderly person's well being. Nurses who understand the impact that family support can have on the adjustment will be more proactive in encouraging the family's continued support and involvement in the seniors' lives.

Implications for Nursing Education

In discussing the implications for nursing education, one must first look at the education of nurses about the process of adjustment and the impact on the elderly experiencing this transition. The major physical, social, and psychological changes that

may accompany admission to the home through to the initial weeks and months following placement must be communicated to other health professionals. Increasing the awareness of nurses and physicians working with these individuals will prove paramount in easing the transition. The more people who are educated and aware of the potential difficulties experienced by some elderly, the more support that these elderly individuals may have. Other means of educating health professionals could include information sessions on current trends in nursing care of the elderly, as well as seminars on current research by individuals conducting research in the area of relocation and the elderly.

Nurse educators have the responsibility to educate their students about the meaning and importance of maintaining a caring attitude while practicing nursing in many different areas including working with the senior population. Nursing curriculum meeting this need would include course content focused on caring for the older adult and the issues that go along with caring for this population of individuals especially when they are placed in long term care. Educators could put more weight on the interpersonal skills in working with the elderly rather than having the focus only on technical skills such as personal care, feeding, and transfers. Nurse educators can encourage students to be sensitive to the needs and concerns of the elderly upon relocation to the nursing home. Students' sensitivity and knowledge can be increased through contact with clients going through this transition in the clinical area and through the discussion of research findings related to this topic.

In an effort to increase the student's knowledge and awareness regarding elderly people's experiences with the transition to a nursing home, students could be encouraged to explore the perceptions of these experiences of seniors while working in the clinical area. Such information provide a valuable learning experience for the student and a foundation for future nursing encounters with the elderly relocating to a nursing home. Nurse educators can instruct and guide students to be responsible client advocates. In working with elderly adults especially during transitions like relocating from their own residences, student could be attentive to their needs as well as their frustrations with the home while adjusting to the move.

Implications for Nursing Research

From this research it is apparent that future research is warranted in several areas. Future studies by nurses need to address the benefits of relocating to long term care as well as research in preparing the elderly and their families for this move. First of all, one can identify the need for future research in this same area with a comparison study including participants from different nursing homes. This way the researcher can identify if residents experience the same transition and experience the similar stages of adjustment regardless of the nursing home in which they are placed.

Findings of this study point to the need for more comprehensive research into the effect of decisional control on nursing home satisfaction and adjustment. Although not the major variable for this study, it was identified that many elderly who had control over the decision to move into to nursing home had greater satisfaction with the move and reported that they feel better adjusted. Further research into decision making

and an in depth analysis of this phenomenon would be a vital contribution to this field of nursing research.

Differences between males and females in the transition to a nursing home from their own home is another potential area for future research. In this study there were three males and six females. Considering there are many more females than males presently in nursing homes, this sample was appropriately represented. However, a more in depth analysis of the differences in the perceptions of the relocation to a nursing home between males and females could be an area for future research.

Conclusion

The primary research question to guide this research was: How is the process of relocation experienced by elderly who move to a long term care facility from their home in the first six months after admission? Specifically, if and how do they adjust to institutional life in this period. To investigate this question, a grounded theory approach as outlined by Glasser and Strauss (1967) was used. Interviews conducted with three males and six females was the major source of data collection.

From the data it was identified that there were three main stages involved in the psychological process of adjusting to life in the nursing home. Within the three main stages were more specific phases to explain the stages. The main stages and phases were as follows: preparing for the move, moving to the home and settling in on a more permanent basis. (1) Preparing for the move. The phases identified in this stage were realizing more care was required, making the decision to move, and the disposing of belongings. (2) Moving to the nursing home. Phases involved in this stage of adjustment include getting used to the new environment, learning to pass the time, and evaluating the move. (3) Settling in on a more permanent basis. Phases in this stage were seeing the benefits of the move, knowing and accepting the routines, and developing a degree of comfort with their new home.

Following a discussion of the themes and findings of the study a discussion of the findings in relation to the literature reviewed was presented. Finally limitations of the research and implications of the research for nursing practice, nursing policy, nursing education and nursing research were presented.

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APPENDIX A: LEVELS OF CARE

Level One:

- **Independently mobile, with or without mechanical aids, inclusive of a wheelchair**
- **May require limited assistance with bathing, dressing, and/or grooming**
- **May require minimal assistance with toileting**
- **May need nutritional monitoring**
- **May have full use of mental functions**
- **May demonstrate mild difficulties in orientation to day, time, and place**
- **May demonstrate mild difficulty with memory and recall**
- **May have medical problems that do not require daily professional supervision**
- **May require therapies or procedures such as colostomies and is able to complete care independently**

Level Two:

- **May or may not be independently mobile with or without the use of mechanical aids, inclusive of a wheelchair**
- **May need specialized aids for one person assist for transferring**
- **May need a moderate amount of assistance with bathing, dressing and grooming**
- **May require reminders or assistance with toileting to avoid incontinence**
- **May have mental functioning with moderate cognitive impairment**
- **May tend to pace or wander in own environment**
- **May have sensory or perceptual deficits needing assistance for expressing and understanding needs**

- May require therapies and procedures (colostomies, ventolin masks) requiring assistance
- Will require professional monitoring

Level Three:

- Is dependent for transfers and mobility
- Requires assistance to move and turn in bed
- Is dependent for assistance with dressing, washing, grooming and bathing
- Has incontinence of bowel and/or bladder
- Requires supervision and assistance with eating or requires feeding
- Requires daily professional care
- May have severe cognitive impairment
- May have sensory or perceptual deficit needing ongoing assistance for understanding and expressing needs
- May present with problems such as wandering, aggressiveness and hostility
- May demonstrate varying degrees of difficulty with orientation to place or person
- Has medical problems which require continuous supervision and may require frequent professional intervention

Adapted from guidelines used by Health and Community Services, St. John's Region

APPENDIX B: CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

**SCHOOL OF NURSING
MEMORIAL UNIVERSITY OF NEWFOUNDLAND
ST. JOHN'S, NEWFOUNDLAND A1B 3V6**

Consent to Participate in Nursing Research

TITLE: The relocation of the elderly from community to long term care :
A grounded theory study.

INVESTIGATOR: Sue Ann Anstey BN RN

You have been asked to participate in a research study. Participation in this study is entirely voluntary. You may decide not to participate or may withdraw from the study at any time without affecting your normal treatment.

Information obtained from you or about you during this study, which could identify you will be kept confidential by the investigator. The investigator will be available during the study at all times should you have any problems or questions about the study.

PURPOSE OF THE STUDY:

The purpose of this study is to examine how the elderly adjust to being placed in a nursing home in the first four to six months. The findings of this research may help in the development of policies that may help ease this transition.

Participants initials: _____

DESCRIPTION OF PROCEDURES AND TESTS:

You will be interviewed and during this interview you will be asked to tell me about your recent move to the nursing home. You should only talk about what is comfortable for you. You do not have to answer any questions you do not want to answer. The interview will be tape recorded and there will be written copies of the tape recording.

DURATION OF THE PARTICIPANTS INVOLVEMENT:

I will schedule an interview to be conducted at the nursing home or a setting of your choice at a convenient time for you. This interview may take 1 hour to 1 ½ hours and a break will be included if necessary. If, during analysis of the data, I feel the need to clarify our discussion I may need to contact you for a second interview.

POSSIBLE RISKS, DISCOMFORTS OR INCONVENIENCES:

There are no obvious health risks involved in this study. Some people however, may find it uncomfortable to talk about relocating to the nursing home. Timing and the length of the interview will be at your convenience.

BENEFITS WHICH THE PARTICIPANT MAY RECEIVE:

You will not benefit directly from participation in this study. However, we hope to obtain information helpful in developing plans for nurses and others here at the home to help seniors adjust to the move to a nursing home.

LIABILITY STATEMENT:

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

Participants initials: _____

Signature Page

To be signed by the participant

I, _____, the undersigned, agree to my participation or to the participation of _____ (my child, ward, relative) in the research study described above.

Any questions have been answered and I understand what is involved in the study. I realize that participation is voluntary and that there is no guarantee that I will benefit from my involvement.

I acknowledge that a copy of this form has been given to me.

(Signature of Participant)

(Date)

(Signature of Witness)

(Date)

To be signed by investigator

To the best of my ability, I have fully explained the nature of this research study. I have invited questions and provided answers. I believe that the participant fully understands the implications and voluntary nature of the study.

(Signature of Investigator)

(Date)

(Phone Number)

APPENDIX C: APPROVAL FROM HUMAN INVESTIGATIONS COMMITTEE



Memorial

University of Newfoundland

Office of Research and Graduate Studies (Medicine)
Faculty of Medicine
The Health Sciences Centre

March 16, 2001

TO: Ms. S.A. Anstey

FROM: Dr. F. Moody-Corbett, Assistant Dean
Research & Graduate Studies (Medicine)

SUBJECT: Application to the Human Investigation Committee - #01.07

The Human Investigation Committee of the Faculty of Medicine has reviewed your proposal for the study entitled "**The relocation of elderly from community to long term care: A grounded theory study**".

Full approval has been granted for one year, from point of view of ethics as defined in the terms of reference of this Faculty Committee.

For a hospital-based study, it is **your responsibility to seek necessary approval from the Health Care Corporation of St. John's.**

Notwithstanding the approval of the HIC, the primary responsibility for the ethical conduct of the investigation remains with you.

F. Moody-Corbett, PhD
Assistant Dean

FMC/jjm

cc: Dr. C. Loomis, Acting Vice-President (Research)
Dr. R. Williams, Vice-President, Medical Services, HCC

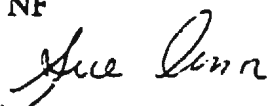


APPENDIX D: LETTER OF SUPPORT FROM NURSING HOME

146 ELIZABETH AVENUE
St. John's, Nfld.
Canada
A1B 1S5

March 16, 2001

Ms. Sue Ann Anstey
36 Alderberry Lane
St. John's, NF
A1E 6A6


Dear Ms. Anstey:

This letter is to acknowledge the support of St. Patrick's Mercy Home in the completion of your study "The Relocation of Elderly from Community to Long Term Care: A Grounded Theory Study".

On behalf of the Home, I would like to wish you well in your work and we look forward to hearing about your findings.

Sincerely,


Gail Rogers
Administrator

Cc: Carla Williams
Director, Resident Care

Ms. Elaine Oostenbrug
Social Work Manager

