Supporting residents moving into long-term care: Multiple layers shape residents' experiences.

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This is an accepted version of the paper later published as: Sussman, T., & Dupuis, S. (2014). Supporting residents moving into long-term care: Multiple layers shape residents' experiences. *Journal of Gerontological Social Work*, *57*(5), 438–459. https://doi.org/10.1080/01634372.2013.875971

Abstract

This interpretive grounded theory study explores 10 residents' retrospective accounts of the relocation process, including the decision to move into a LTC home, the pre-move preparations, the moving day circumstances, and the initial adjustment period following the move. Analysis of the data revealed a complex intersection of conditions at multiple layers that shaped residents' experiences of the transitional process. Recommendations to enhance circumstances at individual, interpersonal, and systemic layers, for each temporal stage of the relocation process are proposed. Implications for social work practice across the continuum of care are also discussed.

Introduction

Moving into a nursing home represents a monumental life change; one most older adults hope to avoid at all costs (Leggett, Hiskey, & Erskin, 2011). Despite preferences for community care, between 18-33% of older adults 85 years and older living in Organisation for Economic Co-Operation and Development (OECD) countries such as Australia, North America, Scandinavia, and Western Europe, relocate to a nursing home (Summerfield & Babb, 2004, National Institute on Aging, 2006; Banerjee, 2009). While the process of relocation involves multiple stages, studies on residents' experiences with relocation have most typically focused either on the decision to relocate (see Castle & Sonon, 2007; Groger, 2002; Keister, 2004) or on post-move adjustment (see Cooney, 2012; Heliker & Scholler-Jaquish, 2006; Iwasis, Goldenberg, Bol, & MacMaster, 2003; Newson, 2008) with far fewer studies examining the impact of all stages on residents' experiences with relocation. This omission represents an important knowledge gap for gerontological social workers, who are charged with supporting residents (and families) throughout the relocation process across the continuum of long-term care services.

This paper reports some of the findings from a larger interpretive grounded theory study examining the relocation process associated with moving to a LTC home in Toronto, Ontario, Canada from the perspective of families, residents, and service providers (see Sussman & Dupuis, 2012). Here we focus on the residents' experiences as described by them. More specifically, this paper explores from a retrospective viewpoint residents' experiences with different phases of the relocation process including the decision to move, the pre-move preparations, the moving day, and the initial adjustment period.

Background

Most older adults strive to remain in the community for as long as possible, associating LTC home residency with dependency and mortality (Caouette, 2005; Leggett et al., 2011; Rowles,

2000). These perceptions of LTC home living are exacerbated by societal messages equating community care with high quality of life and 'institutional' care with deterioration, segregation, and death (Castle & Engberg, 2007; Smith, 2004). The dramatic adjustments accompanying relocation such as imposed routines and regulations undoubtedly challenge older adults' adjustment to LTC home living (Wiersma & Dupuis, 2010). Despite these experiences, some older adults have expressed feelings of relief and improved quality of life following relocation (Hersch, Spencer, & Kappor, 2003; Jungers, 2010; Newson, 2008; Walker, Currey, & Hogstel, 2007). This suggests that distress, deterioration, and hopelessness can be minimized by supportive relocation practices (Castle, 2001; Jolley, Jefferys, Katona, & Lennon 2011).

Relocation is a multi-phased process that involves a decision-making stage, a moving stage, and an initial adjustment stage (Smith & Crome, 2000). Studies focused on pre-move decision-making have highlighted that older adults rarely initiate relocation decisions relying instead on family, professionals or both to determine when relocation is warranted (Fraher & Coffey, 2011; Keister, 2004; Reed, Sullivan, & Burridge, 2003). While self-initiated decisions are presumed to be most desirable, reliance on others can be experienced positively when older adults choose to delegate this decision, do not feel pressured, are involved in decisions associated with the move (e.g., the selection of facilities), and are provided with the opportunity to anticipate the move, even for a short period of time (Fraher & Coffey, 2011; Nakashima, Chapin,

Macmillan, & Zimmerman, 2005; Reed et al. 2003). Some researchers have suggested that older adults prefer to accept decisions made by others, viewing the decision to relocate as a personal failure (Lee, Woo, & Mackenzie, 2002; Leggett et al., 2011).

Studies focused on post-move reactions have noted that residents can experience acute feelings of helplessness, resignation, loss of self, and vulnerability (Cook, 2006; Fraher & Coffey, 2011; Heliker & Scholler-Jacquish, 2006; Jackson, Swanson, Hicks, Prokop & Laughlin, 2000; Newson, 2011). Recommendations to minimize these reactions include staff expressions of care and concern, facility practices that promote independence and privacy, and resident access to the outside community (Brown Wilson, Davies & Nolan, 2009; Castle, 2001; Cooney, 2012).

Conceptualizations linking pre-move processes to post-move adjustment are rare but some have begun to emerge. Wilson (1997) found when residents' admissions were planned and anticipated they moved more quickly from feeling overwhelmed, lonely and sad to initial acceptance, even if the pre-move decision was initiated by others. By contrast, Heliker and Scholler-Jaquish (2006) noted that residents who elected to relocate themselves, moved more quickly from feelings of displacement and loss of self, to a sense of attachment within LTC. These authors recommended that staff elicit residents' stories of loss and self, and share their own life stories, to help residents develop a sense of attachment to place. Similarly, Cooney (2012) observed that voluntary moves were a determining factor in residents' abilities to 'find home' in LTC. Supporting Heliker and Scholler-Jaquish's recommendations Cooney also found that staff who elicited and shared personal stories facilitated residents' abilities to experience belonging in LTC.

While research regarding the impact of pre-move conditions on post-move adjustment is beginning to emerge, findings are preliminary and somewhat inconsistent. Further, there is an absence of research that considers the entire relocation process including residents' experiences with the actual move – a phase in the process found to be pivotal when family members recount their experiences with relocation (Davies & Nolan, 2006; Reuss, Dupuis, & Whitfield, 2005; Sussman & Dupuis, 2012). Knowledge on circumstances that support or hinder residents' positive moving experiences is relevant for social workers in LTC settings whose roles include facilitating admissions processes, and working with interdisciplinary team members to ensure the psychosocial needs of residents and families are identified and met (Bern- Klug & Kramer, 2013; Parker-Oliver & Kurzejeski, 2003; Simons, Bern-Klug & An, 2012).

To address these gaps in understanding, the current Canadian study sought to answer the following research questions: (1) what conditions help or hinder older adults' positive experiences with each phase of the relocation process including the decision-making phase, the move itself, and the initial post-move adjustment? and, (2) how do the presence or absence of conditions from one phase of the process influence residents' experiences with subsequent phases?

In Canada LTC is regulated and funded provincially/territorially rather than nationally. With no national requirements regarding the amount of funds to be allocated to LTC homes, the types of LTC facilities to be funded, or the minimal services to be provided within LTC facilities, each provincial/territorial government has developed its own system of LTC. Some provinces/territories have developed a publicly funded and regulated system of protective environments that includes both intermediate care facilities catering to lighter care needs (sometimes referred to as assisted living facilities) and LTC homes catering to heavier care needs (sometimes referred to as skilled nursing facilities). In Ontario, the province in which this study took place no publically funded intermediate care facilities exist. Hence the relocation experiences captured in this study represent moves into LTC homes (i.e. skilled nursing facilities) only.

Methods

Recruitment and Sample

As part of a larger interpretive grounded theory study, residents were recruited from three publicly funded and regulated LTC homes in Toronto, Ontario with 120, 180, and 192 beds respectively. In Ontario, like other provinces in Canada, individuals access LTC homes through a single entry point system where a care coordinator (an allied health professional by training such as a social worker, nurse, occupational therapist or physiotherapist) administers a standardized assessment to determine eligibility for LTC. At the time of study individuals considered eligible for admission required at least 2.5 hours of daily personal care, 24 hour supervision, and a secure environment (Berta, Laporte, Zarnett, Valdmanis, & Anderson, 2006). As in all other provinces across Canada, publicly regulated LTC in Ontario is offered on a cost-

share basis where residents pay for accommodation through provincially legislated fees. Subsidies are available for low-income older adults.

Selective purposive sampling procedures were used to determine which residents to interview. Residents who had newly relocated (residing in LTC for no longer than six weeks), and were judged by nursing staff to be cognitively able to recount their experiences in an interview, were invited to participate. Variation in conditions (i.e., physical conditions only, the combination of dementia and physical frailty), relationship type, and gender were sought to enhance the authenticity of the study (Brown Wilson, & Clissett 2010).

Nurses at each facility assisted in the selection process by approaching potential participants. Residents who agreed to learn more about the study were contacted in person by the lead author who ensured their eligibility and described the study in more detail. If eligible residents confirmed their willingness to share their experiences, a date and time for the interview was arranged.

Ten residents (eight women and two men) were interviewed. Seven relocated from home and three from a retirement home (a private congregate living facility with minimal supports). Residents in the study were typically living with complex progressive medical conditions that compromised their functioning including Chronic Obstructive Pulmonary Disease, Diabetes, Multiple Sclerosis, and Parkinson's Disease. Three residents in the study were also diagnosed with some form of dementia. Residents ranged in age from 75-97. All residents in the study identified at least one adult child on whom they could rely for support. Time of relocation when interviewed ranged from four to eight weeks.

Data Collection Process

Interpretive grounded theory recognizes that reality is co-created through the interview and analytic process (Charmaz, 2006). The approach aims to elicit shared-meaning rather than objective truth. In line with this stance, in depth, face-to-face active interviews were conducted with residents (Holstein & Gubrium, 1995). An initial interview guide was developed asking residents to: (1) describe how each stage of the relocation process evolved and was experienced (e.g., What led to this move? What was the move to here like for you? How has it been for you since you moved here?); (2) identify challenges they faced at each stage (e.g., What were some of the most difficult aspects of making the decision to move here? On the day of the move here what was frustrating, difficult or challenging for you? What difficulties have you experienced since you moved here?); and (3) articulate what helped them during each stage (e.g., What did you find most helpful and comforting when you were making the decision to move? What helped you on the day of the move? What has helped since you have moved here?).

Consistent with a grounded theory approach, questions were adapted in later interviews to explore emerging themes and capture a deeper understanding of them (Charmaz, 2006; Glaser & Strauss, 1967). For example, guided by the literature, our initial interview guide probed for

residents' experiences with three stages of the relocation process: pre-move decision making, moving, and post move adjustment. As interviews progressed it became evident that residents spoke of pre-move preparations (or lack thereof) as a distinct phase/or stage in the process. As a consequence, subsequent interviews included probes related to residents' experiences with pre- move preparations. Interviews were, on average, between 45 and 90 minutes in length.

Written consent (or assent) was sought and received from all residents and their legal decision-makers (where applicable) prior to conducting each interview. A total of seven residents provided written consent and three residents provided written assent alongside the written consent provided by their decision-makers. During the interview process, participants' willingness and physical capacity to participate was continuously monitored by the first author, a trained social worker, who conducted all interviews (Brown Wilson, 2011).

The research was conducted in accordance with the standards of the Tri-Council Policy Statement for Ethical Conduct for Research Involving Humans. 1998 (with 2000, 2002 and 2005 amendments). Procedures were approved by the Office of Research Ethics Board at the University of Waterloo and McGill University. Procedures were also approved by the long-term care homes' Ethical Boards.

Data Analysis

Data collection and analysis occurred simultaneously, with early interviews providing ideas of initial themes probed more deeply in subsequent interviews. All interviews were tape recorded, transcribed and analyzed using a four-staged method of analysis consistent with an interpretive grounded theory approach (Charmaz, 2006). In the first stage, each transcript was examined for ideas that were treated independent of one another and noted in the margins of the text. In the second stage, the researchers attempted to determine the meaning of initial ideas based on other evidence included in the transcripts. Constant comparisons within each transcript (e.g., different phases in the relocation process described by the same resident) and between different transcripts (e.g., residents with different health statuses) were conducted to explore similarities and differences in relocation experiences. Broad preliminary categories such as the importance of having a say in pre-move decision-making were developed. In the third stage, the researchers began focused coding by refining the categories and identifying connections and patterns both within and between categories. At this stage, relocation was recognized as a process of navigating and negotiating multiple layers of experiences and conditions because it appeared to connect how residents experienced different phases of the relocation process (connection between preliminary categories) and it was discussed by multiple residents (pattern between transcripts). In the fourth and final stage of analysis emergent themes were interpreted based on the existing literature, particularly the work of Wilson (1997), Heliker-Scholler-Jaquish (2006) and Cooney (2012) who developed frameworks for understanding relocation experiences pre- and post-move for residents. At this stage the core category: Multiple Layers Shape Residents' Experiences with Relocation was developed further.

Following this analysis, categories, themes and verbatim excerpts were reviewed with a group of social work practitioners who had extensive experience supporting older adults' relocations. These peer debriefings confirmed the 'fit' between the categories evolving from the study and those in a position to use the findings (Strauss & Corbin 1998; Cutcliffe 2005). For example, social workers across the continuum of LTC confirmed that the individual, interpersonal, and systemic layers emerging from the findings were relevant considerations that recognized the complexity of conditions impacting residents' relocation experiences.

Findings

Multiple Layers Shape Residents' Experiences with Relocation

The emotional complexity involved in pursuing and adjusting to LTC home living was profound for all participants. All residents, even those whose relocation experience was generally positive, described components of the process as "difficult", "upsetting", and "challenging". Settling in and adapting to life in a LTC home was depicted as an active individual process facilitated by "adjusting yourself", "not just sitting in a corner and doing nothing", and "trying not to be difficult".

While personal attitudes and actions contributed to the adjustment process, analysis of the data revealed that conditions at multiple layers were vital in nurturing residents' positive experiences with the relocation process. More specifically the combination of residents' personal values/assumptions and functional abilities (individual layer), interpersonal interactions with family (interpersonal layer), and broader societal or organizational rules, regulations, values and practices (systemic layer) intersected to shape residents' experiences with each temporal stage. When conditions at multiple layers and stages threatened residents positive experiences, residents appeared to question their ability to find meaning and belonging in the new LTC environment. Conversely, when conditions at multiple layers and stages enhanced residents' positive experiences, residents expressed a sense of relief and comfort in their ability to belong and thrive in their new homes.

The following sections illustrate how conditions at individual, interpersonal, and systemic layers shaped each stage of the relocation process including, the decision to move into a LTC home, the pre-move preparations, the moving day circumstances, and the initial adjustment period following the move. While some layers featured more prominently in specific temporal phases, more typically, conditions at personal, interpersonal and broader systemic layers all intersected together to shape residents' relocation experiences.

Individual, Interpersonal, and Systemic Layers Shape Pre-Move Decision Making Patterns
Residents in this study described one of two pre-move decision-making patterns; self or other-initiated. Those who described self-initiated decisions emphasized the importance of taking control of their situation based on their own evaluation of their circumstances. Typical

statements were as follows: “I made the decision to come in on my own” (Mary, 81 years)[3]; and “It had to be my decision” (Margaret, 75 years). In general these self-initiated patterns were viewed positively. Conversely, residents describing other-initiated decisions identified one or a series of individuals who made the decision on their behalf, and emphasized their lack of choice over the process. Residents describing this pattern made the following statements: “They [children] just decided that they were going to send me here and I went along with it” (Julie, 88 years), and “We went but we didn’t want to go” (George, 94 years). Other-initiated decisions were either viewed neutrally or negatively.

Conditions at a number of layers appeared to influence whether or not older adults self-initiated decisions. At the individual layer, residents’ health status, particularly their cognitive abilities, and their beliefs about familial obligations were important in shaping their abilities to take control of the decision-making process at this pre-move phase. Residents who were cognitively well, and felt determined to protect their families from the responsibility of their care, appeared more likely to initiate their own relocation process and experience a sense of choice and control at this stage. One resident who made a proactive decision to reduce the pressures on her daughter stated, “Well I knew that I needed a lot of help and I asked my daughter who I gathered was so busy trying to get me everything so I said ‘find me some place where I can go and be with people’. She works and she was doing everything” (Rose, 81).

At the interpersonal layer, when residents’ expectations, values and beliefs conflicted with those of family members, the decision-making process could be more challenging, especially when family perspectives were privileged. Another resident, who was told to relocate, described the differences between her and her families’ cultural beliefs about family care “You know in India we had, it was a custom always for the younger people to look after the older people. We don’t send them [to LTC] especially if they are a parent” (Aesha, 97 years).

Even when personal and interpersonal conditions fostered pro-active decision making, all residents in the study were impacted at the broader systemic layer by negative societal images and understandings of LTC homes. However, residents were able to challenge and overcome negative views during this pre-move phase when they were able to formulate their own impressions of LTC homes through facility tours or when they had personal interactions with friends and family who had positive experiences in LTC. As one resident who made the decision to relocate stated,

> *It was a very difficult decision to give up living in my own condominium with the reputation of most long-term care facilities… but because I’d heard such good stories about X facility I wanted it to be my one and only choice* (Margaret, 75 years).

[3] All names used in the reporting of the findings are pseudonyms.

Systemic, Interpersonal and Individual Layers Threaten Preparations for the Move

Circumstances at the systemic, individual and interpersonal layers intertwined and continued to shape the relocation process with the placement offer. At the systemic layer, all residents were subjected to a placement system that required them to accept a "bed offer" within 24-48 hours. In extreme cases, residents were told they had to make on the spot decisions about relocation. One resident who had proactively sought LTC home placement described the phone call she received to notify her of bed availability. She stated, "The girl called and said you have five minutes to say yes or no. It's a semi, you have to share a room and you have five minutes to let me know because I'm going to a meeting" (Margaret, 75 years). Statements such as these served to minimize the magnitude of residents' decision to accept a space within LTC.

Residents' lack of control over the process, was especially pronounced by circumstances at the systemic layer when they had not elected to relocate. One resident whose daughter initiated relocation for her and her husband stated, "They called us and gave us 48 hours to get in there. I was very upset and he was too and we decided we weren't going to take the offer. My daughter said I'm afraid you're going to have to. So we had to come" (Betty, 82 years).

Another challenge fostered by the systemic pressure to relocate imminently was the lack of time afforded to residents to discard and sort through personal items prior to moving. This exacerbated the feeling that residents were leaving important aspects of themselves and their histories behind. As one resident stated, "that was very traumatic, very traumatic because in two days we had to get our wits together. We had to get rid of so many of our life's treasures" (George, 94 years).

Experiences at individual and interpersonal layers also contributed to residents' inabilities to sort through items a priori. At the individual layer, many residents were preoccupied with the consequences of their decisions, wondering what their new life would be like and worrying about their ability to adapt to a new living environment. This made it difficult for residents to begin the process of sorting through and discarding items prior to receiving a phone call offering them a space in a LTC home, even when they initiated their own decision to move. As one resident who had elected to relocate stated:

> *Well of course I intended to clean out all the drawers you know, supervise and the cupboards and the closets and I did none of that. So when the time came [to move] I was in a real mess. You're told to do that in the publication to prepare but you really don't …psychologically you really don't want to face it* (Margaret, 75 years).

At the interpersonal layer, residents who were all functionally dependent on families and friends felt their families and friends "had other things to do" than help them sort through items during this waiting time and thus hesitated to ask for help. Further, many family members, in an effort to support their relatives during the waiting process, framed the management of items as their personal responsibility. One resident who expressed worry and concern over her items to her children recounted how they reassured her, "they kept on saying

mom, don't worry about that, you don't have to worry, we're the ones who are going to do all of that" (Mary, 81 years). While experienced as caring and supportive these reactions further exacerbated residents' hesitancy to ask for help and assist in sorting and discarding items.

The combination of systemic, personal and interpersonal layers described above meant that all residents in this study faced overwhelming and immediate pressure to relocate without having time to further process their decision, and sort through treasured items. While system pressures threatened control especially for those who had not elected to relocate, personhood was challenged at the systemic, individual and interpersonal layer for all residents during the moving stage.

Moving in: Conditions at the Systemic Layer Key

Given the magnitude of their life changing decision and the systemic pressures to move immediately, residents were astutely aware of efforts made to welcome them into their new living environments. At this stage of the relocation process, the systemic layer was most prominent in supporting or hindering residents' positive moving experiences.

Policies and practices that nurtured personhood and relationship building, such as placing welcome signs on residents' doors, inviting families to residents' first meals, introducing new residents to staff and other residents and describing daily routines, were experienced as reassuring and validating. Conversely, 'business as usual' admissions were experienced as shocking, serving to amplify the significant life change that relocation represented. One resident, who had elected to relocate, described her negative experience with her move as follow:

> *Well it was really traumatic um there's no sense of being welcomed. You're introduced to your roommate in this case and the staff just carry on as if you're nobody special. I arrived in the afternoon and uh I was told when dinner was, when I was to be in the dining room and I was at a very unfortunate table where only one woman spoke. The other two were almost comatose and had to be fed and of course the first thing they do is put a huge bib around your neck which was, I now realize it's necessary sitting in a wheelchair you're too far from the table. But uh you're not, I was not introduced to anyone and you feel totally like a fish out of water, it's a very traumatic entrance into a new environment* (Margaret 75 years).

The lack of effort to acknowledge this resident's status as a newcomer and adult challenged the residents' sense of personhood and sense of belonging. It also served to reinforce the stigma attached to LTC home living. Rather than fitting in, the resident felt out of place and diminished sense of control, describing herself like a "fish out of water".

The moving day experience was opposite for another resident who described feeling welcomed from the beginning.

> *There was a big sign stuck on my door 'welcome X' which was very very touching. When I moved in we had lunch in a special room with my son-in law and my husband, the three of us had lunch in there and the waitresses all came in and introduced themselves. It made a very big difference* (Betty, 82 years).

Efforts made to welcome new residents were reassuring for residents. However, for those reluctant to relocate in the first place, positive moving day experiences were critical and served to provide some reassurance that their personhood would continue to be acknowledged and nurtured in a LTC home setting.

Adjusting to the Move: Interpersonal and Systemic Flexibility & Support Pivotal

Most residents spoke of post move experiences as positive when they were provided with opportunities to create personalized spaces and re-establish valued routines and rituals. Importantly, these processes could be either supported or hindered at both the interpersonal and systemic layers.

At the interpersonal layer, creating personalized spaces for many meant returning home with the help of family and selecting items that could make current spaces more functional comfortable and true to their sense of self. One resident expressing how personal items can foster comfort stated: "we went back a time or two before Christmas…and that's when we organized everything…I think as long as you have your things around you, you feel better" (Betty, 82 years). Another resident, who relied on her family members to make multiple trips home said, "The only thing we brought in [initially] was the television and my chair so that I'd have something easy to sit in, and we have gradually moved little bits in…I'm still thinking about fixing this corner up…I'm still debating on that." (Mary, 81 years). Being actively involved in decisions about what would be brought to the home and how it would be arranged fostered a sense of control and nurtured personhood.

The creation of personal space could be hindered at the systemic layer and/or interpersonal layer if concerns about safety and risk overrode residents' efforts to create comfortable and meaningful spaces. One resident who re-organized her space by moving a dresser describes her frustration by the staff's reaction:

> *She [staff person] told me you're not allowed to have that there. I said why ever not, there's lots of room. She said no you could hurt yourself. So I made a fuss about that, they told me it had to be in the closet. I said I'm sorry but I said I don't have room for my clothes. I said if I can't have it in the room then take it out of here. And they did* (Betty, 82 years).

Another resident who wanted to place her bed in the middle of her room described the fight she had with her daughter and staff who felt this would increase her risk of falling out of bed. So important to her, she wrote a letter addressed to staff and her daughter "absolving them of

all responsibility if [she] gets up in the middle of the night and falls" (Ingrid, 89 years). Eventually her daughter and staff agreed to her wishes.

Staff practices also functioned as critical in communicating respect for residents' private space. Practices at the systemic layer such as knocking prior to entering a resident's room or allowing residents to retreat to their room when they wanted privacy were important to residents. One resident described how she felt when a staff person entered her room unannounced shortly after she had moved in:

> *I had just come here. She just came in, didn't say a word to me and I was in bed, I was so flabbergasted, I thought what's this, I'm awake, I was sitting, she could have said something but she just comes inside [my room] picks up something and walks off. I was so surprised… it made me suspicious immediately* (Aesha, 97 years).

This resident's emphasis on the staff person's invasion of personal space is noteworthy. While potentially routine to the staff, the lack of acknowledgement that her personal space had been entered and no explanation about what she was doing led the resident to automatically distrust not only the worker but the LTC home compromising her sense of comfort with the relocation decision (which was other-initiated) and the home itself. This experience also raises questions of who owns the space, threatening abilities to feel a sense of belonging and at home in their new environment.

Residents' abilities to re-establish rituals and routines also required systemic practices that were flexible and honored residents' choices and preferences. While all residents were cognizant that relocating into LTC meant "accepting rules that you didn't make yourself" (Betty, 82 years), rules and regulations that served to undermine residents' abilities and interfere with their preferences and routines compromised residents' comfort and adjustment to the home. One resident described how the rules about fridge space impeded her ability to enjoy a life-long ritual of enjoying fine cheese and chocolate:

> *I wasn't allowed to have a fridge [in my room] so one of the nurses on the floor told me I could use a fridge in the [common] room opposite us. So we had extra old cheese, ginger ale and some beautiful chocolate and when I went about three weeks later there were three squares left and the same thing happened to the cheeses and so we took it out of there, they gave us a space in the other fridge in the kitchen but then somebody up high said I couldn't put the stuff in there* (Betty, 82 years).

By contrast another resident commended her LTC home for allowing her to bring in a motorized bed from home, something that was typically against the policy of the home. After advocating with the home to override their policy, the resident was permitted to use her own bed so she could control when she went to bed, supporting personal preferences and routines:

> *I was a night owl, and I'd like to watch movies late into the morning and they'd [staff] come here wanting to put you to bed at 8 o'clock… I got into bed early cause I couldn't*

> *go to bed myself. I just couldn't do it any longer so I said to them how about it, so they let me bring my own, I had an automatic bed at home so they let me bring my own bed* (Mary, 81 years).

Mary (quoted above) who experienced a number of conditions that supported her positive relocation experience at each stage of the relocation process including a self-initiated decision, a welcoming moving day experience, interpersonal support to create a personalized space and organizational flexibility to support her late night routine described life in LTC as follows: "I think people should realize the fun you can have in these places if you want to have it, it is there for you at least I'm finding it that way anyway, I'm enjoying every minute of it" (Mary, 81 years). Her experiences suggest that under optimal conditions at each phase of the transitional process, residents can achieve more than simply adapting and accepting LTC, they can enjoy a renewed life in their new environment. This experience differs from Aesha's who described a number of conditions that challenged her positive experience with relocation including an other - initiated decision and staff practices that threatened her sense of privacy in LTC. When asked to describe how she feels about being in LTC she states, "I'm very very disappointed about this place but you've got to accept it, it's something you have to accept. You can't fight it, there's no point in fighting it, it won't make things get any better". Her comments suggest that residents who experience challenges at multiple phases and layers of the transitional process are forced to exert tremendous personal effort to overcome their negative feelings and accept their new circumstances. The difference in lived experiences is between merely existing to living life to the fullest.

Discussion

Residents' accounts revealed a complex and layered intersection of conditions that shaped their experiences at each stage of the relocation process. Seemingly, when conditions at individual, interpersonal and/or systemic layers nurtured a sense of control, and respect for personhood, residents reported positive relocation experiences and their ability to develop a sense of comfort and belonging within LTC was facilitated. Conversely, when conditions at one or a series of layers threatened or challenged control and respect for personhood, residents' reported negative experiences that compromised their subsequent adjustment to LTC.

Figure 1 integrates conditions that emerged in this study with those identified in other literature on residents' experiences with relocation to build a comprehensive model on the conditions at multiple layers and temporal stages that support positive relocations for residents. The model is discussed in more detail below and provides guidance for social work practice, LTC policy, and social work training.

Supporting Pro-Active Decision Making

Findings from the current study revealed that proactive self-initiated decisions pre-move fostered residents' control and sense of self. Like others who explored the relationship between pre-move conditions and post-move adjustment, pro-active decisions appeared to maximize

residents' opportunities to experience positive relocations (Cooney, 2012; Helliker & Scholler-Jaquish, 2006). One of the main obstacles to pro-active decisions, were the negative societal images residents' internalized about LTC homes. Some residents were able to counter these images at the individual layer by formulating their own impressions of LTC through facility visits or by reflecting on those they knew who had positive experiences within LTC. Nonetheless and as reflected in other studies, no residents, even those who acknowledged positive impressions and stories, saw LTC as an opportunity to thrive and enhance their life prior to the move (Lee et al., 2002; Leggett et al., 2011). At best, LTC was viewed as a vehicle for taking control of their circumstances and protecting families from caring responsibilities (Kane 2001). Social worker practitioners have an important role to play in working to de-stigmatize and change public perceptions of LTC. At the practice level, social workers located in community settings aimed at delaying or preventing LTC admission can begin to challenge discourses that polarize notions of home and LTC home by helping new residents and families recognize that principles of good care can span the care continuum (Calkins & Marsden, 2000; McCormack, Roberts, Meyer, Morgan & Boscart, 2012). To help residents and families reflect on and challenge associations of home with "good care" and LTC with "bad care", social workers must be provided with opportunities to reflect on their own negative attitudes and perceptions of LTC during their professional training (Simons & Bonifas, 2009).

Working in partnership with LTC homes, community based social workers can also facilitate connections between older adults contemplating relocation and residents currently residing in long-term care, as this type of exchange appeared to challenge pre-conceptions of LTC and facilitate self-initiated decisions.

Particularly vulnerable to other-initiated decision-making, were residents whose families elected to pursue LTC despite their negative perceptions, and expectations for family care. This interpersonal dynamic left residents feeling helpless and disregarded during the pre-move process. Social workers working across the continuum of care can facilitate important discussions between older adults and families that allow them to collectively express and process divergent personal and familial expectations. Facilitating the expression of divergent views and feelings about LTC well before there is a pressing need for relocation and while older adults are still cognitively able may help to encourage pro-active resident driven decisions.

Preparations for Relocation

All residents in this study were expected to make immediate decisions to either accept or decline a space within a LTC home within 48 hours from the time it was offered to them. Further, residents were aware that if they declined they would be taken off a waiting list for a six month period, a system that is becoming more common across Canada and the U.S. (Banjeree, 2009). This type of system depersonalizes relocation, as spaces within LTC homes are framed as beds and people relocating to them are treated as bodies (Wiersma, 2010; Wiersma & Dupuis, 2010). Such practices also greatly minimalized what is likely the most significant move in a person's life. These systemic pressures served to threaten all residents' sense of control and personhood even those who elected to relocate themselves. Social workers, trained

to focus on exchanges between persons and environments, are well positioned to advocate for more supportive relocation policies. Possible changes include allocating more time to residents and families to accept a "bed offer" once a space in LTC becomes available and offering residents temporary, trial relocations without threat or penalty, in order to reinstate a level of control over what is currently framed as a final and irreversible decision (Lee, Simpson & Froggatt, 2013).

Social workers and other allied health professionals charged with informing residents of bed availability can also moderate the impact of systemic pressures by taking the time to provide residents with more information about the space being offered. This would involve asking the receiving home to provide a fuller description of the room itself, the floor or unit, and any other details that may impact daily living. Offering this type of personalized information could allow residents to make informed final decisions about relocating and would also communicate respect for personhood.

While many residents want to be involved in sorting through their personal belongings, conditions at the individual and interpersonal layers interfered with this process. Difficulties with emotionally processing the eventual move, and functional reliance on families combined with families' efforts to protect residents from the stress of packing, served to hinder resident involvement in sorting of personal belongings prior to the move. No supports were provided to assist residents to psychologically and emotionally prepare for the move. Social workers (particularly those located in community and home care settings) can play an important role in supporting residents by encouraging them to express their apprehensions and fears and by emphasizing the therapeutic importance of sorting through valued items together with families, friends or other trusted parties (such as in-home support workers or volunteers). Social workers can also help families to appreciate the value in involving older adults in this process (Luborsky, Lysack, & Nuil, 2011). Framing the act of sorting through items as an opportunity to process and emotionally prepare for this significant life change, may serve to validate the importance of older adults' involvement in this activity.

Moving Day Practices

Moving day was a significant moment in the lives of residents and could either foster or hinder immediate comfort and belonging within LTC. Residents who were expected and welcomed on the day of the move with welcome signs and staff introductions described a sense of reassurance and comfort. The critical importance of being recognized as a new resident and welcomed has also been identified in studies exploring family experiences and perceptions (e.g., Reuss et al., 2005, Sussman & Dupuis, 2012) suggesting that both residents and families can benefit from this practice. Seemingly negative moving day circumstances could create the context of what Nolan and colleagues (1996) described as a discredited option, a move that was initially desired but then questioned due to post-move organizational practices. These findings build on current relocation models by highlighting the multiple layers impacting residents' experiences with the actual move into long-term care and their respective relationship with residents' adjustment into long-term care (Cooney, 2012; Heliker & Scholler-Jaquish 2006;

Wilson, 1997). Recommendations for moving day include extending an official welcome to new residents upon entrance by staff and members of the resident and/or family councils, having rooms prepared and ready, orienting residents to the facility by introducing them to staff, dinning mates, roommates and other residents, and designing programs and opportunities that celebrate the arrival of new residents. Social workers within LTC can ensure the implementation of some of these practices through their work with staff, volunteers and resident/family councils (Bern- Klug & Kramer, 2013; Parker-Oliver & Kurzejeski, 2003; Simons, Bern-Klug & An, 2012).

Post-move Adjustment

All residents described adjustment as an active process that included adapting to new rules, regulations and routines, participating in activities, building relationships with staff, and emotionally accepting the move. Circumstances at interpersonal and systemic layers could further enhance residents' adjustment process by supporting the creation of private personalized spaces, the continuation of valued routines and life patterns, and the acknowledgement of residents' continued abilities. At the interpersonal layer, residents appeared to value family relationships that supported their efforts to gradually create meaningful spaces by accompanying them home to assist them in sorting through items or by bringing things in upon request. Families often take a proactive role in the moving process, reassuring residents not to worry about the details of the move, and arranging residents' rooms in advance of the move to support adjustment (Sussman & Dupuis, 2012). While this familial support is valued and appreciated, findings from the current study suggest that residents may benefit from some involvement in moving process both prior to and following the move. Social workers in LTC are well positioned to sensitize families to the importance of resident involvement in the creation of meaningful spaces within LTC.

Organizationally, residents valued person-centred practices, for example, when facilities reviewed and overrode rules and regulations that impeded the continuation of valued routines and the creation of personal spaces and when staff communicated respect for their privacy by knocking before entering their rooms. In support of findings from the literature recommendations for post-move adjustment include adopting organizational practices that communicate respect for resident privacy and personal space (Castle, 2001; DeVeer & Kerkstra , 2001; Hughes, 2004; Sheppard, 2009). Findings from the current study further illuminate the need to promote flexible policies that support residents' efforts to organize their personal spaces and allow for the maintenance of valued routines, practices and life rhythms even when some risk is involved (Cooney, 2012; McCormack et al., 2012; Whyte, 2013). Social workers within LTC have an important role to play in working alongside other staff to promote these flexible practices and question organizational policies and procedures that impede on these processes. (Brown Wilson et al., 2009; Dupuis et al., 2012).

What is encouraging is if conditions at all transitional stages from pre-move decision-making to initial post-move adjustment enhance resident control and nurture residents' sense of self and

personhood, not only can residents adapt and adjust but they can thrive and flourish within their new LTC homes.

Study Limitations

The interviews informing this study were retrospective in nature, taking place shortly after a resident's transition into long-term care. Future prospective work with a longer post-adjustment period may serve to further illuminate how multiple layers and phases or relocation impact residents' adjustment over time. Further, all residents included in this study could identify one family member on whom they could rely on for support. This limits the transferability of findings to residents without familial support. Future research should compare differences in transitional experiences for older adults with and without familial support.

Funding

This study was funded by the Alzheimer Society of Canada.

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FIGURE 1 Conditions that support positive relocation experiences for residents.