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Experiences and Perceptions of Older People Making the Transition to Living in a Care Home: An Integrative Literature Review

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Abstract: Globally, along with population ageing, there is an increasing trend for older people with complex care needs to reside in care homes. It is recognised that moving into a care home can be a complex and emotional experience for the individual and their families. Despite this there is a paucity of research that takes into consideration an individual's experiences of the move. An integrative literature review and a thematic synthesis supported the identification of themes describing the experiences and perspectives of older people making the transition. A systematic search was conducted in six English electronic databases (CINAHL complete, ProQuest health and medical collection, PsycINFO, and Scopus). The quality of the research papers selected were assessed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and the Critical Appraisal Skills Programme (CASP). Four predominant themes emerged from the review: (1) Decision making and control, (2) Process of transition, adjustment, and adaptation, (3) Psychological reactions, and (4) Connectedness, support, and companionship. Within the current body of literature there is a lack of understanding of the processes older people undergo that describe their experiences during the day to day adjustment and adaptation to living in a care home. Furthermore, there is limited research into the psychological and/or social experiences of older people moving into a care home that takes into consideration the total relocation process, incorporating residents, early and ongoing experiences during the transition.

Keywords: Transitions, Older People, Adaptation, Care Home

Introduction

Population ageing is a global phenomenon with almost every country in the world experiencing a significant rise in the proportion of their older citizens. In 2019, there were 703 million people aged 65 years or over worldwide. This figure is projected to double to 1.5 billion in 2050 (UN, 2019). As the ageing population increases, so too do the levels of complex health care needs of people living with co-morbidity, dependency, and dementia (Kingston *et al.*, 2018); requiring both informal and formal social care services (Kelly and Kenny, 2018).

Globally, in tandem with population ageing, there is an increasing trend for older people with complex care needs to reside in care homes, which poses challenges for health and social care systems, (WHO, 2018).

Additionally, the total prevalence of people living with dementia residing in care homes is estimated at 70% (Wittenberg *et al.*, 2019). Within the UK in 2017, there were approximately 17,678 care homes caring for 426,000 older people (Age UK, 2017). These statistics highlight the implications of an ageing population and the necessity for a comprehensive understanding of older people's care needs including the requirement for long term care provision. Significantly, the COVID-19 pandemic has had a major impact on the care home sector with high numbers of COVID-related deaths (WHO, 2020). Globally, for 22 participating countries, an estimated 41% of all COVID-19 deaths were among care home residents, (Comas-Herrera *et al.*, 2020).

It is known that moving to a care home is a significant life event for older people and making

decisions about care home admission is recognised as a difficult challenge for everyone, including making decisions concerning a person's health and social care needs with those of carers. This relocation normally occurs at a point in life when an individual is at an advanced age with increasing likelihood of multi-morbidities and dependency and who may no longer be cognitively able to make life decisions (Ryan and McKenna, 2015; O'Neill *et al.*, 2020a). Moreover, older people moving to a care home are living with frailty (Steel *et al.*, 2022) and there is a significant increase of mortality within six months of being admitted into care homes (Schön *et al.*, 2016). Conversely, if individuals perceived that they had no choice about moving they experienced higher levels of sadness, anger, loneliness, and depression compared to those individuals who were involved in the decision-making process (Brownie *et al.*, 2014; Bowers *et al.*, 2016). Adapting to life in a care home can be a complex and emotional experience for older people (Brandburg *et al.*, 2013; Ryan and McKenna, 2015; O'Neill *et al.*, 2020a). Transitions, including the move to a care home, are characterised by different dynamic stages, or turning points and can be established through processes and outcomes (Eika *et al.*, 2014). Thus, while transition is considered a natural process brought about by the changes in our lives, the transition to a care home represents a uniquely significant relocation for older people. Bridges (2004) defined transition as a psychological reorientation with three distinct phases: (a) Endings that involve letting go and experiencing loss in some form, (b) A neutral zone that is an in-between phase, usually associated with uncertainty, and (c) The new beginning that may involve a new focus or new identity. Furthermore, the duration and extent of the 'transition' process has been defined as continuing until the adaptation to changes in one's life is complete. Thus, the transition process can subsequently produce fundamental changes to an individual's role or identity (Porter and Ganong, 2005; Wiersma and Dupuis, 2010). It is contended that care home transitions are oversimplified by assertions that individuals follow set phases in adjustment, or by describing positive adjustment by determining single aspects of functioning (Marshall and McKenzie, 2008). Furthermore, older people's perspectives of moving to a care home have been inadequately investigated (Backhouse *et al.*, 2016). To the authors' knowledge, there are no identified integrative literature reviews focusing exclusively upon the experiences and perceptions of older people making the move from living at home to living in a care home which will add to the understanding of this phenomena.

Aim and Objectives of Literature Review

The aim of this literature review is to identify and critique pertinent literature and identify themes describing the experiences and perceptions of older people during the transition to a care home.

Inclusion Criteria

This literature review included studies that: (1) Were inclusive of qualitative, quantitative, mixed methodologies, case studies, and systematic literature reviews; (2) Considered older people's experiences before and during the transition to a care home environment; (3) Considered the older person's view of what supported and hindered the transition process: And (4) Included studies that identified long term care facilities comprising of nursing homes, residential homes, and care homes.

Exclusion Criteria

Studies were excluded if: (1) The research focused specifically on the sole view/opinions of relatives or care staff; (2) Studies which focused on only one factor of experience e.g., decision to move, physical health care needs, or mental illness as these studies provide limited detail about the overall experience of transition.

Methods

Integrative Literature Review Process

An integrative review includes both experimental and non-experimental research, thus facilitating the mapping of studies from different branches of science to integrate and synthesise knowledge about a particular phenomenon to reach new insights and conclusions (Whittemore and Knafl, 2005; Gough *et al.*, 2012). This wider mapping of studies was supplemented by searching sources without time limits, since limiting literature searching can introduce bias (Cooper *et al.*, 2018). The quality of the research papers selected for review were assessed using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) reporting system (Page *et al.*, 2021) and the Critical Appraisal Skills Programme (CASP) (<http://casp-uk.net/criticalappraisal>).

Study Selection

This literature review provides a rigorous representation of the literature focussing primarily on peer-reviewed journals that were conceptual and empirical. The literature review was guided by Whittemore and Knafl (2005), integrative review framework. This framework provides a systematic method of examining research from varied empirical and theoretical sources which enhances the rigour of the integrative review process. The integrative review approach starts with problem identification and its related

concepts, with the intention of obtaining data from the primary sources. It then defines distinct literature search strategies, incorporating search terms, and exclusion criteria in order to evaluate the importance of the primary sources. Thereafter, data evaluation takes place by examining the quality of primary papers against gold standard measures e.g., Critical Appraisal Skills Programme tools (CASP, 2018). After the most eligible

primary sources are identified, studies are organised into groups and subgroups for the purpose of data extraction and reduction. The data are organized to create patterns, relationships, and variations among the concepts. This data reduction stage reinforces qualitative research iterative methods of analysis. Lastly, conclusions are derived and verified so that the complexities of the relevant literature are summarised in a logical sequence of evidence.

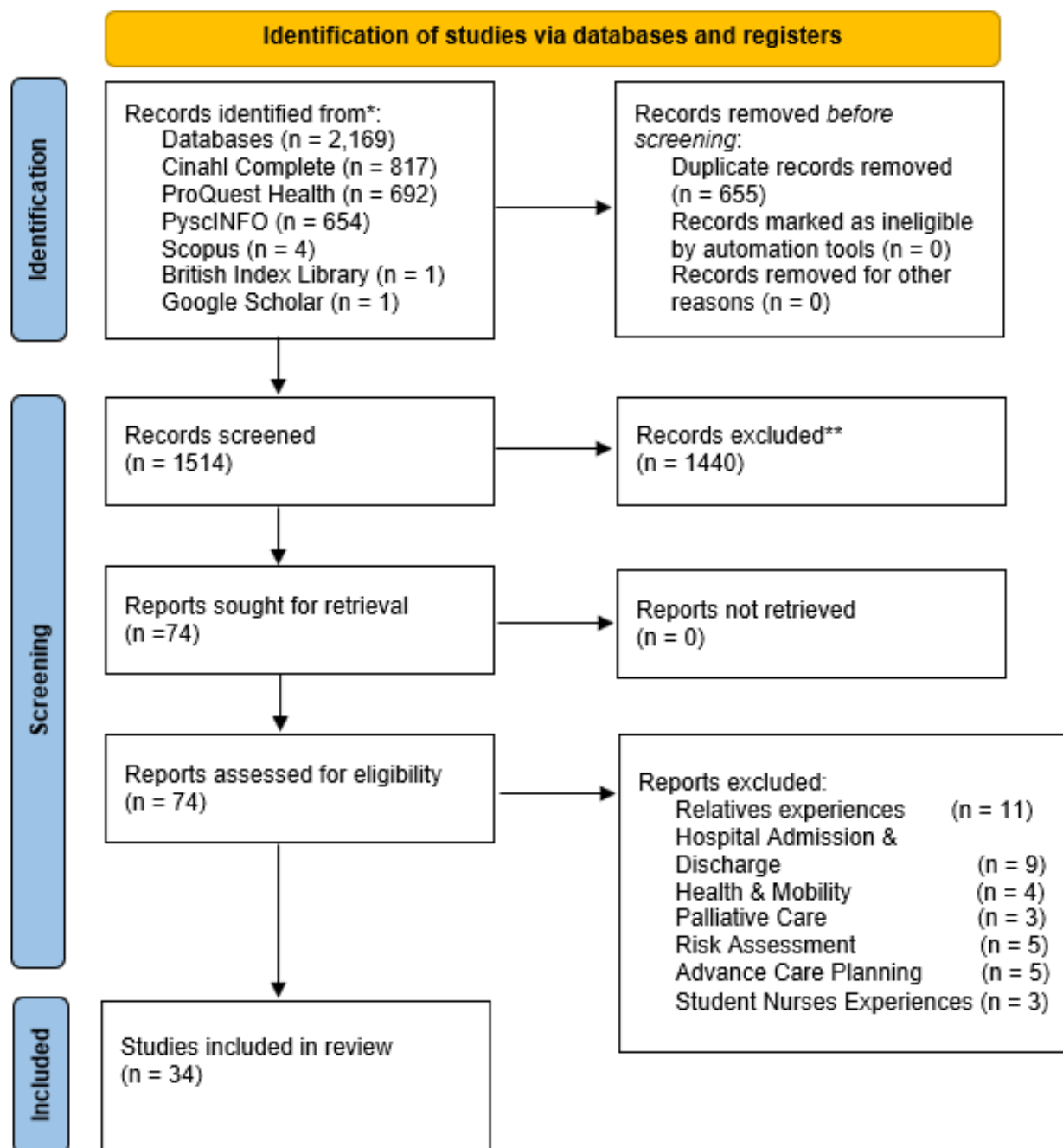


Fig. 1: PRISMA 2020 Flow Diagram; Source (Page *et al.*, 2021)

The search strategy was formulated with the support of a library manager who assisted with the identification of key databases. The search was limited to peer reviewed journal articles written in English. Key search terms and synonyms using Boolean search options (Cronin *et al.*, 2008) were: (Elderly or aged or "old* people" or "old person*" or geriatric* or older or senior) and (transition or move or transfer or admission or relocate*) and (experience* or view* or attitude* or adjustment or adapt* or opinion* or feeling*) and ("nursing home*" or "residential home*" or "long term care" or "care home*" or "residential care facility*"). Searches were conducted using four electronic databases: Cinahl complete, ProQuest health and medical collection, PyscINFO, and Scopus. A supplementary search strategy was employed by searching the reference lists of all included studies. Grey literature searches were conducted using British nursing index and google scholar.

Data Extraction and Evaluation

The full text of all the articles (n = 34) were evaluated independently by two researchers who assessed the eligibility of the articles. Data extraction was performed by one reviewer and verified independently by another. The following data was extracted: First author and year of publication, study title, aim, study design, and collection methods, number of participants, and findings. The database searches identified a total number of 2,169 articles. After removal of duplicates, 1,514 papers remained. Paper selection and screening included reviewing the titles and abstracts (when available) and applying the inclusion and exclusion criteria. After this process, 1,440 papers were excluded. A total of 74 full text sources were screened and assessed for eligibility. Papers excluded focused on relatives' experience of care home admission, hospital admission and discharge to and from care homes, housing needs, health and mobility, palliative care, risk assessment, advanced care planning, and student nurses' care home experiences. Secondary sources of literature were also excluded. These exclusions resulted in 34 papers. The reference lists of all included papers were scrutinised, and one additional paper was identified. This resulted in 35 papers. One paper was subsequently excluded in the evaluation process, resulting in a final total of 34 papers included in the literature review.

The quality of the qualitative studies (n = 25) and the systematic reviews (n = 9) were assessed using the Critical Appraisal Skills Programme (CASP) (<https://casp-uk.net/casp-tools-checklists/>) checklist for qualitative studies (n = 25) (Table 1) and the CASP checklist for systematic reviews (n = 9) (Table 2). The

CASP checklists both have 10 questions that relate to rigour, reliability, and credibility of the studies. Questions are answered with either yes, cannot tell, or no. Each question is given a score based on a response of yes, no, or can't tell. Every yes response merits a score of 1. Articles that attained a summation score <6 were not included in the analysis. One study scored a CASP of 5 and was therefore excluded, resulting in a total of n = 33 studies that met inclusion criteria.

Findings

Data Analysis and Synthesis

Data analysis was facilitated by becoming familiar with the data through several appraisals and critical reviews of each published paper. Consistent with Whittemore and Knafl (2005) framework, data synthesis was undertaken by comparing and contrasting study participants, methodological designs, and study findings, as well as the different types of Long-Term Care (LTC) facilities and country of origin. Details of methods, key outcomes, and findings were extracted from primary sources and tabulated to allow for identification of common themes and concepts. Data were grouped according to the research design, sample characteristics, and study setting and then coded. A concept map was created after assembling relevant data. After data comparison, similar concepts were regrouped and refined.

A descriptive thematic synthesis utilising Braun and Clarke (2006) six phases framework was employed. This involved: Becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and finally writing up the themes. Synopsis of both the qualitative and quantitative findings from each study formed the data for analysis. Each paper was read and revisited to enable familiarisation through line-by-line coding of the extracted data. The final refinement of the themes was undertaken to identify the 'essence' of what each theme is about (Braun and Clarke, 2006). Four predominant themes were identified and presented in the synthesis of findings.

Description of the Studies

Five qualitative studies were conducted in the USA, eight in the UK, three in Canada, and two in Ireland, Sweden, and China, with the remainder undertaken in the Philippines (1), Switzerland (1), Slovenia (1), and Iran (1). The qualitative traditions represented in the current synthesis of studies were grounded theory (Wilson, 1997; Lee *et al.*, 2002; Cooney, 2012; de Guzman *et al.*, 2012; Brandburg *et al.*, 2013; Sussman and Dupuis, 2014; Stevens *et al.*, 2015; O'Neill *et al.*, 2020a-c), phenomenology (Heliker and Scholler-Jaquish, 2006; Fraher and Coffey, 2011; Hutchinson *et al.*, 2011;

Johnson and Bibbo, 2014; Križaj *et al.*, 2018) and what the authors describe as qualitative design studies (Iwasiw *et al.*, 1996; Reed and Payton, 1997; Lee, 1999; Iwasiw *et al.*, 2003; Andersson *et al.*, 2007; Lee *et al.*, 2013; Zamanzadeh *et al.*, 2017; Koppitz *et al.*, 2017; Paddock *et al.*, 2019; Pocock *et al.*, 2021). Systematic and integrative literature reviews were undertaken in UK (2), USA (1), Australia (1), China (3), and Netherlands (1) (Lee *et al.*, 2002; Brandburg, 2007; Bradshaw *et al.*, 2012 Brownie *et al.*, 2014;

Rijnaard *et al.*, 2016; Fitzpatrick and Tzouvara, 2019). Two meta-analysis reviews (Sullivan and Williams 2017) was undertaken in the USA and (Sun *et al.*, 2021) in China. Five papers were informed by theoretical or conceptual frameworks, namely Meleis's transition theory (Koppitz *et al.*, 2017; Sullivan and Williams 2017; Fitzpatrick and Tzouvara, 2019); Bridge's transition framework (Brownie *et al.*, 2014) and social identity perspective (Paddock *et al.*, 2019) (Table 3 for Studies included).

Table 1: Critical appraisal skills programme qualitative checklist (CASP, 2018)

Author and year	Q.1 Was there a clear statement of the aims of the research?	Q.2 Is qualitative methodology appropriate?	Q.3. Was the research design appropriate to address the aims of the research?	Q.4. Was the recruitment strategy appropriate to the aims of the research?	Q.5. Was the data collected in a way that addressed the research issue?	Q.6. Has the relationship between researcher and participants been adequately considered?	Q.7. Have ethical issues been taken into consideration?	Q.8. Was the data analysis sufficiently rigorous?	Q.9 Is there a clear statement of findings?	Q.10 How valuable is the research? Links to literature and clinical practice	Score
Andersson <i>et al.</i> (2007)	√	√	√	√	√	CT	√	√	√	N	8
Brandburg <i>et al.</i> (2013)	√	√	√	√	√	√	√	√	√	√	10
Cooney (2012)	√	√	√	√	√	CT	√	√	√	√	10
de Guzman <i>et al.</i> (2012)	√	√	√	√	√	CT	CT if ethical approval consent yes	√	√	√	8
Falk <i>et al.</i> (2013)	√	√	√	√	√	√	√	√	√	√	10
Fraser and Coffey (2011)	√	√	√	√	√	√	√	√	√	√	10
Heliker and Scholler-Jaquish (2006)	√	√	√	√	√	√	√	√	√	√	10
Hutchinson <i>et al.</i> (2011)	√	√	√	√	√	CT	√	√	√	√	9
Iwasiw <i>et al.</i> (1996)	√	√	√	√	√	CT	√	√	√	√	9
Iwasiw <i>et al.</i> (2003)	√	√	√	√	√	√	√	√	√	√	10
Johnson and Bibbo (2014)	√	√	√	√	√	CT	√	√	√	√	9
Koppitz <i>et al.</i> (2017)	√	√	√	√	√	CT	√	√	√	√	9
Križaj <i>et al.</i> (2018)	√	√	√	√	√	CT	√	√	√	√	9
Lee (1999)	√	√	√	√	√	CT	CT if ethical approval consent yes	√	√	CT	7
Lee <i>et al.</i> (2002)	√	√	√	√	√	√	√	√	√	√	10
Lee <i>et al.</i> (2013)	√	√	√	√	√	√	√	√	√	√	10
O'Neill <i>et al.</i> (2020a)	√	√	√	√	√	√	√	√	√	√	10
O'Neill <i>et al.</i> (2020b)	√	√	√	√	√	√	√	√	√	√	10
O'Neill <i>et al.</i> (2020c)	√	√	√	√	√	√	√	√	√	√	10
Paddock <i>et al.</i> (2019)	√	√	√	√	√	√	√	√	√	√	10
Reed and Payton (1997)	√	√	√	√	√	CT	CT	√	√	√	8
Stevens <i>et al.</i> , 2015	√	√	√	√	√	CT	√	√	√	CT	8
Sussman and Dupuis (2014)	√	√	√	√	√	CT	√	√	√	√	9
Wilson (1997)	√	√	√	√	√	√	√	√	√	√	10
Zamanzadeh <i>et al.</i> (2017)	√	√	√	√	√	CT	√	√	√	CT	

N,B* Y = Yes N = No CT = Can't Tell

Table 2: Critical appraisal skills programme systematic review checklist (CASP, 2018)

Author and year	Q.1 Did the review address a clearly focused question?	Q.2 Did the authors look for the right type of papers?	Q.3. Do you think all the important, relevant studies were included?	Q.4. Did the review's authors do enough to assess quality of the included studies?	Q.5. If the results of the review have been combined, was it reasonable to do so?	Q.6. What are the overall results of the review?	Q.7. How precise are the results?	Q.8. Can the results be applied to the local population?	Q.9 Were all important outcomes considered?	Q.10 Are the benefits worth the harms and costs?	Score
Bradshaw <i>et al.</i> (2012) 7/10	Y	Y	Y	CT	Y	No statistics	No	Y	Y	Y	7
Brandburg (2007) Integrative literature review	Y	Y	Y	CT	Y	A proposed transition process framework	No confidence intervals	Y	CT	Y	7
Brownie <i>et al.</i> (2014)	Y	Y	Y	Y	Y	No statistics	No confidence intervals	Y	Y	Y	8
Ellis (2010) Discussion paper	Y	Y	CT	CT	Y	A theoretical understanding of the psycho-logical transition		CT	CT	Y	5 Removed
Fitzpatrick and Tzouvara (2019)	Y	Y	Y	Y	Y	No statistics	No confidence intervals	Y	Y	Y	8
Lee <i>et al.</i> (2002)	Y	Y	Y	CT	Y	No statistics	No confidence intervals	Y	Y	Y	7
Rijnaard <i>et al.</i> (2016)	Y	Y	Y	CT	Y	No statistics	No confidence intervals	Y	Y	Y	7
Sullivan and Williams (2017)	Y	Y	Y	CT	Y	No statistics	No confidence intervals	Y	Y	Y	7
Sun <i>et al.</i> (2021)	Y	Y	Y	Y	Y	No Statistics	No confidence intervals	Y	Y	Y	8

Note: Key: Y = "Yes"; N = "No"; CT = "Can't Tell"

Table 3: Table of studies

Author(s) Country	Aims	Participants	Design and methods	Results
Andersson <i>et al.</i> Sweden	To describe older people and their relatives experiences of daily life at the care home after admittance with respect to their perceptions of participation in the decision to move	Purposive sample n = 13 residents, recently admitted to a care home, 69-90 years old, both single living and married, both moving from their own homes and from different institutions who had lived up to two months at the care home	Qualitative design. Interviews were carried out with the older people (n = 13), their relatives (n = 10) and contact persons (n = 11)	The findings indicated that the majority of the residents were satisfied with living in the care home. All of the satisfied residents, except n = 1, had participated in the decision to move into the care home, n = 3 residents reported dissatisfaction and n = 2 did not participate in the decision to move. n = 2 of the dissatisfied residents did not find the move desirable, voluntary or legitimate
Brandburg <i>et al.</i> (2013) USA	To identify strategies that older adults use to adapt to live in long-term care	n = 21 participants, n = 17 women and n = 4 men aged 65-93 years, mainly Caucasian with n = 1 African American and n = 1 Hispanic. Length of stay 3 days to over 9 years living in LTC recruited from n = 3 care homes	A qualitative research design, using a grounded theory approach. A total of 30 interviews were completed with a purposive sample of 21 participants (21 initial and 9 follow-up interviews)	The results of this study yielded 21 facilitative strategies. The core category identified was personal resiliency, which served as the underpinning for the strategies used by the participants. Strategies were identified in making the decision to move into long-term care and in day-to-day living
Cooney (2012) Ireland	To understand older peoples' perceptions of 'being at home' in long-term care settings and the factors that influence these perceptions	Residents (n = 61) living in four types of LTC facilities. n = 17 male and n = 44 female. Age range 65-90 plus	Grounded theory methodology using unstructured interviews with newly admitted residents, those who had lived in the facility for longer than 3 months	Four categories were identified as critical to finding a home in long-term care settings: 'continuity,' 'preserving personal identity,' 'belonging' and 'being active and working.' 'Finding Home' was conceptualised as the core category. The potential to 'find home' was influenced by mediating and facilitating/constraining factors
De Guzman <i>et al.</i> (2012) Philippines	To explore older people's process of adapting to new environment and the emotional transition from admission until their acclimatization in a residential care facility	20 older Filipino adults aged 60-84, mentally competent, and conversant were recruited	Grounded theory methodology. Individual interviews were conducted with participants who had moved to the residential care facility for at least six months	An Hourglass of acclimatization model emerged which yielded two distinct phases contributing to successful acclimatization. First the Conversion phase of transforming one's perspectives of their environment; secondly the Immersion phase, which describes how an individual gets completely involved into the life they are supposed to live. This model can contribute to the development of nursing interventions focusing on the entire course of relocation to a new environment
Falk <i>et al.</i> (2013) Sweden	To gain a deeper understanding of the processes and strategies by which older people create a sense of home, place attachment, and privacy in residential care facilities.	n = 25 respondents (n = 21 women and n = 4 men) mean age 82 years. The mean length of stay at the residential facility at time of interview was for both sexes 9 months	Constructivist grounded theory. Simultaneous theoretical sampling and analysis and construction of theories	Findings show that a sense of home in residential care involves strategies related to three dimensions of the environment attachment to place, to space and attachment beyond the institution and that the circumstances under which older people manage or fail in creating attachment, consist of psychosocial processes involving both individual and shared attitudes and beliefs
Fraher and Coffey (2011) Ireland	To explore older people's experience of the decision to relocate to long-term care and their early experiences post-relocation	A purposive sample of (n = 8) over the age of 65 years. n = 2 male aged 78 and 86 and n = 6 female 80-92 years. Participants had to achieve a cognitive score of more than 23 using the Mini-Mental test score (MMTs) (Folstein <i>et al.</i> , 1975) and in LTC no longer than three months	A hermeneutic phenomenological approach was adopted through an interpretation of narrative text. individual audio-taped interviews were conducted and analysed using phenomenological method	There was considerable evidence that decisions about moving to long-term care were poorly handled, with inconsistencies, lack of choice and involvement in decisions. Although some individuals had anticipated their move, decisions were often made hastily with little or no planning. Individual experiences differed according to people's respective contexts, history and the events that led to the move. People accepted, and adjusted to, their new situation more quickly when the admission was planned
Heliker and Scholler-Jaquis (2006) USA	To describe residents' perspectives of admission and living in a nursing home during their first 3 months in the facility and develop evidence-based strategies to ease the transition process	A convenience sample of n = 10 volunteers were selected from newly admitted residents who had to attain a MMSE (Folstein <i>et al.</i> , 1975) score greater than 24	Hermeneutical phenomenology. Participants were interviewed within 1 week of admission and then periodically during the next 3 months recommendations for the delivery of consumer-directed care are offered	Three constitutive patterns of transition to nursing home living emerged: Becoming homeless, Getting settled and learning the ropes and Creating a place. Understanding residents' experience of transition leads to innovative practice changes in anticipation of individuals' needs
Hutchinson <i>et al.</i> (2011) USA	The aim of this study was to investigate person and environment factors of elders that facilitate adaptation to relocation to long-term care skilled nursing facilities	n = 23 elders from n=6 LTCFs. Sample was limited to African Americans and Caucasians aged 60+ who resided in an LTCF 6 months or less and scored 5 or less on the short portable mental status questionnaire	Phenomenology- qualitative interviews to capture the lived experience, personal and cultural of the phenomena of relocation to a long-term care facility	Themes that emerged included (a) spirituality, death and dying, and philosophy of life; (b) life experiences with change; (c) cultural heritage; (d) health; (e) ethnicity; (f) social support, family, and friends; (g) long-term care facility (LTCF) relationships; (h) LTCF system maintenance; and (i) LTCF support of personal growth
Iwaswi <i>et al.</i> (1996) Canada	Research questions were: 1. What are the experiences of newly admitted residents in the first 2 weeks in a LTCF following relocation from home? 2. What are the needs, priorities, and expectations of residents during their first 2 weeks in a LTCF? 3. What are the residents' views about how this relocation can be facilitated?	n = 12 residents aged between 67 and 96 years in five LTCF's (1n = 10 women and n = 2 men). All had been admitted directly from home. Participants were required to attain a score of at least 24 on the Mini-Mental State Examination (Folstein <i>et al.</i> , 1975)	A Qualitative study was conducted with purposive sampling. Constant comparative method of qualitative analysis originally described by was used	Experiences were classified into four categories: Emotional reactions Transition activities Reflecting on their situation, Connecting with a personal philosophy Generally, conditions which seemed to influence the experience of the first 2 weeks were whether residents had their desired amount of involvement in planning for the move, the meanings they attached to the experience, and their emotional state
Iwaswi <i>et al.</i> (2003) Canada	Research questions were: 1. To explore residents' perspectives of their first year in a LTCF after relocation from home. 2. To explore perceptions of close family members of the residents' situation in the LTCF. 3. To determine the needs, priorities and expectations of residents and family members. 4. To ascertain residents' and family members' view of desirable challenges for the first year	Participants (n = 6) n = 5 men and n = 1 woman aged between 75 to 88 years residing in two long term care facilities. (n = 5) had participated in the decision to move either alone or with a family member and came directly from home n = 3 family members participated in interviews	A longitudinal study using narrative method and semi-structured interviews with residents and family members Resident's and family members were scheduled to be interviewed six times- at 2- and 6-weeks and 3,6,9, and 12 months following the resident's relocation. Some participants were unable to remain in the study for the full year a total of n = 31 interviews were obtained	Themes emerging from resident and family perspectives decision making associated with moving in Fitting in Maintaining previous relationships and establishing new ones. Emotional reactions. Reflecting on the situation Maintaining identity: Personhood. The majority of residents appraised the LTCF negatively, particularly after 3 months. Recognising their vulnerability, they and family members stated they were reluctant to voice complaints to staff
Johnson and Bibbo (2014) USA	Questions posed were: 1. How does the concept of home emerge in older adults who have recently relocated into a nursing home? 2. To what extent does the concept of home change following a period of potential adjustment? 3. In what way does the degree of perceived control over the decision making process seem to be related to the sense of home developed in a nursing home	Participants (n = 8) were admitted to the facility within the previous two weeks and have a minimum score of 18 on the mini mental state examination	Interpretive phenomenological approach which was part of a longitudinal study investigating the transition into nursing home facilities for older adults across three ethnic groups, African-Americans, European-Americans, and Latinos to uncover how n=8 older adults in nursing homes in the Midwestern U.S. constructed the meaning of home shortly following the relocation and again approximately two months later	Statements of participants differed between the first interview and the second in the ways in which they applied the concepts of place, possessions, safety, and autonomy to their new setting. While still feeling strong loyalties to their previous homes, they had by the second interview begun to meet people, and in particular to attach the concept of safety and availability of care to their new residence. The majority of individuals did not consider the facility to be "home," but actively changed their attitudes toward the facility and themselves to better adjust to the setting. The findings demonstrate the importance of autonomy in older adults' definitions of home
Koppitz <i>et al.</i> (2017) Switzerland	To gain an in-depth understanding into unplanned admissions to nursing homes and to explore its impact on adaptation	Participants (n = 31) n = 8 males and n = 23 females were recruited in n = 4 nursing homes. Mean age 83.1 years, had been living in the nursing home for over two weeks and up to 93 months	Qualitative interview design based on Meleis' transition model. Mayring's qualitative content analysis (2010)	This study presents a model of analysis to evaluate patterns of adaptation following an unplanned admission to a nursing home after hospital discharge. The following four patterns of adaptation emerged from the analysis: "being cut-off," "being restricted," "being cared for," and "moving on." The patterns evaluate the relocation into nursing homes and provide an opportunity to appraise the stages of adaption
Krizaj <i>et al.</i> (2018) Slovenia	To explore Slovenian older people's experiences of transition into a care home and how it influenced their everyday engagement in meaningful occupations	Participants (n = 6) aged 74-92 years old were recruited via a gatekeeper who was a social worker in one Slovenian care home	Interpretive Phenomenological Analysis (IPA). Semi structured interviews before the relocation, 1 month after, and 6 months after the relocation into a care home	Overarching themes developed from interviews were: "Holding on to what I do," "The significance of others through transition," and "The time of loss and acceptance." The overarching theme "Holding on to what I do" with superordinate themes of "This is who I am," "Adjusting my daily occupations," and "The value of health" were discussed
D.T.F Lee (1999) China	Research questions 1. What are the experiences of Chinese elderly residents newly admitted to residential care homes? 2. How do these experiences affect residential home life?	The participants (n = 10) included n = 4 male and n = 6 female residents. They were aged from 68 to 88 years. Residents were admitted to this home within 1 week with no hearing or speech problems.	A qualitative study Design. Both latent and manifest content analysis, were conducted. Interviews focused on exploring what the first week's experience was like for them settling into home	Significance of cultural influences in the transition experiences identified. Barriers to adjustment were living with rules and regulations, lack of privacy and autonomy. The Chinese values of balance, harmony and collectivism made it easier for them to remain open and accept the communal way of living. Yet, these same values restricted the elders in developing new relationships with staff and other residents
Lee <i>et al.</i> (2002) China	To describe the process through which Chinese elders adjust following nursing home placement	n = 18 elderly residents (n = 9 men and n = 9 women) Age range 70-86 years	Grounded theory methodology 98 interviews with n = 18 residents newly admitted to a nursing home in Hong Kong one week after admission and then monthly until no new information about their adjustment experiences could be discovered	Newly admitted elders adjusted through the four stages of orienting, normalizing, rationalizing, and stabilizing as they struggled to regain normality with a life that was as close to that lived before admission as possible. Barriers to adjustment e.g., living with rules and regulations, and the communal nature of nursing home life were not regarded as important by Chinese elders. However, establishing relations with other residents was a particular challenge for them

Table 3: Continue

Lee <i>et al.</i> (2013) UK	To explore older people's experiences of transition, including how relocation is reflected upon and incorporated into their personal narratives	n = 8 older adults (65–97 years) living in a residential facility for between 3–12 months	Narrative analysis including the sequencing and tone of each story, main characters in relation to the narrator, language structure, metaphor/imagery, repetition, the wider cultural context and the sense of identity presented	Participants' experiences reflected key plots of 'control', 'power', 'identity' and 'uncertainty' interwoven throughout their narratives. Participants experienced some difficulties in incorporating this transition into their life stories. Furthermore, participants discussed not feeling confident in their decision to move, living in constant fear of losing their memory, and limited expectations for their future
O'Neill <i>et al.</i> (2020a) UK	To explore individuals' experiences of moving into a care home	n = 23 individuals in the process of transition to a care home (preplacement up to 7 days, and immediate postplacement, within 3 days of the move to the care home)	A grounded theory approach, consistent with the work of Strauss and Corbin	Five categories captured the experience of the preplacement and immediate postplacement period: (a) Inevitability of the move: 'I had to come here,' (b) Making the move: 'Abrupt Departures,' (c) Decision-making and exercising choice: 'What can I do, I have no choice,' (d) Maintaining identity: 'Holding on to self' and (e) Maintaining connections: 'I like my family to be near.' Older people perceived their transition experience as being out of their control, and they were 'at the mercy' of others who made decisions about their long-term care
O'Neill <i>et al.</i> (2020b) UK	To explore individuals' experiences of moving into a care home	n = 17 individuals living in a care home, during the four to six-week period following the move	A grounded theory approach, consistent with the work of Strauss and Corbin	Five categories that captured these initial experiences, were: (a) Wanting to connect 'I am so lost here', (b) Wanting to adapt 'Well mentally you have to make the best of it,' (c) Waiting for assistance 'it's a frustration for me,' (d) 'Waiting on the end' – I am making no plans' and (e) wanting to re-establish links with family and home – 'I love getting home and I like getting out to the town.' The core category, 'Waiting and Wanting,' captured older people's initial adaptation experiences who felt dependent on others to create a sense of belonging, independence and wellbeing
O'Neill <i>et al.</i> (2020c) UK	To explore how older adults' experience the transition from life at home to life in a care home with a specific focus on the latter part of the first year of the move	n = 17 individuals who had resided in a care home for a time period of between 5 and 12 months	A grounded theory approach, consistent with the work of Strauss and Corbin	Five key categories were identified: (a) The lasting effect of first impressions 'They helped me make my mind up' (b) On a journey 'I just take it one day at a time', (c) Staying connected and feeling 'at home' 'You get something good out of it you know...you get hope.' (d) Managing loss and grief 'It was important for me to say cheerio to the house' and (e) Caring relationships 'I didn't realise that I was lonely until I had company.' The core category 'The Primacy of Home' was identified as a place participants would like to feel valued, nurtured and have a sense of belonging
Paddock <i>et al.</i> (2019) UK	This study explores how living in a care home affects the identities of residents and how they address this in their daily lives	Residents aged over 65 years; all staff who had regular contact with residents; all visitors who were a relative or long-term acquaintance of a resident. (n = 9) residents (n = 4) relatives (n = 5) staff (n = 3) care homes	A multiple qualitative case study approach incorporating interview and observational data: n = 18 semi structured interviews and 260 h of observations were conducted over 1 year with residents, relatives, and staff across three care homes. Data framework analysis, drawing on the social identity perspective as an interpretive lens.	Four themes were identified: (a) changing with age, (b) independence and autonomy, (c) Bounded identity, and (d) Social comparison. The impact of aging that initially altered residents' identities was exacerbated by the care home environment. Institutional restrictions jeopardized independence and autonomy, provoking residents to redefine this within the allowances of the care home. Strict routines and resource constraints resulted in the bounded expression of personalities
Reed and Payton (1997) UK	This study aimed to examine the processes of adaptation that older people engage in when moving into care homes	n = 40 older adults n = 10 focus groups with 3–6 staff. n = 6 care homes in one local health authority	Qualitative study with thematic analysis. Semi structured interview before the move, at 3 months post move, last interview before 6 months	Theoretical categories crossed over topics, such as the 'settling in' processes and involved a range of different dimensions, ranging from the physical environment to interpersonal relationships. The disparity between the views of residents and staff suggests that the importance of other residents' support and companionship, is poorly understood by staff. Residents are active in their social world, which they describe in detail and appear to value highly
Stevens <i>et al.</i> (2015) UK	To explore the experiences of older people with minimal care needs admission to care homes with Registered Nurse (RN) care	12 residents (ten women and two men), aged 86–99 years, participated in the study. Five were admitted to a care home from hospital and seven from their own home	A qualitative study using a grounded theory method. Length of time living in care home prior to interview is not stated	Two main categories emerged: "choosing the path", which concerned the decision to enter the home, and "settling in," which related to adaptation to the environment. Findings suggested participants who perceived they had greater control over the decision-making process found it easier to settle in the care home. The two categories linked to form an emerging framework of "crossing the bridge" from independent living to care home resident
Sussman and Dupuis (2014) Canada	Research questions: (a) What conditions help or hinder older adults' positive experiences with the decision-making phase, the move itself, and the initial post-move adjustment? and (b) How do the presence or absence of conditions from one phase of the process influence residents' experiences with subsequent phases?	n = 10 participants from three LTCF's. Aged 75–97 years. Females n = 8 and males n = 2. Residents who had newly relocated for no longer than 6 weeks	Grounded theory methodology with selective purposive sampling. Explored residents' experiences with three stages of the relocation process: Pre-move decision making, moving, and post move adjustment	Residents' accounts revealed a complex and layered intersection of conditions that shaped their experiences at each stage of the relocation process. 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
Wilson (1997) USA	To identify variance in the initial responses of older adults whose move to a nursing home is expected to be a permanent move	n = 15 older adults, n = 11 females and n = 4 males, ranging in age from 76 to 97 years All were of Euro American origin	A grounded theory approach was used in this exploratory and descriptive study. Semi structured interviews every other day for 2 weeks, 1-month post-admission, and field notes of the interviews and observations	Transition to nursing home life occurred in three phases: overwhelmed, adjustment and initial acceptance phase. The major theme of adjusting to nursing home life was protection and maintaining a facade of normalcy. Issues relating to autonomy and control were significant in the older adults' adjustment to the nursing home. The rules and regulations of the nursing home presented problems for older adults in adjusting
Zamanzadeh <i>et al.</i> (2017) Iran	This exploratory qualitative study aimed to describe the experiences and psychosocial effects of transitioning from home in the community to an ACH for older Iranian people	(n = 17) participants (range 62–91 years). Length of stay in the ACH was 11 months (range 1–48 months). The three staff caregiver (range 29–44 years)	This exploratory qualitative study. Purposive sampling was used to recruit a convenience sample of older people and caregivers. semi-structured face-to face interviews. Data were analysed by means of conventional qualitative content analysis technique	The psychosocial effects of transitioning are categorized into four themes: Communication isolation, resource change, monotone institutional life, and negative emotional response. Participants lost their previous support systems when transitioning and were not able to establish new ones. Routine care was provided by formal caregivers with little attention to individual needs, and minimal support was given to help maintain the older person's independence. These losses gave rise to negative emotions in some of the participants
Literature reviews Bradshaw <i>et al.</i> (2012)	To collate the views of different types of people living in care homes, including younger adults, and those with dementia and disabilities	Aim is to produce a systematic review of qualitative studies that have examined residents' views of QoL. Specifically, it aims to identify and summarise the factors that positively influence care home life	Systematic qualitative review thematic analysis and meta-ethnographic methods were adapted to synthesise findings	People in care homes voiced concerns about lack of autonomy and difficulty in forming appropriate relationships with others. For a good QoL in care homes, four key themes are necessary: the person's 'acceptance and adaptation to their living situation,' their 'connectedness' with others, living in 'a homelike environment' and carers displaying 'caring practices
Brandburg (2007) USA	Older adults' perspectives of making the transition and adapting to long-term placement in the nursing home	The primary focus of the search was to find articles identifying older adults' perspectives on the transition and adaptation process postadmission to a nursing home	Integrative literature review	The literature shows exploratory descriptive research has identified many variables important in the transition process. A transition process framework was developed from the findings. There were four components to the transition process framework: (i) Initial reaction, (ii) Transitional influences, (iii) Adjustment and (iv) Acceptance (viewed as either Maladaptive or adaptive)
Brownie <i>et al.</i> (2014) Australia	To identify the factors that impact residents' transition and adjustment to long-term aged care and influence their relocation experience	Inclusion criteria: Low or high-care residents in aged care facilities (not retirement villages, hospitals, or hospices), also known as nursing homes or long-term aged care facilities; residents without any cognitive impairment	Systematic literature review: The concept of home and Bridges' three stages of transition framework provided conceptual models	Key determinants of residents' relocation experience included the extent to which they were able to exert control over the decision to move to an aged care facility, preserve their autonomy, and retain meaningful social relationships. Encouraging the development of new relationships with other residents and staff is an important role for staff to play while providing residents with opportunities to talk about their feelings, their life experience, and their involvement in the decision to relocate
Fitzpatrick and Tzouvara (2019) UK	The aim of the review was to address the question: What factors facilitate and inhibit transition for older people who have re-located to a long-term care facility?	Review examines transition conditions for older people who have relocated long-term care facility to include older people, families, and care facility staff	A systematic review	A narrative synthesis was conducted informed by Meleis's Theory of Transition, n = 34 studies (25 qualitative, 7 quantitative and 2 mixed methods). Potential personal and community focused facilitators and inhibitors mapped to four themes: Resilience of the older person, interpersonal connections, and relationships, this is my new home, and the care facility as an organisation
Lee <i>et al.</i> (2002) China	The purpose of this study is to review and synthesize the literature related to older people's experiences with residential care placement	Articles from the years 1970–2000 were selected to investigate older people's experiences with residential care placement or the ways in which elders cope with, master or succumb to the multitude of demands presented	The review includes an analysis of the perceptions and processes before and during placement. Also, an analysis of postplacement adjustment is undertaken	This review demonstrates that adjustment to residential care is more than just a discrete event. It begins well before placement actually, occurs and continues beyond. A body of knowledge relating to the preplacement experiences and processes that influence subsequent adjustment has been identified

Table 3: Continue

Sun <i>et al.</i> (2021) China	To appraise the adaptation of older people's transition to the residential care facilities	Inclusion criteria were: (1) Employed qualitative collection and analysis methods; (2) Were focused on the adaptation to the RCFs; and (3) Included older adults who could speak and understand clearly in the sample	A systematic literature review	Synthesized finding 1 the impacts of culture on adaptation contained two items: Religion and 'God' promoting adaptation, and collectivity and harmony as principles of relationship building. Synthesized finding 2 the transition process included four stages: The decision-making process, the fluctuation process, the adjustment process, and the acceptance process
Rijnaard <i>et al.</i> (2016) Netherlands	To provide an overview of factors influencing the sense of home of older adults residing in the nursing home	Inclusion criteria were (1) original and peer-reviewed research, (2) qualitative, quantitative, or mixed methods research, (3) research about nursing home residents (or similar type of housing), and (4) research on the sense of home, meaning of home, at-homeness, or home likeness	A systematic review	The sense of home of nursing home residents is influenced by 15 factors, divided into three themes: (1) Psychological factors (sense of acknowledgement, preservation of one's habits and values, autonomy and control, and coping); (2) social factors (interaction and relationship with staff, residents, family and friends, and pets) and activities; and (3) The built environment (private space and (quasi-)public space, personal belongings, technology, look and feel, and the outdoors and location)
Sullivan and Williams (2017) USA	the purpose of the meta-synthesis was to provide an appraisal of older adults' transition experiences to LTC	Inclusion criteria were recent qualitative studies (published between 2005 and 2015), conducted in the United States or Canada, published in English, with a focus on adults 65 or older transitioning to LTC	A meta-analysis and meta-synthesis reporting system was used to illustrate the deselection process of the compiled records (n = 181)	Three themes were uncovered by this meta-synthesis: (a) Painful loss that requires a mourning process, (b) Seeking stability through gaining, autonomy to sustain a new sense of self, and (c) Acceptance when a unique inner balance is reached. The synthesis of the literature on older adults' transitions into LTC guided through MMRTT (Meleis <i>et al.</i> , 2000) provided insight into healthy transitions

Characteristics of Included Studies

The number of participants varied in each study from six older people in both an interpretative phenomenological study (Križaj *et al.*, 2018) and a longitudinal study (Iwasiw *et al.*, 2003) to 61 participants in a grounded theory study (Cooney, 2012). In all of the 22 studies, the experiences and perceptions of older people were explored. In four studies, family members' perspectives were also investigated (Iwasiw *et al.*, 2003; Andersson *et al.*, 2007; Zamanzadeh *et al.*, 2017; Paddock *et al.*, 2019) and one study included staff perspectives (Reed and Payton, 1997). Studies were carried out in a range of care homes. Fifteen studies were based in a single care home, seven studies were drawn from two to six care homes and one study was undertaken across eight care homes. The timing of data collection varied and ranged from pre-move interviews (Reed and Payton, 1997; Križaj *et al.*, 2018; O'Neill *et al.*, 2020a) to three days to nine years post the move (Brandburg *et al.*, 2013). Nine studies interviewed participants on more than one occasion during the first year after the move (Reed and Payton, 1997; Wilson, 1997; Lee *et al.*, 2002; Iwasiw *et al.*, 2003; Johnson and Bibbo, 2014; Križaj *et al.*, 2018; Paddock *et al.*, 2019; Pocock *et al.*, 2021; O'Neill *et al.*, 2020b-c).

Themes

Four predominant themes emerged from the review: (1) Decision making and control, (2) Process of transition, adjustment, and adaptation, (3) Psychological reactions, and (4) Connectedness, support, and companionship.

Decision Making and Control

The lack of participation in decision making and choice about the move to a care home can create a negative experience causing emotional disturbance, isolation, anxiety, uncertainty, and personal loss when entering a new environment (Johnson *et al.*, 2010; Fraher and Coffey, 2011; Lee *et al.*, 2013; Zamanzadeh *et al.*, 2017; Koppitz *et al.*, 2017; O'Neill *et al.*, 2020a). A qualitative study undertaken by Iwasiw *et al.* (1996) explored the experiences of newly admitted residents

(n = 12) in the first two weeks in a long-term care facility following relocation directly from home. Older people's experiences were classified into four categories: Emotional reactions, transition activities, reflecting on their situation, and connecting with a personal philosophy. Conditions which appeared to influence their first two-week experiences were being involved in planning for the move, the meanings they attached to the experience, and their emotional state. A later study by Iwasiw *et al.* (2003) sought to explore residents (n = 6) and family members (n = 3) perspectives of the resident's first year in a long-term care facility after relocation from home. Five older people had participated in the decision to move either alone or with a family member. The researchers planned to interview participants at six time points, namely weeks 2-6, and then at 3,6,9, and 12 months following the relocation. However, not all participants remained for an entire year and because of the staged approach to recruitment, the total period of data collection was two years. As some participants were unable to remain in the study for the full year, 31 interviews were conducted instead of the originally planned 54 interviews. Six themes emerging from resident and family perspectives were: (1) Decision making associated with moving in; (2) Fitting in; (3) Maintaining previous relationships and establishing new ones; (4) Emotional reactions; (5) Reflecting on the situation; and (6) Maintaining identity, personhood. The majority of residents appraised the long-term care facility negatively, particularly after 3 months. Recognising their vulnerability, older people and their family members stated they were reluctant to voice complaints to staff.

Andersson *et al.* (2007) in their qualitative interviews sought to explore the experiences of older people (n = 13), their relatives (n = 10), and contact persons' (n = 11) experiences of daily life in the care home after admission, with respect to their perceived involvement in the decision to move. Nine residents reported that they were satisfied with living in the care home, most of them almost immediately after their move. Reasons put forward for residents' positive statements included, the nice and competent staff and that 'one becomes safer in a way.' Two of them, however, had found care home living terrible at the beginning. All of the satisfied residents,

except one, had participated in the decision to move into the care home. In contrast, three residents reported dissatisfaction with living in a care home. Two of the dissatisfied residents did not find the move desirable, voluntary or legitimate and had difficulty adjusting to living in the care home. Two of these three related that they had not participated in the decision to move.

Fraher and Coffey (2011) undertook a hermeneutic phenomenological study to explore older people's (n = 8) experience of the decision to relocate to long term care and their early experiences post relocation. Their findings conveyed that decisions about moving to long-term care were poorly handled, and inconsistent, with a lack of choice and involvement in decisions. Although some individuals had anticipated their move, decisions were often made hastily with little or no planning. Individual experiences varied according to the context, history, and events that led to the move to the home. Fraher and Coffey concluded that older people accepted and adjusted to their new situation more quickly when the admission was planned.

O'Neill *et al.* (2020a) undertook a grounded theory study with n = 23 participants in eight care homes to explore their experiences of moving into a care home. The first interview was taken with participants either preplacement (7 days) or immediately postplacement (within 3 days). Data analysis revealed five categories related to participants experience of the move: (a) Inevitability of the move: "I had to come here," (b) Making the move: "Abrupt departures," (c) Decision-making and exercising choice: "What can I do, I have no choice," (d) Maintaining identity: "Holding on to self" and (e) Maintaining connections: "I like my family to be near." The concept "you're at their mercy" encapsulated how participants perceived a sense of disempowerment being 'at the mercy' of their family and health care professionals throughout the admission process. A lack of opportunity and encouragement to participate in decision making, resulted in participants demonstrating a resigned acceptance to their fate. They were dependant on others to maintain independence and connections to their own identity, sense of self, family, and home.

Sussman and Dupuis (2014), in their grounded theory study of residents (n = 10) in three long term care facilities highlighted the ideal stages of a planned admission to a care home environment as: The decision to move, pre-move preparation, and moving day circumstances. Residents reported a complex and layered intersection of conditions that shaped their experiences at each stage of the relocation process. 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 the long-term care facility was facilitated. Conversely, when conditions at one or a series of layers threatened or challenged control and respect for personhood, residents reported negative

experiences compromising their subsequent adjustment to long term care.

A longitudinal study undertaken by Pocock *et al.* (2021) employed a narrative approach, to explore the perspectives of n = 5 older care home residents, aged 85 years and over, on transitions to and life and death within two care homes over a ten-month period. A structural narrative analysis was undertaken and presented under three headings: 'Becoming a care home resident,' 'living in a care home' and 'death and dying.' Findings showed that care home residents experienced a loss of autonomy, and a lack of agency, and were often excluded from decision-making. Moreover, older residents have limited choices regarding end-of-life care.

Some research studies have identified that older people may experience a loss of autonomy and independence making adaptation to life in a care more challenging. Moreover, older people often struggle to adhere to the routine and rules of the care home environment (Wilson, 1997; Cooney, 2012; Bradshaw *et al.*, 2012; Brandburg *et al.* 2013). There is also evidence to suggest that some care home environments are restrictive with a lack of privacy and offer limited opportunity for social interaction, hampered by institutional standardised routines and strict risk management policies that can threaten individuals' independence and autonomy (Cooney, 2012; Bradshaw *et al.* 2012; Križaj *et al.* 2018; Paddock *et al.* 2019). A systematic qualitative review undertaken by Bradshaw *et al.* (2012) examined residents' views of Quality of Life (QoL), specifically the factors that positively influence care home life. Thematic analysis and meta-ethnographic methods were incorporated into the synthesis of the studies (n = 31) identified. Findings revealed that people in care homes voiced concerns about lack of autonomy and difficulty in forming appropriate relationships with others. For a good quality of life in care homes, four key themes were deemed to be necessary: The person's 'acceptance and adaptation to their living situation,' their 'connectedness' with others, living in 'a homelike environment' and carers displaying 'caring practices.' This review also supports and extends the finding that a positive approach to living in care homes is associated with effective coping and adaptation.

Process of Transition, Adjustment and Adaptation

Numerous factors including health and social issues can influence the adaptation and adjustment process for older people when relocating to a care home (Bradshaw *et al.*, 2012; Brownie *et al.*, 2014; Križaj *et al.*, 2018; O'Neill *et al.*, 2020b). Furthermore, the 'transition' process has been defined as occurring as a result of change in a person's life continuing until adaptation is reached and producing fundamental changes to an individual's role or identity (Porter and Ganong, 2005; Wiersma and Dupuis 2010; Paddock *et al.*, 2019; O'Neill *et al.*, 2020b). A grounded theory study undertaken by Wilson (1997) explored

variance in the initial responses of older adults (n = 15) who moved to a nursing home. Semi structured interviews were undertaken every other day for two weeks and at one month post admission. Data analysis conveyed the transition to care home life as occurring in three phases: (1) Overwhelmed, (2) Adjustment, and (3) Initial acceptance phase. The major theme of adjusting to nursing home life was protection and maintaining a facade of normalcy. A variance is reported in the process of transition between older adults planned and unplanned admission to the care home. A planned admission supported an individuals' adjustment better than an unplanned admission. Older people who had not planned the care home admission experienced more emotional responses and a 'desire to go home.'

The transition to a care home represents a uniquely significant experience for older people which was explored within a hermeneutical phenomenology study undertaken by Heliker and Scholler-Jaquish (2006). The researchers describe the phenomenon of being admitted and living in a nursing home from the perspective of ten older residents. Participants were interviewed within one week of admission and then periodically during the next three months. The authors identified three patterns and themes of transition to nursing home living: (1) Becoming homeless, (2) Getting settled and learning the ropes, becoming known and knowing others and learning the rules and (3) Creating a place and making the best of it. The researchers concluded that understanding how residents are grieving their loss of home and may be experiencing an unfamiliar and unknown experience of transition, can lead to innovative practice changes in anticipation of individuals' needs.

In contrast, Brandburg (2007) described three identifiable processes associated with the transition to life in a care home as: (1) The 'initial reaction' or emotional response to the move which is not dependent on whether the admission is planned or unplanned; (2) 'Transitional influences' such as life experience and the meaning attached to the relocation and (3) 'Adjustment', where the individual comes to terms with the move. The second and third stages, transitional influences and adjustment, interact and interplay during the process of transition. As a result, older adults are in a dynamic process of adjusting and readjusting as they interact with various transitional influences such as the formation of new relationships with residents and staff. The end of adjustment occurs when the resident comes to terms with living in a care home, has developed new relationships, maintained old friendships, and reflected on their new home environment. According to Brandburg, the final 'acceptance' phase usually occurs between six and twelve-months post-admission. This marks the end of the transition period when new residents finally accept living in the nursing home.

Significantly, O'Neill *et al.* (2020b) found that adaption to life in a care home was not a linear process. Data analysis with n = 17 participants on their second

interview between four and six weeks post-move to a care home identified five key categories: (a) Wanting to connect- 'I am so lost here', (b) Wanting to adapt 'Well mentally you have to make the best of it', (c) Waiting for assistance- 'it's a frustration for me', (d) 'Waiting on the end' I am making no plans' and (e) Wanting to re-establish links with family and home 'I love getting home and I like getting out to the town'. The core category, 'Waiting and Wanting,' captures the initial adaptation experiences of the individuals who experienced an unsettling period and were disillusioned by a loss of independence, autonomy, and continuity of former roles. They were waiting to reconnect with home and community and to establish connections within their new home. Adaptation was an ongoing process that individuals were trying to navigate themselves, with little or no support.

Similarly, a narrative exploration of eight older people's transitions into residential care was undertaken by Lee *et al.* (2013) with a focus on participants who had been living in a residential facility between 3-12 months. Narrative analysis revealed that the transition process appeared not to be time bound or linear, participants' experiences reflected key plots of 'control,' 'power,' 'identity' and 'uncertainty' interwoven within individual's daily and more long-term existence. Participants discussed not feeling confident in their decision to move, living in constant fear of losing their memory, and having limited expectations for their future. The authors asserted that the emphasis on older people 'accepting' transitions in a 'healthy' way may not encapsulate the reality of how they incorporated relocating to residential care into their narratives. In reality, 'resigned acceptance,' previously thought to indicate maladaptive adjustment (Brandburg, 2007) appeared more realistic for participants. This study highlighted that transitions can be ongoing and there is a need to consider broader issues such as identity and maintaining control if they are to fit with residents' life stories.

Conversely, de Guzman *et al.* (2012) grounded theory study explored (n = 20) older people's process of adaptation to the change in their environment and the emotional transition starting from admission until their acclimatization, in a residential care facility. An 'Hourglass of Acclimatization Model' emerged which yielded two distinct phases contributing to successful acclimatization. One is the 'conversion' phase, the main notion being of transforming one's perspectives of themselves and his or her environment. This is followed by the 'immersion' phase, which describes how an older person involves him/herself completely into the life they are supposed to live.

A meta-synthesis of ten studies undertaken by Sun *et al.* (2021) analysed the adaption of older adults' transition to residential care facilities and cultural factors. The two main findings identified were the impact of culture on adaptation which contained two items: Religion and

'God' which promoted adaptation and 'collectivity and harmony' which were seen as principles of relationship building. The transition process included four stages which were: The decision-making process, the fluctuation process, the adjustment process and the acceptance process. Sun *et al.* (2021) concluded that decision making, and culturally congruent care must be considered to meet the unique needs of older people and to facilitate their transition to residential care facilities.

Psychological Reactions

A major challenge associated with the transition into a care home is the loss of the individual's home life, therefore threatening identity, belonging and sense of self (Lee *et al.*, 2013, Brownie *et al.*, 2014; Zamanzadeh *et al.*, 2017; Paddock *et al.*, 2019). Personal resiliency was identified by Brandburg *et al.* (2013) as the key strategy used by participants when making the decision to move into long-term care and in day-to-day living. The experiences and psychosocial effects of transitioning to a care home were explored with older people (n = 17) and staff caregivers (n = 3) by Zamanzadeh *et al.* (2017). Data analysis of semi-structured interviews categorised the psychosocial effects of transitioning into four themes: Communication isolation, resource change, monotone institutional life and negative emotional response. Participants lost their previous support systems when transitioning and were not able to establish new ones. Furthermore, routine care was provided by formal caregivers with minimal support and little attention to the needs and desires of individuals to maintain their own independence. These losses gave rise to negative emotions in some of the participants. Personal and environmental factors that facilitated adaptation to relocation were investigated in a phenomenological study undertaken by Hutchinson *et al.* (2011) with older people (n = 23) from six long term care facilities in America. Two tested qualitative instruments were used to obtain information regarding personal and cultural heritage factors. The themes that emerged included (a) Spirituality, death and dying, and philosophy of life; (b) Life experiences with change; (c) Cultural heritage; (d) Health; (e) Ethnicity; (f) Social support, family and friends; (g) Long-term care facility relationships; (h) Long-term care facility system maintenance and (i) Long-term care facility support of personal growth.

Personal and social identity were also explored within a multiple qualitative case study undertaken by Paddock *et al.* (2019) who investigated how living in a care home affected the identities of residents and how they addressed this in their daily lives. Residents (n = 9), relatives (n = 4), and staff (n = 5) staff took part in semi structured interviews and 260 h of observations over one year. A data framework analysis, drawing on the social identity perspective as an interpretive lens, was employed. Four themes were identified: (a) Changing with age, (b) Independence and

autonomy, (c) Bounded identity, and (d) Social comparison. The impact of aging that initially altered residents' identities was exacerbated by the care home environment itself. Institutional restrictions jeopardized autonomy and independence, provoking residents to redefine this within the allowances of the care home. Moreover, strict routines and resource constraints resulted in the bounded expression of personalities.

In adapting to new surroundings, the importance of bringing a sense of home and possessions to the care home environment has been highlighted, which can have a significant psychological and emotional impact (Marshall and McKenzie, 2008; Cooney, 2012; Falk *et al.*, 2013). The factors that impact on residents' transition and psychological adaptation to long-term care facilities was explored in a systematic literature review by Brownie *et al.* (2014), informed by the concept of home and Bridges' (2004) three stages of transition. This framework provided conceptual models for understanding the needs and aspirations of older people who are in the process of this late life transition. The authors identified 19 observational, descriptive, and cross-sectional studies exploring older people's views about their experiences relocating and adjusting to life in a care home. Positive adaptation was reported to be influenced by older people being able to retain personal possessions, continue valued social relationships and establish new relationships within the care facility.

The importance of connectedness to others is also highlighted in an Interpretative Phenomenological Analysis (IPA) study undertaken by Križaj *et al.* (2018) that explored six older people's experiences of transition into a care home and how it influenced their everyday engagement in meaningful occupations. Semi structured interviews were conducted at three-time intervals: Before the relocation and at one month and six months after the relocation into a care home. Overarching themes developed from interviews were: 'Holding on to what I do,' 'The significance of others through transition,' and 'The time of loss and acceptance.' The transition was seen as a challenging continuous process with older people striving to maintain their identities through engaging in their previously enjoyed occupations.

Meleis's theory of transitions explains how a person relates to their environment and health. A change in health and environment can change how a person perceives his/her role. Furthermore, an individual's response to change can be influenced by internal (attitude, knowledge, cultural beliefs) and external factors (social support, socioeconomic status) (Meleis, 2010). A qualitative metasynthesis undertaken by Sullivan and Williams (2017) reviewed eight studies of older adults' transition experiences to long-term care facilities. The synthesis of the literature was guided by Meleis's Middle Range Theory of Transition (MMRTT) which consists of types and patterns of transitions, properties of transition experiences, facilitating and inhibiting conditions, process indicators, outcome indicators, and nursing therapeutics

(Meleis *et al.*, 2000). Three themes were uncovered by this meta-synthesis: (a) Painful loss that requires a mourning process, (b) Seeking stability through gaining autonomy to sustain a new sense of self and (c) Acceptance, when a unique inner balance is reached. The study findings suggest that residents transitioning to long term care experience an inevitable loss; therefore, mourning the loss is necessary to progress through the transition. Residents expressed a longing for home related to having autonomy, privacy, and activities that provide personal meaning; they wanted to be known and valued for who they are and what they have achieved in life.

A narrative synthesis conducted by Fitzpatrick and Tzouvara (2019) also informed by Meleis's Theory of Transition sought to understand what factors facilitate and inhibit the transition for older people who have relocated to a long-term care facility. Thirty-four studies (25 qualitative, 7 quantitative, and 2 mixed methods) met the inclusion criteria. Data synthesis conveyed the transition following relocation, as being examined using a variety of terms, timelines, and study designs. Potential personal and community focused facilitators and inhibitors were mapped to four themes: (1) Resilience of the older person, (2) Interpersonal connections and relationships, (3) This is my new home, and (4) The care facility as an organisation. Within the theme of 'resilience of the older person,' person focused transition facilitators included self-efficacy, self-determined motivation, continuation of one's faith, values and beliefs, ethnic identity, a positive personal philosophy, and personal coping strategies. The authors concluded that these findings could inform the development of interventions to support change in these identified areas. They also emphasise that further research is warranted to understand how the culture of long-term care facilities can influence older people's transition and how this might be moulded to create and sustain a more caring culture for older people.

Connectedness, Support and Companionship

A major challenge associated with the transition into a care home is the loss of the individual's home, therefore threatening identity, belonging, and sense of self (Lee *et al.*, 2013; Brownie *et al.*, 2014; Fitzpatrick and Tzouvara, 2019; Paddock *et al.*, 2019). Home is not only fundamental to a person's self-identity and social relationships, but homely environments are essential to promote recovery, well-being, and quality of life (Molony, 2010; Rioux and Werner, 2011). Additionally, individuals may lose previous social and communication networks (Zamanzadeh *et al.*, 2017) putting them at risk of feeling lonely and isolated (Brownie *et al.*, 2014). A qualitative study undertaken by Reed and Payton (1997) examined the processes of adaptation older people engage in when moving into care homes. The authors found that theoretical categories crossed over

several topics, such as the 'settling in' processes, and involved a range of different dimensions, ranging from the physical environment to interpersonal relationships. The disparity between the views of residents and staff suggested that the importance of other residents' support and companionship, is poorly understood by staff.

A grounded theory study undertaken by Cooney (2012) explored older peoples' perceptions of 'being at home' in long-term care settings and the factors that influence these perceptions. Residents (n = 61) living in four types of long-term care facilities, aged 65-90 were interviewed either after admission or had lived in the long-term care facility for longer than three months. Four categories were identified as critical to finding a home in long-term care settings: 'Continuity,' 'preserving personal identity,' 'belonging' and 'being active and working.' 'Finding home' was conceptualised as the core category. The potential to 'find home' was influenced by mediating and facilitating/constraining factors. What made it simpler or more problematic for older people to 'find home' was either unique to the individual (adaptive responses, expectations, and/or past experiences) or occurred at an institutional level (ethos of care, institutional culture, environment of setting). The theory of finding home describes the factors central to 'finding home' in long-term care settings and identifies how nurses can support residents to feel at home. Comparably, a grounded theory study undertaken by Falk *et al.* (2013) aimed to gain a deeper understanding of the processes and strategies used by older people (n = 25) to create a sense of home, place attachment, and privacy in residential care facilities. Findings showed that a sense of home in residential care involves strategies related to three dimensions of the environment: (1) Attachment to place, (2) To space, and (3) Attachment beyond the institution. The authors conclude that the circumstances under which older people manage or fail in creating attachment, consist of psychosocial processes involving both individual and shared attitudes and beliefs.

The importance of connectedness was also identified by O'Neill *et al.* (2020c) who undertook a grounded theory study exploring how n = 17 older adults from eight care homes experience the transition to life in a care home between five and 12 months after the move. Five key categories were identified which were: (a) The lasting effect of first Impressions 'They helped me make my mind up' (b) On a journey 'I just take it one day at a time,' (c) Staying connected and feeling 'at home' 'You get something good out of it you know...you get hope.' (d) Managing loss and grief 'It was important for me to say cheerio to the house' and (e) Caring relationships 'I didn't realise that I was lonely until I had company.' Together these five categories formed the basis of the core category 'The primacy of 'home' which participants identified as a place they would like to feel valued, nurtured, and have a sense of

belonging. The theory that emerged from this study suggests that care home residents who are connected, as evidenced by their participation in decision making about the move and the extent to which they can maintain existing connections to home and family while at the same time, creating new connections within the care home environment, have a more successful transition to life in a care home than individuals who do not have this connectedness.

Rijnaard *et al.* (2016) undertook a systematic review of 17 mainly qualitative research studies to provide an overview of factors influencing the 'sense of home' of older adults residing in the nursing home. The 'sense of home' of nursing home residents was influenced by 15 factors, divided into three themes: (1) Psychological factors (sense of acknowledgement, preservation of one's habits and values, autonomy and control and coping); (2) Social factors (interaction and relationship with staff, residents, family and friends, and pets and activities); and (3) The built environment (private space and (quasi-) public space, personal belongings, technology, look and feel and the outdoors and location). Rijnaard *et al.* (2016) suggested further research to determine if and how the identified factors are interrelated, if perspectives of stakeholders involved vary and how the factors can be improved in practice.

Discussion

Decision Making and Control

The findings of this literature review suggest that lack of participation in decision making and choice about the move to a care home can create a negative experience for some individuals causing emotional disturbance including anxiety, uncertainty, isolation, and personal loss (Johnson *et al.*, 2010; Fraher and Coffey, 2011; Lee *et al.*, 2013; Brownie *et al.*, 2014; Zamanzadeh *et al.*, 2016; Koppitz *et al.*, 2017; O'Neill *et al.*, 2020a). The extent to which individuals can exercise control over the decision to move to a care home is recognised as an important determinant of their relocation experience (Andersson *et al.*, 2007; Johnson *et al.*, 2010; Fraher and Coffey, 2011; Lee *et al.*, 2013; Sussman and Dupuis 2014; Ryan and McKenna 2015; Stevens *et al.*, 2015; Paddock *et al.*, 2019; O'Neill *et al.*, 2020c). Some research studies identified a loss of autonomy and independence making adaptation to life in a care more challenging (Wilson, 1997; Cooney, 2012; Bradshaw *et al.*, 2012; Brandburg *et al.*, 2013). There is also evidence to suggest that restrictive care home environments and practices can threaten individuals' independence and autonomy (Cooney, 2012; Bradshaw *et al.*, 2012; Križaj *et al.*, 2018; Paddock *et al.*, 2019). International literature identifies that risk averse practices are perceived as a threat to an individual's independence and autonomy (Wiersma and Dupuis 2010; Thein *et al.*, 2011; Custers *et al.*, 2012; Brownie *et al.*, 2014; Paddock *et al.*, 2019; O'Neill *et al.*, 2020c). These

findings suggest that it is imperative from the outset of a transition to a care home, to acknowledge and respect individuality in such a way as to recognise and act on a person's values and preferences in terms of physical and psychological safety and promoting independence.

Process of Transition, Adjustment and Adaptation

It has been recognised that numerous complex and multidimensional factors including health and social care issues can influence the adaptation and adjustment process for older people when relocating to a care home (Reed and Payton, 1997; Wilson, 1997; Lee *et al.*, 2002; Bradshaw *et al.*, 2012; de Guzman *et al.*, 2012; Brownie *et al.*, 2014; Koppitz *et al.* 2017; Moore and Ryan 2017; Sullivan and Williams, 2017; Križaj *et al.*, 2018; Paddock *et al.*, 2019; O'Neill *et al.*, 2020b). However, there is evidence to suggest that having a positive approach to living in a care home is associated with effective coping and adaptation (Bradshaw *et al.*, 2012; Sullivan and Williams, 2017). Adaptation to life in a care home is not a linear process, rather the 'transition' is a changing and ongoing process in a person's life that continues until adaptation or acceptance is reached, impacting an individual's role or identity (Porter and Ganong, 2005; Wiersma and Dupuis, 2010; Lee *et al.*, 2013; Paddock *et al.*, 2019; O'Neill *et al.*, 2020b). A planned admission to a care home can support an individuals' adjustment better than an unplanned admission which leads to emotional responses and a 'desire to go home' (Wilson, 1997; Heliker and Scholler-Jaquish, 2006; O'Neill *et al.*, 2020b).

Psychological Reactions

It is recognised that individuals who felt that they 'had no choice' about the move to a care home reported feelings of sadness, regret, and lowered mood (Bowers *et al.*, 2016; Brownie *et al.*, 2014). Several studies have indicated that being separated from family and communities and losing previous support systems can compound feelings of loss and isolation (Iwasiw *et al.*, 1996; Heliker and Scholler-Jaquish, 2006; Fraher and Coffey, 2011; Hutchinson *et al.*, 2011; O'Neill *et al.*, 2020a). Moreover, many older people are trying to manage losses associated with ageing, the loss of home, loss of independence, and bereavement, when they move to a care home and also when other residents die within the home (Ebrahim *et al.*, 2015; Van Humbeeck *et al.*, 2016; O'Neill *et al.*, 2020c). It has also been recognised that when independence is removed from a person's life, an individual can feel defeated, depressed, or begin to doubt their own ability to care for themselves (Wiersma and Dupuis, 2010; Custers *et al.*, 2012). Furthermore, low expectations can lead to reduced capabilities and can be self-fulfilling, causing deterioration in health and cognitive ability (Lee *et al.*,

2013; Zamanzadeh *et al.*, 2016). The importance of bringing a sense of home and possessions to the care home environment has also been highlighted as an important part of the adaptation process, which can have a significant psychological and emotional impact (Marshall and McKenzie, 2008; Cooney, 2012; Falk *et al.*, 2013; Brownie *et al.*, 2014; O'Neill *et al.*, 2020b).

Connectedness, Support and Companionship

A major challenge associated with the transition into a care home is the loss of the individual's home, therefore threatening identity, belonging, and sense of self (Lee *et al.*, 2013; Brownie *et al.*, 2014; Paddock *et al.*, 2019). Maintaining continuity between the older person's past and present role has been identified as a key factor in the adaptation process after entry to a care home (Bradshaw *et al.*, 2012; Falk *et al.*, 2013; Brownie *et al.*, 2014; Križaj *et al.*, 2018; O'Neill *et al.*, 2020c). There is evidence to suggest that individuals may experience a greater sense of freedom; be able to regain some of their independence and feel less of a burden to others (Bradshaw *et al.*, 2012; Sullivan and Williams, 2017). Moreover, it is recognised that care staff have an important role to play in encouraging new residents to develop new relationships (Cooney, 2012; Križaj *et al.*, 2018; O'Neill *et al.*, 2020a).

Conclusion

Twenty-six studies (involving ten countries across three continents) were included in this review. The importance of culture and the countries in which the studies were conducted provide some insight into older adults' transition to care homes. This information could be included into personalised interventions for residents during transition to a care home (Sun *et al.*, 2021). It is also crucial to recognise that making the transition to a care home can cause additional difficulties to some groups of older people, for example those with dementia who embody a high proportion of people living in care homes, older people from black and minority ethnic communities and those with complex and multiple needs (Ellins *et al.*, 2012; Khan, 2015). The international literature describes moving to a care home as a traumatic and life changing experience (Brandburg *et al.*, 2013; Sury *et al.*, 2013; Ryan and McKenna, 2015; O'Neill *et al.*, 2020a). Moreover, the significance of moving to a care home does not appear to be acknowledged or supported by formal services (Cooney, 2012; Thein *et al.*, 2011; Brownie *et al.*, 2014; O'Neill *et al.*, 2020a). Subsequently, older people are denied an active role in decision-making and choice, which adversely affects their transition experiences (Dossa *et al.*, 2012; Fuji *et al.*, 2013; Hanratty *et al.*, 2012; Toles *et al.*, 2012; O'Neill *et al.*, 2020b). There is a need to increase health care professionals' understanding of the

importance of making a transition to a care home from the perspective of older people making the move. It is imperative that health care professionals are able to collaborate and work in partnership with older people in the decision-making and management of the move to a care home. Moreover, they need to support and enable older people to make decisions and plans about their future health and social care needs including the possibility of living in a care home when they are unable to manage their own needs.

Within the current body of literature there is a lack of detailed understanding of the processes older people undergo that describe their experiences during the day-to-day adjustment and adaptation to living in a care home. Furthermore, there is limited research into the psychological and/or social experiences of older people moving into a care home that takes into consideration the total relocation process, incorporating residents' early and ongoing experiences during the transition.

The literature identified an increasing recognition of older people's need for continuing psychological and emotional support and the need to be supported to engage in honest and caring discussions to help with acceptance and adaptation to living in a care home. A culture of maintaining independence and maximising rehabilitation needs to be fostered by all health care staff taking due cognisance that individual's human rights are protected and actively endorsed within the care home environment. An effective management resource for promoting quality of life and positive change in care homes is offered by my home life (<https://myhomelife.org.uk/>). This international programme provides leadership support to managers by increasing knowledge and skills in effective management to inspire and direct culture change within care homes (Penney and Ryan, 2022)

Despite the plethora of studies taking place in care homes, there is a paucity of research on older people's experiences of the move from a longitudinal perspective. The development of a comprehensive body of knowledge of older people' adjustment and adaptation to a care home has the potential to identify relevant social and health care practices that can facilitate adaptation. This literature review has identified that there is a significant dearth of studies not only of the pre-move experiences of the older person' moving to a care home, but there are also limited studies undertaken within the initial weeks and months following the move. The identified studies are also associated with small sample sizes. Significantly, there has only been one study identified that has followed participants' transition from their own home to a care home over a one-year period.

Limitations

The studies included were limited to those published in the English language. The focus of the review concerned the experiences of older people making the transition to living in a care home. The views of other key

stakeholders involved in the transition process (e.g., families, hospital staff, and care home staff) may have offered additional insights. However, this must be considered in the context of the large body of evidence that exists with respect to the families' perspectives and involvement in care home transition in comparison to the paucity of research on residents' experiences.

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Author's Contributions

Marie O'Neill: Conception and design, acquisition of data, or analysis and interpretation of data. Drafted the article and revised it critically for important intellectual content.

Assumpta Ryan: Conception and design, analysis and interpretation of data. Drafted the article and revised it critically for important intellectual content.

Ethics

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