What is the Experience of Elders Who Relocate to Long-Term Care Settings?

Faith Donald, Ryerson University, Canada
Jenny Ploeg, McMaster University, Canada
E. Ann Mohide, McMaster University, Canada
Alba DiCenso, McMaster University, Canada
Paul Krueger, McMaster University, Canada

Abstract: The decision to relocate from a home to a long-term care (LTC) setting, such as a nursing home is associated with stress secondary to change and assaults to self-identity and worth. This paper concentrates on qualitative research findings to understand the phenomenon of older adults’ relocation experiences from the older adults’ point of view.

Methods: Extensive electronic searches without date restrictions and hand searches of relevant geriatric nursing and medical journals were completed in December 2006. Eleven studies were identified and selected for critique, based on inclusion criteria: qualitative research studies published in English and focusing on older adults who were in the process of or had relocated to LTC settings. The eleven studies were critically appraised utilizing criteria for evaluating qualitative research and ten met quality criteria.

Results: Overlapping concepts of autonomy, independence, and control were crucial factors in decision-making and planning for voluntary relocation to a LTC setting, easing the relocation experience and accelerating acceptance. The sense of loss is significant early in the relocation process, particularly for those who involuntarily relocate. Older adults from North America expressed issues with the loss of privacy and expectations to adhere to rules. Making friends with other residents was important for social support within the experience of relocation, while avoiding residents perceived as negative. Nursing staff, including aides, were found to be the primary source for both supportive and non-supportive behaviours relevant to emotional support and practical assistance for relocated elders, particularly in North America.

Conclusions: Feelings of independence, autonomy, and control could be enhanced through active participation and the provision of choices, where possible rather than the enforcement of rules. Demonstrations of respect and communication, provision of choices, and environmental adaptations by nurses and healthcare providers can promote autonomy, independence, and control. Making friends is important for relocated elders and could be facilitated by nurses and healthcare providers. Societal evolution and social policy are essential to recognize, respect, and restructure LTC settings for older adults as homes where people live as autonomously as possible, with maximum choice and control, rather than institutions that provide care in a rule-bound milieu.
References