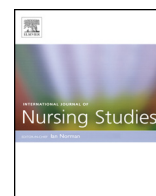




Contents lists available at [ScienceDirect](#)

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns



Review

Factors that impact residents' transition and psychological adjustment to long-term aged care: A systematic literature review

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ARTICLE INFO

Article history:

Received 3 February 2014

Received in revised form 11 April 2014

Accepted 14 April 2014

Keywords:

Adjustment
Nursing homes
Relocation
Transition

ABSTRACT

Aim: To identify the factors that impact residents' transition and adjustment to long-term aged care and influence their relocation experience.

Background: The transition to long-term aged care can be an emotional and stressful event for older people as well as their families and carers. The challenges triggered by relocation derive from home being on the move. The concept of home and Bridges' three stages of transition framework provide conceptual models for better understanding the needs and aspiration of older people who are in the process of this late life transition.

Method: We searched Academic Search Premier, Cinahl, Medline, PsycINFO, Psychology and Behavioral Sciences Collection and Scopus databases for observational, descriptive studies published between January 1995 and July 2013 using subject headings and free-text search terms including adjustment, nursing homes, relocation and transition.

Results and discussion: The search identified 348 potentially relevant articles. Once duplicates were removed, 214 articles were screened for inclusion in this review; 42 articles were assessed for eligibility, resulting in 19 high-quality observational, descriptive studies that met the inclusion criteria. Key determinants of residents' relocation experience include 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. Providing residents with opportunities to talk about their feelings, their life experience, and their involvement in the decision to relocate to an aged care facility can help them in their transition to an aged care facility. Preadmission screening that provides staff with an understanding of personal, lifestyle and cultural needs that might facilitate improved transition may also be beneficial in care planning.

Conclusion and implications: An understanding of the factors that impact residents' transition to long-term aged care, and their experience of relocation will assist aged care providers to create the conditions to ease adjustment anxiety and to facilitate a person's transition into his/her 'last home'.

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What is already known about the topic?

- The transition to long-term care can be an emotional and stressful event for older people, as well as their families and carers.

What this paper adds

- It provides a theoretical framework to guide our understanding of the stages of transition and adjustment.
- It highlights the importance of perceived autonomy for older people and their ability to exert control over the decision to relocate.
- It provides practical suggestions to assist nursing, health staff and families to facilitate residents' transition to long-term care.

1. Introduction

It is accepted that the transition to long-term aged care can be an emotional and stressful event for older people as well as their families and carers (Cheek et al., 2007; Ellis, 2010; Jan et al., 2003). For example, a recent report found that US aged care residents fear losing their independence, and being admitted to a nursing home, more than they fear death (Prince and Butler, 2007). For many people a lack of control over their lives and loss of independence are the inevitable (or perceived) consequence of ageing and of moving into an aged care facility. Furthermore, in 1992 the North American Nursing Diagnosis Association approved 'relocation stress syndrome' (RSS) as a new nursing diagnosis in recognition of the physiological and psychological stress a person suffers in this transition to a long-term care facility. The major characteristics of RSS include anxiety, apprehension, increased confusion, depression and loneliness (Manion and Rantz, 1995). Despite the lack of reliability data for this diagnosis, recognition of the syndrome is an acknowledgement of the range of challenges triggered by relocation.

The challenges triggered by relocation derive from *home being on the move*. Home is not only fundamental to our identity (Blunt and Dowling, 2007; Heliker and Scholler-Jaquish, 2006; Tracy and Deyoung, 2004) but in addition, homely environments are connected to feelings of wellbeing (Böckerman et al., 2012; Rioux and Werner, 2011; Wiles et al., 2009) and have been positively connected to recovery and healing (Molony, 2010). Conceptualising home, then, provides a key frame for understanding the complexities of the transition from home to a residential aged care facility (RACF). Home is generally conceptualised as being more than a dwelling; it is a physical, imaginative and affective place of belonging (Bland, 2005; Blunt and Dowling, 2007; Oswald and Wahl, 2005). Each dimension is interdependent. For example, our imagined ideals of what a physical home should be can interact with the physical place we inhabit to produce an affective response that might be homely or otherwise. This more-than-physical nature indicates that the meaning an individual associates with home is influenced by such

dimensions as cultural background, race, age, class, gender and physical ability (Brickell, 2012; Gattuso, 1996).

Home is also understood as a process (Molony, 2010; Watkins and Hosier, 2005). That is, home is continually being made and as a result, home and its important features alter throughout the life course (Watkins and Hosier, 2005). In older age, the arrangement of the home to facilitate daily routines, as well as personal and bodily comfort, may result in increased dependence on the home environment and a subsequent shrinking of the life-world (Marshall and Mackenzie, 2008; Rubenstein and De Medeiros, 2005). Consequently, the home is often a centre of social relationships, with the older person visited more frequently than engaging in visiting. Personal possessions in the home take on heightened importance as expressions of identity and as vehicles for the imagination and memory. The transition from home to RACF then can affect one's sense of safety, identity and self-expression, which gives rise to a feeling of loss of the ability to control one's life, and subsequent loss of independence (Bland, 2005; Milligan, 2009).

Much of the control and independence that is afforded by one's home comes from the power one has to exclude others. In older age, this power can diminish when caregivers, formal and informal, increasingly facilitate the goal of remaining at home. In a RACF, which is a blend of workplace and home-place, this power to exclude is radically diminished (Bland, 2005; Groger, 1995; Milligan, 2009), as is power over who provides care and when. This may affect the sense of identity of both informal caregivers as well as the older person. Similarly, the degree to which elders are accessible to family and friends may also change. The physical space also takes on a less homelike appearance with one's personal space appended to corridors that may contain medical apparatus, and communal areas for recreation and dining (Groger, 1995; Milligan, 2009). This 'last home' is a home unlike any other one may have chosen to dwell in during the life course.

Thus, while transition is considered a natural process prompted by the changes in our lives, the transition to a residential care environment 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. The 'endings' and 'in-between' phases are particularly relevant because the extent to which people have control over ending their relationship with their residential home and with choosing their new home provides the sense of autonomy that allows them to better deal with the uncertainties that initially present themselves in a RACF. Bridges' (2004) final stage of adjustment, 'new beginnings', has an influence on both these phases as it is one's new identity that is most fraught: a new identity in what is often experienced as an institutional rather than a homely setting.

The purpose of this literature review is to identify the factors that influence residents' transition and adjustment

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