



Relocation decisions and constructing the meaning of home: A phenomenological study of the transition into a nursing home

Rebecca A. Johnson^a, Jessica Bibbo^{b,*}

^a Millsap Professor of Gerontological Nursing and Public Policy, Sinclair School of Nursing, S413 Sinclair School of Nursing, University of Missouri, Columbia, MO 65211, United States

^b Department of Human Development and Family Studies, University of Missouri, 314 Gentry Hall, Columbia, MO 65211, United States

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ABSTRACT

The transition from community dwelling to a nursing home is a common, though idiosyncratic, experience in the United States. This study employed an interpretive phenomenological approach to uncover how eight 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. The degree to which the individual had been involved in the decision making process was also explored as it related to the meaning of home within the nursing home setting. 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.

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Introduction

One and a half million people in the United States live in nursing homes (institutions which provide 24-hour nursing care focused on the physical and mental health needs of residents) (USDHHS, 2010). Individuals who do not qualify for governmental assistance (i.e. Medicaid) must pay for their care on a per-month, or fee-for-service basis. This payment comes either from the older adults’ own resources, or from private insurance policies. People over the age of 65 make up 88% of all nursing home admissions in the U.S. (USDHHS, 2010). The majority of new nursing home residents transfer from another type of care facility (e.g. skilled nursing facilities where older people go to recuperate after a catastrophic illness or injury, hospitals, assisted living residences where older people must be able to take care of themselves, or other nursing

homes). Less than 30% of nursing home residents move from a private or semi-private residence (USDHHS, 2010). Therefore the decision making process of moving into a nursing home can range from a carefully planned move to an immediate response to an acute health crisis which resulted in hospital admission.

Decision making and adjustment to a nursing home

The process of moving into a nursing home (also referred to as long-term care) requires a great deal of decision-making involving multiple decision making domains (e.g. financial, health, legal) regardless of its duration (Kao, Travis, & Acton, 2004). Maintaining a feeling of control over the decision to move into a long term care facility has been positively associated with greater psychological well-being following the transition (Street & Burge, 2012). Forced admission has been shown to lead to anger in new residents (Mikhail, 1992) and an increase in mortality rate over a one year period (Laughlin, Parsons, Kosloski, & Bergmann-Evans, 2007). Qualitative studies of the decision making process have illustrated

* Corresponding author at: 314 Gentry Hall, University of Missouri, Columbia, MO 65211, United States. Tel.: +1 530 966 5756.
E-mail address: jlbq7@mail.missouri.edu (J. Bibbo).

Table 1
Participants' demographic information.

Characteristic	N = 8
Age (years)	
\bar{X}	80.88
Range	68–97
Children	
\bar{X}	1.88
Range	0–8
Characteristic	n
Gender	
Male	4
Female	4
Ethnicity	
Caucasian	5
African-American	2
Latino	1
Marital status	
Married	1
Never married	2
Widowed	4
Divorced/separated	1
Education	
8th grade or less	3
Some high school	1
Graduated high school	0
Some college	1
Bachelor's degree	2
Master's degree	1

the complexity and importance of the decision for older adults. Individuals who felt excluded from this process reported a decrease in psychological well-being (Bekhet, Zauszniewski, & Wykle, 2008). Interviews with new residents in a long-term care facility showed that taking part in the decision making process, having to admit dependence upon others, and being able to maintain a connection to the past while becoming a part of the new setting were salient themes for older women who had relocated into long-term care (Saunders & Heliker, 2008). The perception of being supported, as opposed to directed, by family caregivers has been found to be more important to older adults than the actual ability to participate in the decision making process (Johnson, Popejoy, & Radina, 2010). Experts suggest that health care providers and families establish a care plan for relocation and that the relocating adult be included in this process as early as possible (Johnson, 2013).

The meaning of home

Due to space limitations, the transition into a nursing home requires that older adults dispose of many personal belongings, and necessarily be removed from the physical structure of their home. In qualitative studies of older adults, home has been viewed as both a place and a quality which develops over time and across domains such as the personal, social, and physical (Molony, 2010). A study of elderly women in the Midwest found that the most salient meaning of home was as the center of self, such that where one resided was equated to who one was (Swenson, 1998). Older adults' self-identity and personal history have been found to be intertwined with their dwellings and physical possessions (Shenk, Kuwahara, & Zablotsky, 2004). The home may also serve as a symbol of previous physical health and autonomy,

qualities which are often left behind when entering a nursing home (Groger, 1995). Separation from the physical home and its possessions can disconnect individuals from their self-identity and lived previous experience (Rowles, 1983). These connections to meaning of the physical home are likely to make the transition into a nursing home a difficult process for older adults (Molony, 2010).

Establishing a sense of home and meaning have been shown to be central processes for older adults recently admitted into nursing homes. The process of establishing or finding home within a facility is likely a core process in adjustment to life in a long term care facility (Cooney, 2011). The process may be especially salient in a nursing home where the environment is focused on the healthcare process and residents are dependent upon the staff in contrast to the focus in assisted living facilities on maintaining independence and creating a home-like environment. Residents of nursing homes often share a room with a stranger while in assisted living facilities the residents have their own private apartments. Strict adherence to routine by staff and a lack of individual privacy have been associated with residents feeling less at home in a nursing home (deVeer & Kerstra, 2001).

Qualitative studies have explored whether and how individuals create a sense of home within the nursing home setting. Adapting to a nursing home environment has been shown to be an active process. Kahn's (1999) ethnographic study of adapting to a nursing home found that the phrase "making the best of it" embodied the ambivalence felt by older adults moving into a nursing home, along with the conscious coping mechanisms they employed to accept the situation and perceived lack of alternative options. The study revealed the older adults' efforts to focus on positive as opposed to negative features of the relocation, revealing ultimately, their choices to frame the situation in the most positive way in order to adapt to the environment where they would spend the remainder of their lives.

Phenomenological insight into home and nursing home adjustment

Phenomenological studies explore how people make meaning of their world and experience (Porter & Cohen, 2012; van Manen, 1997). A study of three individuals' transitions into a long-term care facility found that socialization into the institution occurred at both an institutional and interpersonal level; the institution did not come to define the entirety of the individuals' sense of self (Wiersma & Dupuis, 2010). New nursing home residents were found to progress through three similar stages of transition beginning with the loss of home immediately following the transition, getting settled, relational transitions, and learning the ropes. The latter occurred one to two months after relocation, and the last stage of adjustment was getting settled in the facility which began to take place two to three months following the relocation (Heliker & Scholler-Jaquis, 2006). Adapting to a new living arrangement requires an older adult to establish a sense of place which entails new physical care routines, maintaining values activities, maintaining and establishing new social relationships, and managing personal belongings (Hersch, Spencer, & Kapoor, 2003). The themes of privacy, respect, affection, security, autonomy, a sense of community, and a continuing significance to one's life were

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