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The Experiences of the Elderly Transitioning From Home to the Nursing Home Setting

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by
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Approval Page

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Abstract

The Experiences of the Elderly Transitioning From Home to the Nursing Home Setting. Brent James Munson, 2022: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education and School of Criminal Justice. Keywords: aging (individuals), nursing homes, older adults, mental health

Elderly persons transitioning from home to a nursing home setting may struggle with unaddressed mental health issues. The problem addressed in this study involved a lack of evidence regarding how elderly individuals experience these transitions in living from their own perspectives. The purpose of this study was to better understand the lived experiences of elderly people who are making the transition from home to a nursing home setting.

The qualitative design utilized in the research was phenomenology.Fourteenparticipantswere interviewed to ascertain their experiences in the transition from home to a nursing home setting. Follow-up questions were formulated and posed based on responses received from participants.TheStevick-Colaizzi-Keen method of analysis of phenomenological data was used in analyzing the data collected from the interviews.

This study revealed (a) the lack of natural and community supports; (b) health issues; (c) poor self-care; (d) frustration, fear, and sadness about immobility; and (e) loneliness and depression among the elderly interviewed at the nursing home. Residents felt that their mental health was suffering because they were always alone and could begin to feel depressed or down. Recreational activities at the nursing home are very beneficial in supporting residents' mental health as it gets them out or their room and helps them to feel less alone. Nursing home supports, including the social worker, are very helpful to talk to in order to openly process their innermost thoughts and feelings around the transition to the nursing home setting.

Further interviews should be conducted with a variety of nursing home residents and should be expanded to nursing home staff and family members to get their perspective regarding the transition from home to assisted care living for specific residents. Quantitative studies should also be performed to explore the breadth of the issue. This research can be applied to elderly people who are transitioning to a nursing home or rehabilitative placement in both short- and long-term placements. This research can be used to help to better inform families, workers, and elderly individuals who are considering moving from home to assisted care living.

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Chapter 1: Introduction

Statement of the Problem

The problem addressed in this study was that elderly people who transition from home-based settings to a nursing home setting may have some mental health issues that are not always addressed. According to Messer (2015), there is substantial research regarding how pathological aging (e.g., Alzheimer's disease and other types of dementia) can result in physical health problems, as well as issues with cognition, language, and social functioning. However, there is a lack of evidence regarding how transitions in living affect the mental health of an ever-aging population. The Family Caregiver Alliance (2019) reported that 1,383,700 people receive support annually in a nursing home setting in the United States.

The Family Caregiver Alliance (2019) also reportedthat the probability of becoming disabled in at least two activities of daily living or of becoming cognitively impaired is 68% for people 65 and over.TheWorld Health Organization predicted that the number of adults 60 years and older will double between 2000 and 2050.The research yielded no specific data regarding the effects on the mental health of elderly people who are transitioning from home-based settings to a nursing home setting. Professionals are faced with a challenge, as they need to understand how to work effectively to address mental health issues of the elderly who are transitioning to a nursing home.

Phenomenon of Interest

Elderly people, when moving to assisted care living, are losing a home in which they have lived and made memories for many years. The elderly will, therefore, lose much of their freedom due to declining mental and physical health, and they have been known to become lonely and depressed (Crewdson, 2016).People are also living much

longer than they have in times past due to medical and technological advances; therefore, they are in need of assisted care living facilities in their later years (Crewdson, 2016). Elderly people and their families who are experiencing the move from home to a nursing home setting could benefit from this study by better understanding its effects and then by having more knowledge and taking more constructive action to address the challenges that elderly people and their families experience with the move from home to a nursing home setting.

Background and Justification

There are a variety of issues that surround the elderly transitioning to assisted care living that need to be considered. Crewdson (2016) stated,"Loneliness is a significant but neglected circumstance in which many individuals, particularly the elderly, find themselves" (p. 1). Crewdson talked about loneliness as follows:

> A complex set of feelings encompassing reactions to the absence of intimate and social needs. There are risk factors for loneliness or isolation in the elderly population which can be simply defined at a state of complete or lack of contact between an individual and society. (p.1)

Crewdson (2016) measured two different kinds of loneliness: social and emotional types. The study showed that emotional loneliness was mainly related to having a lower capability to carry out activities of daily living, as measured by the Groningen Activity Restriction scale. The author stated, "Social loneliness is described as a lack of belonging to a community of circle of friends, whereas emotional loneliness is described as a lack of deeper connections to attachment figures, such as a spouse or close friend" (Crewdson, 2016, p. 1).Crewdson showed there were three different factors that were related to both emotional, and social loneliness: being widowed, poor self-esteem,

and having some degree of discomfort.

Loneliness has been connected to the development of dementia in the literature. It has been said that elderly individuals who have left their home, family, friends, and community connections are at greater risk of developing dementia over time (Crewdson, 2016; Dahlberg & McKee, 2014; Fingerman et al., 2011). Mahmutovic et al. (2015) discussed how depression is the most common mental problem in the elderlyandalluded to how often it is not recognized or properly treated. Depression is more involved in suicide in the elderly than in younger people and has been found to be a factor in a minimum of one third of elderly suicides (Mahmutovic et al., 2015).Therefore, the mental health of the elderly is a very serious issue that needs to be addressed more actively.

As depression and suicide in the elderly have been identified as major concerns, Bhamani et al. (2013) ascertained that new knowledge and practices along with socioeconomic development caused an increase in average life expectancy. Thisfindinghighlights that there are more elderly people on the planet today than there were in the past. Bhamani et al.indicatedthat, with this ever-aging population, there is increased burden of chronic illness, physical disabilities, and mental health issues. This reality, therefore, not only puts a burden on families of the elderly, but also on healthcare facilities to improve the health and quality of life for elderly people all around the world (Kane et al., 2007; Lee et al., 2002; Lieberman, 1969; Pennod & Dellasega, 2001).

The rise of the elderly population and concerns for their mental health and well-being give rise to the involvement of communities in providing supports and structure for them to help to keep them in their homes. According to Siegler et al. (2015), institutionalization of the elderly can be avoided by providing community-based supports and services to help older adults to remain safely in their homes. These supports run the

gamut from wellness programs to general assistance with finances and housing.

According to Kleinman and Foster (2011), older adults who use these services need them, and over 90% of service users have multiple chronic conditions. The authors made it clear that the number of older adults who can benefit from community-based supports and services is expected to increase significantly in the coming years. Brossoie et al. (2010) highlighted that older populations do not understand the range of services that are offered or where they are able to access them. Casado et al. (2011) noted that community-based services are underutilized by older adults for many reasons that include a lack of awareness, reluctance, and unaffordability. According to Silverstein et al. (2008), elderly individuals may feel a loss of control, judged, or that the services are not specific enough to their own needs.

It is also very clear that the families of the elderly are intimately involved in their care, and that thisrealitycauses stress for both caregivers, and their elderly relatives. Solberg et al. (2014) reported that with the life expectancy increasing in the United States, more adults are acting as the primary caregivers for their aging parents. A caregiver's emotional well-being can potentially affect the care that he/she provides for others at home. Therefore, it is critical that, when care plans are being created for the elderly,the stress of both the elderly person and family member are both considered, as more and more family members are becoming their elderly relative's primary caretaker.

Deficiencies in the Evidence

The reviewed research recognizes that depression is the most common mental health problem in the elderly and that it is often not recognized or is improperly treated(Centers for Disease Control and Prevention, 2013). There is insufficient research, however, that provides insight into the mental health of the elderly and how it is affected

by the transition from home to assisted care living, such as a nursing home. With the research indicating that the life expectancy of the elderly in the United States is increasing, and more elderly people are not being able to care for themselves, it is imperative that more care, time, and research are placed on one of the most pivotal times in the lives of elderly individuals who are moving from their home to an assisted care living setting.

Audience

The elderly transitioning from home-based living to a nursing home setting will benefit from the results of this study by developing a better understanding of others' experiences with this life transition. The families of the elderly transitioning from home-based living to a nursing home setting may benefit through hearing others' experiences with this life transition. Families and their elderly family members can, therefore, make more informed decisions about their care.This study may assist healthcare workers with better understanding elderly patients'responses to the move from home to assisted care living. This information may help to better prepare healthcare workers to respond accordingly to a patient's individual situation. This study may help healthcare workers to develop more empathy for individuals who are transitioning to assisted care living. Finally, the research produced in this study will need to get from paper to practical use out in the field where people can actually benefit from it. The hope is that researchers will be able to translate the findings of this study to practical interventions that can affect the elderly and their family members in positive ways.

Definition of Terms

For the purpose of this applied dissertation, the following terms have been

defined.

Assisted Care Living

This term refers to a level of nursing home care designed for senior citizens who need assistance with activities of daily living (Mitchell & Kemp, 2000).

Adult Day Dare

These centers provide seniors with supervision usually while their regular caregivers go to work or go about their daily lives (Zaritt et al., 1998).

Adult Day Health Care

These locations provide the same services that adult day social care does plus have some medical services almost equivalent to those that are found in nursing home facilities (Zaritt et al., 1998).

Custodial Care

This term refers to any nonmedical care that can reasonably and safely be provided to clients by nonlicensed caregivers (Morton-Robinson, 1997).

Geriatric Care Managers

These individuals help families to make and to carry out long term care plans for loved ones (Kelsey & Laditka, 2009).

Home Health Care

This type of care refers to a higher level of care that is offered by someone who has experience through medical training (Engelhardt& Greenhalgh,2010).

Independent Living

This type of living situation describes a case in which a person who is 55 years or older is mentally and physically capable of living alone without assistance in daily life activities (Illario et al., 2015).

Nursing Home

This center is a private institution that provides residential care and healthcare for the elderly population (Sanford et al., 2015).

Palliative Care

Thistype of care focuses on relieving patients of their pain instead of on medical care (Pastrana et al., 2008).

Skilled Care

Skilled care describes services that are medically necessary and can only be provided by skilled or licensed medical personnel (Tsiourti et al., 2014).

Virtual Companion Care

This type of care is an alternative way of providing home care to seniors using internet technologies (Tsiourti et al., 2014).

Purpose of the Study

The purpose of this phenomenological study was to better understand the lived experiences of elderly people who were transitioning to assisted care living in a medium-size nursing home in the northeastern United States.Therefore, experiences related to their emotional and mental health during the transition and the potential for undiagnosed mental health issues were specifically explored.

Chapter 2: Literature Review

Introduction

This study explored the experiences ofelderly individuals in their transition from home-based living to assisted care living. A specific focus was placed on their emotional and mental health, as well as the interventions and supports provided to them during this transition. The research clearly showsthatquality transitional care is especially important for older adults with more than one chronic condition and complex therapeutic regimens, as well as for family caregivers (Qualls, 2016). The research also shows that families are intimately involved in caring for the elderly, as"families provide over 75% of all long-term care to older adults" (Qualls, 2016, p. 283).

However, there are gaps and deficiencies in the literature, indicating there islittleexisting research that appropriately describes the experience of the transition from home to a nursing home setting for the elderly. Girgos et al. (2017) reported that, although there are numerous and often predictable transitions in care, very little is known about how successful transitions occur for elderly persons. This study aimed to make a unique contribution in helping to inform families and healthcare workers to be more aware of and responsive to the elderly individuals' specific concerns and individual needs in their difficult move from their home to a new life in assisted care living.

This literature review coverswhat is known about the transition into nursing homes for the elderly, as well as their emotional and mental health. This literature review should help the reader to develop a specific understanding of later life depression, the reasons why the elderly experience it, biological factors that feed into depression in the elderly, and the effectiveness of medication to treat depression in the elderly, and it features a discussion of the differences in depression between the young and the elderly.

This literature review presents a discussion of the emotional and mental health interventions and barriers to the elderly receiving mental health services and supports, including the major obstacles for early identification of mental health issues in the elderly. Finally, the literature review covers the research on various supports that may be provided in a nursing home setting and how those may impact the transition.

Theoretical Framework

There are a few theories that inform this study regarding the move from home to assisted care living in the elderly. First, Antonucci et al. (2013) expanded the theoretical scope and complexity of the convoy model of social relations. Based on life span development principles, the theory conceptualizes and explains individual development nested within social relations as they move across the life span and the abiding influence of social relations on health and well-being. A basic assumption of this model is that people need social relations. The major components of the social relations model include social networks, social support, and satisfaction with support. A dynamic feature of this model pertains to feedback provided by family members and friends as the individual matures and grows older. This convoy metaphor acknowledges that individual lives are shaped by personal, situational, and support relations.

Using a life span developmental perspective, Willis and Schaie(2020) extended the theory of selective optimization with compensation by presenting a theory of cognitive plasticity in adulthood.The theory is predicated on the idea that development is a process of lifelong adaptation and is modifiable or plastic in all phases of development including in older aged adults. The research agenda integrates developmental psychologyandneuropsychology, concerned with a cognitive reserve. Willis and Schaie gave attention to positive aspects of aging that stem from the notion of adaptability and

provide information about how better understanding of cognitive plasticity could be applied to help to improve the lives of older people. They noted that neurogenesis can occur in older humans as a result of cognitively stimulating activities at the behavioral level.

Both theories pertain to this study as social interaction in the elderly is vital as people need social interactions to survive. Social networks, social supports, and satisfaction with these supports are critical to the lives of elderly people who move from home to assisted care living to help them to adapt and to remain successfully in this newer living situation. Their lives are greatly shaped by personal, situational, and by support relations. The ability to adapt to a new way of life is said to be a lifelong process where people can be modifiable or plastic in all phases of development including in older aged adults who are changing their way of life by moving from a home that they know to an assisted care living facility.

Emotional and Mental Health Among the Elderly

There is a significant amount of literature on emotional and mental health among the elderly, and in particular on depression in the elderly. For example, Mahmutovic et al. (2015) discussed how depression is the most common mental problem in the elderly and showed how it is often not recognized or is improperly treated. Thisreality affects the quality of life of elderly people. There are a number of reasons why the elderly experience depression. The most common factors as these authors highlighted are neurobiological and psychosocial risk factors such as physical illness. The study concluded that the most common risk factors in the elderly are gender, age, marital status, history of depression and mobility.

Hegeman et al. (2012) reported that some risk factors for depression in both

genders in the elderly have been reported as being widowed, poor health, and an absence of regular contact with friends. Women, however, appear to be more sensitive to the absence of social supports, for example, social outings. Women also appear to be more sensitive than men to some social stressors, for example, poor economic status. Overall, it appears that there is a need for a strong psychosocial support system and positive health promotion for older people in general to help to keep them physically and emotionally healthy.

Depression in the Elderly

There are many factors that should be understood regarding later life depression. Hegeman et al. (2012) reported that there is little evidence of phenomenological differences between older and younger depressed people. The authors used the Hamilton Depression Rating scale to determine that there were just a few modest differences in symptomology between younger and older people. Brodaty (2001) reported differences when compared with younger adults, such as increased delusions, agitation, and appetite loss, and Herrmann et al. (2007) reported decreases in hypersomnia, pessimism, and irritability; however, such findings are rarely duplicated.

The literature points to the fact that there is not a difference in symptoms between late onset depression and early onset depression (Alvarez et al., 2011; Brodaty, 1997). Butters (2004), Kohler et al. (2010), and Vasudev (2012) reported that the only features that are different in late life major depressive disorder (MDD) include neurocognitive impairment, specifically information processing, memory, and executive functioning. The cognitive impairments are not utilized, however, in the diagnosis of depression. Hermann et al. (2007), in a complete review of the literature analyzing the neuropsychological profile of late onset depression and early onset depression and healthy controls, found

that MDD groups were impaired in all domains compared to controls, but those with later onset depression had more of a deficit in executive functioning and processing speed in comparison with early onset depression.

It creates curiosity around whether the increase in cognitive impairment is due to a person's aging, since the areas impaired with depression also decline with age. Lockwood et al. (2002) and Thomas (2009) reported that studies that excluded people with early dementia and compared older and younger people with MDD found that older people, even after controlling foragingeffects, have more severe impairments in memory and executive functioning. The research further indicates that, aside from these neurocognitive deficits, later life MDD does not seem any different in older people. Researchers have looked at important neurobiological aspects of MDDand have made distinctions between younger and older adults. Any genetic aspects of acquiring later life depression are said to decrease with age. Johnson et al. (2002) conducted a twin study that showed no heritability of depression with age, and Demirkan (2011) conducted a Genome-Wide Association Study of some 3,500 people that showed the same result.

Hermann et al. (2007) found that many studies have shown that Magnetic Resonance Imagingwhite matter hyperintensities (WMH), or small white spots on the brain, are more profound in later life depression and that this trait is especially true for late onset depression. Thomas et al. (2002, 2003) and Sheline (1996) demonstrated that, through postmortem studies, the lesions are ischemic or are caused by insufficient supply of blood to the brain, usually due to a blocked artery. The authors found that these lesions were related to neurocognitive impairments of depression. Structural studies have shown that areas of the prefrontal cortex had reduced volume, and functional imaging has shown reduced blood flow with depression. Parashos et al. (1998) and Andreescu et al. (2008)

noted studies have not made a distinction by age, although some have reported that late onset depression has larger volume reductions.

Neuroimaging evidence bypostmortem neuropathological professionals attemptedto identify cellular correlates related to these abnormalities. Khundakar et al. (2010, 2011) and Thomas (2009) reported in their studies no evidence of a reduction in glial density in the prefrontal and subcortical areas but did find abnormalities in the pyramidal neurons. The research shows that WMH are more severe in later life depression and that there could potentially be cellular and volumetric changes in important subcortical areas, which could potentially be related to the severity of WMH. It is important to note here that depression, especially in middle aged and older people, can co-occur with other medical illnesses, such as diabetes, cancer, heart disease, and Parkinson's disease. Depression can make these conditions worse than they are and vice versa. Given these factors, depression may go undiagnosed and even untreated in older adults. Antidepressants are commonly prescribed to help relieve the symptoms of the depression and to help to return older adults to some sense of normalcy in their lives.

Antidepressants and the Elderly

Kalayam and Alexopoulos (1999) and Reynolds (1996) showed that studies that compare response to antidepressants and remission in older and middle aged adults have not shown any differences between older and middle age adults, although Kalayam and Alexopoulos (1999) and Whyte (2004) reported that people with late onset depression appear to have a slower response to the medication. Mitchell and Subramaniam (2005) found that depression in later life correlated with a higher relapse rate. It is possible that the findings presented may be valid only in adults who are cognitively and physically healthy since these are the types of adults who were included in trials.

Kalayam and Alexopoulos (1999)and Sneed (2011) demonstrated there is evidence that WMH are related to poorer response to antidepressant drugs, and Hickie et al. (1996) and O'Brien et al. (1998) showed that WMH are also associated with poorer long-term outcome and elevated relapse rates.Kalayam and Alexopoulos showed that, because WMH are associated with cognitive impairment,it is associated with the poor response to antidepressants and elevated relapse rates. Tew (1999) and O'Connor (2001) conductedstudies comparing electroconvulsive therapy by age, and,among those receiving electroconvulsive therapy, reported it to have positive effects in older people with no adverse effects reported with age. One could conclude that, without cognitive impairment in the picture and or WMH, people with depression at an older age seem to respond well to antidepressants and to electroconvulsive therapy.

The question can, therefore, be posed based on the research presented of whether or not there is a difference between depression in younger and older people. It is helpful to know this information to have a better understanding of how the mental health of people in general evolves as they get older. Therefore, another consideration is to determine if depression is different in older people compared to younger people, and,if so, is this difference clinically significant? The research indicates that there are no real differences between younger and older people in the core depressive symptoms that could make them clinically unimportant. The research, however, indicates that neurocognitive deficits that are not diagnostic clinical features have been well studied and are more severe in older adults. The differences in neurocognitive deficits between younger and older people is related to a higher encumbrance of Magnetic Resonance Imaging WMH.

Defining what is clinically important is open for discussion but Hermann et al. (2007) reported that cognitive deficits were moderate in effect at 0.56 for executive

function, 0.58 for processing speed, and 0.44 for episodic memory versus controls, and similar or even bigger effect sizes were discovered for increased burden of WMH. It appears that cognitive deficits are clinically important as demonstrated by WMH and that the cognitive deficits are associated with decreased treatment response and overall negative clinical outcomes. In this respect, MDD is very different in older adults.

Bhamani et al. (2013) stated, "Globally, evolving knowledge and practices coupled with socioeconomic development has led to increase in average life expectancy on the one hand and a substantial decline in fertility rates on the other" (p. 1). Bhamani et al.also pointed out that the average age of the population has shifted from younger to older and has led to increased burden of chronic illness, physical disabilities, and mental health issues. A burden has been placed on healthcare facilities all around the world to improve the health and the quality of life for elderly people. This information especially gives rise to the increased need to address the mental health issues experienced by the elderly population (Montgomery et al., 1985a, 1985b).

Suicide and the Elderly

Karvonen et al. (2009) suggested that suicide among elderly people is a very serious concern. According to the authors, one fifth of all suicides are committed by elderly people. The authors further stated that suicide is predicted to become the tenth most common cause of death of older people in the world. Karvonen et al. suggested that, on the basis of psychological autopsy studies, psychiatric disorders, mainly depression, have been found to be involved in 75% to 97% of all suicide cases. The research, therefore, suggests that the mental health of elderly people is a serious issue, even leading to suicide; this issue needs to be more actively addressed. This paper should help to address if there are undiagnosed mental health issues in a specific population of elderly

residents at a nursing home and whether they are being actively addressed or not.

Emotional and Mental Health Interventions and the Elderly

According to De-Mendonça-Lima and Ivbijaro (2013), by 2050, the world population over the age of 60 is expected to reach two billion. A rapid growth of the older population will occur in low- and middle-income countries with big consequences for these vulnerable economies. The authors noted many people live a long and happy life without any mental health problems; despite the impression of elderly people being sad, slow, and forgetful, mental disorders are not an inevitable consequence of aging. The authors further reported that one of the negative consequences of rapid aging in the world population is the increase in the number of people with mental disorders, which could very soon overwhelm the mental health system in all countries because more than 20% of people aged 55 or older may have some type of mental health problem. They noted biological changes may interfere with the brain's normal functioning, social changes can lead to isolation and worthlessness, and somatic diseases are often important contributory factors.

One area in which there has been significant research is that of community education around mental health and the older population. This body of researchis illustrated through Siegler et al.'s (2015) discussion of community-based supports and services (CBSS). According to the authors, CBSSs are designed to help community-dwelling older adults remain safely in their homes and delay or prevent institutionalization. The authors further stated that CBSSs provide specific resources for older adults and their caregivers that include wellness programs, nutritional support, educational programs about health, and general assistance with housing, finances, and home safety.

CBSSs also provide opportunities for community and civic engagement through various volunteer programs and can enhance individuals' skills and attitudes "to live and gain more control over aspects of their communities"(Siegler et al., 2015, p. 1). Siegler et al. (2015) reported that more than 20% of older adults (i.e., those aged 60 and above) currently receive CBSSs. Older adults who use these services need them; over 90% of services users have multiple chronic conditions and corresponding activity of daily living deficits. Siegler et al. further reported that, with the rapid aging of the population, even as overall health improves,the number of older adults who could benefit from CBSSs is expected to increase significantly in the coming years.

Brossoie et al. (2010) reported in a survey given nationwide to community dweller older adults who most were interested in receiving information about CBSS. However, respondents did not understand the range of services offered or where they were able to access them. The authors reported that respondents viewed healthcare professionals as a major source of information about CBSS and were less likely to work with community-based agencies directly. In this way, it seems healthcare agencies are in a position to educate older people and their caregivers about CBSS and to make referrals to these services and supports when needed.

Casado et al. (2011) reported that CBSSs are underutilized by older adults for many reasons that include a lack of awareness, reluctance, unavailability, and unaffordability. Even when services and programs are available, older people and their caregivers will sometimes refuse them. These people may experience challenges in accessing services or may have difficulties with accepting that they need them in the first place (Longman et al., 2011). Older people may resist congregating with old people or feel that services are not sensitive to their own ethnic group. They may feel a loss of

control, may feel judged, or may feel that the services are not specific enough to their own needs (Silverstein et al., 2008).

Lastly, Siegler et al. (2015) emphasized the importance of assessing an older person's faith community when thinking about options for community supports. Religious communities tend to be a trusted part of seniors' lives. Older adults are more likely to be affiliated with religious services (67% to 69% above age 65), with an even greater percentage participating in ethnic minority communities. Many of the religious organizations will have some way, whether formal or informal, of reaching out to people in the public, including seniors.

Family Involvement With the Elderly in Long-Term Care

Life expectancy in the United States is increasing, and the research indicates that more adults are acting as primary caregivers for their elderly relatives (Solberg et al., 2014). The research indicates that the level of care increases when dementia or some other cognitive impairment is present (Solberg et al., 2014). Moving into a nursing home is a milestone event in the life of the person transitioning and for the family. The move can take place because of a decline in the person's health or can signal that the caregiver can no longer care for a family member. This transition most often is thought of through the lens of loss;however there is a great potential for growth and for new relationships for everyone involved. The research clearly shows that quality transitional care is especially important for older adults with more than one chronic condition and complex therapeutic regimens, as well as for family caregivers (Solberg et al., 2014).

According to Petrovic-Poljak and Konner (2012), family involvement in long-term care can be challenging if families have conflict with nursing home staff and if families do not feel valued or appreciated for the support that they provide. A sense of

community is about having a feeling of belonging, having influence, having needs met, and having an emotional connection to individuals in a community. According to Barusch (1995), families in both developed and developing countries have experienced changes that seriously limit the resources available for elder care. As life expectancy in the United States increases, more adults are acting as primary caregivers for their aging parents (Solberg et al., 2014). Adult children who take on the role of caregiver for their aging parent usually experience a great deal of stress due to ensuing emotional and financial obligations imposed on them (Pinquart& Sorenson, 2011; Savundranayagam et al., 2011).

The level of care necessary for an aging parent increases when dementia or some other form of a cognitive impairmentis present. The stress that adult family caregivers experience can be greatly increased in the care of their elderly family members (Burnside, 1988; Dura et al., 1991; Lee et al., 2012). It is not unheard of for adult caregivers of the elderly to care for their own young children at the same time, which adds further stress. This trend of adult children caring for their parents and children simultaneously has become so prominent that the term *sandwich generation* was coined to describe individuals born between 1946 and 1960 who cared for both their own children and elderly parents or in-laws (Chassin et al., 2010;Hamill& Goldberg, 1997; Rogerson & Kim, 2005).

Previous research indicates that caregiver stress could negatively affect the emotional and physical health of a family member acting as a primary caregiver for a demented person, therefore negatively affecting the family member's ability to care for the patient (Papastavron et al., 2007; Thomas, 2009). There is a great deal of research about the effects of caring for a family member with dementia. Brodaty (2009) reported

thatfamily caregivers of people with dementia are often called the invisible second patients and are very important to the quality of life of the care recipients. Brodaty also stated that the effects of being a family caregiver can be sometimes positive, but are mostly negative, with high rates of burden and negative psychological effects as well as social isolation, physical illhealth, and financial hardship.

There is evidence to show that people from the sandwich generation experience stress and engage in unhealthy behaviors (Chassin et al., 2010; Hamill & Goldberg, 1997). Identifying the impact of mental or emotional strain or tension on a caregiver is important because a caregiver's emotional well-being could potentially affect the care that is provided for others at home. Thus, when physicians and other healthcare providers are guiding caregivers in providing comprehensive care at home, it is critical that the effects of stress be considered when devising a care plan.

A study by Solberg et al. (2014) looked at stress in 45 adult caregivers of elderly patients with dementia. The participants completed a 32-item questionnaire about the impact of the stress that they experienced in caring for the elderly demented person. Conclusions made by the study were that adult children caring for elderly parents with dementia experience stress, anxiety, and sadness. It was found in this testing that caregivers' emotions were affected but not their finances or their careers. Emotional stress lessened activities in other interests, but not their social interactions. Helpful coping strategies were identified by respondents in trainings on the care of patients with dementia, and in meetings with social workers to locate additional resources. The study concluded that more research is needed to validate the coping mechanisms used by caregivers. Knowing what coping mechanisms caregivers utilize to deal with stress, anxiety, and the sadness of taking care of a family member can help to better understand

what is effective and help to reduce these symptoms so that the caregiver can be effective in their critical role of caring for an elderly family member.

Workers Involved With the Elderly in Long-Term Care

McHugh et al. (2011) reported that burnout has a negative impact on staff members and suggested that the quality of care of the elderly is also impacted, with levels of patient satisfaction being lower with nurses who experience a high level of burnout. Harrad and Fransesco (2018) reported that the longer that staff members worked at a nursing home, the lower their level of satisfaction and accomplishment around their work. Staff are a critical part of ensuring that the elderly get the care that they need, and according to Harrad and Fransesco, staff can develop a cynical attitude and need to be supported to do their job effectively.

Cocco et al. (2003) conducted a study attempting to compare levels of stress and burnout among staff caregivers in nursing homes and acute geriatric wards of general hospitals. Their study concluded that levels of stress and burnout among staff caregivers are moderate in acute geriatric wards but appear to be significantly higher in nursing homes. According to the authors, thisfinding suggests that increasing the rate of trained staff and improving staff support is critical to ensuring that staff and family feel supported in their jobs so that they can effectively care for the elderly residents who count on them to meet the extensive needs of their everyday lives.

The assistance of family and nursing home staff during the transition of an elderly person into long-term care is undoubtedly important. According to Roberts and Bowers (2015), social support and social relationships have been identified as essential to nursing home resident quality of life. The authors reported that residents developed relationships with peers and staff largely as an unintended consequence of trying to get accustomed to

life in a nursing home. Theyalsoreported that having a productive life as an elderly person in a nursing home was a two-step process. Motivationinfluenced resident preferences for daily activities and interaction goals and subsequently their strategies for achieving and establishing both. Second, the strategies that the residents used in their daily activities and interaction goals then influenced the nature of interaction and the peer or staff response to these interactions. The authors also reported that residents defined relationships as friendly or unfriendly depending on whether peers or staff responded positively or negatively to them. The bottom line is that residents depend upon staff to be present and mentally and physically healthy enough to meet their extensive needs.

Harrad and Francesco (2018) reported that the growing numbers of elderly people require nursing and residential care to meet their extensive needs. They go on to say that nursing is an occupation associated with high burnout rate amongst its workforce, associated with increases of emotional exhaustion, depersonalization and decreases in personal accomplishment. According to Maslach (1993), depersonalization describes negative feelings towards clients, which can reduce personal accomplishment and can also cause staff to form a negative opinion of their own work ability.

Dealing with negative emotions is an important work demand, especially for workers who are in the healthcare field (Buruck et al., 2014, 2016). There is widespread concurrence among global agencies, including the World Health Organization and the International Labor Organization (Forastieri, 2014), that the health, safety, and well-being of workers who make up nearly half of the global population are of great importance. High workloads and inability to make decisions appear to be important predictors of employees' well-being. (Cooper, 2013; Hausser et al., 2010).

Consequences of reduced well-being,suchasanxiety in the workplace, increased

amounts of stress, and depression, make for the second most widespread cause of work absence in Europe (European Agency for Safety and Health at Work, 2014; Robert-Koch Institute, 2012). Besides increased amounts of stress in the work environment, an additional reason for reduced well-being among healthcare workers could be inadequate personal resources for coping with the high demands of the work (Bakker& Demerouti, 2014; Buruck et al., 2014).

Personal resources can help employees in healthcare bear the stressful and demanding work that is presentedon a daily basis. Emotional regulation skills can be used as an individual resource to cope with the high demands of work. It is especially true for employees who are working in a position that has high emotional demands, such as elderly care nurses, as they may be able to benefit from having a set of coping skills to help them through the daily grind. Affect regulation training allows for acquisition of adaptive emotional skills and improves coping abilities at work (Buruck et al., 2016). Affect regulation training supports people in dealing with very difficult situations. Strengthening personal resources through emotional regulation training skills can be a complement to condition-based methods that work toward changing work conditions for people in healthcare (Buruck et al., 2016). Changing the work conditions for healthcare workers may help to reduce staff turnover rates by providing support that helps to reduce their daily work stressors.

High rates of staff turnover in long-term care increase the likelihood that the elderly will be unable to form a working relationship with a provider over time (Qualls, 2016). Lack of coordination increases the risk that the services and supports chosen by families are not properly matched to the needs of the care recipient. The working relationshipof workers and residents can be negatively affected if they are improperly

placed in programming. An overly restrictive setting can also harm the resident and worker relationship or can add risk to an inadequately supported service structure (Qualls, 2016).Communication between providers during times of transition, such as transition from home to assisted care living, is primarily formal, with reports and documents from one place sent to the next. This process often lags by days and opportunities are missed to influence the very first care plans for the new setting (Qualls, 2016). Normally, the types of information that are transferred are lists of medications, interventions, diagnoses, and summaries of previous care received.

Very important information about a person's communication or coping styles, care preferences, patterns or behavior, and family dynamics are not usually transmitted across different settings by staff (Qualls, 2016). Families become important in providing important historical information regarding the patient, and place them in the position to be advocates for their loved ones. Psychologists working in public policy have very important work in ensuring that services and funding for services are used in ways that help to strengthen families and their involvement with their elderly relatives, and that user-friendly services and supports are available to supplement or to help with caregiving tasks when families are unable to handle the intensity or longevity of the care demands placed on them (Qualls, 2016).

Effects of Transition From Home to Assisted Care Living onthe Elderly, Families, and Workers

According to Statistics Canada (2011), by 2050, individuals aged 60 and older will compromise approximately 22% of the world's population. Furthermore, as the number of older adults increases significantly, countries will see a large percentage of elderly adults living in independent dwellings needing support. According to Merla et

al.(2018), it is well known that informal caregiving responsibilities can place a significant demand on family members who must juggle care demands of raising children, employment, personal interests, and caring for their elderly family and friends.

According to Hurlock et al. (2008), moving from a liminal space to another space can be tainted with past experiences and a fear of the unknown. Purves and Suto (2004) reported that people living in liminal spaces have generated meanings about their experiences. Jeyaraj (2004) discovered that new forms of knowledge can come out of transitions between different communities and sociocultural fields. The authorstated furtherthat the elderly who are moving into a new setting can deal with the loss of their familial lives, and the challenges that come with the fear of the unknown to nursing homes or other alternative care settings, if they have the support that they need to make a successful transition.

Research has highlighted the new regulatory changes in transitions to nursing home settings, wherein an emphasis has now been placed on resident involvement in the care planning process. Therefore, professionals must address the elderly person's perceptions openly, honestly, and fully prior to any move into a nursing home setting. Moving into a nursing home is a milestone event in the life of the person transitioning, and for their family. This move may take place because of a decline in the person's health or can signal that the caregiver is unable to no longer care for a family member. This transition most times is thought of through the lens of loss, while there isalsoa great potential for growth and for new relationships for everyone involved.Girgos et al. (2017) reported that, although there are numerous and often predictable transitions in care, very little is known about how successful transitions occur for the elderly.

The greatest challenge will be for older adults who will need to adapt to changes

in physical functioning, struggling to control chronic illness and who will need to manage the transition to a less independent living arrangement, such as assisted living (Gaugler & Kane, 2007; Guererro & Guererro, 2014; Tracy & Deyoung, 2004; Van Durme et al., 2012). In particular, relocation is a common transition for older adults that can be initiated by a change in health status, loss of a spouse, decrease or loss of financial resources, or a desire to be closer to family. For people of any age, these changes can be stressful and anxiety ridden. A move to a new place creates more disequilibrium and chaos for an older person as compared to a younger person.

Relocation has many implications for healthcare workers and families. The more services that respondents used, such as adult day centers, senior centers, housekeepers, visiting nurses, and personal aides, the higher the perceived need was to move to a higher level of care. Many relocation issues can be mitigated by improving awareness of available in-home or community-based services, such as adult day centers. Richards and Hagger (2011)interviewed older adults who had relocated to senior housing, such as independent and assisted living. The results from his interviews revealed many reasons for seeking a more supportive living environment. Pushing factors toward relocation were declining function, giving up home ownership responsibilities, lack of assistance, loneliness, and moving closer to family. Pulling factors reflected the older adults' need to secure housing, reconnecting with friends, and familiarity with the senior living community. Some of the data revealed overlapping factors that were a combination of pushing (needing to move) and pulling factors (wanting to move).

Richards and Hagger (2011) reported that the world in general is aging at an increased and unprecedented rate than has ever been experienced in humanity before. The study reported that as aging has become more significant in our society and that there is a

long history of interest in studying the move from home to assisted care living.According to the authors, the early research in this area goes back about 65 years with a study by Camargo and Preston in 1945. Richards and Hagger conducted a literature search that revealed nine journal publications that demonstrated an interest in this area, highlighting the fact that, even many decades later, this topic is still of interest. The outcome of the study by Richards and Hagger provided a richer picture of the residential long-term care experience from the viewpoint of the older adult consumer of the service.

Historically, this research topic has created some interest. Camargo and Preston (1945) reported mortality rates 2.5 to 11.5 times the rate of the general population for people aged over 65 during the year following admission to mental hospitals, and Aldrich and Mendkoff (1963) reported that the social and psychological effect from relocation can be lethal.The concern is also noted in the differing terminology used in relation to the relocation effect. The authors reported that the terms relocation stress, relocation syndrome, relocation trauma, translocation syndrome, translocation trauma, and transplantation shock are used throughout the history of the literature.

One premise of the early work on the relocation effect was around what has been characterized as a pure relocation effect, which suggests that it is the move itself, independent of the factors preceding or following the move, which leads to adverse effects. Coffman (1981) found positive, neutral, and negative effects of relocation consistent with normal distribution of effects, concluding that it is not the relocation itself. He suggested that, where adverse effects occur, it is the factors surrounding the move that give rise to the relocation outcome and not the move itself. He suggested that a pure relocation effect probably does exist but that it is a pure stress effect arising out of the relocation.

The discussion to date has focused on quantitative literature. Emerging in the 1980s as a significant line of inquiry is the literature based on qualitative approaches to research, with one of the very first being a study by Chenitz (1983),who published results of a nonexhaustive literature review and synthesis of older people's experiences of nursing home placement in 2002. As part of the placement experience, the researcher identified themes of feelings of loss and suffering, sense of relief and security, passive acceptance, making the best of available choices, and reframing.

Coughlin and Ward (2007) reported themes of waiting, grieving the loss of personhood, and the importance of relationships with family, staff and other residents. Tsai and Tsai (2008) reported themes of a temporary home, highly structured lifestyle, restricted activities, safety concerns and relationships. Heliker and Scholler-Jaquish (2006) reported themes of becoming homeless, getting settled, learning the ropes, and creating place. The authors highlighted, "Residents have left not only a home but a part of who they are. They are grieving their loss, each in their own way and in their own time" (Heliker & Scholler-Jaquish, 2006, p.34).

Naylor and Keating (2008) looked at transitioning elderly patients from one care setting to another and the many factors that contribute to gaps in care during important transitions. They found these to be poor communication, incomplete transfer of information, inadequate education of older adults and their family caregivers, limited access to essential services, absence of a single point person to ensure continuity of care, and language and health literacy issues and cultural differences, which all exacerbate the problem (Naylor &Keating, 2008).

Naylor and Keating (2008) reported that family caregivers are the most important providers for the elderly during hospitalization after discharge. This study reported that

only recently has more attention been applied to family caregivers and their individual needs during transitions in care for the elderly. As a result, Naylor and Keating found that family caregivers rate their involvement in decision making about discharge plans and the quality of their preparation for the next stage of care as poor. Family involvement and attention in elderly transitions from hospitalizations may very well serve in helping to keep the elderly person in a good state of mind, and may help their overall mental health by having a strong support system as they transition back home again.

Naylor and Keating (2008) reported that caregiving can be very rewarding but noted that it can also pose a great burden on the caregivers. The effect on workers is also of consideration as nurses and social workers attend to the emotional needs of caregivers during the transition from home to a nursing home setting. Nurses and social workers attempt to minimize the negative experiences of the caregivers, and to heighten the ability of the caregiver to provide quality care for their loved ones.

Naylor and Keating (2008) reported that the studies that they located had a limited focus on family caregivers but that the available studies indicated that the following are important elements to improving care transition and improving the support of family caregivers: “focus on patients’ and family caregivers’ needs, preferences, and goals, utilize interdisciplinary teams guided by evidence-based protocols, improve communication among patients, family caregivers, and providers, use information systems, such as electronic medical records, that can span traditional settings”(Naylor & Keating, 2008, p. 58).

Lastly, Naylor and Keating (2008) found that family caregivers’ lack of knowledge and resources are meaningful barriers to effective care. The authors stated, “Early identification and treatment of an older adult’s health problems are beyond the

skills of family caregivers, and they often lack access to a health professional who will respond to questions and concerns in a timely manner (Naylor & Keating, 2008, p. 58). The authors believed that, to address these barriers, new ideas are needed to help to prepare family caregivers for their roles during important life transitions. The authors reported that a comprehensive assessment of every caregiver's individual needs should be conducted during an elderly person's admission to the hospital that will require that health care professionals to have tools and the time to help to coach these family caregivers. Naylor and Keating clearly demonstrated that there are few evidence-based transitional care models that focus on the needs of family caregivers during the time of important transitions such as the transition of the elderly to assisted care living. They reported the quality of the evidence that is available is also not satisfactory and that more rigorous studies looking at the benefits and costs of other innovations are needed.

Through the review of the literature, it has become apparent that more updated studies need to be conducted around the effects of transitioning from home to a nursing home on the elderly, their families, and on workers during the time of transition of the elderly from home to an assisted care living setting. The studies that were located dated back to 1969 and were as current as 2018. Current trends in this phenomenon need to be ascertained to have a current understanding of the effects on the mental health of the elderly persons, their families, and workers, who all experience this transition in different ways.

Research Questions

The following research questions were established to guide this applied dissertation:

1. What are the lived experiences of elderly personsas they transition from home

to assisted care living in a medium-size nursing home in the northeast?

2. How do elderly persons describe their emotional and mental health as they transition from home to assisted care living in a medium-size nursing home in the northeast?

3. What interventions do elderly persons report are beneficial to their emotional and mental health in their experience with the transition from home to assisted care living in a medium-size nursing home in the northeast?

4. How do elderly persons report that family, healthcare workers, and other supports assisted them in their experience with the transition from home to assisted care living in a medium-size nursing home in the northeast?

Chapter 3: Methodology

Aim of the Study

The aim of this phenomenological study was to gain a better understanding of the experiences of the elderly in the transition from home to a nursing home setting. Interviews conducted with elderly people in a nursing home setting should help to determine their individual experiences in their transition from home to assisted care living.

Qualitative Research Approach

Phenomenology is the description of an individual's immediate experience. Edmonds and Kennedy (2013) stated, "The phenomenological approach was born out of Edmond Husserl's philosophical position that the starting point of knowledge was the self's experience of phenomena, such as one's conscious perceptions and sensations that arise from life experience" (p. 136). From this philosophy emerged the phenomenological approach of today in order to research how individuals construct reality. Researchers use the phenomenological approach when they are looking at meaning, composition, and the lived experience of specific phenomena. Evidence from phenomenological research is derived from first-person reports of life experiences. Scientific investigation is therefore valid when knowledge is acquired through descriptions that make possible an understanding of the meanings of the experience (Moustakas, 1994).

Since evidence in a phenomenology is derived from first-person reports of life experiences, it was an appropriate approach to take in the research presented in this study in an effort to better understand the experiences of elderly persons who were transitioning from home to a nursing home setting. The phenomenological interview is an informal interactive process that involves using open-ended questions (Moustakas, 1994). These

open-ended questions helped the writer to gain a better understanding of the experiences of elderly persons who were transitioning from home to a nursing home setting.The phenomenological interview begins with gaining trust and of having an open and honest conversation with the interviewee (Moustakas, 1994). The interviewer is responsible for creating an atmosphere in which the research participant will feel comfortable enough to respond in an honest fashion. The questions are therefore shaped and molded as the relationship with the interviewee grows toward the interviewer gaining the trust and the respect of the interviewee.

Participants were chosen based on their ability to provide a description of their lived experiences of transitioning from home to a nursing home setting and on the knowledge and selection of the nursing home administrator of individual residents. The Epoche process indicates that researchers should set aside personal prejudgments, biases, and preconceived ideas about things. They invalidate,inhibit, and disqualify all commitments with reference to previous knowledge and experiences (Schmitt, 1968). The experiences before the researcher are looked upon with fresh eyes, in a new light, in order to gain a different perspective.

Participants

Qualitative research utilizes purposeful sampling where subjects for studies are selected based on ability, wherein individuals and sites are intentionally selected to learn more about the main topic. One of these sampling approaches, known as homogeneous sampling, which is defined as “the process of selecting a small homogeneous group of subjects or units for examination and analysis” (Edmonds & Kennedy, 2013, p. 331), was used in this study. It was used to ascertain information about a specific group, the elderly, and their transition from home to a nursing home setting.

The participants came from a medium-sized nursing home facility in northern Connecticut. This facility participates in Medicare and Medicaid and is classified as a for-profit corporation ownership. The facility is not located inside of a hospital and does not belong to a continuing care community. This facility has 131 beds and 125 residents, and if offers short-term rehabilitation, long-term care, and a secured behavior unit. This facility provides an average of 73 registered nurse hours, 80 licensed practical nurse hours, and 208 certified nursing assistant hours per day per resident.

The cognitive ability of the resident to participate in the interviewing process was determined through conversations with the social worker or other mental health professional assigned to the resident who had conducted psychological or other cognitive testing. No specific diagnoses were excluded from this study unless they impaired the cognitive functioning and subsequent ability of the resident to actively and appropriately participate in the interviewing process.

The ability to speak with participants at the nursing home site came from the site's lead administrator. Permission was granted by the nursing home's lead administrator to conduct the study and the individual participants themselves. Releases of information were also ascertained to speak with the elderly persons' outside providers as necessary in order to conduct this study. Fourteen participants were interviewed in this phenomenological study, as this was determined to be a sufficient number to achieve research saturation with the nursing home administrator.Data saturation refers to the point in the research process when no new information is discovered in the data analysis, and this redundancy signals to researchers that data collection may cease (Faulkner & Trotter, 2017).

Of the 14 participants, eight (57%) were female and six (43%) were male. They

ranged in age from 60 to 97. Six (43%) were widowed, and eight (57%) were single. Nine were White (64%), three were of Hispanic origin (21%), and two were African American (14%). Seven participants were Irish (77%), one was Jewish (11%), one was Italian (11%), and five did not report a specific ethnic or cultural background(35%).

Data-Collection Tools

Qualitative data can be collected through interviews, and questionnaires, documents, and audiovisual materials. Data recording protocol in this study (see Appendix) was to interview participants and to write down and to video record their responses to preplanned questions in order to ascertain their experiences with the transition from home to assisted care living. Follow-up questions were formulated and posed based on responses received from participants. Individuals selected for this study were interviewed individually to ascertain their personal responses to the preplanned and additionally posed questions. Thisinformation helped the researcher to ascertain the real-life experiences of elderly people who have transitioned to assisted care living.

Glesne (2011) placed a quote in her book about qualitative research that strongly influenced the writer to attempt to ascertain and to tell the stories of the elderly people who leave their homes to go to a nursing home facility. The quote states the following:

> Sofie knew and taught me that everyone had some story, every house held a life that could be penetrated and known, if one took the trouble. Stories told to others could transform the world. Waiting for others to tell their stories, even helping them to do so, meant no one could be regarded as completely dull; no place people lived in was without some hope of redemption, achieved by paying attention.(Myerhoff,1979, p. 240)

Therefore, this researcher ascertained the stories of the elderly by taking the time

to hear them and by paying close attention to the words and experiences embedded in them. The questions were created and validated by this writer and by fivemental health professionals ranging from clinician to clinical supervisor. These professionals have had experiences interviewing and working with both young and with older people in the mental health field. The literature was carefully reviewed, and the 15 questions were selected based on the themes that emerged during this process around the effects on the elderly in transition to a nursing home setting.

Questions ranged from asking about the effects of the transition from home to a nursing home on the respondent, on their families, and on the staff who work with them. The professionals were presented with pertinent information regarding the focus of the study before the process of validation commenced. The professionals were then instructed to review the questions to ensure that they are pertinent to the purpose of the study, complete, and to identify if any other questions were needed to ascertain information related to the purpose of the study. No suggestions for any changes to the interviewing protocol or questions were made by the panel of professionals.

Procedures

The researcher ensured that the approval of the Institutional Review Board at this university was obtained before taking further steps to conduct this study. Once the approval had been obtained, the researcher made the initial contact with the participants identified to discuss the background information and purpose of this study. The researcher worked closely with the site administrator in order to identify and to select and appropriate number of residents for this study. The initial contact was made individually in person with the identified participants at the nursing home facility. The researcher notified participants that the interview would occur once, that it would take up to 45

minutes, and that it would be audio recorded for further use in this study. The researcher notified participants that sessions might be broken up into approximately 20-minute sessions if needed if 45 minutes was too lengthy.

A space to conduct the interview was obtained in advance of each interview. Once the researcher had determined that the participant accepted the conditions of the interview, the researcher scheduled a day and time to conduct the interview in the nursing home setting. The interview was conducted on the designated day and time, and responses from respondents were recorded for use in this study. A staff member was present with each participant in case there was a negative reaction to a question or in case any medical or other psychological issues occurred. Peer review was used as an external check of the research process. Both the researcher and a peer administrator kept written accounts of the sessions in these peer debriefing sessions. The study engaged the interviewees in member checking by having the final research and interpretations shared with them so as to have them clarify their intentions, correct any errors, and provide any additional information.

Data Analysis

The qualitative design utilized in this research study was phenomenology. A phenomenology is an approach to qualitative research that describes the common meaning for several individuals of their lived experiences of a concept of phenomenon. The Stevick-Colaizzi-Keen method of analysis of phenomenological data from Moustakas (1994) was used in analyzing the data collected from the interviews. A full description of the experiences was obtained from the verbatim transcripts of the interviews conducted with the elderly. From the verbatim transcripts of the writer's experiences, the following steps were completed:

1. Consider each statement with respect to significance for description of the experience.

Record all relevant statements.

3. List each nonrepetitive, nonoverlapping statement. These are the invariant horizons or meaning units of the experience.

4. Relate and cluster the invariant meaning units (variables that do not change) into themes.

5. Synthesize the invariant meaning units and themes into a description of the textures or visual perceptions of the experience. Include verbatim examples.

6. Reflect on writer's own texturaldescription(writer's own perceptions of phenomenon). Through imaginative variation, or viewing the phenomenon under investigation from varying perspectives, construct a description of the structures of the experience.

7. Construct a textural-structural description of the meanings and essences of the experience.

Ethical Considerations

Ethical issues were a primary concern in this study, and the researcher kept in mind that residents, their primary caregivers, and mental health professionals were all being asked to share very personal and confidential information. Carter et al. (2011) reported, "Fostering scientific advancement requires strict adherence to ethical guidelines for research and scientific writing" (p. 124).Therefore, participants were informed that the information that they shared was confidential, only to be used by the researcher to ascertain valuable information through their individual responses, and that excerpts of their responses, without their names associated with them, might be included within the

contents of the final dissertation paper.

Participants were also informed that results of the study would contain no specific names or other identifying information and that only gender would be reported. Questions and concerns were addressed and care was taken to assist respondents in feeling comfortable with the overall data collection process. The researcher kept the data compiled from this study secured in a locked file cabinet.Carver et al. (2011) reported, "The benefits of research can only be realized if results of investigations are published in the literature for others to replicate and expand upon" (p. 125).The actual data and results would be published for participants and for others who were a part of the study to see. They would also be published so that others in the community can learn from them and perhaps apply them to real-life situations.The actual data would be destroyed 36 months after the completion of the study.

Trustworthiness

Peer review was used as an external check of the research process. Both the researcher and a peer administrator kept written accounts of the sessions in these peer debriefing sessions. The administrator or other staff member was present in the room with the participants, helping to guide them along with the process. Checking in with actual respondents involved in the research process for understanding, and working closely with the researcher's peer to monitor the process, ensured the utmost accuracy by reviewing the information that was reported in the study.

Credibility was the first criterion that must be established in this study. Credibility is seen as being the most important aspect in establishing trustworthiness. The researcher needed to link the study's findings with reality to demonstrate the trustworthiness of the study. Two techniques were available to establish trustworthiness in the study:

triangulation and member checking. Triangulation refers to the use of multiple methods of data sources in qualitative research to develop a comprehensive understanding of phenomena (Carter et al., 2014).

The writer acquired data from multiple participants by asking them the same questions. This writer gained insight into how different people felt about the same topic. This information helped the writer to ensure that the research was rich, comprehensive, and well developed.The researcher included the interviewees in this process through member checking by having the final research and interpretations shared with them so as to have them clarify their intentions, correct any errors, and provide any additional information.

The researcher provided a thick description of the study procedures so that other researchers can evaluate how applicable or transferable the findings are to other nursing facilities. Thick description is a technique in which the researcher provides a detailed account of their own experiences during data collection (Glesne, 2011).The researcher can talk about, for example, where the interviews occurred and other aspects of the data collection that can help create a more complete understanding of the research setting.

Dependability was important for this study and for trustworthiness because it would establish the findings as consistent and repeatable. An audit by the nursing home administrator helped to look at the data collection processes, data analysis, and the results of the research study. This audit was done to ensure that the findings were accurate and to ensure that the findings were supported by the data collected through the interviews. This process helped the researcher to better articulate his findings and to build a stronger case if needed for them.

The last criterion of trustworthiness is confirmability, and the researcher wantedto

confirm that the research was based on the participants' narratives instead of his own personal biases. The researcher wanted to verify that the findings were shaped by participants' responses more so than by those of the researcher. The researcher achieved this by using reflexivity:

> An awareness of the self in the situation of action to the ground on which one is standing, through journaling and reflecting about what is occurring in the research process as it is progressing in regard to his own values and interests. (Glesne, 2011,p. 150)

Potential Research Bias

The researcher was biased related to the experiences of elderly people who were transitioning to a nursing home setting in that he had personal experience with his own maternal grandmother. This researcher saw his grandmother go through her entire transition from home to a nursing home and the pain and agony that it brought her to leave all who she loved behind. There were no longer walks on the avenue in the Bronx, and friends did not come to call any longer as they once did. Her life changed greatly in the blink of an eye after family was no longer able to care for her at home.

Therefore, this researcher believesthat the transition from home to assisted care living is a difficult one for every person who experiences it. This researcher believes that this process is agonizing for people leaving behind everything that they love, as the researcher's grandmother once did. This researcher needed to manage his own personal thoughts and feelings about this process as he interviewed the people who had gone through it in their very own unique way by keeping an open mind and heart to the experiences of others. This researcher also kept a journal regarding his thoughts and feelings as he was going through the process and reflected on the process after each

interview. The researcher shared any questions or concerns that arose from his journaling experience with the site administrator.

Limitations

Certain people might be unavailable for interview in the nursing home setting. Space might be difficult to find as nursing home settings typically utilize all of the space that they have for various events and functions. This writer needed to establish a space and time in advance of any interviews. The researcher needed to identify at least eight residents to complete this study. The study should be able to provide a deeper understanding of the experiences of the elderly with the transition from home to a nursing home setting. The themes and potential meanings of the experience were derived from the data and helped the researcher to take a look at the bigger picture. Lastly, the study should help the researcher to better understand the lived experiences of the people interviewed, which will bring a great deal of meaning to the information gathered.

Potential limitations of the study centered on the individual participants' ability to articulate their thoughts and feelings about the experience of the transition from home to a nursing home facility. The individual participants may be unable to express themselves due to language barriers, age, cognition, embarrassment and other factors. The volume of data may also make analysis and interpretation time consuming. Also, the researcher's presence during data gathering, which was unavoidable in this study, may affect the participants' responses. This researcher also realized that rigor may be difficult to maintain, assess, and demonstrate. It was also important to note here that a limitation of phenomenology was that it may not be helpful in generating theories. The researcher needed to be careful about how hisown biases and assumptions would affect the research, as these can be very difficult to detect. The researcher also recognized that it might be

very difficult to get access to participants. Lastly, less credibility may be given to a phenomenological study by other professionals.

Chapter 4: Results

Introduction

The purpose of this study was to better understand the lived experiences of elderly people who were making the transition from home to a nursing home setting. The study was guided by the following research questions:

1. What is the lived experience of elderly persons as they transition from home to assisted care living in a medium-sized nursing home in the northeast?

2. How do elderly persons describe their emotional and mental health as they transition from home to assisted care living in a medium-sized nursing home in the northeast?

3. What interventions do elderly persons report are beneficial to their emotional and mental health in their experience with the transition from home to assisted care living in a medium-sized nursing home in the northeast?

4. How do elderly persons report that family, healthcare workers, and other supports assisted them in their experience with the transition from home to assisted care living in a medium-sized nursing home in the northeast?

Data were collected via semistructured in-person interviews that wereconducted with 14residents at a medium-sized nursing home in the northeastern United States. Interviews were audiorecorded and then transcribed via the Interview Recorder software program. To analyze thedata,a step-by-step process,specificallyMoustakas' (1994) modified version of the Stevick-Colaizzi-Keen method, was followed.Steps of the dataanalysisare described more specifically as follows:

Step 1: Epoche

In the step of epoche, "we set aside our prejudgments, biases, and preconceived

ideas about things" (Moustakas, 1994, p. 33). Schmitt (1968) stated, "We invalidate, invalidate, inhibit, and disqualify all commitments with reference to previous knowledge and experience" (p. 59). In every one of the reviews of participants' recordings, the researcher intentionally set aside biases and prejudgments and looked at the experiences with a fresh perspective. In alignment with Moustakas' (1994) recommendations, the researcher addressed the following two questions during this step of the data analysis:

1. How did my personal experiences of interviewing residents at a medium-sized nursing home in the northeast not bias my data collection and analytic process?

2. What new concepts and understandings did I learn about the phenomenon of interviewing residents from a medium-sized nursing home in the northeast?

The researcher asked the interview questions as they were written to residents in the nursing home, and he refrained from interjecting his own thoughts, feelings, and assumptions regarding the phenomenon of interviewing residents. The researcher achieved this by using the following two strategies:

1. He prevented himself from supporting the responses of the participants and displaying expression.

2. He recorded the participants' responses as they were presented.

Step 2: Obtaining an Understanding of the Data

The researcher recorded all 14 interviews and transcribed them, using the application called Interview Recorder. To ensure accuracy of the transcriptions, the researcher reviewed and listened to the recordings at least three times for each participant. The researcher read each transcription many times in order to be able to fully absorb each of their feelings and perceptions regarding their lived experiences.This process helped the researcher to gain real insight into the data and a better understanding

of the lived experiences of the residents in the nursing home.

Step 3: Horizontalization

According to Moustakas (1994), horizontalization occurs when the researcher assigns equal value to every statement of the participants' account of their lived experience. The researcher does this to identify verbatim fragments of the transcriptions that talk about the phenomenon that is being studied. To complete this step, the researcher analyzed each transcript, viewed each statement equally, and attempted to identify horizontal statements that, according to Moustakas, were those that appeared to have more significance than others. The process also allowed the researcher to identify other invariant constituents.

Step 4: Identifying Invariant Constituents

Invariant constituents are statements that contain a component of the experience that is essential for understanding it. Moustakas (1994) stated that invariant constituents are nonrepetitive statements that participants provide to describe their experience with the phenomenon. The researcher was able to identify the invariant constituents within the transcripts by referring to Moustakas' phenomenological research methods. When reviewing the statements to identify invariant constituents, the researcher reflected on the following two criteria: (a) Was the statement essential in understanding the phenomenon and (b) could the statement be abstracted and labeled? The researcher was able to identify invariant constituents as any statements that met this criteria. He was able to use invariant constituents to devise the themes in the next step of the model.

Step 5: Identifying Themes

The researcher clustered the invariant constituents from the previous step and identified the main themes of the participants' experiences of transitioning from home to

a nursing home in a medium-sized nursing home in the northeast. In order to articulate the invariant constituents and the themes that came from them, the researcher checked them against each transcript of each participant. He then utilized these themes to devise rich, thick, and individual textural descriptions of each of the participants' experiences of the phenomenon.

Step 6: Individual Textural Descriptions

The researcher developed descriptive narratives for every participant using the horizontal statements from Step 3, invariant constituents from Step 4, and themes from Step 5, all reduced from their transcripts. Moustakas (1994) described textural descriptions as follows:

> Throughout there is an interweaving of person, conscious experience, and phenomenon. In this process of explicating the phenomenon, qualities are recognized and described; every perception is granted equal value, nonrepetitive constituents of the experience are linked thematically, and a full description is described. (p. 96)

This step resulted in formulating textural descriptions of the participants' experiences of moving from home to a nursing home in a medium-sized nursing home in the northeast.

Step 7: Individual Structural Descriptions

Using imaginative variation, the researcher created a structural description for each participant. According to Moustakas (1994), researchers use imaginative variation to disclose possible meanings through use of imagination, changing the frames of reference, utilizing polarities and reversals, and approaching the phenomenon from different positions. The researcher reflected on the fit of his imaginative variations and the structures used in the participants' data. Moustakas referred to structural descriptions as

explanations of how the participants' feelings and perceptions connect to specific experiences and the root for such feelings. Using imaginative variation, the researcherlooked to identify subthemes from the core themes that he had derived in Step 5.

Step 8: Composite Textural Descriptions

The term composite denotes the combination of many components or parts (Moustakas, 1994). In this step, using inductive reasoning and analysis, the researcher combined the individual textural descriptions created in Step 6. This process of combination allowed him to create a composite depiction of the descriptive narratives of all of the participants.

Step 9: Composite Structural Description

In this step, the researcher used imaginative variation to combine the individual structural descriptions of participants from Step 7. This process of combination allowed him to create a composite structural description of all of the participants as a group. The purpose of completing this step was to enhance his own understanding of how it felt for the participants to experience the transition from home to a nursing home in a medium-sized nursing home in the northeast.

Step 10: Textural-Structural Synthesis

In the final step of data analysis, the researcher developed a synthesis of the composite textural and structural descriptions from Steps 8 and 9. Using the process of epoche talked about in Step 1, he developed a newer understanding of the nature of the phenomenon of moving from home to a nursing home in a medium-sized nursing home in the northeastern United States. The lived experiences of the 14 participants allowed the researcher to develop a new and enhanced understanding of the phenomenon.

Data Analysis

This author extracted 196 invariant constituents from 14 verbatim transcripts and devised a total of 12 themes. For Research Question 1, these themes included (a) lack of natural and community supports;(b) health issues;(c) poor self-care;(d) frustration, fear, and sadness about immobility; and (e) loneliness and depression. For Research Question 2, these themes included depression and lack of coping skills. For Research Question 3, these themes included social activities and social work supports. For Research Question 4, these themes included staff and family making it feel like home, family providing emotional support, and visiting and checking in.

Research Question 1

The first research question asked the following: What are the lived experiences of elderly persons as they transition from home to a nursing home setting in a medium-sized nursing home in the northeast? Upon analysis of the interview transcripts, five primary themes emerged for Research Question 1: (a) lack of natural and community supports; (b) health issues; (c) poor self-care; (d) frustration, fear, and sadness about immobility; and (e) loneliness and depression.

Lack of Natural and Community Supports.This theme centers on the support system that the elderly person has in the nursing home and in the community. Participants discussed a lack of natural and community supports as not having friends in the nursing home and not having family or friends that visit them or support them. One participant discussed missing their neighborhood friends and community as their primary source of support. Another participant discussed how their family lived far away and was unable to see them as often as they would like. The overall theme appears to be that nursing home

residents feel lonely and not fully supported in their lives at the nursing home. One resident stated the following:

> My daughter lives five minutes down the road from the nursing home, but does not come in to see me hardly. I feel very alone at times, and wish that they would come in to see me a lot more.

Another resident stated the following:

> My daughter and I really liked it here, I had worked here when I was younger and felt that staff was very supportive to residents. Now I feel that the staff does not help me enough, and that I have to wait for my daughter to advocate for me to get the help that I need.

Another resident stated the following:

> My daughter helped me to move into the nursing home and was very good to me, but now has been distant and has not visited me as much as I would like. It is very difficult because I do not have a lot of friends in the nursing home and I rely on my family to be there for me.

The overall theme appears to be that these residents feel that they do not have enough natural and community supports to help them to be comfortable in their time at the nursing home. They are in need of extensive family supports to help to keep their spirits up and of staff support to help them to feel fully cared for and loved.

Health Issues. The next theme that emerged involved health issues that most of the residents who were interviewed experience at the nursing home. Residents reported that they were placed in the nursing home due to not being able to take care of themselves and of not having anyone else to help them which led to their placement. One resident reported, “My legs just stopped working the way that they should, and I could

not take care of myself anymore and did not have anyone to help to take care of me." They reported that health issues will keep him in the nursing home for some time now until he can get his legs to work well again through rehabilitation. Another resident stated the following:

> My health was getting worse quickly, I was all alone and could not get to doctor appointments on my own. I had to come to the nursing home due to my health issues so that someone could help to take care of me.

Another resident reported that she had fallen due to health issues:

> I had fallen about 4 weeks ago and had to call for help for someone to get me up. They did a cat scan and found issues that made me have to go to a nursing home because I could not care for myself anymore with my health issues.

The overall theme of health issues appears to surround residents not being able to care for themselves any longer to acute health issues, and of needing to have full time care, such as in a nursing home care facility, to ensure that they get the care that they need to stay healthy. In most cases of the residents interviewed, family or friends are not available to help to care for them on a full-time basis, which led to their placement in the nursing home.

Poor Self-Care. The next theme that emerged from the interviews with residents involved issues with taking care of themselves in the new setting. Residents explained how living in the nursing home is much different than living at home where they have their own space and feel more comfortable. One resident explained how they felt depressed being away from home and reported how they do not feel like their usual self in the transition. They stated, "I do not feel like my usual self at the nursing home, and do not take care of myself as good as I should be."They explained how they are now

expected to care for themselves without the help of family or friends. They further reported, “The staff can only do so much, and they are doing their best to help to care for each of us.” One other resident reported how it is not the same at the nursing home as it is at home and how it is much easier for them to take care of themselves at home. The resident stated the following:

> It is hard to get used to being at the nursing home, and it has affected the way that I care for myself. I don’t feel like my usual self, feel depressed, and this affects my motivation to take care of myself.

The overall theme appears to be centered on residents being away from home, not feeling like themselves, feeling depressed, and not as motivated to engage in self-care activities as they would if they were in their own home environment. Most residents felt that staff was doing what they could to help to help them with their self-care, but staff is also overwhelmed with the number of people that they need to help on any given day. Self-care is a challenge that appeared to be widespread at the nursing home with the residents that were interviewed, as living there, and having to be independent away from family and friends is challenging.

Frustration, Fear, and Sadness About Immobility.Another theme that emerged in response to Research Question 1 involved the residents’ immobility and their feelings about it. Many residents reported that they are unable to move around on their own and need the support of staff to help them to get from place to place in the nursing home. Many residents stated that their immobility is the main reason why they are at the nursing home: to help to get rehabilitated so that they can walk again. One resident reported the following:

> I ended up going to the hospital first, I had fallen, fractured my spine, had a hard

> time breathing, was on oxygen, and could not walk. I am here at the nursing home because staff is now helping me to rehabilitate my legs so that I can walk again. I feel very alone because I am not able to get around the way that I used to and feel stuck being in bed and not being around other people for most of the day.

Another resident reported the following:

> I had a stroke and could not walk so they brought me here to the nursing home so that I can get help with rehabilitating my legs so that I can walk again. I continue to have strokes and so I need to be watched to ensure that I am not alone if one happens. I will continue however to rehabilitate my legs so that I can walk again and get around on my own. I feel scared that something may happen to me and that no one will be around to help me. I don't have the supports at the nursing home that I had at home and am worried that I may die alone.

Another resident reported the following:

> I tripped, fell, and broke a lot of bones and could not walk so they had to place me here to get me help with rehabilitation so that I can walk again. It may be a long process for me to rehabilitate, and it is frustrating that I cannot rehabilitate faster so that I can walk on my own and be more independent. It makes me feel depressed that I cannot rehabilitate quicker than I am and makes me feel very alone when I am trying to do the work that I need to do to get back on my feet so that I can go home again.

This theme appeared to center on residents being immobile due to trips and falls, and of not being able to get around on their own and needing rehabilitation that the nursing home offers to them. It also centered on their frustration, fear, and sadness about their immobility and not having the emotional supports that they usually have at home to

help motivate them to rehabilitate quicker so that they can be more independent. Some further discussed the pros and cons of being in the nursing home as having the support they need to get better, but missing home at the same time. One resident stated, “I have the chance to meet new people, and to get rehabilitated so that I can walk again, but I miss my family, home, and friends.”

Loneliness and Depression. The final theme that emerged from research Question 1 is that of loneliness and depression. Many residents reported that they do not have regular access to family and friends, and that their time in the nursing home can become lonely and somewhat desolate. One resident reported, “I am away from home and all that I know and am used to, and can become depressed because of it.” Another resident reported, “I feel very alone at the nursing home at times in being away from my family and friends and my home, and that makes me feel sad a lot of the time.” Another resident reported, “I try to talk to other people but it does not help me to feel less depressed because I feel like I am stuck here at the nursing home forever with nowhere else to go.” Not having many connections, staff being too busy, and being away from family, friends, and a sense of home in their lives seemed to be at the root cause of the depression that residents reported. One resident reported the following:

> This place does not feel like home to me at all, people are not friendly like they are in my neighborhood at home, and staff is too busy to stop and to chat for a while with me. This makes me feel very depressed and alone all of the time.

Most of the residents who were interviewed reported trying to rectify the situation by being more involved in nursing home activities, and by keeping as many connections as they could in the community. It was very apparent through the interviews that residents struggle greatly with maintaining an overall positive mood in the nursing home

environment as it can be very difficult to be away from family and friends and under the care of strangers.

Research Question 2

Research Question 2 asked the following: How do elderly persons describe their emotional and mental health as they transition from home to assisted care living in a medium-sized nursing home in the northeast? Upon analysis of the interview transcripts two major themes appeared as follows: depression and lack of coping skills.

Depression. Residents described how their emotional and mental health issues in the nursing home can lead to depressive symptoms. One resident reported, "My mental health is not really that good because I feel like I am always alone and get depressed very often and feel down on myself." Another resident reported, "I feel really down on myself all of the time, and feel like there is no way to pull myself out of the way that I feel no matter what I do." Another resident reported the following:

> I try to feel better when I can but it always leads me back to feeling sorry for myself, and badly about myself because I cannot do the things that I used to do when I was younger. When I was younger I felt strong mentally and physically and I do not have that anymore.

Residents described their mental health as declining in a way that affects their overall well-being in the nursing home. One last resident reported the following:

> I feel like there is no way but down from here with my mental health, and I feel like I will be sad for the rest of my life in being in the nursing home. I feel like nobody can help me with my mental health, and that there is no hope for me to get any better.

This feeling of hopelessness seemed to permeate the thoughts and feelings of the

residents interviewed. Another resident reported the following:

> I feel like I have no hope, feel depressed, and feel like I will never feel any better than I do right now. I wish that there was some way to help me with my mental health so that I would be more hopeful every day.

The residents interviewed reported that their overall mental health and well-being was in jeopardy by their being in the nursing home despite the supports that are given to them in the facility, they do not seem to be enough to help to improve their overall perception of their own mental health and well-being.

Lack of Coping Skills.Residents reported that lack of coping skills greatly contributes to their overall decline in mental health and overall well-being. One resident reported, "I do not have ways to help myself when I feel down or depressed to feel better." Another resident reported the following:

> It is hard to pull myself out of feeling badly about my situation at the nursing home, and I feel down and depressed all of the time and can't seem to do anything constructive to address it when it happens to me.

Many residents reported that their overall mental health and well-being is in jeopardy at the nursing home, and described their overall mental health, feelings, and well-being in the interviews. One resident reported the following:

> I feel like down and in the dumps all of the time by being here at the nursing home away from all that I know, and do not know of any good ways to help myself to feel better. I tried to talk to the social worker about how I feel, but the ways that they gave me to try to help myself are not working at all and I am not sure what else I can do to help myself.

Lack of coping skills appeared to be a very big barrier for residents who struggle with

their mental health and overall well-being, and it appeared that their struggles with their mental health greatly affect their overall mood and well-being.

Research Question 3

Research Question 3 asked the following: What interventions do elderly persons report are beneficial to their emotional and mental health in their experience with the transition from home to assisted care living in a medium-sized nursing home in the northeast?The two themes that emerged included social activities and social work supports. Residents reported that recreational activities at the nursing home are very beneficial in supporting their mental health. Some residents also reported that the site social worker is very helpful in encouraging them to talk about their thoughts and feelings about being in the nursing home.

Social Activities.The first theme that emerged from the research for this question involved social activities. The main premise of this theme is around the things that residents do to help to keep them engaged physically, mentally, and emotionally in the nursing home environment. One resident reported the following:

> I like to be around other residents when we play bingo and do other activities because it helps to get me out of my room and to feel much better. Otherwise, you stay in your room all day by yourself and do not talk to anybody else.

Another resident reported the following:

> I like to participate in activities that they have for us during the week because it helps me to get out of my room and to do something different. I feel less alone by being around other people and talking to them.

Residents appeared to take advantage of the activities that the nursing home has for them to help them to socialize and to feel better emotionally thereby improving their

mental health. Another resident reported, “I feel like I am less alone by having activities and people to talk to and it helps my mind to feel better by getting stuff out.” The nursing home appeared to have many different activities for residents to participate in and most of the residents appear to take advantage of these to help improve their mental health and overall emotional status.

Social Work Supports.More than one resident reported that speaking to the staff social worker is beneficial to them. One resident reported the following:

> I like talking to the social worker because she is nice and helps me to talk about what it on my mind. It makes a difference to have someone that I can talk to about how I am feeling so that I can make the best of it here.

Another resident reported, “I look forward to speaking with the social worker when it is my day to do so, and feel like I can get a lot off of my chest and that she will listen to me.” One more resident reported, “The social worker really cares about me and how I am doing here, and I feel like I can trust her to tell things to when I need someone to really talk to about my feelings and problems.” Residents seemed to benefit from the services and supports of the social worker on staff and appeared to look forward to talking to her when it was their time of the week to do so.

Research Question 4

Research Question 4 asked the following: How do elderly persons report that family, healthcare workers, and other supports assisted them in their experience with the transition from home to assisted care living in a medium-sized nursing home in the northeast? Residents reported that family and healthcare workers were pivotal to their acclimating and to surviving in the nursing home setting. Three themes emerged from the research: (a) staff and family making it feel like home, (b) family providing emotional

supports, and (c) family visiting and checking in.

Staff and Family Making It Feel Like Home.Residents reported that the transition from home to the nursing home was very difficult in most cases, as they had to leave a home, neighborhood, and family and friends that they had relied on for support in so many ways. They also reported that, without family, friends, and worker support, they would not have been able to transition smoothly to the nursing home setting. Family, friends, and workers, in many cases, helped the nursing home to feel more like home. One resident reported the following:

> My daughter helped me to get from home to the nursing home. I had to break up a home that I had for so many years, and she helped me to get this done by getting a moving company to help to move things out. She took the things out of the home that meant the most to me to be sure that they did not break. I don't know what I would have done without her to help me to get here. My daughter is a very busy person, but she made time to talk to me about how I was feeling, listened to me when I cried, and stayed with me until I felt better.

Another resident reported the following:

> The workers at the nursing home were very helpful to me when I first got here, and helped me to become used to being here by helping me with what I need to be more comfortable. I didn't feel comfortable at first in my bed, and a staff member helped me to get in the right position so that I could feel more comfortable and got me extra pillows. It is not the same as being home, but the workers did what they could to help me to get used to being in my new home.

Still another resident reported the following:

> I did not know what I was going to do when I first learned that I would be coming

> to the nursing home. I had to leave everything that I loved behind and come to a new and scary place. Luckily my family was there to help me with coming here because I had no choice at the time. My family helped me by spending time with me before the move, and by talking to me when I became sad or upset. They also helped me to get from home to the nursing home by driving me there, and getting me inside to the place where I was going to be staying. They even brought me the food that I liked to help me to feel more comfortable. The workers also helped me to get used to being here by getting me what I needed. It is not the same as home, but the workers do what they can to help me out. The workers also talked to me like the social worker who spent a lot of time listening to me when I first came here.

One more resident reported the following:

> I am very lucky to have had the help of staff and my family to make me feel more comfortable when I first came here by listening to me and making sure that I felt as much at home as I possibly could with being away from my home and friends, and all of the people that I love very much. My family came to visit me often, and staff stopped into my room a lot to make sure that I was alright and got me extra things that I needed to help me to feel more comfortable like extra fruit and water. That was a very hard pill to swallow by coming to the nursing home, but they made it a little bit better for me.

Most residents appeared to really struggle with the transition from home to the nursing home setting, but the support of family and workers helped them to lessen the blow of leaving their familiar homes and neighborhoods to come to the nursing home and helped them to feel more comfortable.

Family Providing Emotional Support.Many residents reported that family, friends, and workers helped to provide emotional support to them by listening to them, talking with them, and helping them to feel better about the move from home to the nursing home setting. One resident reported the following:

> The staff really listened to me when I needed someone to talk to when I first came here, and got me all of the things that I needed to feel more comfortable in being in a new and strange place. I must have been very rough to listen to because I cried a lot and carried on for a while, but they stayed with me anyway and listened and helped me out and I really appreciate that.

Many participants reported that they wished that family was able to care for them so that they did not have to come to the nursing home setting. One resident reported the following:

> I am grateful that my family was able to be there for me to help me to make the move from home to the nursing home. My son and daughter talked to me about the fact that I could no longer live at home because I could not take care of myself any longer. They helped me to understand that I was not safe at home alone anymore because of my difficulties with getting around on my own. They helped me by telling me that they would visit me often as they only live not very far from where I would be going. They have kept their promise and have visited with me on weekends when they are not working or called me and bring me some food and candy when they come. Family is everything to me, and I hope that they continue to come in to see me.

Another resident reported, “I can call my daughter or son anytime that I need to and they will listen to me and visit me if I need them to.” One more resident reported the

following:

> My family has been there for me every step of the way from the beginning until now, and has been a source of strength and support that has meant a lot to me. They have listened to me when I call them to talk, and have come in to visit me once a week. They have been very good to me by being there when I need them to hear how I am feeling, and I am grateful for that.

Residents in most cases were grateful to have family to help them in the transition from home to the nursing home setting. Overall, the presence of family appears to play a very pivotal role in whether or not the transition is a good one or a bad one. Many residents that I talked to felt like "family let them down at first" by placing them in the nursing home setting, but came to understand that family did their very best by helping them with the move and acclimating to the nursing home setting by providing emotional support to help them to get through this very challenging transition in their life.

Family Visiting and Checking In.Many residents reported that family spending time with them, listening, and checking in has been a source of strength for them in the very difficult transition of moving from home tothe nursing home setting. A resident reported the following:

> My family has been there for me in every way possible from talking to me, to visiting with me, getting me the food that I like, getting me some books and magazines, and to taking me out sometimes to get me away from here. Having my family around a lot when I first came here helped me to feel better about being here and made the time go along a lot quicker.

Another resident reported the following:

> I could have never done it without my family. I did not like being placed here at

> first, but I have learned that I need to be here so that I can get better and stronger. My family did the very best that they could at the time to help me to get here, and I am very grateful for that. My son has been especially helpful to me by calling me almost every night to make sure that I am ok and don't need anything.

Another resident reported the following:

> My family was there to visit me when I needed someone to talk to, and my daughter actually still comes in every week to see me, and calls me at least twice a week to see how I am doing. She brings me the food that I like, and brings me good books to read that I really like.

Another resident reported the following:

> My son was there for me from the very beginning and continues to visit with me as much as he is able to with his job, family, and all. He checks in with me on most nights to make sure that I am alright, and gets me the things that I need when I need them so that I am ok. I don't know what I would have done without him to help me.

One more resident reported the following:

> My family, especially my son, has really been there for me since the very beginning when I got really sick with having to move out of my home. He talked to me about what was going on, made all of the arrangements, and got me safely here without a hitch. He comes to visit me a few times a month now, and calls me as much as he is able to, to check in on me and to see how I am doing. He really cares about me, and makes sure that I am ok and that I have what I need, and if not, calls the home to tell them that I need something.

Residents reported that they found strength in family being there for them to spend time,

listen, and to check in with them to make sure that they are alright. It appears from the reports that familymaking time for them made a real difference in the lives of the people who had to make the very hard transition in moving from home to the nursing home setting.

Summary

The study explored the lived experiences of elderly people transitioning from home-based to a nursing home setting. In-person interviews were conducted with 14 residents from a mid-size nursing home in the northeastern United States, and verbatim transcripts were analyzed and grouped into themes. The following 12 themes emerged: (a) lack of natural and community supports; (b) health issues; (c)poor self-care;(d) frustration, fear, and sadness about immobility; (e) loneliness and depression;(f) depression; (g) lack of coping skills; (h) social activities; (i) social work supports;(j) staff and family making it feel like home; (k) family providing emotional support; and (l) visiting and checking in. In Chapter 5, a discussion of the findings is presented, including placing them within the context of the existing literature and providing implications as well as recommendations for future research.

Chapter 5: Discussion

This study explored the lived experiences of elderly individuals who had recently transitioned from home to a nursing home setting. This study was performed using the qualitative phenomenological design. The researcher recruited participants from a mid-sized nursing home in the northeast and interviewed them individually, in person, to determine their lived experiences of the transition from home to nursing home living.

Summary of the Findings

Research Question 1

The first research question focused on the lived experience of an elderly person as they transition from home to a nursing home setting in a medium-sized nursing home in the northeast. Analysis of the interview transcripts revealed (a) lack of natural and community supports;(b) health issues;(c) poor self-care;(d) frustration, fear, and sadness about immobility; and (e) loneliness and depression among the elderly interviewed at the nursing home. It was apparent through the interviews conducted with residents that they struggle with maintaining an overall positive mood in the nursing home environment as it can be very difficult to be away from family and friends and under the care of strangers.

Research Question 2

The researcher asked residents questions to ascertain how they describe their emotional and mental health in their experience with the transition from home to assisted care living in a medium-sized nursing home in the northeast. Two major themes emerged from this research question: depression and lack of coping skills. Residents felt that their mental health was suffering because they were always alone and could begin to feel depressed or down. Residents also reported feeling sorry for themselves and not feeling as strong mentally or physically as they used to. Some residents felt that there was

nowhere to go but down in the nursing home setting. In regard to coping skills, residents reported that it is hard to find constructive things to do to help themselves feel better.

Research Question 3

The researcher used the third research question to ascertain what interventions elderly persons interviewed find beneficial to their emotional and mental health in their experience with the transition from home to assisted care living in a medium-sized nursing home in the northeast. Two major themes emerged from the research: social activities and social work supports. Residents reported that recreational activities at the nursing home are very beneficial in supporting their mental health. Residents reported that they like to get out of their room and to do something different because it helps them to feel less alone. Residents appeared to take advantage of the activities that the nursing home has to offer to help them to socialize and to feel better emotionally, which helps their overall mental health. Some residents also reported that the social worker on staff is very helpful in eliciting their thoughts and feelings about their placement in the nursing home. Residents reported that they like talking to the social worker on staff about their feelings and problems because the social worker listens to them and guides them. Residents seemed to benefit from the supports of the social worker on staff and appeared to look forward to talking with her when it was their time to do so.

Research Question 4

The researcher used this research question to ascertain how residents in the nursing home report that family, healthcare workers, and other supports assisted them in their experience with the transition from home to assisted care living in a medium-sized nursing home in the northeast. Three major themes emerged from the research: staff and family making it feel like home, family providing emotional support, and visiting and

checking in. Residents reported that family and healthcare workers were pivotal to their acclimating and to surviving in the new environment of the nursing home. Residents reported that the transition from home to the nursing home setting was very difficult in most cases, as they had to leave a home, neighborhood, and family and friends that they had relied on for support for many years.

They reported that family, friends, and workers, in most cases, helped to make the nursing home feel more like home by helping with the move, getting them acclimated, providing emotional support, and by visiting and checking in frequently. Residents reported that they found great strength in family being there for them to spend some time, listen to their worries and concerns, and to check in with them to make sure that everything was alright. Residents reported that their families making time for them made a real difference during the very difficult time of transitioning from home to assisted care living.

Interpretation of the Findings

The good insight that residents had into their transition from home to the assisted care living setting was expected by the researcher. Residents appeared to have a very good perception of how the lived experience of transitioning from home to the assisted care living facility affected their mental, physical, emotional health, and overall well-being. Through the course of the interviews, 12 primary themes emerged from the research. Residents reported that the involvement of family and staff at the nursing home had made a significant impact in their lives in helping them to get more acclimated, and to survive the new and very challenging environment at the nursing home. The importance of family and staff involvement in their daily lives was very apparent during the course of the interviews and showed that the increased support of both helped to yield

much better outcomes emotionally, mentally, and physically in all of the areas mentioned for the residents who depend on supports both external and internal to live successfully in the assisted care living setting.

Physical health was also important to residents as many had been placed in the nursing home setting due to, for example, not being able to walk and therefore not being able to take care of themselves on their own. Residents depend on staff support for rehabilitation so that they can be more mobile, and get around on their own better in the nursing home setting. Residents also found challenges with their mental health in being in a new environment in the nursing home away from everything that they know, and benefitted from the supports of the social worker on staff who they can talk to and openly process their thoughts and feelings with. The social worker helps them to devise coping skills that help them to better survive and to feel less depressed in the nursing home setting. The overall physical and mental health of residents appeared to be improved by staff who helped to nurse them back to health, and helped them to feel better and to improve both emotionally and physically.

Context of the Findings

Research Question 1

Many of the results of the interviews corresponded with the existing literature. The first research question examined the lived experience of elderly persons as they transition from home to a nursing home setting in a medium-sized nursing home in the northeast. Girgos et al. (2017) reported that, although there are numerous and often predictable transitions in care, very little is known about how successful transitions occur for elderly persons. However, in this study, considerable information was gleaned through the interviews with residents around what it takes to have a successful transition

from home to assisted care living for an elderly person. The findingsin this study showed that most of the elderly people who moved from home to assisted care living were unable to take care of themselves, and that it was not a choice regarding whether they wanted to stay at home or to move as their families were unable to care for their extensive needs. This study also showed as a result of not having a choice of whether or not they could remain at home that they suffered mental illness. The study showed that the number of adults who suffering from mental illness as a result has increased dramatically.

The current research supports this challenge that families face with placing their elderly family members,as reported by Merla et al. (2018), who explained that informal caregiving responsibilities can place a significant demand on family members who must juggle care demands of raising children, employment, personal interests, and caring for their elderly family and friends. One of the principal pieces of this study is centered on family members no longer being able to care for their elderly relative and of the need to place them in assisted care living so that they can get the care that they need.

Residents of the nursing home who were interviewed reported that their being involved in their transition was critical to their success in successfully acclimating to their new home. This is also supported in the most current research, as an emphasis is now being placed on residents' involvement in the care planning process. Professionals must address the elderly person's perceptions openly, honestly, and fully prior to any move into a nursing home setting. The elderly people interviewed in this study talked about the pros and cons of being in the assisted care living and their being listened to by family and staff, and, given the supports that they need, as a result of what they reported, were critical to their getting acclimated to their new setting.

Most residents reported that the move from home to assisted care living was very

difficult in leaving their homes and moving to a new and strange environment. They reported a feeling of loss yet also reported that they gained new friendships with residents, staff, and a closer bond with their families who visit or call them often.This is supported by the current research indicating that the transition from home to assisted care living is most times thought of through a lens of loss, while there is also great potential for growth and for new relationships for everyone involved. The research and this study showed that new beginnings are possible, and a great potential to learn and to grow from a very difficult experience is possible.

Research Question 2

The second research question examined how elderly persons describe their emotional and mental health as they transition from home to assisted care living. Many of the results of the interviews corresponded with the existing literature, as elderly residents described their overall emotional and mental health as being greatly impacted by the move from home to an assisted care living setting. Elderly residents described feeling depressed due to being alone and feeling down on themselves as a result. Mikhail (2021) reported that admission to a nursing home is a major event in a person's life.Mikhailstated further that this event can have positive or negative psychological ramifications, depending on severalfactors.Some of these factors were reported as depending on if the move is permanent or if it is a short stay for a period of convalescence.

Another factor noted by Mikhail (2021) was whether or not the move was anticipated and was prepared for over time. The author reported that the pre-move life circumstances, physical and mental health at the time of admission, and whether the move was voluntary or involuntary play a major role in the ability of the residents to

adapt to their new lives. A need for coping skills to help with the feelings of depression the participants reportedwas very apparent.Mikhail also reported in the study regarding the elderly and depression that older people with depression use emotion and problem-oriented strategies to cope with the disorder rather than effective coping skills. As reported in their study, a lack of coping skillsappears to be a very high barrier for the elderly. It especially appears to be an extensive barrier for the residents in this study who struggle with their mental health and overall well-being, with several residents mentioning they did not know how to cope with their feelings.

Research Question 3

The third research question addressed the interventions that elderly persons report are beneficial to their emotional and mental health as they transition from home to an assisted care living setting. The first part of the interviews focused on the importance of social activities in helping residents to keep physically, emotionally, and mentally engaged in the nursing home environment. Residents reported that they like to be around other residents when they are in the nursing home setting as it helps them to get out of their room. They reported that they feel less alone when they are around other people, and that it helps their mind to feel better by actively socializing with others.

More than one resident also reported that talking to the social worker on staff is very beneficial for them because they can talk about their feelings and problems.Mutluri and Ranga (2019) reported that the elderly are facing extensive problems like isolation, abuse, neglect, mental health, and health problems. This was also accounted for in this writer's study as the elderly people who were interviewed suffered mainly from isolation, mental, and health problems. The authors explained that case work and group work can be helpful to implement the social work activities for the welfare of the elderly citizens.

This was especially noted in this writer's study where social worker specific case work with residents was reported by residents as making a significant positive impact in their lives and on their overall welfare by having a consistent person to talk to about thoughts, feelings, and problems. More than one resident reported looking forward to the time that they spend with the social worker as a positive activity that helps them to cope with being in the nursing home setting away from the people who they love and care for.

This writer's study showed that the elderly residents greatly benefitted from the social work supports that are available to them. The current research also shows this to be the case overall, according to Saunders et al. (2021), who reported that older adults were more likely to reliably recover from mental illness with supports and reported that clinical improvement was more likely and attrition less likely among older patients. This writer's study demonstrated this by residents using the supports of the social worker and/or their peers to help them to get acclimated to the nursing home setting. Residents were able to make living in the nursing home bearable by talking to other residents, and especially by talking to the social worker on staff. Their overall mental health appeared to improve as they began to use the supports that are available to them outside of family and friends which include social activities, social work supports, and individual support from other residents.

Research Question 4

The fourth research question examined how the elderly persons interviewed report that family, healthcare workers, and other supports assisted them in their experience with the transition from home to the assisted care living facility. Research has highlighted the new regulatory changes in transitions to nursing home settings, wherein an emphasis has now been placed on residents' involvement in their care planning process. Professionals

and family members must address the elderly person's perceptions openly, honestly, and fully prior to any move into a nursing home setting. This connects well with this writer's study as family members of those interviewed, in many cases, talked to their family members about their honest perceptions of moving into a nursing home setting. Families, in most cases, listened to their elderly relatives concerns, and did what they were able to in order to help them acclimate to their new home. Moving into a nursing home is a milestone event in the life of the person transitioning, and for their family. The elderly residents that were interviewed reported that staff and family made the nursing home feel more like home during the very difficult transition from home to the assisted care setting.

Residents reported that family, friends, and workers helped to provide emotional support by listening to them, talking with them, and by helping them to feel better about the move from home to the assisted care living setting. Wu and Sheng (2020) recommended that nursing interventions for the elderly should focus on individualized social support as a protective factor to help older adults avoid becoming socially isolated. The social and individualized supports that residents in this study experienced from family and friends were life changing in that they helped them not to become socially isolated and more depressed, and helped them to have someone to talk to about their thoughts, feelings, and concerns.

Rekawati et al. (2019) reported in a study that they conducted around family support for older persons that family support for the older person is proven to be a dominant theme among the participants. The evidence in their study indicated that older people acknowledge the positive impacts that family can have in their lives. In this writer's study, family had a profound impact in their continued support for their elderly family member even after they moved into the nursing home by visiting and checking in

with them either in person or by phone. The mere presence of a family member from the inception of their time at the nursing home, to the continued support and advocacy and help with ensuring that the elderly person gets what they need was shown to be monumental in the success of the elderly person acclimating to and continuing to live in the nursing home setting.

Lastly, family visiting and checking in played a significant role and was a source of great strength for residents that were apparent in the interviews. Castle (2003) reported that family involvement with the elderly can help to facilitate a sense of blessing and feelings of achievement. The relationships with family were of particular importance and were a blessing to have for the residents in this study. Residents reported that they found strength in family being there for them to spend time, listen, and to check in with them to make sure that they were alright. It appears from the interviews that family making time for them made a real difference in the lives of the elderly people who had to make a very difficult and challenging transition from a home that they knew well to a new and different setting of being in assisted care living.

Implications of the Findings

Theoretical Implications

The study was performed using the convoy model of social relations (Antonucci et al., 2013) and the life span perspective (Rekker et al., 1987). These theories posit the importance of social relationships as a person moves across a life span for their health and well-being, and cognitive adaptation that is modifiable and plastic in all phases of development including in older adults. The results of this study fit very well into these theories. Researchers should be aware of the importance of social relationships during the human lifespan and have an understanding of how positively or negatively a lot of or lack

thereof of human contact and support can play a role in the life of a person especially an elderly person who is transitioning from home to assisted care living to a strange and new place. Participants, per their reports in the interviews, reported greatly benefiting from social interactions with family, friends, and social workers that helped them to acclimate to their new living situation more effectively at the nursing home. Residents were also cognitively modifiable and plastic in their approach to a major change in their lives with moving from a home that they knew to an assisted care living facility, and were able to acclimate well, in most cases, due to the abundance of supports both external and internal.

Methodological Implications

This study used the qualitative phenomenological approachto ascertain the lived experiences of elderly persons as they transitioned from home to a nursing home setting in a medium-size nursing home in the northeast. The phenomenological approach worked well for gathering indepth information about the residents' lived experience of the transition from a small group of participants. They were able to openly share their own personal experiences as they saw it of the move from home to an assisted care living facility. However, it did not permit the researcher to gather information from a wide range of people, as only certain residents were able to be interviewed. Further interviews should be conducted with a variety of nursing home residents and should be expanded to nursing home staff and family members to get their perspective regarding the transition from home to assisted care living for specific residents. Quantitative studies should also be performed to explore the breadth of the issue.

Implications for Practice

It is recommended that nursing home facilities take the time to interview potential

residents that may be entering their facility to see what supports they already have in place, and what supports they may need when they enter their facility. In this interview, it can be ascertained the level of family and outside support that potential residents may have so that other important supports can be put into place in the assisted care living facility such as social work and recreational services and supports. It is recommended that assisted care living facilities closely monitor new residents when they first arrive, and help to introduce them to other residents and staff. Residents can be invited to come to recreational activities that are being held with other residents, or can have a personal visit from the social worker at the facility to gauge their level or engagement and to help them better acclimate to their new living environment.

It is recommended that nursing home staff effectively engage family and friends or residents who are new to and are living in the facility to help to keep their spirits up as it was shown in this study that the intimate involvement of family and friends checking in and visiting or calling is important to sustaining the elderly in their lives at the nursing home. Finally, it is recommended that the results of this study be shared with administrators, social workers, nurses, families, and friends to help them to have a better understanding of what the transition from home to assisted care living is like for elderly people who are moving from a home that they knew well to the new and strange place. They will be able to gain very good insight into what the experience is like for the elderly, what works to help them to acclimate, and what works to help them to continue to live and to thrive at this level of care. This study as used by staff and family members can be a very good educational tool to help to guide the transition from home to assisted care living so that it is smoother and more manageable for everyone involved.

Limitations of the Study

One limitation of the study was the small sample size. The sample size was kept to 14 residents, in alignment with a phenomenological approach, in order to focus on indepth interviews with each participant. However, perhaps more representative results could have been obtained from a larger sample size of people interviewed. Also, in regard to self-reported data from residents, it could not be independently verified and had to be taken at face value. With qualitative research or any design which relies on self-reported data, it is possible that participants were not completely truthful in their responses. However, the researcher made every effort to put participants at ease and to help them feel comfortable in speaking honestly.

Access to clients was also a limitation at times, as some residents were unable to be interviewed due to illness or other special restrictions that the interviewer or administrator had no control over. It is important to note that this study was conducted in a nursing home during the outbreak of COVID 19, and the researcher's time was limited at first to virtual interview sessions only. Then, this was opened up to in-person meetings with a mask, but there were a few times when the researcher had to leave the facility just after arriving due to a COVID case occurring on a unit. This delayed the study's completion because access to residents became very difficult during the COVID outbreaks.

Lastly, in regard to the measures used to collect the data, this researcher feels that, in hindsight, he should have posed a question to residents asking them what they would recommend to any elderly person who is moving from home to assisted care living. This could have been an opportunity to have them share their own experiences on a deeper level in giving some heartfelt advice to someone else who may be in their shoes in the

near future. This could be a question that could be asked by a future researcher to help to enhance the recommendations that are made to those who are closely related to or involved with the elderly person who is making the lifelong move and change.

Future Research Directions

More research is needed on the topic of the effects on the elderly of transitioning from home to assisted care living. This study was qualitative in nature and was performed in a medium-sized nursing home in the northeast. Several more qualitative studies should be performed in other parts of the country to determine whether the experienceof transitioning from home to assisted care living are similar regionally as well as nationally. Future researchers should consider doing quantitative studies that have much larger sample sizes to allow for more generalizability. Experimental quantitative studies should also be performed to examine the effectiveness that family, friends, and staff each have on the acclimation process of the elderly into an assisted care living setting.

Experimental studies should examine the awareness of each of these supports of what the transition may be like for the elderly person involved to determine if some training may be needed to assist them so that they can better prepare the elderly person for the move. The results of this study should be considered by nursing home staff, administrators, and by family members in helping to prepare an elderly person for the transition from home to assisted care living. The results of this study demonstrate the need to provide services and supports to elderly people who are transitioning from home to the assisted care living settingto help them to acclimate more easily and successfully.

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Appendix

Interview Protocol

Interview Protocol

1. Please tell me a little bit about your move from your home to the nursing home. (1)

2. What led to the decision to place you in a nursing home? (1)

3. What are the pros and cons of your move from home to the nursing home? (1)

4. How have you felt about the transition? (1)

5. What programs/activities have been beneficial to your emotional and mental health in your move from home to the nursing home setting? (3)

6. Do you feel like your usual self during this transition? If not, how have you felt different? (1)

7. How has your interest been in doing things, or socializing with others around you? (2)

8. How would you describe your overall mood lately? (2)

9. How has your appetite been since you've moved to the nursing home (prompt: have you been eating more than usual, less, the same?(2)

10. How have you been sleepingsince the transition?(2)

11. How have you dealt with any difficult emotions that you may have experienced in the transition?(2)

12. Who do you rely on for support? (4)

13. How has your family been involved with helping you with the transition? (4)

14. How have healthcare workers at the nursing home been helpful in the transition fromhome to nursing home? (4)

15. What else would you like to share with me about your transition from home to the nursing home facility?