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Elderly people's adjustment of transition to nursing homes

A descriptive literature review

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Abstract

Background: Transition to a nursing home is considered stressful event for elderly people, as well as for their relatives. Studies have found that a number of factors would affect the older people's adjustment of transition to nursing homes. It may result in depression, anxiety, loneliness, insomnia and suicidal attempts if he/she fails to adapt it.

Aim: To describe elderly people's adjustment of moving into a nursing home. Furthermore, the aim was to describe the selected articles' data collection methods.

Methods: A descriptive review was performed. Scientific articles with a qualitative approach were searched for in database Medline. The 10 selected articles were analyzed to determine the similarities and differences of the results.

Results: The experience of old people moving to the nursing homes showed that two main aspects influenced their adjustment process related the person and the environment. The data collection methods for chosen articles were described in detail in all articles.

Conclusions: Some older people are trying to adjust the transition to the nursing homes, and having good experiences. However, others experienced oppositely. Staff in the nursing homes is playing a central role on providing personal and comprehensive caring service.

Key words: Adjustment; Elderly people; Nursing homes; Staff in nursing homes; Transition.

Abstract in Chinese:

背景: 移居养老院对老人和其家人来说是压力事件, 如果不能适应, 可能会导致抑郁、焦虑、孤独、失眠, 甚至自杀。

目的: 描述老年人入住养老院的适应性及参考文献的资料收集方法。

方法: 从数据库 "Medline" 中搜索质性研究的相关学术文章并分析结果的异同。

结果: 老人们的经历说明: 个人和环境是影响老人们适应养老院新环境的两个重要因素。比如说老人自身性格在他们适应疗养院的过程中有重要的作用, 疗养院的环境对老年人适应新环境的有积极或消极作用。

结论: 适应新环境是老年人移居养老院后必经的一个过程。老年人在这个过程中有好的经历, 也有不好的经历。在这过程中, 养老院员工在提供病人个体化和全面关怀服务中扮演很必要的角色。

关键词: 适应性, 老年人, 养老院, 养老院员工, 移居

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1. Introduction

1.1 Background

Nowadays, the elderly population is increasing around the world (Xu *et al.*, 2017). According to the global demographics, in 2000 there were 600 million older adults. The old population is three times as many as 50 years ago. By 2050, there will be 2 billion older adults in developed countries, and nearly a third of the population will be those aged over 60 around the world (World Population Ageing, 2010). It can be seen as a trend of aging population in all developed and developing countries (Klotz *et al.*, 2017).

For developed countries, take the United States and Canada as examples. Between the year of 1900 and 2010, the elderly population (aged 65 and older) in the United States increased from 3.1 to 40.3 million, and it is expected to double to 88.5 million by 2050 (U. S. Census Bureau, 2010). Identically, the number of older Canadians also more than doubled from 3.92 to 9.2 million (Statistics Canada, 2016). In both countries, 85-year-olds are growing rapidly (Statistics Canada, 2016; U. S. Department of Health and Human Services [USDHHS], n. d.).

As for developing countries, take China as an example. For the whole of China, there were 223 million Chinese old people by the end of 2015, which is about 10.5 percent of the total population (National Bureau of Statistics of China, 2015). In the next 30 to 40 years, China will face a dramatic transformation from youth to old age society (Chu and Chi, 2008). The main problem with aging is the care of vulnerable old people (Chu and Chi, 2008), and in the country with an aging population, nursing homes play an important role in the care of the elderly. Traditionally, family support has been the main way for the elderly in China to be taken care of. However, this situation has changed significantly recently (Guan *et al.*, 2007). In recent years, the size of Chinese families has decreased from 4-5 to 3-4. Birth control and the one-child policy have had a big impact on China's family size. This trend has been influencing the traditional family support of the elderly. The '4-2-1' family model refers to China's future social family structure: four grandparents, two adult children and one grandchild, all from the birth control policy of one child (Chu and Chi, 2008). The transformation of family structure can lead to the decreasing care of elderly people from their family.

Older people become too weak to manage themselves at home, or when their caregivers can't take care of them (such as caregivers' busy work), which challenges the family

support of the elderly, traditional family pattern does not adapt to this change, population aging leads to the medical and health care needs of old people increase, which is one of the reasons why old people are taken to nursing homes (Heumann *et al.*, 2000; Zhan, Liu and Guan, 2006).

In conclusion, population aging is a worldwide trend (Klotz *et al.*, 2017), and in countries with an aging population, nursing homes have taken an important part in caring for the elderly. In China, an increasing number of families have accepted the idea of sending old people to nursing homes. According to a survey conducted in 2010, 11.3 percent of elderly people living in cities are willing to be taken care of by institutions (Wu *et al.*, 2014).

Moving to a nursing home is considered one of the most stressful events a person can experience (Hertz *et al.*, 2007; Melrose, 2004; Parsons *et al.*, 2007) and is often associated with depression, anxiety, loneliness, insomnia, suicidal attempts (Kaisik and Ceslowitz, 1996; Lee 2002a; Mallick and Whipple, 2000), and lead to damage to the health condition (Jackson *et al.*, 2000). The transition to nursing home leads to increased morbidity and mortality (Danermark and Ekstrom, 1990), especially the first three months after the move (Laughlin *et al.*, 2007), which may also have a negative influence on mental health (Cook, 2006; Fraher and Coffey, 2011; Heliker and Scholler-Jaquish, 2006; Jackson *et al.*, 2000; Newson, 2011), the decline in quality of life (Cheek *et al.*, 2007; Jackson *et al.*, 2000), loss of identity (Riedl *et al.*, 2013), and an overall increase in adverse health conditions (Forster *et al.*, 2003).

There is a transition period between home and nursing home for the aged moving to new surroundings. Transition is usually related to uncertainty and stress, regardless of whether the transition is welcomed or not (Bridges, 1980). There is a continuous adjustment, and finally acceptance (Brandburg 2007), and it is necessary to evaluate of older adults' transition to nursing home.

1.2 Definition

1.2.1 Elderly people

Elderly people generally refers to people who are over 65 years old (Kinsella *et al.*, 2001); while in China it refers to people who are over the age of 60. There are some biological changes with the age growth, for examples, cognitive changes, sleep problems, body composition changes and sensory changes. Every elderly have to pay

attention to these problems, included the healthy individuals should consider the effects of these normal changes. The reduction in the ability of information processing speed and the ability to filter out irrelevant information, the decline in sustained attention is considered to be a normal age-related change in cognitive change (Tabloski, 2014). Difficulties in falling asleep, increased awakenings, reduced nighttime sleep and increased daytime naps are common sleep problems in older adults. Muscle mass can drop and cause negative changes in the body and function, such as increasing weakness and slow walking speed. Bone density usually is lost with age in men and women. Poor vision, hearing losses, taste and smell diminish are the common sensory changes with age (Tabloski, 2014).

1.2.2 Nursing Homes

A nursing home is a facility that provides 24-hour support and care for people who in need of assistance with activities of daily living (ADL) as well as instrumental activities of daily living (IADL) and who often with complex, specific health needs and vulnerabilities (Sanford *et al.*, 2015). Living within a nursing home may be for specific purposes, short term for recovery or long term, and it is possible to receive palliative care and end of life care (Sanford *et al.*, 2015). The staff who provide health care may or may not be professional (Tolson *et al.*, 2013). Generally speaking, most nursing homes provide support from health professionals, but a small amount of nursing home have caregivers with no formal competence i.e. caregivers that have no formal education (Sanford *et al.*, 2015). The functions of nursing homes are systematic, they work according to schedule, so residents must wait, and living in nursing home lack of personal space, time spent in public places are also increasing. Nursing homes deprive many individuals right of choose. As a result, residents have a sense of loss of control (Silin and Peter, 2001).

1.2.3 Transition

Transition refers the process or a period that one state or condition change to another (The Commercial Press, 2009). Starting from a stable period, moving in a period of confusing instability, finally with a new beginning to achieve stable (Schumacher *et al.*, 1999). Transition occurs through the whole life and marks the individual life stage. Transition leads to a change in person's life, health, interpersonal relationships and environmental (Meleis *et al.*, 2000). Graduating from college, finding the first job, getting married, and having children are examples of life events that present transition

(Brandburg 2007). Moving into a nursing home is an example of older adults' transition (Sanford *et al.*, 2015; Armer, 1996).

1.2.4 Adjustment

Social adjustment means adaptation of the person to the social environment.

Adjustment may take place by adapting the self to the environment or by changing the environment (Campbell, 1996). Adjustment to a nursing home is usually influenced by variables derived from resident, relocation, social support and facility factors (Lee 2010).

1.2.5 Resilience

Resilience can be defined as the ability of a person to feel better quickly after life's unpleasant, which are often described as negative, traumatic or stressful (The Commercial Press, 2009). It was recognized that resilience is affected by many factors. In different cultural, social and geographical regions or environments, factors that contribute to resilience may be different and have different effects on individuals (Kumpfer, 1999; Gunnestad, 2006).

1.2.6 Roy's adaptation theory

Roy's adaptation theory focuses on the person's adaptation process, and it emphasizes the responses of a person who can be viewed as an adaptive and holistic system to a constantly changing environment (Roy and Andrews, 1999). Behaviors resulting from the adaptation processes to environmental stimuli are classified into four adaptive modes by Roy, which includes physiological - physical mode, the self - concept - group identity mode, role function mode and interdependence mode. In physiological - physical mode, there are five needs to be identified as the basic needs of physiological integrity as follows: oxygenation, nutrition, elimination, activity and rest, and protection (Roy and Andrews, 1999). The physical mode refers to the adaptation of a collective human adaptive system in terms of basic operating resources, participants, physical facilities and financial resources (Roy and Andrews, 1999). In the self - concept - group identity mode, the basic needs of individual self concept mode is considered the integrity of the psyche and the spirit, or the need to know who one is, so that one can have a sense of unity, meaning and purposefulness in the universe (Roy and Andrews, 1999). The role function mode is one of four adaptive modes. Roy describe that a role can be defined as a set of expectations concerning how a person in one position acts

toward a person in a complementary position (Yea-ing Lotus Shyu, 2000). Roy describes that persons affect and are affected by the environment, and the human adaptive system must respond positively to environmental stimuli for survival. Effective and ineffective role transition was listed by Roy as nursing diagnoses (Raile and Marriney, 2013). She also promoted role transition through providing suggestions for nursing interventions (Yea-ing Lotus Shyu, 2000). The concept of role transition in Roy's role function mode of adaptation can provide a nursing perspective to examine the process from home to nursing home for elders (Andrews and Roy, 1991). Role tuning is the process used by nurses and old persons to achieve a harmonious pattern of care-giving and care-receiving during the transition from home to nursing home (Yea-ing Lotus Shyu, 2000). Interdependent relationships involves the willingness and ability to give to others and accept from them. Acceptance and contribution are identified as two main areas of interdependence behaviors. These behaviors apply to 'accepting and giving love, respect and value in interdependent relationships' (Roy and Andrews, 1999).

1.2.7 The concepts of nursing

(1) Person

A person has certain abilities such as reason, morality, consciousness or self-consciousness, and he/she is a part of a culturally established form of social relations such as kinship, ownership of property, or legal responsibility (Craemer, 1983; Smith, 2003; Carrithers, 1985; Oxford Bibliographies, 2017). According to Roy, 'The human system is capable of thinking and feeling, rooted in awareness and significance, and through which human beings can effectively adapt to changes in the environment, thus affecting the environment.' Therefore, Roy hold the view that humans are holistic, adaptive systems (Roy and Andrews, 1999). Transition is a process of movement and change which in a basic life pattern that is reflected in all of us. Transitions lead to changes in identity, role, relationship, ability, and behavior patterns of persons. The nature, condition, meaning and process of their transition will shape the daily life of customers, environment and interaction (Raile and Marriney, 2013).

(2) Environment

Environment is all internal and external factors surrounding and affecting the customer system (Raile and Marriney, 2013). The environment involves both internal and external factors that may be trifling or large, negative or positive, and the environment

enters persons as an adaptive system (Raile and Marriney, 2013). The internal environment is internal and all interactions are included in the client. The external environment is interpersonal or external environment, and all the factors are external to the customer (Raile and Marriney, 2013). In short, the external environment classified as physical environment and social environment. Physical environment refers to the facilities and buildings around people. According to Roy, environment as all conditions, environment and influence, it affects the development and behavior of people or groups, especially considering the relationship between human and earth resources (Andrews and Roy, 1999). People make adaptive responses because of the changing environment (Andrews and Roy, 1991).

(3) Health

Health is defined by Nightingale as being well and making full use of every power or resource in life. In addition, she believes that disease is a process of repair that begins when a person fails to notice the health problem. Nightingale envisaged maintaining health through environmental control and social responsibility to prevent disease. She distinguished the concept of health care from caring for sick patients to promote rehabilitation, and from a better life to a peaceful death (Raile and Marriney, 2013). Health reflects the interaction between man and the environment, also it is a state and a process of being a whole person. Health is the ability to respond to them in a way that is capable, but freedom from death, disease, misfortune and stress (Roy and Andrews, 1999). Therefore, when human beings are constantly adapting, health will follow. Conversely, when the coping mechanism is ineffective, the disease is the result (Raile and Marriney, 2013). Roy (1984) believes that adaptation is a process that promotes physiology, mentality and the integrity of society (Raile and Marriney, 2013).

(4) Nursing

Nursing is not only a subject, but also a major. Nursing as a discipline is a way to recognize, exist, value and live in the world, and be conceived as the unity of knowledge in a greater unity. The nursing profession is designed to satisfy human needs by applying this knowledge. The focus of nursing care is to fully understand human knowledge and the unique methods needed to verify this knowledge. As a humanistic science, understanding nursing means that it can be understood at the same time in the aspects of personal, empirical, ethical and aesthetic aspects (Carper, 1978; Phenix, 1964). Nightingale believed that nursing was responsible for the health of others.

Trained nurses, in providing care to patients recovery, they would learn more scientific principles and apply them in their own work, in order to more skilled observation and report the patient's health (Raile and Marriney, 2013). Therefore, nurses play a very important role for clients and their families who are undergoing transformation because they are the primary caregivers (Raile and Marriney, 2013).

1.3 Earlier review

Brandburg (2007) said that, many variables important in the transition process, such as person-environment mesh, personal values, life history and admission circumstances, and then give evidence-based interventions that will make the transition of the elderly to nursing home life by assisting them in reaching adaptive acceptance. According to the research of Sullivan and Williams (2017), three amalgamated themes were identified: (a) painful loss that requires a mourning process, (b) seeking stability through gaining autonomy to sustain a new sense of self, and (c) acceptance when a unique inner balance is reached. Recommended by Brownie (2014), understanding the factors that affect residents' transition to long-term care and their relocation experience, it will help the elderly care provider create conditions, ease the adjustment of anxiety of the elderly, as well as promote the elderly to adapt to his/her 'last home'. Ellis (2010) shows that improving the mental health of the elderly is an important goal for all nurses in nursing institutions. Nurses can intervene to make this psychological transition a more positive experience thought using the theory of personal constructs as a guide.

1.4 Problem statement

An increasing number of elderly people is moving into nursing homes. Transition to the nursing home may have an impact on the physical and mental health of the elderly. This is important knowledge for nursing home's staff to have, because the staff is one of the most frequently contacted people when elderly live in nursing home. Some studies have shown that if old people can't adapt to the new environment, the short-term and long-term effects are very serious for them (Danermark and Ekstrom, 1990; Laughlin *et al.*, 2007; Cook, 2006; Fraher and Coffey, 2011; Heliker and Scholler-Jaquish, 2006; Jackson *et al.*, 2000; Newson, 2011). Nursing home's staff has a clear responsibility for taking care of the elderly, and older people need more assistance in adapting to nursing home, and this means that staff's level of knowledge needs to be improved. With the deepening of the understanding of this topic, there are more possibilities to provide people-centered care on the psychological and physical conditions and needs of the

elderly. The present literature review may benefit for staff help the elderly adapt to the new environment and enable them to better care for and relieve the discomfort of the elderly.

1.5 Aim and research questions

The aim of the literature review was to describe elderly people's adjustment of moving into a nursing home. In addition, the aim was to describe the data collection methods used in the selected articles from a methodology perspective.

Question 1:

-How do elderly people adjust the transition to nursing homes?

Question 2:

-Which data collection methods are described in the included articles?

2. Method

2.1 Design

A descriptive literature review was conducted (Polit and Beck, 2012).

2.2 Databases

The related articles were searched systematically in the database Medline. This is a useful database for data collection within nursing researches (Polit and Beck, 2012).

2.3 Search term, search strategies and Selection criteria

The following search terms have been used when searching articles for the study: 'nursing homes (MeSH)', 'elderly care home', 'residential living home', 'aged care facility', 'aged (MeSH)', 'old people', 'old persons', 'elderly', 'social adjustment (MeSH)', 'adaptation', 'acclimatization (MeSH)', 'adjustment', 'adaptation, psychological (MeSH)', 'adaptation, physiological (MeSH)', 'coping' and 'transition'. Search terms identified were first used separately and then combined with each other in order to generate an outcome that was in relation to the aim of the study. When combining search terms, the term 'AND' or 'OR' were used (see Table 1). In addition, the reference list of all identified articles was searched to find additional studies.

Limits were used in the searches in order to get more relevant outcome related the aim. In Medline the following limits were used: Publication date from 2007-09-16 to 2017-09-16, English, Abstract and Full Text.

To clarify the selection process and to make the result of the database easier to handle, Polit and Beck (2012) recommend using inclusion and exclusion criteria, which are presented below.

Inclusion criteria: Empirical studies that focused on the elderly peoples’ perspectives of making the transition and accepting the nursing home environment. Articles using a qualitative approach. Qualitative articles particularly reflect the individual's experience of different phenomena (Polit and Beck, 2012).

Exclusion criteria: The article cannot be provided free of charge to the university of Gävle. Articles focusing on family members’ or staffs’ perspectives or viewpoints the preadmission process, financial issues, admission criteria, and selection of a nursing home were excluded.

2.4 Selection process and outcome of potential articles

The initial search of the above strategy yielded a total of 394 articles. First the titles and abstracts of the articles were skimmed in order to create an overview of whether they might be useful to answer the literature review’s research questions, and 35 articles were retained. After duplicates removed, the papers’ number was 28. Later, closer scrutiny of the articles were undertaken in order to determine whether they were relevant for the literature review. Then 21 articles were removed since they had not the correct objective (n=4) or had not the correct research direction (n=10) or literature review (n=2) or quantitative research (n=5). In addition, search of reference lists have been done by authors, and 3 articles were found that were suitable for the literature review (after remove 1 article that was doubles, 2 articles were not available in full text through the University of Gävls’s proxy server and 1 article was found no correct objective). Finally, the studies included in the qualitative synthesis were 10. The authors carefully account for every step of the selection process.

Table 1 Results of the database searches

Database + Date of search	Limits and date for your search	Search terms	Number of hits	Potential articles

Medline through Pubmed	10 years, 2017-9-16 English	Nursing Homes (MeSH) AND Adaptation, psychological (MeSH)	110	26
Medline through PubMed	10 years, 2017-9-16 English	Nursing Homes (MeSH) AND Adaptation, psychological (MeSH) AND Aged(MeSH) AND transition	10	1
Medline through Pubmed	5 years, 2017-9-16 English	Nursing Homes (MeSH) OR Elderly care home OR Residential living home OR aged care facility AND Aged (MeSH) OR Old people OR Old persons OR Elderly AND Social adjustment (MeSH) OR Adaptation OR Acclimatization (MeSH) OR Adjustment OR Adaptation, Psychological (MeSH) OR Adaptation, Physiological (MeSH) OR coping	394	6
Medline through Pubmed	10 years, 2017-9-16 English	Nursing Homes (MeSH) OR Elderly care home OR Residential living home OR aged care facility AND Aged (MeSH) OR Old people OR Old persons OR Elderly AND Social adjustment (MeSH) OR Adaptation OR Acclimatization (MeSH) OR Adjustment OR Adaptation, Psychological (MeSH) OR Adaptation, Physiological (MeSH) OR coping AND transition	22	2
Total			536	35

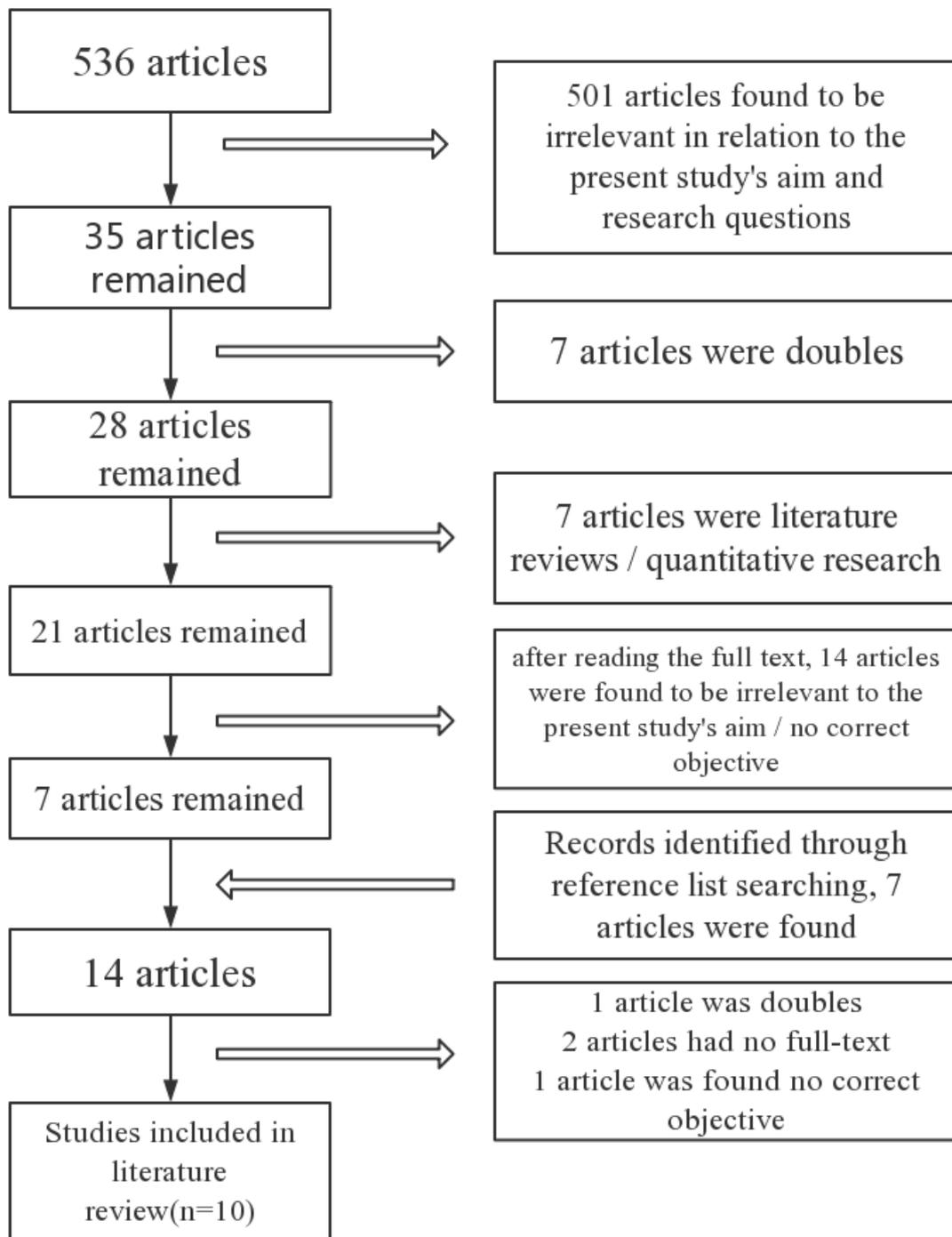


Fig 1. Flow chart of the systematic literature search

2.5 Data analyses

The results of the selected articles focused research question 1, and the method part question 2. All the articles were originally read and re-read by each author, then read several times together. Useful information found in the reading was colored for further analysis. According to the similarities and differences, further processing was carried out. In order to get an overview of the included articles, the authors used different tables, which made it easier to analyze the materials. Appendix 1, Table 2 an alphanumeric code composed of the letter assigned to each article (a-j), and summarizes the author, title, design/method, sample characteristics, data collection method and data analysis method of the selected articles. Appendix 2, Table 3 summarizes aims and main results of all articles, each study finding was identified with alphanumeric code composed of the letter assigned to each article (a-j), and a number assigned depending on the position of each finding within the article (Joanna Briggs Institute, 2014).

2.6 Ethical considerations

The current literature review was based on published materials that has been reviewed and approved by ethics. Therefore, the author thinks that the ethical dilemma risk in current research is low. Scientific articles were analyzed and dealt with objectively, without the author's own opinions and attitudes. The results are complete and objective, and are not changed according to the author's wishes. The degree program is not plagiarized.

3. Results

The results are based on 10 articles with qualitative approaches. The included studies were published from 2007 to 2017. The total sample of included studies was represented by 259 elderly, which included 63 males and 152 females (one article didn't mentioned the participants' gender) aged over 60. Three studies were conducted in USA, one in the Philippines, one in the Switzerland, one in the Ireland, one in the Sweden, one in the Columbia, one in the Canada and one in UK.

The following two synthesized findings were emerged: person and environment. Both of them influenced the elderly's adjustment of transition to the nursing homes. These synthesized findings were generated from 6 categories obtained after aggregating 44 study findings (see Table 4). In order to make further study and promote the adjustment and transition of the elderly who moves into a nursing home. We analyzed these factors and found out which ones are positive and which are negative, so as to promote positive

factors and improve negative factors helping the elderly adjust and make a successful transition.

Fig 2. The theme and sub-themes of the result

Person	Environment
<ul style="list-style-type: none"> -<i>Personal resilience</i> -<i>Value</i> -<i>Resistance, ambivalence</i> -<i>Divergent</i> 	<ul style="list-style-type: none"> -<i>Physical environment</i> -<i>Social environment</i>

3.1 Person

3.1.1 Personal resilience

Personal resiliency refers to the older people's ability to becoming and being a nursing home resident. It is natural for old people that they will feel uncomfortable when they leave their home where they have lived for many years and move into an unfamiliar institution. Personal resilience largely determines whether the elderly can adapt to a nursing home. We analyzed several articles and classified individual resilience into three major subsets: acclimatizing, control and psycho-social process. Positive personal resilience allows the elderly to adjust themselves and make the transition faster.

(1) Acclimatizing: Rekindling included settling in, getting used to it, satisfaction, and acceptance, so it means that the elderly should learn to receive and final move to contentment, and they feel at home in the nursing home. Some older adults expressed a preference for nursing homes and they found meaning in life at the nursing home with adaptive acceptance (Guzman *et al.*, 2012). They adapted to the present institution in different ways. For example, they always told themselves 'don't look back', 'make yourself happy' and 'get better' (Cooney and Moyola, 2012). In order to acclimatize new environment, some elderly could bridge the gap between the present frailty and past lifestyle by talking on the phone, going places for weekends, having the help of nursing staff and so on (Falk *et al.*, 2012). It is the recapturing phase which took place when the old men assimilated their previous daily life in order to reduce the differences by recalling the experiences of his early life. In a word, the elderly try to assimilate their previous tasks at home into this institution (Guzman *et al.*, 2012).

For the elderly, it was necessary to make self-adjustment while moving to an unfamiliar environment. Self adjustment for old people lived in the nursing home included 'acknowledgement of the need,' 'making the best,' and 'a place to die.'

'Acknowledgement of the need' showed that the elderly recognized that they need help of professional nursing staff in their daily life, they didn't have the ability to live on one's own. 'Making the best' means the old people would make a conscious effort to accept and respond as hard as they can when they couldn't change the situation.

Even, they had to change their attitudes and perspectives. Old people regarded the nursing home as a place where they die, and they would wait for the coming death and the final stage of life in the nursing home (Johnson and Bibbo, 2014). In nursing homes, old people learned to seek the support from their families, friends, colleagues, and employees, knew how to get along with others and be kind to others. They could actively participate in activities. At same time, they became patient and flexible, learned how to get what you need and master the nursing home system (Brandburg *et al.*, 2013). Some old people were satisfied with the activities in nursing home (Guzman *et al.*, 2012). They viewed those activities as time fillers. Therefore, activities should be promoted to attract the attention of old people, and even develop the activity as a job for the elderly, like an exhibition of work (Cooney and Moyola, 2012). Some old people thought that the facilities were safe and they could be protected. It expressed the vulnerability of the elderly in the community and the influence of the community on their emotional well-being and physiological function (Johnson and Bibbo, 2014).

However, the behavior of the elderly was restricted or controlled by staff in facilities or outside the world in order to ensure the safety of the elderly. Old people said that they couldn't do what they have done, and their decisions are limited and changed (Johnson and Bibbo, 2014). Some old people thought that they spent a lot of time to wait for the staffs because of the small number of staff, but they didn't want to make staffs uncomfortable because their quality of life depended on those staffs. Some residents thought they were bored because of nothing to do, and felt grieve for losing the whole value and person-hood (Johnson and Bibbo, 2014).

(2) Control: For the elderly in nursing homes, control represents autonomy, which means that the elderly can make decisions independently and control their finances. The elderly weighed the benefits and losses of their life in nursing home. It is a reason that the elderly considered that they needed nursing home care. The staff would take care of

the old people's diet and activities (Brandburg *et al.*, 2013). The decision of moving to a nursing home was deliberate. The elderly had to admit that they needed help from others after reflecting on their abilities. They needed to believe that moving to a nursing home was necessary and it would improve their quality of life. They could keep hope that they may come home one day (Brandburg *et al.*, 2013). The problem of health and bodily functions were the main reasons why those old people moved to nursing home. The elderly had different health status in nursing home, and their self-appraisals of health, from good to fair, to fragile. For those who are vulnerable, nursing homes could support their bodies and life, for example, some old people were too weak to did without oxygen (Hutchinson *et al.*, 2011).

For older people who can move on, they often felt confident, seek and maintain a sense of control. They were capable of making decisions for themselves. When organizing the relocation, they had a major say in the decision making process. In nursing homes, they could improve or maintain their physical condition, reduced their own burdens, and had time to implement their own plans and took part in other activities (Koppitz *et al.*, 2017). Participants tried to maintain the continuity of their habits and preferences in their normal activities because it gave them security, comfort and predictability. Although the facility routine made their implementation difficult (Cooney and Moyola, 2012). However, some elderly couldn't make decisions by themselves, lost the sense of control and the power of finance (Lee *et al.*, 2013). Losses became more personal and diverse among participants, but usually involved loss of privacy and independence, and other losses included loss of property and hobbies (Brandburg *et al.*, 2013).

(3) Psycho-social processes: There were psycho-social processes to support attachment, including accepting frailty, looking on the bright side of life, reconciling oneself with one's biography and feeling value. Attachment was hindered because of the old people's psycho-social processes. They refused to be vulnerable because they didn't want to be a burden to oneself and others, and felt discarded once they leave home (Falk *et al.*, 2012). Home offered a sense of both belonging and control to them, returning home as another choice, so they could live in a nursing home and get used to it (Falk *et al.*, 2012).

3.1.2 Personal value

According to the results, the personal value was almost always mentioned by the old people. Everyone is unique, and has his/her own unique value, and the value deserve to be respected. Personal values include identity, belief system and ethnic culture. When

the personal value of the elderly was respected and reflected, the elderly could better accept and adapt to the nursing home.

(1) Identity: These old persons had their unique value as an individual, and the most direct expression of individual identity was their own space. They had their own privacy, personal belongings, and their personal identity should be preserved (Cooney and Moyola, 2012). Similarly, Lee *et al.*, (2013) noted that old people missed their privacy and freedom of their own home, and they tried to be as consistent as possible with their old lives and routines when they moved to a nursing home (Lee *et al.*, 2013).

(2) Belief system: The old people emphasized their religious beliefs and they wanted to live according to the rules of faith. The experience of church and prayer was often discussed in interviews. Spirituality was considered 'completely dependent on god's hands'. Everyone has a different understanding of life philosophy what life means to them. Many old people believed that death is a 'problem of time', and they linked death with the spiritual world (Hutchinson *et al.*, 2011). Old people always reflected on their religious teachings and deepened their relationship with god in times of adversity. They thought that prayer is a way of self-adjustment, and they felt that prayer can make them relaxed (Guzman *et al.*, 2012).

(3) Ethnic culture: When old people were asked about their cultural heritage, they talked about their growing up and their families. They recalled their past lives and mentioned their family traditions, food and music. Some of the older people mentioned the matter of ethnicity and described the experience of discrimination. They said they would rather be with their own kind (Hutchinson *et al.*, 2011).

3.1.3 Resistance and ambivalence

Resistance and ambivalence were mainly reflected in the feelings, emotions and livings of the elderly. Resistance and ambivalence have an adverse effect on the elderly to adapt to the nursing home, which is mainly divided into uncertainty, being cut-off and ambivalence in relationship. If we can actively adjust and change the resistance and ambivalence of the elderly, the elderly can get a better transition.

(1) Uncertainty: Their uncertainty was focused on what they are uncertain about the rest of their lives. For example, whether they have financial stability, whether they will be a burden to their families, whether they can adapt to the life of a nursing facility, and how long they can continue driving a car (Gill and Morgan, 2011).

Ambivalence is a psychology for the elderly mainly comes from uncertain whether to leave and return to normal in the future. They always worried about any problems will appear after their moving (Lee *et al.*, 2013).

(2) Being cut-off: Older people described their feelings of being out of touch with people, old customs and activities. They very much missed the familiar environment and personal belongings. The experience of 'being cut off' makes it obvious to the elderly that they are not at home. In a nursing home, it is difficult for them to keep former habits and activities as well as make a room of the nursing home as their own private space (Koppitz *et al.*, 2017). Being restricted is the common sense of many old people who have to reduce their space and ability to determine themselves within the scope of the organization. They were rarely involved in decision-making related to their daily activities, although they showed a high degree of continuity in their self-consciousness (Koppitz *et al.*, 2017).

(3) Ambivalence in relationship: Ambivalence also may be produced between old persons and their children due to the control of making decision whether to move to a nursing home, and the elderly would miss the children although they are very independent. Also, the elderly would worry about their ability to adapt new environment and undertook the financial burden after moving to a care facility (Gill and Morgan, 2011).

3.1.4 Divergent

Moving to a nursing home voluntarily or involuntarily was an important reason in whether the old people accept the transition (Brandburg *et al.*, 2013; Cooney and Moyola, 2012). The elderly' attitude of moving can be divided into: positive, negative and not entirely positive (Brandburg *et al.*, 2013; Cooney and Moyola, 2012).

(1) Attitude about move

1) Positive attitudes about move: Whether they were aware of needing help or having previous experience, joining into making decision to move would benefit the elderly from accepting the transition (Brandburg *et al.*, 2013; Cooney and Moyola, 2012). Helping to do the plan of moving into nursing homes in advance could help the older people to make the decision to move, even the willing was lead by a decline in physical health (Brandburg *et al.*, 2013). Some elderly concerned they were a burden to their family and they need more help for self-care and the nursing home was a better place to

live for them. Some old people had experiences living in the nursing home and this helped them to move (Brandburg *et al.*, 2013). Be familiar with the facilities that meet the requirements in the least rigorous environment (Brandburg *et al.*, 2013).

2) Negative attitudes about move: On the contrary, those elderly who had no choice in the move or doubted whether the move was necessary are more difficult to settling (Brandburg *et al.*, 2013; Cooney and Moyola, 2012). Those elderly always feel lonely, unhappy and want to go home (Cooney and Moyola, 2012). As for their need for help, they were willing to talking over with families and visiting the places near their family (Brandburg *et al.*, 2013).

3) Not entirely positive attitudes about the move: Others, who were middle of the above two could get some benefit from moving, they regarded the nursing home as a 'refuge' for survive (Cooney and Moyola, 2012).

3.2 Environment

3.2.1 Physical environment

The nursing home's physical environment has a great influence on residents' life (Johnson and Bibbo, 2014; Hutchinson *et al.*, 2011; Falk *et al.*, 2012). Few residents describe nursing homes as their homes, and others feelings are the opposite (Johnson and Bibbo, 2014; Hutchinson *et al.*, 2011), and this related to the lack of privacy (Hutchinson *et al.*, 2011; Johnson and Bibbo, 2014; Falk *et al.*, 2012). For examples: lots of personal belongings were not able to bring (Johnson and Bibbo, 2014), didn't have their own personal environment (Falk *et al.*, 2012). Protecting residents' privacy can make them feel at home, so that setting up a private environment is important for accepting the nursing home (Falk *et al.*, 2012; Johnson and Bibbo, 2014). Spending time in personalizing the environment, making room for personal effects, trying to live in the same manner as they always had (Falk *et al.*, 2012).

3.2.2 Social environment

The social environment was a mix of persons' interactions with others (connection with families and friends, new formed with co-residents and with nursing home's staffs) and was affected by broader issues, such as the values and practices of staff (Cooney and Moyola, 2012; Coughlan and Ward, 2007). Relationships inside and outside the nursing home was a source of support for elderly (Brandburg *et al.*, 2013).

1. Relationship with family and friends: The discussion of family and friends came into being strong and pleasant memories (Hutchinson *et al.*, 2011; Coughlan and Ward, 2007). All meanings of family and friends were expressed in rich sense of emotions and feelings of people (Hutchinson *et al.*, 2011; Coughlan and Ward, 2007). Home were described as love and happiness (Hutchinson *et al.*, 2011), and friend is an important part of relationship (Coughlan and Ward, 2007). Majority of elderly, their families had not visit them, maybe sustain their relationship by telephone and they were desire regular family visits (Coughlan and Ward, 2007; Koppitz *et al.*, 2017; Brandburg *et al.*, 2013).

2. Relationship with staff: Elderly viewed their relationship with staff do affect their acceptance to the nursing home (Koppitz *et al.*, 2017; Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Hutchinson *et al.*, 2011; Coughlan and Ward, 2007). Elderly who lived in a nursing home having a warm and friendly atmosphere can accept nursing home well. In contrast, elderly who lived in a nursing home that didn't have positive relationship with staff had difficulty in integrating into the new environment.

2a) Positive relationship with staff: Some elderly mentioned positive relationships with staff (Cooney and Moyola, 2012; Hutchinson *et al.*, 2011; Brandburg *et al.*, 2013). Residents can be found chatting and joking with staff easily. Some staff even shared personal information with them (Cooney and Moyola, 2012). A participant viewed this makes her feel the staff like her family (Brandburg *et al.*, 2013), and staff continuity was an initially factor to build this harmonious relationship (Cooney and Moyola, 2012; Brandburg *et al.*, 2013). Elderly expressed the enjoyable of staff provided support and security, this solve the difficulties they meet when they were alone at home (Koppitz *et al.*, 2017; Hutchinson *et al.*, 2011). When they were trouble they valued which staff they could rely and seek for help (Brandburg *et al.*, 2013; Cooney and Moyola, 2012), this enhance the relationship in turn.

2b) Negative relationship with staff: There were some nursing homes not emphasis the emotional work, staff focus on physical care and routine 'hotel' type work (Cooney and Moyola, 2012), there can't found camaraderie and friendliness among elderly and staff (Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Coughlan and Ward, 2007). Residents reflected they would feel down by staff sometimes, this made them can't rely on staff (Cooney and Moyola, 2012). Lacking of staff or staff moved to other nursing home influenced the care they got and was bad for building positive relationship

between resident and staff, if staff leaved the nursing home and elderly have to rebuild relationship with new staff (Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Coughlan and Ward, 2007).

3. Relationship with others: Establishing relationship with co-residents was very vital to residents (Coughlan and Ward, 2007). In selected articles, the relationship with other residents can divided into positive and negative, (Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Hutchinson *et al.*, 2011; Coughlan and Ward, 2007). A concordant relationship can support elderly adapt to nursing home (Brandburg *et al.*, 2013).

3a) Positive relationship with others: In some nursing homes, elderly founded chatting and joking with others (Cooney and Moyola, 2012). There was a sense of community in the nursing homes and comradeship between residents (Cooney and Moyola, 2012). Seeking supportive relationships with co-residents promote the connection (Brandburg *et al.*, 2013).

3b) Negative relationship with others: In other nursing homes, there was not the same sense of community, camaraderie and friendliness among residents (Cooney and Moyola, 2012). Some elderly stated they felt isolated and on edge (Cooney and Moyola, 2012) and there was no meaningful communication happen between co-residents, there was no 'real relationship between them (Hutchinson *et al.*, 2011). Moving to a new nursing home had a bad effect on establishing relationships with others (Coughlan and Ward, 2007).

3.3 Results regarding the chosen articles' data collection method

After scrutinizing of 10 articles included in the present literature review, it was found that the data collection method was described in all the studies. In 8 of the studies, researchers used semi-structured, in-depth individual interview with interview guide (Koppitz *et al.*, 2017; Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Gill and Morgan, 2011; Falk *et al.*, 2012; Lee *et al.*, 2013; Johnson and Bibbo, 2014; Coughlan and Ward, 2007). In 2 studies, unstructured interview was chosen to talking with participants (Guzman *et al.*, 2012; Hutchinson *et al.*, 2011).

In 10 of the chosen studies, the researchers carried out the data collection during individual interview (Guzman *et al.*, 2012; Koppitz *et al.*, 2017; Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Gill and Morgan, 2011; Falk *et al.*, 2012; Lee *et al.*, 2013; Hutchinson *et al.*, 2011; Johnson and Bibbo, 2014; Coughlan and Ward, 2007).In 5 of

the studies, the data collection took place on more than one occasion (Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Hutchinson *et al.*, 2011; Johnson and Bibbo, 2014; Lee *et al.*, 2013). In the remaining 5 studies, the data collection was performed on just one occasion (Guzman *et al.*, 2012; Koppitz *et al.*, 2017; Gill and Morgan, 2011; Falk *et al.*, 2012; Coughlan and Ward, 2007). Aside from the data collection methods such as in-depth individual interviews, the researchers in 2 of the studies also used field notes in the form of personal reflections from the interviews or observation as an addition to the results (Koppitz *et al.*, 2017; Johnson and Bibbo, 2014).

In five selected studies, the interview was taken place in the nursing home, such as elderly' private room, a common area (Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Gill and Morgan, 2011; Falk *et al.*, 2012; Lee *et al.*, 2013). In one study, the participants chose the location for the interview (Coughlan and Ward, 2007). In four of the studies, the location for the data collection is not specified (Guzman *et al.*, 2012; Koppitz *et al.*, 2017; Hutchinson *et al.*, 2011; Johnson and Bibbo, 2014).

4. Discussion

4.1 Main results

The result of this study shows that the factors which influence elderly people adjusting the transition to the nursing homes can be divided into two categories: people and environment. The elderly has their own factor such as personal resilience, value, divergent, resistance and ambivalence, all of them play an important role on their adaptation to the nursing homes. Nursing homes' environments are also an important factor for the elderly to adapt to an unfamiliar nursing facility. It has positive or negative effect on the elderly. Co-residents and staffs play an important role in the adaptation of the elderly. With regard to the data collection methods for selected articles, these methods are clearly described in all articles and related scientific methods are used.

4.2 Results discussion

4.2.1 Discussion of synthesized findings

Personal resilience through the description of human adaptive system and the basic need of physiological integrity aligned with the conditions of Roy's adaptation theory and physiological-physical mode. After the study, the old people came to the nursing home to adapt to the new environment through a series of adaptive systems, such as self-adjustment, bridging the gap between the past and the present, and actively

participating in activities and so on (Guzman *et al.*, 2012; Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Falk *et al.*, 2012; Johnson and Bibbo, 2014; Coughlan and Ward, 2007). At the same time, many studies showed that the old people's basic needs of physiological integrity is the main reason of moving to nursing homes (Hutchinson *et al.*, 2011; Johnson and Bibbo, 2014). It may be an important factor that the elderly who adjust themselves to a nursing home have a positive perceptions, and Lee's research also supports this view (Lee 2010).

Value through the description of identity and spiritual integrity, and aligned with the conditions of Roy's adaptation theory and self-concept-group identity mode. The identity of older people is primarily reflected in the desire to have space, privacy and freedom (Hutchinson *et al.*, 2011; Johnson and Bibbo, 2014). They have their own belief system and national culture (Guzman *et al.*, 2012; Hutchinson *et al.*, 2011). However, loss of control, property, autonomy and privacy have been proposed after moving to a nursing home (Lee *et al.*, 2013). The view about loss of identity integrity was supported by multiple study findings, and this is also a review. (Sullivan and Williams, 2017). Therefore, the nursing staff should give enough space in the old man's identity, belief system and national culture.

Resistance and ambivalence will arise when the roles of persons in society changes. This theme aligned with the conditions of Roy's adaptation theory and role function mode. This ambivalence is mainly reflected in the change of the role function of the old people that comes from uncertain whether to move or not (Brandburg *et al.*, 2013; Cooney and Moyola, 2012), and what the rest of their lives look like (Gill and Morgan, 2011; Lee *et al.*, 2013). At the same time, they miss their previous life (Koppitz *et al.*, 2017), and are troubled by the conflict between the parent-child relationship (Gill and Morgan, 2011). Ellis (2010) points that in order to have a positive effect on the mental transition of the elderly, nursing home nurses need to develop communication strategies. The attitude of old people is crucial about whether to move, and Lee (2010) also support the view that residents who have better prospects for nursing homes are more easily adjusted to nursing home life.

Physical environment aligned with the Roy's adaptation theory - the physiological - physical mode's physical mode. The human adaptation system is manifested in the adaptation to physical facilities. The characteristics of the nursing home environment can affect the transition, such as the warmth decor can help the elderly settled more

easily. Similarities between the aforementioned study findings and current research themes include (Iwasiw *et al.*, 1996; Oleson and Shaddick, 1993; Porter and Clinton, 1992; Young, 1990).

Social environment described the relationship with family, staffs and co-residents in the nursing home do affect the elderly' adapt to the nursing homes. This aligned with Roy's adaptation theory - the Interdependence Mode, agreeing with the findings of Brandburg (2007) and Lee (2010). The more elderly felt supported by co-residents and staffs, the better they adjust to the nursing home.

4.2.2 Discussion of the selected articles' data collection methods

There are three main data collection methods for qualitative research: interviews, observations, and evidence. The interview method is the process of asking questions and obtaining answers. The observation method records the daily activities of the researcher as a research material by means of text recording, recording, video recording, etc. The analysis of the materials provides the answers the researchers need. The evidence method is the process of obtaining answers through the collection of exhibits. Through qualitative data collection methods such as individual in-depth interviews and field observations, the understanding of human experience has increased (Polit and Beck 2012).

In all of the 10 selected articles included in the present literature review, individual face-to-face interview was performed with participants (Guzman *et al.*, 2012; Koppitz *et al.*, 2017; Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Gill and Morgan, 2011; Falk *et al.*, 2012; Hutchinson *et al.*, 2011; Johnson and Bibbo, 2014; Coughlan and Ward, 2007; Lee *et al.*, 2013). This data collection method is a wise choice to collect descriptive data for further qualitative analysis (Polit and Beck, 2012). In 2 of the selected articles, unstructured interview was chosen to talk with participants (Guzman *et al.*, 2012; Hutchinson *et al.*, 2011). Unstructured interviews are conversational and interactive, researchers have no preconceived ideas about the content or information of the collected information can conduct unstructured interviews and researchers usually do not prepared the questions in advance (Polit and Beck, 2012). In 8 of the selected articles, semi-structured interview were adopted to communicating with participants (Koppitz *et al.*, 2017; Brandburg *et al.*, 2013; Cooney and Moyola, 2012; Gill and Morgan, 2011; Falk *et al.*, 2012; Lee *et al.*, 2013; Johnson and Bibbo, 2014; Coughlan and Ward, 2007). In semi-structured interview, researchers prepared an interview guide

which consist of questions to participants, and this ensure researchers have all the information they need and provide people with as much freedom of illustration and interpretation as they want (Polit and Beck, 2012).

In 7 of the articles included in the present literature review, interviews were recorded and transcribed following data collection (Guzman *et al.*, 2012; Koppitz *et al.*, 2017; Brandburg *et al.*, 2013; Gill and Morgan, 2011; Falk *et al.*, 2012; Johnson and Bibbo, 2014; Coughlan and Ward, 2007). Record and transcription strengthen the objectivity of data collection methods (Polit and Beck, 2012). 2 articles took the field (Koppitz *et al.*, 2017; Coughlan and Ward, 2007), it may allow more details of the story to emerge (Polit and Beck, 2012). In 3 articles (Cooney and Moyola, 2012; Hutchinson *et al.*, 2011; Lee *et al.*, 2013), there was not mentioned about record and transcription. There is a risk that researchers lose key information (Polit and Beck, 2012).

4.3 Methods discussion

The authors of the present study found studies through MedLine, which is a great database for searching articles in nursing area (Polit and Beck 2012). The authors used MeSH (Medline) search terms and combined the search terms using the Boolean operator 'AND' and 'OR', and used free-text search to get more relevant articles (Polit and Beck, 2012).

The authors used clear and specific inclusion and exclusion criteria, which helped to find more related studies (Polit and Beck, 2012). One of the selection criteria was English written studies. Authors can understand English but cannot read other languages other than Chinese. The limitation is that English is not the author's first language, which means misreading may have occurred. In addition, the articles should have been published between 2007-09-16 and 2017-09-16 in order to limit the outcome of the search. This may lead to the authors missing the studies that were published earlier period, which is the limitation of present literature review. In addition, these documents must be provided free of charge to university of Gävle, which can cause a limitation that authors lack the resources to search articles.

According to Polit and Beck (2012), the author must conduct research in a systematic way and record every step of the research process to ensure effective search and increase the repeat-ability of the research. The authors chose a descriptive design, as the

aim of the study was to describe elderly people's adjustment of moving into a nursing home. The results of this study accord with the purpose of this qualitative research.

Recommended by Polit and Beck (2012), the selected articles were read separately by both authors as the first step, in order to ensure that the author doesn't influence each others' understanding of the text and found more information. After this, the authors discussed, analyzed, summarized data, then completed the results. During literature searching, authors processed a large number of studies by skimming through the titles and abstracts, which meant relevant articles may have been excluded.

All the selected studies in the present literature review have been given permission by an ethical committee. However, different ethics committees require different ethical permits, and different countries have different requirements. This reinforces the global transfer-ability of research. The review shows that elderly moving to the nursing homes is become more globally.

4.4 Clinical implications for nursing

The results of the present literature review showed the importance of the staff know the reasons of influencing the elderly' adaptation to nursing home. It affects not only the elderly, but also the atmosphere of the nursing home. Understanding the difficulties and psychology of elderly who just move into the nursing home is vital for staff. Elderly can reduce the anxiety with the help of staff so as to adapt to the new environment. In the longer run, elderly who have a plan for moving to nursing home can learn about the difficulties they may encounter and get ready for it.

4.5 Suggestions for future research

After studying the articles for the present literature review, authors found that few Chinese studies were able to answer the research questions of the present review (at least in selected articles). In order for staffs to help the elderly in nursing homes to adapt the new environment, it's desirable to conduct Chinese studies from the perspective of the elderly. After all, the aging population and the increasing of elderly people living in nursing homes are a significant trend in China. Early studies have shown that if elderly get along well with staffs and co-residents in the nursing home can help them to accept the new environment better. Therefore, it is necessary to research the factors affecting the elderly adapt to the nursing homes.

4.6 Conclusions

Adapting to the new environment is a process that must be experienced after moving into a nursing home. Some older people are struggling to adapt it. However, older people tend to have bad experiences, including communication difficulties and lack of support. Of course, there are some good experiences, such as the good atmosphere of the nursing home, which enables them to adapt more quickly. Staff in the nursing homes is playing necessary roles in providing personal and comprehensive caring service, such as they can make the nursing home more harmonious, providing the residents opportunity to communicate with each other.

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APPNDIX 1

Table 2. Overview of selected articles

Author(s)	Study code	Title	Design (possibly approach)	Participants	Data collection method(s)	Data analysis method(s)
A. B. De Guzman <i>et al.</i> Philippines (2012)	a	Home Away from Home: Acclimatization of Filipino Elderly from being Home to a Sense of being 'At Home' in an Elderly Institution	Qualitative. Descriptive study.	20 older adults, 13 females and 7 males, aged 60-84. And settled in the facility for at least 6 months.	Face to face interview. Individual, unstructured interviews. Open ended questions.	Constant comparison
A.L. Koppitz <i>et al.</i> Switzerland (2017)	b	Relocation experiences with unplanned admission to a nursing home: a qualitative study	Qualitative. Narrative qualitative.	31 older adults, 23 females and 8 males, aged over 65, had been living in the nursing home for over two weeks and up to 93 months.	Face-to-face interviews. Semi-structured individual interview. The interview lasted on average 39 minutes. Take extensive field notes.	Descriptive analysis

Brandburg G.L <i>et al.</i> USA (2013)	c	Resident strategies for making a life in a nursing home: a qualitative study	A qualitative design, descriptive study.	21 participants, 4 males and 17 females, aged from 65-93 years. Length of stay from 3 days to over 9 years.	Face to face interview, lasted 45-60 minutes and 9 participants were interviewed a second time, lasted 20-30 minutes.	Constant comparison
Cooney A. Ireland (2012)	d	'Finding home': a grounded theory on how older people 'find home' in long-term care settings	A qualitative design, descriptive study.	61 participants, 17 males and 44 females, aged from 65 to over 90, length of stay from less than 3 months to over 10 years.	Face to face interview. Semi-structured interviews. Interviews lasted between 15 and 60 minutes.	Constant comparative technique
Elizabeth A. Gill and Melanie Morgan. USA (2011)	e	Home Sweet Home: Conceptualizing and Coping With the Challenges of Aging and the Move to a Care Facility	Qualitative. Descriptive study.	44 participants from two facilities, the gender is not mentioned. Participants aged from 65-94, the average length of residence is 4 years.	Face to face interview. Interviewed individually, lasted between 45-90 minutes	Constantly compared
Hanna Falk <i>et al.</i> Sweden (2012)	f	A sense of home in residential care	A qualitative design, descriptive study.	21 participants from 4 residential care facilities, 21 women and 4 men, with mean age 82 years for both men and women. The mean length of residence was for both	Face to face interview, lasted on between 20-80 minutes,	Comparison

				sexes 9 months.		
Hutchinson <i>et al.</i> USA (2011)	g	Voices of Elders: Culture and Person Factors of Residents Admitted to Long-Term Care Facilities	Phenomenology was the qualitative approach used in the study.	23 elders from six long-term care facilities(LTCF), 11 females and 12 males. Aged 60 and older. The length of residence is 6 months or less.	In-depth interview. Individually interview, the interview lasted 1-3 hours.	Coping comparisons
Johnson R. A. and Bibbo J. Columbia (2014)	h	Relocation Decisions and Constructing the Meaning of Home: A Phenomenological Study of the Transition into a Nursing Home	Qualitative. Descriptive study.	8 participants, 4 male and 4 female. Aged from 68-97. The length of residence is not mentioned.	Semi-structured interviews.	Descriptive method
R. Coughlan, L. Ward. Canada	i	Experiences of recently relocated residents of a long-term care facility in	A qualitative design, descriptive study.	18 participants, 5 male and 13 female, with a mean age of 84.35 years. The length of residence is	Face to face interview. Semi-structured interview. The interview lasted 30-60 minutes.	Comparison

(2007)		Ontario: Assessing quality qualitatively		not mentioned.	Make in-depth field notes of their visits, and their journals.	
Victoria S.P. Lee.UK (2013)	j	A narrative exploration of older people's transitions into residential care	Narrative exploration, qualitative design.	8 participants from 3 residential care homes, 6 females and 2 males, aged from 65 to 97, and resident for between 3 and 12 months.	Face to face interview, individual interview, lasted between 35 and 90 minutes. Twice took place over two sessions due to participant fatigue or unscheduled interruptions.	Narrative analysis

APPNDIX 2

Table 3. Overview of selected articles' aims and main results

Author(s)	Study code	Aim	Results
A. B. De Guzman <i>et al.</i>	a	To examine the process of acclimatization or the process of changing perspectives of a	1.Conversion: (incorporates the main notion of transforming one's perspectives of himself and his environment in order to experience immersion) -reminiscing (reliving treasured memories)

<p>Philippines (2012)</p>		<p>person so as to get used to or feel “at home” among a select group of Filipino elderly in a nursing care facility.</p>	<ul style="list-style-type: none"> -recommencing (the resistance to change) -reinforcing (sense of gratitude for the benefits they receive, such as food, donations and other free services) 2.Acclimatizing: (a higher phase that enables an elderly person to involve himself completely into the life he is supposed to live in) -recapturing (try to assimilate their previous tasks at home into this institution) -renewing (reflect upon religious teachings) -rekindling (settling in, getting used to it, satisfaction, and acceptance)
<p>A.L. Koppitz <i>et al.</i> Switzerland (2017)</p>	<p>b</p>	<p>To gain an in-depth understanding into unplanned admissions to nursing homes and to explore its impact on adaptation</p>	<ul style="list-style-type: none"> 1.Being cut-off (Former life, miss) <ul style="list-style-type: none"> –physical acclimatization –social acclimatization –emotional acclimatization 2.Being restricted (Life activities, making decisions) <ul style="list-style-type: none"> –co-determination of new daily routines –achieving closure regarding previous social, emotional, and physical home 3.Being cared for (feeling welcomed; enjoying the comfort, good food, and service.) <ul style="list-style-type: none"> –development of trust-based relationship between older adults and nurses –participation in social care and nursing care 4.Moving on (Be prepared, confident, a sense of control.) <ul style="list-style-type: none"> –incorporation of the nursing home admission into older adults life story –learning that nursing home admission was the choice with the fewest drawbacks

<p>Brandburg G.L <i>et al.</i> USA (2013)</p>	<p>c</p>	<p>To identify strategies that older adults use to adapt to live in long-term care.</p>	<p>1.Day to day living In the nursing home</p> <ul style="list-style-type: none"> • Gains and losses (Use losses to prepare for the more restrictive nursing home environment; Talk about losses and seek solutions; Rely on ‘survivor mentality’ to cope with losses and changes; Take it one day at a time; Trust in the Lord; When there is nothing that can be done, let it go; Do not dwell on the past and what might have been, live for today; Make the best of it.) • Relationships (Seek supportive relationships with family, friends, fellow residents and staff.; Get along with others; Be good to others; Engage in enjoyable activities) • Coping with the living situation (Be patient and flexible in getting your needs met.; Seek out people to help with difficulties that are causing dissatisfaction.; Learn the nursing home system and how to get what you need) <p>2.Making the move to the nursing home</p> <ul style="list-style-type: none"> • Agreement versus disagreement about the move (Be honest when reflecting on capabilities, needs and options to meet those needs; Believe that the move to the nursing home is necessary; Have an attitude of hope that the nursing home will improve quality of life; Keep hope that someday you may return home in the future) • Support in making the decision to move (Become familiar with facilities that will meet needs in the least restrictive environment; Plan for the need to someday move into a nursing home)
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<p>Cooney A. Ireland (2012)</p>	<p>d</p>	<p>To understand older peoples' perceptions of 'being at home' in long-term care settings and the factors that influence these perceptions</p>	<ol style="list-style-type: none"> 1.Continuity (Promote continuity in the habits, preferences and relationships of residents) 2.Belonging (staff created opportunities for residents to interact;comradeship between residents;not emphasis on 'emotional work'; comradeship between residents is not founded) 3.Preserving personal identity (expressed their identity was through personalization of their space; each resident as an individual and value his/her uniqueness) 4.Being active/working (some residents are satisfied with the activities that nursing home provided; Others viewed them as time fillers) 5.Voluntary/Involuntary move 6.Adaptive responses (Participants responded to life in the facility in different ways) 7.Expectations and Life experiences (life experiences, values and expectations) 8.Social environment (no camaraderie and friendliness; chat and joke among co-resident; chat and joke among staff) 9.Ethos and approach to care delivery('availability', 'reliability' and 'flexibility' of staff; accessible, 'special' relationship; 'let down' by staff)
<p>Elizabeth A. Gill and Melanie Morgan.US A (2011)</p>	<p>e</p>	<p>To explore how older adults make sense of the challenges of aging and how they communicate about and cope with these challenges</p>	<ol style="list-style-type: none"> 1.Ambivalence: (parent–child relationship; independence; moving to a care facility) 2.Uncertainty their uncertainties centered on what their remaining years would look like, including whether they would have financial stability, whether they might become a burden to their families, whether they would be able to adjust to living in a carerelated facility, and for how long they would be able to continue driving) 3.Impossibility (Impossibility is the extreme form of divergence, occurring when something is highly valued yet has no possibility of occurring or when something is very negatively valued and will occur with certainty)

<p>Hanna Falk <i>et al.</i> Sweden (2012)</p>	<p>f</p>	<p>To deepen our understanding of processes and strategies by which older people create a sense of home in residential care</p>	<ol style="list-style-type: none"> 1.Attachment to place (nesting and being in charge, personalizing the environment) 2.Attachment to space (taking part in activities with others, expressing personality and making friends) 3.Attachment beyond the institution (bridging the gap between past and present, and home is someplace else) 4.Psycho-social processes supporting attachment (accepting frailty, looking on the bright side of life, reconciling oneself with one's biography and feeling valued) 5.Psycho-social processes hindering attachment (rejecting frailty, being a burden to oneself and others, giving up and feeling discarded)
<p>Hutchinson <i>et al.</i> USA (2011)</p>	<p>g</p>	<p>To investigate person and environment factors of elders that facilitate adaptation to relocation to long-term care skilled nursing facilities.</p>	<ol style="list-style-type: none"> 1.Spirituality, death and dying, and philosophy (belief system) 2.Life experiences with change: Regrets, control, loss, coping, occupations, age, achievement, chapters in life 3.Cultural heritage: Family traditions, food, music 4.Health (patient different health status in nursing home; Self-appraisals of health ranged from good to fair, to fragile.) 5.Ethnicity: Discrimination 6.Social support of family/friends: Home, family, friends 7.long-term care facility relationships: Relationship with staff, relationships with other residents 8.long-term care facility system maintenance and change: Privacy, routine, staffing, like/unlike home 9.long-term care facility support of personal growth
<p>Johnson R. A. and Bibbo J.</p>	<p>h</p>	<p>To uncover how eight older adults in nursing homes in the Midwestern U.S. constructed</p>	<ol style="list-style-type: none"> 1.Self Adjustment: acknowledgement of need, making the best and a place to die 2.Facility Adjustment: restriction and safety 3.Home: being an ideal, the desire to return and possessions

Columbia (2014)		the meaning of home shortly following the relocation and again approximately two months later	
R. Coughlan, L.Ward. Canada (2007)	i	To assess residents' experiences in a new "state of the art" LTCF and their understanding of "quality of care" shortly after relocation from two older hospital style facilities.	<p>1.Relationships are the foundation of quality care(long-term relationship with family and friends;change to new facility has deleterious affect on established relationship with staff)</p> <p>2.Waiting, activity and grieving the loss of personhood (felt they are merely a list of tasks for staff to attend to.A loss of a sense of personhood and value occurred)</p> <p>-Waiting (felt they are merely a list of tasks for staff to attend to; slow, boring; waiting to die)</p> <p>-Activity (some are sad and resigned)</p> <p>-grieving the loss of personhood (A loss of a sense of personhood and value occurred)</p>
Victoria S.P. Lee.UK (2013)	j	To explore qualitatively older people's experiences of this transition, including how relocation is reflected upon and incorporated into their personal narratives	<p>1.Control /Power (maybe they loss the control of their decision or the power of finance after moving to nursing home)</p> <p>2.Identity (having continuity with their old life and routines.control; privacy and freedom;difficult experiences such as bereavement ; changes in her self-perception; encouraged to tell their stories' and being engaged in activities within the home)</p> <p>3.Uncertainty(uncertainty as to why they had moved; question the decision after moving; Uncertain whether to leave and 'go back to normal' in the future)</p>

APPNDIX 3

Table 4. Main findings of selected articles' result.

Themes	Categories	Sub-categories
Person	Personal resilience	<p>1.Acclimatizing</p> <p>positive :</p> <p>(a2)rekindling (settling in, getting used to it, satisfaction, and acceptance)</p> <p>(c1)Day to day living In the nursing home:coping with the living situation (seek out people to help with difficulties)</p> <p>(d6)Adaptive responses (Participants responded to life in the facility in different ways)</p> <p>(e3)Impossibility (Impossibility is the extreme form of divergence, occurring when something is highly valued yet has no possibility of occurring or when something is very negatively valued and will occur with certainty)</p> <p>(f3)Attachment beyond the institution (bridging the gap between past and present)</p> <p>(h1)Self Adjustment: (acknowledgement of need, making the best)</p> <p>(h2)Facility Adjustment: safety</p> <p>(d4) Being active/working (some residents are satisfied with the activities that nursing home provided; Others viewed them as time fillers)</p> <p>(i2)activity (some are satisfied with the activities in nursing home)</p> <p>(a2)recapturing (try to assimilate their previous tasks at home into this institution)</p> <p>negative:</p> <p>(h2)Facility Adjustment: restriction;</p>

(i2)Waiting, activity and grieving the loss of personhood (Waiting: felt they are merely a list of tasks for staff to attend to; slow, boring; waiting to die; activity: some are sad and resigned ; grieving the loss of personhood: A loss of a sense of personhood and value occurred)

2. Control

Being controlled :

(b4)Moving on (Be prepared, confident, a sense of control.)

–incorporation of the nursing home admission into older adults life story;learning that nursing home admission was the choice with the fewest drawbacks

(c1)strategies to support day-to-day living in the nursing home

(c2)strategies to support making the move to a nursing home

(d1)Continuity (Participants strove to maintain continuity in their habits, preferences,but the the routine of the facility sometimes hindered them ,constraints on their autonomy, frustrating and confining)

(g4)Health (patient different health status in nursing home; Self-appraisals of health ranged from good to fair, to fragile.)

Out of control:

(j1)Control/Power (maybe they loss the control of their decision or the power of finance after moving to nursing home)

3.Psycho-social processes

positive:

(h1)Self Adjustment: acknowledgement of need, and a place to die

(f4)Psycho-social processes supporting attachment (accepting frailty, looking on the bright side of life, reconciling oneself with one's biography and feeling valued)

(f3)Attachment beyond the institution (home is someplace else, and returning home as another choice)

		<p>negative:</p> <p>(f5)Psycho-social processes hindering attachment (rejecting frailty, being a burden to oneself and others, giving up and feeling discarded)</p>
value		<p>1.Identity</p> <p>(d3)Preserving personal identity (expressed their identity was through personalisation of their space; each resident as an individual and value his/her uniqueness)</p> <p>(j2)Identity (having continuity with their old life and routines. control; privacy and freedom; difficult experiences such as bereavement ; changes in her self-perception; encouraged to tell their stories and being engaged in activities within the home)</p> <p>2.Belief system</p> <p>(g1)Spirituality, death and dying, and philosophy (belief system)</p> <p>(a2)renewing (reflect upon religious teachings)</p> <p>3.Ethnic culture</p> <p>(g3)Cultural heritage: Family traditions, food, music</p> <p>(g5)Ethnicity: Discrimination</p>
Resistance, ambivalence		<p>1.Uncertainty</p> <p>(e2) Uncertainty (their uncertainties centered on what their remaining years would look like, including whether they would have financial stability, whether they might become a burden to their families, whether they would be able to adjust to living in a care-related facility, and for how long they would be able to continue driving)</p> <p>(j3) Uncertainty (uncertainty as to why they had moved; question the decision after moving; Uncertain whether to leave and ‘go back to normal’ in the future)</p> <p>2.Being cut-off</p>

		<p>(b1) Being cut-off (Former life, miss) –physical acclimatization;social acclimatization;emotional acclimatization</p> <p>(b2) Being restricted (Life activities, making decisions) –co-determination of new daily routines;achieving closure regarding previous social, emotional, and physical home</p> <p>3.Ambivalence in relationship</p> <p>(e1) Ambivalence: (parent-child relationship; independence but miss the children; moving to a care facility)</p>
	Divergent	<p>1.attitude about move</p> <p>1)positive about move: (c2)agreement about move, support in making the decision to move; (d5)voluntary move</p> <p>2)negative about move: (c2)disagreement about move; (d5)involuntary move</p> <p>3)not entirely positive about the move: (d5)not entirely positive about the move</p>
Environment	Physical environment	<p>(h3)Home: being an ideal, the desire to return and possessions;</p> <p>(g8)LTCF system maintenance and change(positive and negative comments to the setting);</p> <p>(f1)Attachment to place(nesting and being in charge)</p>
Environment	Social environment	<p>1.relationship with family and friends:</p> <p>(b3)Being cared for (sustain relationship with friends and relatives);</p> <p>(g6)Social support of family/friends;</p> <p>(i1)Relationships are the foundation of quality care(long-term relationship with family and friends);</p> <p>(c1)Day to day living In the nursing home(seek supportive relationship with family, friends)</p> <p>2.relationship with staff:</p> <p>1):positive</p>

(d8)Social environment(chat and joke among staff);

(d9)Ethos and approach to care delivery(accessible, 'special' relationship);

(g7)LTCF relationships(positive relationship with staff);

(c1)Day to day living In the nursing home(seek supportive relationship with staff);

(g9)long-term care facility support of personal growth

(b3)Being cared for(get life support from staff)

(c1)Coping with the living situation(seek out people to help with difficulties)

2):negative

(d2)Belonging(prioritise physical care);

(d8)Social environment(no camaraderie and friendliness);

(d9)Ethos and approach to care delivery('let down' by staff);

(i1)Relationships are the foundation of quality care(change to new facility has deleterious affect on established relationship with staff)

3.relationship with others

1):positive

(d2)Belonging(comradeship between residents);

(d8)Social environment(chat and joke among co-resident);

(c1)Day to day living In the nursing home(seek supportive relationship with fellow residents);

(c2)Making the move to the nursing home (Support from physician and family in making the decision to move)

2):negative

(d2)Belonging(comradeship between residents is not founded);

(d8)Social environment(no camaraderie and friendliness);

(g7)LTCF relationships(meaningful interactions didn't occur among residents);

(i1)Relationships are the foundation of quality care(change to new facility has deleterious affect on established relationship with other resident)