Admission to the Elderly Care Home and the Transition Experience

A Literature Review

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Admission to the Elderly Care Home and the Transition Experience
Human Ageing and Elderly Service
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Abstract:
In Finland, only a small proportion of older people live in elderly homes, with the majority living in their own homes. However, research has shown that elderly are in poorer physical condition and more frail when they are in institutional care. The first two weeks after elderly home admission are crucial for elderly adaptation and well-being. Increasing dementia among older people cause a hindrance to making a care plan and the ability to set special requirements for rehabilitative health care and communication. The families of the elderly have special challenges for maintaining relationships while in institutionalized care. The aim of this thesis is to create a relevant literature review regarding transitions and elderly people, primarily to map out the first time admissions and their experiences when moving permanently to an elderly home. By enlightening the risks and challenges in the transition as well as finding out how negative effects of relocation can be minimized by the family members and the nursing staff. Research has been done as a literature review, using professional literature, as well as scientific studies and articles in English. Research material was gathered from Ebsco, Google Scholar and Cochrane databases. The research questions were:

1. How can older people be offered support when moving to a care home?
2. What is the role of the staff for older people who are in the transition process of admission into long term care institution?
3. What is the role of the family of older people who are in the transition process of admission into long term care institution?

The study material was selected using professional literature, scientific studies, articles published in 2006 – 2013; articles published before that and nonscientific articles were excluded. The material was analyzed using content analysis and Clark's theory of well-being as theoretical framework. (Clark et al. 2001). The study revealed a number of different ways to give, either mental or physical support. In some parts the family and staff providing support to the elderly were identical, but the major difference was found. Maintaining family ties, visits and participating in decision-making was important roles for the families. Staff roles were considered as giving physical support in the form of good care and supporting families

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Tiivistelmä:

Enemmistö ikääntyneistä suomessa asuu edelleen omissa kodeissaan, mutta vanhainkoteihin päätyvät ovat aikaisempaa huonompi kuntoisia ja usein vailla asianmukaista diagnoosia. Tutkimukset ovat osoittaneet kahden ensimmäisen viikon osastolle saapumisesta olevan vanhusten hyvinvoinnille ja sopeutumiselle kriittistä aikaa. Lisääntyvä dementia saapuvilla vanhuksilla vaikeuttaa vuorovaikutusta, sekä hyvään hoitoon vaadittavan hoitosuunnitelman tekemistä ja kuntouttavan hoitotyön suunnittelua. Vuorovaikutuksen mutkistuminen vaikeuttaa myös ikääntyneen perheenjäsenten mahdollisuuksia ylläpitää perhesuhteita. Tutkimuksen tarkoituksena on kartoittaa vanhusten pysyvään laitoshoitoon saapumisen ensivaiheita, siihen liittyviä riskejä, sekä keinoja minimoida sen negatiivisia vaikutuksia tarkastelemalla tieteellisiä tutkimuksia ikääntyvien ihmisten laitoshoitoon saapumisesta. Tutkimusmenetelmäksi on valittu kirjalisuuskatsaus, johon on valittu materiaaliksi, alan tieteellisiä tutkimuksia ja -artikkeleita sekä ammattikirjallisuutta englanniksi Materiaali on kerätty käyttäen Ebscoa, Google Scholaria ja Cochrane tietokantoja. Tutkimuskysymyksinä on käytetty

1. Millaista tukea voidaan tarjota ikääntyvälle kun hän muuttaa omasta kodistaan laitosmuotoiseen asumiseen?
2. Mikä on hoitohenkilökunnan rooli vanhuksen aloittaessa laitoshoitoa pitkäaikaisosastolla?
3. Mikä rooli on vanhuksen perheellä, kun vanhus muuttaa vanhainkodin pitkäaikaisosastolle?

Tutkimusmateriaaliksi on valittu ammattikirjallisuutta, tieteellisiä tutkimuksia ja - artikkeleita vuosilta 2006- 2013. Tutkimus aineiston analysoinnissa on käytetty sisällön analyysiä. Teoreettisena viitekehyksenä on käytetty Clarkin teoriaa hyvin voinnista. (Clark et al. 2001). Tuloksena löytyi useita tapoja tukea vanhusta muutoksessa, niin henkisesti kuin fyysisestikin. Vaikka perheen ja hoitohenkilökunnan rooleissa ikääntyvän laitokseen muuton tukemisessa oli joitain eroja, korostui vuorovaikutustaitojen merkitys. Perheeltä odotettiin suhteiden säilyttämistä, vierailuja ja päätöksiin osallistumista, kun taas hoitohenkilökunnalta kaivattiin fyysistä tukea hyvän hoidon muodossa ja tukea perheille heidän hoitoon osallistumisen helpottamiseksi

Avainsanat:	Kustaankartano, vanhusten pitkäaikaishoitoon siirtyminen, henkinen tuki, vanhain koti, hoitohenkilökunnan rooli
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FOREWORD

When I was reading for my entrance examination to Arcada University of Applied Sciences 2009, my youngest child had just been diagnosed with Diabetes 1. I was sitting on the hospital floor, reading the text with a dictionary at my hand, with a head full of questions about the future, my daughters and mine. I did not know anything about Diabetes 1 at that time, but we learned together. Neither did I know anything about Gerontology, but I learned. I learned new skills, not only about care work, but also about human nature, and myself.

I found new friends, who came more than necessary to me in my learning process. Jessica, who used time and efforts to teach me the new techniques (I hardly used a computer before, just reading e-mail). Verite, who showed me what one can achieve with dedication and hard work. Aija, whose visions of care work were new and above all, caring. I am so grateful for being your friend, having you in my life was my biggest transition ever.

I want to thank my teacher Solveig Sundell, her kindness and patience was more than inspirational, it carried our class through many challenges. She was always proud of our achievements, even when we did not have so much faith in our own abilities.

I was also lucky to be able to study in the multicultural program, it broaded my horizons more than I could have ever imagined.

1 INTRODUCTION

The author started her work practices in Kustaankartano Elderly Care Center, located in Helsinki, during her second year of studies. Kustaankartano has been one of the experimental care units of Helsinki city in the elderly care. The author was interested in using this center as a base for focus due to the fact that there have been many innovative projects among rehabilitating elderly at this location.

Kustaankartano was already using advanced technology to test new ways to increase opportunities to activate the elderly. Futuristic touchscreen technology with the IITA project (Sosiaali- ja terveysvirasto, 2012) and Living Lab Robotics (Koponen & Laitinen, 2012), using a mechanical pet and robot playing partner were front and center in the author's attentions.

The authors last work practice in Kustaankartano Elderly Care Center was as a large environment project to increase the mental well-being of the residents in co-operations with Tikkurila paints (Julin et al. 2012). The project focused on altering the corridors in the 2nd floor in the dementia ward using realistic drawings and familiar text.

Because there were already existing connections to the Kustaankartano staff and the facilities, the author wished the thesis work to be commissioned by Kustaankartano as well. Head Nurse Jarna Nilsson from third floor in the dementia ward had seen the dedication the author had given to the work in the painting project. Ms. Nilsson recognized that the care unit, some of the staff m members and the residents were already familiar to the author at the dementia ward and this thesis was the natural next step.

This thesis work was originally planned for two people, but due to schedule difficulties, study and working time tables; the project was eventually divided into individual topics.

2 MOTIVATION

The commissioning party suggested the thesis topic, to make a literature review from the current research involving admission and transition time of the elderly home residents. This was because a majority of the elderly (seventy percent, depending on the studies) admitted to care homes have impairments, multiple and more often severe (Isola et al. 2001). This has been an ongoing trend and constantly increasing, both in numbers and the degree of impairment. This fact has been resulting in an increase of demanding challenges in order to provide good care and secure the well-being of the newly admitted.

Most typical risks in physical transferences in health care settings are errors in medication, information loss (papers and life history), misinterpretations of the care plan or clinical information is overvalued. Often the other personal data; life stories, likes and dislikes are neglected or treated secondary in importance. Loss of personal data can be difficult, if not impossible to replace later.

It is important when planning individual care to support the personal growth and self-determination of the resident. (Chalmers & Coleman. 2006) American studies show that 13 percent of nursing home respite care (short term care) return to the hospital within 30 days after their discharge. The family members can have negative experiences and difficulties during the elderly care transitions back to home; this can cause anxiety to the family care givers and the elderly themselves (American Medical Directors Association, 2010).

Poorly executed care transitions from the hospital to home or to nursing homes are harmful to highly vulnerable elderly. This can be due to loss of critical information from the hospital or home, lack of communication between care giving parties, medication errors, and omissions, postponed or late scheduling in diagnostic tests or treatments and

delays or neglect in follow up.

The biggest challenge is transition in care settings is the first two weeks after transference. During this time or period it is noted there is a higher mortality risk among the frail elderly. Transition time in elderly has been documented to cause decrease in psychological status, increased stress and depression (Hodgson et al. 2004). The studies show that the risks increase when the hospitals are discharging the elderly too soon from the acute care wards to elderly homes or at home care.

Home care is sometimes totally uninformed that the client has returned back from the hospital, therefore they are not continuing the same care of the elderly. The author notes that this kind of situation was witnessed when working in home care and is in part, a motivation to create this thesis.

Often the elderly functional status is not as high as it was when the last care plan was made, so the care provided is not adequate. The risks of mortality also increase when the quality of the care (eg. nutrition, hydration, hygiene, medication) between different care settings is significantly different (Thorson & Davis, 2000).

3 AIM AND RESEARCH QUESTIONS

The aim of this paper is to create a relevant literature review regarding transitions and elderly people, primarily to map out the first time admissions and their experiences when moving permanently to an elderly home.

The primary objectives beyond the research questions is to examine the impact that staff and family have on the transitions while looking at the history, the potential benefits and risks, ethical implications and the future of transitional care. The subject of family inclusion in the elderly care planning will be explored to evaluate how effective it can be for clients with memory disorders.

This aim along with the research questions were created together with the commissioning party.

1. How can older people be offered support when moving to a care home?

2. What is the role of the staff for older people who are in the transition process of admission into long term care institution?

3. What is the role of the family of older people who are in the transition process of admission into long term care institution?

This literature review was made to help health care professionals and the relatives of the elderly residents, to comprehend the important and complicated emotional process of admission into a care institution. The approach is psychosocial and involves multidisciplinary objectives. It is necessary to develop effective coping strategies to improve holistic care in order to secure the elderly well-being in transitions and to ease adoption in this important period of life. (Lee et al. 2002).

4 THEORETICAL FRAMEWORK

The theoretical frame work was selected to support the aims and the goals of the literature review. In order to be able to study effects on well-being, it was important to specify what domains well-being includes. The concept of well-being is more than sufficient nutrition, clean clothes and a roof over our heads. The author chooses the domain of well-being to study transitions in a psychosocial perspective.

No table of figures entries found.

The theory of well-being, according to Clark et al (2001) consists of four domains that formulates or measures our well-being; perceptions of self, social engagement, autonomy and environment. Elements of self-acceptance are: positive attitudes towards self, feelings of meaningfulness and having the opportunities for personal growth. Social engagement consists of the ability to create human relationships. Self-determination, regulation and independence are the cornerstones of autonomy. (See table 1.) Diminishing something in these domains decreases well-being.

The well-being theory is used to study and find out those areas that are significantly under large changes in the first admission of the elderly to institutional care and the effects of this transition on an elderly's well-being. This literature review aims to find effective ways to support the transition process for the optimal and positive results.

Table 1. Theory of well-being by Clark et al (2001) definitions

Self-acceptance	**Positive relations with the others**	**Autonomy**	**Mastering the environment**
Positive attitudes towards self Personal growth Meaningfulness	Ability to achieve close unions with the others	Self-determination regulation and independence	Actively manage, engage the surroundings

5 BACKGROUND

Admission to an elderly home is a more complex process than moving to a new place. It is a profound psychological process.

Kelly (1991) stated that human transition proceeds nine different ways with four different outcomes. He explained that anxiety is the first step, anticipation of change coming. That leads to happiness, something is new and different, but if the difference is too big to it can lead to denial, when the change is not accepted and adaption is excluded.

Too big or complicated changes can lead to fear, feeling of threat of losing identity. When this happens it can lead guilt, to collision of roles and values with the new environment and to disillusionment. Loss of identity and collision with roles and values can lead to guilt, and depression. Acceptance happens gradually so that one can move on with their life but without acceptance depression can lead to hostility and feelings of aggression.

According to Lee et al. (2002), not enough studies have been done concerning elderly experiences during transition in to the care homes. There is only a little literature on the actual experiences involved how older people and their families cope emotionally after admission.

5.1 Transitional Care Principals

This section points out the need to develop transitional care interventions. New models and tools must be created to advance and benefit holistic care in this area. The author wishes to review current research at the patient level that has possibilities to study significant effects in transitional care at the care system and policy levels.

Transitions have been described as an ongoing process towards stable situation or period where rather many new skills and relationships are created. Creating new ways of managing and sustaining our control of life is achieved. Transition is a continuing process starting from planning and going under the change until required stability is achieved (Chalmers & Coleman 2006).

Transition, actual physical relocation and the psychological process towards adjusting, is more complicated than just moving to a new place.

This literature review aims to enlighten the process, studying all actives involved: the elderly their families, care workers (nurses, physicians and social workers) and their roles and challenges in the admission time.,

5.2 Transitions in later life

Challenges that effects the elderly care process are typically due to ageing. The majority of elderly have several clinical conditions in their later life such as: diabetes, vascular problems, high blood pressure and heart diseases. 70% of clients in long-term institutional care in Finland suffer from at least moderate cognitive impairment. Many times severe impairment is the major reason for elderly home admission; it has become too difficult to cope (Isola et al., 2001).

Ageing also cumulates transitions. Life is full of unrelated or related changes, intertwined to each other, e.g. losing a spouse can lead to financial problems and financial problems to changes in the social status and maybe losing the house due to non-payments. Sometimes unrelated but simultaneous, loss of spouse and falling down that leads to permanent disability that makes coping in the own home impossible.

To study transitions there is the need to understand different forms and types of transition. To fully comprehend what transitions means in the elderly care setting, it is necessary

also to understand what kind of factors affect the quality of life and well-being. There are three types of transitions that can affect the transition process (See table 2.)

Table 2. Transitions and health: A framework for gerontological nursing (Schumacher et al. 1999)

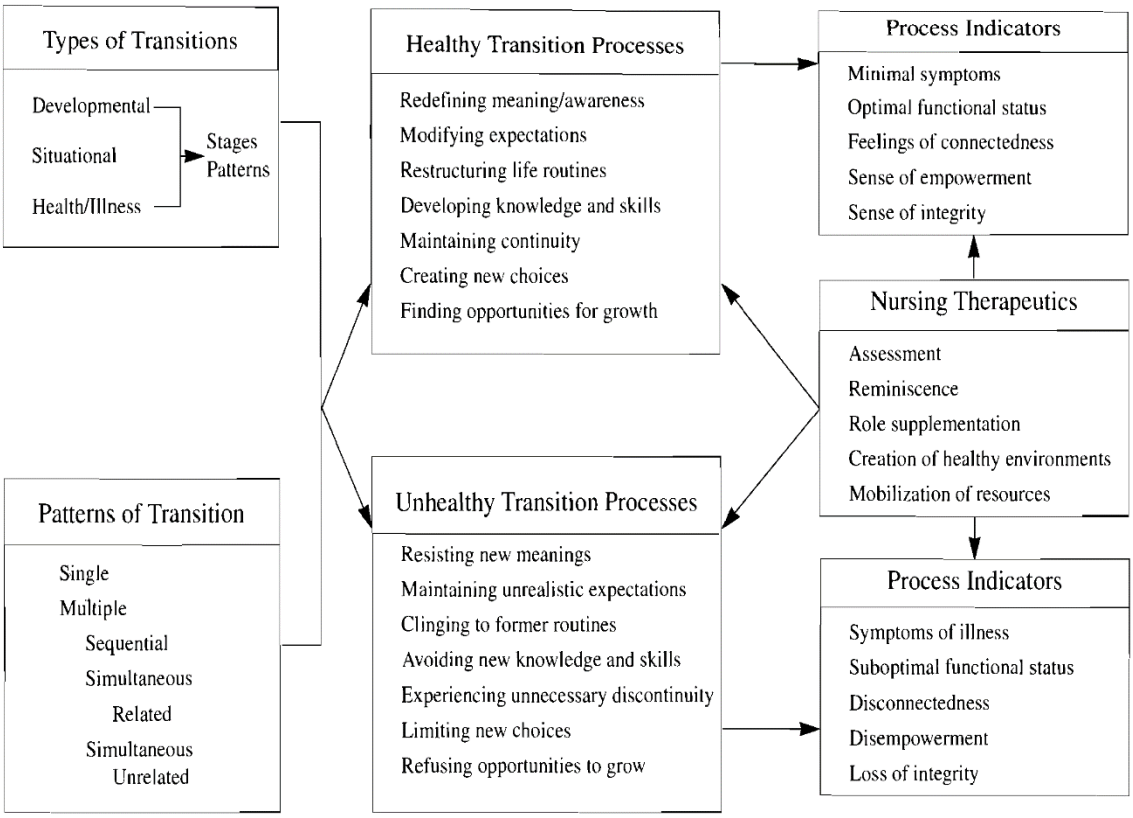

Figure 1.1 Transitions and health: A framework for gerontological nursing.

5.3 Healthy and Unhealthy Transition Process

This model of transition (See table 2) recognizes that patients are the only common thread among different sites of care. It provides patients with skills and tools for allowing them a more active role in their own transitions. It enhances self-determination and finding choices to execute transition and participate. It also recognizes the need for personal growth, self-development and importance to see continuity in life. Restoring the independence and self-determination is one of the vital issues in the satisfaction of the elderly home admission process and considering the quality of life in the elderly perspective.

When the transition does not successfully proceed (See table 2) there can be difficulties in adaption to the new routines that can lead to clinging to the old ones, which is usually manifested disconnectedness and social as well as mental isolation. Resisting new procedures is then limiting new choices, disempowerment can lead to symptoms of illnesses and loss of integrity and lowered functional status, and finally to depression. Experiences of discomfort and unrealistic expectations can cause difficulties to see the continuity in life. Refusing opportunities to personal growth and accepting different, changed routines causes increased stress and dissatisfaction.

5.4 Concept of Good Care

Over the decades, elderly care in Finland has been studied and developed due to the results from institutionalizing, over medicating and patronizing care to a more holistic, rehabilitative and participating direction. New policies have been made to secure quality of the care in all municipalities but the process is still ongoing. Legislation of the care given and the accessibility to the care is under constant debate. Providing good care to the elderly has been included to the elements of the modern welfare society.

Suhonen et al. (2008) establishes that a care plan is the foundation of the quality care. It gives the documented structure or the core to the care given and the tools to the care givers to provide individually planned good care. A care plan should be realistic, preventive and rehabilitative and done together with all the parties involved to the care, the client him/herself and the family members or other significant care givers.

Proper medical care, suitable rehabilitation, social and mental support have been included in the care plan but in addition to those elements, regular follow ups to alter the care if and when necessary. Assessing the care plan is recommended to do every 6-12 months in the care place that is in charge of the current care.

However, during the transitions, the care plan should be reassessed and updated to the existing situation and to the clients' physical/mental condition at hand. Assessing and

updating the care plan is important to secure continuity of the care that is a vital element of high quality care. One important piece of information for the resident and their family members is to know who is in charge of the care and who the contact person in a crisis is should be documented in to the care plan to secure continuity of the good care especially in the transitions. (Suhonen et al. 2008)

5.5 Dementia

Dementia is rapidly increasing, not only in Finland but worldwide. Every year there is an increasing number of dementia patients due the ageing population and the fact that people have less active life styles. Annually 13,000 Finnish people are diagnosed with some form of dementia. There are estimated 85,000 with moderate or severely impaired, and 35,000 mildly impaired dementia patients in Finland. Increase in cases among 65-69 years old has been 0,8 -1,5% and over 85 year olds 35%. In 2005, some 25,400 had been prescribed Alzheimer's medication. This indicates that the majority of the older age groups had not had proper diagnosis in their illness. (Suhonen et al. 2008)

Dementia patients are the largest growing group in elderly homes. Alzheimer's disease is the most common form of Dementia, with Vascular Dementia being the second largest group, Front temporal and Lewy-Boby are the rarest forms of dementia (DSM-IV, 2000)

Ory et al. (1999) explains that progressive dementia gives its unique challenges to the care work, it affects the elderly self-maintenance, causes severe impairment, mood and personality changes and prevents social participation. It is also clear that the customer's satisfaction questioner is more difficult to execute among clients with severe mental impairment. (Suhonen et al. 2008)

Progressive dementive illnesses are affecting not only coordination or motor skills, but to one's rational thinking and decision making abilities too. Our society tries to protect its members from the actions that might be harmful or destructive, against one's own inter-

ests. On the other hand, enhancing autonomy and independent decision making are perceived necessary to adult mental well-being. Decisions concerning oneself and one's assets that are still comprehended are one of the corners of quality of life, diminishing the autonomy decreases the quality of life too. (Suhonen et al. 2008)

6 RESEARCH METHOD

Literature review means combining existing qualitative studies to a whole new research (Johansson et al. 2007, 4). It has a specific aim, criteria in selection of the material, validity, inclusion, exclusion and analyzing the selected material.
It refers to any compilation of materials on a topic, and the capacity to review and combine the point of view and thoughts of others without adding new information. (Aveyard 2010)

The author intends to summarize some of the available literature based on first time transitions within elderly care and the experiences of the elderly institutionalized. There will be a review of current and past research done on transitions. This is a compilation of relevant topics connected to transitions and can be a guide to more knowledge about the topic.

The author chose a literature review to get more variation of research material than would be possible to get from interviews. To study different aspects from all the parties included; elderly, staff and family members, interviewing all, would have required more resources than what a student without funding had.

In the literature review only reliable, qualitative, and relevant to the topic, scientific studies were included. The process was documented carefully step by step to minimize errors and to create reliable base for renewing the research process. (Alderson et al. 2009)

The process used proceeds cumulatively from the research plan, setting the research questions, finding the original research, assessing the validity, quality and relevance, analyzing the results and combining results to a new research (Meade & Richardson 1997, Kahn et al. 2003).

The research plan was based on previous studies of the topic and the aim, relevancy and need of gaining new updated results is assessed and the new research questions are clearly

set. The research questions and aim were conducted choosing the research methods and theoretical frame work. (Kääriäinen& Lahtinen 2006)

Literature reviewed will be those that focus on the research and documentation of transitions, with a focus on results. The incorporation of a more structured transitional care into nursing homes will be analyzed.

6.1 Searching of Material

The compilation of data was done by using a database search. The use of databases for electronic searches was based on if full text literature was provided and on meeting the search criteria.

The searches were made in Ebsco and Google Scholar databases, inclusion criteria was only five years old (this criteria had to be adjusted because there was some researches so essential to the topic that without them it could not be proceeded), in full PDF form, accessibility and with scientifically written, high quality researches. Studies from the admissions from hospital to home were excluded, also the studies about relocation between different care homes as the aim was to find studies about first admission to care home from the elderly own home.

From Ebsco the research words used was: "Transition AND older people OR adult AND nursing homes OR care homes". Direct hits were 8, from these only one fit the inclusion criteria based on the abstract and was selected. Because the results were not more, a new search was made using the term: "Transitional care AND older OR aged people" direct hits were 99, but only 16 were selected based on the abstract.

After reading the researches the amount decreased to 7 to fit the inclusion criteria. This material was not enough; a new search was made using the phrase: "Relocating older people OR elderly OR aged". The results were 99, from which one fit the inclusion criteria

after reading the abstract. This came to total of 13 relevant researches picked for the study that was considered scientific enough and reflecting on the research questions.

Some of the studies were included despite the year of the study was made, simply because there was not anything new to replace them.

From Google Scholar the phrase used: “Elderly OR older people experiences care home OR nursing home admission”. Results were 16,700, but only one fit the inclusion criteria. Because the time had passed during the first search and after the original work had been divided in the two different topics, some of the originally selected researches had been outdated and new searches had to be made.

The new searches were made in Ebsco using the same words, gaining 2 new researches. In Cochrane Database using the old phrases and new phrases: “Psychological transition in elderly OR older people” and “Relocation of the elderly OR older people”, and “Care home admissions AND elderly OR older people”. These gave 28 results and in them 14 potential researches, but after reading the abstract only 4 fit the inclusion criteria. One really informative article for the health care professionals was not selected because it was not written in scientific writing

Table 3. Data collection process

Data bases used	Search words and phrases used	Inclusion criterias	Direct hits	Selected based on abstract	Selected by the relevance of the topic
Ebsco	1 "Transition AND older people OR adult AND nursing homes OR care homes"	full text from 2005-2012 scientifically written	8	1	1
2 nd	2 " Transitional care AND older OR aged people"	Full text from 2005-2013 scientifically written	99	16	7
Google Scolar	3 "Elderly OR older people experiences care home OR nursing home admission"	Full text from 2005-2013 scientifically written	5000	1	1

The search words and phrases were assimilated by the results gained (Khan et al. 2003). If there were only few results, the restrictions were removed to gain more material. If the topic got any results, the search was broadened to the content of the text to get as many relevant researches as possible (Sindhu & Dickinson 1997).

Kustaankartano personnel, Head Nurse Jarna Nilsson, who was the commissioning party in this study, was consulted as an expert of the field to gain more information and to help out define the concepts needed to make searches and what was relevant to the topic and research questions.

6.2 Presenting of Material

Searching the data material, search words and phrases, databases used and inclusion and exclusion of the studies selected was documented. (See table 3)

All relevant information was presented. In this research there was not any empirical data or any other participants, the author was the only one responsible for the data collection.

The research questions were defined by the previous research and in co-operation with the commissioning party to answer to the topic at hand and what the writer comprehended with the studied phenomena.

The data collection was made in all data bases that were allegedly relevant to the topic, keeping in mind the research questions, consisting research of social care and health care in English. Because of limited time, no information was collected manually, this was one weakness to the study, some studies or articles may have been left out due to this. Never the less it can also be a strength, because it increases the readers accessibility to the material used in the study. (Aveyard, 2007

In this literature review, the documented effects of transitions on elderly, their family and the staff will be shared to find new ways to cope. The literature used is documented in table 4, on pages 24 to 26.

1. Family members perceptions of the quality of long term care	Voutilainen P., Backman, K., Isola, A. & Laukkala, H.	The study assesses family members' perceptions of the quality of nursing care of older people and its relationships between demographic factors and family involvement. Data were gathered from family members of four residential homes (N = 474). Structured questionnaire	Clinical Nursing Research 15, 135-149 2006
2. Care Transition Experiences of Spousal Caregivers: From a Geriatric Rehabilitation Unit to Home	Byrne, K., Orange, Joseph B. & Ward-Griffin, C.	Theoretical framework about caregivers' experience and the processes in which they engaged during their spouses' transition from a geriatric rehabilitation unit to home.	Qualitative Health Research, Sage pub. 27 DOI: 10.1177/1049732311407078 2011
3. Clinically Significant Changes in Burden and Depression among Dementia Caregivers following Nursing Home Admission	Gaugler, J. E., Mittelman, M.S., Hebburn, K.&Newcomer, R.t	To study whether clinically significant changes in symptoms of burden and depression occur among caregivers within first year of nursing home admission of their demented relatives, key predictors of burden and depression after institutionalization.	BMC Medicine 8:85 DOI:10.1186/1 741-7015 8-85 2010
4. Culturally and linguistically diverse older adults relocating to residential aged care	Yeboah, C.,Bowers, B. & Rolls C.	To study nursing home relocation experiences of culturally and linguistically diverse elderly. Grounded theory approach, interviews with 20 residents of four nursing homes in the northern suburbs of Melbourne, Australia.	Contemporary Nurse 44(1):50-61 2013
5. Collaboration and Control: Nurses' constructions of the role of family in nursing home care	Bauer, Michael	A study of nursing home staff experiences working with residents' families .Providing quality care is consistent with nursing philosophy. This is challenged with problems for both the family, and staff involved.	Journal of Advanced Nursing 54(1), 45-54 2006

6. Daily life after moving into a care home-experiences from older people, relatives and contact persons	Anderssoni, Petterssone& Sidenvall	Describes older people's daily life experiences at the care home after admittance and their own and their family members/contact person's perceptions of participation in the decision to move there.	Journal of clinical Nursing 16, 1712-1718 2007
7.Improving Care Transitions In Nursing Homes	Toles, M., Young, H. M. & Ouslander, J.	The development and testing of three interventions to facilitate person-and family-centered care starting of admission; the development of resources to cope in subacute and acute health conditions in nursing homes; and the transitional care in nursing homes to support residents and families.	Journal of American Society on Aging, Winter 2012-13, Vol. 36, No.4
8. Older Adults Participation in Nursing Home Placement Decisions	Johnson, R.,Popejoy, L. L.& Radina E. M.	African American and European American elderly admission into a nursing home, their decision-making and participation to the process. How their sense of coherence, functional ability, and physical functioning were related to decision participation. Semi-structured interviews.	Clinical Nursing Research 19(4) 358-375 DOI: 10.1177/1054773810372990 2010
9. Older Persons Relocating With a Family Caregiver: Process, Stages, and Motives	Firbank, O.E & Johnson-Lafleur, J.	The article studying the process of admission by examining the experiences of a sample of Canadian elderly and their caregivers, born in Quebec and in Haiti. In spite of diversity, moving in together usually occurs in stages and follows a lengthy process of transitory living arrangements.	Journal of Applied Gerontology 26:182 DOI:10.1177/0733464807300224 2007

10. Psychological transition into a residential care facility, older people's experiences	Ellis, Julie M.	Complexity of admission into a residential care facility from a psychological perspective for residents and their relatives and the resulting implications for nursing care.	Journal of Advanced Nursing 66(5), 1159-1168 2010
11. Relocation Remembered: Perspectives to Senior Transitions in the Living Environment	Perry, T. E. Andersen, T. C. &Kaplan D.B.	Theoretical frameworks of senior transitions in living environments. Recent studies of relocation and gerontology. How the housing transitions reflect in the contemporary context.	The Gerontologist Advance Access published July 9, 2013
12.Transforming Palliative Care in Nursing Homes: The Social Work Routine	Bern-Klug,M.E.& Kolb, P.J.	Identifying and assessing family members psychosocial, spiritual and existential issues related to having a loved one living in and dying in a Nursing Home	02/2010
13. Translating research into practice: Transitional care for older adults	Naylor, M.D.,Hollander-Fieldman, P., Keating, S., Koren, M.J., Kurtzman E. T., Maccoy M. C.& Krakauer R.	The study of facilitators and obstacles of implementing in a US insurance organization – Aetna Corporation – an evidence-based, Transitional Care Model, that has been tested over the past twenty years by a multidisciplinary team at the University of Pennsylvania.	Journal of Evaluation In Clinical Practice ISSN 1356-129

Table 4. Article used in literature review

6.3 Validity and Reliability

Scientific research should be qualitative, ethically considered and reliable. The writer gives enough information to the reader; all material used, detailed criteria during the process, and discussion explaining the results, so that the reader can assess the reliability of the study. Reliability is increased allowing fellow colleagues evaluate of the process and results. (Kääriäinen& Lahtinen 2006)

The authors choose as versatile research as possible, including all available material on the topic. Nothing was left out for any other reasons but then the strict demands of reliability. The quality of the literature review guidelines was followed as well as possible, although some challenges occurred due the novice writing abilities

7 ETHICAL CONSIDERATIONS

All academic research aims to improve existing practices and theories. No research can be done without having some quality standard for what is good and how to improve it, how the world is preserved and how it should be, how to create better quality in life. Therefore every research is combination of all ethical choices. (Leino-Kilpi & Välimäki 2012)

Good scientific practice dictates how to make ethically good and reliable research, the requirements for the research and the criteria for the published results. The researcher is personally responsible for the academic community and the society for reliability and following ethical guidelines, conducting the study and publishing the results. (Aveyard, 2007)

The research was planned, conducted, reported and assessed using integrity, openness, sustainability, carefulness by the Arcada standards for scientific research. (Arcada Thesis Guide 2011)

Other researchers work was acknowledged and sited according to the writing guidelines of Arcada Thesis guide. All responsibilities and duties were written in the research plan. The author has neither financial nor any connections to Kustaankartano Elderly Center that would jeopardize integrity or reliability of the study.

Ethics consists of our cultural values, ideals and principals such as respecting personal autonomy and human rights. Research ethics are based on justice, doing no harm and being beneficial. Not only the researchers own values, but national and international laws guide and secure the status and rights of the study participants.

Every research builds the foundation to the next generation, the studies to come. Ethical considerations of this literature review were done following good scientific practices, no study was left out because any ethnic or unethical reasons. All studies included were done following good scientific practices and no harm to the participants rule.

The study material, process and results were assessed and discussed as open-mindedly as humanly possible, avoiding any presumptions. The study process was documented carefully, but because the author is a novice as a researcher, some issues was noticed afterwards (Sindhu & Dickinson 1997, McManus et al. 1998).

It should be remembered to assess the effect of the values and consequences of relying on study results in the future. (Leino-Kilpi & Välimäki 2012)

What is or is not researched, integrity of the participants and sources and how the study is conducted are also ethical choices. There should be a specific aim and goal for the study. Collecting the material should be based on the knowledge gained from the previous studies and what kind of group or object is under the study. No ethnic or other group should be excluded nor anyone or anything because of preconceptions or prejudice
The consequences to the participants should be considered and minimized all inconvenience and prevent all harm to the participants. (Leino-Kilpi&Välimäki 2012)

Some errors and misunderstandings happened during the research process that might affect the outcome and therefore the study does have some weaknesses. Also the fact that the writer is a novice in the scientific research field has affected to the outcome and should be noted.

8 DATA ANALYSIS

The content of the researches selected were analyzed using qualitative content analysis, using categories, grouping common content under specific themes (Krippendorff, 1980). The text was highlighted with different color marker pens; yellow marker for the results answering the first research question: “How can older people be offered support when moving to a care home?”
For the second question to differ family roles from the staff, author used red marker for the family and blue marker presenting the staff roles. Sub categories came not only from the research material, but from the theory used. The author was looking commonalities in the text answering the research questions, and those were named in certain themes by the author using the findings and the theory.

The themes were gathered into a template marking the articles with a number to ease identification of each topic and the article where it was mentioned (Baxter, 1991). This system provides opportunities to examine the categories the author found in each study and increases reliability of the study. It also minimizes personal interpretations and opinions allowing the text to “talk” not the preconceptions of the researcher.

9 RESULTS

The author presents her foundings to following research questions:"How can older people be offered support when moving to a care home?" There are two forms of support; physical and emotional are emerging from the studies. These form the two main categories. To the second and third questions: "What is the role of the staff of older people who are in the transition process of admission into long term care institution?" and "What is the role of the family of older people who are in the transition process of admission into long term care institution?" The categories are presented in the table form (Table 5 and 6) on pages 32 and 33, to the research questions:

Table 5. Family and relatives analyzing content

Themes/ categories for the family members	Sub categories	Found in the studies
Mental and emotional support	Active listening	3, 6
	showing feelings	3, 6, 7
	talking and discussing	3, 5, 6, 7
	restoring family ties	3, 4 ,5 ,6 ,7 ,8, 10
	support autonomy	1, 5, 6, 7, 8, 11
Physical support	Helping in the daily care	2, 5 , 6, 7
	regular visits	1, 2, 5, 6, 7
	participate decisions	1, 4, 5, 6, 7, 8, 11, 13
	financial support	4, 5, 8, 10, 11, 13

To these questions division of the tables is required. Family and relatives have their own template (see table 5), because the roles are partly different from the staff, but the staff

has more ways to support in the care work. After analyzing in was clear that there was two researches; number 9 and 12, which did not add any information to the actual study. (See table 6).

Table 6. Staff/other workers analyzing content

Themes/ categories for the care workers: staff/ social workers	Sub categories	Found in the studies
Emotional support	Active listening	3, 4, 5, 6, 10
	discussing	1, 4, 5, 6
	grief counseling	4, 6, 10
	discussions	1, 4, 5, 6
	role enforcement	2, 3, 4, 5, 7, 8, 11
	enhance cultural diversity	1, 4, 5, 8, 10
	support autonomy	2, 3, 4, 6, 8, 10, 11
Physical support	Provide good care	1, 2, 5, 6, 7, 8, 10, 13
	provide information	1, 2, 3, 4, 5, 6, 7, 11
	enhance social participation	1, 2, 3, 4, 5, 6, 8
	to have sufficient individual time to the elderly	5, 8, 10
	Support care involvement.	1, 2, 4, 5, 8
	Communication among all parties	1, 2, 4, 6, 7, 8, 10, 11
	assist managing the environment/ safety	2, 5, 6, 7, 8, 11, 13

The literature reviewed will be broken down into sections; emotional support, peer support, how to enhancing cultural diversity, the aspects of social care, how to provide rolenforcement and physical support, providing information, the influence of lack of staff or resources, how to supporting autonomy and the importance of regular visits

Definition of family differs in different cultures. The idea of family is sometimes beyond biological or blood relatives, it varies indifferent religious groups, as well as in different communities. Sexual minorities often face discrimination and prejudice in the validation of their worries and grief when their partners admission into care homes. Any sexual orientation or ethnic background of the resident or the family care giver should not affect the care workers sensibility towards client's grief. They should be allowed to participate equally taking care of and decision making concerning their loved ones. (Bern-Klug 2010, p.191)

Cultural diversity should be valued and different values should be comprehended, how they affect people's behavior, and not considered as a hindrance or inconvenience. Cultural and religious values affect to the perception of life and death, how people give care and how they see medical and palliative care and also how they give care or what is the concept of family. (Bern-Klug 2010, p.191, Firbank & Johnson- Lafleur 2007)

In Finland there are two official languages Swedish and Finnish, the difference in the cultures between these two populations are not bigger than variation between individuals. There are also two minority groups that have been living in Finland over centuries: the Roma and the Saame people that have different views, values and different languages.

Including these ones we have increasing amount of new immigrants all over the world; Somalia, Estonia, Russia and this group is growing. Despite the increasing amount of cultural diversity, only a little research has been made in this perspective.

9.1 Emotional Support

The transition of admission to an elderly home is a critical time, not only for the elderly themselves, but also to their loved ones. The importance of the first month was undeniable; resident's adaption to new routines was intertwined with the skills of the care home staff. Communication skills, ability to give emotional support and actively listen to the residents and their relatives, were the themes that came across in every study. It was also clear that educational issues could be even more studied.

According to research, loss of physical abilities was the beginning to cumulative loss of self-maintenance and other abilities important to daily living. Going to shops, making food and doing their bed, washing up and cleaning the house was impossible or extremely painful due chronic pains, loss of mobility, difficulties in restoring balance or because physical exhaustion. (Yeboah et al., 2013)

Relational loss, spouse or other close family member, was also one common reason to residential aged care. Even if the functional capacity did not diminish, some lost their interest for staying at home. Importance of close relationships, reduce loneliness in some cases, when a family care giver wanted to continue taking care of institutionalized significant other and followed her/him to the care home. Others factors included the loss of a care giver due to death, moving to another city because working opportunities or marriage (typically grandchild).

Going to respite care was another reason to stay in institutional care. Family care giver did not give permission to the elderly to return back home, even if this was not discussed before entering respite care, or the care professionals denied the return back home in some cases, when the care taker was not fit or qualified enough to give care any longer. (Yeboah et al., 2013)

9.1.1 Peer Support

Andersson et al. (2013) assures many elderly felt loneliness at home, as they had no one to talk to. Admission to an elderly home was positive decision for them and they were glad to have other residents and care personnel to talk to in daily bases.

The families need support in crises, stress management, grief counseling, group or peer support. Mindfulness techniques are useful in finding individual inner strength that support coping with anticipatory grief (Dementia cases) (Bern-Klug 2010, p.187)

9.1.2 Enhancing Cultural Diversity

Cultural diversity creates new and unexpected situations. In the crisis care homes and the residents and their family caregivers might need cultural mediator. Social workers need cultural competence especially in the care planning meetings to bring the voice of the resident and family member of different ethnic or cultural background. Interdisciplinary staff might have difficulties to see the client's problems outside their own disciplinary. Social workers and nurses should be able to compromise and take under consideration of different cultural aspects of autonomy, religion, values and death. (Gaugler et al. 2010, Bern-Klug 2010, p.189)

9.2 Social Care

A social worker should promote more holistic care, bring emotional and psychological aspects to the care work, accepting feelings, showing and talking about emotions and enhancing the family interaction. Social workers should provide advocacy to care planning meeting. Active listening of family care givers worries to improve communications between interdisciplinary care team. (Bern-Klug 2010, p.192)

After admission the families may need counseling and case management. They may need various range of support, psychological, financial and legal. Family care givers can

have depression several years after admission. They might have feelings of anger and regret; they should have help for assessing the care given in to their family member, planning the care and making decisions on financial arrangements (Gaugler et al. 2010, Bern-Klug, 2010, p. 191).

9.3 Role Enforcement

A resident's severe illnesses, especially dementia, can cause a lot of stress, worry and feeling of loss in the family care givers. It often leads to mixed feelings, relief for the relative being safe and taken care, but on the other hand feeling guilty and confused with the new roles. The staff can support the relatives by giving role enforcement enhancing their expertise in care giving to prevent care givers and the elderly social isolation and loneliness. (Bern-Klug, 2010, p. 198)
These situations have many different aspects and challenges especially if compared elderly coming from the hospital care units or those who are relocated from another institution. (Gaugler et al. 2010)

9.4 Physical Support

Research shows that the elderly in admission to care homes are more vulnerable and in poor health and quality of life outcomes than before. There are increasingly acute health conditions among older adults. (Toles et al. 2012)

Rehabilitation in elderly care, especially in progressive dementia, is not used in its full potential. The means and goals can vary in different stages of dementia, and even so there is not strong scientific proff on its effects on cognitive improvement. There are good results at cognitive stimulation even in the moderate impairment, improving mental capacity, mood, diminishing behavioral problems and increases in quality of life. (Suhonen et al., 2008)

In an Australian study some elderly attempted to reverse physical losses by entering rehabilitation and having high hopes for retaining their physical abilities but failed to improve. Instead the outcome was reversed, they had health care professional assessment that denied them to return back home, because it was not safe for them anymore, or their physical condition was inadequate (Yeboah et al.2013).

The most preferable form of rehabilitation from the elderly point of view was talking with somebody was more preferable than any other activity.

9.4.1 Providing Information

Home care givers, family members and relatives on the other hand, can find it difficult to receive enough information on how to participate in the daily care process of their elderly in the elderly home. They also would need more empowerment and emotional support from the staff to adapt to the changes between home and institution and retain the caring bond to their elderly on a daily basis. (Voutilainen et al. 2006)

The relatives needed information especially in changes of the resident's physical condition (new diagnoses), medication, treatment, pains and pain management and in other significant changes concerning room and roommates. (Bern-Klug 2010, p.194)

9.4.2 Lack of Staff or Resources

Results in underestimated resource in staff affected both information flow between the staff, and between staff members and family members. This was clearly seen when there was lack of care takers in the care units. The staff gave less information and less emotional support to the family members. Only necessary information was provided and only client’s physical needs were taken care of.

This decreased satisfaction to the quality of the care provided but also family participation to the care work. (Finnema et al.2001). Swedish research emphases that the Nurses have an important duty assist elderly residents to cope with the transition by executing an assessment of older people's reactions to admission. Then nurses must provide individual emotional care and find a suitable coping strategy to support adjustment and meet residents' needs via communication. (Andersson et al. 2007)

9.5 Supporting Autonomy

Studies have shown that family members perceived the quality of the care higher in the institutions the more they had opportunities to influence into the daily care process and decision making. In Swedish studies best conducted admission to care home gave the elderly possibilities to participate in the process. This gave them a feeling of voluntariness and being able to affect their own life and, therefore anticipations were positive and satisfaction to care home better than involuntary admissions. (Andersson et al. 2007, Johnson et al.2010)

For frail and severely impaired older people, life situations and physical condition are often dictating the options given, leaving only a little, if any possibilities to personal input of choices in admission. These kinds of situations are an emotion-focused coping strategy (Cohen & Lazarus 1973) and could be implemented.
Reassessing the gained new benefits, advantages of living in the care home and having competent staff ready to give twenty-four hour assistance creates safety. Losing an apartment and complete privacy could be compensated by having a lot of options for social engagement. (Andersson et al. 2007, Perry et al. 2013)

Voutilainen et al. (2006) states that family involvement was perceived important but the regularity was missing in many places, such as planning meetings between the staff and the family members were not consistent.

Family members would also need more empowerment and emotional support from the staff to adapt to the changes of their elderly admission from home to an institution and retain the caring bond to their elderly in daily bases. To have enough information concerning daily routines and procedures was also essential when making the decisions as well as being actively a part in the daily care work.

Quality of the care given in the elderly home is monitored by the relatives, changes in the elderly wellbeing, medical care and condition, nurses attitudes and time spent in the care giving. Overall cleanness in beddings, clothes and the resident, were important. Close family ties, life long history together, filial obligations and acceptance that giving care is necessary and natural part of life motivated care givers involvement. (Bern-Klug, 2010, p.195, Voutilainen et al., 2006)

9.6 Regular Visitation

Most of the residents come from their own home to the institutions. They have been living by themselves or with their family, some have had family care taker. Several studies have shown that family members' are quite positive in their assessments of quality in the elderly care in the institutional settings rather than the elderly clients themselves (Finnema et al.2001, Gasquet et al. 2003).

Some recent studies show that family members rated services on scale 1 to 10, with the average being 8.1. The most satisfied were those who visited their elderly less frequently, and who had less education, higher educated and more involved care takers were less satisfied. (Voutilainen et al. 2011, Byrne et al. 2011)

Visiting frequency varies for many reasons; bad relationships with the elderly home staff, transportation problems or bad financial situations can hinder visiting the elderly. Negative feelings towards admission, bad stress management and unsolved family issues can affect the frequency of the visits. Some try to avoid negative situations like the

residents' aggression and other problematic behavior. Traditional family roles and responsibilities can cause a family care giver overwhelming guilt for the admission of their elderly that is difficult to overcome; the feelings of guilt are avoided by diminishing the visits. (Bern-Klug 2010, p.194, Toles et al. 2012)
According to Voutilainen et al. (2006), relatives that visited their elderly regularly had better emotional support from the staff to be actively part of the care work. They were also less mentally and physically exhausted than those who did not visit their elderly in the regular bases. One explanation to this could be that they had sufficient amount of emotional support and guidance to ease interaction with the residents, therefore it was more pleasurable and easier. (Voutilainen et al. 2006, Gaugler et al. 2010)

An Australian research stated that the staff also preferred and favored those families that visited more frequently, they were perceived as being more assisting to the care work and as a valuable asset to the care staff (Bauer 2006).

Being a contact person for the elderly correlated with the frequency of the visits. Family members that were more involved with the care giving visited more often. Having a commitment to the care process, monitoring the care given in the elderly home and assisting in the care and involvement helped as well. Keeping the family ties was perceived important as well as restoring the life history of the resident. (Bern-Klug 2010, p.194)

In the Australian study (Bauer 2006), those families that had difficulties to follow the orders given by the staff were considered difficult and hindrance to their care work. Some members of the staff stated that physical care was their priority and the collaboration with the client's family only came secondary. Family interference was preferred only when it was supporting their own work, not challenging their authority, family members giving instructions to their work was not preferred and the staff felt that their professionalism was not respected. Too many demands or total lack of understanding of the care procedures from the family member's part was also criticized and perceived interfering in the care work. (Firbank & Johnson-Lafleur 2007)

10 DISCUSSION AND CONCLUSION

The first admission to an elderly home is complicated process with many related or unrelated transitions in physical and mental health, autonomy and status. It concludes several actives from relatives, physicians, nurses, social workers and care givers to elderly themselves. The four domains in theory of well-being by Clark et al. (1998); Perceptions of self, social engagement, autonomy and managing the environment were approached in all studies.

Most of the studies were emphasizing elderly autonomy as long as possible. In many of the studies it was stated that when there was decreased opportunities to affect the decision making in the admission, place or the care process, the well-being and adaption to the new environment was more difficult, and resulted various problems.

Independence and personally designed care plan was goal to all good care models, but surveys among care personnel enlightened that demanding client was not always perceived as being right, but difficult and therefore had even worse service than those quiet and less demanding ones (Bauer 2006).

Producing services for culturally diverse clients is the future. There are an increasing population of culturally diverse elderly that need services with their own language because of their memory loss illnesses and deteriorating language skills. Cultural competence of the nurses and social workers was enhanced and considered important to the clients and their families, but the care staff felt challenged. It was considered to be causing a lot of extra work and sometimes even annoying (Bern-Klug 2010, Firbank & Johnson-Lafleur 2007).
Participating to the admission process and other decision-making improves the adaption to a care home, this is important to the elderly themselves and their family members (Johnson et al. 2010, Toles et al. 2012). To be able to make decisions requires accurate information, thus it is many times difficult to provide due the lack of diagnose for the elderly. There might not be any family members left to give any background information for the care planning meetings. (Suhonen et al. 2008)

Information was mentioned in every study, with giving or receiving being the corner-stone to good quality care. To provide accurate, correct, in place and useful information was not only a physical safety issue in order to give the right medication and suitable care plans, but also a tool to involve family members in the care work and decision making. (Anderssoni et al. 2007, Bern-Klug 2010)

Elements of self-acceptance and positive attitudes towards self were also shown to have meaning in the studies, especially when there was cultural diversity and significant cultural difference between the care personnel and the resident and their family members. Expectations towards care varied largely among different cultures, this affected the feeling of meaningfulness and having opportunities for personal growth.

Support; emotional and social was needed to both the residents and their relative's point of view to improve a positive attitude towards self and increase self-acceptance in the new roles of the elderly and the family members. Emotional support was listed in the social workers and nurses skills as being in demand. In the surveys, lack of time and resources often pressed nurses and other care personnel to give only basic care. (Bauer 2006)

Social engagement consists of the ability to create human relationships. Social participation was important, to have relations with others, especially their family members, but positive anticipations towards admission were more common with those elderly that felt loneliness at home. Talking with someone was considered activity, a pleasurable one; no other activity was as popular as it. (Yeboah et al.2013)

Active listening was recommended to be one of social worker's and nurse's tools to support the elderly and their family members coping. At the same time those researches that focused on measuring the situations in the field had indicators that the care staff felt there was not enough time for active listening.

Self-determination and regulation, independence are corner stones of autonomy. According to Clark et al (1998) mastering the surroundings actively is important to engagement with the environment. Diminishing something in these domains decreases

well-being. All studies emphasized cooperating between these actives and enhancing communications via active listening, increasing education and cultural knowledge among healthcare professionals.

11 RECOMMENDATIONS

Education of the care personnel in communication was mentioned in the researches that studied personnel. This was an especially important skill in the beginning of the admission and with residents who had dementia. Positive anticipations improved the adjustment to the care home. With an increasing population of dementia clients, the need of proper communication skills is essential.
Body language is sometimes the only recourse left with progressive forms of dementia. So the challenge of communication grows when the dementia proceeds (Voutilainen et al. 2006, Yeboah et al.2013, Bauer 2006).

Education to care giving personnel was suggested to recognize different stages of personal transitions of the elderly to prevent depression. It is often easier and more cost effective than work with the depression that is already at hand.

In the future there is a need for research to identify the complicated emotional and social processes of how older people adjust mentally with residential living. Future research should also focus on developing new interventions into transitional care and increase accurate understanding of the affective experiences of elders with different ethnic background.

According to this research, transition periods can feel burdensome for staff and also the family or relatives of a client. For that reason, it will be good to continue to investigate how coping strategies can decrease stress for both staff and family and also improve quality of life and the care for clients.

Future studies should consider that all clients and staff have a variety of personalities and differences. Each client will have different levels of coping ability and need. Depending on the context in which the transition coping strategies are used, depends on the staff, clients and their diagnoses, and how the client will react in each situation.

Putting together a team of interdisciplinary and multi-professionals that are knowledgeable about the topic in several areas; perhaps a combination of staff, transition professionals and mental health practitioners, would offer a range of perspectives and goals for future research.

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