EMOTIONAL EXPERIENCES OF ELDERLY DURING THE TRANSITION FROM HOME TO INSTITUTION

Literature Review

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HUMAN AGEING AND ELDERLY SERVICE

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EXAMENSARBETE	
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Sammandrag

Avhandlingens övergripande syfte var att undersöka hur äldre personer upplever övergångstiden efter att ha flyttat hemifrån; med särskilt fokus på det emotionella perspektivet och sätt att stödja framgångsrik omlokalisering genom effektiva copingstrategier. Dess mål är : att öka kunskapen för att förstå den känslomässiga upplevelsen som nya äldre invånare genomgår under övergångstiden från hemmet till en institution. Resultatet av flytten till en institutionell vårdanläggning är både positiv och negativ. För att kartlägga hur äldre flyttat hemifrån till en institution och hur de handskas med den nya institutionella miljön.

De två forskningsfrågorna var 1): Vilken typ av emotionella upplevelser kan äldre ha när de byter omgivningen från hemmet till vård institution? 2) Vilken typ av copingstrategier utvecklas när de äldre anpassar sig till en ny institutionell miljö?

Avhandlingen inleds med en introduktion av grundläggande bakgrund och en teoretisk ram. Bakgrunden introducerade övergång, omlokalisering sent i livet och anpassning, de äldre i samhället, känslor, copingstrategi och psykiska välbefinnande som används i den teoretiska ramen.

Denna studie är en litteraturstudie och analysmetoden är kvalitativ innehållsanalys. Baserat på två forskningsfrågor var artiklarna för kvalitativ innehållsanalys uppdelade i olika teman, kategorier och underkategorier. Studiens resultat visar att de känslomässiga upplevelser under övergångstiden för äldre invånare var både positiva och negativa. De positiva känslorna var förnöjsamhet, känsla av glädje, njutning, lättnad och befrielse. De negativa känslorna var förlust, ångest, oro och förvirring. De copingstrategier som används för att hantera de negativa utfallen var; strävan till att kontrollera problemet, individuell koncentration, skapa åtgärder och mål, söker känslomässigt stöd från aspekter av socialt stöd, kognitiv bedömning och godkännande av situationen.

Nyckelord:	Övergångstiden, omlokalisering och justering, äldre personer, institutionell vårdanlägging, känslomässiga upplevelsen, copingstrategiers
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DEGREE THESIS	
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Abstract:

The overall purpose of this thesis was to explore the experiences of the elderly residents during their transition time after moving from home; with specific focus on relocation through effective coping strategies. The aims are: to integrate multidisciplinary knowledge to better understand the emotional experiences of the elderly residents who are in transition from home to the institutions; to explore if relocation to an institution care facility maybe both positive and negative; to map out how elderly usually cope with the negative emotions, with the help of the institutions and relatives at the new institutional environment. The two research questions were: 1) What kind of emotional challenges may older people have when they experience a change in environment, specifically from their home to a healthcare institution? 2) What coping strategies do the elderly develop when they try to adjust to a new institutional environment?

The thesis begins with an introduction, background and theoretical framework. The background encompasses transition, late-life relocation, adjustment, the elderly in society, emotion, coping strategy and the psychological well-being used in the theoretical framework.

This study is a literature review and the method of analysis is qualitative content analysis. Based on the two research questions the selected articles for qualitative content analysis were divided into different themes, categories and subcategories. Finally, the study findings show that the emotional experiences during the transition time of older residents were both positive and negative. The positive emotions were contentment, sense of pleasure, enjoyment, relief and liberation. The negative emotions were loss, anxiety, apprehension, and confusion. The coping strategies used to cope with the negative outcomes were seeking to control the problem, individual concentration, making actions and goals, seeking emotional support from social support aspects, cognitive appraisal and acceptance of the situation.

Keywords:	Transition, relocation and adjustment, the elderly residents, institutional care facility, emotional experiences, coping strategy
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OPINNÄYTE	
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Tiivistelmä:

Tämän opinnäytetyön tehtävänä oli tutkia iäkkäiden asukkaiden kokemuksia siirtymäajan aikana heidän muutettuaan pois kodistaan; erityisesti keskityttiin emotionaaliseen näkökulmaan ja tapoihin tukea muuton onnistumista tehokkailla selviytymiskeinoilla. Opinnäytetyön tavoitteet ovat: lisätä tietoa, jonka avulla voidaan ymmärtää uusien laitosasukkaiden emotionaalisia kokemuksia siirtymäajan aikana heidän muuttaessaan kodista hoitolaitokseen. Hoitolaitokseen siirtymisellä on sekä positiivisia että negatiivisia vaikutuksia. Tavoitteena oli kartoittaa, kuinka vanhukset muuttavat kotoa laitokseen ja kuinka he pärjäävät uudessa laitosympäristössä.

Kaksi tutkimuskysymystä olivat 1) Millaisia emotionaalisia kokemuksia vanhuksilla voi olla heidän muuuttaessaan kodista laitosympäristöön? 2) Millaisia selviytymiskeinoja vanhukset kehittävät sopeutuessaan uuteen laitosympäristöön?

Opinnäytetyö alkaa taustatietojen ja teoreettisen kehyksen esittelyllä. Taustoissa käsiteltiin siirtymistä, vanhuusiässä muuttamista ja siihen sopeutumista, vanhuksia yhteiskunnassa, emootioita, selviytymiskeinoja, sekä teoreettisessa kehyksessä käytettyä psykologista hyvinvointia.

Tämä tutkielma on kirjallisuuskatsaus, ja tutkimusmetodina on käytetty kvalitatiivista sisällönanalyysia. Kahteen tutkimuskysymykseen perustuen kvalitatiivista sisällönanalyysiä varten valitut artikkelit jaettiin erilaisiin teemoihin, kategorioihin ja alakategorioihin. Lopuksi tutkimustulokset osoittavat, että iäkkäiden asukkaiden emotionaaliset kokemukset siirtymävaiheen aikana olivat sekä positiivisia että negatiivisia. Positiivisia emootioita olivat tyytyväisyys, mielihyvän tunne, ilo, helpotus ja vapautuminen. Negatiivisia emootioita olivat menetys, ahdistus, pelko sekä hämmennys. Negatiivisista seurauksista selviämiseen käytetyt selviytymiskeinot olivat; pyrkimys ongelman kontrollointiin, erillinen keskittyminen ja tavoitteiden asettaminen, emotionaalisen tuen etsiminen/hakeminen sosiaalisen tuen kannalta , kognitiivinen arviointi sekä tilanteen hyväksyminen.

Avainsanat:	Siirtyminen, Siirtäminen ja Säätö, Vanhukset Asuvat, Toimielin Hoitolaitokseen, Emotionaalisia Kokemuksia, Selviytymiskeinoja
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FOREWORD

I would like to thank Arcada University of Applied Sciences for offering me the opportunity to study in elderly care services and to Kustaankartano for commissioning this thesis project. The university provides a comfortable learning atmosphere and a well-organized knowledge system that enable me to acquire knowledge and to broaden my horizon.

My excellent teacher helped me to achieve a comprehensive development and nurtured my strong desire to adapt to the work place successfully. To experience multi-culture environment while studying allowed me to broaden my understanding of various ethic groups as well as the world as a whole. It was an opportunity for me to become open-minded.

The completion of this thesis would not have been possible without the efforts from my supervior. Foremost, I would like to express my gratitude to Birgitta Dahl for her professional guidance, encouragement, support and patience. She encouraged me not only to complete this thesis, but also provided extra time and assisted me in identifing the research questions. I would like to thank Solveig Sundel for her support that inspired me to focus on the field of gerontology.

I would like to thank all of my lovely classmates in Hagel 09 and 10. They always kept me happy. I've had a brilliant time hanging out and studying with some very incredible friends; Aija, Jessica, Malla, and Verity.

I would like to acknowledge one of my best friends. Without his help I could not have come to Finland and studying would not have been possible. "Loneliness is a part of life and hardness fosters success. As long as you hang on and persist you will find sooner or later that you are a brand-new person with stronger confidence and you will find yourself being able to handle difficulties".

I would like to thank all my Chinese friends in Finland who encouraged and accompanied me through dark times. Special thanks to my Finnish grandma and grandpa. They made my life become more significant in Finland.

Finally I would like to thank my lovely family, for understanding my desire to study abroad and encouraged to go forward. “ Dear Xin, relentlessly pursue your dream and cherish school life. Don’t worry about financial details, your mom and I will fully support you”.

1 INTRODUCTION

Home is a place where people can live throughout their lifetime. It is an extremely important place where people experience diverse, meaningful events. Home as a physical environment provides basic living conditions and a place for enjoyable activities, such as meeting relatives and neighbors.

A well-connected location of home is often considered crucial because it allows the residents to access various community services centres easily, which are related to their daily life activities. Furthermore, home also serves significant psychological and social functions, including providing a sense of belonging, comfort with the familiar environment, and gathering memories with relatives.

"The meaning of home is defined as a range of processes by which aging individuals from behavioral, cognitive, and affective ties to their home environments" (Wahl & Iwarsson p.54 2007). Five perspectives can be used to describe the meaning of home: 1) The physical aspect is related to the experience of housing conditions; 2) The behavioral aspect indicates that the individuals' everyday behavior at home and their ability to control and rearrange items at home; 3) The cognitive aspect expresses the biographical attachment to the home; 4) The affective aspect expresses the sense of privacy, safety, pleasure, and stimulation; 5) The social aspect demonstrates the individual's social relationships with relatives, neighbors friends, and guests.

According to Wiles and colleagues (2012) "the meaning of ageing in place" is not only related to a sense of attachment, social connection, feeling of security and feeling familiarity at home in the community, but also relates to a sense of identity, independence and autonomy.

For the elderly who are independent and can continue to be at home, their home physically has been thought of as a sense of autonomy and independence, self-esteem and focus of meaningful goals. From this point, it is often considered to be a risk if older people experience moving from home to an assisted living place (Caro et al. 2011).

There are a majority of elderly who prefer to stay at their own home and keep in touch with their neighborhoods because of their long-term friendship and social networks (Jill 2005). In relation to the younger generation, there are fewer elderly who do not wish to be relocated.

According to Caro et al. (2011) " The preference for older people to age in one place is a reflection of both attachment to current housing and aversion to the negative aspects of relocation". Elderly may experience losing their former homes and part of their identity when they have to leave their familiar home environment, their own possessions and current social circle. They also have to spend more time to develop certain strategies to cope in order to adapt to a new environment.

As Wahl & Iwarsson (2007 p.53) says, "Their everyday difficulties imposed by age-related functional decline such as mobility problems, sensory loss, or cognitive impairment significantly shape the dynamics of people and their environment". the major reason for relocation to different institutions is associated with age-related loss of competencies.

This thesis is commissioned by Kustaankartano Monipuolinen Palvelukeskus.

2 RESEARCH AIMS AND QUESTIONS

The overall purpose of this thesis is to explore the experiences of elderly residents during transition with the specific focus on their emotional perspective and ways of supporting successful relocation through effective coping strategies.

The aims are: 1) To integrate multidisciplinary knowledge to better understand the emotional experiences of elderly residents who are in transition from home to the institutions. 2) To explore if relocation to an institution care facility may be both positive and negative. 3) To map out how elderly usually cope with the negative emotions, with the help of the institutions and relatives at the new institutional environment.

The benefits of understanding the emotional experiences of elderly who are in transition time are: Firstly, it can give professionals who work with elderly more awareness that the process of relocation can be considered as a stressful time; To understand what kind of effects relocation have on the elderly at the current health care environment.

Secondly, health care staff should pay attention in order to gain useful information from elderly residents who are in relocation. Examples are their thoughts, and experiences. In this way the elderly may be supported. The information gathered may also help to develop effective coping strategies to reduce the negative experiences that a relocation might cause such as stress, depression, and anxiety.

The specific research questions are:

1. What kind of emotional challenges may older people have when they experience a change in environment, specifically from their home to a health care institution?
2. What coping strategies do the elderly develop when they try to adjust to a new institutional environment?

3 BACKGROUND

3.1 Transition

Sociologists suggest that during the transition stage there is also a role change. It is during this process when something changes from one state or form into another with new identities during this period of time (Jill 2005 p. 50). Transition is experienced with growth. As we age, an individual responds with a sense of movement or role change, either in their individual person or within their environment.

The movement can be thought of, for example, when a person leaves from school, takes a job, or gets married. Another example of role change is when a person becomes a mother, father or becomes single. In addition, "transition may be accompanied by uncertainty, emotional distress, interpersonal conflict, and worry. The transition process

encompasses cognitive, behavioral, and interpersonal process" (Schumacher et al. 1999).

Typical late-life transitions include retirement, loss of family relatives. It exists in social circles, involves biological changes and limitations as the elderly adjust to a new place. Ellis (2010) describes "the concept of transition".

Fisher (1999, 2000) states that there are nine stages of transition, which not only contain emotions as anxiety, happiness, fear, threat, guilt, but also include depression, disillusionment, hostility, and denial. Nonetheless, many people who are in transition also experience feelings of happiness after the anxiety stage because they've positivity adjusted and developed new social supports (Ellis 2010). Therefore, somethings may improve by effective assistance. Perhaps these individuals do not worry about unsolved problems.

People who are in transition late in life who move from home to a new environment may experience a sense of loss, stress, sadness and anger. "Many experiences involving loss and are undesired" (Hodgson et al. 2004). The research also shows that "the most stressful time for a resident is the first 4 weeks after admission to a home and during this time the older person is most likely to feel abandoned and helpless" (Kao et al. 2004).

In contrast, some elderly people may experience feelings of happiness and a sense of gain. These feelings are considered positive and therefore helping older people create new skills, enhance new relationships, and develop new coping strategies should be considered when they are in transition.

3.2 Late-life Relocation and Adjustment

Burnette has described relocation as " moving from one environment to another for various reasons" (Castle 2001). Rossen & Knafl (2007) cited "relocation is a transitional process and is also thought of as an important situational stage". The relocation process includes the idea of moving, physically moving and adjusting to a new environment.

According to Castle (2001) older people may experience four types of relocation. These include interinstitutional, intrainstitutional, residential, and residential or institutional relocation experience. Interinstitutional relocation refers to transferring from one institutional setting to another institutional setting. Including discharges from a hospital, care home, rehabilitation facility or moving to another care facility.

Intrainstitutional relocation is a movement from one room to another room or a movement from one floor to another floor within in a care facility. Residential relocation is movement from one home to another home. Residential or institutional relocation is movement from home to institutional care setting such as leaving from home to long-term care units, nursing home (Castle 2001).

Relevant research has found that older adults who are in transition to a nursing home usually experience three phases. "The first phase of being overwhelmed is an emotional response to the nursing home; the second phase, the adjustment phase, sets the stage for the final phase, the process of acceptance" (Wilson 1997).

The phase described as feeling overwhelmed is an example of an emotional response to the nursing home. This response consists of feelings of loneliness, sadness, crying, being afraid and experiencing a sense of loss. Moving to a small place, a place lacking in privacy, and a private room with a shared bathroom are examples of challenges the elderly experiences.

The adjustment phase, which is the second phase, refers to beginning of the adjustment process. This leads to integration into the nursing home life. Older adults begin to be optimistic toward future life. For example, they start to create new social circles with others. The final phase in transition into a nursing home is working toward acceptance. Older adults realize they have the ability to do something by themselves such as engaging in activities with others, and making new friends. Their self-confidence increases as time passes.

Admission to a nursing home has been regarded as a major stressful event late in life. It is also perceived as a positive and negative event (Wilson 1997). Sometimes the reloca-

tion has positive outcomes. For example, people may not only experience satisfaction with sufficient and comfortable housing conditions, quality care services and diversity in social activities provided by health care staffs, but also are experiencing a sense of security, unexpected gains, and finding meaning in the experience (Rossen & Knafl 2007).

In addition, the potentially negative outcomes of relocation also should be considered. They are, decreased functional independence, health and quality of life, dramatical increase in using health care and health care costs, gradual growth in the risk of institutionalization (Rossen & Knafl 2007), morbidity, mortality, depression, anxiety, loneliness, and suicide attempts (Castle 2001).

3.2.1 Determinants of Relocation

It is important to better understand the various causes that lead to the elderly relocating. There are some older people who decide to move to a new place in order to improve the quality of retired life. Others decide to move due to loss of a spouse. They may be unmarried, prefer to live alone or have other age-related functional impairments (Caro et al.2011).

Late–life is related to physical decline, which may effect the elderly and make it more difficult for them to maintain their daily life activities at home. From an environment perspective, if the construction and equipment of an individual's home is quite old or not barrier-free, the access ability of the home can be affected. In turn the individuals ability to maintain an independent life is effected.

Therefore, older people have to consider how to cope with current situations. They might rearrange their living facility or use an assistive device instead. Theses methods may help them or may fail to fulfill their needs. Moreover, living costs, lack of social supports from children who are living far away from their parents or living abroad, rising property taxed also push older people to move (Caro et al. 2011).

3.2.2 Available Housing Options for Relocation

Some choose other housing options because they wish to receive quality services from professional staffs or they want to live in a place with a sense of security and plenty of recreational activities (Jill 2005 p.218). The elderly have many choices including where to move. The housing location is an important part for elderly when making this important decision. The number of elderly might prefer to choose a place, which close to their previous community because they want to maintain their old social networks.

There are other elderly who decide to relocate to a new environment because of a loss of former social connection. They hope the adjustment to a new environment can help them rebuild a new social circle. Living costs can be another important factor to take into account. The classification of house is diverse. Table 1 shows the alternative living arrangements for older people who are not able to live in their own home. The content includes different housing types such as independent housing, continuing care retirement communities, semi-independent housing and housing characters.

Table 1. Alternative living arrangement

Housing Type	Characters
Independent housing Continuing care retirement communities	Self manage
Semi-independent housing	Self manage with assistance for cooking, housekeeping, laundry etc.
Supportive housing	The facilities offered by supportive housing in order to delay residents admission to institutional care
1) Sheltered house	Residents have their own room but they share living spaces. The place provides personal care and supervision.
2) Board and care homes	The place also called congregate housing which designed to offer meals, daily activities assistance services and supervision and user friendly environment as

	well. The target group for residents who are not able to independently survive and who do not need nursing care.
3) Assisted living	The place designed to those residents who are lack of ability to self-manage and need an intermediate level of care The ideal of assisted living hope that residents are able to live here as long as possible or no longer move to another place.
Nursing home	Residents demands full skilled nursing care, personal care.

(*Jill* 2005 p.218-221)

In Finland, elderly who need help with daily living activities can choose service/sheltered housing [palveluasuminen]. The main goal of sheltered housing is to maintain function impairment of elderly who need permanent assistance and independent living as long as possible. The place consists of meals-on-wheels, hygiene assistance, housework, shopping and banking assistance, emergency alarm systems as well as the dwelling itself (Özer-Kemppainen 2006). Sheltered housing provides barrier-free environment, security services and facilitative devices. Residents have their own bathroom, and kitchen facilities (Solovieva 2010).

There are two types of services offered, service housing [palveluasuminen] and in service housing with 24-hour assistance [tehostettupalveluasuminen] (Solovieva 2010). Service homes can provide services to 7-15 residents who can be there either on a short-term basis or permanently. The services are, meals-on-wheels, laundry, basic hygiene services as well as recreational and nursing services. The aim of the service home is to let the elderly who are over 75 years of age to continue to receive assistance. Dementia home also belongs to service homes (Özer-Kemppainen 2006).

Group homes [ryhmäkoti] are small-scale sheltered housing with homely atmospheres and modified facilities. The aim is to enhance the privacy and the collective living of the elderly. The target group is for those older people who are physically disabled or who have memory disorders. The group homes include 5-6 residents in each unit. The resi-

dents have their own room, including a bedroom, shower and bathroom (Özer-Kemppainen 2006).

Independent senior housing units [senioritalo] are for residents who are a minimum age of 55 years and old in good health. These locations are commonly close to centres for easy access to public services. The environment has been considered barrierr-free housing. The environment is designed to be safe and secure in order to enhance residents independent living at home as long as possible (Özer-Kemppainen 2006).

3.2.3 Successful Relocation

Several factors influence relocation during late life. Many elderly rely on the help of relatives and consult relatives on whether or not to move. New environment and life satisfaction lead to successful adjustment to the new place (Rossen & Knafl 2007). Family support and social connection influence older peoples' adjustment to a new place.

Atchley et al. (2004 p. 357) cited research about a model of relocation decisions concentrating on three questions: " whether to move, where to move, and how to succeed in moving". The demands of elderly and their family relatives need to be discussed and considered together. This may aid in understanding their perceptions, preferences and family relatives' opinions.

The discussion process may involve interpersonal conflicts. Negotiation with family members and suggesting alternative actions is important. It also need to emphasize that relocation not only includes decision making about whether, where and how to move, but also possessions and belongings need to be considered.

How may the elderly achieve a successful relocation? There are some predictors associated with positive adjustment. Firstly, elderly have a chance to participate in decision making, have self perception and personal control ability, have good health status, have good social relationships and can get social support when relocating. These predicators can result in elderly residents being positive and confident, feeling satisfied, and continue living in a new environment.

Secondly, elderly residents should receive a well-prepared pre and post admission, and live in a homely environment with their own personal possessions. Maintaining their possessions can help elderly residents to maintain their self-identity. Moreover, by receiving occupational engagement and recreational activities from an institution the new resident can achieve successful adjustment (Marshall & Mackenzie 2008).

In contrast, there are some predictors that are associated with a negative adjustment. For example, those elderly who lack a chance to be involved in decision making, for example, family relatives pushing the elderly to move may cause feelings of dissatisfaction with their new environment, poorer heath status, higher levels of depression, loneliness, and anxiety (Rossen & Knafl 2007).

3.3 The Elderly in Society

It is well known that the number of the older population in the world is rapidly increasing especially in less developed countries. According (World Health Organization, 2011 p4.), the percentage of population in the less developed countries is expected to raise more than 250 percent, while there is just a 71 percent increase in developed countries from 2010 to 2050.

In 2010, it is estimated that there were 524 million people aged 65 and over, which account for 8 percent of the world's population. By 2050, the percentage of aged people will sharply increase to about 1,5 million which will made up 16 percent of the world's population.

The study from (Eurostat 2012) states that, by 2035 the population in 27 EU countries will go up to 525 million, peaking at 526 million around 2040. Then there will be a gradual decline to 517 million by 2060. During this period the population of middle-aged adults is expected to increase to 47, in 6 years. The population of the working class is estimated to decline steadily, while those people who are 65 years old and over will make up 29,5 percent of the total EU-27 population by 2060 [17.5% in 2011].

A Swedish study on occupational engagement among older people (Nilsson 2006 p.12) citied that older people are categorized as those people who are aged 60 or over. They indicate that in Sweden, the aged person is beginning at retirement at the age of 65 years. People who are aged 80 or over are defined as a very old group.

According to (Statistics Finland 2007) the total population of Finland was 5,68 million at the end of 2007. Finland has one of the world's fastest growth older populations. The percentage of people who are aged 65 years and over are expected to ascend from the present 16 percent to 26 percent and then stay almost unchanged for the next decade by 2030. The fastest growing age group who are over 85 years old account for 1,8 percent of the total population and will rise constantly by 6,1 percent by 2040.

3.3.1 Finnish Institutional Care

The growth of life expectancies, the development of social and health care services for older people and the consideration of quality of life for older people will sharply increase. Therefore, various social and health care services for the elderly need to be prepared by multi-professional healthcare professionals;

On the other hand, to meet the increasing needs of the older population and improve their quality of later life, to support and provide multi-health care services also needs to be considered. The MSAH 2013 [Ministry of Social Affairs and Health] states the main goal of Finnish ageing policy is "to promote older people's functional capacity, independent living and active participation in society".

In Finland, the main target group of utilization of institutional care is those people who are not able to manage their life at home and need to use other services. There are a large numbers of older people using institutional care services, which include long-term care, short-term care and periodic care. The institution also provides services at older residents home [vanhainkoti], inpatient wards of health centres [terveyskeskuksen-vuodeosasto], specialized care units [erikoistuneethoitoyksiköt] (Solovieva 2010).

Long-term institutional care for older residents is offered through nursing homes, and service homes with 24 hours assistance. These homes were categorized as social care and health centres. Also other hospitals like psychiatric hospital, which belong to health care. When the elderly have no option to choose alternative housing but instead like to focus on quality basic care and need everything including clothes provided by the institutions; they can apply for long-term institutional care.

Short-term care largely concentrates on the rehabilitation of older people in order to prevent loosing functional capacity and to increase independent living and also provide relief for family, relatives, and informal caregivers (Solovieva 2010).

3.3.2 Determinants of Admission to Institution

What are the predictors of admission to a long-term institution? The vast majority of researches analyzed this issue from different aspects. Figure 1 shows the push factors to discharge to institutional care. The demographic factors including family and material resources, family structure, socio-economic resources, and personal health status including diseases, accidents, and functional or mental disabilities are related to the use of institutional care.

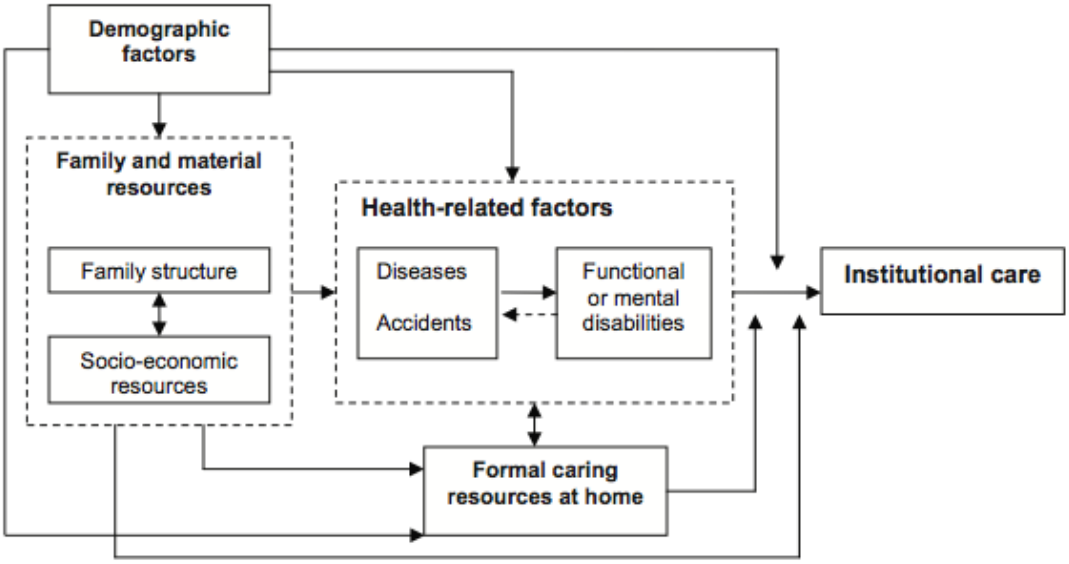

Figure 1. The key factors related to the use of institutional care on individual level

Einiö (2010) pointed out that older people who are over 80 years are more likely to be moved to institutional care compared with those of 60-69 years olds because of related health factors. For instance, functional dependency reflects the limitations of functional capacity in performing activities of daily living.

Cognitive impairment and chronic medical conditions such as dementia, Parkinson's disease, stroke depressive symptoms, other mental health problems, hip fracture, and diabetes, are some determinants that significantly increase the risk of moving to institutional care facility.

Secondly, from the social-economic status aspect various researches agree that higher social economic status leads to lower risk of admission into institutional care at old age (Nihtilä & Martikainen 2007). It is believed this group of older people can access community-based services.

The elderly with lower household income are associated with an increased risk of admission to long-term care because of lower education or lower occupational status in society. They might not have their own house or their house has some problems such as poorer facilities; they might have certain chronic conditions. Living in poorly equipped

dwellings in a community also lead to an increased admittance to institutional care. The community may lack washing facilities, central or fixed electric heating.

One Finnish study analyzed native Finnish who are over 65 years old. They conclude those who rent and do not own a car have an increased risk to being relocated to an institution (Nihtilä & Martikainen 2007). The benefits of owning a car can help the elderly to access daily routines, maintain social relations and independent living (Nihtilä et al., 2008).

Moreover, the elderly who live alone are more likely to be relocated to institutional care than those who live with a spouse or other relatives (Grundy & Jitlal2007). The elderlywho have a spouse enjoy better quality of life (Joung et al., 1995).

Death of a spouse also raises the risk of admission into institutional care. Loss of a spouse may result in depression, anxiety, loss of appetite, sleep disturbance, fatigue, loss of concentration, and change in medication. These factors are associated with an increase in admission into institutional care. Social isolation is also an important determinant of moving to institutional care at old age (Nihtilä & Martikainen 2007).

3.3.3 Quality Living and Care Environments

In Finland the MSAH [Ministry of Social Affairs and Health] carried out the National Framework for High-Quality Services for Older People (2008:5 p.39) which has proclaimed that the aim of quality living and care environments are "safe, pleasant, accessible living and caring environments". A well-prepared accessible environment not only can help the elderly to maintain and promote their physical, cognitive, mental and social capabilities, and foster independence living, but also can reduce the need for assistance and decrease the risk of accidents.

Accessibility focuses on a user-friendly environment for the elderly with a physical or sensory disability; therefore, the accessible planning of the environment should take into consideration, the lighting, choice of colors, materials, and acoustical. Safety and acces-

sibility can be improved by home conversions and applied gerontechnology, in turn, can help older people to maintain an independent and autonomous life.

The assistive devices and detector systems are diverse. They include wrist alarms, beepers, and monitor devices. Preventing all kinds of risks and promoting a sense of security is a crucial part in the work of sheltered housing units and institutions. The service providers should have a high sense of responsibility concerning security promotion.

The aim of quality living and care environments in long-term care units [including sheltered housing with 24 hours assistance, residential homes, dementia group homes] consists of:

1) The unit should offer a safe, pleasant and barrier-free rooms, corridors, communal areas and yards. Balconies and terraces must be spacious and allow an assistive device to access easily and safely. To make sure the whole environment is socially and institutionally accessible, in turn, older people can independently live even if they have function capacity limitations. These services promote self-determination, privacy and participation.

2) The unit should provide a single room with bathroom facilities for each resident. The single en-suite rooms mainly focus on protecting residents' privacy. The room reflects their home environment, so it must be a comfortable setting, comfortable and contain personal possessions. The unit also needs to consider residents preference, for example, residents may like to share a room with a spouse or another resident because they may feel secure and satisfied. By doing this it increases more single rooms when facilities are renovated this can provide adequate large single en suite rooms for residents.

3) Each facility should consider the dementia clients and make sure the general surrounding are safe, clear and easy to use and access. The dementia clients can be divided into smaller groups, for example 12 to 15 because a smaller group helps residents feel secure and in control of their environment, promotes well-being at work, and also provides occupational safety. Staff can become competent at their work place and manage duties.

4). When caring for dementia patients institutions must provide enough, diverse and user-friendly facilities in order to meet the demand of the client. This creates a sense of normality, protects the staffs, maintains occupational safety and improves the capability of the elderly to overcome their initial transition stage.

5). The facility should increase its recreational activities and motivate residents to attend activities.
(MASH [Ministry of Social Affairs and Health] National Framework for High-Quality Services for Older People (2008:5) p.39-42)

3.4 Emotion

According to Atchley & Barusch (2004) "emotions are strong feelings" such as pleasure, joy, love, pride, sadness, fear, anger, frustration, and guilt. Changes in our environment that stimulate our brains response to sudden unexpected events are sustained for a fairly short time and effect our ability to quickly tackle specific events. Emotions can happen before conscious thought and can influence our ability to recover personal memories (Nolen-Hoeksema et al. 2009).

The characteristics of emotion are: 1) Emotions usually have clear cause which relate to some personally meaningful situation and also are associated with readiness for action; 2) Emotions that are relatively brief such as a couple of minutes, to several days; 3) Categories of emotions such as happiness, fear, anger, interest. 4) Emotion consists of multi-components. There are at least six components which are cognitive appraisal, subjective experiences, thought-action tendencies, internal bodily changes, facial expression and emotional responses (Nolen-Hoeksema et al. 2009).

3.4.1 Positive Emotions and Negative Emotions

Generally, emotions can be divided into positive emotions such as pleasure, joy, interest, contentment and love. They can also be divided into negative emotions such as sadness, fear, anger, and guilt. These emotions are an important part of people's life be-

cause the ability to feel emotions and their capacity to cope are crucial sign of mental health. Earlier researchers have discussed the co-existence of positive emotions and negative emotions during stressful events (Folkman 2008).

Positive emotions have various advantages based on Fredrickson's " Broaden and Build Model" theory (Nolen-Hoeksema et al. 2009 p. 406-407). They are not linked to problems and specific action tendencies related to life-threatening situations.

First of all, positive emotions not only expand our thinking and actions and make us more understanding of the world view: Positive emotions such as being more creative, curious and more connected to others, increase our ability to find positive meaning in negative situations.

Positive emotions also enhance our capacity to cope in difficult or tough times. Positive emotions also enable us to build psychological resilience; but also help reduce the effects of negative emotional arousal. Positive emotions can effect our ability to recover from physical exertion after high activation of negative emotion (Fredrickson et al., 2000; as cited in Olcar 2013).

Secondly, positive emotions stimulate our urges to play, explore and savor life. For instance, playing is the ability to explore and enlarge our knowledge; This is accomplished by enhancing play, learning to savor and setting priorities in life. Therefore the benefits of positive emotions can help people to store up resources from physical, intellectual, psychological, social perspectives for survival.

Negative emotions are typically associated with problems that deal with urges to act in a particular situation such as life-threating circumstances. For example, people experience urges to fight, escape or attack when they feel fear or anger. In addition, negative emotions usually narrow people's ability to reason which effects their decisions and actions.

3.4.2 Positive Emotions and Health in Late Life

Positive emotions are thought to bring many benefits in life. Firstly, positive emotion can decrease morbidity and mortality in older adults. Secondly, with the growth of empirical evidence positive emotions are probably associated with decreased poor health outcomes such as lower salivary cortisol output; reduced ambulatory heart rate and fibrinogen responses.

Positive emotions also impact disease people's vulnerability to enhance good health habits in later life. For instance, positive emotion can postpone the rate of functional decline in resilience and help us to build a better diet. Regular exercise and improved sleep are also components (Ong 2010).

Vast empirical studies focusing on emotion in older adults who live in sheltered house have been shown that positive emotion connected with lower acute health conditions such as incident stroke, myocardial function, and re discharging for coronary problems.

In addition positive emotions are also associated with reduced acute stressors related to aging which consist of pain, inflammation, and disability. This leads to lower cardiovascular stress responses, and gradual improved recovery from stress related physical arousal (Ong 2010).

3.4.3 Six Components of Emotion

There are six components of emotion: cognitive appraisal, the subjective experiences of emotion, thought-action tendencies, internal bodily changes, facial expressions, and responses to a emotion" (Nolen-Hoeksema et al.2009 p. 398).

Cognitive Appraisal

At the beginning the component of an emotion starts with a cognitive appraisal that is often conceptualized as the personal interpretation process and "a person's assessment of the personal meaning of his or her current circumstances" (Nolen-Hoeksema et al. 2009 p.397). Personal meaning can be caused by a specific pattern of appraisals con-

cerning a persons environment or relationship. Environmental changing may intensify specific emotion arousal.

In addition, people's appraisal of their situation can result in a subjective experience of emotion. Other components of emotion responses come into play because the process of appraisal can transfer the objective situation to a personal meaning, and in return the personal meaning can predict the type of emotional experience and their intensity.

A few contemporary appraisal studies have stated that cognitive appraisals can automatically happen. They also state that cognitive appraisals can occur at both the conscious and unconscious level. From brain research, amygdala has a crucial role in emotion-generative brain structure and can regulate the emotion reaction stimuli at an automatic and unconscious level (Nolen-Hoeksema et al. 2009 p.401-402). Amygdala is "a roughly almond-shaped mass of grey matter inside each cerebral hemisphere, involved with the experiencing of emotions". (Oxford Dictionaries)

There are at least six aspects representing 15 different emotions (Nolen-Hoeksema et al. 2009 p.400). These dimensions are: What people hope for during pleasant and unpleasant situations. People experience mental strain during transitions. During this time they pay close attention to details relation to their situation. The certainty of control the person has over the situation and the belief the person has that the situation was caused by non-human force impact the outcome (Nolen-Hoeksema et al. 2009 p.401). For instance, in an unpleasant situation anger can attribute to persons guilt. This in turn can be caused by ourselves.

Our own sadness can be caused by circumstances. There are three forms of appraisals: harm, threat and challenge appraisal. Harm appraisals are connected to negative emotions such as sadness and anger. Threat appraisals are linked to negative emotions such as anxiety and fear. Challenge appraisal associated with positive emotions such as excitement and confidence.

Subjective Experience of Emotion

Subjective experience of emotions are related to affective states or feeling components. (Nolen-Hoeksema et al. 2009 p.403). Feelings such as pleasure, joy, anger, fear, and sadness. Theses feelings lead to action tendencies at the same time (see Appendix 2). For example when people experience pleasant feelings such as joy and interest. The can make us feel safe and satisfied. These feelings make us free to play and explore. On the other hand, when something makes us feel unpleasant in specific situation such as fear or anger people may take action to prevent threat.

The feeling of emotion is believed to not only guide behavior, decision-making and information processing, but also modifies attention and learning (Nolen-Hoeksema et al. 2009 p.403). Also emotions may influences evaluations of other people. (Nolen-Hoeksema et al. 2009 p.404). For example, feeling fear can contribute to evaluate situations as uncertain or uncontrollable which affect people. Individuals may view the futures as dangerous which leads to pessimistic risk assessment.

Thought Action Tendencies

Feelings come with urges to act in set of ways which are called thought action tendencies or action tendencies (Nolen-Hoeksema et al. 2009 p.405). Emotions can be reflected by their associated thought-action tendencies. With positive emotions the individuals' thought-action tendencies are wide and open, compared with negative emotions, which make the individual thought-action tendencies more narrow and specific (Nolen-Hoeksema et al. 2009 p.405).

Internal Bodily Changes

Studies have shown that individuals experience different emotions such as a state of pleasure, happiness, fear and anger to be related to physiological changes. This process is called internal bodily changes (Nolen-Hoeksema et al. 2009 p.408).

The following physiological changes are " 1) The blood pressure and heart rate increase. 2) Rapid respiration. 3) The pupils dilate 4) Perspiration increases while secretion of saliva and mucus decrease. 5) The blood sugar level increases to provide more energy. 6) The blood clots more quickly in case of wounds. 7) Blood transfers from the stomach and intestines to the brain and skeletal muscles. 8) The hairs on the skin become erect known as goose pimples" (Nolen-Hoeksema et al. 2009 p. 408).

Facial Expression

The fifth component of emotion is facial expression. Facial expression is muscle contractions that move facial landmarks, like cheeks, lips, nose, and brows, into particular configurations (Nolen-Hoeksema et al. 2009 p.397).

"The facial expressions that accompany a subset of emotions have a universal meaning and can be associated with culture. People from different cultures agree on what emotion a person in a particular photograph is expressing". "Communication of emotion is possible through facial expressions" (Nolen-Hoeksema et al. 2009 p. 412-414).

Communicative function can lead to the experiences of emotion, which is called facial feedback hypothesis and influence body postures (Nolen-Hoeksema et al. 2009 p. 414). Some experiments demonstrate that there is a direct connection between expression and experienced emotion.

They might have indirect results on experienced emotion from facial expressions by raising autonomic arousal. Producing specific emotional expressions can result in heartbeat and skin temperature changes.

Emotion Response

The final component of emotion is responses to emotion that are defined as a process of emotion regulation, reaction, coping efforts to manage emotion and specific situation. Emotion regulation strategies include cognitive, behavioral, diversion and engagement (Nolen-Hoeksema et al. 2009 p. 397). For example, people may avoid thinking about a

problem and situation. People may think or do something pleasant, time consuming or demanding.

People may reappraise a situation (Nolen-Hoeksema et al. 2009 p. 415). " Enhanced emotion regulation would be consistent with the increased positive and decreased negative emotion reported by older adults" (Uryy & Gross 2010).

3.5 Coping

The concept of coping is used to refer to how active efforts of an individual attempt to respond to threats or demands. It also refer to cognitive and behavioral efforts to manage particular external or internal demands (Leppänen 2008). There are two forms of coping strategies. They are problem-focused coping strategies and emotion-focused coping strategies.

According to Pietilä (1998) older people cope with the situations of everyday life and meet the needs. Coping with daily activities can provide a sense of well-being for the elderly. A sense of well-being is related to feelings of security and balance. Good health, a sense of autonomy, and being active has been thought of as determinants for quality of life.

Helping the elderly cope at home is performed by facilitating connection with community. This is achieved by using intellectual, emotional, and concrete support from close relatives and health care professionals. Helping older people cope in institutions is achieved by providing exercise, outdoor activities, communication, secure environment, Recalling past positive memories, and enhancing their relationships with family and relatives also aids in the process (Pietilä 1998).

3.5.1 Coping; Problem Focused

Problem-focused coping is more likely to be used when an individual concentrates on a particular situation in order to modify or to prevent it in the future. This coping method includes making excuses, self-handicapping, seeking to take control of the problem. The

person may also set goals, or directly solve the problem by rising to the challenge. There are many ways to solve problems such as defining the problem, providing alternative solutions, adjusting yourself, and learning new skills (Smith & Mackie 2007 p. 131-133).

The self-handicapping strategy is when individuals destroy their own ability in order to provide excuses for subsequent failures. Feeling control involves individual's power and uses a lot of physical and mental energy to try harder and work harder. The confidence in our ability creates self-efficacy. Self-efficacy is strongly associated with the way of explaining individual failures. The positive outcome of having control, actions, goals and intrinsic values are associated with better well-being and a lower degree of depression and psychology distress.

People who are not depressed find it easier to use problem-focused coping. Using problem-focused coping can help to decline levels of depression both during and after a stressful situation. It can also help control depression and lead to a healthier lifestyle. Some studies emphasize that problem-focused coping contribute to shorter periods of depression and also should be considered during the first levels of depression.

3.5.2 Coping; Emotion Focused

Emotion-focused coping is where individuals attempt to manage emotional distress during by escaping, distraction, downplaying, avoiding the threating situation, or working through the threat [self-expression].

Emotion-focused coping can be divided into behavioral strategies and cognitive strategies (Nolen-Hoeksema et al. 2009 p.525). Behavioral coping mainly refers to escape by drinking, distraction, taking drugs in order to manage the negative outcomes that can completely hide the self and get rid of the unpleasant consequences of self-discrepancies (Smith & Mackie 2007 p. 129). Drinking alcohol can reduce self-awareness for a short time. Avoiding threating situations such as denying the negative emotions is associated with many health problems such as pain.

Downplaying a threat is more likely to emphasize the importance of positive consequences and removes negative consequences. Reaffirming and express personal characteristics can help to overcome the feeling of failure, uncertainty, and stress. It also may bring negative effects, such as looking down on someone (Smith & Mackie 2007 p. 129).

Cognitive coping refers to the reappraisal of the situation. Reappraising a traumatic event can directly overcome a problem. People can improve their health by expressing negative emotions and the traumatic event of their life (Nolen-Hoeksema et al., 2009 p.526). Self-expression can help us to cope emotionally and physically (Smith & Mackie 2007 p.130).

Seeking emotional support from others help people to deal with emotional and physical stressors. One research found that people who usually contact supportive relatives and friends have less neurologic problem and have less cortisol reactivity to social stressor. People who receive positive social support and engage in various pleasant activities are better able to regulate emotional stress. Some studies found that people who use ruminative coping are less able to manage their response to stressors, so the distress sustains a longer time (Nolen-Hoeksema et al., 2009 p.527).

4 THEORETICAL FRAMEWORK

In this thesis both psychological well-being as well as the health transition process are the theoretical framework of this study. The psychological well-being is mainly related to a person's life satisfaction, happiness, life purpose, better stress management and adjustment to a new situation; negative emotion such as loss, anxiety, sadness, anger during transition time might influence psychological well being. The content of two coping methods such as setting goals, taking control of the problem, adjusting, learning new skills, reaffirming and express personal characteristics, reappraisal of the situations, and seeking emotional support from others, therefore health transition process can guide people how to use effective coping strategies to overcome negative effects during transition time.

4.1 Psychological Well-Being

Conradsson et al. (2010) describes that well-being is used to describe a general feeling of satisfaction and acceptance of oneself and the environment based on Lawton previous research.

Ryff also describes that the concept well-being includes the following components: "self-acceptance representing a positive evaluation of oneself and one's past life; positive relations with others; a sense of self determination or autonomy; environmental mastery have the capacity to manage one's life and surroundings; having meaning and purpose in one's life; a sense of continuing development as a person or personal growth" (Stanley & Cheek 2003).

Older people with a lower sense of well-being have been thought of as lacking in social activities, loneliness, impaired mobility, activities in daily living, assistance, and living in institutions (von Heideken et al. 2005).

Based on Momtaz et al. (2011) the psychological well-being of a person is related to ones whole life. The mental health view of an individual, and feeling hopeful and happy, has been considered to be closely connected with emotional well-being.

Three parts lead to psychological well-being, they are affect, ability and personal perception. From the affect dimension psychological well-being is link with positive or negative feelings; The ability aspect is related to a person's adaptability and skills to perform, ability to deal with problems, make positive adjustments, and cope with threats or life changes. In personal perception aspect, psychological well-being can be thought as an individual's life purpose, life satisfaction, adjustment or adaptation to the new situation, trust that something can be well.

Momtaz et al. (2011) also argued that from previous studies the effects of higher psychological well-being is connected with better stress management, having more confidence to face various challenges, better problem solving; while the effects of poor psy-

chological well-being is associated with a higher mortality rate and a strong incidence of suicide among older people.

According to Hsu & Tung (2010) "psychological well-being is also related to self-evaluation or psychological status. This includes self-confidence, self-esteem, sense of control, and self-efficacy. The potential for self-care action comes from the knowledge and resources of self-care.

Caprara et al. (2007 p.114) described Ryff's model. It says there are "six fundamental dimensions of psychological well-being":

1). "Self-acceptance". An individual should have a positive attitude and know themselves and their past life well. An individual also should be able to accept their personal disabilities and limitations.

2). "Positive relations with others". An individual should be able to create quality and supportive relationships with others.

3). "Autonomy". The ability to keep ones own opinions without being controlled by others.

4). "Environmental mastery". As a person she/ he should have the ability to deal with everyday diverse tasks.

5). "Purpose of life". The individual is able to understand the meaning of life and inspire him or herself to set up various life goals.
6). "Personal growth". With the growth of age an individual should understand and explore their potential abilities.

4.2 Health Transition Process

The health transition process is also a theoretical framework of this thesis. The health transition process includes redefining meaning, modifying expectations, restructuring

life routines, developing knowledge and skills, maintaining continuity, creating new choices, and finding opportunities for growth (Schumacher et al. 1999).

Redefining meaning refers to the idea that the elderly resident and her/his relatives together are involved in finding the new meaning of the transition. Modifying expectations is described as altering previous expectations about self, environment and the future and setting new goals that match the new situation. Restructuring life routines is reorganizing new daily living.

The person should be eligible for the new situation and she/he can realized that life is predictable, manageable, and pleasant Developing knowledge and skills helps to manage the new situation.

Maintaining continuity can help the elderly to foster their identity, relationships and environment in order to more easily immerse into the transition experience. Creating new choices: to encourage the elderly to actively engage in seeking and creating new opportunities and to gain a new life instead of losses.

Finding opportunities for developing personal growth and self-actualization to promote new self-awareness, new identity, new relationships and new abilities during the transition time.

5 RESEARCH METHODOLOGY

This study is a literature review; it will be possible to explore relevant, reliable and useful research. By reviewing the selected relevant studies in the subject area, this paper intends to discuss and analyze the emotional experiences among older residents who are in transition from home to the institution, This paper also looks at the coping strategies developed for a better living. Since this paper relies on previous research, a content analysis is mainly used in research work.

Based on Aveyard (2007 p5.) literature review is defined as “the comprehensive study and interpretation of literature that relates to a particular topic.” “Literature review as a

research methodology" is to formulate research question then find supported evidences and apply a systematic approach to present results (Aveyard 2007 p.16).

According to Cronin et.al (2008), the aim of a literature review is to offer the latest relevant research subject and express the knowledge, ideas of a topics positives and drawbacks as well as present an analysis of the available literature to the readers. A good literature review includes collected data with specific topics from diverse databases and clear search and section strategy.

When the researcher undertakes a literature review she/he must make sure that the reader can evaluate the reliability and validity of the review. The work process should consist the following parts: 1). To formulate clear research questions. 2). To clarify research methods and identify the questions. 3). To collect data, present and analysis the results of the literature search. 4). The discussion attempts to draw conclusions and to provide recommendations according to findings (Aveyard 2007 p.17).

5.1 Data Collection

The articles used in this study were mainly focused on research that is published in academic journals because plenty of previous research has been investigated. Giving an overview of emotional experiences during transition time.

The data collection was done systematically in order to access full text literature by using the Nelli Portal of Arcada, The Högskolan Arcada AB and University of Helsinki Library database which consists of an extensive range of published academic journals. The following databases: Academic Search Elite (EBSCO), Science Direct and SAGE as well as published book were utilized in the process of data collection.

Firstly, various articles and some books were accessed from EBSCO, SAGE, Google scholar; the university library and websites to built an introduction and background for this topic. The author submitted several keywords into the database which turned up loads of articles.

The search was started with "psychological experiences and transition". The author gained the first useful articles, which were used in the background part to describe the emotional experiences stage of transition. As the first article was read, the content and reference list caught the authors' attention.

The keywords used were relocation, relocated, moving, and admission. Instead of using the word transition the author used long-term care. The keywords used in the search became diverse（See table 2). From these keywords, many relevant articles were found and useful knowledge was gained.

Table 2. Key words, subject area, and topics used in database search

Words used related to transition time	Words used related to emotion	Words used related to the elderly	Words used related to coping strategies	Words used related to well-being	Words used related to alternative living arrangement
transition, relocation, relocated a new environment, admission, relocation adjustment a new place, moving	emotion, positive emotion negative emotion	the elderly, older people, older adults, older residents	coping, problem-focused coping, emotion focused coping	well-being, psychological well-being	the institutions, long-term care, nursing home

Secondly, for further literature analysis the search for articles use the following keywords: "relocation stress AND long-term care", "relocation AND long-term care", "experiences AND residential care placement AND the elderly", "relocated older adults", "experiences AND moving AND older people", "relocation AND older people", the results narrowed down further.

An Inclusion and exclusion criteria were used in the process of searching in order to answer the research questions. The inclusion criteria consists of:

- Articles written in English and scientifically written
- Articles accessed in full PDF text

- Articles focused on the long-term care, relocation and older people in general perspective
- Articles focused on emotional experiences perspective and developed coping strategies
- Articles with abstract and published between 1993 and 2013

Researches which were excluded were those that were unable to provide effective information on the research questions, or those not conducted in English. Also excluded were those not scientifically written, or those that were not available in full text. Articles that have been written before 1993 were also not considered in the literature review.

The search in each database was limited to articles published during 1993-2013 with full text. Initially a total of 16 articles were retrieved (See table 3) with the help of the article abstract.

Table 3. Showing the key terms and sources of data materials.

Search terms	Database	Number of results	Search fields	Data Range	Article Retrieved	Article selected
Relocation stress AND Long-term care	Science Direct	2539	All fields	1993-2013 Full text	1	1 (No.2)
Relocation AND Long-term care	EBSCO		All fields	1993-2013 Full text	7	4 (No. 1,4,9,10)
Experiences AND residential care placement AND the elderly	EBSCO	5	All fields	1993-2013 Full text	1	1 (No. 5)
Relocated older adults	SAGE	8	All fields	1993-2013	1	1(No. 8)
Experiences AND Moving AND older people	EBSCO	32	All fields	1993-2013 Full text	4	1 (No. 6,7)
Relocation AND Older People	EBSCO	19	All fields	1993-2013 Full text	2	1 (No.3)
Total		2608			16	10

The aim of this study was to focus on the emotional experiences of older residents during transition from their home. Also the research concentrates on their coping coping

strategies. However, only ten articles were chosen based on their relevancy to the topic. (See appendix 1).

5.2 Data Analysis

A qualitative content analysis was applied in this study. Firstly, the author started the extensive reading once two research questions were confirmed. There were 16 articles retrieved for extensive reading (see table 3). The author tried to find results from articles based on the research questions, and whether each article can help author to answer two research questions.

There were 10 articles selected and used in this content analysis because each article helped the author to get answers on both emotional experiences and coping strategies. The articles on the list were in year orders from 1993 to 2011, numbered from No.1 to No.10 (see table 6 to table 10 appendix 1). For example, the first article marked as NO.1 and the year 1993, the title: "Application of Moos & Schacfer's (1986) model to nursing care of elderly persons relocating to a nursing home".

Secondly, the next step was intensive reading. To keep two research questions in mind in order to find answers in ten selected articles, four different colors of highlighter pen were used. For the research question one emotional experiences may include positive emotions and negative emotions, so a red highlighter pen was used to mark positive emotions, and an orange highlighter pen was used to draw attention to negative emotions. Research question two was to answer what kind of coping strategies were applied. Coping strategies may include problem focused coping and emotion focused coping, so the blue highlighter pen marks for problem focused coping and the yellow highlighter pen mark for emotion focused coping.

Content analysis is a research method to analyze documents. It can use both qualitative and quantitative data. Krippendorff stated " content analysis is a research method for making replicable and valid inferences from data to their context, with the purpose of providing knowledge, new insights, a representation of facts and a practical guide to action" (Elo & Kyngäs 2008). "Qualitative content analysis is defined as research for

the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" according to Hsieh & Shannon (2005).

Lastly, information gathering in every article that answered the two research questions were highlighted with four colors marker. The author started to make a table for each research question (see table 4 and 5). Table 3 and 4 shows how the author analyzed the two research questions. The two research questions in this study were presented themes: emotional experiences and coping strategies.

The findings from the reviewed ten articles (Appendix 1) presented categories and sub categories. For example, in the research question one; the main theme can be divided into two categories positive emotion and negative emotions. Each category included different sub-categories. The author referred back to the ten articles, and put the content of the article with the red color marker into the table of subcategory for positive emotions, the author put content with orange color marker into table of subcategory negative emotions.

The characteristics of qualitative content analysis are to compare differences and similarities with codes and categories for the subject content of articles and to answer manifest content and latent content. The manifest content mainly used in categories and focuses on the content aspects as well as analyzes the obvious components of the article. "Creating categories is the core feature of qualitative content analysis" (Graneheim & Lundman 2004).

A category can be divided into sub-categories. In addition, the latent content will analysis what the article is talking about and describes the underlying meaning of the article. It also interprets in themes. Therefore themes are seen as to represent latent content and themes also can be divided into sub-themes (Graneheim & Lundman 2004).

5.3 Trustworthiness

In this work, trustworthiness can be achieved through a number of relevant articles that were chosen from trusted databases and the subjects were related to two cresearch questions, it made the work valid.

Elo et al. (2008) citied that "to increase the reliability of the study, it is necessary to demonstrate a link between the results and data. The reliability of this study has done in this research; Findings, which came from data analysis (see table 4 and table 5) supported by ten scientific articles. The information from data collection and data analysis were described in details and also represented in findings. Obviously, the whole work procedure is a logical way to approach results.

5.4 Ethical Consideration

Kustaankartano Monipuolinen Palvelukeskus has commissioned this literature review study. As the topic has been chosen, a short plan of the thesis work was written and approved by the supervisor, which was signed and forwarded to the commission party for approval. The author had permission to begin thesis writing.

The thesis design and structure based on the guideline for 'Thesis writing 2009' and 'Good Scientific Practice in Studies at Arcada, which provide rang of effective information. There were no interviews, personal knowledge done by the author in this thesis. In this thesis the material selected was published material and the reliability of scientific articles, used in data analysis, based on the two research questions.

6 FINDINGS

For this section of the thesis, the findings focus on two research questions, " What kind of emotional challenges may older people have when they experience a change in environment, specifically from their home to a healthcare institutions?" " What coping strategies do the elderly develop when they try to adjust to a new institutional environment?" The results came from data analysis, supported by ten selected articles (Appen-

dix 1). To answer each question the material will be divided into main theme, category and subcategory (see table 4 and 5), depending on the data that was gathered from literature review of ten articles (see table 6 to table 10 /appendix 1)

Table 4. An analysis of emotional experiences when older people change their environment from home to care institutions according to the articles reviewed. (Question 1)

[1,2,3…]=Article number (Appendix 1)

Main Theme	Category	Subcategory
Emotional experiences	Positive emotional experiences	-Contentment [4,7,9] -Sense of pleasure, enjoyment, relief and liberation [4,5,7,9,10] -Sense of secure [4,5]
	Negative emotional experiences	-Loss Abstract loss [1,2,4,7,9,10] Material loss [4,8] Social loss [4,6,8,9] -Anxiety [2,5] -Apprehension [2,4] -Confusion [2] -Depression [1,3,9] -Sadness [4,10] -Anger [2] -Stress [3,5,8] -Terrible [7,10] -Loneliness and disconnectedness [7,9]

Table 5. An analysis of coping strategies when older people adjust to a new institutional environment according to the articles reviewed (Question 2).

Main Theme	Category	Subcategory
Coping strategies	Problem-focused on coping	-Seeking control problem [1,2,3,4,7,10] -Individual concentration [3,4] -Actions and goals [5]
	Emotion-focused on coping	-Seeking emotional support: social support [1,2,3,5,7,8,9,10] -Cognitive appraisal [1,3,7] -Acceptance [1]

6.1 What Kind of Emotional Challenges May Older People Have When They Experience a Change in Environment?

For the purpose of this work, the first theme discussed emotional experiences of older people when they change environment from home to care institutions. According to (Sviden et al. 2002) a range of emotions the elderly may experience when first admitted to a care home may have been both positive transition experiences as well as negative transition experiences.

The positive responses of relocation to a care home include feeling of security, a feeling of satisfaction with convenient living arrangements and activities which were provided by staff at the care home. The negative emotional experiences of moving to a care home were related to loss of ability to perform exercise and loss of private life, which resulted in loss of self-image and sadness.

The research focused on (Fraher & Coffey 2011, Lee et al. 2002) residents initial emotional response related to feelings of sadness, loss, loneliness, and crying after move to an institution. The feelings of low self-esteem, powerlessness, sadness, depression, anger are associated with negative feelings according to (Lee et al. 2002). Therefore the theme of emotional experiences among older people during transition has been divided two categories positive emotional experience and negative emotional experience and each category also includes subcategories according to ten articles reviewed.

The positive aspects of emotional experiences have been divided three subcategories, which consisted of contentment, sense of pleasure, enjoyment, relief, and liberation and sense of security. The negative aspects of emotional experiences have been divided ten subcategories, which consist of loss, anxiety, apprehension, confusion, depression, helplessness, hopelessness, sadness, anger, loneliness and disconnectedness.

6.1.1 Positive Aspects of Emotional Experiences

Contentment

Two researches have been reported that residents feel satisfied because they still keep in touch with family and friends, enjoy activities and create new relationships with other residents and staffs at the care home. They also state they had created a new social circle by themselves (Jungers et al. 2010 & Sviden et al. 2002).

The elderly residents receive regular telephone calls, mail, and visits from family, relatives and friends. Regular telephone calls to friends and relatives help the elderly residents to maintain their social life. Those residents who experience positive transition and adjustment are fully involved in the decision-making process prior admission and have more opportunities to express their wishes of relocation and maintain their independence (Jungers 2010). In this study the author describes the advantage of the elderly participating in the decision-making during relocation from one older participant during interview:

"This sounds crazy, but I never encountered any difficulty in making the transition. See, I made the decision. The kids didn't come and say, "We think you ought to be moving into some- thing." I made the decision. I'm queen of the mountain here!"

A number of the elderly residents express that they feel satisfied because of the new living environment and competent staff. They enjoy breakfast in their own room if they are not well and they have the ability to manage their life without assistance from staff. They also enjoy the food at the care home (Sviden et al. 2002 & Andersson et al. 2007).

Sense of pleasure, enjoyment, relief, and liberation

Some of elderly residents enjoy their new daily lives because of the barrier-free environment and diverse facilities at care home. They are able to walk. They enjoy reading at the library and participating in recreational activities such as physical exercises, concerts, games, and attending church (Fraher et al. 2011). The research shows that attending activities help older residents to enhance their own sense of pleasure and enjoyment, and create new social contacts (Jungers 2010). Some of the elderly residents say that they feel a sense of pleasure because they enjoy communication with the staff (Sviden et al. 2002).

The research also indicates that the elderly residents express positive experiences because they find that there is more happiness rather than loneliness at the care home. They feel so isolated at home (Andersson et al. 2007 &Lee et al. 2002), while they have sense of relief and liberation at the care home because they do not have to worry about winter, meal preparation, and managing a household. According to (Lee et al. 2002) the elderly have the opportunity to gain self-esteem and life.

Sense of secure

Elderly residents feel a sense of security because they can receive 24-hour care assistance from the staff. Also meeting familiar people and the ability to call staff when they need assistance, is helpful. Clients felt physical comfort and safety at the care home (Sviden et al. 2002, Lee et al. 2002,Andersson et al. 2007).

6.1.2 Negative Aspects of Emotional Experiences

Feelings of Loss

Elderly people may experience feelings of loss after leaving from home to an institution. The loss categorizes is abstract loss, material loss and social loss (Lee et al. 2002). The research shows that abstract loss consists of loss of role, lifestyles, freedom, autonomy, and privacy.

"The loss of autonomy and privacy associated with the demands of group living and with regimentation as regards activities of daily living has been identified as a major impediment to residential care adjustment". The loss of privacy and control over activities of daily living are associated with anxiety, stress, devalued self and self-determination. The material loss consists of loss of home and personal possessions. The social loss consists of loss of family, friends and pets (Lee et al. 2002).

Residents express their feelings of loss of privacy and dignity because of uncomfortable services provided by the care home, lack of personal space to meet visitors, and their privacy caused by shared rooms and toilets (Fraher et al. 2011).

The response of admission to an institution is associated with loss of independency and autonomy based on research of relocation stress syndrome (Manion et al. 1995). Home is a place which symbolized individuality and freedom. The research indicates that residents experience loss of independence, which is associated with the loss of self-sufficiency, agency and autonomy, and even feelings of powerless, being imprisoned, constricted, and regimented. Elderly residents indicate as follows according to study (Jungers 2010):

"What I miss about not having my own home is the ability to get up when I want to get up—to eat breakfast or lunch or dinner when I want to eat. In a facility like this, there's no way they could do that. You have to have regimentation. So, it's the same old, same old everyday routine. I go to the dining room at 7:30, whether you're hungry or not, and lunch is at 11:30, whether you're hungry or not."

"I always said this is a first class jail! It's all dressed up, but you eat when they tell you to eat, when they tell you to go to bed,whentheytellyoutogetup. Andwhenyou[are]injail, they have rules. At a certain time they march 'em in there to eat, and the food—they call it slop—only this is done in a delicate way."

Elderly residents also experience a loss of self-determination when they move to a care home because they used to live an independent and dignified life. Therefore, they lose the opportunity to make their own schedule of daily living, lose of self-care abilities and the inability to control an initial decision, as well as become dependent on staff (Jungers 2010, Sviden et al. 2002 & Andersson et al 2007).

Some elderly residents expressed that they passively accepted to live at an institution due to loss of physical function capacity, therefore their image has changed and they have to be dependent on others and they feel anxious (Sviden et al. 2002).

Having feelings of sadness and stress concerning leaving their own home, friends, possessions, and social roles were expressed by some older adults according to (Sviden et al. 2002 & Dupuis-Blancehard et al. 2009). Research has been argued that the loss of home and personal belongs can result in older adults experience feelings of insecurity, dependency, apprehension, loss of identity.

"It was so distressing to leave my home that I could not even turn around and wave to my friends…and then I was met by a person who did not introduce herself just asked my name and gave me the safety alarm and told me that from now on I had to wear it always around my neck. I could feel my spirit sink and wondered what kind of place this was and what it would be like living here…It has been haunting me ever since" (Sviden et al. 2002)

Older adults who are relocated to nursing home experience a loss of their social support network because of the death of a spouse and leaving close friends (Jungers 2010 & Winningham et al. 2007). Poorer social networks among older adults are associated with a number of negative physical health outcomes and mortality risks as well as depression and loneliness. Therefore helping older residents to create a new social network may improve cognitive function, mental health and reduce depression (Winningham et al. 2007).

Admission to a long-term care facility has been viewed as a stressful event (Manion, 1995; Lee et al. 2002; Dupuis-Blancehard et al. 2009; Kampfe, 1999). Manion et al. (1995) perceived that the elderly experienced confusion, depression (Jungers, 2010 &Oleson et al 1993), anger and sadness. They expressed hopelessness and helplessness during the first 28 days after relocation to an institution and those feelings are reported to cause physical responses such as sleeplessness, loss of appetite, dependency, and tearfulness, physical and verbal abuse to the staff as well as a struggle for autonomy and independence.

Andersson et al. (2007) demonstrated that older residents felt helpless because of dissatisfaction with moving, they would like to stay at home and felt anxiety because of less attention from staff. Manion et al. (1995) also have found that during the disorganization period, the initial 6 to 8 weeks after admission older people had feelings of anxiety, apprehension because they felt that they were abandoned by family relatives and moving symbolized death.

The elderly residents experienced feelings of sadness during the beginning stage (Andersson et al. 2007) and acceptance stage of admission because the location of the institution is not good and they preferred to stay at their own home (Fraher et al. 2011). Based on Sviden et al. (2002) research older residents expressed that having to meet other residents who were in worse physical condition and meet unknown people effected their mental health and self-image. They feared that they would experience worse physical deterioration in the future.

Two researches have stated that elderly residents experienced loneliness during the adjustment time because other residents gradually passed away (Jungers, 2010). Living in single room fosters a lack of communication with other residents and older residents with serious ill are unable to walk around the facility (Andersson 2007). Elderly residents also had the experience of being disconnected during late-life relocation to the care home. The interview content expressed by one older resident according to Jungers (2010):

"A lot of the people that were here have passed away. The people I was accustomed to. Now, I hardly know any of the people. New ones coming in and I don't know 'em. And I stay in my room more. I never stayed in my room like I do now. I used to get out and mingle . . . but that's out the window".

6.2 What Coping Strategies do The Elderly Develop When They Try to Adjust to a New Institutional Environment?

The elderly undergoing transition into a care home face a crisis event (Andersson et al. 2007) and this may influence their psychological well-being. It is important for healthcare providers to assess the experiences of the elderly and to develop effective interventions, which can help them to cope with the negative outcomes of admission and achieve psychological well-being.

Coping is used to deal with stress caused by a negative life event. There are two coping strategies which are problem-focused coping and emotion-focused coping used for adjustment to the care home through data analysis from ten articles.

Problem-focused coping refers to the idea of concentrating on something in order to find a solution to the problem. The way includes making excuses, self-handicapping, seeking to control problem, individual concentration, control and life goals, solving the problem such as defining the problem, providing alternative solutions, adjusting yourself, learning new skills.

Emotion-focused coping is used to manage feelings that caused by crisis. The strategy includes behavioral strategies such as escaping by drinking, taking drugs, avoiding the threating situation, and acceptance and cognitive strategies such as reappraising the situation, expressing negative emotions and traumatic event, self-expression, seeking emotional support. Seeking emotional support includes contact with supportive relations and to receive social support and to engage in various pleasant activities.

In the process of answering the second research question, the theme of coping strategy was divided into two categories problem-focused coping and emotion focused coping and six subcategories. The subcategory of problem-focused coping included seeking

control problem from nursing intervention, individual concentration, making actions and setting goals.

The seeking control problem from nursing intervention was attending admission decision, preparing admission plan, and care services. The subcategory of emotion-focused coping included seeking emotional support from social support perspective, cognitive appraisal from reassessing situation, and acceptance situation.

6.2.1 Coping; Problem-Focused

Attending admission decision

"Adjustment to care home living was easier when admission of the older people was perceived as well prepared, and when the older people experienced that they had participated in the decision to move; the residents participated in the decision, they may have viewed admission as a voluntary action, which in turn may have resulted in a feeling of power and control over the situation according to (Andersson et al. 2007)".

The research described that a large number of residents who were satisfied with living in the care home had involved in the moving decision to the care home except one, two residents who were not satisfied with moving had not attended the decision to move. Attending admission decision is related to satisfy with living at care home for older residents, they are able to make choices in their lives such as selecting services, activities.

Oleson et al. (1993) argued that active involvement in decisions and choices could maintain residents' decisional authority and promote self-esteem and self-control. "The residents who had positive transition experiences and adjusted well were those who were fully engaged the decision-making process and who had ongoing opportunities to act autonomously after the transition" (Jungers 2010). Family relatives who attended meetings with the staff were provided information about the elderly residents. This effected the perceptions of admission to the care home and their dependency needs.

The research indicated that there was less preparation with involved in the decision to move (Fraher et al. 2011). The institution can encourage the elderly residents to participate in the decision of moving to a new institution with their family relatives and can provide loads of information about care home to both residents and their family relatives during anticipatory period, thereby older residents could have more time to adjust to decision (Fraher et al. 2011 & Kampfe, 1999).

Preparing An Admission Plan

Staff may help potential older residents to enhance their autonomy (Manion et al. 1995) and staff can make a plan to motivate the elderly to improve or maintain their personal internal control perceptions via indirect learning. For example, to encourage residents to participate in activities (Kampfe, 1999), to allow independent choices such as selecting room, or bringing personal belongings (Manion et al. 1995)

Information gathering is an effective way to solve problems according to Kampfe (1999). The institutions need to provide adequate information about the environment and services of the care setting to both the elderly who are deciding to move and their family members (Manion et al. 1995) and encourage the elderly and their family relatives to visit the care setting (Oleson et al. 1993).

From the health care providers aspect, they have responsibilities to organize meetings with the elderly and their family members during the transition time, which can help them to collect enough information about outcomes of moving for elderly residents and help them with arrangements from elderly residents and their family relatives. They need to discuss the pre-outcomes of transition of the elderly residents with multi-professional teams.

They also need to write daily reports about what plan they have done for elderly residents and assist residents to keep a diary about what she/has has done at the care home. This may help them to provide adequate feedback to family relatives and let them understand that altered behaviors are quite common during the transition time (Manion et al. 1995).

Staff plays a crucial role in helping the elderly residents find effective coping skills to cope with the various situations by making an assessment of their reactions to an institution. Staff needs to enhance communication between older residents and their family in order to meet their needs, support them and help them find solutions to problems (Andersson et al. 2007).

A well-prepared admission plan will lower anxiety, confusion and dissatisfaction of moving in both the residents and families (Manion et al. 1995). Therefore, a pre-individual assessment plan and goals should be made before admission which can enable the institution to access the residents' strength, wishes, personal preferences such as eating habit, sleep pattern, social support, activity daily living, health status and relationship with family members and friends in advance and improve person-centered approach to admission process. The residents may have enough time to learn new skills (Manion et al. 1995; Fraher et al. 2011; Oleson et al. 1993).

Care Services

Fraher et al. (2011) pointed out that support services helped to meet residents' needs and see these services as an effective way to help older adults adjust to an institution. Therefore the care home should provide 24-hour support services to allow residents to stay in their own home for a longer time and reduce feelings of fear when living alone. The care home should consider the clients' individual needs and preferences and maintain the clients' privacy and dignity.

"To develop an environment with particular attention to how different occuaptions may contribute to intellectual, emotional and social aspects of well-being among the elderly at sheltered housing" (Siden et al. 2002). Thus one benefit of promoting occupational therapy at the care home is that it can improve the well-being of the client and maintain self-esteem.

Individual Concentration

Siden et al. (2002) described some residents who still kept previous life styles and remained active at the care home. They also succeeded in improving their physical condition. For example, they still went to shopping and visited friends. They believed that they still could be an active person, so they participated in various daily activities. In this situation they had a sense of responsibility to maintain their physical and mental well-being by creating new social roles and activities.

"Since I came here I have improved considerably. I started on the exercise bicycle and with balls. I have decided to continue because of the wonderful results so I feel both physically and mentally in balance…I visit Glynnis once a week and she comes here every Saturday. I think I have given her a new lease on life because she trusts me…We phone each other often and have a lot of fun at the old people's dances…I try to keep up and not feel that life is over". (Siden et al. 2002)

Making Actions and Setting Goals

Lee et al. (2002) have indicated that using problem-solving consists of examing the meaning of living in a care home, learning the routine, ensuring care needs establishing goals, can cause older residents to easily accept new experiences.

6.2.2 Coping; Emotion-focused

Seeking Emotional Support: Social Support

According to Dupuis-Blancehard et al. (2009) social support and social connection is positively related to the process of relocation. To develop or enhance older adults' quality of connection with family, friends, residents and staff are associated with maintaining cognitive functioning, reducing depression and improvingmental and physical health (Winningham et al. 2007 &Jungers 2010).

"I've made one close friend… We hit it off right away, and ah, she'll call me after supper and say, Did you have your dessert?" "No", "Come on over and have a cup of tea and we'll have dessert."(Dupuis-Blancehardet al.2009).

Helping residents develop new and meaningful friendships with other residents in the care home, can promote residents' mutual connection and ensure residents feeling to be in a good place with a group of people (Dupuis-Blancehard et al. 2009 &Jungers 2010). The elderly receiving regular telephone calls, mail, and visits from family and friends is related to positive adjustment at the care home (Jungers 2010).

Family members active involvement in social activities in the care home is an effective way to promote their social interaction with the elderly. The institution should encourage family members visiting to move toward creating a regular schedule to visit the elderly and providing family activities with residents such as having dinner together (Manion et al. 1995 & Oleson et al. 1993).

Cognitive Appraisal and Acceptance

From the cognitive appraisal perspective health care providers have to realize the importance of assessing each individuals thoughts before relocation to a care home. This increased communication helps the transition process and lowers the risk of misunderstandings between staff and residents. Health care providers should assess cognitive function because by doing so will result in cognitive appraisal. Older people are more likely to have cognitive impairment than the younger generation (Oleson et al. 1993).

Cognitive appraisal transition can promote elderly residents to established manageable goals, which can then help them to cope with the new situations. The assessment consists of values, beliefs, past responses to life transition and crises.

Emotion-focused coping strategy is beneficial for those older residents with poor physical condition. They are not able to change the situation by themselves to adjust to the new life (Andersson et al. 2007). To encourage residents to focus on the positive outcomes of relocation to the care home by reassessing the situation of living at the care home is useful (Andersson et al. 2007 &Kampfe 1999). For example, letting the individual know that the care home provides comfortable and safe environment and 24-hour care services may aid in successful transition.

Acceptance

Some residents accept nursing home placement due to physical impairment and also accept assistance from staff as expressed by Oleson et al. (1993)

"Prior to her entering the nursing home, frequency of falls had increased. The resulting musculo-skeletal trauma had further impaired her ability to manage her self-care. Based on the judgment of her physician and family, she agreed to a nursing home placement".

7 DISCUSSION AND CONCLUSION

Admission into an institution is a major life event for the elderly. Functional and cognitive impairment, lower household income, living alone, death of a spouse, and social isolation are more likely to be associated with relocation. The research mainly focused on emotional experiences during transition to an institution. Effective interventions to cope with the negative outcomes of admission to an institution were also studied. The two research questions raised in the beginning of the thesis were answered.

7.1 Discussion the First Research Question

The first research question was: What kind of emotional experiences may older people have when they change environment from home to care institutions? The results of the first research question shows that emotional experiences of elderly residents during transition to an institution are both positive and negative.

According to Wilson (1997) admission to a nursing home can be perceived as a positive and negative event. Based on the literature review research indicates that some factors can contribute to elderly residents experiencing positive transition and adjustment. For instance, elderly residents feel satisfied with their environment and with the quality services of an institution.

Elderly residents can also receive social support from others such as family relatives, friends, staff, and other elderly residents when they live in an institution; Lastly elderly residents have a chance to engage in the decision making process of moving.

To achieve successful relocation the research also shows that participating in decision making, having good social relationships and social support (Rossen & Knafl 2007), receiving well-prepared pre and post admission at a new environment, living in a comfortable environment, receiving occupational engagement and recreational activities can lead to successful relocation.

Several studies concerning positive emotions and health in later life show that maintaining positive emotions can postpone the rate of functional decline in resilience, help people to build a better diet, regular exercise and improve sleep (Ong 2010), as well as lower acute health conditions.

Elderly lack the chance to be involved in decision-making. Family and relatives often push the elderly to move. These factors may cause feelings of dissatisfaction with a new environment, poorer health status, higher levels of depression, loneliness, and anxiety (Rossen & Knafl 2007).

The literature review shows elderly residents response to negative emotions are different. Some examples are loss of home, possessions, social circle, autonomy, privacy, dignity, anxiety, apprehension, confusion, depression, sadness, anger, stress, loneliness and disconnectedness. The negative responses of emotions are also a factor in physical reaction such as loss of appetite, sleep disturbance, fatigue and thought action tendencies such as verbal abuse toward the staff and crying.

According to Kampfe (1999) residential relocation also impacts the psychological well-being. The theoretical framework in this thesis is psychological well-being. The psychological well-being is related to a person's life satisfaction, feeling hopeful and happy, an individual's life purpose, better stress management, adjustment or adaptation to a new situation. The psychological well-being also includes six fundamental dimensions which are self-acceptance, positive relations with others, autonomy, environment mastery, purpose of life, and personal growth.

Negative outcomes of admission are those which effect the well-being of the elderly residents. Some of elderly lose their autonomy and connection with others during a transition time. Some of the elderly lose the chance to attend admission. Elderly residents can keep their own possessions at a new living environment, attend decision-making during admission, have good social relationships with relatives, friends, and staff. Satisfaction with new the living environment is good for their psychological well-being.

7.2 Discussion the Second Research Question

The second research question was: What coping strategies do the elderly develop when they try to adjust to a new institutional environment? There are two main coping strategies used during adjustment. They are problem-focused coping and emotion-focused coping.

The problem -focused coping is mainly concentrated on preparing an admission plan, engaging in moving decisions, improving care services, focusing on the individual and making decisions.
When the elderly residents feel satisfied with the new living environment and receive quality service from staff. Successful adjustment can be achieved. The results show that if the institution provides a secure environment and quality services, elderly residents can better adjust to a new institution.

Elderly residents can better adjust to a new environment by being involved in the moving process together with relatives. " Moving to such setting is a major event in a person's life, often occurring as a result of a health crisis. By enabling people to fully participate in decisions about their future and respecting individual needs and preferences" (Fraher, 2011).

The second theoretical framework is the health transition process. In the health transition process, redefining meaning is that elderly residents and their relatives work together to find a new meaning during transition. The research finds that it is good to encourage the elderly residents to get involving in the decision making with relatives (Andersson et al. 2007 & Oleson et al. 1993).

A well-prepared admission plan before moving also can promote successful adjustment to a new institution. This study found that a pre-admission plan includes information gathered about the preferences of the relocating elderly residents; preparing an individual assessment plan for function and cognitive ability, coping skills, and providing basic information about the care facility to both relocating older residents and their relatives.

The emotion-focused coping concentrated on providing social support, reappraisal of the situation, and acceptance of the situation. These findings provide valuable information about what kind of coping strategies are used in transition time to cope with negative outcomes.

Emotional support from other residents, staff, friends, and relatives can positively affect adjustment during admission to an institution. For example, elderly residents may receive social support and social interaction. Social support from the care home can improve older residents sense of well-being, reduce fear, loneliness and help the adjustment of elderly residents. In the health transition process, maintaining continuity can help the elderly to foster their identity and relationships during transition time.

Therefore the institution can provide social support to help them maintain their social relationships. Cognitive reappraisal can be an effective way to cope with negative views of the situation. Staff can encourage elderly residents to concentrate on the positive side of a new institution environment and relocation. Elderly residents can receive plenty of information about an institution by visiting staff presentation.

This may help them to reduce the negative image of an institution. It also may help modify expectations by altering previous expectations about self, the environment, and the future and by setting new goals. Modifying expectations and restructuring life routines can help residents to better adjust to a new environment. In emotion-focus coping, reappraising a new situation in positive way can help elderly resident to better adjust.

Finally elderly residents can accept a new living environment, and still keep their previous active life by making new goals. The health transition process also indicates that

finding opportunities for developing personal growth and self-actualization can promote new self-awareness, new identity, new relationship and new abilities during the transition time.

This study provides a literature review of relocation to an institution with specific focus on emotional experiences and coping strategies. The strength of this study is: firstly to provide the logical and extensive background information with a theoretical framework; secondly, the findings come from ten reliable and relevant literature sources.

Based on articles reviewed, the author identified, analyzed and discussed two research questions related studies in the two main themes: emotional experiences and coping strategies. Each theme was divided into two categories with subcategories. For example, the categories of emotional experiences are positive emotion and negative emotions; the subcategory of positive emotion included contentment, sense of pleasure, enjoyment, relief and liberation and sense of security. The subcategory of negative emotion included losses, anxiety, apprehension, confusion, depression, sadness, anger, stress, loneliness, and disconnectedness.

The categories of coping strategies are problem-focused coping and emotion-focused coping. The subcategory of problem-focused coping consisted of seeking control of the problem, individual concentration, actions and goals. The subcategory of emotion-focused coping consisted of seeking emotional support from social support aspects, cognitive appraisal, and acceptance. Loads of useful information has been found from this literature view thus the aim of this study has been accomplished.

8 FUTURE RESEARCH

The limitations of this study are that some very good articles relevant to this study can not be accessed. There are only two articles describe that cognitive appraisal propose to be useful in intervention strategies and how health care providers help older residents to achieve. Some interesting issues from the review arose for future research. For example, future research should focus on the aspect of planed and unplanned admission to the nursing home. Another factor is relatives' emotional experiences when their loved on

has to be admitted to a nursing home. It also need to know how the relatives help the elderly to arrange admission. Lastly, how do the relatives choose the institution and what are their decision-making strategies.

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APPENDICES

Appendix 1(1)

Table 6. List of Articles used in the literature review

No.	Author Date	Title	Aim	Methods	Results
No.1	Oleson, M. Shadick, K.M. 1993	Application of Moos and Schaefer's (1986) model to nursing care of elderly persons relocating to a nursing home	To describe the application of Moos and Schaefer's (1986) conceptual model for understanding life crises and transitions to nursing care of elderly persons relocating to a nursing home.	To describe Application of the model to nursing care A case study.	The cognitive appraisal of the elderly during transition time activate them to choose manageable tasks which cope with their new skills, so nurses may assist the elderly to cope with relocation to a nursing home through nursing process. Emotion – focused coping and problem-focused coping used in different situation. The model provided the whole approach to nursing assessment and intervention that resulted in positive outcomes in case study.
No.2	Manion, P.S., Rantz, M.J. 1995	Relocation Stress Syndrome: A comprehensive Plan for Long-Term Care Admissions	The paper argues that relocation stress syndrome is frequently occurred.	Literature view	People admission to a long- term care setting experienced anxiety, apprehension, confusion, depression and loneliness which also leads to physical responses such as sleep disturbance, changing eating habits etc. To prevent negative consequences through using relocation stress syndrome care plan and specific intervention from communication, admission procedures, nursing and social service activities and family support.

Table 7. List of articles used in the literature review

No.	Author Date	Title	Aim	Methods	Results
No.3	Kampfe, C.M. 1999	Residential relocation of people who are older: Relationships among life satisfaction, perceptions, coping strategies, and other variables	To examine relationships between an array of variables and the psychological well-being (i.e., life satisfaction) of older people making residential relocations.	There 75 participants were selected and the mean age of participants was 83 with ranging from 65 to 99 years old	The literature demonstrated two coping strategies problem-focused and seek social support were related to health promoting and helped individuals in transition. The literature also described seek social support was both as problem-focused and emotional focused coping strategies.
No.4	Sviden, G. Wikström, B-M. Hjortsjö-Norberg, M. 2002	Elderly Person's Reflections on Relocation to living at Sheltered Housing	The aim of this study was to describe the experienced relocating to shelter housing of participants and adjusting to new living environment.	There were fifty-nine participants to attend semi-structured interview. Each participant described their experiences between their new life situation was analysed Utilizing a phenomenological-al approach.	From analysis interview the self-image of participant changed from being self-reliant and from independent to dependent and realized themselves and their care to be a burden. Most participants also experienced satisfied with the somatic care after a period of time to moving to living at sheltered housing by develop new social roles and activities from nurse assistance.

Table 8. List of articles used in the literature review

No.	Author Date	Title	Aim	Methods	Results
No.5	Lee, D.TF. Woo, J. Mackenzie, A.E. 2002	A review of older people's experiences with residential care placement	To review and summary literature focused on older people's experiences with residential care placement, with an attempt to identify how knowledge in this field could be moved forward.	Literature review. The year of articles from 1970 to 2000. The content of articles focused on residential care placement or coping skills of the elderly.	The adjustment to residential care begins well before placement actually occurs and continues beyond. Preplacement experiences and processes influence subsequent adjustment. Problem solving included an examination of the meaning of living in a residential care home, learning the routine, identifying and directing care needs, setting goals, and to build relationships for reorganization adjustment to living in a residential care home.
No.6	Winningham, R.G. Pike,N.L. 2007	A cognitive intervention to enhance institutionalized older adults' social support networks and decrease loneliness	To describe institutionalized older adults were exposed to either a cognitive enhancement programme designed to enhance social networks or a control group.	Six participants from assisted living facility were assigned to either a cognitive enhancement programme intervention or the control group and complete the pre-test and post-test measures	To help older adults increase or maintain the quality of their social networks (eg. providing emotional support from friends, family) may lead to enhanced cognitive functioning, decreased depression and improved quality of life. The beneficial of a group-based on programme activities for older adults is designed to enhance social support and improve cognitive abilities.

Table 9. List of articles used in the literature review

No.	Author Date	Title	Aim	Methods	Results
No.7	Andersson, I. Pettersson, E. Sidenvall, B. 2007	Daily life after moving into a care home-experiences from older people, relatives and contact persons	To describe the daily life experiences of older people at the care home after admission with respect to their perceptions of attending in the decision to move and also experiences of relatives and contact persons of older people with respect to the daily life.	Qualitative interview. The data collection consisted thirteen residents who were newly relocated to a care home with age rang from 69 to 90 years old, ten relatives of residents and ten contact persons.	Majority residents and their relatives were satisfied with care home living because of secure, emphasized privacy and homely environment of the flat. The disadvantage was that older residents might felt lonely because of one-room flats. Talking as the most important way to motivate residents to be active at care home.
No.8	Dupuis-Blancehard, S. Neufeld, A. Strang, V.R. 2009	The significance of social engagement in relocated older adults	To identify the experience of social engagement for recently relocated older adults to a senior-designed apartment buiding and the types of relationships that they developed in their new location.	A qualitative, focused ethnographic study. Observation, Participant observation, and a focus group discussion involved in study.	To develop relationships of newly relocated older adults that demand goals of security, casual/social interactions, and opportunity to offer support, friendship as a result of the process of social engagement.

Table 10. List of articles used in the literature review

No.	Author Date	Title	Aim	Methods	Results
No.9	Jungers, C.M. 2010	Leaving Home: An Examination of Late-Life Relocation Among Older Adults	The aim of article is to describe the experience of older adults in a late-life residential relocation from a home to a long-term health care setting.	There were 14 participants who participated in a focus group and/ or an individual interview. The mean age of participants was 85,17 years, with range of 75 to 98 years.	Data analysis based on eight major themes that focus on precipitated the move. Risks and protective factors in relocation, and aspects or experiences of positive aging. Implication of enhancing social support and create range of social activities for clinical practice are beneficial for older adults who experience late-life transitions.
No.10	Fraher, A., Coffey, A. 2011	Older people's experiences of relocation to long-term care	To find older residents' experience of the decision to move to long-term care unit and their early experiences of post-relocation.	Eight older people with 65 years old and over who are newly relocated to long-term care setting were interviewed. Collaizzi's (1978) Phenomenological method.	The findings illustrate the value of respite care as anticipatory preparation for long-term care. By enabling people to fully participate in decisions about their future and respecting individual needs and preferences, nurses have an important role to play in minimising any negative effects of this event.