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Original Article

# Admission to a Nursing Home: Viewpoints of Institutionalized Older People about Replacement

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**A B S T R A C T**

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**Introduction:** This study carried out to investigate the causes and motivations of older people residing in nursing home.

**Methods:** A qualitative description study was designed by choosing a sample of the elderly residing in a nursing home in Tabriz, Iran. Based on purposive sampling, fifteen residents in the age range of 65-85 participated in the study. Data was collected through unstructured interviews/focus group discussions and then analyzed using content analysis.

**Results:** Generally, two main concepts were obtained from the data as follow: non-compulsory entry and compulsory entry. Moving with prior approval, financial and family problems were considered as the subcategories of non-compulsory entry, while lack of consciousness and deception were dominated as sub-categorise of compulsory entering.

**Conclusion**: We face a growing demand for community-based long-term care alternative to nursing homes as the elderly population is becoming elder. Frail older people who participated in the research were more likely to delay or prevent their entry into nursing homes.

**Keywords:** Institutionalization, Aged, Nursing Home Admission, Displacement

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## Introduction

As population is growing older, increasing demand to long-term care services are expected. Since admission to nursing homes is one of the most important displacements affecting elderly, perceiving causes and motivations of elderly residing in nursing home may establish effective approaches to delay or prevent it (1). The elderly population is growing in all societies worldwide. Every year, the world population increases about 1.7 percent, while the increase in the population ageing 65 and over is 2.5%, which leads the world population to be older (2).

Iran is not deprived of the elderly population so that the population growth rate is now 1.6 percent. However, the growth rate of the elderly population is 2.5% and it is predicted that by 2021 the number of elderly will reach 10 million (2). Older patients are at high risk of physical deterioration during recovery from hospitals. They also need appropriate long-term care after discharging from hospital to improve the health and quality of life. Recently, the rate of hospitalization of elderly people is three-fold compared to those less than 65 years. Furthermore, the aggregate cost for all hospital stays among older people is about 33 percent of all hospitalization costs (3). The supply of maintenance and welfare of the elderly in the community becomes more extensive every day, and studies demonstrate that the elderly population require physical, mental, social, economic

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and cultural continuously and increasingly full nursing cares (4, 5).

Term of "nursing home" used to define the organizations that serve people with multiple chronic diseases, and physical difficulties that focus on people who do not need hospital care but are unable to care for themselves (6). In other words, people who suffer from physical, mental or functional disabilities would not able to stay at home anymore in Iran (7). On the other hand, studies show that entering into such centers is one of the most difficult situations for older people and it is obviously in contrast to the concept of 'ageing in place'. Since getting old is not period of solitude but also is evolution of existence and ideas, replacement into nursing homes has several consequences including feeling banished, mental tensions, depression, loss of home, lack of contact with family and friends (8-10).

Several organizations and professionals provide care for older people. Institutionalized older people could unfairly disadvantage personal favorites, privacy, dignity, personal autonomy, and self-esteem. On the other hand, deprived health, low economic status, old age, being single or widowed, cognitive impairment, decreased activities of daily living (ADLs), and willingness of primary caregivers may deteriorate the quality of life of nursing homes residents (11). Further studies have shown that replacement into residential care homes would affect both elders and their relatives as well. Many older people may move after a period of acute illness or post-hospital recovery (3). They will need to adapt to the new conditions and psychological stress may be more than tolerated (8).

Nowadays, geriatric experts do not accept the risk of increased morbidity and mortality rate that is an inevitable consequence of displacement (12). Therefore, countries with an aging population have created standard long-term care policies and determined entry requirements for older people. For example, British government strategy for older people focuses on a vision of active ageing and independent living. The Department of Health for England provided investment through the Extra Care Housing (ECH) Funding Initiative of £87 million in 2004-06, £60 million in 2006-08 and £80 million in 2008-2010 to local authorities and their partners to construct new living units for older people (13). ECH is specially designed housing with more personal care, more communal space and facilities than are found in a traditional sheltered housing scheme but without the institutional features of a care home. Setting decent standards of housing and services within ECH would enable older people to remain in their homes for much longer than would be the case in more conventional forms of sheltered housing (13).

Unfortunately with all mentioned disadvantages, transferring the elderly to nursing homes is increasing in Iran dramatically (14). As population ages, more demands for long-care services is expected. Traditionally, nursing homes are commonly used form long-term cares in Iran most of which were not designed based on varied needs of older people. Planners are in search of alternatives that provide less expensive care for elderly and considering the risk factors predisposing them to admission to nursing homes. Perceiving the causes and motivations of elderly residing in nursing home may establish effective approaches to delay or prevent replacement (4). Therefore, identifying the perspectives of elderly residents in nursing homes that influence use of long-term care services was a major concern.

## Methods

### *Sampling and participants*

A qualitative description study (15) was designed by choosing a sample of the elderly residing in a nursing home in Tabriz, Iran. Based on purposive sampling, fifteen residents (8 women and 7 men) in the age range of 65-85 participated in the study. Potential participants were eligible if they had either severe cognitive impairment or too frail to undertake the survey. Data were considered saturated when no more codes could be identified.

### *Procedures and ethics statement*

Data were collected through unstructured interviews/focus group discussions and then analyzed using content analysis from August to May 2014. The duration of each interview was 20-30 minutes in some quiet place in nursing home or on the bed in the participant's room, since most of the participants were very old people and frail. A crosscheck was carried out to insure no important data was missing. The main interview question included '*how did you stay in nursing home?*' Other core topics in the interviews contained within '*what and who motivated you?' 'how much positive choice you had'*?' *who pushed you into nursing home?*'

Authorities in the state welfare organization of East- Azerbaijan and nursing home were contacted for permission to approach study participants and arrange interviews. The study respondents' informed consent was obtained after explanation of the study aims and procedures. In addition, their right to withdraw from investigation and confidentiality of the study data was addressed. Therefore the interviewees were aware of their right to request the researcher to stop the interview at any time, and withdraw from the study without having to give a reason.

### *Data collection and analysis*

The process of qualitative content analysis was started during the early stages of data collection. Based on Lincoln and Guba's evaluative criteria, credibility, transferability, dependability, and confirm-ability issues were investigated to evaluate validity, reliability, and objectivity of the study. A set of activities that would help improve mentioned criteria were applied: prolonged engagement in the field, checking interpretations against raw data, peer debriefing, and member checking. Furthermore, it was

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provided coders precise coding definitions and clear coding. It was also arranged for an index of transferability. Finally, audits of the research processes and findings were used for establishing dependability and confirm-ability (16- 18).

A qualitative content analysis was used to derive codes, categories and themes from the data, which were identified from interviews. Researcher and her co-worker coded the interviews individually and over 86 per cent of the codes were shown to be stable between the two researchers for the first interviews. Emerging categories and themes were discussed and two investigators agreed on final themes.

## Results

The study was carried out to identify the perspectives of elderly residents in nursing home that influence use of long-term care services. The participants' mean age was 67.9 ± 6.4 years and 69 per cent of the residents were female. Length of residency in nursing home was reported in a wide range of six months to 12 years. About half of the participants were illiterate and 73 percent were married. The findings revealed 13 codes, 4 sub-themes and 2 main themes. Generally, two main concepts were obtained from the data as follow: non-compulsory entry and compulsory entry. Moving with prior approval, financial and family problems were considered as non-compulsory entry, and lack of consciousness and deception were dominated as compulsory entering.

*Non-compulsory entry*

A: Moving with prior approval (need factors)

Some participants stated that they agreed to reside into nursing home. When questioned, *'how could you come to the nursing home?*' one said: *"They told me if I came here I will be comfortable, so I agreed and now I am comfortable*". Other participant said that he has chosen nursing home with his own willingness. *"I by myself came here, nobody has brought me, I came with my desire"*. Two of the participants stated that for more care facilities and consultation with family members they replaced into nursing home. Another participant has moved due to his hip fracture. She said *"If I was at home, no one could take care of me like here, put a tub below my feet. When I was in my own home, due to arthritis, my nephew has asked a nurse to take care of me. When my leg was broken, her husband did not agree to settle my home and take care of me at nights. My nephew chose and realized that it here is better than elsewhere. Then he asked me if you satisfied to reside nursing homes to heal your leg…"*. A lady described her reasons for moving into nursing home: *"My feeling is that I am more comfortable being here. At home there was some issues between parents, couples; but here I do not have concern them. I do not feel any of them…. I feel just a bit missed my children…. Here is different for everyone and all are not alike, my life here is different with others…*".

B: Financial and family problems

Some participants expressed family dispute and the feeling of being a burden to others were their main reasons to relocate into nursing home. One of them said *"I was in my daughter house; she could not keep me due to her husband dissatisfaction so I came here". S*he also stated that "*since getting rid of reproaches and contempt I had to move nursing home. I am more comfortable here, while I rebuke at home. I'm more comfortable here; my daughter and her husband do not bother me here".* One more remarked that lack of financial capability to live independently was main reason to enter into nursing homes. She sadly said *"whatever savings I had, I paid for house rent and bills. I have left a small amount of money that landlord asked... till small amount of money you have, moving to nursing home and settling a shared room could be a better choice ... ".*

*Compulsory entry*

A: Lack of consciousness

Based on the profile of older people, the majority of nursing home residents were suffering from cognitive deficits. These difficulties cause negative challenges in family and community. Three participants stated that after being discharged from hospital, she was in unconscious condition and then noticed that has been institutionalized in in nursing homes. *"... I was not fully conscious. When I regained consciousness, I saw that around me seemed crowded …"*

B: Deception and threat

In some cases, older people were relocated by deception and without prior notice. A male described his entry story: "*They carried me here, my wife went on vacation and brought me here, otherwise I was not sick or nothing*". Some elderly people referred to deception and threat as well. "*At first, I couldn't walk and then I got prostate trouble... my nephew and my sister threatened me and then brought me here, with upset! I did not know once I came here, I did not know what is happening? I said do not be embarrassed to bring your aunt here??!".*

## Discussion

In this study, participants have mentioned their own reasons for optional entering into nursing homes, such as having a physical disability or residing to take care. When a chronic disease or disability occurs for seniors, living independently is not possible. Nursing homes are the only substitute in Iran for independent living (14). The elderly people who talked to informal care giver about residential care often discussed the fact that they could not look after themselves anymore and that moving into a home would be best for them. This reflects the point that many people had moved into care either because they had deteriorated or found it difficult to manage at home, or because there was some sort of crisis such as a fall or an acute illness.

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The elderly people were sometimes unable to tell us why they had come into residential care, either because they were too upset to discuss their admission or because they simply could not remember. However, some elderly due to familial problems and lack of financial capability in independent living have resided in nursing homes. Also, many elderly are able to pay for the cost of house, however sometimes these complexes are in areas of the city which environmental safety is not provided (perhaps the miscreants in place) or homes that need repair and maintenance costs that they cannot pay (19-22).

Furthermore, some participants had talked about their loneliness and want to move into care, while others commented that their career or relative had suggested that they moving into a home to give them some relief. The old people, who live alone, are more likely to seek accommodation as a way to make social contact with others (22). Thus, for the elderly who lived alone before admission, a positive outcome was expected after acceptance (9).

In the present study, some residents pointed out that their presence in nursing home has been forcibly achieved which were summarized and categorized as the following four viewpoints: accommodation without notice, stay with coercion and deception, move in unconscious condition, and for taking care. Older people prefer to take their recovering procedures in their place of residence instead of in nursing homes. Despite their wishes, while physical and mental abilities of elderly get worse to the extent that family or community resources it is no longer available, admission to nursing homes becomes necessary (23-26). In the present study, some elderly have uttered lack of authority and the right to choose at entrance to nursing homes. The findings of other studies have confirmed this, as Fiveash quoted that there were elderly desperate sense of having no choice in entering nursing home (22). The main concepts of information were extracted as the absence of choice, losing all, sense of worthlessness and the end of life. In Fiveash study, the main in common concepts amongst expression of all participants was lack of a role in deciding the future of life against their wishes (22).

On the other hand, the results of the observations were regarded the high prevalence of dementia and mental problems amongst the residents. Researches revealed that the most frequent disability that leads to settle in nursing homes is cognitive impairment (24-26). Dementia and Alzheimer's disease increases the risk of entering a nursing home up to 20-fold more for men and 10-fold for women (27, 28).

## Study limitations

The principal limitation of the present study was poor health condition of some participants which may impress conducted interviews. Also their memory and cognitive problems was barrier to accumulate accurate data.

## Conclusion

The results of this study concluded that poor health, miserable economic status, old age, being single, living alone, cognitive impairment, abuse in the family towards the elderly, and daily living activities difficulties would make replace older people into nursing homes. The present research observed that some elderly despite being active and healthy moved into nursing homes due to financial difficulties. It is recommended that their participation would be increased in different community-based activities with appropriate insurance coverage (e.g., establishing elderly clubs on a daily basis, family support, health care services, and financial support).

## Conflict of interest

The authors declare that there is no conflict of interest.

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