The experience of the transition to an aged-care facility: A qualitative exploration

Jenny M. Smith

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The Experience of the Transition to an Aged-Care Facility: A Qualitative Exploration

Jenny M. Smith

A Report Submitted in Partial Fulfilment of the Requirements for the Award of Bachelor of Arts (Psychology) Honours, Faculty of Computing, Health and Science, Edith Cowan University.

August, 2006

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Date: 12/1/2017
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The Experience of the Transition to an Aged-Care Facility

Jenny Smith
Abstract

The Experience of the Transition to an Aged-Care Facility

The transition from one’s place of residence to an aged-care facility may be a daunting prospect, with many factors relevant to the degree of ease in which this change occurs. Whilst this is a significant life event, qualified information about older adults’ experience of it is limited, with little found about Australia. Much of what is available focuses on the caregivers’ and relatives’ viewpoints or their interactions with staff and do not pertain to the transition period itself, but to aged care in general. The main findings from the available literature suggest that the way a new resident perceives their situation can affect their subsequent adjustment, satisfaction and longevity, and that this can also be influenced greatly by the actions of those who make up their social network. As there can be enormous variability among the people using aged-care facilities there appears to be a need for individualised care. All of this implies that the most satisfying outcomes could best be informed through the users themselves, the older people. This review shows that there is a clear need for researching the area in Australia to benefit our ageing population, and to facilitate smoother transitions.

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Submitted: August 2006
The Experience of the Transition to an Aged-Care Facility

The world's population is ageing because of a number of factors including declining birth rates, increased longevity (due to better health practices), and the post war 'baby boom' generation (1946 to 1964) now reaching older adulthood (McDonald & Kippen, 1999). It is predicted that, in Australia, nearly one quarter of the population will be 65 years of age or older by 2040 (McDonald & Kippen, 1999). As the population ages the requirement for aged care will increase both in the community setting and in residential aged care settings. Thus, it is timely and important to advance the body of knowledge in the area of aged care toward the provision of good service and enhancing the well-being of older adults.

In 2005 in Australia there were fewer than 150,000 residents in aged care (Department of Health and Ageing, 2006b). Of the 12,674 in care in Western Australia 6,188 were classified as 'low-care' and resided in hostel-type accommodations, while the balance were deemed more suitable for 'high-care' facilities on admission, requiring increased resources (including nursing care) provided by nursing home-type accommodations (Department of Health and Ageing, 2006b). To be classified as requiring 'low-care' accommodations, the individual must have physical, medical, social and/or psychological requirements that cannot be provided adequately through community care (Department of Health and Ageing, 2006a).

Assessment of care requirements is made by an Aged Care Assessment Team (Kroemer, Bloor, & Fiebig, 2004) and consists of 20 questions based on the individual's need for assistance in communication, mobility, feeding and personal hygiene, as well as their level of cognitions, physical and verbal behaviour, risk to
self and others, social, emotional and medical needs (Department of Health and Ageing, 2006a). A Residential Care Subsidy classification system containing eight care requirement categories then organises residents into either high/nursing-home level (categories 1 to 4) or low/hostel-level care (categories 5 to 8) (Greenwood, 2001).

Kroemer et al. (2004) add that because residential care facilities receive a greater subsidy for high care residents they have less incentive to rehabilitate and lessen their care requirements, unless they see that improving the resident’s ability to do things for themselves can be beneficial. However, if after ailments they are provided with substantial time, rehabilitative interventions and support, older individuals’ morale and functional status may profit greatly. Their competence and autonomy can remain intact if their ability to recover and improve is acknowledged and they do not become needlessly and prematurely reliant on services.

There appears to be limited information on older adults’ own experience about the shift to aged care facilities. Much of the recent literature on aged care tends to focus on relatives’ interactions with staff (see Hertzberg, Ekman, & Axelsson, 2001; Pillemer, Suitor, & Wethington, 2003). Although several studies have looked at the transition to care homes, they have focused on the caregivers’ and relatives viewpoint (see Buhr, Kuchibhatla, & Clipp, 2006; Davies, 2005; Hagen, 2001; Nolan & Dellasega, 1999). As there seems to be a diminutive amount of research on this topic in Western Australia and considering the significant ageing of our population discussed above, there is a need for further investigations.
Davies (2005) described a transition as “the passage or movement from one state, condition or place to another” (p. 660) that must be managed with efficiency to cope successfully. Froggatt (2001) used the term ‘sequestration’ to describe the physical and emotional separation that occurs when one moves from community living to that of a residential facility, where they are distanced from their familiar social networks. This may also occur within residential care facilities where those residents requiring higher care are separated from those requiring less care.

Reasons for entry into an aged-care facility can include the older persons’ declining health or cognitive problems necessitating more skilled care, poor health of the caregiver, family factors, lack of support, and old age (Buhr et al., 2006). The process of transition to an aged-care facility includes making the initial decision to move, locating a suitable place, actually making the move, and settling in to the new residence (Davies, 2005). Meleis, Sawyer, Im, Messias, and Schumacher (2000) suggest that transitions may create heightened vulnerability to health and well-being because they often necessitate the learning of new information, adjustment of behaviours and redefining of oneself within a new environment.

It has been found that acceptance of change is an essential measure of successful adjustment in old age (Ryff, 1989) and that the settings older persons find themselves in later in life impact strongly on the quality of their lives (Mezey, Dubler, Mitty, & Brody, 2002). Nolan et al. (1996) expressed the difficulty of making a ‘positive choice’ in regard to care facilities in the absence of professional guidance, and Wilson (1997) proposed that those who planned their
entry into a facility adjusted more swiftly than those whose entry was not planned. Rather than being defined by their chronological age, many older adults may admit old age only when changes in their life situations challenge their capacity to function as well as in previous years (Hori, 1994).

Montorio and Izal (1998) believe that a main aim of ageing is to maintain the quality of life, or ‘add life to the years’ by improving physical and psychological well-being, both objectively and subjectively. The prevention of dissatisfaction in older age may benefit longevity, so there is great value in identifying any factors that could aid in the maintenance of positive attitudes toward ageing (Jopp & Smith, 2006).

In many collectivist cultures older community members are seen as wise and knowledgeable and are highly respected, while in individualist societies, where the extended family may be seen as less important, they may be adversely stereotyped and seen as powerless and even worthless (Vaughan & Hogg, 2002). In a residential care home in Hong Kong 10 Chinese individuals (four males and six females) aged between 68 and 88 participated in interviews within one week of their arrival (Lee, 1999). Their collectivist values of harmony and balance enabled most of them to have positive anticipation of the move prior to arrival, and be open and accepting of living with others, particularly when they had been living alone (Lee, 1999). Hence, the rules and regulations were seen as necessary, and along with lack of privacy and autonomy were considered inconsequential to their adjustment. It would, therefore, be valuable to encourage more positive attitudes to older people in all communities (McDonald & Kippen, 1999), and in particular to assist those adjusting to their need for aged care.
For positive outcomes in the transition to aged care it may be important to explore how people continue to develop across the lifespan and the effects that such factors as their personality, beliefs, and situation may have on their ultimate success in older age. Biological (genetics, physical changes), psychological (personality, emotions and cognitive changes) and social factors (life events, stress, social support, status and power, and other environment variables) can affect later life functioning (Blazer & Hybels, 2005). Change in old age is as diverse as the individuals who experience it and can vary in its direction (increase or decrease), volume (minimally or substantially), form (linearity), quality (improve or worsen), timing (early or late) and rate (quickly or slowly) (Daatland, 2003). Understanding ageing may be assisted by the use of several theoretical models, including the model of selection, optimisation and compensation; personality continuity theory; and socio-emotional selectivity theory, all of which will be addressed within this review.

In 1990 Baltes and M. M. Baltes developed a model of selection, optimisation and compensation (as cited in Freund & Baltes, 2002), which proposed that people continue to adapt throughout life and explains their role in determining their own functioning (Montorio & Izal, 1998). Selection refers to how individuals specialise in and become competent at particular behaviours throughout their development in life, guided by their choices, goal preferences and priorities, or reduced by necessity (Jopp & Smith, 2006; Montorio & Izal, 1998). In older age daily life activities become increasingly important, as do some relationships. This concurs with Carstensen’s (1992) theory of socioemotional selectivity that proposed that healthier older people steadily alter their social
networks by disengaging from those relationships they see as less crucial and focusing on a selected few.

Optimisation requires action and the investment of resources to maximise opportunities to attain preferred goals (Jopp & Smith, 2006; Montorio & Izal, 1998). As one ages they may endeavour to maintain their intellectual capacity by engaging in a healthy lifestyle, exercising, and socialising with intellectually stimulating people (Montorio & Izal, 1998). Compensation requires creative alternatives to be used to reach preferred goals when abilities deteriorate or demands increase; strategies are modified despite limited capacities (Jopp & Smith, 2006; Montorio & Izal, 1998). In an aged-care facility being dependent on another for help can be seen as a failure but also as an opportunity for greater social contact (Montorio & Izal, 1998).

Whether people are motivated to utilise the life-management strategies, described above, may depend on their beliefs about their effectiveness (Jopp & Smith, 2006). Thus, one’s self-efficacy (confidence in their own ability to succeed), beliefs about causality and control, and ideas about goal-setting and goal-pursuit may guide their actions and their ultimate successful ageing. Several German studies by Jopp and Smith (2006) suggested that older individuals’ well-being was defined by the way they adapted to, or selected, optimised and compensated for their personal resources (demographic, cognitive, health, and social).

Jopp and Smith’s (2006) first study was cross-sectional, comprising 156 people aged between 71 and 91 years, divided into two equal categories containing 78 participants. With equal gender distributions in each group, they
were described as the 'young-old' (70.8 to 80.1 years) and the 'old-old' (80.5 to 90.8 years) groups. The groups were found to differ in their resource investment. That is, for the 'young-old' who had enough resources ensuring their goal pursuit and fulfilment of everyday tasks, optimising adaptation strategies was not crucial. However, the 'old-old' who saw substantial reductions in resources identified the utilisation of adaptation strategies as progressively more beneficial.

The second study involved the upper (thus defined as 'resource-rich') and lower ('resource-poor') fifth of participants from the first study (Jopp & Smith, 2006). Measures of ageing satisfaction and use of selection, optimisation and compensation strategies were taken a year apart, and the results showed that when resources dropped below a critical level the utilisation of the life-management strategies of selection, optimisation and compensation could serve as protection. In a similar study by M. M. Baltes and Lang (1997) they found that the most successfully ageing 'resource-rich' individuals showed greater activity levels with more variety, while the length of the waking day was significantly shorter for the 'resource-poor.' Thus, it can be seen that when resources are limited it may become more essential to use these strategies to enhance one’s positive development or to gain satisfaction.

Atchley’s (1972) personality continuity theory (as cited in Petersen, 2004) suggests that individuals are shaped by their life experiences and develop their own distinctive combination of habits, standards and goals. Becoming a resident in an aged-care facility may raise fear of depersonalisation, due to changes in daily routines and circumstances (Jensen & Cohen-Mansfield, 2006). Life satisfaction may thus be greatly influenced by activities that make up a large part
of ones’ normal daily living such as the self-care routine (including eating, sleeping and hygiene habits).

In Benyamini and Lomranz’s (2004) study of 423 Israelis over the age of 60 (M = 76.6 years) it was found that giving up physical or social activities because of poor health was associated with higher depressive symptoms if replacement activities were not found or were not satisfying. Lower depressive symptoms were reported by participants who did not have to give up activities or those who did but found suitable replacements. These findings also coincide with the model of selection, optimisation and compensation as resources were optimised when new activities compensated for old. Residents of care facilities may benefit from the provision of activities that are meaningful to them as individuals (Hertzberg & Ekman, 2000).

Socioemotional selectivity theory (that posits disengagement from some relationships in favour of a select few) includes time as a motivation for choosing goals (Carstensen, Isaacowitz, & Charles, 1999). When time is perceived to be unrestricted, long-term goals that encourage the acquisition of knowledge are more often pursued because they optimise possibilities for the future. When time is seen to be limited, short-term goals that regulate emotions may take precedence. The perception of time is flexible, however, so when time constraints are applied goals can change regardless of age.

Several articles on aged care facilities have found that residents’ quality of life may improve if they perceive that they have some personal control and choice in their lives (see Duncan-Myers & Huebner, 2000; Langer & Rodin, 1976, as cited in Langer, 1989; O’Connor & Vallerand, 1994, 1998). O’Connor and
Vallerand (1998) found that, of the 129 intermediate-care nursing home residents they studied in Canada, those who were higher in self-determination were more psychologically adjusted, particularly when they had freedom and choice in their residential setting. In their four year study using measures of life satisfaction, self-esteem, depression, meaning in life and physical health O’Connor and Vallerand (1998) also established that the residents’ longevity was associated with their psychological adjustment.

In a three year American study of longevity, transcendental meditation and mindfulness training involving 73 older people ($M = 80.7$ years of age) from eight aged-care facilities Alexander, Langer, Newman, Chandler, and Davies (1989) found benefits to health and cognitive functioning through changes to state of consciousness. Improvements (to cognitive flexibility, mental health, blood pressure, behavioural flexibility, ageing, and treatment efficacy) were found to be highest in the group that participated in transcendental meditation (awareness without the interruption of thought), followed by the mindfulness training group (creative thinking), the relaxation group (basic relaxation techniques) and a control group (no treatment). The mindfulness training group was superior on perceived control and word fluency, and after three years their survival was 87.5% (all of the transcendental meditation group were alive, while the other two groups did not differ from the general population).

Thus, the degree of personal control felt may be of great importance to one’s successful transition and future well-being (Alexander et al., 1989). Empowerment for residents may be facilitated through provision of sufficient and accurate information when required and acknowledgment of their right to be
involved in any decision-making processes that concern them, while
disempowerment may include invasion of their privacy (for example, not
knocking before entering their rooms), disturbing their rest, scolding, neglecting
or physically restraining them (Faulkner, 2001).

Caregivers at an aged-care facility have the ability to reinforce
independent or dependent behaviour in the ways they interact with the residents
(Barton, M. M. Baltes, & Orzech, 1980). For example, a resident may perform an
action independently (initiated by themselves or another person) or they may
behave dependently by asking for or accepting assistance. Caregivers can
courage independence by verbally supporting or praising residents for tasks
they accomplish on their own, or by discouraging their requests for help or their
lack of effort to try on their own. However, dependent behaviour is supported
when caregivers assist in task performance, praise the resident for accepting their
assistance, or discourage them from trying to carry out a task unaided.

Barton et al. (1980) observed morning-care routines and interactions
between 17 staff and 36 residents in a Pennsylvanian low-care facility for 23 days.
It was found that staff frequently and continuously supported dependent behaviour
of residents, while their encouragement for independent behaviours was very low.
In another study by M. M. Baltes and Hans-Werner (1992) independent
behaviours of aged residents in Germany were found to be largely ignored within
an intermediate-care facility and a home for the chronically ill, whereas caregivers
of community-dwellers showed ambivalence by supporting dependency twice as
often as independency but still supporting independent actions sometimes.
The regulatory structure followed within aged-care facilities may prompt staff to encourage dependency, but positive staff reactions to resident independence may have a beneficial effect (Barton et al., 1980). While residents may still perform independently despite others' responses, their reliance on others may also be desired and provide them with a sense of control. This ultimately suggests that a balance between dependence and independence must be found that provides for subjective well-being and satisfaction with life.

Langer and Rodin (1976, as cited in Langer, 1989) found that having personal responsibility and control were important to quality of life as well as to longevity. When older adults sense that their choices are limited, or feel that their impact on events, decisions or people that matter is reduced a sense of helplessness may result. Langer (1989) further suggested that perceptions about ageing can, in fact, shape quality of later life. Negative cognitions about aged-care facilities developed in younger life (and out of context) can create preconceptions that may need to be questioned. The more optimistic people’s interpretations about older age, the more alert and energetic they are when they age.

Langer and Rodin (1976, as cited in Langer, 1989) investigated the effects of encouraging responsibility and control among American aged-care residents and found it to be positively related to participation in activities, cheerfulness, and general health. One group was encouraged to make decisions like where to entertain their visitors, whether they wanted to watch a movie, and when they would do so, and how to care for a houseplant they were given. The other group was told that the staff would do everything for them, from plant care to organising for their visitors and their movie viewing time. A year and a half later the
encouraged group was more energetic and had improved health-wise, while the comparison groups' health was poorer, and saw a greater number of mortalities in the interim. Thus, having personal responsibility and control (even in small, everyday actions) was significant to both quality of life and longevity.

In their study of 31 residents in a long-term aged-care facility in Kentucky, Duncan-Myers and Huebner (2000) found that residents 'always' or 'usually' had choice in regard to what, where, when, how and with who they carried out their daily care and leisure activities. The activities they identified as having the least choice in included when they took medications; when, with whom, and what they ate; and when and how they bathed. Some choices were seen as more important to the quality of life than others, with 14 of the 29 listed items significantly correlated with subscales of interpersonal attachment, basic needs, recreation and leisure, self-esteem and spirituality. With whom they eat was seen to be significantly correlated to interpersonal attachment, leisure, and basic needs; and what they eat, when they perform toilet hygiene and bathing, and where they perform oral hygiene and grooming were significantly related to their self-esteem and well-being.

How a person 'fits' into their environment may also influence their behaviour. Cicirelli (1987) has suggested that when an environment is perceived as restricting, those who believe they have little control over what happens (external locus of control) adjust better than those who want more personal control (internal locus of control) who feel constrained. A Canadian study by O'Connor and Vallerand (1994) measured psychological adjustment of 111 females and 18 males ($M = 80.5$ years of age) in 11 intermediate-care facilities
and found that although older individuals who were more self-determined (and better adjusted psychologically) preferred freedom and choice in their aged-care facility, less determined individuals were better adjusted where constraints were more stringent.

Woodward and Wallston (1987) found that older adults aged over 60 years wanted less control over health related issues and daily living than younger adults. Wadensten and Carlsson (2003) also concluded that older individuals may naturally progress to a stage where they become less self-occupied and more accepting of their life, regardless of its quality. This shows that motivation toward high self-determination and control may not be the desired direction for everyone.

Individuals may initially respond to relocating to an aged care facility by either accepting or resisting the change (Chenitz, 1983) and it may take more than a year before they are fully adjusted (Diamond, McCance, & King, 1987; Patterson, 1995). Nolan et al. (1996) suggested that a positive transition could occur if residents have access to sufficient information, actively participate in the selection process, and fully explore the available alternatives and their feelings about the move. However, in reality the process may often be affected by lack of information and advice, little exploration of alternatives, necessity rather than choice due to ill health or other crisis, or expectations that the move will be short-term rather than permanent.

An American study by Wilson (1997) of 11 female and four male, newly-admitted nursing home residents aged between 76 and 97 years found that residents made a conscious effort to protect their significant others by concealing their true feelings and appearing normal. Wilson (1997) consequently suggested
three phases of transition: overwhelmed, adjustment and initial acceptance. When participants were initially 'overwhelmed' they used emotionally powerful words expressing their fear, loneliness, sadness, and loss, and they cried. As time went on the use of emotional words decreased and narratives about their 'adjustment' increased. Their thoughts were of their future, with the intention to be positive toward establishing new social networks and dealing with issues regarding control and autonomy. In the final phase 'acceptance' of the move occurred when self-confidence increased and individuals began to gain control and speak positively of their circumstances.

Brooke (1987, unpublished doctoral dissertation, as cited in Patterson, 1995) suggested four phases of adjustment to an aged-care facility: disorganisation, reorganisation, relationship building, and stabilisation. For about six to eight weeks 'disorganisation' arises from individuals' feelings of vulnerability, disorientation, and rejection. By the second or third month they 'reorganise' themselves by enquiring about things, resolving issues, and expressing their needs. After about three months they are 'creating emotional relationships with staff and other residents, and by three to six months they 'stabilise' as they settle down and fit in.

Although the transition process varies between individuals, Wilson (1997) found that those who planned their nursing home admission were less emotional and progressed through the phases more rapidly than those for whom it was not planned. This may be because they gain knowledge of what to expect and how they can manage better as they anticipate preparing for the transition (Meleis et al., 2000). Wilson (1997) also found that more confident individuals adjusted the
most quickly, and those over 90 years of age had the least difficulty with adjustment overall. Blazer and Hybels (2005) have suggested that older adults may be more protected from major depression than younger adults in regard to social risks such as stressful life events, daily hassles, bereavement, socioeconomic disadvantage, and impaired social support because they have endured crises and life events over the years. They further added that wisdom and socioemotional selectivity may also protect them psychologically.

Herman, Solomons, Mendoza, and Qureshi (2001) conducted structured interviews with 46 male and 105 female Guatemalans aged between 62 and 81 to gain information about their physical health and emotional well-being in relation to their performance of daily living activities. Those who rated their well-being and mobility the most highly indicated themselves as being in ‘good’ health more often than those with the lowest self-rated well-being scores, who were more likely to describe themselves in ‘fair’ or ‘poor’ health. Hence, one’s health is strongly associated with their perception of their functional ability and emotional well-being. Since an individual’s self-evaluations can affect their everyday living, reassurance or support from others may encourage the changes necessary to reduce negative self-perceptions.

The Berlin Aging Study (Smith & Baltes, 1997) included a sample of 516 people (258 of each gender) from the western districts of Berlin in two age groups, each with 258 participants. It studied the relationship between intellect, personality, self-related beliefs and social functioning. The findings suggested that the ‘oldest-old’ (aged 85 to 103) were much more likely than the ‘old’ (aged 70 to 84 years) to be associated with less desirable (and less functional) aspects of
speed, memory, knowledge, neuroticism, extraversion, internal locus of control, external locus of control, goal investment, social loneliness, emotional loneliness, perceived support, and number of confidants, even when psychiatric diagnoses were controlled. Those participants with more desirable aspects were found to have higher education, functional capacity (in relation to vision, hearing, and ability to carry out activities of everyday living), health (with a lesser number of severe chronic illnesses), and survival (lower mortality over the following three years). Females were more likely than males to be associated with the less desirable components of these aspects.

Women have been found to have a higher risk of developing depression than men (Blazer & Hybels, 2005), although in contrast to this it has been suggested that males may be at greater risk than females of developing depression in aged-care facilities where staff and residents are primarily female (Australian Nursing Journal, 2003b). Assessment of 245 new residents from 30 long-term care facilities in England was carried out within 14 days of their arrival using a Geriatric Depression Scale (Bagley et al., 2000). A staff member who had care responsibilities for each resident was then interviewed to rate their health and information was also gathered to assess staff training in their psychological care. Staff (comprising of qualified nurses and other care staff) were found to be poor at recognising depression in new residents and often saw no depressive symptoms or reported negligible mood variations they described as 'gloominess.'

Higher levels of loneliness have been found to correlate with more depressive symptoms even after controlling for demographic effects, social support, and perceived stress. Situational factors can also affect the occurrence
and degree of loneliness (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006).

An American study by Slama and Bergman-Evans (2000) of 26 male and 9 female residents of a long-term veterans' care home found that over half of the participants ($M = 75.29$ years of age) felt lonely and two-fifths felt bored and helpless. This suggests a need for monitoring and providing for what individuals value in their lives above and beyond basic required care. It also shows how catering for the specific needs of an individual could be of great benefit for their adjustment to a new environment.

Loneliness may also encourage people to move into aged-care facilities. Individuals who have relatively little independence may prefer not to be on their own after a partner dies (Hagen, 2001). Russell, Cutrona, de la Mora, and Wallace (1997) began a four year study with 3,763 people over the age of 65 ($M = 74$) residing in rural Iowa. In general, those who were rated as more lonely in annual interviews were found to be more likely to go into aged-care facilities and more likely to do so sooner. Russell et al. (1997) proposed that physical and/or mental decline in health (including depression), and limited social contact (more specifically, with similar-aged others) were factors that appeared to direct those with extreme loneliness toward care facilities.

An American longitudinal study by Barefoot et al. (1998) looked at trust in 50 males and 50 females between the ages of 55 and 80. Across the board, those who had higher levels of trust on average rated themselves as being in better health and more satisfied with life. Eight years later, those participants who expressed high levels of trust at baseline also reported less interference from health problems in their daily activities. Longevity was also seen to be greater in
those with high levels of trust at a 14 year follow-up, although results were not statistically significant once baseline self-ratings of health were controlled for.

The expectation that one can rely on others may have protective value for aged care residents who become increasingly dependent (Ebersole, 2005). When resources such as a healthy body diminish, confidence and a sense of security may also falter. If caregivers show concern, and are reliable and dependable they may be seen as trustworthy and provide for a sense of safety. However, if they leave it can upset social networks and care regimes which may be quite detrimental to residents (Brennan & Moos, 1990).

Improvements in care standards for aged care should be addressed if they are found to be lacking. The recently implemented accreditation process requires yearly evaluations of aged-care establishments to ensure that documented resident classifications are accurate and consistent (Stack, 2003). Consequently, the excess paperwork takes time away from the residents. It could thus be suggested that one way to ease the transition into aged care facilities is to assign volunteers who would spend time with new residents.

Wilson (1997) stated that all of the individuals in her study “benefit(t)ed from having someone to talk to about their reaction to nursing home life” (p. 870). The sharing of time with another may make the transition easier, and may even benefit them in other ways. An article in Australian Nursing Journal (2003a) described the value of a new ‘falls prevention program’ where falls by elderly hospital patients were reduced by 95% when volunteers spent time with them.

Boldy and Bartlett (1998) have stressed the importance of input from the consumers of aged-care facilities (that is, older people). The problems associated
with using formal measurement instruments, including the validity (how to measure satisfaction), reliability (different raters) and scale (terminology used in ratings) have, however, been acknowledged (Boldy & Bartlett, 1998; Boldy, Chou, & Lee, 2004). To develop consumer criteria for quality of care they suggest that qualitative data is needed to provide depth and meaning for quantitative data (Boldy & Bartlett, 1998). The collection of these data, however, may be fraught with difficulties including mental and/or physical frailty of some residents making it impossible to obtain their input, their reluctance to speak out or criticise, inability to discern or identify aspects of quality, and low expectations, as well as time-constraints, or biased selection of residents to participate (Boldy & Bartlett, 1998; Stack, 2003).

Recently, Boldy et al. (2004) have looked at how best to measure ‘resident satisfaction’ in Western Australian nursing homes and hostels. After an extensive literature review and consultations with residents as well as their representatives and other stakeholders, an interview schedule, a questionnaire and a manual were developed and tested across Australia with a range of facility ‘types’ and residents of varying dependency levels (Boldy & Bartlett, 1998). These assessed key issues of staff-resident relationships within 70 nursing homes and hostels in Western Australia.

Nine hundred and eighty three staff and 1446 residents were surveyed on their satisfaction with factors related to the facility, staff and residents (Boldy et al., 2004). It was found that in older facilities residents were less satisfied with their rooms, but that older residents had higher satisfaction with staff care. Findings also established that whilst larger hostels facilitated more social
interaction, residents were less satisfied with its quality. Staff were found to be more satisfied in larger facilities. Satisfaction of staff appeared to have a positive impact on residents’ satisfaction, as did their professional development. Those with greater professional knowledge are suggested to be more confident and competent in caring for their clients (Graham, Ballard, & Sham, 1997).

Using a similar model to the one employed in Western Australia by Boldy and Bartlett (1998) endeavours are being made for the views of UK residents to inform quality standards in their aged-care facilities. Typically, residents’ views have not been systematically sought and considering them is likely to make them feel valued and empowered (Walkerden & Campbell, 1999). Although this recent work has been valuable for the aged-care sector, the transition to care facilities was only a small part of the analysis that can afford much further investigation.

In the study by Boldy et al. (2004) participants were asked (either by interview or questionnaire) to think about when they first moved into the care facility, whether they had difficulties settling in, and if so what were they; whether staff could have done more to help in that regard, and if so in what way; and how they would rate the help received from the facility (excellent, good, fair, poor, or can’t remember), as well as any additional comments (D. Boldy, personal communication, August 24, 2006). Further information from older people about their subjective experience of this late-life transition would be extremely valuable.

For example, Jensen and Cohen-Mansfield (2006) revealed the extent to which previous self-care routines can alter when an individual moves into an aged-care facility. In their study of 20 residents of an American nursing home, their spouses and their primary nursing assistants they discovered that most self-
maintenance habits and preferences may be modified for various reasons. These include the policies and resources of the facility, lack of staff’s knowledge of how residents did things in the past, residents’ own physical or cognitive decline, disease, or a change in their individual choices.

In Jensen and Cohen-Mansfield’s (2006) study most practices changed, including simplifications to routines, such as changes to mealtimes, bedtimes, waking up times, dressing assistance, frequency of bathing, the length of these activities and the practices surrounding them, as well as increases in the use of shower seats, mouthwash and incontinence products. Their greatest concern was for the lack of knowledge of past daily care routines of residents. Spouses did not know if self-care practices had changed in over half of the questions asked, particularly those surrounding hygiene, while nursing assistants knew almost nothing of previous self-care activities. This highlights a need to involve and draw on any expertise from family members, significant friends or previous caregivers who have information that could preserve prior practices of individuals.

With little prior contact aged-care facilities may seem unfamiliar and unusual, suggesting a primary need for family members to establish good relationships with staff, let them know the needs of the individual and to create familiarity within the settings for the older person (Davies, 2004). This can also include making the transition time as positive an experience as possible. Relationships take time to develop, both with the new resident and their family (Stack, 2003) and can change over time (Gaugler & Ewen, 2005). In a Kentucky study of staff attitudes to 40 nursing home, 34 assisted-living hostel, and 38 family care home residents, Gaugler and Ewen (2005) found that when staff had
positive relationships with the resident they were also more likely to hold positive attitudes towards the resident’s family. A collaborative effort by family and staff to have a positive relationship could thus aid in the preservation of new residents’ identity.

It may be impractical for residents to move to another facility if they are dissatisfied, and they may lack the ability to voice their opinion (Stack, 2003). Even when residents of 18 South Australian low-care facilities participated in resident committee’s discrepancies were found between what they specified that they wanted and what they ended up getting (L. Wilson & Kirby, 2006). The Federal Minister for Ageing, Senator Santo Santoro suggested in March (2006) that the government needs to pay providers to supply the service that individual users desire, rather than solely the one they want to offer. The environment that individuals are in toward the end of their life has a huge impact on their quality of life and should suit their wants and needs rather than be governed by resources (Mezey et al., 2002).

Gaskill et al. (2003) have expressed the need for a collaborative effort from researchers and staff in the hope to gain more insight and understanding of theory and practice that both education and industry can learn from. They further suggest that trust and a sense of rapport should be developed before any proposed research takes place. The discussion should be open and honest rather than attempting to be entirely positive so that clinical practice may change where necessary. These sentiments were repeated when Hertzberg and Ekman (2000) suggested that communications between staff and relatives are often superficial and rarely include feedback about the resident from either party.
The literature has shown the multitude of variables that can influence the transition to an aged-care facility. On an individual level there is the physical and emotional adjustment, changes to social networks, and a redefinition of self in unfamiliar surroundings, all of which can be affected by an individual's perceptions of their ability and their degree of acceptance of their situation. A positive attitude and adequate preparation prior to the move provide clear benefits. The theoretical models help provide an understanding of the processes of development across the lifespan and of the effects that personality, beliefs, and situation may have on ultimate success in older age. On a societal level the transition can be influenced by the attitudes of others, and the degree of control, responsibility, and independence provided within facilities and by caregivers. As satisfaction and well-being can be affected by these variables it appears imperative that individual needs be catered for.

Although there may be no definitive answer for how best to tackle problems with adjustment to an aged-care facility, gaining knowledge of the area should create helpful propositions for those in the process. These suggestions may not benefit all involved, but having a variety of options that have helped others could enable those in transition to feel better and more quickly adapt to their new environment. If the transition process is understood more clearly effective interventions and policies may be developed to assist older people to re-establish their stability and sense of wellbeing in their new environment.

The experiences of a Western Australian population entering aged care have not been studied in any depth in regard to the transition period specifically and thus could be the focus of future research. Through investigating the
memories, lived experiences and emotional responses of individuals in this significant later-life shift, there is potential value to society by contributing to the body of knowledge, with the ultimate endeavour to inform practice and policy formation. To discover the subjective lived experiences and coping mechanisms used in negotiating this major life course transition specifically from the individual in the midst of it are of great worth. Because of the variations in life experiences of individuals it appears imperative that the voices of older people be heard for the unique contributions they can add about their adjustment to an aged-care facility.
References


proactive nursing response to the needs of older people and their carers.

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Numbers following entries refer to relevant section numbers in the Publication Manual.

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The Experience of the Transition to an Aged-Care Facility: A Qualitative Exploration

Jenny Smith
Abstract

The Experience of the Transition to an Aged-Care Facility: A Qualitative Exploration

The transition from one’s place of residence to an aged-care facility may be a daunting prospect, with many factors relevant to the degree of ease in which this change occurs. Whilst this is a significant life event, qualified information about older adults’ experience of it is limited, with little found about those in Australia. The current qualitative study endeavoured to uncover the issues most salient for older adults during this transition using in-depth, semi-structured interviews with residents at Lakeside Aged Care Lodge in Western Australia. Participants’ memories, lived experiences and emotional responses were explored, and insight was gained into the individual methods of coping during that transition. Two research questions were posed. First, what is the subjective lived experience of the transition to an aged care facility? Second, what are the coping mechanisms that are utilised in negotiating this significant life event? The interviews of eleven participants between the ages of 78 and 94 years were analysed using a question ordered matrix that revealed three major themes, referred to as ‘pre-move,’ ‘making the move’ and ‘settling in.’ The main findings have illustrated that social support and adjustment to and acceptance of change is paramount in a smooth transition. Evident in the current study was a general lack of qualified information about aged-care facilities prior to entry, suggesting the a need for further research in this area in Australia to benefit our ageing population in facilitation of smoother transitions The findings make a unique contribution to the body of knowledge and have potential to inform practice, as well as policy formation.

Key words: aged care; transition; coping strategies; older adults.

NOTE: The referencing style in this research report is in accord with the instructions for contributors of Ageing and Society, which is the nominated journal.

Jenny Smith
Eyal Gringart
October, 2006
The Experience of the Transition to an Aged-Care Facility: A Qualitative Exploration

The world's population is ageing because of a number of factors including declining birth rates, increased longevity (due to better health practices), and the post war 'baby boom' generation (1946 to 1964) now reaching older adulthood (McDonald and Kippen 1999). It is predicted that, in Australia, nearly one quarter of the population will be 65 years of age or older by 2040. As the population ages the requirement for aged care will increase both in the community setting and in residential aged care settings. Thus, it is timely and important to advance the body of knowledge in the area of aged care toward the provision of good service and the enhancement of well-being in older adulthood.

In 2005 in Australia there were fewer than 150,000 residents in aged care (Department of Health and Ageing 2006b). In Western Australia 6,188 were classified as 'low-care' and resided in hostel-type accommodations, while 6,486 were deemed more suitable for 'high-care' facilities on admission, requiring increased resources (including nursing care) provided by nursing home-type accommodations (Department of Health and Ageing 2006b).

Much of the recent literature on the shift to aged care facilities has focused on the caregivers' and relatives' viewpoint (see Buhr, Kuchibhatla and Clipp 2006; Davies 2005; Hagen 2001; Nolan and Dellasega 1999), providing little information on the subjective experience of the older adults themselves. Considering the significant ageing of our population discussed above and limited research in Western Australia, the current study endeavoured to narrow the gap in the body of knowledge.
Davies (2005) described a transition as “the passage or movement from one state, condition or place to another” (p. 660) that must be managed with efficiency to cope successfully, and Froggatt (2001) used the term ‘sequestration’ to describe the physical and emotional separation that occurs when one moves from community living to that of a residential facility and is distanced from familiar social networks. Transitions may create heightened vulnerability to health and well-being because they often necessitate the learning of new information, adjustment of behaviours and redefining of oneself within a new environment (Meleis et al. 2000).

Montorio and Izal (1998) believe that a main aim of ageing is to maintain the quality of life, or ‘add life to the years’ by improving physical and psychological well-being, both objectively and subjectively. As well, the prevention of dissatisfaction in older age may benefit longevity, so there is great value in identifying any factors that could aid in the maintenance of positive attitudes toward ageing (Jopp and Smith 2006). Rather than being defined by their chronological age, many older adults may admit old age only when changes in their life situations challenge their capacity to function as well as in previous years (Hori 1994).

Herman et al. (2001) conducted structured interviews with 46 male and 105 female Guatemalans aged between 62 and 81 years to gain information about their physical health and emotional well-being in relation to their performance of daily living activities. Those who rated their well-being and mobility the most highly indicated themselves as being in ‘good’ health more often than those with the lowest self-rated well-being scores, who were more likely to describe
themselves in ‘fair’ or ‘poor’ health. Hence, one’s health is strongly associated with their perception of their functional ability and emotional well-being. Since an individual’s self-evaluations can affect their everyday living, reassurance or support from others may encourage the changes necessary to reduce negative self-perceptions.

It has been found that acceptance of change is an essential measure of successful adjustment in old age (Ryff 1989) and that the settings older persons find themselves in later in life impact strongly on the quality of their lives (Mezey et al. 2002). Several articles on aged-care facilities have reported that residents’ quality of life may improve if they perceive that they have some personal control and choice in their life (Duncan-Myers and Huebner 2006; Langer and Rodin 1976, in Langer 1989; O’Connor and Vallerand 1994, 1998). Nolan et al. (1996) expressed the difficulty of making a ‘positive choice’ when being admitted to care facilities without professional guidance, while Wilson (1997) proposed that those who planned their entry into a facility adjusted more swiftly than those who did not.

How one views their change in residential environments may also affect their experience and resulting life satisfaction (Jensen and Cohen-Mansfield 2006). Thus, people have a role in determining their own functioning (Montorio and Izal 1998) and continue to adapt throughout their life, guided by their choices, preferences and priorities (Jopp and Smith 2006; Montorio and Izal 1998). Langer (1989) suggested that perceptions about ageing can in fact shape the quality of later life. The more optimistic people’s interpretations about older age, the more aware and energetic they are when they age. Negative cognitions about aged care
facilities made in younger life (and out of context) can create premature mindsets that may need to be questioned.

O'Connor and Vallerand (1994) found that nursing home residents who were higher in self-determination were more psychologically adjusted, particularly when they had freedom and choice in their residential setting. They also found that longevity was associated with psychological adjustment (O'Connor and Vallerand 1998), and Langer and Rodin (1976, as cited in Langer, 1989) found that having personal responsibility and control was significant to quality of life as well as to longevity. When older adults sense that their choices are limited, or feel that they can no longer impact upon events, decisions or people that matter, a sense of helplessness may result (Langer 1989).

Thus, the degree of personal control one feels can impact their successful transition and future well-being (Alexander et al. 1989). Empowerment for aged-care residents may be facilitated through provision of sufficient and accurate information when required and acknowledgment of their right to be involved in any decision-making processes that concern them. Disempowerment, on the other hand, may include invasion of residents’ privacy (for example, not knocking before entering their rooms), disturbing their rest, scolding, neglecting or physically restraining them (Faulkner 2001).

Caregivers at an aged-care facility have the ability to reinforce independent or dependent behaviour in the ways they interact with the residents (Barton, M. M. Baltes and Orzech 1980). For example, a resident may perform an action independently (initiated by themselves or another person) or they may behave dependently by asking for or accepting assistance. Caregivers can
encourage independence by verbally supporting or praising residents for tasks they accomplish on their own, or by discouraging their requests for help or their lack of effort to try on their own. However, dependent behaviour is supported when caregivers assist in task performance, praise the resident for accepting their assistance, or discourage them from trying to carry out a task unaided.

The regulatory structure followed within aged-care facilities may prompt staff to encourage dependency, but positive staff reactions to resident independence may have a beneficial effect (Barton, M. M. Baltes and Orzech 1980). While residents may still perform independently despite others’ responses, their reliance on others may also be desired and provide them with a sense of control. Woodward and Wallston (1987) found that older adults aged over 60 years wanted less control over health related issues and daily living than younger adults. Wadensten and Carlsson (2003) also concluded that older individuals may naturally progress to a stage where they become less self-occupied and more accepting of their life, regardless of its quality. This shows that motivation toward high self-determination and control may not be the desired direction for everyone.

The expectation that one can rely on others may have protective value for aged-care residents who become increasingly dependent (Ebersole 2005). When resources such as a healthy body diminish, confidence and a sense of security may also falter. If caregivers show concern, and are reliable and dependable they may be seen as trustworthy and provide for a sense of safety. However, their departure can upset social networks and care regimes which may be quite detrimental to residents (Brennan and Moos 1990). This ultimately suggests that a balance
between dependence and independence must be found that provides for subjective well-being and satisfaction with life.

Individuals may initially respond to relocation to an aged care facility by either accepting or resisting the change (Chenitz 1983) and it may take more than a year before they are fully adjusted (Diamond, McCance and King 1987; Patterson 1995). Nolan et al. (1996) suggested that a positive transition could occur if residents have access to sufficient information, actively participate in the selection process, and fully explore the available alternatives and their feelings about the move. However, in reality the process may often be affected by lack of information and advice, little exploration of alternatives, necessity rather than choice due to ill health or other crisis, or expectations that the move will be short-term rather than permanent.

Wilson (1997) stated that all of the individuals in her study “benefit(t)ed from having someone to talk to about their reaction to nursing home life” (p. 870). The sharing of time with another may make the transition easier, and may even benefit them in other ways. An article in Australian Nursing Journal (2003) described the value of a new ‘falls prevention program’ where falls by elderly hospital patients were reduced by 95% when volunteers spent time with them.

Biological (genetics, physical changes), psychological (personality, emotions and cognitive changes) and social factors (life events, stress, social support, status and power, and other environment variables) can affect later life functioning (Blazer and Hybels 2005). Change in old age is as diverse as the individuals who experience it and can vary in its direction (increase or decrease),
volume (minimally or substantially), form (linearity), quality (improve or worsen), timing (early or late) and rate (quickly or slowly) (Daatland 2003).

Boldy and Bartlett (1998) have stressed the importance of qualitative input from the residents of aged-care facilities for the development of consumer criteria for quality of care. This may provide depth and meaning for quantitative data where validity (how to measure satisfaction), reliability (different raters) and scale (terminology used in ratings) have been acknowledged as problematic (Boldy and Bartlett 1998; Boldy, Chou and Lee 2004). The collection of data, however, may be fraught with difficulties including mental and/or physical frailty of some residents making it impossible to obtain their input, their reluctance to speak out or criticise, inability to discern or identify aspects of quality, and low expectations, as well as time-constraints, or biased selection of residents to participate (Boldy and Bartlett 1998; Stack 2003).

Due to the enormous variations in life experiences of individuals it appears imperative that the voices of older people be heard for the unique contributions they have about their adjustment to an aged care facility. It is therefore of interest to discover transition experiences of older adults in Western Australia. Through investigating the memories, lived experiences and emotional responses of individuals in this life shift, the study has potential value to society by contributing to the body of knowledge, with the ultimate endeavour to inform practice and policy formation. Two research questions were posed:

1. What is the subjective lived experience of the transition to an aged care facility?
2. What are the coping mechanisms that are utilised in negotiating this significant life event?

**Method**

**Research Design**

A qualitative approach was adopted in order to gain insight into the subjective experiences of individuals in a transition stage of their life, specifically, the move to a residential aged-care facility. This was an exploratory study in the context of the Western Australian aged population with data collected through the use of in-depth semi-structured interviews. A qualitative methodology was chosen to investigate in depth the transition experiences and provide a descriptive contribution further to the few studies existing on this area.

**Participants**

The participants comprised residents from the Lakeside Aged Care Lodge in Redcliffe, Western Australia. This is a low-care facility providing accommodations for individuals who have physical, medical, social and/or psychological requirements that cannot be provided adequately through community care (Department of Health and Ageing 2006a). Thus, they have been assessed as having some need for assistance in communication, mobility, feeding or personal hygiene, or may be affected by their level of cognitions, physical or verbal behaviour, risk to self and others, social, emotional or medical needs (Department of Health and Ageing, 2006a), but do not require the increased resources of constant nursing care found in high-care facilities (Department of Health and Ageing 2006b).
Potential interviewees were approached within the facility and verbally invited to take part in the study consisting of individual semi-structured interviews. Effort was made to approach all residents of the facility, resulting in 8 female and 3 male interviewees ranging in age from 78 to 94 years. A further male participant contributed a booklet he had written on his experiences after retirement in lieu of an interview.

**Materials**

Materials used for the study include several Information Sheets; separate Consent Forms for both participants and their families and an Interview Schedule (see Appendices A to G). The font size of the information and consent forms was enlarged to aid participants who may have been visually challenged, as were two ‘notices’ or explanatory letters that were left at the front desk advising of the study and family members’ possible participation. Also required for the data collection were an audio recorder and twelve (12) ninety-minute tapes. Recordings were transcribed verbatim onto a computer and then de-identified, with tapes erased at the end of analysis. A pencil was used in the interview to note on the interview schedule anything to be considered later, so that the participant was not interrupted whilst speaking, and a pen for signing consent forms.

**Instrument**

The interview schedule (Appendix F) comprised questions designed around each stage of the transition process, namely making the initial decision to move, locating a suitable place, actually making the move, and settling in to the new residence (Davies 2005). For example, ‘why was the decision made to move?’ and ‘how did the idea of moving make you feel?’ elicited information on
making the initial decision. Thus the participants were asked to recall their own personal experience of how they felt about and dealt with their transition period. The majority of questions were open-ended, although some optional sub-questions required yes/no answers that participants were encouraged to expand upon.

Procedure

Having received the appropriate ethics clearance from the Community Services, Education and Social Sciences Ethics Committee of Edith Cowan University and having gained the approval of the management of the Lakeside Lodge and Nursing Home, it was requested that letters be provided for family members to agree to the potential involvement of their relatives. An explanatory notice (Appendix A) attached to a large envelope was left at the front desk of the facility encouraging visitors to take and read a letter of agreement (Appendix B), sign the attached form (Appendix C) to enable family members to participate, and place it in the envelope.

Individual residents were asked to participate in an interview, lasting for about an hour that asked them to discuss the feelings they had when they came to Lakeside and how they adjusted. They were assured that their participation was completely voluntary, that they did not have to answer questions they did not wish to, and that they could withdraw their participation at any time. Participants were also informed that the conversation would be treated with confidence. They were also told that what they said would be used for research purposes but would contain no characteristics that would identify them to others. Participants were also provided with the opportunity to see transcripts of their interview(s) and
make further comments. They also had the opportunity to request a summary of the final findings.

Some of the residents who did not wish to participate specified particular reasons; including two who spoke English poorly, several because they felt they were hard of hearing and one because he thought he was too old at 82 years. For those who wished to contribute a suitable time was arranged to conduct the interview, with most keen to participate immediately. Participants were provided with an information sheet (Appendix D), then asked to sign a consent form (Appendix E) acknowledging audio recording of the interview, and the potential publication of the findings.

Data were collected over a two-month period with interviews occurring within the facility’s grounds in locations the participant deemed suitable for their comfort. This was usually in or outside of their room, and some took place in the common rooms. Interviews ranged in length from 15 minutes to an hour and a half, with an average time of approximately half an hour for completion.

Data Analysis

Recorded data was transcribed verbatim as soon as possible after each interview so that emotions, tone of voice and body language of the participant could be noted alongside the verbal transcript (Liamputtong and Ezzy 2005). This was usually done in the afternoon on the day the interviews took place. A general inductive approach was used to condense the raw data into a more concise arrangement (Thomas 2003). Transcriptions were read multiple times to gain an overall feel of the main points expressed. Initial themes began emerging and significant concepts used by individual participants were highlighted. Specific
focus was paid to emotive descriptions about the transition and particular ways of coping.

Data were de-identified by assigning each participant a number, and removing names and other identifying information from the transcripts to maintain their confidentiality. Rigour was ensured by allowing a trusted colleague to read through the de-identified transcripts independently to compare understanding to that of the researcher. Discussion and mutual agreement on coding of themes provided inter-rater reliability. The data was cut and pasted into a question ordered matrix (Miles and Huberman 1984), where individuals' answers to each particular question asked were grouped together for simplified viewing of all responses for the researcher. Emerging themes became increasingly evident. Common issues were grouped together and major themes began emerging as the data were continually condensed into more meaningful segments in terms of the importance they appeared to hold for participants. Thus similarities and differences between participants were identified and relationships between higher order themes were created. The resulting matrix can be viewed in Appendix H.

An independent coder was provided with samples of de-identified raw text and asked to assign it to the developing categories, thus confirming consistency of coding (Thomas, 2003). Thus any threats to the credibility from researcher bias were addressed through this triangulation that promoted trustworthiness of the findings.

Findings and Interpretation

Participants had resided at Lakeside for durations of approximately six weeks to 11.5 years. Their perspectives were wide-ranging and overall showed
'appreciation of the support of others' during this time as a central overarching concept. Three major themes were identified (see Table 1). The first 'pre-move,' related to the factors that contributed to seeking a care facility and the process of selecting one. The second theme 'making the move' concerned planning and preparation as well as asset management in the context of moving in to a care facility. The third theme 'settling in,' related to acceptance of the move, associated adjustments and making the best of the care facility. There were varying degrees of emotionality evident across the transition process. This will be explored through the voices of the participants as each sub-theme making up the themes and major themes of the transition process is discussed.

**Pre-Move**

When making the initial decision to move two themes were identified, namely 'seeking a care facility' and 'the selection process.' These could be further divided into sub-themes, which will now be discussed.

*Seeking a Care Facility*

Health and safety and one’s perceived ability to cope were found to be the overall deciding factors in seeking out a care facility.

*Health and safety* - The motivation for entering care varied greatly, and several people provided a number of reasons. Some of participants’ reasoning related to health issues, whether it be their own or that of a spouse. One participant mentioned their need for help at night. Another said 'I got very sick' and was 'in the hospital at the time.' A third person said 'the pain got too much for me in the end, cos I’ve been in a lot of pain over the years, but I put up with it,' while a fourth person stated that 'the last twelve months .... haven’t been the best, I
haven’t been in the best of health. And now that’s getting worse, I virtually have to be looked after, you know.’

Safety was also of great impact on the transition to aged care, particularly in relation to falls. The fourth person mentioned above also added ‘if I had a fall at home and nobody there, well then ah, I most probably would have died, you know,’ while another added ‘I had several falls, not falls, kind of tripping over something and after the last one I made the decision there and then that I should do something about it, think about moving into a home.’ This person also stated that ‘if you live by yourself then something could happen any day but here something happens to you, helps always, medically. If you live at home, you could be lying there dead for two days and nobody knows. In other words, it couldn’t be better health wise, you feel secure and that’s what it really is all about.’ Another said ‘I was nervous on me own in the house... on me own at night.’

Perceived ability to cope - Reasons for entering care also depended on one’s perceptions of how they were coping. For example, one participant said ‘it (the house and garden) was getting too big for me, getting a little bit too much for me.’ The personal standards that an individual requires of themselves may vary greatly and have as much impact on their perceived ability to cope as anything else. Other reasons included the death of a spouse, loneliness, and too much travelling from home each day to another aged-care facility. ‘My husband passed away’ and ‘I was lonely, very simple, I was lonely, loneliness.’ Thus, great variations in individual needs could be observed. A number of individuals mentioned the deaths of their spouses, but while this led to the move to aged care for several of them, other participants continued to live independently for a number of years.
Selection Process

The second theme of the major ‘pre-move’ theme also includes two sub-themes of ‘not being a burden to others’ and ‘deferring to others’ as part of the process of selecting where to go. Findings in regard to locating a suitable place were unexpected. For the most part people were uninformed. One said ‘I didn’t know there was such a thing.’ Another said ‘I never thought of them, never thought much of them at all.’ A third said ‘never thought about any, til they said come in here.’ Another said ‘oh, I never had much to do with them, never really heard of anyone or knew anyone who was in a home like this. So it was rather new to me.’ A fourth said ‘I thought to m(e)self I hope I never finish up in one, I hope I never finish up in ‘em ah, to only if I needed to be in ‘em, and then ah, in the end I needed to be in ‘em, you know, cos I would never have been able to look after m(e)self, you know.’

These responses have highlighted the need for the provision of additional information about an event (moving into aged care) that in 2005 was encountered by 12,674 in Western Australians (Department of Health and Ageing 2006b). In finding a suitable location the sub-themes of ‘not being a burden to others’ and ‘deferring to others’ may seem to contradict each other, but relate to the degree of imposition.

Not being a burden to others - Three participants expressed that they had moved closer to family members for years prior to moving into care. However, when asked if they would move in with relatives participant responses were unanimous. ‘Nup, ‘No, no, no, my (family member) is married you see,’ ‘they wanted me to live with them and I said I wouldn’t.... I could have gone and lived with my
(sibling); I could have gone ... back to England. I had (other siblings), they wanted me to go with them, I had plenty of opportunities, I didn't want them; I didn't want to put m(e)self on anybody. 'Another said 'We had no intentions of doing that (moving in with family). We weren't too sure what we were going to do.' A fifth person said 'Wouldn't move in with her, wouldn't move in with her .... they've got lots of things to do ... don't put two kids down' (meaning their needs should take priority). A final comment 'I never wanted to actually owe someone for it, you know if I saw them then that was all I got, I could drive around there and see 'em and things like that. But I didn't want to impose ...... I hope myself that I never become a nuisance to anyone.'

Deferring to others- Although participants were adamant that they would not impose on others long term they often relied on others to locate a suitable facility for them to move into. There were varying degrees of participation in the decision-making process with only a few people making the decision on their own. When asked where they began their search only one individual said that 'you have certain ways you can find out, through the health department and people like that.' This particular individual also visited another nine other establishments prior to deciding on Lakeside and described the process

'I usually started off with first, I would look at the outside ... as in the garden was well kept or lawns and things like that, if they were neglected then I knew already, if they didn't care for that, they wouldn't care for people so that was out. Some places, I just didn't bother to go inside because just look at the outside. And with one of them, the front entrance, for instance, it was a high wall and a small door and the people who were in there must have felt like being in prison. In another the people just sat there and looked at the ceiling. And instead of just going out straight away, I'll see if some of the staff acknowledge any of them, or have a word with them and nothing, they just marched up and down. I said to myself, never, never come to a place like this.'
In opposition to this another participant did not look at other places but said *'I just nominated here'* and it was *'down the road.'* Another participant looked around in one area but decided that Lakeside was more central and in reach of doctors, and a family member who was already residing there *'spoke well of it.'* This person also stated *'he left it entirely to me. He said I don't want to make up your mind for you mum, if you feel you want to make the move, fine, but you choose where you want to go. He said I know you're having a battle mum, entirely up to you. He said I'll be there beside you to help you.'* One *'consulted with others to find a place that would accommodate a couple.'*

The remaining residents trusted family members, often only one, to make a satisfactory decision for them. One family looked around a lot in the local area, deciding that *'this was the best and this was where we were gonna go.'* This participant added that *'they brought me around to have a look here from the outside and they said this is where you're gonna go to... and it looked pretty good.'* Only four more participants said they looked around inside. *'My daughter found this for me. She said come on mum, I'm going to show you something, I think you'd love it, so she fetched me and that was it.'* Another participant said *'I think my doctor might have helped me, he said I shouldn't be on my own, and my nephew, he found this place, he'd seen a few, but he liked this the best.'*

For the most part the participants were satisfied with the degree of input they had with the decision and had complete trust in those who found the place for them, with one saying *'I was quite satisfied with this, absolutely.'* However, another said *'little depressed with it. I would have still been on me own, wouldn't I. That wouldn't have solved it.'* When asked *'would you have liked to have had
more input in the decision of coming here?' one said 'I think so, yes, yes, but I said to 'em I wanted this side of the river and I thought to m(e)self there would have been other places, and then they had ah ... (mentions several other homes) and I thought that was open for a, for a place you know, they said no it's, I don't know how they, they got on to ah. There wasn't too many places, no, but this is quite good.' Another participant, who mainly required help at night-time, found out after having already packed to come here that care could have been provided at home at night. This raises questions about how awareness can be increased in the future for better informed decisions of the possible options and concurs with the sentiments expressed by Nolan et al. (1996) of the difficulty of making a 'positive choice' when being admitted to care facilities without professional guidance. None of the literature viewed by the researcher looked into this stage of the transition process, other than in relation to personal perceptions and preconceived cognitions of old age made out of context (Langer 1989).

Making the Move

In talking about actually making the move, participants' statements included issues of 'planning and preparation' and 'asset management,' which subsequently developed as themes.

Planning and Preparation

Making the move was invariably affected by the actual reason for moving. Many of the participants had the time to adjust to the thought of moving before entering Lakeside. One well informed participant said 'it wasn't difficult to accept, I knew exactly what to expect.' Another stated that 'the whole setup is very, very good. I've got nothing to say against any of the places I've been to and
certainly not this one. There was no trouble with anything, I don’t think.’ Another person said ‘Obviously, it, that (moving) didn’t, it never affected me very much because I had to move about so much in my working life all the time .......so no, no, that didn’t worry me at all.’ In a similar vein ‘I was accustomed to it (moving).’ The longest-staying resident still recalled the emotion of the time ‘I didn’t think about it a lot, I just knew that I had to do something with myself. But I, after having a look around and seeing how nice it was, I thought uh, I’ll be happy there, I’ll have to be. So much better than trying to battle through every day by myself, I should have moved earlier. I should have made the move much earlier, but you know, you cling to your home for as long as you can. When my son started backing down the drive to bring me down I broke down and cried. He said oh mum and I said I’m sorry (***)*, I’ll be right and that night I cried myself to sleep and after that I said oh it’s gotta be and I’ve got to accept it. But I was it’s not like being in my own home.’

For this resident there was concern about ‘going somewhere where I had to sort of do as I was told, more or less...you know, you’re not really your own. It was all very new to me and I’m a very independent person which made it a bit harder for me.’ Other comments were ‘oh, it felt quite good, I felt I was gonna be, you know, looked after enough’ and ‘to me it was a big relief ..... and I liked it immediately I saw it. I was absolutely ready to come. They were all so friendly. I felt as a big, thank God that’s done.’ Another stated ‘oh, I got used to it in the end.’ The rapidity with which one was required to move did appear to affect the experience. As Wilson (1997) suggested, those who planned their entry into the facility may have adjusted more swiftly than those who did not because they had time to adjust to the thought of moving. One participant said ‘we talked about it all the time’ but in the end the move was unexpected and ‘I didn’t feel too good about it. It was so sudden.’
Asset Management

Although circumstances surrounding the move to aged care sometimes necessitated the participants playing a minor role, they were often prepared to do so willingly. They relied on support in the move with packing necessary belongings, organising the furniture, and the dispersal of possessions left behind, with many leaving the bulk of this job to family members. One said ‘they shifted me first and then shifted everything after... they just took it in their stride. They just said to come over here and they looked after it all. Well I told them; whatever was there was theirs anyway. So they just decided what they wanted and the rest they gave to charities and I think for the most part they sold it to a second hand shop, there was no problem. I didn’t bring much with me.’ Another said ‘she packed me things up for me and all that’ and seemed relieved when she stated ‘I gave it all away... everything went, went to somebody that I liked and loved a lot.’

One joked about disposing of a houseful of furniture saying ‘I didn’t really want anything ... these bits came with me ... I left it for the kids (to do), ha, ha.’ One said ‘got all me little souvenirs,’ another who moved in at a younger age said ‘it was just a bit emotional to leave my home behind,’ and one was disappointed in it saying ‘my (-in-law) did it, which I regret.’ Another who had downsized earlier said ‘... there was no trouble with anything I don’t think, no trouble from me or to me, you know’ and ‘I didn’t really have much.’

Settling In

In settling in to the new environment three themes were revealed, namely ‘acceptance of the move,’ ‘associated adjustments,’ and ‘making the best of the care facility.’
Acceptance of the Move

Participants varied in their acceptance of the change. One prepared participant said ‘I settled in quite quickly really... I suppose about a week and I was fine and knowing that I was going to get help and that I wouldn’t have to push my body through every day, that I could sit back and have somebody do it for me. That was the nicest thing about it.... And I was quite, quite happy once I’d settled in, and I think (family member) was happier too because he knew I had help on hand at all times.’ In contrast, for another participant who was unprepared for the move, the feeling was ‘I don’t think I’m accepting a lot.’ One said ‘it was a bit strange to start with, cos everyone keeps saying they will be, be back in a few minutes but they forget to come back,’ another said ‘I just thought it was very good,’ and someone else said they felt ‘just natural.’ Several participants who were well travelled said ‘it didn’t make a difference, fitted in with everything,’ and ‘it was nothing new to me.’ A relative newcomer said ‘it’s hard to take after you’ve been looking after yourself for (many) years.’

Associated Adjustments

The participants adjusted to the changed lifestyle with seeming acceptance that any restrictions in the environment were necessary. One said ‘you’ve got a lot of freedom here. As long as you abide by their rules, the only fact is that they make it clear that they’re responsible for you. You’ve got to recognise that fact, but otherwise you can do as you like really.’ Another, who had been there for about six weeks said ‘it’s a long way different than living in your own home’ and ‘you’re caught here, caught in this area, like if you wanted to go a few k’s away, you’d need a good reason, well, that’s common sense, you know.’ When asked if
they had settled in yet they said ‘oh, I don’t know that, um, I’d say no, no, that’s something that just comes on you. Oh no, this place, I’ve got nothing against this place, it’s all for it.’ Another said ‘it’s hard to take, you know. Being independent see, I could get in me own car.... it’s monotonous..... I can’t get out and drive me own car now, cos I can’t get me foot up...it’s virtually sitting around all the time.’

This participant went out nearly every weekday when living at home.

Making the Best of the Care Facility

Successful coping in what one participant described as a ‘closed’ environment was varied. There were a number of topics that individuals viewed quite differently. Approximately half of the participants called Lakeside ‘home’. One said ‘the carers asked me along the way, they said you always call it home. I said, well it is my home now, what else would I call it? Yeah, I’ve settled in, I think of it as home now’ and another said ‘it’s an excellent place to be, I can’t find anything wrong with it at all. Oh yes, this is home, without a doubt.’ Another viewed it rationally saying ‘it’s the only one I’ve got now, so it’s gotta be. What else can you do?’ while a fourth participant viewed it differently ‘No, no, it’s a different life. You might as well say ah, if you had to go to hospital to stay there for a long time, you call a hospital your home (laugh). No, it will never be your home. But yeah, at least it’s a place where you can, if possible up to a certain degree you can be independent, that’s what it’s all about.’

Another area where views differed was that of dependence. Although participants were satisfied with the help that they required or that made them feel safe, they varied in how much their independence reduced. Several also admitted ‘I’m a little bit lazy, I must say’ and ‘now I’m more lazy.’ One participant, keen to
do less said ‘I’m getting looked after, I’m getting what I want, I get all me meals, and I used to hate cooking anyhow, so that was real easy, that was good. I’ve just gotta sit there, I don’t have to wash up after meals which I used to hate,’ and added later ‘m(e) arms are broken.’ In contrast another said

‘I do not like the idea of being dependent. I’m quite capable of adjusting to where, whatever it is. My lifestyle is wherever I’m living,’ even though ‘I couldn’t walk from here to there without holding on to something. It would be so much easier for everybody if I just kind of, they say you shouldn’t do work like that any more, you shouldn’t bend down. Anything that shouldn’t be there and you have to bend down and pick it up. By hook or by crook I do it see. Anything I can do myself, I still do myself.

Diverse views thus led to diverse ways of coping. Participants felt they had the freedom to do as they wished to a great extent, and kept their minds and bodies active to their own preference. Thus, if they felt they wanted to join in the available activities, such as word games, outings or exercises, they did. Some people mentioned photos, with one saying ‘that’s the whole family there, it’s a beautiful photo, I like to look at it all the time,’ with another stating that photos containing familiar faces reminded of the ‘life lived together’ that provides ‘a continuing link to a living and loving community to which I belong.’ Doing crosswords daily ‘stimulates the brain and forces me to think’ said one participant, while another said ‘I do what I call scrabbling my brain’ while sitting outside and admiring the view. The value of pastimes that may have increased in an altered environment, including reading newspapers and books, watching and listening to television and radio were seen to ‘keep me in touch with the world,’ and taking an interest in sports was seen to ‘bring excitement.’

Throughout the process of transition social support was of great importance. Other than family, staff were praised during the settling in period.
'They were all so friendly,' 'staff were lovely, no complaints about the staff,' and several were named personally. One mentioned writing down every decision they make, no matter how trivial, and keeping a diary as 'a wonderful aid to remembering.' This participant also stated the importance of others in recognising the fear of being alone or unwanted, and the importance of sympathising and listening, and added that one must not let old age take charge and that 'I must live my life as I wish and not as circumstances dictate.'

Overall, the people that were interviewed seemed to acknowledge that it takes time to adjust and that their acceptance of their situation is necessary for their own satisfaction and well-being. Many approached their situation with humour, with one saying that he had 'often thought it would be good to start a fight to liven things up.' The setting an older person finds themselves in later in life has been found to impact strongly on the quality of their life (Mezey et al. 2002). The benefits that participants mentioned in the present environment included security and company among other things.

The main finding appeared to be that most participants didn't actually think much about the possibility of their own need for moving into an aged-care facility. Therefore it seems apparent that raised awareness of this possible event could improve planning and preparation. The overarching theme from the responses concurs with that of Kahn (1999) who described the continued endeavours of older adults to reframe and reconstruct meaning in their social environment by 'making the best of it.' Rather than focusing on negative aspects they appeared to be very accepting of their situation. They recognised that limitations were due to problems inherent in the operation of such a facility, for
example, waiting for meals because of the need to cater for so many people, or concerns about leaving the grounds of the facility alone.

**Strengths and limitations**

The aim of this study was to gain insight into those issues most salient in the transition experiences of people moving into aged care. Because the population is aging (McDonald and Kippen 1999) the elderly require a voice so that any issues may be promptly addressed. To this end, the inductive approach provided in this study has facilitated rich data collection by capturing individuals' own way of describing their experiences.

Participants may benefit from the interest in their viewpoint, their experiences may help increase knowledge about issues relevant to them, and this could help society. If a salient issue is expressed, it may guide the direction of further resources to its clarification and address. Due to the wide variations in transition experiences an appropriate assessment framework needs to be developed (Davies 2005). Transition frameworks should be addressed now in an endeavour to provide effective individual care for future aged care residents. It is paramount that the residents' wants or requirements are met at this time in their lives (Mezey et al. 2002) with the provision of a service that the aged residents want instead of simply the one that the service providers supply (Cole 2006).

As research on actual residential satisfaction is lacking and it has been suggested that they should be given the opportunity to be involved in the planning of their care and future (Chou, Boldy and Lee 2001) the current exploratory study has provided a valuable starting point in examining what is important to their care from their perspective. This will contribute to enhancing quality of life in older
adulthood and will allow informed policy formulation as the number of older adults grows.

A limitation of the study may be that it will not include those more cognitively impaired, who may not be able to articulate their subjective experience in the way they wish. Another limitation is that several people did not participate because of the language barrier. More time allowing, their families could have been approached to enquire if they would be willing to provide translation. The sample population interviewed was comprised virtually entirely of white Anglo-Celtic individuals, thus failing to observe the experience of older individuals from other cultures. A third limitation is that the study only considered the experience of a single aged-care lodge, and those residing in other aged care facilities may have very different transition experiences. The experience of those in high-care facilities may also be quite different to that of entering low care. Thus there may be value in directing future research toward comparison studies in other facilities.

Remarks

With little prior contact aged-care facilities may seem unfamiliar and unusual, suggesting a primary need for family members to establish good relationships with staff, to let them know the needs of the individual and to create familiarity within the settings for the older person (Davies 2004). This can also include making the transition time as positive an experience as possible. Relationships take time to develop, both with the new resident and their family (Stack 2003) and can change over time (Gaugler and Ewen 2005). When staff have positive relationships with the resident they may also be more likely to hold
positive attitudes towards the resident’s family. A collaborative effort by family and staff to have a positive relationship could thus aid in the preservation of the new residents’ identity.

It may be impractical for residents to move to another facility if they are dissatisfied, and they may lack the ability to voice their opinion (Stack 2003). Often what may be wanted may not be what is received (L. Wilson and Kirby 2006). The Federal Minister for Ageing, Senator Santo Santoro suggested in March (2006) that the government needs to pay providers to supply the service that individual users desire, rather than solely the one they want to offer. The environment that individuals are in toward the end of their life has a huge impact on their quality of life and should suit their wants and needs rather than be governed by resources (Mezey et al. 2002).

Gaskill et al. (2003) have expressed the need for a collaborative effort from researchers and staff in the hope to gain more insight and understanding of theory and practice that both education and industry can learn from. They further suggest that trust and a sense of rapport should be developed before any proposed research takes place. The discussion should be open and honest rather than attempting to be entirely positive so that clinical practice may change where necessary. These sentiments were repeated when Hertzberg and Ekman (2000) suggested that communications between staff and relatives are often superficial and rarely include feedback about the resident from either party.

Conclusion

The literature has shown the multitude of variables that can influence the transition to an aged-care facility. On an individual level there is the physical and
emotional adjustment, changes to social networks, and a redefinition of self in unfamiliar surroundings, all of which can be affected by an individual's perceptions of their ability and their degree of acceptance of their situation. A positive attitude and adequate preparation prior to the move provide clear benefits. On a societal level the transition can be influenced by the attitudes of others, and the degree of control, responsibility, and independence provided within facilities and by caregivers. As satisfaction and well-being can be affected by these variables it appears imperative that individual needs be catered for.

Although there may be no definitive answer for how best to tackle problems with adjustment to an aged care facility, gaining knowledge of the area should create helpful propositions for those in the process. These suggestions may not benefit all involved, but having a variety of options that have helped others could enable those in transition to feel better and more quickly adapt to their new environment. If the transition process is understood, more clearly effective interventions and policies may be developed to assist older people to re-establish their stability and sense of wellbeing in their new environment.

The experiences of a Western Australian population entering aged-care have not been studied in any depth in regard to the transition period specifically. Through investigating the memories, diverse lived experiences and emotional responses of individuals in this significant later-life shift the current study contributes to raising awareness of the need for information about the facilities for those who may need it in the future. To discover the subjective lived experiences and coping mechanisms used in negotiating this major life course transition more closely, specifically from the individual in the midst of it are of great worth.
Table 1. *Major Themes, Themes, and Sub-themes of the Transition to Aged Care*

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<th>Major Themes</th>
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<td>Associated Adjustments</td>
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<td>Making the best of the Care Facility</td>
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References


Hertzberg, A. and Ekman, S-L. 2000. ‘We, not them and us?’ Views on the relationships and interactions between staff and relatives of older people


Hi,

I am interested in conducting interviews with approximately 10 Lakeside residents and am seeking agreement from a family member prior to asking them to participate.

The study is aimed at finding out about their individual experiences of moving into Lakeside – before, during and after the move.

If you have no objection for your family member to participate, please feel free to take an information sheet, fill in the attached form and place it in this envelope.

Thankyou,

Jenny Smith
Appendix B

Information Sheet

July, 2006

To Whom It May Concern,

I am interested in conducting a study on the transition of older people from their previous place of residence to Lakeside Aged Care Lodge. I would like your family member to participate in the study and am requesting your agreement for them to do so if they desire.

The study will involve a one hour interview and a possible brief follow-up.

Participation is voluntary and they may choose not to answer any questions if they do not wish to and may withdraw their participation at any time. The information gathered will be treated in the strictest confidence with no identifying elements.

This study has been approved by the Ethics Committee of the Faculty of Community Services, Education and Social Sciences at Edith Cowan University. Please fill in the attached form if you agree that your family member participate in the study. Retain this information letter if you would like to question me at any time in regard to the study. Please also feel free to contact my supervisor Dr Eyal Gringart, or should you prefer to talk to somebody who is independent of the project, please phone the Honours coordinator Dr Julie Ann Pooley. All relevant numbers are located below.

Your cooperation is greatly appreciated.

Yours sincerely,

Jenny Smith 9250 8050
Dr Eyal Gringart 6304 5631
Dr Julie Ann Pooley 6304 5591
Appendix C

Project Title: The experience of the transition to an aged care facility.

I ____________________________ (your name) agree for my ____________________________ (relationship of family member to you) ____________________________ (their name) to participate in the project titled above providing that he/she (please circle) consents to do so.

I have read and understood the information sheet and any questions I have asked have been answered to my satisfaction. I understand that my family member can withdraw their consent at any time.

I agree that the information gathered during this project be used in further research or be published provided that I and/or my participating family member are not identified in any way.

Signed ____________________________
Dear Sir/Madam,

My name is Jenny Smith and I am studying 4th year honours in Psychology at Edith Cowan University. I am interested in your opinions and feelings about your transition into the Aged Care Lodge. In doing this research I aim to see the factors that affected you and other people the most.

Taking part in my study will consist of an interview of about an hour in which we will discuss issues relevant to the transition to the lodge. This will be tape recorded with your consent. I may invite you to a follow-up interview of about 30 minutes in case further issues need to be discussed.

Participation is voluntary and you may choose not to answer any questions you do not want to and you may withdraw your participation at any time. The information gathered will be treated in the strictest confidence with no identifying elements.

This study has been approved by the Ethics Committee of the Faculty of Community Services, Education and Social Sciences at Edith Cowan University. If you have any questions regarding the study please feel free to phone me or my supervisor on the numbers at the bottom of this letter. Should you prefer to contact somebody who is independent of the project, please phone the Honours coordinator Julie Ann Pooley. If you require further support, you may also call the ECU counselling service or Lifeline.

Your cooperation is greatly appreciated.

Yours sincerely,

Jenny Smith

9250 8050

Dr Eyal Gringart 6304 5631

Dr Julie Ann Pooley 6304 5591
Appendix E

Consent Form

Project Title: The experience of the transition to an aged care facility.

I ________________________ (the participant) have read and understood the information sheet and any questions I have asked have been answered to my satisfaction.

I agree to participate in this study and understand that I can withdraw my consent at any time. I agree to the interviews being audio taped.

I agree that the information gathered during this project be used in further research or be published provided that I am not identified in any way.

Signed ____________________________
Appendix F

Interview Schedule

1. Maybe we could begin with my asking how long you have been at Lakeside.

2. Why was the decision made to move?
   What were some of the events precipitating admission?
   Did you consider other alternatives? Eg getting home help, moving in with or closer to family?

3. How did the idea of moving make you feel?
   What emotions did the idea of moving bring up - fear, loneliness, loss of independence?
   In anticipating the move, what was your attitude toward care homes?
   What was your most important priority at the time?

4. Who made the decision to move?
   How much help did you have help with the decision?
   Would you have preferred to have more input in the decision than you had?

5. How much information did you have to help with your move?
   Where did you begin your search of what to do?
   What sort of information and advice did you get?
   While looking for a suitable place to move to how much information did you find out about other places?
   What made you choose Lakeside?
   How much contact did you have with the staff here before you moved in?
   Did anyone show you around the place before you decided to move here?

6. Can you please tell me about the actual experience of moving?
   What did you think of the move when it actually happened?
   What were your strongest thoughts and feelings at the time of moving?
   Was there anything that really helped when you were moving that you would like to tell me about?
   Do you feel that you did enough planning and preparation?

7. Can you share with me about settling in?
   Did you feel overwhelmed at the time?
   Was there anything that really helped you settle in that you would like to share?
8. When you were still at your last place of residence, you probably had thoughts and expectations of what it would be like here? How has being here compared to what you expected?

Do you feel like you have enough choice and control in how you live your life?
Do you feel that your privacy is respected?
Are you encouraged to do things on your own?
Do you feel you have enough responsibility or would you prefer to have more or less?
What choices are most important for you to have a say in?

9. Have many things changed in your routine compared with how you used to do them?

Did you spend time explaining to staff how you did things before you came here?
Did they try to do things in the way you described? Did they ask about the way you used to do things?
Do you feel that you have needed to adjust your ways to how they do things here, or do you feel that you still do things the way you like to do them?

10. Have your leisure interests changed much?

What do you enjoy?
Do the activities you do now replace some other activities that you used to do?
How has the tempo of your life changed? More quiet or hectic?
How are your specific needs catered for?

11. Are there some things about Lakeside that you find are better than your previous residence?

What is of greatest importance to you now?

12. How do you feel now about the move?

Do you call Lakeside home?
Do you feel free to do as you please?
Do you feel that being here is restricting for you?

13. Thinking back to when you moved, what did you feel like you had most support with?

What did you feel you could have had more support with?
Was there something that someone said or did that was helpful or unhelpful to you in adjusting?
Is there something you wished someone had said or done?
Do you feel that you can trust the other people around you? Those you rely on?
Are you happy with your support system?
Do you talk to or see relatives and/or friends as often as you like?
14. Do you have any suggestions to help others in their adjustment process?

Would you give staff suggestions when a new resident comes here?

15. Is there anything more you would like to add?

Do you mind telling me your age?
Thank you very much for sharing your story with me.
Hi,

Your family member residing at Lakeside may have participated in an interview about their individual experiences of moving into the facility – before, during and after the move.

If you have any objection to their involvement, or would like further information, please feel free to contact the interviewer on the number below prior to October 16, 2006.

Jenny Smith
9250 8050
**Appendix H**

**Question Ordered Matrix**

<table>
<thead>
<tr>
<th>How long have you been at Lakeside?</th>
<th>Age?</th>
<th>WHY WAS THE DECISION MADE TO MOVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) 3 yrs (aged 94)</td>
<td>(2) 5 mnths (aged 80)</td>
<td>(1) Partner needed high care, so looked for a place that would accommodate a couple. Own health issues meant reduction in own ability to provide care to partner.</td>
</tr>
<tr>
<td>(4) 4 yrs (aged 94)</td>
<td>(5) 11 ½ yrs (aged 82)</td>
<td>(2) Partner died.</td>
</tr>
<tr>
<td>(7) 3 ½ yrs (aged 82)</td>
<td>(6) 6 wks (aged 88)</td>
<td>(3) 'well, it was very, very hard really.' Needed care at night, had had several falls. Lived alone previously, with grandson coming to stay on weekends.</td>
</tr>
<tr>
<td>(10) 2 yrs (aged 78)</td>
<td>(11) 6 wks (aged 80)</td>
<td>(4) To be closer to partner in high care</td>
</tr>
<tr>
<td>(12) 'not sure' (aged 86)</td>
<td>(12) 'not sure' (aged 86)</td>
<td>(5) Help with personal care 'But the pain got too much for me in the end, cons I've been in a lot of pain over the years, but I put up with it.'</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you consider other alternatives?</th>
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<tbody>
<tr>
<td>(1) moved from interstate and lived for 10yrs closer to daughter. Community carer’s came in to help partner with personal care.</td>
</tr>
<tr>
<td>(2) Had originally lived interstate, but moved closer to family, at previous residence for 10 years, which sold in three days. 'Wouldn’t move in with her (daughter), wouldn’t move in with her’ and ‘they’ve got lots of things to do.’ (Also said) ‘Don’t put two kids down’ (because she thought that her needs shouldn’t be place higher than the two children in the family).</td>
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</table>
| (4) 'I was looking after her at home. And we did that for about a year or more’ but ‘We had no intentions of doing that (moving in with family)’ and ‘we weren’t too sure what we were going to do.’ At previous residence ‘for nearly 40 years.’ 'I was in a situation where I was
### Appendix H

#### Question Ordered Matrix

<table>
<thead>
<tr>
<th>Who made decision?</th>
<th>1. Made the decision with consultation with others.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. 'my daughter wanted me to come here' after husband's death. Daughter lives locally. Daughter looked around at a few places and found Lakeside for her, but she didn’t look herself. When asked if she would have liked to have more information she said 'no, I trusted her.'</td>
</tr>
</tbody>
</table>

traveling (to see wife) every day, so I said ooh, I’m going over there. Well, I reached the stage where I even went around and selected the room I had ... and then the next day one of the boys rang up and he said you’re not going (there), you’re going here to Lakeside.’

5. My son ‘talked me into selling up my home ... and I moved up to ... be near him. And that’s what I did. So I lived up there for about ten years on my own. And then I moved down here because I thought I needed a bit more help ... well I think I got to the stage where the pain was worsening and I was tiring and it was an effort to do my housework. I did get a lady in to do my washing and ironing.’

6. ‘Well I was in two other place and they were pretty good too. And um, I came up here. I wasn’t forced or anything. There was no problem, but um.’ So were you expecting to stay at either of the other places permanently? ‘oh yeah, I was, I was sort of er, oh, well, I’m here and that’s it. There was no fights or anything and um, I went from one, then to another.’ I’m just wondering why you moved though? ‘I’m won, I don’t really ...’

7. Did you consider other alternatives? not really, one chance considering this one, so I never thought of any other, I couldn’t think, I couldn’t think of any other.’ And later ‘I could have gone and lived with my sister, I could have gone, I could have gone to um England, back to England, I had brothers, they wanted me to go with them, I plenty of opportunities, I didn’t want them I didn’t want to put meself on anybody.’. How long were you in your house before you moved? Think about 40 years, something like that. I didn’t sell it til I was in here, after a while I thought well I’ll sell it, but I still had it when I come in here. Did you have to go home and sort out all your stuff? no, my, no, no I your nephew? did all it, sorted everything. So that was ok by you? yep.

9. Did you consider moving closer to your daughter or anything like that? no, soon as I saw this she said come on mum, she said I’m going to show you something, I think you’d love it, so she fetched me and that was it. (Talks of shock at death of husband at house they shared since being married) Then you moved from there to (************) where it was a bit smaller? yes, yes, and then I came here where it was a bit smaller too.

10. ‘Forty odd years’ in previous residence. ‘Oh, my daughter arranged it all (to sell the house), it sold. They said the chap was gonna rent it out but he ended up bulldozing it and building another house, it was an old asbestos house. Did you consider other alternatives? ‘nup.’

12. Did you consider moving closer to your daughter, or anything like that? not really, she, that, she’s, ah no. How did you choose Lakeside? Cos that’s quite a way from (******** ***)? yes, I, I, don’t know, that’s a good question, I don’t know the answer. I closer, closer, to all.
Would you have preferred more input in the decision?

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>(4) ‘the family decided, well, we are going to do something, we’re gonna break this up (him caring for her at home)’ ‘in the interim there were vacancies coming up at other places... and they said no, we’re gonna wait for Lakeside.’ ‘it didn’t take very long and we were both in here, this place is good’ Did you look at other places? ‘no, I didn’t, no’ Trusted their (the family’s) decision? ‘oh yes, my word’ Would you have preferred more input? ‘oh no, no.’</td>
<td></td>
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<tr>
<td>(5) Did you have help with deciding where to go? ‘no, no, well my son took me around a few homes up in the hills, there’s (** * ** * ** *) and one or two out of, around the area a bit but I wasn’t happy with them. But he left it entirely to me said I don’t want to make up your mind for you mum, if you feel you want to make the move, fine, but you choose where you want to go’ So he would have been happy with you staying at home as well, or did he agree with you that it was time to? ‘No, no, he was quite happy, he said I know you’re having a battle mum, entirely up to you. He said I’ll be there beside you to help you.’</td>
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<tr>
<td>(6) Were you expecting to stay at either of the other places permanently, or not really? ‘oh yeah, I was, I was sort of, er, oh, well, I’m here and that’s it. There was no fights or anything and um, I went from one, then to another I’m just wondering why you moved though? I’m won, I don’t really, so, I can’t help, can’t help you there.</td>
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<tr>
<td>(7) I think my doctor might have helped me, he said I shouldn’t be on my own, and my nephew, he found this place, he’d seen a few, but he liked this the best. So he actually went around and looked for you? ‘he was the one that found out about it, cos he, they wanted me to live with them and I said I wouldn’t. No, I didn’t want that because um, she’s brought up a big family and all that, she wouldn’t, the last thing I wanted was me, just decided. So he helped you? he helped me, he helped me get this place, he found it. He looked at a few. Were you happy with the amount of input you had about your moving here? Yeah, little depressed with it. I would have still been on me own, wouldn’t I. That wouldn’t have solved it, that was the reason after my husband died I thought ...</td>
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<td>(8) I made the decision, quite simply, it was. I had several falls, not falls, kind of tripping over something and the last one was um, I tripped over something and fell. There and then I made the decision after I had several falls that um, I should do something about it, think about moving into a home. It wasn’t, nobody else’s decision or nobody else’s reason. What about helping you find the place? I was going to look at different places and my daughter came with me. And um, I looked at, all together; this was the tenth place I looked at.</td>
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<tr>
<td>(9) my daughter found this for me. Did she look around at any other places, or inquire about others? ‘yeah, she inquired at some council ones, but wasn’t keen on them. She said mum .... they’re nice, but they’re not nice, you know, like sort of homely, like this here, like the girls would do anything for you, you know. I never went to that, I never looked with (her) with that one and she found this one. You wouldn’t have preferred to have any more decision? ‘no, no, I was quite satisfied with this, absolutely. (10)’I did’ and did you have help with that? ‘oh, little bit. I’m not sure now, long time ago.’</td>
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</table>
| (11) (Discusses health issues and recent transfers to different hospitals) and then they got this place for me, and ah who looked for this place
for you, the medical? someone from (the medical side). I've just gotta see what's going on, you know, I hope I don't get any worse. Would you have liked to have had more input in the decision of coming here? I think so, yes, yes, but I said to 'em I wanted this side of the river and I thought to meself there would have been other places, and then they had ah, (********) nursing home and ah, other places, and the old blind home cos I knew a few chaps ... they both died there and I thought that was open for a, for a place you know, they said no it's, I don't know how they, they got on to ah So there weren't really a lot of places? no, there wasn't too many places, no, but this is quite good. (12) Did you actually make the decision to move, or did somebody make it for you? I guess you could say somebody made it for me. Would you have preferred to have more input in the decision to move, or you were happy? just happy to go in.

<table>
<thead>
<tr>
<th>How much information did you have to help with your move?</th>
<th>Where did you begin your search?</th>
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<tbody>
<tr>
<td>(2) Where did you start looking? we were in the hospital at the time, (********) hospital and, in there for two months.</td>
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<tr>
<td>(3) 'They used to come and look after me at home and then the day I left to come here they told me that they would have come at night .... And I wouldn't have had all this packing up to do. Ah well, if I had known that I wouldn't have come here. It's only mainly night time that I need help, oh, 'cos I 'spose I'm always half asleep (laughs).'</td>
<td></td>
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<tr>
<td>(4) 'The family looked at a lot of places and they said well Lakesides the best place, we'll go in there ‘they looked around a lot here in Belmont, they didn’t look anywhere else much, I don’t think. They decided that this was the best and this was where we were gonna go.'</td>
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<tr>
<td>(5) Where did you start looking for information? Well, I didn’t really look for information. I mean, I used to go to the (community) centre at (********). They had entertainment and ..... meals. One day a week I used to go up. They had the sort of shared rooms and they also had little tiny flats at the back and that’s all I knew about homes or anything offering the way of so I took it from there. As I said we had a little look around up at the hills areas, I thought it was a bit far out of um, out of reach of doctors .... and I thought it was more central here for getting around.’</td>
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<tr>
<td>(7) Were there places closer to there than here? I don’t know, I never really went in to it. How much information did you have to help you with your move? Like where did you begin your search? You said the doctor helped the doctor just said I shouldn’t be on my own, that was it, I should go somewhere else, just said I shouldn’t be on me own, that was it, I should go somewhere else. I was having these falls and I had the house, and he used to come in regular, and I had a gardener, and I had a handyman. So I had all me things that I wanted and I didn’t have to do anything but I was still on me own at night and that was the reason.</td>
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<tr>
<td>(8) Where did you begin searching? you have certain um, ways of, you can find out through the health department and people like that you get like a brochure? that’s right, that’s right, yeah, things to be found. (Looked around at lots of places, well informed). I usually started off with first, I would look at the outside, the environment the garden, as in the garden was well kept or lawns and things like that, if they were neglected then I knew already, if they didn’t care for that, they wouldn’t care for people so that was out. I think the worst one .... I came to a</td>
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</table>
### Transition to Aged Care

#### Appendix H

#### Question Ordered Matrix

<table>
<thead>
<tr>
<th>Did you come around before moving?</th>
<th>How much contact did you have with staff before moving?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daughter looked around at a few places and found Lakeside for her, but she didn’t look herself.</td>
<td>'nup, I don’t think I did, no. No, when you say I was in, ar, the education department for so long as a teacher that we were pushed around. You get, you get used to it after a time. Nah, this place, pretty close to Perth and so forth, suits me.</td>
</tr>
<tr>
<td>You didn’t go and look at other places? No, I didn’t, no. I came around, they brought me around to have a look here, from the outside and they said this is where you’re gonna go to.</td>
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<td>(2)</td>
<td>(6)</td>
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<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>Well, I had a little look, yes, ah, just a look to see what it was like, but it was all very new then so I chose the room, cos there were very few rooms taken I suppose, I was sixth resident in there, so I had pretty well the whole area to choose from. I chose my room, nice view out of my door there.</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<td>‘nup, I don’t think I did, no. No, when you say I was in, ar, the education department for so long as a teacher that we were pushed around. You get, you get used to it after a time. Nah, this place, pretty close to Perth and so forth, suits me.</td>
<td>(7)</td>
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<tr>
<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
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<tr>
<td>My daughter was with me, we went indoors and senior staff took me around to see something internally. And um, they said to me um, how did you like it and I said it’s a beautiful place. They said, what do you mean the outside, or internally as well. I said both. And then they asked if I would like to come to this place. I said yes. And they said, you don’t have to decide just now, you can think about it and I said well of course you don’t know me put I am the person if I say yes, I mean yes. My daughter said mum, I’m sure you would like this, just you wait.</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
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</table>
I said, yeah, couldn't be better. The other nine, some of them weren't too bad, but ah, but not um, how shall I put it. Most places you could see that would just run the places like this for the money. And here, of course, money comes into it, and obviously the charges are much higher than in other places, but even so if you look inside, it doesn't matter, in first place, you can see the big fish tank and things like that, plants and garden and everything. It's not just done for money, the resident, each of the residents always come number one. I thought already, my God, if I can come to a place like this, I've got all the time in the world. Now, I haven't got any time (laughing)!! I made the decision that I had to sell my house, look for a place something like this and I've been here about four years. (9) yes and they took you around? yes, yes, mm so this was the only one you looked at? yes, yes, I was quite satisfied with it. She (family member) said come on mum, she said I'm going to show you something, I think you'd love it, so she fetched me and that was it. (10) Did you look at other places? No. Did you come and have a look around here before you moved in? yeah the staff showed you around? (nods). (12) no. Did your daughter? no.

### Attitude toward care homes?

(4) Pretty positive? 'oh yes, yeah, Yes, the family set us up very well ... family just over there, I haven't moved very far.'

(5) ‘Oh, I never had much to do with them, never really heard of anyone or knew anyone who was in a home like this. So it was rather new to me.’ ‘But, ah, my sister was in here at the time and she spoke well of it. She’s passed away since then. But, ah, she was quite happy here. So I didn’t, I looked around up in the hills to see what was offering up here and wasn’t really taken with them. My sister was quite happy here so I thought, oh well’

(6) ‘I think, um, the whole setup, this place and the last place, I think, um, they’re very, very good. I’ve got nothing to say against any of the places and certainly not this.’

(7) I never thought of them, never thought much of them at all. Just this place and I heard ooh what did I hear about this, I can’t even remember.

(8) the main thing working with them, especially being, being in, in charge of places, ok, they’re kind of, you have got to a, it wasn’t difficult to accept, I knew exactly what to expect. You were well informed yeah, but the main thing was, really, because, um, um, I should be really, I should have lost my (laughs, pointing to her head) cos there’s hardly anybody to talk to, really intelligent, you know, saying stupid things you know and there’s hardly anybody that way. There’s one or two because there’s quite a few, but they have, personally like myself, you know there’s not really may people to say hello and talk to so therefore I read a book or do stuff like that. There are some people, not all people want to go into, into a home for the elderly, and some people haven’t got the money, because it’s quite obviously this is ah, it’s a better, one of the best homes, and um, to stay at a place like this it can cost almost twice as much as a cheaper one because you see you,
<table>
<thead>
<tr>
<th>HOW DID THE IDEA OF MOVING MAKE YOU FEEL?</th>
<th>MOST IMPORTANT PRIORITY AT THE TIME?</th>
<th>PRIOR TO MOVING IN WHAT WERE YOU HAPPY WITH?</th>
<th>WERE YOU HAPPY WITH THE AMOUNT OF INPUT YOU HAD ABOUT YOUR MOVING HOME?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) I thought the idea of moving made me feel better now, not so nervous.</td>
<td>(3) You had made the move earlier, but you knew you had to move as soon as possible.</td>
<td>(2) No, it was too late to move to a different location.</td>
<td>(4) The idea of moving made me feel nervous.</td>
</tr>
<tr>
<td>(2)I didn’t think about it at all.</td>
<td>(4) I had decided to move earlier.</td>
<td>(5) I had made the move earlier.</td>
<td>(6) I had decided to move earlier.</td>
</tr>
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<td>(3) I was not too worried about it.</td>
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</table>
### Question Ordered Matrix

| your thoughts and expectations of what it would be like here? | own, wouldn’t I, that wouldn’t have solved it, that was the reason after my (partner) died I thought. (8) What sort of emotions did contemplating moving bring up? obviously, it, that didn’t, it never affected me very much because I had to move about so much in my working life all the time I did have responsibility, ah well, er, the circumstances forced on you, like the war time and all that, so no, no, that didn’t worry me at all. (9) What sort of emotions did contemplating doing that bring up? well I, to me it was a big relief because I was, getting too much for me, (*********) street, the garden and all that, and I liked it immediately I saw it. (10) ‘oh, I got used to it at the end’ Before you came in here, what did you think of places like this? ‘never thought about any ‘til they said come in here’ (12) What was your most important priority at the time? oh, just decided to move I suppose. |

| CAN YOU PLEASE TELL ME ABOUT THE ACTUAL EXPERIENCE OF MOVING? | (2) unexpected death of husband. Daughter helped move. Got very sick and they couldn’t find what was wrong. Prior to moving ‘I gave it all away’ to people she ‘liked and loved a lot.’ ‘Everything went, went to somebody.’ Seemed happy about this., when you’re talking about it all, it was so, so sudden. ’It was a big upheaval?’ ‘yeah.’ (Her daughter) ‘she packed me things up for me and all that.’ (3) They (family) all helped with the move. ‘Got all me little souvenirs.’ (4) ‘..wasn’t really in a hurry, we were ready to go anyway’ ‘And when you come in they just ah, accept, they just ask, want to know what you want to bring with you, and ah, they’re pretty gooa, except I didn’t bring much with me. Everyone’s got a tele, tele, ah television. And I’ve got a telephone, but I’ve got a family that, see I’ve got the phone on it’s mainly to keep in touch with the family.’ When asked if moving was hard after being in your place for forty years he said ‘no, I, well no, not really you know, the boys they shifted me first and then shifted everything after, you know. Cos they just took it in their stride, they did.’ ‘You’re sounding like you were ready for it?’ ‘Oh yes, they just said to come over here and they looked after it all. Well I told them, whatever was there there was, was theirs anyway. So they just decided what they wanted and just spose, the rest they gave to charity, you know, just got whatever they wanted .... and the rest they gave to charities and I think for the most part they sold it a second hand shop, there was no problem.’ (5) ‘Well, it was hard. When my son started backing down the drive to bring me down I broke down and cried. He said oh mum and I said I’m sorry (****), I’ll be right and that night I cried myself to sleep and after that I said oh it’s gotta be and I’ve got to accept it.’ ‘But I was its not like being in my own home, it’s quite nice it is.’ What did you think when it (the move) actually happened? ‘As I said, I cried when I left, not that that helped me but. Ah, it was just a bit emotional to leave my home behind, and know that I was going somewhere where I had to sort of do as I was told, more or less. You know, you’re not really your own.’ Quite overwhelming? ‘It is really, yes, I cried myself to sleep the first night and then after that I just said to myself you’ve got to stop this nonsense. You’re here and that’s it. It was all
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| really helped? | very new to me and I’m a very independent person which made it a bit harder for me. ’Was there anything that really helped when you were moving in? ‘Helped me with the move, oh, I suppose, knowing that I was going to get help and that I wouldn’t have to push my body through every day, that I could sit back and have somebody do it for me. That was the nicest thing about it. Cos I did suffer a lot of pain’... and I would be ironing away and the tears would run down and drip onto what I was ironing. And I’d bring out the cloth and sponge it off and that’s how I’d get through the ironing. ‘Did you feel there was enough planning and preparation? ‘yes, yes, I had plenty of time to think it over and be sure that that was what I wanted. But, I just knew I couldn’t take any more of the pain.’ |
|够 planning and preparation? | (6) What sort of emotions did it bring up when you moved? No, fine after that, there was no trouble with anything I don’t think, no trouble from me or to me, you know and um, I just (go with the flow?) yeah, that’s all. Who helped you move everything over? didn’t really have much. |
| (7) Did you have to go home and sort out all your stuff? no, my, no, no, no I your nephew? did all it, sorted everything. So that was ok by you? yep. With the actual experience of moving what did you think about when it happened? I still had company when I come here, that was it. There was people here, somebody here. I didn’t have to lock meself in. You felt like you had planned enough, you were prepared enough? well it was my choice ... nobody forced me, I could have gone and lived with my sister, I could have gone, I could have gone to um England, back to England, I had brothers, they wanted me to go with them, I plenty of opportunities, I didn’t want them I didn’t want to put meself on anybody. |
| (9) Who helped you move? How was the actual moving in? well, I ah, I didn’t ah, really want anything ...... they fetched it all from, these bits came with me mm. That must have been hard for you, selling up a houseful of furniture? oh, not for me. I left it for the kids, ha, ha. You felt like you’d planned and prepared enough when you came in here? I was absolutely ready to come |
| (10) girls helped me | (11) (Speaks of deterioration in health) so I got back in a hurry, I saw the doctor and he said we’re going to (******* Hospital and then that’s been the beginning of it all, down, down, down, down, down, down. Had the treatment, and I thought I was coming out of it, cos that all happened in 2000, til the beginning of this year, and then .... This ...... and me ankle swelled up, they always were swollen but not as much as they are now. |
| (12) You would have had a house full of furniture and things? Did you help sort all of that out? mm, no, my son-in-law did it, which I regret. Do you feel like you were prepared enough when you came in here? I guess I was quite happy, quite prepared, except what happened.
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<th>CAN YOU SHARE WITH ME ABOUT SETTLING IN?</th>
<th>EMOTIONAL REACTION</th>
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<td>(3) 'It, it felt quite good, I felt I was gonna be, you know, looked after enough.' 'It was a bit strange to start with, cos everyone keeps saying they will be, be back in a few minutes but they forget to come back.' 'So I said when, when ... one of them comes to pick me up to take me out for lunch, I'm going to tell them I won't be back. So I'm going out, I'll be back in a few minutes, but I'm going to tell them I won't be back at all (laughs)'</td>
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<td>(5) How long, would you say it took to settle in? 'I settled in quite quickly really. No, after I had the initial tears, you know, once I got settled in, I suppose about a week and I was fine'</td>
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<td>(11) It's ah, hard to take after you been looking after yourself for twenty five years, you know. I was in me own house, I'm putting it up for sale shortly, my nephews' doing that, whenever I see him, that's if I ever get to see him and ah, that pays the bond here, you know. I've just got to wait and see what's going on. But ah, it's hard to take, you know. Being independent see, I could get in me own car, I've still got a car, I can go, go down and pick up a few meals for myself during the week, go down to umm, different places in the Shopping Centre and have meals and then the rest of the meals are quite good, like I'd have at home, you know. I lived locally up here since 1984. But ah, and then all this sort of went, you know, the ankles swelled and ah you just have to look at it as a permanent residence you know, ah because there is nowhere else to go, you know, it's very hard to get into these places. But this is quite good, you know, there's a newspaper in the morning, you've got that out there, you can go out there, you can sit around, but it, it's virtually sitting around all the time. But I've just, I've, I will say I've got no energy, no energy to do anything. I've got a box of letters in there which I've gotta go through see, fix up different details and I'm sitting out here looking at an old book there when I should be in there looking at these letters and going through them, but I want me nephew to come down so we can go through them together to get the finances fixed up and everything like that. It's a big change for a person, big, a hell of a big change. He came over one day and he said what's your name, when I first came here, and I said (** **<strong>), and he said my name's (</strong> **<strong>) and I said oh, g'day (</strong> **<strong>), how are you going, you know, and that's the only fella that's introduced himself bar (</strong> **<strong>). That little woman over there, she sits over there with the hat on there. She come around and she spoke to me one day here, and she said oh you lived in (</strong> **<strong>), one time. And I said oh, (</strong> **<strong>), (</strong> **<strong>), and everything like that, before the war and that there, and she said oh, I lived in (</strong> ****), and so she got talking to me. But I, I've just got to get me self accustomed. I can't acclimate an appetite for meals here, some of them are quite good, Sunday, Sunday, well bacon and eggs come along, well I'll, I acclimate to a bit of bacon and eggs and I ask the ladies any spare bacon and they'll say oh yes or no, the soup is quite nice, but some of the other meals. I got through the meal today oh but some of the meals ah, I wouldn't say that ah, I've tasted better in my day. How are you finding it? oh, it's a bit hard to take on ah, the last twelve months haven't been the best, I haven't been in the best of health. And now that's getting worse. (Went into 3 different hospitals), I virtually had to be looked after, you know. See I'll be 81 next month, and there's not many places where you can go to at 81, nobody wants you at that age, but it's alright, I look around and have meals, and get your washing done and things like that, it's quite good.</td>
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| Accepting of your situation? | (2) Whole situation was very hard ‘I don't think I'm accepting a lot.’
| (8) You accepted your situation straight away? yeah, it was nothing new to me and neither would I ever tell staff to do which I think would be a better way, never, I just pretended to be just like everyone else. You don't think they really asked either? How you did this at home? never, no, no, I mean, probably not, but it was a long time before I ever even mentioned that I and one thing, is that you, in having worked in the, this kind of vocation was another thing in, actually having been in charge of places like this, if I were to kind of um, how do I, what’s the word for it? And tell well you shouldn’t do it. I never, never, never done that unless I, I follow, the only time I would say something you did it wrong and that’s discipline, like that’s such a lousy dinner, absolutely (laughs) it doesn’t matter what you did before at all, it was absolutely lousy (laughs). I only mentioned because I think, one of the gifts in life, personality um, wise, is you, if you still can see that, even if everything goes wrong, ah, if you have got the capability to see the sunny side of it. It’s ah, and if it’s, it’s not just something you can, a capability you can buy, either you’ve got it in you or you haven’t. I couldn’t walk from here to the television set without holding on to something, I have, it has become second nature, so I don’t think of it. It doesn’t mean, um, certain things I don’t do any more out here, ah, I um, and especially when I want to turn around, I hold on to the shelf, you know and the things like that. And certain, sometimes, right there for example, I want to pick up something, pretty certain I can’t pick that up, I would probably go for the shelves there and um, I, in other words I never give up (laughing) you’ve got to realise, it would be so much easier for everybody if I just kind of, they say you shouldn’t do, you shouldn’t do work like that anymore, you shouldn’t bend down, and I feel like saying get lost, but I don’t though (laughs). Here see, anything that shouldn’t be there and you have to bend down and pick it up. I um, feed the birds, and by the same token, they’re, and because the birds sometimes lose not much but feathers, one or two feathers. I don’t just leave them, anything that shouldn’t be there, or it’s a weed or something which I think shouldn’t be there, I pull it out, and by hook or by crook, I do it, see. My daughter calls me stubborn. But I am not stubborn in the way of um, how I treat people or that, anything including not which I think ought to be done then I’m not very just kind to myself, put it that way.

| Did you feel overwhelmed? | (4) When you were settling in, you’re sounding like you wouldn’t have feel overwhelmed? ‘Oh no, it didn’t make a difference, fitted in with everything. Yes, I ah, had no trouble whatever. They just came in, they gave me this room, and that’s it, you know. And I’m quite used to it really. In my working days I travelled a lot, all over the state, overnight and lived in hotels and all sorts of things and then my wife and I we travelled a lot. We went around the world once. We went all over Australia; we used to go playing bowls and we travelled a great deal, you know. And sort of, we weren’t stick in the muds or anything. It didn’t cause us any problems or anything when we moved so we came in, we just came in, we just always knew that the week after, we haven’t, or I haven’t missed it and ah, it didn’t make any difference.’
| (6) Getting back to when you settled in here, you didn’t really feel overwhelmed? oh, no I wasn’t overwhelmed Just sort of accepted your
HOW DO YOU FEEL NOW ABOUT THE MOVE?

(1) Describes old age as what you make of it. Disadvantages important to recognize and deal with realistically eg increased tendency to stumble and fall.

(3) happy now? ‘Yes, as long as they don’t forget me too often’

(10) How do you feel now about the move? Alright.

(12) place is very nice

Do you call Lakeside home?

(2) ‘yeah, I call it home now.’

(4) Oh yeah, this is home, yes. Oh yes, this is home, without a doubt. ‘it was very good’ ‘after a year or so she died, so I’ve been here ever
since. But oh, it’s an excellent place to be, oh yes, my word yes.’

‘quite an excellent place here, I can’t find anything wrong with it at all ... oh, I’m quite happy here’

(5) ‘I call it home, one of the carers asked me along the way, said you always call it home. I said, well it is my home now, what else would I call it? Yeah, I’ve settled in, I think of it as home now.

(6) Doesn’t feel like home yet? oh no, no, it’s not home, no that’s something that just comes on you. Oh, no this place, I’ve got nothing against this place, it’s all for it, you know, no. Especially the one, ah, she’s not here, like um, she’s the one that takes all the exercises and that. It’s (***), oh look, I like her attitude more than her attitude’s great. ‘Do you think there could be something that could help you settle in a bit more or do you think just time? oh time yeah, yeah, yeah, oh, I’m right, there’s no little niggles or anything like that, it’s just me settling in so, yeah.

(7) it’s the only one I’ve got now, so it’s gotta be. What else can you do?

(8) No, no, it’s a different life. You might as well say ah, if you had to go to hospital to stay there for a long time, you call a hospital your home (laugh), no, it will never be your home. And um, but yeah, you, at least it’s a place where you can if possible, up to a certain degree you can be independent, that’s what it’s all about. In other words, you kind of, and usually look at some people who have been here for many years, some people not very long at all. How long you stay is and that is another thing there is as well, you know, if you live by yourself then something could happen any day but here something happens to you, helps always medically. If you live at home, you could be lying there dead for two days and nobody knows. In other words, it couldn’t be better health wise, you feel secure and that’s what it really is all about. And you have got, as I say, my daughter and her husband and two little doggies.

(9) (uncertainty) yeah, yeah, very nice crowd.

(10) (definite) yeah, the girls come and visit me, different days they come, one’s coming tomorrow night, sometimes they take me to the shops sometimes.

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<th>Do you feel free to do as you please?</th>
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<tr>
<td>(2) ‘yeah, well I can go wherever I want to’</td>
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<td>(7) yeah, we have outings and I go where I want to, join in things if I want to.</td>
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<td>(9) yes, we do, yes.</td>
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<td>(10) (nods)</td>
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<td>(12) oh, yes.</td>
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<th>Do you feel that being here is</th>
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<tr>
<td>(2) ‘oh, no.’</td>
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<td>(7) pretty good to me.</td>
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Transition to Aged Care

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<th>restricting for you?</th>
<th>(9) not restrictive with anything, nope, not at all. I like it here, I've got the best outlook mm, I sit out there sometimes and I do what I call 'scrabbling' my brain, I do those Christine Lovett books, you know, crosswords yeah, I sit out there and do them. (10) not really.</th>
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<td>Thinking back to when you moved, what did you feel you had most support with?</td>
<td>(2) 'staff were lovely, yeah, and um, no complaints about the staff.' (4) 'oh, all the family, they supported me, it was their idea. You know, it was where to go and it was their idea and they had organised it, you know. (5) 'well my son helped me move in, he was a real support, he's been beside me all the way. I had no trouble moving in, I sold everything up, I started with new, everything new.' 'Yeah, I was quite, quite happy once I'd settled in, and I think (<em><strong>) was happier too because he knew I had help on hand at all times.' (6) I don't think that anything that they said that was helpful or unhelpful, you know, I sort of came in and I was here. (11) They could have opened up a little bit more, you know they just walked me around there and said, well this is your room and this is where you will be a resident you know. Meals are on, you know, and ah, one lady said oh well, you haven't got a tv. Well I said I've got one at home. She said well we've got a spare one here; they put, put it in the room and things like that and showed me what the showers were. She said oh you can shower yourself cant you, I said to a certain extent I need a bit of a hand. You know I can wash myself in the morning, clean me teeth. I suppose I could have done a little bit extra but ah, not as much as some of the others they are looking after now here. Ah I can do a fair bit for myself but I wish I could find more energy. But ah, suppose I'm 81 and I suppose I didn't have much energy when I was home, and I had to do a few things at home, but, it was see, when I was home twelve o'clock would come around on a Friday on a Monday ...... they used to have a, a pensioners meal seven dollars there, and I'd jump in the car and hike down there for twelve o'clock and they'd have a nice three course meal for seven dollars. And ah, it was quite good you know, plenty, and then I'd have my own meal at night and for breakfast and then I'd have say, a bit, bit to eat of a night time. And then I'd go there again on on the Friday and the weekend I'd look after myself and then Tuesday I'd go round to my sisters place but I had to give that away because my brother in law was getting niggly, going worse and worse and worse, she's still got him at home, but I think he'll have to go into one of these nursing. And then another sister, have a meal there. Thursday, I'd go down to the shopping centre in Belmont and have a meal down there Chinese or in the in the food hall down there hey have quite good meals down there eight or ten dollars and and I was right. And then Friday it was back down the hall at (</strong></em>******)s. I used to meet brothers down there, Hugh and we'd talk and they'd get you up and doing things be ah, I lived put it that way.</td>
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<td>Was there something in particular?</td>
<td>(2) Was there anything that somebody said or did that was helpful? 'yeah, yep, mm, all so, (staff member) was very good to me, yeah</td>
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|  | (another staff member) was nice to me, they’re marvelous, the staff.’
|  | (4) Was there something in particular that anyone said or did that made the adjusting better? ‘no, not really. We all agreed on everything, and you see it’s trying to go old luck you know.’
|  | There wasn’t really anything you wished someone had said or done? ‘no, no, it didn’t take us that long to, we decided, and say yes, ok, it took, they’re sensitive fellas, they’re all good kids.’
|  | You wouldn’t really have any suggestions to help other people adjust to it? (laughs). ‘No, no I wouldn’t. See, I, everything goes, see you’ve got the television, and I’ve got this ah (oh headphones). I’ve got a magical chair here, with a (oh, it helps you stand up) yeah, I use this, anything you’ve got you can switch it on, and ah, no problem whatever. And, and as far as walkers, frames and ah, ah wheelchairs, and all those things they will lend them to you at any time. They, anything you want, they’ll give you a clock if you want to. Oh, yes, they’re excellent. I can’t find one bit of complaint anywhere. With cleaning, they clean everything, I don’t think you will find any word of complaint around here anywhere. People get on as well, the main thing is that they don’t have much to say to each other. That’s their best problem. There all the ladies sit around and discuss things and that. I don’t go down there much really, sit around and talk. I find it better here. But we get together at times, you know we have special lunches and happy hours where you get to sit down and talk to some people and that. But otherwise, we all get along well, everybody says good morning, how ya going. But ah, there’s no divisions here, no arguments. I’ve often thought it would be good some to start a fight, to liven the place up. But they’re all very good people, some of them are in pretty bad shape
|  | (5) Was there anything that someone said or did that was helpful to you adjusting? ‘no I don’t, there were those who said, were very negative, those who said I would never last here for more than six months. I think it was because I was so particular and so I loved my own home, I’m house proud and I’ll admit it. I think they felt that I wouldn’t cope with a ‘home.’ They thought that I would want to get out into my own home again. Well you’ve got your own room so you can tuck yourself away in there if you want to be alone. I am a loner to a point. I like company, but I can live alone. This is one advantage I’ve got over a lot of people, I can live with my own company to a point. I suppose I’ve got used to that over the years, not being able to go out a lot with my, the pain I had, so.’
|  | Do you have any suggestions to help others adjusting to moving in? ‘well, I’ve tried to talk to them and help them where I could. If I come in contact. Would you ever talk to staff to help a new person? they’ve never asked my opinion. But if you felt like you wanted to talk to a new person and make them feel welcome? oh I would, yes, willingly.
|  | (6) Do you had any suggestions that could help other people when they were moving in? no, not really.
|  | (7) Is there anything in particular that you had support with that you can remember? Like, was there something that someone said or did that was particularly helpful or particularly unhelpful? No? Something you wished someone had said or done? I don’t know, if I could remember
what it was I might tell you, but I can't.
Do you have any suggestions to help others adjusting? up to them, isn't it, if they don't want to they wouldn't, they don't want to they won't. And if they've got other plans, unless we have other plans, you know, it's a, I don't know, with the other things or not. But if you saw someone struggling a bit if they were new here? you say you get used to it.
(8) When you settled in, like, was there anything that really helped, that you can think of? when I, only in the way, I didn't have to worry about if I have a fall or anything happened here, they would help or would assend. If you live on your own you have got um, sometimes you have got your, you could be lying, you would never allowed to um, walk on your own, around here, around the lake, or go for a walk, never.
this is a very good home and you, by the same token, it's not a good thing to live on your own if you have got a fall or something else goes wrong or you could be broken into and attacked or things like that. That, that's what it's all about and so, I'll um, you feel secure, that, that's what it's all about. Well, the main thing is here, secure.
Do you have any suggestions for people in adjusting, when they move into places like this? you can't really do that. People are all physically all been done by the carers and otherwise mentally or how should I put it, because people are all so different. And it's actually already if their own family. No, you couldn't the question would be probably quite good if you would ask in one of the nine homes I mentioned. But here, you couldn't be better.
(9) There's not something that you wished someone had said or done when you were moving in, to help you? no, no, no, the only thing that I fetched for me was the tables, and that table there and that's about all I fetched really cos that's about all I needed and the pictures that was all I needed, I didn't need anything more, they're jigsaws, that one's a jigsaw too mm. Yeah, I did a jigsaw and ah, somebody I knew varnished over them and stuck them together and framed them for me ha, ha.
(10) When you moved in, was there something that someone said or did that was really helpful to you? 'Oh no, they're all nice in here. One of the ladies that works here, I've known for years, she lived just around the corner from where I lived.' When you moved in, is there something you wish someone had said or done to help you settle in a bit better? Nup Do you have any suggestions in helping other people adjust to being here?) (shakes head) nup
(12) Would you give staff suggestions when a new resident came here? Like, you know, would you have suggestions to help other people adjust? I hope I would have. If you saw someone come in here that looked a bit? Lonely lonely and lost you? oh, yes. If you didn't feel happy with something, would you say so? yes.

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<th>Do you feel you can trust the</th>
<th>(2) 'yeah, they're marvelous, the staff.'</th>
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<td>(4) 'oh, yes' and rely on them? 'oh yes (speaks of family).'</td>
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### Transition to Aged Care

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| people around you? Those you rely on? | (6) oh yeah.  
(8) Do you trust the people that you are dependent on here? oh, you couldn't have other people here. All of them, yep. If you couldn't trust the people who look after you here you would be in the wrong place. Or anybody who is a kind of um, care facility has to be trusted 100%. That doesn't mean that they're all of the same nature, they're all individuals and all the rest of it, some people may be just a bit more patient than the other, but their basically no, because if you haven't got that in you, kind of um, um, you shouldn't be working here, or working in a place like this, no. They, they wouldn't stay anyway. People who are, who are not made to or people who look after children, not all people, you may like children but to look after children all the time you, not many people would like it. Absolutely to be a nanny or good nanny it takes quite some, something.  
(9) oh, good Lord, yes. Can leave the door open and not worry, can come out about it, the girls are so good.  
(10) oh, they're all very nice here  
(12) oh yes yes, the one's you rely on? yes. |
| Are you happy with your support system? Do you talk to or see them as often as you like? | (2) 'yeah, sister's coming tomorrow.' Lost one sister and two brothers. 'I don't think I'm accepting a lot.'  
(3) 'all the family come to see me and ah, even the ones from the, from (coastal town) and (inland town) ... they all come.' Family important, referred to them throughout conversation.  
(4) 'I've got the phone on, it's mainly to keep in touch with the family' And you feel like you have enough contact with them 'oh yes, they ah, they talk to me all the time, keep in contact with me.' Goes out quite a bit 'yes, for quite a while I was going out every Friday for lunch with some of the boys, but I broke that up a while ago because I have a lot of arthritis and I found it a bit hard and that, so I gave it a spell. Last Friday I went out for lunch. I think I'm almost committed to go this we, tomorrow. I'm not quite sure, but I do go out a fair bit. Also these people go out on bus tours. I go with them sometimes ... yeah, we went up to er, the Swan Valley somewhere about a fortnight ago.' 'Well, since I've been here I went to Darwin to see my brother and his family. Like I say, you can do that without any trouble.'  
(5) Do you still keep in touch with your son a fair bit? 'oh, yes, he's on the phone every day, visits me twice, sometimes three times a week. Oh, no, he's marvellous. So you're happy with your support? oh yes, I couldn't have better, they're really marvellous.'  
(6) Do you see friends and family as often as you like? um, well yes. You know, I've got a. I'm pretty strongly religious, you know, I'm a (********), but um, no, but um, one of the blokes comes along and picks me up each Sunday and that's, oh, that's never queried or anything like, it's there and they know so um, that's that. I had um, a brother and two sisters. Now I've got the one brother who was the real tough bloke in the family, he died, age of about 60. The two sisters, one of them's gone too. The other one, she's been up here. Yeah, well that is for family now. I'm not much help to you, you know, nothing sparkling. |
## Appendix H

**Question Ordered Matrix**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>(7) Yeah, to me as a person, so you see. Do you see or talk to your friends and relatives as often as you like? Oh yes, I've got a sister and I've got, yeah, I'm alright there, so the least I have to do the better to be honest.</td>
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<td>(8) Yeah, my daughter she only lives 10 minutes by car. I've got quite a few friends. Sometimes, I think I haven't got enough time for myself (laughing). You can talk to some of the other residents, and the staff as well, but basically yeah. I think, I would rather have a good friend than um, winning $10000, because if you haven't got, you think of it, when you come into money you need sufficient money to buy your daily living, but otherwise, no kind of, people who have got no friends at all, I think they're poor, aren't they? well, I think so.</td>
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<td>(9) 'Are you happy with your support system, your friends and family? mm, yeah, yes (concern for a relative in another country that wants her help, not sure what she can do to help). We go out today. She (close family member) calls for me early afternoon and ah, we go and um do the forum, we usually manage to buy something and we have a cup of tea and a muffin each, that's something. Every week we do that.'</td>
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<td>(10) The girls come and visit me, different days they come. And some of your friends come in as well? Occasionally</td>
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<td>(11) I've got no family of my own, bar, I've got a sister and, she's got Alzheimer's and her husband's got it worse and luckily her daughter is looking after him, and I've got nephews and nieces but um, I don't think much of these here. Do you have other social network; you'd have friends who live nearby? Not ah many, no, no, no, no. I just kept mostly to myself while I was here and ah, and I've emptied out a lot of the stuff out of me house and now I've ah, as soon as I see me nephew, whenever I see him I'm gonna put the house up for sale. But it's only a little duplex, you know and I wanna put it up for sale, get some money for it, then pay the bond for here and then aahhh, sort of live like out, live out me days here. No, the nursing staff, as I said, they come around in the morning and at night time ... But they, they'll come around and give me a sleeping tablet at night time about, about 11 o'clock, half past 11, cos I just lay in bed watching tv. On no, they're pretty good like that .... Ah, it is quite convenient and that will do me til say 8 o'clock, and then I'll say to me self, well, you, you're silly sitting up here, why not just go to bed cos you'll stay awake then, and just watch the, the tv.</td>
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<td>(12) 'Are you happy with your support system? It would be hard having a daughter in New South Wales? You talk to her on the phone? Yes, I do and I've got a (your mobile phone they just got you yesterday, did you say, yes) the main (inaudible) everything I say can be (inaudible). Do you feel like you talk on the phone enough to your daughter? You'd probably like more?) oh, it's a bit of a (you catch up with all the news. What about your daughter that lives here, she comes and visits? She comes and visits.</td>
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**Do you feel that you have enough choice?**

(2) Enough choice? 'Things like bowling, indoor bowls 'exercises'

(4) Do you feel like you've got enough choice in your life, would you like more control in any areas? 'oohh, oh yes, you've got a lot of freedom here. As long as you abide by their rules. Their rules, the only fact is that they make it clear that they're responsible for you. You've
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<th>Question</th>
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| in how you live?                                | got to recognise that fact, but otherwise you can do as you like really. 'If there's anything I want, like in clothes or something, the boys take me up to the forum. They just ring up soon ... to see what I'm gonna do tomorrow, go up to the forum or something, so we'll go up there and have a look around, buy a shirt or buy something. 'And they're the sort of choices that are important to you? 'oh, yes, it's good, yes, oh yes, they are really good, they, like I don't have to ring them and ask them to take me or anything. They, they just ring up and want to know if I want to go any place.' (6) what here? would you prefer more choice or less? um, oh, I'm practical enough I spose, to know that it's not an easy job and um, no, I think its very good the way it is, I wouldn't have any criticism. (7) yes, yes, I haven't been anywhere else, I don't know so I might be lying Would you like more control in any area? no You don't have any choices that are important for you to have a say in? mup, I have me, get all me meals, and I used to hate cooking anyhow, so that, that, so that was real easy that, so that was good, I don't do anything, (8) I have never been bored and I shall never. If I think, certain things I still can do, I still do. I never get bored. Do you want more control in anything? take a four-wheel retreat, um, I could do, but if I would go by myself first of all no, I've still, I've got my mind, my brain working a bit but for anybody it would be a fool for one for everybody. If I, even for my, for myself if I would go by myself I could, I could have an accident and, and even if I would call out, nobody would or could hear me. (9) mm (uncertain). Would you like to have more control in any area? no, no, not at all, not at all, no. And are there any choices that are particularly important for you to have a say in? no, no. (10) Do you feel like you've got enough control and enough choice in how you live your life? (nods) Would you like to have more control in any area? (shakes head) (11) It's monotonous, cos you can't get out, I can't get out and drive me own car now, cos I can't get me foot up. I can get me foot up high enough, but I can't, and I might not get it up far enough if I do have an accident and ah, and then I'm in the 'mire then so ah it's a big change. When you haven't got any relatives that can go in there and do all this and do a lot of things for you. I went down to the house a couple of times and got me in here, in case I have another turn, dizzy turn, I never knew I had dizzy turns at all. And I just sit up here right; I don't want to go back to the room and talk sitting here doing, just talking to yourself you know, so I come up, and I read, nobody else reads the paper and I'm just, I'm just looking at that book, you know, and ah, I'll come out later on and go up there to the library and ah, have a read of one of these women's weekly's or woman's days' or something like that fill in a bit of time, I don't do the crosswords, no, no. No, I have a bit of carpet bowls with them when they're there and I think there's a bit of a questionnaire business down the back just after noon. I
Transition to Aged Care

Appendix H

Question Ordered Matrix

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<tr>
<th>Question</th>
<th>1</th>
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<tr>
<td>Is your privacy respected?</td>
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<td>'Yeah, yeah, they knock on the door and everything'</td>
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<td>'oh, it's entirely respected, yes, oh yes, that's one thing that they do respect is your privacy'</td>
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<td>'oh well, (you're a bit?) sort of (adjusting and?) yes, I like, do they knock on your door before they come in? oh yes, yeah, oh no, that's good, mm.'</td>
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<td>'I can shut me door, lock me door if I want to (ok, yep, no peephole but) no.'</td>
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<td>'oh yes, yeah, no, that's good, mm.'</td>
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<td>'Absolutely, absolutely, it's a kind of um, if I think, think about it for a minute, only privacy, until which I think, it's not the right way to do it, I tell them, don't have to be rude, rude about it, no.... if I really do think something's, I tell them not to be rude about it, I said look this is stuff, no good, '.....cooking yesterday it was absolutely terrible you wouldn't know what to call it (laughs) ..... you look at it, you don't know what it is (laughs), taste it, you don't know what it is either (laughs), and you think can I wear it anywhere.'</td>
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<td>'about the place their building over there ......basically the same kind of care. 100% good care.....the health department because there's too many people for whom there is no, no help, not even understanding ...... it won't be finished until, I think it, what's it September, I think it should be another twelve months.'</td>
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<td>'Mm, yes, they always ah, they, they knock on the door if they've got to come in any time, you know. There's none of this opening the door and um they're a lovely crowd, the girls are.'</td>
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<td>Are you encouraged to do things on your own?</td>
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<td>'yeah' (unsure) 'don't, don't think.'</td>
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<td>'oh, no, I wouldn't like to go out by myself. I wouldn't mind, but I don't purposely. See, I've got a scooter here, an electric scooter and I go up to the shops and I go out to the forum, and um, so I can go out any time I like, just take the scooter out and go, you know. I do my own bit of shopping.'</td>
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<td>'Are there some things that are important for you to have a say in? well, no, I don't think so, not, nothing in particular'</td>
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<td>'oh well there's not really much to do on your own. If I find that maybe later on?'</td>
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<td>'Mm'</td>
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<td>'well, I don't know. I look, I look after me own room, I do, and even then the girl comes round and does the dusting with the high mop, you know, she does everything. And she, she, of course she scrubs the bathroom out, she does that. And apart from that it's all, it's all done,'</td>
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Appendix H

Question Ordered Matrix

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<th>Do you feel like you have enough responsibility or would you like more or less?</th>
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<tr>
<td>2. 'No, I um, walk round with this poor thing (meaning walker) and wheelchair... and I go out in the um yard.'</td>
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<tr>
<td>6. 'Oh, um, oh, no I think it's pretty. You're, you're caught here, but oh, but that's common sense yeah, you're what caught? Oh, well, I use the word caught, caught in this area, and if I wanted to go a few k's away, well, you'd need a good reason, no, well, that's common sense, you know.'</td>
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<td>7. 'My arms are broken (you don't have to be responsible) I don't worry about anything now.'</td>
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<tr>
<td>9. 'Oh, I've got (or would you prefer more, or less, or?) no, just as it is, I like it just as it is.'</td>
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| 10. 'Yuh (nods).'

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<tr>
<th>Routine changes?</th>
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<tbody>
<tr>
<td>1. (Finding memory) Surround self with photos as familiar faces remind of the life lived together and the continuing link to a living and loving community to which I belong as photos of grand and great grand children added. Doing crosswords daily 'stimulates the brain and forces me to think.' Reads newspapers and books, watches and listens to tv and radio keeps me in touch with the world, and taking an interest in sports brings excitement. Programs to join in facility. (Forgetfulness) Writing down every decision I make, no matter how trivial, keeping a diary, 'a wonderful aid to remembering.' (Fear of being alone or unwanted) importance of sympathizing and listening. Grateful to daughter and others for their recognition of this. Admiration for nursing home staffs' care. Intolerance as age. Particularly in closed environment. Learn from each other. Old age is meant to be lived not lamented. Must not let it take charge. I must live my life as I wish and not as circumstances dictate.</td>
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<tr>
<td>2. Quite a lot has changed. Housework and with meals. When asked if staff asked her how she used to do things she said 'when I asked them they told and they were asking me.'</td>
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| 4. With your care routine. If you did things at home one way, would you tell them how you used to do it or you just tend to accept how they do it? Or, do they ask how, how you used to do things? no they, no, when you come here you, you just fit in with what's going on, yeah, they're, couldn't do anything else.
Appendix H

Question Ordered Matrix

| did things before you came here? Did they ask you? | (5) About your routine, when you first came here did you try and explain how you did things to people or did you sort of just do things their way? ‘no, they didn’t ask me that. My life was my own. If I wanted to do my washing and ironing, I did it. If I wanted to do my room, I did it. They didn’t ask any questions of me.’ I never complain. No, something my doctor said to me once, I don’t know what I was visiting him for. I can’t remember what he said now. I said well I’m not complaining, and he said you wouldn’t know how to complain. I said well there’s no point in it, it’s not helping me, it’s not helping you or anybody else around you. I try to get on with everybody. (You’ve had such a good attitude). Well, it’s the only way I could think. I would have been miserable all of those years if I had let it bother me and then you made other people miserable. So I’ve never been any problem to anyone, I’ve never complained about having to do for myself.

| Did you feel that you needed to adjust your ways to how they do them? | (6) With your routine, have many things changed? Nah, nah
| | (7) With your routine, have many things changed compared to how you used to do them? I don’t do anything do I (what about your meals? everything’s all right, it’s all there, I’ve just gotta sit there. I don’t have to wash up after meals which I used to hate. I did have a woman come in and do things like that. I had all that so I didn’t do much there either, and I had a gardener. I had all that. You don’t feel like you needed to adjust the way, the way you did things when you came in here? I think I did, but it’s still good I think. It’s a while ago now, cos I’ve been here a while now.
| | (8) But sometimes you feel like telling them what to do? I still have to here sometimes(laughing), sometimes, because ah, sometime, I deliberately somebody who’s here and can think clearly together with people who can’t, they can tell them, you know, you can’t do that and especially at meal times and things like that. You’re quite happy to tell them the way you like to do things? oh no, no, you don’t, you don’t say that really. Oh, when you sit at meal times with people, um, you don’t say you should, shouldn’t do things like that, you just accept that for something.

With things for yourself, when you came in, did you tell them how you used to do things at home? no (you just tended to do it their?) I didn’t tell them at all, nothing at all about my background ah.

Did you just tend to do things their way? of course I had to do their. You kind of feel that your own has got nothing to do with the way they do it. Basically, obviously it’s similar, you’re careful of people, of the elderly or young people or whatever it is, it could be animals, it could be anything. Ah, but now I never, for a long time, I never mentioned that I used to do the same. I’ll be here, probably. I’ll still be here until the day I die, something like that, you know. When the time comes I don’t mind, I only hope that, that um, I always believed in, if life has got no qualities left you might as well be dead, that’s what I think. I just say, if you kind of, if life has got no qualities left, by that I mean people are still meant to be clear, but your, your body, like you suffer from pain and you can’t do anything, you can’t live an enjoyable life any more. In other words as I said before, if life has got no qualities left as well, but, but, as the same token of course you could kill yourself and take an overdose, couldn’t you (laughs) but you, you don’t do that either, do you, no.
Appendix H

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<td>(9) When you look at your routine, have many things changed from how you used to do them on your own back at home? um, no, not really.</td>
<td>No, I don't think so. I think I, as I say I did all the housework and gardening and all that, and it got to much, but my daughter did things, cooked my dinner for me, and fetched it down every day and as I remember, that's about all there is.</td>
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| (10) With your routine, have many things changed in how you used to do them when you lived at home? (shakes head) not really, except I don't do any washing or anything now, they do it here. | With your shower routine, do the staff help you with any of that? (shakes head) I do my shower myself.  
Do you feel that you needed to adjust the way you did things here, to fit here? (shakes head).  
Do you tell them how you did it at home? well I used to do it by myself at home before this I could stand on my legs well that when they, they put the iron bars in the bathroom at home and that was what they would worry about at home when I collapsed in the shower you know. Ah that was another thing that sort of put me into this place, you know. Because you might collapse in the shower and one day in the shower, I got out and I went down but I had the bar to pull myself up, just went down and I wasn't, wasn't unconscious in any of that. But then I came over here one day I'd been up there at my house and this nieces husband bought me back in my car and then he put me in the room and then the call said tea's on, so I got up and went down again. I was conscious but I had to call the carers to get me up on my feet. I put my hand on the bed and the bed was moving away from me all the time I couldn't get to the chair, the carers came down and got a harness cos I am 92 kilos, bit heavy for them to ah, lift by hand. They had these, they got these instruments well they might use here as a use anything else yeah so. So no, I will say there. I hope myself that I never become a nuisance to anyone. but I can't drive now. I'm up against it. I'd like to be able to drive, I'd like to be able to get around, in fact, do things for meself (little bit of a loss of depend, independence) yeah, loss of, a hell of a lot of big loss of independence, on a Wednesday I used to go over to my brother-in-laws place, as I said he was married to the eldest sister but she died, his daughter would be there and her husband and we'd have tea together, and then we would play cards till about half past eight, nine o'clock and then I would always go home..... no energy to do anything. No energy, the only energy I got to do anything is, is go in there, turn the radio on, tonight, turn the tv on and things like that, you know. I've gotta do, start doing things for meself, ..... at home I found out, you know, I was going out the back you know, I was saying to meself oh, gotta do that by the end of the day you? it still hadn't been done you know. With this, see they're making me get up and have meals ah, and I'm having the meals, I'm, I'm having sufficient meals, put it that way. but sometimes I wish they would they wouldn't (inaudible) ..... they're on to you straight away and to serve the meal they take about three quarters of an hour, but you've got to, I've got to remember that there's other people here, there must be about 26 people here and they've got to serve all of them, and things like that, you know. The times of the meals quite, quite good, eight o'clock, 12 |
o’clock and five o’clock by the time I have the meal at five o’clock and get it over and done with it’s usually about 20 to six, or something like that by the time I walk from there down to the room. I can turn the tv on to one of those quiz programs and, on channel nine or it’s channel seven and then watch that and then get the news and then channel nine gives you another quiz program and then I can change over from that to channel two, which I like channel two all the time.

(12) With things in your routine, has that changed a lot compared to how you used to do them before? not really.

Would you explain to staff how you used to do something? oh, yes I would. What choices are important, is there something that’s quite important for you to have a say in? yeah. Sort of pretty happy to take things as they? yep, I’m a little bit lazy, I must say.

Have your leisure interests changed? What do you enjoy?

<table>
<thead>
<tr>
<th>Have your leisure interests changed? What do you enjoy?</th>
<th>(2) Leisure interests: Bingo, bowling, reading.</th>
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<tbody>
<tr>
<td>Do some activities now replace other activities that you used to do?</td>
<td>(3) ‘I feel better when I sit in the sun for a while’ Specific needs - ‘I can’t use anything in this hand ... I’ve gotta manage with this one’ ‘My feet ache a lot.’ ‘I’m so deaf now ... my hearing aids don’t always work’ ‘it’s just, just my condition I think, it gives me a headache’</td>
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<td>(4) ‘That’s the whole family there, there’s only one missing.... it’s a beautiful photo, I like to look at it all the time .... that’s quite a photo there. They’ve all grown up’</td>
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<td>Have most things changed with your routine? ‘oh, well, only a matter of old age. You see I got too old to play bowls and I had to stop. And ah, too old to do this and do that, so you sort of just give it away, see. You see, when I, when I stopped driving and I surrendered my driving license I bought a scooter. Well, I used to go round the shops with my scooter, so when I came here I just still went to the shops. No, no great variation really, the only thing I was looked after myself a lot more. I didn’t have to supply my own meals here. You used to do bowls, has anything taken its place? ‘Nah, no, no, I don’t, only the few odd games they play here. I haven’t taken up anything else.’ What do you do here? What do you enjoy doing? What do you like? ‘well, nothing. All I do now is I read the paper in the morning and um, I’ve got the books, I’ve got a few books there I’m reading. I do with reading. I read the paper mostly, and reading. But I sleep most the day (laughs). They’ve got things going on all the time here, I join in some of them. They have a happy hour on Fridays and I join in most of those things. And entertainers come along and sing, and ah, all that sort of thing. I generally attend all those. As I say if it’s good enough for them to come here, its good enough for us to listen to. You know, I enjoy it, it’s good here. Little kids come down from the convent and the school. They come down here and sing and there little ditties and that. It’s quite nice really. They’re nice people here. You couldn’t fault them in any way. See the ah, nursing staff are basically in the nursing home, and they’re in and out all the time. Any little thing at all, they’re up here to see how you are and check on you.’ (5) Leisure interests, have the things that you do changed much? Since I’ve been here. In what way? Socially? What do you enjoy doing?</td>
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Appendix H

Question Ordered Matrix

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| pretty well sleeping, I don't join in a lot of things here, especially now. I can't bowl, I can't do a lot. I go to the exercises now. But, um, I like reading and as I said, sleeping. Do you do any activities here now that have replaced things you used to do? well, up until I had the (operation) I used to do my own washing and my ironing and I've got a little dustbuster and I used to vacuum in between the (cleaner) doing it, twice, she does it once a week, and I get all the bits up. I do all my own dusting, did all, I still do my dusting; yeah I've kept my room nice, and did all that. Now that's sort of gone now (*******)'s got me wheelchair bound.' | (6) Have your leisure interests changed much? What do you enjoy doing? 'oh, I'm not, of course there's, there's, it's a long way different than living in your own home. That's been changed but that's obvious.' You can bring people in and oh no, oh, well, that's something, I understand that although you can bring people here as well. I'm sure that there wouldn't be any problems, but ah, no. Do some activities now that replace other activities you used to do? 'oh well, I'm, I ah, I went, oh, I've forget, oh gee, I've forgotten her name again, the girl who does, it's (*****), that's her name is it? The one that, yeah, oh no, she's pretty good. Oh yeah, no she's very good, you don't want lose her. I um, I like to keep fit, on my own (doing laps around the perimeter fence). And of course, one good thing about here, is that there's nobody having a go at you while you're doing it, you know. Oh, no, I ah, I'll continue to do that as long as I can. (7) What do you enjoy in here? well, I'm in everything that go, that goes on so whatever goes on or in, I'm usually in it. (8) All my life, I've never been bored. But, since I've been here I've never been bored either. Always, always something, some way of entertainment or something. What sort of things you enjoy doing? reading, listen to, to um, anything to do with music and um, yeah, and um (doing your crossword puzzles) yeah, and ah, in between, as well (yep) also, also the um, lot of cassettes here now videos, yeah they put movies into the um tv, so yeah, I never, all my life, I've never been bored, ever it's usually, yeah, the other way around with me (laughs) not enough time. (speaks of work history) But what they do to you by way of any kind of exercises and um, entertainment and all, involving the residents at all times, always something ah, to go on. So do they want to sit all day just like (doing impression) (laughs) I mean, if there's something on like, what was it the other day? Oh yes, two days ago there was a concert for Scottish songs and dancing yeah, but I wasn't well enough that day, otherwise I would have gone. Well, I heard, heard some of it, kind of heard it anyway. If we are interested and usually about 80% are interested and the rest of them they are either not well or have visitors or go out, or what have you and that's right, so there's always something going on. Nobody could come here and sit there, day after day after day and don't know, the days are all the same, three meals a day and that's your lot. (9) Have your leisure interests changed much? yes, we're going up um, I think it's next week, we be, we get taken out different places every now and again, we're going up to King's Park and have afternoon tea, go on the bus. (10) What did you used to do before you came here? Were you in any clubs? no, not really.
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<td>What did you do for fun, has that changed much? no, not really.</td>
<td>(11) but this is quite good, you know, there's a newspaper in the morning, you've got that out there, you can go out there, you can sit around, but it, it's virtually sitting around all the time. But I've just, I've, I will say I've got no energy, no energy to do anything. I've got, I've got a box of letters in there which I've gotta go through see, fix up different details and I'm sitting out here looking at an old book there when I should be in there looking at these letters and going through them, but I want me nephew to come down so we can go through them together to get the finances fixed up and everything like that.</td>
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<td>What do you enjoy doing, you know, your leisure, leisure time? um, walking, do you do puzzles? no, I don't do any puzzles or anything like that. Do you join in the things, oh well, you go for a walk around the lake, don't you? Yes. And do you do any of the things in the main area, oh, they do bowling, do you join in the bowling? yes, oh yes, yes. And they have exercises, do you do them? Yeah. What sort of things did you used to do when you were at your previous residence? Were you in any sports clubs or any different clubs? well, tennis, that was about, was about all. Were you good at tennis? Yeah, yeah, oh good it was because ah, you don't brag about how good you are. I've always played tennis There's nothing quite like tennis here, is there? No, wish there was, some days.</td>
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<td>Has the tempo of your life changed? More quiet or hectic?</td>
<td>(2) 'move around a bit slow' 'oh, I've had a stroke ... two strokes actually.'</td>
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<td>What about before? Were you pretty active before you moved here? oh yes, very active, well as active as I could be with the pain. Yes, yeah, I used to push my body and try to forget about the pain. Forget about quite a bit. It used to take a long while to do my work, cos I had a big home.</td>
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<td>Are you more active now or less active? More active? As you can imagine I'm not active now you still do a fair bit I used to belong to the bowling club and all the clubs like that, so that took me time up, both of them and I went on everything, when I was at home. I was more active than I am now. Now it's, ah, I was in a keep fit class and I belonged to the bowling club and all them kinds of things, you know and a tennis club and those like but uh, Linton Park you're in everything here too, aren't you? as sure as I can, when I can. Now I'm more lazy.</td>
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<td>Has life slowed down a bit? oh well, it's quite different, you have to remember, I had a lot of responsibilities, and that is all gone. I would often walk into bookshops and stuff like that, anything I found very interesting, I bought, never got the chance to read it, that's right, when I came here. Even now.</td>
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<td>Do you feel like your life has slowed down a bit, or not really? no, not really, it's just ah, on a more of a, more on an even angle, you know, I haven't got, sort of a, a lawn to mow or anything like that. I sit and, I sit and do crosswords and we go out on a Wednesday, we went yesterday to that ah, that ah, what's it, a Down Syndrome place, like a day care we go, it is good, good food (yeah, cos you have lunch and...</td>
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### Question Ordered Matrix

| Are there things about Lakeside that you find better than your previous residence? | 2) ‘No, no’  
| 4) ‘Oh, no, I think they’re about the same standard, but the only thing is that I don’t do anything much for myself, that’s the only difference. I don’t, I don’t go shopping and choose it, all of that sort of thing’ (yeah, but is that better or worse?) ‘no, it’s the same, it’s the same, it’s the same, oh, it doesn’t make, it makes a big difference because otherwise I would run, I’m not running out of things. If I don’t get to the shop see, if I don’t go today. I go tomorrow and with the scooter, you’ve gotta have good weather. If I look out and it’s cloudy and cold. I think well I don’t go today, go tomorrow. I ah, don’t go if I think it’s going to be cold, I don’t have to go. I say, oh well, when the boys come in I’ll just say can you take me out to the shop.’  
| 6) oh, probably not, ah, no I don’t think so? It’s about the same really, fit in. Is the food about the same, or you know, other things about the same? funny colour, lazy but not, gee, as long as the foods pretty good then I don’t worry, I think it’s pretty good everywhere really, as long as there’s enough, and there is enough, yeah, yeah.  
| 7) my own house there’s a big difference but um, I don’t mind. I’m getting looked after, I’m getting what I want, I don’t have to cook I don’t have to do all the things that I hate that I don’t have to do.  
| 8) on my own, doesn’t compare. You can’t compare your own home with a, with a. There, one thing is you are independent if you live on your own. If you live here you are dependent, that’s the difference, absolute opposite, you see, you can’t compare the two. (Some people have talked about having their meals cooked) you might as well say what you like about here, your bed being made for you. I take my pride in still making. Anything I can do myself, I still do myself. In other words, I do not like the idea of being dependent. The main reason for me is that its really not about my mental state but because of physically I am dependent on other people or kind of here I have been one person, more ways than one. That is the only, only reason. Oh, no, nothing to do with it, but by the same token, I’m, I’m, what is that word. if I do change my, like I’ve lived in so many different places, it doesn’t affect me at all, I’m quite, quite capable of adjusting to where, whatever it is. My lifestyle is wherever I’m living. Some people probably find it more difficult and I think it is very different from people when they’re so |
in debt, that’s very difficult. Ah, there are so many things but it depends on the person concerned. Some people, even if they’ve got, even people who are barely there, if they have got ways to get around it you know, and others don’t. Um, what is possible to um, to cope with yourself, other people can’t. But as I say it may come to all of us, but all I can say really is that if no quality is left at all then I would rather be dead. I don’t like to be dependent on, depend on other people.

(9) not having to do any gardening, yeah.
(10) when you’re on your own it’s a lot better here.
(12) oh, I suppose you could say um, um, company. I think What about your own meals, did you have to prepare your own meals at home? oh yes Quite different not having to do that? ooh, yes, that’s (inaudible) for a while wash up, and all that sort of stuff, yeah. And doing your own washing? I’d just bought a big new washing machine.

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<td><strong>What is of greatest importance to you now?</strong></td>
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<td>(9) What’s of greatest importance to you now? stay healthy, I expect, that’s the main thing, isn’t it, not to sit around and do anything, sit and do nothing and watch television all day.</td>
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