

Research Article

Managing the Last Move: Older People's Practical, Relational, and Emotional Work throughout the Transition from Home to a Nursing Home

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Moving into a nursing home is a significant transition for older people which can be emotional and stressful. The literature on the decision to move and subsequent residential stress focuses on the time after admission; however, there is less understanding of older people's management of the process. To fully understand and possibly reduce negative consequences and health-related risks, the aim of this article is to explore how older people manage the transition from home to nursing home. The study is based on 21 longitudinal interviews with seven older people during the process of moving. Following Dorothy Smith's theory of work, the analysis finds three types of work—practical, relational, and emotional—that older people engage in during the transition process. The results highlight the importance of considering the entire transition process, not only experiences before or after, if we are to reduce the negative, stress-related consequences of relocations of this kind. The findings have practical implications for professionals in health and social care and point to the need to develop practical, relational, and emotional support for older people throughout the transition process.

1. Introduction

The move to a nursing home is a significant, challenging change, and for most people typically the last move they make in their lives [1]. It can also be characterised as a final option: what remains when all other avenues have been exhausted [2]. Most older people refuse to consider relocating to a nursing home unless absolutely necessary, usually because of a health emergency or increased need for care services [3, 4]. Under such circumstances, they have limited possibilities to influence the timing of the transition, adding to the stress of what can be a highly emotional experience [5–8].

The downsides of moving to a nursing home, which include leaving a familiar, secure place for an unfamiliar environment, have been described as “relocation stress syndrome,” with symptoms such as anxiety, confusion, withdrawal, and, of course, depression [9]. New residents

may also suffer from feelings of loneliness and damaged self-image [10]. The transition to a nursing home has been linked to a greater risk of health issues, and multiple studies have examined how older people adapt in the weeks or months after their admission [11–14]. The implementation of person-centred care and encouraging residents to open up with care staff about their feelings, life experiences, and involvement in the decision to relocate are thought to ease the adjustment to life in a nursing home [15–18]. The experience of feeling at home in a nursing home is facilitated or limited by organizational factors, for example, the physical environment, the possibilities for social connection, approaches to care, or workforce factors [19, 20]. Studies have focused on older people's decision-making processes before they decided to move into a nursing home [21–23].

The literature has given little consideration to the transition process per se, despite its many challenges. Lundh

et al. [24] suggest the transition to nursing home is a temporal process—a sequence of decision-making, moving, adjusting to the move, and reorientation—and the dominance of professionals in the process is clearly evident. Studies have been conducted on the effects of relocation and residential stress, specifically focusing on the period after admission and the reasons before the decision to move. The limited amount of longitudinal research has shed light on older people's sense of security when moving to nursing homes [25]; however, little is known of older people's management and work throughout the process, hindering our ability to understand and potentially reduce the negative consequences and health-related risks. The aim of this article is thus to explore how older people manage the transition from home to nursing home. This is achieved by an approach that emphasises the older people's agency and they have been interviewed at all stages of the process: when their nursing home application was approved; when they were offered a place in a specific home; when they had lived in the nursing home for a day; and when they had lived there several weeks or months.

This is a study of conditions in Sweden, a universal welfare state with an extensive system of benefits and services corresponding to the lifetime needs of its citizens [26]. Care and support services (healthcare, home care, and nursing home) are funded by taxes and any associated fees are based on the person's income and ability to pay [27]. In recent decades, aging in place (AIP) has been official public policy in Sweden [28]. Most older adults prefer to continue living at home with the option of having home-based care [29]. AIP offers advanced care at home and extensive housing adaptations, thus delaying any potential relocation to nursing homes. The corollary is when older persons do finally move into nursing homes, they have significant care needs [30].

The only way to be admitted to a nursing home in Sweden is to undergo a needs assessment, where local authority care managers act as gatekeepers [22]. It is impossible to sign up in advance or pay extra to get a place. Once an older person is assessed as being eligible for nursing home care, the local authority must offer them a place within three months—meaning they might be offered a place the following day or as late as three months later. Once offered the place, the older person usually has a week to accept it and a further week to move in, although in some cities it has now been reduced to three plus three days.

Nursing home residents in Sweden pay rent and fees for their care and food at a rate proportionate to their income, while the bulk of the costs are met by taxes. Swedish nursing homes are regulated by legislation that emphasises the residents' autonomy and participation, and residents have their own small apartments with a bathroom and kitchenette. A dining room and lounge are available for all residents.

The present article highlights the significance of older people's perspectives on the transition and in their active role in the process. There is a risk that older people's perspectives are reduced to their reflections and thoughts, omitting their agency from the transition process.

2. Materials and Methods

The study was carried out in a local authority in the south of Sweden. A total of 21 qualitative interviews were conducted by the first author, of which 19 were conducted in the older people's homes or nursing homes and digitally recorded and transcribed, and 2 were conducted over the telephone and documented with notes. Seven people (six women and one man) aged 87–95 were interviewed on minimum one and maximum four occasions. The interviews lasted 45–60 minutes and were semistructured [31], which gave the first author the flexibility to adjust the questions and add follow-up questions in order to concentrate on certain issues. Participants were recruited via the local authority care manager at the point when they approved older people's applications for residential care: the care manager informed the potential participant about the research project, and if they were interested their name was passed to the first author; the first author, in contacting the potential participant, again informed them about the project and asked if they agreed to participate; if they consented, the first interview was conducted (see Table 1). A second interview was conducted once the care manager had informed the participant an apartment was available at the nursing home and the participant had had the chance to visit it. A third interview was conducted within a fortnight of the participant moving into the nursing home. A final, fourth interview was conducted 3–6 months after the participant moved into the nursing home.

Potential participants gave informed consent in order to participate. Their capacity to consent was based on the care manager's professional judgement and assessment from meeting the older person when they applied for residential care. Some applicants were well known to the care manager from previous applications for home care; others were new to them.

One participant did not wish to be interviewed at home, so the first author interviewed her twice by phone, taking notes rather than recording the interviews. Two of the participants died in the course of the transition process and were not interviewed all four times. One participant asked to split the third interview across two occasions. One participant withdrew their application for residential care after they visited the nursing home. Of the five who undertook the transition, four did so from home and as a planned process and the fifth transferred to the nursing home from hospital in a more unplanned process.

The interview guide was developed by the first author and then discussed with the other authors. The interview questions aimed to capture descriptions of the older persons' current situation and their feelings and thoughts, in order to explore how older people manage the transition from home to nursing home.

2.1. Data Analysis. We conducted a reflexive thematic analysis [32, 33] and proceeded in stages to identify patterns of meaning. Initially, the focus was on familiarising ourselves with the data, with all authors thoroughly reading and rereading the transcribed interviews. Our preunderstanding, based on our previous research (second and third author)

TABLE 1: Interviews, with number of days from first interview.

Participants	Interview 1: qualified for NH	Interview 2: offered NH place	Interview 3: moved into NH	Interview 4: at NH for some time	Remarks	Interviews in total
Doris	Day 1	Day 77	Day 91	Day 241		4
Fred	Day 1	Day 15	Day 32 and 34	Day 159	Extra interview due to technical problems recording interview day 32	4
Betty	Day 1	Day 71	Day 101		Died after the third interview	3
Christine	Day 1	Day 3	Day 25		Telephone interview. Chose not to participate in the 4th and final interview	3
Gloria	Day 1	No interview	Day 22 and 30		Applied NH from hospital. Offered NH 15 days after interview 1 as an alternative to returning home. No second interview on ethical grounds	3
Ellen	Day 1				Extra interview at participant's request. Died 109 days after first interview	1
Annie	Day 1	Day 20			Died 21 days after first interview Stayed at home rather than move into NH (withdrew application). Follow-up interview 6 months later	3

and working life experiences as a care manager (first author), was that the transition to a nursing home is a complex, challenging process that often concerns frail older people. Subsequently, initial codes were developed and discussed extensively by the three authors. At the third stage, we integrated Dorothy Smith's concept of work as an analytical framework, which guided the analysis towards a more deductive approach.

Dorothy Smith's concept of work [34] has informed the theoretical framework, with work defined in broad terms as "anything done by people that takes time and effort, that they mean to do, that is done under definite conditions and with whatever means and tools, and that they may have to think about." Smith holds that work is done intentionally in a specific place and under specific conditions, and that it takes time: selecting items from supermarket shelves, for example; waiting in line; filling in a tax return. Here Smith's concept of work was a lens through which to view the knowledge, skills, and effort required of older people to manage the process of relocating to a nursing home.

Utilizing Smith's concept of work, we further explored the data, consolidating certain codes to construct candidate themes while excluding others judged to fall outside the study's scope. This analysis generated three principal themes. In the subsequent stage, we revisited these themes to identify nuances and details in the various types of work concerned. For example, we noted that relational work frequently involved older people's efforts to reassure apprehensive family members of their well-being, even when their actual sentiments contradicted such reassurances, while also managing perceptions of a smooth transition process.

Through our analysis of the empirical material in relation to Smith's concept of work we constructed themes and provided new critical perspectives [35]. All three researchers collaborated to review potential themes and their internal homogeneity and external heterogeneity. In the last step of the analysis we defined and named the final themes—three themes and four subthemes—and selected what quotes to use to illustrate them.

To use the concept of work—practical, relational, and emotional—to interpret the interviews was to tap into the individual's subjectivity and experience, about which they are the experts. This approach promises a broader understanding beyond the standard "organizational rationale" [34] of older people's transition processes and the practicalities of choosing a nursing home, packing personal belongings, moving, and settling in. By focusing on the work involved, the findings illustrate how older people prepare and make decisions, how they pack their belongings, and what they think and feel [34]. The result is greater insight into how older people coordinate their work with others, such as their adult children, other family members, and the professionals involved.

2.2. Trustworthiness. We have chosen to use the criteria by Lincoln and Guba [36] to demonstrate trustworthiness. The credibility criterion—when readers are confronted with the experience, they can recognize it [37]—can be said to be

fulfilled by the repeated interviews with the participants. Transferability, or generalizability, is supported by the theoretical framework. We have worked with the concept dependability through discussions of each decision and choice during the research process, and by discussing interpretations of the data and the theoretical concept, we have established confirmability.

2.3. Ethical Considerations. The study was conducted in accordance with the Declaration of Helsinki (1964) and approved by the Swedish Ethical Review Authority (Dnr 2021-02033). Informed consent was obtained for each interview. The voluntariness of participation was repeatedly emphasised and participants were told they could withdraw at any stage without explanation. Nevertheless, the use of care managers for recruitment could have affected the participants' decision to participate. The care managers are in a position of power to approve the participants' place at a nursing home. This meant that the first author had to be very sensitive in her approach to the participants, listening in if they in any way felt forced to participate, and she repeatedly emphasised the voluntariness to participate as well as ensure that any decision to withdraw their participation would not affect the possibilities to move to a nursing home.

The need for sensitivity in interviews with older people in mid-transition was recognized. From her previous work as a care manager the first author has an understanding of older people's vulnerability in such situations and proven experience of conducting interviews under such conditions. In the presentation of the findings, pseudonyms are used to deidentify the participants.

3. Results and Discussion: Practical, Relational, and Emotional Work

Focusing on older people's first-hand experiences of the transition process to a nursing home, the analysis has identified three types (themes) of work: practical work; relational work; and emotional work. The hands-on work of determining the size of their nursing home apartment or choosing what furniture to take constituted the practical work. Relational work took two forms (subthemes): their efforts to maintain positive relationships with family members by reassuring them that everything would be fine; and their efforts to establish new relationships once they had moved into the nursing home. Emotional work also took two forms (subthemes): dealing with the feeling of being too old to cope with the stresses of moving; and accepting the move and settling in.

3.1. Practical Work. Moving home entails practical work, but it is evident from the analysis that the practical work of moving into a nursing home is of a different order. Participants were often moving somewhere they had not chosen themselves, and which they had only the vaguest idea about. In the initial phase, their practical work thus included deciding which nursing home would be best (they could request and rank places in three nursing homes). Some

searched online. Some were able to visit before deciding, which required further practical work, such as how to get there, whether they should be accompanied by family members, and what to look for during the visit.

Participants were engaging in further practical work at the time of the second and third interviews—the stage when they were assigned a specific nursing home. Examples they described included deciding what to leave behind, trying to find new homes for favourite possessions, saying goodbye to their old home and to objects with emotional value, booking a moving company, and involving family members. Several participants said that they outsourced some of the practical work to family members, a point where those with weaker family networks experienced problems. That was the case for Annie, a woman about to move into a nursing home, who was reliant on her two sons for help; when it was time to move it transpired there was no plan for how to move her things and she had to remain in her old home, against her will.

Packing belongings and choosing what to keep involved visualising what their new home would be like. In Fred's case, his practical work entailed discovering the meaning of a "naked room" and whether such a room had curtains or not.

Fred: One thing that worries me is the curtains. How that will be. . . I think she (the nursing home manager) said the apartment is totally empty. And then curtains are a problem. In this place we hang the curtains ourselves. And that's what you have to do, but I'm not particularly thrilled at the idea.

Interviewer: But don't you think you can get some help with that?

Fred: Yes, I hope so. We'll see how we figure it out.

Another participant, Annie, was exhausted and worried about what to take and what to leave behind:

Annie: I've not been sleeping, just been lying there with my eyes closed but not able to sleep.

Interviewer: No. What are you thinking about then?

Annie: I'm just thinking about how to live. How to move. Stuff. I've lived here for 40 years. More than 40 years. All the things and stuff. I don't know what to do at all.

Annie's and Fred's transition processes were characterised by their uncertainty about what to take and what help they could expect with the move. Their practical work was informed by their previous experiences, which were not applicable to the process of moving into a nursing home.

The follow-up interviews revealed the practical work continued after participants had moved in. The transition process was not over: furniture had to be arranged, and TV and telephones had to be installed. Participants described their practical work as shaped by advice communicated to them by their children. In several cases, it was their children who furnished their new apartment. Participants explained that putting adult children in charge was something that both facilitated the move and created additional work.

Christine: Well, to start with, everything is new to me. I don't know, my family brought clothes and shoes and everything. So, I don't know what I have with me! Well, just go along with it.

In Christine's case, the final part of her transition process involved extensive practical work, familiarising herself with her own belongings in an unfamiliar place—and the surprise of finding out what clothes and shoes she had in her new home.

Previous research has shown the importance of homelike settings in nursing homes, with design and layouts that promote both privacy and social interaction [19]. Nonetheless, to obtain a homelike setting involves much practical work from older people and their families: packing, planning, and figuring things out, as described by the participants.

3.2. Relational Work: Reassuring Anxious Family Members. In contrast to their practical work, the older people's relational work was often invisible, but took "time, effort, and intent" [34]. Two types of relational work were identified in the analysis: reassuring anxious family members; and establishing new relationships.

Family is acknowledged to be a key support when moving into a nursing home [29, 38], but the present study finds that family is also an actor whom the older person has to "work" with. Participants reported that they were often dependent on family members for help with the move. However, family involvement also required relational effort from the older person. Many participants were concerned that the transition process was a burden on their adult children. The participants described children who wanted them to move, but worried that they would not settle in their new home. Worried family members were thought of as something that participants had to "work on" by reassuring them everything was fine. Thus, their relational work entailed impression management, giving the "right" impression in their family interactions. In the initial phase of the transition process, Doris visited a nursing home with her daughter. From Doris' viewpoint this was not only about viewing a potential home, but also about giving her daughter the right impression so she was convinced her mother liked the place:

Doris: Sarah [her daughter] has considered which nursing homes could be nice to live in. (. . .) Then I said to Sarah when we left after visiting the nursing home, "Did you notice?" "Yes," she said! So, she did notice, and also the fact that I had noticed. She must have felt my relief and saw that this place, it was proper, neat, and tidy.

It was not enough for Doris to like the place; she had to engage in relational work to communicate this feeling to her daughter. Several participants described their efforts to confirm to others that they were comfortable and satisfied with their relocation, even in situations when it was not true. Even though it was only one person who was relocating, the transition was a relational one. The relocation included relational transitions [39], highlighting the changes—and

work—in family relationships, but also new relationships to work on with care staff and other residents.

In several cases, the participants expressed that the reason for moving into a nursing home was to ease the burden on adult children and make them feel safe. This is of particular interest because the official policy in Sweden is that family members have no right to speak on behalf of an older relative, and yet a common theme in our data was older people openly stating they had moved for their children's sake, even when it went against their own wishes.

Betty: My children are scared I'll fall and injure myself. And it has happened; I've fallen and hurt myself. So I don't know what to say about moving. I'm not very happy about moving, no.

Participants described situations when their relational work left them saying everything was fine, even though they were worried and did not want to move. Their actions were shaped by others' perceptions of them as dependent, which led to conflicted feelings. In Betty's case, her relational work was informed by her belief that a move would reassure her children, but it placed her in a difficult situation because it was against her will. Several participants described how they coordinated their move with family members' plans and circumstances. For example, moving before the summer holidays meant that adult children could travel without worrying about their parents. In this sense, moving into a nursing home is not something you do for your own sake as much as for your children.

Doris expressed her concerns for her adult children: they were going through a hard patch, they needed to buy her groceries, and their summer plans were spoiled because of her. Moving into a nursing home at the right moment was relational work that would give worried children a freer, happier life. Relocation was described as being as much for others as for oneself: "If I feel safe, the children feel safe" (Doris). Thus, a central aspect of relational work was not wanting to burden adult children [20]. Benefit of moving to a nursing home was amongst others to satisfy the children or other family members [40].

3.3. *Relational Work: Establishing New Relationships.*

Another kind of relational work was that of establishing new relationships during the process of moving and settling in. Forming relationships with staff was considered important but challenging, for example, because of hearing loss and visual impairment. Gloria described her active involvement in asking staff to spell out their names slowly so she could recognize them.

The process of establishing new relationships with other residents could be exhausting. Before moving in, several participants described themselves as isolated and said they hoped for a better social life in the nursing home. However, the interviews conducted after they had moved revealed a gap between expectation and reality. The participants expressed difficulties to socialise and to form social bonds with fellow residents. Doris, for example, wanted to establish

social relationships, but found it hard because other residents mostly stayed in the privacy of their own apartments. Her hopes of socialising with like-minded people were replaced by a sense of loneliness, wondering how to establish new relationships:

Doris: Well, they're in their rooms. I didn't really expect that. I thought they would be sitting in the lounge and talking to each other, but no. They stay in their rooms. I thought there would be more activities.

Some participants said they had been approached by other residents, but they had been clear they wanted to form an opinion about others before establishing relationships. Relational work thus also involved the avoidance of social ties. A relationship with a neighbour in the corridor of a nursing home may be difficult to break off if it does not feel right. The work of establishing new relationships could require multiple steps, beginning with forming opinions and evaluating other residents:

Betty: I did meet a woman called Sarah and she liked to talk to me. She said it was a good place to live and so on. (...) My hearing is impaired. And my vision is impaired. So I can't really form an opinion. But the ones I met were nice and friendly. The old bats!

Betty described fellow residents as kind, but also made a distancing and somewhat derogatory remark about them being "old bats."

The importance of building meaningful relationships with other residents and staff has been shown in previous research [19, 20, 41]. Our study illustrated a wish for establishing relationships, but also a carefulness to form social bonds to other residents that could be difficult to break off.

3.4. Emotional Work: Being Too Old to Move. A third type of work was introspective and centred on handling the timing and the emotional aspects of the move. Participants said that they saw themselves as "on time" for living in a nursing home, but as "off time" for going through a demanding transition process [42]. Two forms of this emotional work were identified in the analysis: dealing with feeling too old to move; and accepting the move and settling in. Much of it can be described as invisible but demanding work, such as thinking the move was the only solution or worrying in general.

Several participants talked of themselves as "old" and considered a nursing home to be an appropriate place to live at their stage in life. At the same time, however, they considered themselves "too old" to cope with the move [40], portraying it as exhausting and stressful—something feasible for younger people, but not for people in their nineties.

Betty: I'm used to living here in my apartment. I like it here. It's... well... I don't know how to put it. I'll be 95. It's quite difficult.

Interviewer: How do you mean?

Betty: I'm too old to move.

Betty construed her current phase of life as one when she should stay put. She emphasised that she was “used to living” at home and gave her age as a logical reason for her reluctance to relocate to a nursing home. At the same time, she described her situation as unsustainable, given she needed so much help at her age: “I need help. I can't cope on my own. It's impossible. It goes without saying that it's impossible.” In her descriptions, age expectation informed her perception of normality and deviance in the transition process. She positioned herself as “on time” for living in a nursing home, but as “off time” (too old) to go through a stressful transition process.

Age and life course determined several participants' interpretations of the emotional work associated with relocating, especially when leaving their home of many years. Some participants explicitly used the term “work” to explain their experience of relocating at their stage of life. Participants fell back on notions of a typical life course when blaming the eldercare system for a transition that was out of sync with their reality:

Gloria: Yes, I'll get there, but there are a lot of struggles.

Interviewer: In what way?

Gloria: For an old woman who is ill and in pain.

Interviewer: How do you mean?

Gloria: It takes a lot of work to move, as you can see.

Gloria positioned herself as old, a phase of life traditionally associated with retirement and rest. Equally, she talked about the transition in terms “work”—an activity deviating from what was expected from retired people [34]. For Gloria it was stressful and emotional having to spend time and energy on “work” at her age.

3.5. Emotional Work: Accepting and Settling In. On their first day in a nursing home, acceptance was a critical issue for participants, surrounded with familiar objects in an unfamiliar environment. Doris referred to the peculiarity of the situation:

They were here and arranged the furniture on the Sunday, and I arrived the following Monday. At about lunchtime. And that was a little bit strange. It felt odd to sit and look at my things and realise this is where I will spend my days now. My final days.

The literature underlines the importance of personal belongings when relocating to a residential care setting [43, 44]. For Doris, though, sitting looking at her belongings in a strange new place was emotional work to a high degree—a stark reminder that she was going to live there

until she died. Furniture and belongings seemed to be emotionally charged reminders for participants that their stay in a nursing home was not temporary, it was for life. Their emotional work centred on managing the transition process and overcoming reluctance. As one participant said, it was about “getting over it”:

Christine: It wasn't me who took the initiative to move. But I figured it would be the usual thing: you must make an effort and try to get over it and then it becomes normal to be there.

Many of the participants' difficulties concerned the rapidity of the transition process. They reported that the transition was experienced as too swift, requiring a great deal of emotional work to cope. Fred described the process from his viewpoint:

Fred: You don't have time to grasp what you're doing. You meet strangers, you're allowed to visit briefly one day, and you walk around, and they tell you things. The manager knew that I'm completely blind, so she took my hand and let me feel different objects. But, oh dear, what kind of impression does that give you? And then I've got one day to decide to move.

Interviewer: But you will accept this offer?

Fred: Yes. And now you described it as an offer, it should be more like that. You should have time—Do you want to have a look? Once or twice? Do you need time to consider?—and then make a decision. Now there is no chance; you're buying a pig in a poke. It's a shock and a surprise. But then others say it's fantastic, congratulations.

Fred framed his emotional work as moving to an unknown place while trying to think of it as “fantastic.” The act of presenting the decision to move to a nursing home as a personal choice is also a form of emotional work.

Doris: I don't have any choice now. It is what it is.

Interviewer: And you've accepted it.

Doris: Yes. I *requested* this. Because I didn't want home care services. Otherwise, I could have lived at home in my big apartment. But I wouldn't have been free. I wouldn't have got through the door in this wheelchair, I reckon. But it was a nice, large apartment in general.

Doris framed herself through her emotional work as being too old to live on her own and the nursing home as the best in the city. Several participants described similar emotional work.

Interviewer: Did it feel like it was going to be fine here?

Fred: Well. . . Mixed feelings. . . it's not quite finished yet. But I thought it was a good idea and I understand that it's an absolute must. But I feel sometimes that it can be quite

annoying, only having this room to move about in. But what can you do? How would you solve it? There is no better solution. I have everything I need. I don't have to worry about anything. They wake me up at half past seven, and they help me to bed at seven at night. And I get food and care. Everything that I... I have no reason to complain.

When asked if he liked his new home, Fred was reluctant to give a definite answer. His comment that "it's not quite finished yet" showed it was emotional work in progress, and he reminded himself "I understand that it is an absolute must." The literature concentrates on older people's reminiscence work or the work—or construction—of new identities and belonging when moving into residential care [45–47], but our findings add another dimension to older people's work and the effort involved. The participants' emotional work underscored it was work in progress, convincing themselves (and others) and "getting over it." The transition is associated with ambivalent thoughts and emotions [1, 40]. Granbom et al. [1] talk of residential reasoning, i.e., the way older people use their experiences to build upon or dismiss attachment to place before or after a move to a nursing home. However, by following the transition process step by step, we have established how much work is actually required at every stage. The challenges and stress that older people may experience are captured in detail. This gives further understanding to the complex process of moving from home to nursing home.

3.6. Limitations. The study examined transitions to nursing homes in Sweden, a context wherein placement is reserved solely for individuals with significant care needs. While this constraint signifies that various systems and countries may exhibit distinct circumstances, such as the timeframe and need assessment, the theoretical contribution of the study remains pertinent. Specifically, the utilization of the concepts of practical, relational, and emotional labor facilitates an understanding of older persons' experiences during relocation. This framework can be applied to investigate similar phenomena in diverse international contexts.

Another limitation of the study pertains to the size of the interview sample, comprising 21 interviews conducted with seven interviewees. Nevertheless, this group constitutes a hard-to-reach demographic, where participant attrition or mortality is to be expected given their advanced age and state of health.

4. Conclusions

The study shows that the transition process requires considerable work on the part of older people, much of it invisible. The transition involves practical, relational, and emotional work under stressful circumstances. Nevertheless, rather than resigned acceptance about the transition [16], our participants demonstrated their agency in the different forms of work they undertook.

The stress-related consequences of relocating from one's home to a nursing home stem from moving from a secure to an unfamiliar place, but also from the work involved in the transition process. To reduce the negative consequences, we need to consider the entire transition process, not just experiences before or after admission to a nursing home.

These findings have practical implications for healthcare and social care professionals. The nature of the older people's "work" charted in this study underlines the need to develop practical, relational, and emotional support for older people in the process of relocating to nursing homes. This is of particular importance at a time when aging-in-place policies have been adopted internationally, meaning that older people live at home longer and are increasingly frail when they begin the demanding transition to a nursing home. While the need for practical support is known from previous studies, this study shows the need also to develop relational and emotional support: relational support is crucial to assist older adults to reassure their relatives and to form new relationships; emotional support can help them manage perceptions of being off-time for the transition and help them accept a new phase of life in a nursing home context. Recommendations for practice are for instance that both care managers and nursing home managers and staff collaborate and design a support system to capture individual needs of older people that are in the transition process. To examine support forms should also be of interest for further research.

Data Availability

Due to ethical concerns, supporting data cannot be made openly available. Further information about the data and conditions for access is available at the Lund University Data Archive: dataskyddsbud@lu.se.

Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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