Table 2. Characteristics of included studies (continued).

Author(s). Year. Location	Aim	Methods	Setting and sampling	Findings
Tao et al. (2016). Liaoning, China	– To identify the perception and inclination about elderly care among empty nesters in the community	– In-depth interview – Colaizzi's method	– Setting: Community – Older participants: (n = 23) – Gender: F = 10, M = 13 – Age range: 62–86 years	– Six themes were identified: 1. Satisfaction with self-esteem needs 2. Cost-effectiveness issues 3. Convenience and privacy protection 4. Quality of care services 5. Family burden 6. Emotional care needs
Wang et al. (2016), Shanghai, China	– To explore residents' perspectives of LTC facilities in China	– Semi-structured interview – Conventional content analysis	– Setting: (n = 4) Government-run LTC facility = 1 Community-run LTC facility = 1 Privately-run LTC facility = 2 – Older participants: (n = 25) – Gender: F = 9, M = 16 – Age range: 63–94 years – ADL status: Dependent = 6, independent = 5, semi-dependence = 14 – Range of residency: 6 months to 11 years	– Three themes and nine subthemes were identified: 1. Influences of cultural beliefs 2. Basic care needs fulfilled in LTC facilities: basic living guarantee, promoted sense of security, more social opportunities, a sense of relief 3. Lack of quality care in LTC facilities: lack of autonomy and control, lack of self-belonging, affecting sense of dignity, loss of self-worth, threats to religious belief
Han et al. (2017). Shijiazhuang, China	– To investigate the life experience of aged residents living in private rest homes in Shijiazhuang	– Semi-structured interview – Colaizzi's method	– Setting: (n = 3) Private rest home = 3 – Older participants: (n = 12) – Gender: F = 6, M = 6 – Age range: 69–87 years – ADL range: 35–95 (Barthel index) – Length of residency: 6 months +	– Four themes and eight subthemes were identified: 1. High-quality experiences: daily life security, spiritual and cultural life enrichment, diversification of social support systems 2. Life adaptation 3. Conflicts: health condition, nutritional status of catering, group living, rules and regulations, emotional care needs 4. Expectations
Wang et al. (2017). Wuhan, China	– To explore the experience of the elderly living in medical–nursing combined pension institutions to provide a reference for nursing quality improvements	– Semi-structured in-depth interview – Category analysis	– Setting: (n = 4) Public institution = 1 Private-owned institution = 3 – Older participants: (n = 21) – Gender: F = 14, M = 7 – Age range: 65–92 years – ADL range: 10–100 (Barthel index) – Range of residency: 1 month to 10 years	– Six domains and 16 themes were identified: 1. Tangibility: hardware equipment, barrier-free design, demand for fitness and rehabilitation areas, healthcare resources 2. Reliability: care worker competency, care efficiency 3. Assurance: daily life security, protection of rights 4. Empathy: basic life care, dignified and privacy care, spiritual belonging care 5. Continuity: care continuity, treatment continuity, end-of-life care continuity 6. Fairness: disparity in quality of care, dispute handling bias

Table 2. Characteristics of included studies (continued).

Author(s). Year. Location	Aim	Methods	Setting and sampling	Findings
Chen et al. (2017). Liaoning, China	– To explore the demands of long-term care for elderly people with semi-self-care in economically undeveloped regions	– Semi-structured interview – Colaizzi's method	– Setting: (n = 10) Public + private nursing home – Older participants: (n = 17) – Gender: F = 8, M = 9 – Age range: 62–82 years – ADL range: 45–60 (Barthel index) – Length of residency: 1.5 years +	– Five themes and 12 subthemes were identified: 1. Low level of social participation: partial loss of self-care ability, high activity barriers, gender differences, unfulfilled personal values, decline in self-identity 2. No timely healthcare and medical and health services: shortage of rehabilitation and exercise equipment, far away from hospital, poor transportation, shortage of healthcare staff, inadequate medical facilities 3. Difficulties with making breakthrough in nursing service: competency of care staff, lack of professional skills 4. Backward cultural services for the elderly 5. Limited support from government and volunteer services
Song et al. (2018). Jinan, China	– To describe residents' experiences in LTC facilities, particularly as it related to physical function	– Semi-structured interview – Content analysis	– Setting: (n = 2) Government-run LTC facility = 1 Privately run LTC facility = 1 – Older participants: (n = 5) – Gender: F = 4, M = 1 – Average age: 82.6 years – ADL status: dependent = 1, independent = 3, semi-dependent = 1 – Length of residency: 14 months to 13 years	– Five themes were identified: 1. Staff care 2. Care from family members 3. Physical environment 4. Coresidents in the facility 5. Resident-developed strategies
Zhang (2019). Chengdu, China	– To find the relationship between institutional elder care and filial piety	– Semi-structured interview – Thematic analysis	– Setting: (n = 7) Government-run nursing home = 3 Collectively run nursing home = 3 Privately run = 1 – Older participants: (n = 18) – Length of residency: 3 months +	– Four main themes were identified: 1. Compelling reasons to settle in nursing homes 2. Mixed feelings for settling in nursing homes 3. Disagreement with the viewpoint that "sending parents to nursing homes is unfilial" 4. Recognition of various manifestation modes of filial piety
Lao et al. (2019). Macao, China	– To explore the Chinese older people's perceptions regarding family involvement and specific factors influencing family involvement in residential care homes	– Semi-structured interview – Content analysis	– Setting: (n = 2) Governmental-sponsored residential care homes – Older participants: (n = 10) – Gender: F = 2, M = 8 – Mean age: 78.2 years (range = 68–94 years) – Average length of residency: 27.9 months (range = 3 months to 12 years) – ADL range: 15–100 (Barthel index)	– Four themes and seven subthemes were identified: 1. Components of family involvement: social companionship, physiological care and support, advocator for better care 2. Factors influencing family involvement 3. Impact of family involvement on elders' lives: being there and supportive, staying connected with the outside world, regarding (nursing) home as a homelike ambience 4. Promoting family involvement strategies

Table 2. Characteristics of included studies (continued).

Author(s). Year. Location	Aim	Methods	Setting and sampling	Findings
Xing et al. (2020). Dongguan, China	– To explore the stress and experiences of relocation among elderly in nursing homes	– Semi-structured in-depth interview – Colaizzi's method	– Setting: (*n* = 1) Nursing home – Older participants: (*n* = 16) – Gender: F = 9, M = 7 – Age range: 68–84 years – ADL range: 45–60 (Barthel index) – Length of residency: 6 months to 1 year	– Four domains and 15 themes were identified: 1. Experiences before admission: content and happy, distressing experience, relocation reason 2. Experiences after admission: depression and escape, loneliness, confusion and behavior disorganization, anxiety, physical symptoms 3. Current experiences: unaffected by symptomatic relief, face up to aging, understanding and acceptance, behavior modification 4. Looking forward: active adaptation, passive acceptance, concerns and fears
Wu & Rong (2020). Tainan, Taiwan	– To explore the relocation experiences of the elderly to LTC facilities in Taiwan to inform policy and practice to address the needs effectively	– Semi-structured interview – Continuous comparative method of grounded theory	– Setting: (*n* = 2) Nursing home = 1, assisted living facility = 1 – Older participants: (*n* = 16) – Gender: F = 11, M = 5 – Mean age: 81.9 years – Range of residency: 2–11 months	– Four themes were identified: 1. Wish to minimize the burden but stay connected with the family 2. Perceived barriers to adaptation 3. Valuing tailored care 4. Acceptance and engagement
Wang et al. (2020). Zhengzhou, China	– To understand the real thoughts of cognition, behavior, and needs for family support among old-age care institutional elderly	– Observation and semi-structured interview – Colaizzi's method	– Setting: (*n* = 4) Government aged care institution = 2 Public aged care institution = 2 – Older participants: (*n* = 15) – Gender: F = 7, M = 8 – Age range: 66–88 years – Dependence: Dependent = 3, Independent = 4, formal = 4, semi-dependent = 4 – Length of residency: 1.5–10 years	– Three themes and nine subthemes were identified: 1. Cognition of family support: vague understanding of the meaning and content of family support after entering the institution, confusion about division of responsibilities between children and institutional caregivers 2. Status of family support: low quality of family support and unmet needs of older people for affection; desire for adult children to be involved in their care; the honor of Chinese older people who suppress their need for affection from children 3. Family needs: material support, behavior support needs, emotional comfort needs, information support needs

Table 2. Characteristics of included studies (continued).

Author(s). Year. Location	Aim	Methods	Setting and sampling	Findings
Lan et al. (2020). Fuzhou, China	– To describe the psychosocial reactions to relocation to a nursing home from the perspective of older adults	– Semi-structured interview – Content analysis	– Setting: (n = 4) Private nursing home = 2 Public nursing home = 2 – Older participants: (n = 23) – Gender: F = 14, M = 9 – Mean age: 83.7 years (± 6.9 years) – Self-care ability: dependent = 2, independent = 21	– Five key stages of reaction to relocation to a nursing home were identified: 1. Fear: negative labels attached to nursing homes, disconnection to society, difficulties in establishing new relationships, fears of being abandoned by their families 2. Struggle: complaints about family members, thinking of returning home, praying for change, taking action to leave 3. Compromise 4. Acceptance: accepting life albeit with worries, affirming benefits of living in a nursing home, embracing nursing home life 5. Contribution: sense of ownership, bringing their self-worth into full play
Pan et al. (2020). Suzhou and Beijing, China	– To explore older adults' perspectives and experiences of social participation in long-term care institutions	– Focus group interview – Thematic analysis	– Setting: (n = 2) Private LTC = 1, public LTC = 1 – Older participants: (n = 40) – Gender: F = 25, M = 15 – Average age: 86.6 years – Average length of residency: 5.72 years	– Three themes were identified: 1. Increased spare time 2. Increased presence of peers for social participation 3. New participation opportunities with lost old hobbies
Sun et al. (2021). Nanjing, China	– To explore older adults' experience and the need for the transition to the nursing home in China	– Semi-structured interview – Content analysis approach	– Setting: (n = 2) Nursing home – Older participants: (n = 11) – Gender: F = 5, M = 6 – Mean age: 84 years (range = 76–93 years) – Average length of residency: 9.2 months (range = 3–12 months)	– Three themes and ten subthemes were identified: 1. Chinese culture, policy, and adaptation: staying modest and prudent, feeling shy to speak with males, familism suppressing the inner voice, the new policy "Combination of Medical Service and Care" bringing benefits 2. Adaptation to nursing homes: poor quality of sleep and catering, relationship development, emotional reactions 3. Needs of residents: emotional support, more interactions, self-realization

Table 2. Characteristics of included studies (continued).

Author(s). Year. Location	Aim	Methods	Setting and sampling	Findings
Chen et al. (2021). Zhengzhou, China	– To describe the desired caring behaviors from the perspective of elderly residents	– Semi-structured interview – Thematic analyses	– Setting: Private and public nursing home – Older participants: (*n* = 14) – Gender: F = 9, M = 5 – Age range: 68–83 years – Range of residency: 1–12 years	– Two domains and 5 themes and 14 subthemes were identified: 1. Caring behaviors perceived by elderly residents (1) Health services: disease monitoring, psychological counseling, health promotion and health preservation (2) Livable environment: facilities distribution, daily life services (3) Social interaction: interpersonal relationship, family care, volunteer activities 2. Factors associated with elderly residents' perceptions of caring behaviors (1) Nursing assistant factors: insufficient human resources, lack of professional guidance, caring literacy deficiency (2) Resident factors: educational level, physical and psychological status, financial situation
Shen et al. (2021). Chongqing, China	– To explore the new care needs of nursing home disabled residents from their perspectives to help healthcare professionals understand these needs to ensure the provisions of high quality of care to meet their needs	– Unstructured interview – Thematic analysis	– Setting: (*n* = 2) Public nursing home = 1 Private nursing home = 1 – Older participants: (*n* = 23) – Gender: F = 15, M = 8 – Mean age: 80.7 years – Degree of disability: Moderate = 6, mild = 14, severe = 3 – Average length of residency: 32.5 years	– Four dimensions and 12 aspects of the new needs among the disabled elderly in nursing homes were identified: 1. Intelligent technology: intelligent health management, intelligent life care, intelligent psychological care 2. Security: air and food safety, network cost and security, protection of privacy 3. Participation: social relations, team activities, self-regulated learning 4. Spirituality: religious belief needs, maintaining dignity, self-determination
Jin et al. (2021). Zhengzhou, China	– To understand the migration stress and adjustment experiences of the elderly in elderly care institutions	– Semi-structured interview – Colaizzi's method	– Setting: (*n* = 3) Aged care institution – Older participants: (*n* = 14) – Gender: F = 8, M = 6 – Age range: 72–88 years – Length of residency: 3 months +	– Three themes and six subthemes were identified: 1. Stress and challenge of relocation: passive decision-making, concerns 2. Adjustment and adaptation after admission: compromise, acceptance, and coping strategy 3. Needs and expectations for the future: improve relocation transition, enhance social support

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Table 3. Synthesis findings of relocation experiences.

Core category	Category	Supporting raw data from included studies
Decision-making and preparation of relocation	Attitude toward relocation	"My family is quite open to these relatively new ideas of moving into an institution to stay for the rest of our lives. You should know that there are not so many people open to such an idea. But it's becoming increasingly popular. My children found me this place." (Chen, 2011)
	Reason for relocation	"Two years ago, I was hospitalized because of cerebral infarction. After I left the hospital, I needed someone to take care of me. My son was abroad, and my daughter was still working. Later, my daughter suggested finding a good nursing home for me. Thus, I am here now." (Zhang, 2019)
	Facility selection criteria	"I don't want to make a quick decision … I first lived here in spring for a month, and I came back in winter for another month. I'd like to try and experience the differences in various seasons … then I will know if I can adapt to the life here and make my final decision." (Cheng et al., 2012)
		"My daughter works nearby. She chose this place so she could visit me easily, even during her break at noon." (Wu & Rong, 2020)
	Preparation before relocation	"Bringing along my favorite belongings into the nursing homes … such as … pictures, a vase … and my own eating utensils …" "I would invite more visits from family members and friends … I hope so … " (Tse, 2007)
Physical and psychological burden	Physical burden	"I cannot help but get up at night … One room has 3 to 5 people … When you sleep, he begins to yell and shout." (Chuang et al., 2015)
		"Some people here moan and make noise. Sometimes it is so noisy, I can't sleep at night. The caregivers don't have good manners. They chat loudly, even at night." (Wu & Rong, 2020)
	Psychological burden	"I am a college graduate from the 1940s in Shanghai. I can speak English and French, but all is gone. I am just an old man living in a nursing home. We are the sunset now, wasting resources." (Jing et al., 2016)
Attitude change toward relocation	Sense of security related to care needs fulfillment	"My daughter is busy with her work, but when I was living alone, she insisted on visiting me every other day to bring me some food and help me with bathing. I cannot allow myself to be such a burden to her any longer, so I insisted on moving here. Now I am here, she can take off some load and I feel much better." (Jing et al., 2016)
	Satisfactions with facility life	"Environment is very safe, room, bathroom, any place is all flat, there are fence on the side that you can support on. I haven't [had a] fall here, safety is what I think done very good in this place." (Wu & Rong, 2020)
Care needs during admission	Health promotion support	"I hope for a health forum, held once a month for us to get together and give us some health knowledge about diabetes diet, high blood pressure medication, or other knowledge about health promotion. Last time there was a doctor who told us how to identify stroke, taught us how to do a self-check to prevent stroke, which was very useful." (Chen et al., 2021)
	Self-esteem and privacy respect	"In the beginning, the NA (nursing aides) would respect your privacy, but this just lasted a short time." (Chao & Roth, 2005)
		"Some caregivers are not very friendly to the elderly in wheelchairs. And sometimes they insult us, we are not treated as human beings." (Shen et al., 2021)
	Spirituality care needs	"I considered it would be useless to tell the care provider my problems. I read the Buddhist Bible to calm my mood." (Chao & Roth, 2005)
		"When I was praying, the staff looked at me as if I were crazy." (Jing et al., 2016)
	Tailored care for individual needs	"They are good, they take care of me, bathing me, changing my diapers, but … I sometimes feel I were already dead, they have their plans, but they do not really care what works better for me." "All the dos and don'ts, I'm fed up with them. I get up early at five in the morning and I am hungry, but nothing is prepared for me to eat because breakfast is to be served at 6:30 am. It is planned and that's it." (Jing et al., 2016)
	Emotional support	"The living space is constricted. Life is monotonous and lacks companionship. For a month, no one cared about my personal life; no one cared about you; no one cared about your family life; no one talked to me. I miss my grandchildren and feel sad." (Sun et al., 2021)

Table 3. Synthesis findings of relocation experiences (continued).

Core category	Category	Supporting raw data from included studies
Self-efforts for adaptation	Continuity of family involvement	"He (nephew) does not visit often. But he'd phone me. That's fine! He needn't come. If I phone him to come to see me, it seems that I don't understand him—they should have their own lives!" (Lao et al., 2019)
		"I am thinking that, if my wife comes and lives with me after she retires a few years from now, we can live here together as couple. I really wish my wife can live with me in the future so I can have company." (Wu & Rong, 2020)
	Efforts for developing relationships	"My roommate sleeps earlier before 7 pm. However, I usually watch TV shows after 8 pm at home. When she sleeps, I have to give up my lifestyle and choose to sleep. In fact, I feel unhappy. The reason is that she is much older than me, and I should do what suits my roommate for harmony. My nursing staff often comforts me like this." (Sun et al., 2021)
		"I have made friends here! That old friend is really nice; everyone is very happy. Those elderly that been through pain, will then cherish the blessing, and can be nice with others." (Wu & Rong, 2020)
Daily life becomes affluent through participation	Creating connections with the society	"I feel that social activity is really important for the residents to participate in. It may help them prevent from undergoing physical and/or psychological degeneration, but there are few available here … I hope they (care providers) can arrange some activities outside the institution, as I believe it would be helpful for our mood." (Chao & Roth, 2005)
	Happiness with living in the facility	"We all live here and we have good relationships. I try my best to help them … I am always here for them. They always say 'Thanks, old man' to me. (laughing) I think we are family; I have nothing to lose. I do as much as I can to help them." (Lan et al., 2020)
		"Sometimes, we cooked and made dumplings. It was nice to do it." "They gave us some small gifts during the monthly birthday party … It was nice." (Chuang et al., 2015)
Concerns about future	Concerns about finances	"My retirement pay is just 5,000 RMB monthly, which did not cover all the fees here. My husband (78 years old) still works for my expenses. We do not want to encumber our sons. I am guilty about what they have done for me." (Sun et al., 2021)
	Concerns about death	"I have told my daughter (about my death) and wanted to say a nice goodbye. She doesn't want to listen to me. She becomes angry when I mention it. I want to talk, but she doesn't want to listen." (Chuang et al., 2015)

(ii) Physical and Psychological Burden

Five studies (Chuang et al., 2015; Jing et al., 2016; Sun et al., 2021; Wu & Rong, 2020; Xing et al., 2020) described "physical burden." Newly admitted older people were maladapted to the new surroundings, displaying physical signs including insomnia.

Eleven studies (Chen et al., 2017; Han et al., 2017; Jin et al., 2021; Jing et al., 2016; Lan et al., 2020; Sun et al., 2021; Tao et al., 2016; Tse, 2007; Wang et al., 2017; Wu & Rong, 2020; Xing et al., 2020) described "psychological burden." Most older people relocate to a facility because of dependence or difficulty in performing daily life activities. They have experienced the loss of health and social roles, felt worthless, and had difficulty accepting being cared for by others, and as a result, they started to lose the meaning of life and hope for the future. Moreover, they not only felt loneliness and isolation because of the closed-off management of facilities but also the sense of anxiety and fear that resulted from a lack of confidence to create new relationships and adapt to the new environment. These feelings led to the regret of relocating, even in older people who voluntarily relocated. Furthermore, some older people were likely to feel angry and abandoned, resented family members,

were worried about the quality of care, and had a strong desire to return home.

(iii) Attitude Change Toward Relocation

Twelve studies (Chao & Roth, 2005; Chen et al., 2021; Chuang et al., 2015; Han et al., 2017; Jing et al., 2016; Lan et al., 2020; Lao et al., 2019; Tao et al., 2016; Wang et al., 2017; Wang et al., 2020; Zhan et al., 2008; Zhang, 2019) described the "sense of security related to care needs fulfillment." Most older people and their families felt secure because medical and daily life care needs were fulfilled after admission. Furthermore, most older people experienced relief in reducing the care burden on family members. These experiences promoted older people to develop a renewed recognition of the meaning of filial piety and how to practice it. They either no longer thought that relocation to a facility represented being unfilial or no longer felt ashamed of being cared for in a facility.

Seven studies (Chen et al., 2021; Jin et al., 2021; Lan et al., 2020; Song et al., 2018; Wu & Rong, 2020; Xing et al., 2020; Zhang, 2019) described "satisfaction with facility life." Older people were satisfied with care and life after admission and gained the confidence to adapt, particularly those who felt secure after admission. Conversely, some