

older people, who were dissatisfied with the quality of care or had passively accepted their admission, negatively cognized facility life.

#### (iv) Care Needs during Admission

Ten studies (Chuang et al., 2015; Han et al., 2017; Lao et al., 2019; Shen et al., 2021; Song et al., 2018; Sun et al., 2021; Wang et al., 2017; Wang et al., 2020; Wu & Rong, 2020; Xing et al., 2020) detailed “emotional support.” Older people felt lonely because of being away from their families. Loneliness increased the desire for emotional support from family members and care staff, particularly during times of traditional Chinese festivals or health deterioration.

Three studies (Chao & Roth, 2005; Jing et al., 2016; Shen et al., 2021) defined “spirituality care needs.” Some older people preferred to pray to calm down and maintain relief when they felt lonely and depressed. However, it was challenging to practice spiritual activities because of facility regulations, lack of space, or being misunderstood by care staff and peer residents.

Nine studies (Chao & Roth, 2005; Chen et al., 2017; Chuang et al., 2015; Han et al., 2017; Jing et al., 2016; Lee, 2001; Shen et al., 2021; Wang et al., 2017; Wu & Rong, 2020) described “tailored care for individual needs.” This was related to the care provided in the group-living setting that influenced the personal care needs, including diet considerations related to disease or preferences, concerns of personal life rhythm, and autonomy of self-care in the facility.

Four studies (Chao & Roth, 2005; Chen et al., 2021; Shen et al., 2021; Wang et al., 2017) described “self-esteem and privacy respect.” This was related to the expectation that care staff respected and assisted with the older person’s privacy and provided care with a respectful attitude, including personal care for bathing and toileting.

Seven studies (Chao, 2005; Chen et al., 2017; Chen et al., 2021; Chuang et al., 2015; Han et al., 2017; Song et al., 2018; Wang et al., 2017) described “health promotion support.” Older people were interested in health promotion because of aging or health deterioration. They anticipated information from medical professionals through health promotion forms related to self-management and avoidance of chronic illnesses and falls. Additionally, the availability of mental health consultation, exercise space, and a supportive environment was expected.

#### (v) Self-efforts for Adaptation

Five studies (Lao et al., 2019; Wu & Rong, 2020; Zhan et al., 2008; Zhang, 2019; Wang et al., 202) described “continuity of family involvement.” Older individuals still wanted family members to oversee their lives in the facility and offer emotional and material support post-admission. However, this was influenced by family members’ schedules, health statuses, financial statuses, and relationships. Therefore, older people changed how they connected with family mem-

bers, for instance, by substituting in-person visits with telecommunication; they also applied for family activities and private spaces to meet family in the facility.

Four studies (Chao & Roth, 2005; Lee, 2001; Sun et al., 2021; Wu & Rong, 2020) described “efforts for developing relationships.” Older people realized the importance of relationships with peer residents and care staff. They cultivated relationships by actively engaging in activities. Moreover, to maintain good relationships, they were in harmony with other residents and cooperated with and appreciated care staff.

#### (vi) Daily Life Becomes Affluent through Participation

Fourteen studies (Chen et al., 2017; Chuang et al., 2015; Han et al., 2017; Jing et al., 2016; Lan et al., 2020; Pan et al., 2020; Shen et al., 2021; Sun et al., 2021; Tao et al., 2016; Tse, 2007; Wang et al., 2017; Wu & Rong, 2020; Xing et al., 2020; Zhan et al., 2008) described “happiness with living in the facility.” Many older people felt happy to have additional opportunities to have contact with peers other than at home, discovered a sense of self-worth in the facility by supporting one another, and realized self-achievements through engaging in leisure activities.

Three studies (Chao & Roth, 2005; Chen et al., 2017; Wang et al., 2017) described “creating connections with the society.” Older people reestablished connections with the world outside the facility, including through voluntary activities. Such interaction with the outside can increase the feeling of novelty and lessen the sense of isolation.

#### (vii) Concerns about Future

Three studies (Chen, 2015; Chuang et al., 2015; Sun et al., 2021) described “concerns about finances” related to the long-term usage of admission and were afraid of the increasing financial burden on their adult children.

Four studies (Chuang et al., 2015; Lan et al., 2020; Wang et al., 2017; Xing et al., 2020) described “concerns about death.” Some older people worried experiencing the agony of a serious disease and anticipated to pass away peacefully. Moreover, some were concerned about their passing away and wanted to consult with family members or professional workers about the preparation and preferences for death.

## Discussion

In this review study, we identified seven experiences of relocating to a long-term care facility from pre- to post-institutionalization. These experiences reflected older Chinese people’s subjective condition changes in the following areas: decision-making, relocation stress, attitude and behavior shift, and adaptation.

### *Decision-making*

We found that reasons and attitudes toward relocation and facility selection preferences influenced older people’s

decision-making. The primary motivation for considering relocation is consistent with that of previous research (Chen, 2017; Zhu, 2015), which is to receive quality care to relieve family caregiving pressure and address unmet care needs at home. Treating filial piety within the parameters of caring for family elders was common and remains potent in the three societies of mainland China, Hong Kong, and Taiwan (Yeh et al., 2013). Chen (2017) reported filial piety as a “natural attitude” toward relocation decision-making among older Chinese people. With industrialization and urbanization, social structure and cultural values have gradually changed in recent years. Some older Chinese people are aware of adjusting to these changes (Ruiz, 2007). In the present study, attitudes toward relocation were impacted by the recognition of filial piety. However, older people living in large cities (such as Hong Kong, Shanghai, and Taipei), where family structure changed and impacted the traditional family care assistance, were likely to shift their expectations of filial piety, and they willingly relocated to a facility. This is consistent with Lin and Yen (2018) findings that older Chinese people voluntarily relocate to facilities as a new way of aging to deal with the decline of filial piety of being cared for at home.

Contrastingly, O'Neill et al. (2020) and Brownie et al. (2014) found that autonomy and control in older people's decision to move and choice of the facility were important determinants of their relocation experiences. In this study, consideration of facility relocation was assumed as a means to preserve a sense of self-control. Older Chinese people with involuntary admission were more prone to feel abandonment, resent families, and withdraw. Additionally, they had different selection criterion preferences and attached importance to a comfortable and secure living environment pre- and post-admission. Thus, it is crucial to respect the perceptions of older Chinese people and include them in the entire decision-making process to support autonomy and control by evaluating their self-consideration during this period.

### *Relocation Stress*

Relocation to a facility is a stressful experience for older people since it is frequently precipitated by life events outside their control and choice (Brownie et al., 2014; O'Neill et al., 2020). Our research revealed that older Chinese people had a significant sense of loss, lifestyle disruption, and fear of adapting to the new surroundings, even in those after voluntary admission. These feelings produced physical and psychological stress and led to the perception of regretting relocation and a desire to return home. Brooke (1989) identified older people in this condition as being in a disorganization phase of adapting to facility existence. Furthermore, relocation stress was regarded as a risk factor for depression and anxiety (Costlow & Parmelee, 2020) that both impact

adaptation and life satisfaction of long-term care residents (Park & Sok, 2020). Our research suggested that older Chinese people and their families should be aware of the risk of relocation stress before admission and prepare for coping strategies early, for instance, by allowing older people to visit facilities and understand facility life before decision-making. Meanwhile, care providers should evaluate older people's mental health status and listen to their thoughts and experiences about relocation. It is beneficial to provide circumstances to reduce physical and psychological stress and customize care for individual needs (Polacsek & Woolford, 2022).

### *Attitude and Behavior Change*

Perception of relocation to a new environment may influence reactions and responses to such transition (Meleis, 2010; Walker et al., 2007). Our results clarified the favorable shift in perception and behavior post-admission, which is consistent with the reorganization and relationship-building phases, respectively, of adaptation phases identified by Brooke (1989). We discovered that the most important change factor was the fulfillment of care demands in the facility, which was the main driver for relocation; it promoted older Chinese people to feel relief and gain a fresh insight into filial piety. These feelings lessened the psychological load and enabled them to modify their perspective to gain confidence to adjust to facility life.

Conversely, older people dissatisfied with the quality of care or life in the facility post-admission were likely to feel self-abandonment and negatively perceive the facility life. Moreover, to maintain personality while adhering to facility regulations, they still require various care needs connected to the satisfaction of life and care in the facility, including health promotion, self-esteem respect, spirituality care, and individually tailored care during admission. Our research suggested that the facility's fulfillment of care needs can be considered a critical component of relocation adaptation. Moreover, this fulfillment may motivate the modification of perception and behavior. Thus, evaluating individual care needs and obtaining feedback from older people is essential to raise the quality of care and satisfaction with facility life and care and promote adaptation.

Ongoing communication with families helps to maintain a sense of connectedness between their past life at home and life in a care home (O'Neill & Ryan, 2020). Moreover, forming new connections, engaging in activities (Koppitz et al., 2017; Polacsek & Woolford, 2022), and accepting peer residents and staff support (Park & Sok, 2020) could be tactics to help foster a sense of place and belonging and establish a new identity with the institution (Brownie et al., 2014). In this study, to adapt to facility life, older Chinese people made self-efforts to continue family participation to establish links with their previous life and preserve harmony

with staff and other residents to develop new relationships.

### *Adaptation*

Brooke (1989) identified the final stage of relocation to a facility as stabilization, in which older people reach out to help newly admitted residents make friends and adjust. The nursing role during this stage is one of support as residents reestablish their sense of self in a new setting. Our research revealed that older Chinese people recreated their self-worth and self-achievement in facilities, reestablished their social connections through engagement, and felt relief and variation in their lives. These feelings overcame the relocation problems that resulted in a psychological burden immediately before and after admission, and life has returned to being stable.

Simultaneously, along with the adaptation, some older Chinese people are also concerned about the next life stage. They started to have worries about dying and had new care needs related to their future and death preparation. Older Chinese people in nursing homes have different beliefs and attitudes toward end-of-life communication and death-related topics (Chan & Pang, 2011; He et al., 2021; Xu et al., 2021). Care providers should be aware that older Chinese people in this phase have care needs connected to death consultation or preparation and should also individually evaluate the care needs because of the different beliefs and attitudes.

### *Implication for Clinic Practice*

Our research clarified the characteristics of subjective condition shifts and the factors that led to these changes from pre-institutionalization to the entire relocation procedure. It can contribute to developing a care guideline for the entire relocation process that reflects the perspectives of older people. Simultaneously, the results can be utilized to create an education program related to preparing long-term care for older Chinese people starting from an early period to help them relocate to a long-term care facility with dignity, lessen relocation stress, and adjust well.

### *Limitations and Future Research*

This review has several limitations. Firstly, we did not include older Chinese people residing abroad, and the generalizability of the relocation experiences and viewpoints may be limited to the Chinese context, including mainland China, Hong Kong, Macao, and Taiwan. With the aging world population, older Chinese migrants residing abroad have been increasing. In the future, it is necessary to clarify the relocation experiences and care needs of older Chinese migrants. However, one strength of this study is that it can be useful for studies focusing on older Chinese people or Chinese culture. Secondly, our findings were restricted to elucidating the relocation experiences that were influenced by the

disparate policies, long-term care systems, and facility functions and types among these four societies. These factors could be considered in future research. Thirdly, the quality appraisal was not performed for the included studies. However, to ensure the quality of included studies, only peer-reviewed primary studies were included, and only academic research databases were searched to eliminate gray literature during the search strategy. Lastly, our research lacked insight into the experiences of older Chinese people with cognitive impairment. The health effects of the relocation of older people with dementia have been reported to be negative, including a reduction in physical, mental, behavioral, and functional well-being; additionally, they were reported to have higher stress levels (Ryman, F. V. M., et al., 2019). Therefore, it would be crucial to clarify their relocation experiences throughout the entire relocation procedure going forward.

## **Conclusions**

This review study provided insights into the characteristics of subjective condition changes of relocation experiences among older Chinese people from pre- to post-institutionalization. Furthermore, decision-making involvement, fulfillment of care needs, reestablishing connections to previous life, and a new identity within the facility can overcome relocation stress and promote adaptation. Our findings indicate that relocation support should begin pre-institutionalization and be smoothly supplied during the whole relocation period because of the transition problems and subjective conditions that are linked and interconnected.

### **Author Contributions**

Li Yao and Harue Masaki contributed to the conception and design of this study, conducted the analysis, drafted the manuscript, and approved the final manuscript.

### **Declaration of Conflicting Interests**

We have no conflict of interest to disclose.

### **Funding**

This research was funded by the Japan-China Sasakawa Medical Fellowship. Furthermore, this study was supported by the Yuumi Memorial Foundation for Home Health Care.

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