

# Older adults' input needed in transition to residential care, says study

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New University of Otago research into the process of older adults transitioning to residential care calls for improved opportunities for them to be part of the decision-making process.

The research, [published](#) in *OBM Geriatrics*, included interviews with [older adults](#) to delve into their perspectives on the move to [residential care](#), with all participants revealing they were devastated but accepted the decision to avoid being a burden to their family.

Dr. Myunik Panthi, from the Department of Sociology, Gender Studies and Criminology, undertook the study as part of her Ph.D. in a bid to reveal the transition to residential care through the eyes of those directly affected.

The experience is traumatic for older adults due to [medical emergencies](#), sudden moves, loss, and lack of planning, she says.

"The majority of participants reported that the decision of a move was done by their GP and family members and it was not their decision, implying that they didn't want to come to a residential care facility."

Dr. Panthi says the trauma of moving into residential care could be lessened if [medical professionals](#) and families undertake advance planning and give older adults an opportunity to be part of the decision-making process.

The government's current policy in keeping older adults in the community or at home as much as possible has resulted in complex and diverse needs in the residential care setting, she says.

"In order to meet the diverse physical, mental, social and cultural needs, a holistic and collaborative approach is important.

"One set of policies doesn't fit all, hence flexibility in caring culture and policy is essential to ensure the well-being of older adults."

A move into care was accompanied by a grieving process as new

residents struggled with losing their home, family, friends, independence, support and freedom.

Janet, 78, said it took six months to accept the residential care facility as her home and regretted wasting time by confining herself to her room. She said, "It's been a struggle, for the first six months I wouldn't go out of my room or anything. I just didn't cope at all."

Meanwhile Edward, 75, said he missed his home and his wife, and once or twice a year he paid for a mobility van to take him home for visits.

"Once I am at home I don't want to come back here."

Despite the efforts of care staff to develop a home-like environment and provide facility-led activities, study participants were happier undertaking self-led activities such as charity or [volunteer work](#), taking care of others, watching birds, or listening to the radio/music.

Residential care facilities should consider introducing resident-led programs rather than expecting residents to fit into existing programs, the study found.

Collaboration between policymakers, residential care managers and activity staff is important in developing programs that are meaningful to residents, ease adaptation and reduce loneliness and boredom in residential care facilities.

Staff and family support was important for many participants during their transition, and the majority of participants reported that one or two visits from family each week helped them develop connection and meaning in their life.

"This study highlights the important role of family, friends and staff in

easing the adaptation process and minimizing the risk of loneliness and boredom," Dr. Panthi says.

**More information:** Myunik Panthi, Adaptation to Residential Care: Voices from New Zealand, *OBM Geriatrics* (2023). [DOI: 10.21926/obm.geriatr.2304259](https://doi.org/10.21926/obm.geriatr.2304259)

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