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The Impact of Relocations Within Nursing Home Care on Long-Term Care Residents According to Stakeholders: A Qualitative Study

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ABSTRACT

Introduction: Nursing home residents can be faced with relocations within nursing home care for various reasons, whether individual or per group. We aimed to collect a broad stakeholder overview of observed and experienced impacts on residents and aspects that influence the impact.

Methods: We conducted a qualitative study using semistructured interviews followed by one focus group. We recruited participants from various stakeholder perspectives based on differences in roles while having an interest or involvement in relocations, and experience with relocations. The interviews and focus group were audiorecorded, transcribed verbatim and analysed using responsive and thematic analysis.

Results: In 17 interviews including one duo interview, participants described the impact on residents varying from very positive to very negative. In addition, stakeholders addressed differences in impact related to the relocation phase (before, during, after). Aspects influencing the impact of relocations were (1) mental resilience of residents, (2) organisation of relocations, (3) social connections of residents, and (4) the new (care) environment. The focus group with six participants added further insights in the subtheme 'organisation of relocations', emphasising the importance of clear and timely communication with residents and relatives and recognizability of (personal) items and professional caregivers from the former nursing home.

Conclusion: Stakeholders described the impact of relocations within nursing homes to vary between and within nursing home residents. Aspects they identified to influence this impact provide incentives to reduce the negative impact on residents and foster positive impact. Further research needs to zoom-in on the perceived impact of relocations within nursing homes of residents themselves.

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1 | Introduction

Nursing home residents can be faced with relocations within nursing home care. Relocations can include moving to another ward, to another facility or to another care organisation. These relocations occur for various reasons. Real estate can be outdated (i.e., the condition of the facilities no longer corresponds to safety and/or quality regulations), a resident may have developed different care needs or preferences of residents require a different facility [1]. Yet, relocations within nursing home care can be stressful for residents [1–5] and could have a negative influence on health-related outcomes, such as functional health, cognitive health and psychological health [3, 4, 6, 7]. To prevent detrimental effects of relocations on residents, it is essential to mitigate the negative impact of relocations on residents as much as possible.

Insights into which aspects contribute to negative effects and which aspects to the wellbeing of residents during relocations can facilitate the development of strategies that stimulate more positive experiences during relocations [3, 6, 8]. Several aspects that may influence the impact of relocations within nursing home care have been identified. Some are categorised as intrinsic characteristics of residents, such as health, cognitive abilities, attitudes, perceptions and resilience to change. Other aspects are defined as external factors, such as family involvement, staff involvement, organisation of the relocation and the new physical building [3, 6, 8]. However, how residents experience the relocations and aspects that influence the impact are mainly studied in the context of residents who were confronted with involuntary relocations as a group, due to outdated real estate or closure of a nursing home. Although relocations also occur for individual reasons, literature on this type of relocation is scarce [1]. In addition, research that includes various stakeholder perspectives, that is people with an interest or involvement in relocations based on different roles and responsibilities, is lacking. Organisational experts in particular are often not included, even though a group relocation is a logistic operation. To better understand the impact of relocations on residents and its urgency for improvement, a multistakeholder perspective is therefore important [9].

In this explorative qualitative study, we therefore aimed to explore various stakeholder perspectives on the impact of relocations within nursing home care on residents based on their experiences of relocations (including both individual and group relocations), including the aspects that influence the impact. These insights can fuel future interventions aimed at creating positive experiences during relocations within nursing homes.

2 | Materials and Methods

2.1 | Research Design

The research design of this study is based on responsive evaluation methodology. This is an approach that originates in social constructivism and is also referred to as the fourth-generation evaluation [10]. According to this theory, knowledge is constructed in interactions between actors. In other words, all stakeholders involved in specific contexts contribute to how those practices are understood. Establishing (normative) meaning(s) about practices (e.g., how to evaluate relocations within nursing home care), is a collaborative endeavour following a dialogical process. Research can contribute to meaning-making by striving for inclusiveness, including various stakeholder perspectives (stakeholder saturation) and fostering dialogue. Therefore, in this study, special attention is paid to include all stakeholder perspectives, including perspectives that at first sight would not be thought of, but do have an interest in the topic, such as a journalist specialised in nursing home care as well as people working in real estate and were involved in the process of relocating to new facilities. To foster a dialogue with inclusive stakeholder perspectives, we conducted semistructured interviews with various stakeholders with diverse roles and responsibilities, followed by a focus group. These two phases in the research aimed first to collect individual perspectives and second to bring those perspectives in dialogue to promote mutual meaning-making and learning [9, 11, 12].

2.2 | Participants

Purposive sampling was used to recruit participants for this study [13]. To search for variation in stakeholder perspectives, we distinguished differences in roles and responsibilities of stakeholders regarding relocations in nursing home care, and in the kind of relocations, stakeholders had been involved in. With regard to types of relocations, we distinguished group relocations, which involved moving a group of residents from a ward or a nursing home, and individual relocations, referring to residents who moved for individual reasons.

The interview participants were recruited within the Academic Networks for Elderly Care in the Netherlands and on personal invitation. In addition, each participant was asked which stakeholder perspectives were still missing and could be included. This way of recruiting is referred to as snowball method. Saturation on stakeholder perspectives was reached after 17 interviews.

2.3 | Procedure and Data Collection

The Consolidated Criteria for Reporting Qualitative Studies were applied [14]. The first author (M.C.S.; MSc vitality and ageing and experienced in conducting interviews) conducted the interviews using a semistructured interview guide, based on the literature and experience expertise of the research team. The interview guide consisted of the following main questions: (1) how did you experience the process of the relocation(s) you were involved in? (2) what impact of those relocation(s) did you observe in (the) resident(s)?; and (3) how do you reflect on the relocation regarding how it was conducted (normative opinions)? Follow-up questions were asked focussing on examples (what exactly happened?) and meanings given to the experiences (why did you think that?). All interview participants were subsequently invited to participate in the focus group. Six of the participants were able to join.

The focus group was held after all interviews were conducted and analysed. The focus group was held for two reasons. First, to mutually validate the first analysis of the interviews (member checking) and, second, to deepen the analysis by reflecting on shared meanings and insights for the care practice. The focus group was moderated by M.C.S. (experienced with moderating focus groups), while E.G.M.L. (PhD, ethics, experienced with

supervising and moderating focus groups) supervised its process and monitored if all participants were able to express their views. First, the initial analysis of the interviews was discussed. In the second part, the analysis was deepened by discussing the question 'Which aspects influenced the impact on residents during internal relocations and how are these aspects related to their wellbeing and experiences?' We included an individual online sticky note assignment to promote dialogue [15].

The participants could choose to do the interview online, by telephone or on a location they preferred. All but one of the interviews were held online ($n = 13$) or by telephone ($n = 3$). The interviews lasted 48 min on average (range: 27–57 min.). The focus group was held online and lasted 84 min, including a short break. The interviews were audio recorded; the focus group was audio and video recorded. The interviews and focus group were transcribed verbatim and summarised. The credibility of interpretations of each interview was fostered by member checks. To support reflexivity M.C.S. kept a personal research diary alongside the data collection (audit trail).

2.4 | Data Analysis

Following the constructive epistemology of Guba and Lincoln [10], researchers are not situated outside the field of inquiry, but participate in the process of making sense of how practices are evaluated. Moreover, the researcher participates in the analysis as the one making judgements about coding and interpretation. To foster rigour and trustworthiness, the six phases of the reflexive thematic analysis of Braun and Clarke were used [16, 17] and was supported with the use of ATLAS.ti software, version 9 [18], following the criteria of credibility, transferability, dependability and confirmability as described by Lincoln and Guba [19]. The phases (see Table 1), although presented as linear, are actually characterised by an iterative and responsive process and involved moving back and forth between the phases. The first phase, that of familiarising with the data and open coding of the interview transcripts, was done by two authors (M.C.S. and E.G.M.L.) independently. Thoughts and ideas about the data were reported in reflexive journals. After this phase, initial codes were generated, discussed and re-coded by M.C.S. and E.G.M.L. until consensus was reached and initial themes were formulated. Next, the themes were discussed with another researcher M.P. (PhD, general practitioner, expert in qualitative research), after which another round of re-coding was done (peer debriefing). The themes and subthemes identified during that phase of coding were checked and enriched by reflecting on it with the participants in the focus group. This phase was chosen to enhance member check and to create responsive triangulation of perspectives. Finally, the final themes and subthemes were discussed with all researchers, including author S.U.Z. (PhD, specialist elderly care), who got involved to reflect on the initial findings from a critical perspective. Several meetings were conducted until consensus within the research group was reached. The outcomes are presented in the findings.

2.5 | Ethical Consideration

The Medical Ethics Review Committee of University Medical Centre Groningen (UMCG) confirmed that the Medical Research Involving Human Subjects Act (WMO) did not apply to our study (METc2021/210). The Central Ethics Review Board non-WMO studies of UMCG approved this study (202100208). The participants signed for informed consent prior to the interviews and had the option to withdraw at any time. Personal information in the transcripts was pseudoanonymised, meaning we removed their name and other identifiable personal data, but retained information about their role and perspective in relation to moving within the nursing home.

TABLE 1 | Phases of reflexive thematic analysis.

Phases of thematic analysis	Concrete activities of researchers
Phase 1: Familiarising yourself with the dataset	Reading and initial open coding by two researchers (M.C.S. and E.G.M.L.), independently; documenting thoughts, ideas, notes in reflexive journal
Phase 2: Coding	Two researchers (M.C.S. and E.G.M.L.) compared and re-coded independent codes
Phase 3: Generating initial themes	A third researcher (M.P.) was added to join with identifying themes and subthemes (code-tree)
Phase 4: Developing and reviewing themes	Identified themes and subthemes were discussed and refined by two researchers (M.C.S. and E.G.M.L.) with interview participants in a stakeholder focus group
Phase 5: Refining, defining and naming themes	Several rounds of discussion with the researcher group (M.C.S., E.G.M.L., M.P.), including a fourth researcher (S.U.Z.)
Phase 6: Writing up	Researchers (M.C.S., E.G.M.L., M.P., S.U.Z.) co-writing themes in thick descriptions as presented in the findings

3 | Results

Seventeen interviews were held with 18 participants, which included one duo interview with a resident and her son-in-law. The participants varied in stakeholder perspective (i.e., roles/responsibilities) and involvement in (type of) relocations, consisting of one resident, three close relatives (spouse, daughter, son-in-law), two persons from client councils of elderly care organisations, two nurses, one elderly care physician, two psychologists, one spiritual counsellor, one manager residential care, one director care and wellbeing, one real estate expert, one housing and care expert, one nurse/writer and one healthcare journalist. The focus group included six individuals who had been interviewed, consisting of two close relatives (daughter, son-in-law), one psychologist, one spiritual counsellor, one director care and wellbeing, one real estate expert. Details about the participants and their stakeholder perspectives can be found in Table 2. In 12 of the interviews, mainly group relocations were discussed, and in the other five interviews, individual relocations were addressed. See Table 3 for further details of the discussed relocation cases.

TABLE 2 | Participant details.

Participant no.	Perspective	Sex	Age	Mainly group or individual	Participation in focus group
1	Client council	Male	76	Group	No
2	Psychologist	Male	65	Individual	No
3	Manager residential care	Male	57	Group	No
4	Journalist	Female	53	Group	No
5	Nurse	Female	41	Group	No
6	Client council	Male	70	Group	No
7	Relative: Spouse	Female	79	Group	No
8	Housing and care expert	Female	45	Group	No
9	Nurse	Female	54	Individual	No
10	Psychologist	Male	30	Group	Yes
11	Real estate expert	Male	56	Group	Yes
12	Nurse/writer	Male	30	Group	No
13	Spiritual counsellor	Male	53	Individual	Yes
14	Director care and wellbeing	Female	44	Group	Yes
15	Relative: daughter	Female	58	Group	Yes
16	Elderly care physician	Male	39	Individual	No
17	Resident	Female	91	Individual	No
18	Relative: son-in-law	Male	67	Individual	Yes

Later, we describe the two themes that we identified from the analysis; (1) 'impact relocation varies between and within residents' and (2) 'aspects that influence the impact of relocations' (see Figure 1). In the focus group, participants confirmed the themes and subthemes identified during the first analysis cycle and added more detailed insights into the subtheme 'organisation of relocations' as aspect that influences the impact of relocations.

3.1 | Impact of Relocations Varies Between and Within Residents

Individual and group relocations vary in context. We found that reasons for individual relocations were often person-centred, which caused residents to be relocated to another group with another care staff. The individual relocation often took place at a short notice, as soon as a new room was available. Group relocations affected all residents of a ward or location, where sometimes residents and staff moved together to a new location and other times they were distributed over different nursing homes in the area. The preparation period for group relocations often took a long time. Despite these differences, we found similar themes and subthemes regarding the impact on residents between individual and group relocations according to the participants. For that reason, we do not contrast the types of relocations in the presentation of results.

Participants pointed out that relocating to nursing home care can have a major impact on residents: 'Relocating is one of the most stressful events in a person's life'. (spiritual counsellor, P13). Several participants observed that relocations were experienced by various residents as stressful and sometimes traumatic and confusing. At the same time, some participants also reported seeing positive impacts on residents, for example, progress in functioning due to better care facilities or dementia-friendly environments: 'He is now functioning better than before at [the previous location], and this actually has a lot to do with stimuli that are now much less present'. (nurse, P9) Participants identified that impact can be different in specific periods in the process of relocation: 'before the relocation', 'the relocation day' and 'after the relocation', therefore may vary in time (i.e., varies within residents).

3.1.1 | Before the Relocation

The participants described that often the news of an upcoming relocation aroused various emotions among residents, as clarified by the director of care and wellbeing (P14):

> Yes, [residents reacted] very differently [on the news of the group relocation]. As you and I may react very differently to such a message. [...] We have seen a whole range of reactions from: "Oh, ooh, I find all that very exciting and very scary", to: "Well, it's nice that I can go somewhere else, because this building isn't it". Yes, so we have seen the whole spectrum of being scared, angry and happy and sad, yes.

TABLE 3 | Relocation details.

Case	Reason	Context	Participant(s)
Group relocation[a]			
1	Outdated real estate	A new building was developed nearby and the residents of the wards moved there in phases	1, 3 and 10
2	Outdated real estate	Residents moved to various nursing homes in the area, which divided the residents in different locations	4
3	Outdated real estate	Residents moved to a former town hall that was renovated into a nursing home	5, 6 and 7
4	Outdated real estate	A new building was developed nearby and the residents of the wards moved there	8
5	Outdated real estate	The residents moved temporarily to a vacation park during the renovation period of the nursing home	14
6	Outdated real estate	Residents moved to various nursing homes in the area, which divided the residents in different locations	15
Individual relocations			
1	Changed care demand	Relocation to another location	2
2	Changed care demand	Relocation from a couple's apartment to a closed ward	9
3	Obliged to move to free up couple's apartment	Partner relocated to closed ward due to change in care needs	9
4	Changed care demand	Relocation to another shared living room with a higher care level, while not moving to another apartment	13
5	Family's choice	Family preferred their relative to move closer to them	13
6	Care mismatch at relocation to nursing home	Resident was initially not placed in the best fitting ward in terms of care	16
7	Obliged to move to free up couple's apartment	Partner deceased	17 and 18

[a]Interview not based on a specific recent group relocation: participants 11 and 12.

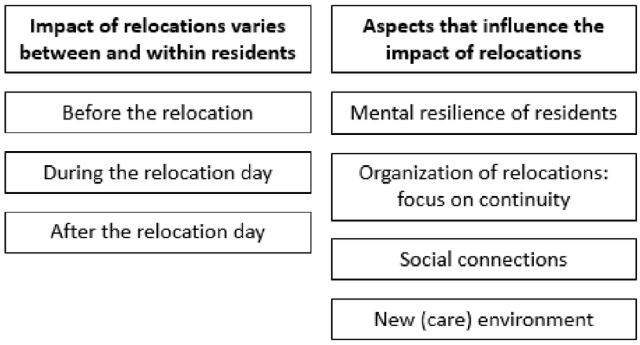

FIGURE 1 | Themes and subthemes.

This implies that residents can vary in their responses when they are informed about a relocation.

The period between the relocation news and the relocation itself was often experienced as a tumultuous period by residents, according to the participants. They reported seeing some residents responding indifferently towards relocating, while other residents did not want to relocate and some even told them they would rather die than move to another place: 'One lady lay down on the bed [because of the planned group relocation]. She said, "I don't want to anymore," and she stopped eating and drinking' (journalist, P4). Also, participants noticed that residents sometimes changed their perspective on relocation from initial fear to looking forward to it, especially in the context of group relocations.

3.1.2 | During the Relocation Day

The participants reported that the impact of the relocation day itself varied per resident and relocation case. Residents that experienced the day as positive, enjoyed the day's programme, or were happy with their new room and/or relieved that the relocation went smoothly. With other residents, the participants did not observe much impact. Residents that experienced the relocation as negative, showed irritation, confusion or expressed worries about, for example, personal possessions. For some residents, the relocation seemed to be traumatic: '[It was] such a traumatic moment, where she [the resident] thinks, "Well, I am about to say goodbye to my friends for the rest of my life and I am going away from the place where I feel very much at home to a totally unknown house"' (journalist, P4). Therefore, how the relocation day is experienced by residents seems to differ per person.

3.1.3 | After the Relocation

After the relocation, participants reported varying observations on how residents felt about living in a new place. Some residents did not seem to mind, others seemed to be pleased with the relocation: 'Monday was the relocation, and since then, everything has been going great. He likes it and he has a nice room' (spouse, P7). Some residents experienced negative emotions, like feeling dumped. In addition, participants noted residents being more stressed, angry, confused, sad and/or restless.

In addition, it was observed that some residents experienced difficulties to adapt to the new situation or needed time to settle in after the relocation. New wayfinding for example, often took time as well as realising that the relocation is permanent, as one of the participants explained in the following citation: 'She didn't understand at all. She recognized her things and of course we had told her many times that she would relocate [...] She thought she was staying here only temporarily and she thought that for a long time' (daughter, P15). Again, also after the relocation variation was experienced among and between residents.

3.2 | Aspects That Influenced the Impact of Relocations

By analysis, we identified four main aspects that influence relocation impact according to the participants: (1) the mental resilience of residents, (2) how relocations are organised, (3) the presence and maintenance of social connections and (4) the new (care) environment.

3.2.1 | Mental Resilience of Residents

The mental resilience of residents was considered an influential factor in how the relocation was experienced by residents. With 'mental resilience' participants referred to the ability of residents to cope with the relocation process. Participants noted that residents with dementia may have fewer skills to deal with a relocation, due to their cognitive decline and decreased ability to express emotions, illustrated by a spouse in the following citation, (P7): '[How my husband experienced the move] is a difficult question for me, because I cannot understand or know what is going on in his mind'. Some residents with dementia hardly seemed to respond, while others seemed to express more anxiety and difficult behaviour. Furthermore, in the case of decline after the relocation participants found it difficult to determine whether the resident's decline was due to the relocation, the progress of dementia or a combination of both.

Participants expressed that residents' level of mental resilience also seemed to be determined by the personality of residents and their life experiences. Personality traits, for example being worried easily, seemed of influence how relocations were experienced, as explained by the director care and wellbeing (P14): 'What we observed is that residents who were already somewhat anxious or nervous by nature, (...) that these ingrained character traits (...) do tend to become more pronounced during a relocation'. Participants also acknowledged the relevance of life experiences. Some residents who had relocated often in their lives for example due to work, whereas others never experienced a relocation, which determined how impactful the event of relocating was for residents. Likewise, residents who had worked in construction, seemed to enjoy the construction work around the nursing home, where other residents got annoyed by the noise disturbance. Furthermore, other life factors that simultaneously were going on in the resident's life played a role. The son-in-law (P18) described how it put the relocation into perspective for his mother-in-law: 'We also had another problem, her daughter was very sick. [...] She was very worried about her. At those moments life is totally different'. This quote illustrates that a life event, like the illness of a close relative, overshadowed the event of the relocation.

3.2.2 | Organisation of Relocations: Focus on Continuity

Participants indicated that how relocations were organised influenced the impact on residents. The extent to which nursing home care was able to offer their residents continuity throughout the relocation and involvement during the relocation seemed to be important to reduce negative impact.

Good preparation of the relocation was recognised as an important organisational aspect to stimulate continuity throughout the relocation. Examples of good organising pointed out by the participants were making a plan of action (e.g., doing what in time), familiarising with new equipment (e.g., domotics) beforehand, labelling moving boxes correctly, creating a quiet space for residents during the relocation day, organising a meet-up in advance for residents that will be living together in a new group after the relocation and timing of the relocation.

> The relocation was planned just before the holidays, which was not convenient, because for a number of residents it was not so much the move that was difficult, but also that after the relocation all kinds of flex workers were already present at the residential group fairly quickly, because the holidays started. So that is not handy, because I think that proximity and the familiar faces that is extra important after a move.
>
> (psychologist, P10)

The participant explained here that relocating just before holiday periods may add extra stress for residents, because it jeopardises continuity of familiar faces.

Recognizability is also an important part of continuity. The participants in the focus group explained that recognising (personal) items from the former location, or even from their former home, helped residents to feel at home and therefore considered as an essential aspect for residents to adjust and feel comfortable in their new place. Besides recognizability of their new apartments with the use of personal items, in group relocations it was also considered important to ensure recognizability of shared areas by bringing specific items from the old nursing home to the new one. For this, it was reckoned more important to connect with the perceptions of the residents than to follow the

latest trends. Besides recognizability of items, recognizability of personnel was considered important as well, as described by the daughter (P15):

> We as relatives visit the resident often, but care personnel is present 24/7. And if suddenly [after the relocation] all new faces [care personnel] appear, some residents don't understand it anymore. [...] And then a familiar caregiver can help them through it.

With this quote the daughter underscores the recognizability of personnel as very significant for residents for their wellbeing during the relocation process.

Furthermore, participants emphasised, during the interviews as well as the focus group, the importance to adjust and finetune the process to the needs of the resident(s). Examples discussed were; closely determining per resident how their needs could be met, taking friendships among residents into account in decisions, involving residents in relocation plans, making sure decisions work out as intended for residents and being prepared to adjust decisions if they do not.

Another aspect related to the organisation of relocations addressed communication with residents and relatives. Participants recognised it as important to mind the frequency and timing of the communication: 'Because if you unexpectedly announce it [the relocation in order to make a couple's apartment available again], too sudden, too unexpected, it can trigger a lot in people' (nurse, P9). 'Every moment that there is something new to be reported about the relocation is a good moment to send another letter, to have contact and to set it up in this way' (psychologist, P10). The participants explained by this citations that open and ongoing communication is essential. Furthermore, it was considered important to explain clearly to everyone involved why a relocation was necessary and in addition to listen to the worries of residents and their relatives.

3.2.3 | Social Connections

Participants emphasised the impact of social connections during relocations on residents. In some cases, participants reported about residents that lost important social connections due to the relocations, when fellow residents and/or caregivers did not move with them. On the other hand, participants also reported that sometimes residents benefited from new fellow residents, as highlighted by the nurse (P5): 'You notice now that we also get patients with dementia who are not yet very far in their dementia process and are still physically well, that our residents also pull themselves up because of them'. Therefore, relocations may cause losses of certain social connections, but sometimes also can create new ones.

In case residents had to move from a couple's apartment to an individual apartment due to the death of their partner or changing care needs, grieve or separation of the partner also played a role in how the relocation was experienced by the resident, as illustrated by the son-in-law (P18): 'The memories of the last months lay in that room (...) and in this new room there are no shared memories'. This illustrates that apartments can be associated with (previous) social ties which can make it hard to let go.

3.2.4 | New (Care) Environment

According to the participants, moving to a new environment affects residents as they are forced to let go their attachment to the old premises. That can be emotional as the manager residential care (P3) described: 'It is something that might also be in the walls, isn't it, a piece of experience. And yes, I think in particular the emotions that you experience in such a place, that you also lose that when you move'. Besides, participants indicated that wayfinding was often difficult for residents after the relocation. This ranged from difficulties in finding the toilet in first days to getting lost in the neighbourhood.

However, a new environment could also positively affect residents. Participants reported that sometimes residents were happy with their new apartment and/or the outside environment. In a new building with more living room choices, residents could for example choose for themselves where to sit and with whom. Besides the physical environment, the care environment was considered important as well, especially in case of individual relocations due to a change in care needs.

> And now it turns out, he's been living there for two or three months now, but he seems to be doing much better there. He is much more relaxed. Actually, no more wandering behavior, the daily structure that is offered is very pleasant for him. So, it's really only been good for him.
>
> (nurse, P9)

The participant explained by this citation that when the new care environment fits a resident's needs better (e.g., by having more structure and less overstimulation), someone could also improve in functioning.

4 | Discussion

This qualitative interview study included multiple stakeholder perspectives and revealed that the impact of relocations varied between and within nursing home residents. The themes we found regarding impact on residents according to the participants were similar for individual and group relocations. In both contexts, participants distinguished comparable aspects that influenced the impact of relocations on residents. Those aspects were related to the mental resilience of residents, how relocations were organised, the presence and quality of social connections of residents and if benefits of the new (care) environment were experienced. The focus group validated the findings from the interviews and deepened insights in specific organisational aspects, emphasising the importance of clear and timely communication with residents and relatives and recognizability of (personal) items and caregivers from the former nursing home.

4.1 | Comparison With the Literature

We found that the impact of relocations within nursing home care according to various stakeholders varied between and within nursing home residents. This finding is consistent with the outcomes of a scoping review that looked into the outcomes of residents who experienced involuntary relocations and concluded that effects on residents varied, ranging from positive to negative psychological and emotional effects [6]. In addition, a qualitative English study looked at the experiences of residents, relatives and caregivers who were confronted with the relocation of their nursing home. This study also concluded that the impact on residents varied: residents had differences in attitudes before the relocation took place and reported that afterwards some residents settled in faster, while other residents struggled with adjusting [20]. Differences between residents in settling in after a relocation were also found by other studies [2, 8]. Where most literature on the impact of relocations within nursing home care focused on group relocations [6], we found few studies on the impact of individual relocations [21, 22]. We did not find literature that focused on the impact of both individual and group relocations. Possible explanations why we found similar impact and related aspects that influenced this impact could be that both group and individual relocations cause a disruption between two (care) environments and can be experienced as a major life event.

We discovered mental resilience of residents as an important aspect that influences the impact and experiences of relocations within nursing home care. We found that cognitive impairment, character traits and previous life experiences of residents influences mental resilience. In addition, a scoping review emphasises the importance for residents of a sense of control for enhancing their emotional health outcomes [6]. Mental resilience can be promoted by moving residents together with familiar faces, which can be other residents or staff [8]. This also confirms our finding that ensuring continuity is especially important for residents with lower mental resilience. Psychological support is also important during the relocation process [23].

We found that the organisation of relocations, with continuity and involvement of residents as central components, importantly contributes to how residents experience relocations within nursing home care. The importance of good and timely preparation was also found in other studies [3, 5–7]. Although good preparation seems evident, a scoping review emphasised the need for further research into the amount of preparatory measures that should be taken [6]. The examples pointed out in our study on continuity and involvement, along with the list of good practices towards reduced stress and better outcomes provided by an English commentary [3] could serve as a starting point. It is also important to provide flexibility in the relocation process to be able to meet the needs of the individual resident [8]. Furthermore, informing residents in a transparent way and facilitating open and ongoing communications are important to foster a positive impact for residents [6, 8].

The importance of continuing social connections during relocations within nursing home care was also concluded in other studies. In a study that followed a group of residents moving to different facilities, many residents lost friendships with their fellow residents and caregivers [24]. Other studies found that relocating as a group together with fellow residents and caregivers fostered continuity of social connections, which contributed to reduced stress and disruption in residents [6, 25].

Finally, we saw in our study that moving to a new care environment (e.g., a new building) takes time to settle and can be emotional, as residents may have been attached to their previous homes. A qualitative English study also reported that buildings include emotions and a sense of home, which can make it hard for residents to leave the old location [20]. It is important for residents to perceive the new location and environment as pleasant and familiar [6, 8]. To foster familiarity of the new location familiarity in design of the building and the rooms can be promoted as well as the possibility for residents to bring personal belongings [8]. On the other hand, one study also emphasised that relocating to a new environment also gives the opportunity to adapt the care and environment to the needs of residents, as seen in research on Green Care Farms, and could also be beneficial for residents [26].

4.2 | Strengths and Limitations

A strength of this study is the inclusion of various stakeholder perspectives based on concrete relocation experiences. Including experiences of both group and individual relocations is novel and with the use of purposive sampling, we were able to include diverse perspectives and reached saturation on that level. This enabled us to gain a broad overview of how current practices of relocations were experienced from different perspectives, which contributed to transferability and dependability. A limitation of this approach is that we did not study the specific stakeholder perspectives in detail. Although this could have added more details in variation of experiences, it would have been too extensive in regard to the aim of our study.

A second strength was the variation in backgrounds and expertise within our research group, which consists of an expert in vitality and ageing and mixed methods research, an empirical ethics, a GP and specialist in qualitative research, and a specialist in elderly care. This variation supported critical reflection and dialogue regarding our interpretation of the findings and contributed to establishing credibility and confirmability.

A third strength lays in our methodology. We mixed various qualitative research methods. We first conducted interviews and started a first analysis. As second step, we organised a focus group meeting with the interview participants to mutually validate our analysis with them and to deepen the analysis. With that we were able to develop responsive shared perspectives and contributed to triangulation of data (inclusiveness), which contributed to establishing credibility and confirmability. Additional to Braun and Clarke's phases of reflexive thematic analysis, we found co-analysing initial findings with participants in a focus group to be supportive in developing further insights into what might benefit residents during relocation processes. It enriched our findings, as the participants co-constructed new perspectives that had not been identified by the researchers at that stage (i.e., emphasising on the importance of clear and timely communication and the value of recognisable

personal items). A limitation was that due to circumstances not all individuals who had been interviewed, were able to join the focus group, therefore we missed certain perspectives. To offer all participants an option to respond and add to their interview, we send them a summary (member check).

A limitation of our methodology is that we did not explicitly address the power dynamics among different stakeholder perspectives. In processes of shared meaning-making, the position or role assigned to an individual can influence the weight given to their perspectives. While we deliberately aimed to ensure that every stakeholder perspective was given equal consideration, it is important to acknowledge that epistemic injustice is a reality in practice and can affect how processes of relocations are evaluated [27].

The findings of this study are the result of our interpretations as researchers in collaboration with the participants. To enhance rigour and trustworthiness, we adhered to the quality criteria established by Guba and Lincoln. However, that does not imply that our findings can be generalised to other relocation contexts. Instead, these findings can serve as a source of inspiration for others, highlighting aspects reported as important considerations when a relocation is needed (transferability).

4.3 | Conclusion

The current qualitative study showed that the impact of group and individual relocations within nursing home care varied between and within residents. Aspects found that influence the impact can provide incentives to reduce the negative impact on residents. It is recommended for all stakeholders involved in relocations to focus on protecting continuity throughout the entire relocation process. This can be achieved through good preparation, clear communication, preserving social connections of residents where possible and paying attention to the mental resilience of residents and to the benefits of the new (care) environment for the residents. Further research may focus on the lived experiences and perceived impact of the different phases (i.e., before, during and after) of relocations within nursing homes of residents themselves to develop in-depth insights into tailoured (care) needs of residents during the relocation process.

Author Contributions

All authors were involved in the study design. M.C.S. was responsible for the acquisition of data. All authors wre engaged in the analysis and interpretation of the data. M.C.S. and E.G.M.L. wrote the intitial draft of the manuscript, and M.P. and S.U.Z. commented critically on and contributed substantially to the manuscript. All authors read and approved the final version of the manuscript.

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Ethics Statement

The Medical Ethics Review Committee of University Medical Centre Groningen (UMCG) confirmed that the Medical Research Involving Human Subjects Act (WMO) did not apply to our study (METc2021/210). The Central Ethics Review Board non-WMO studies of UMCG approved this study (202100208).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data will not be made available to other researchers for purposes of reproducing the results or replicating the procedure because of privacy issues. The analytic methods and study materials are available upon request.

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