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Perspectives on the Daily Life of Older Adults Applying for a Nursing Home

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Abstract

Background: Ageing in place is a societal norm in most European countries, Sweden included. Consequently, accommodations in nursing homes are limited and older adults with somatic disease but without a dementia diagnosis are expected to be able to age in place. Nevertheless, nursing home applications are submitted daily to Swedish municipalities. Hence, the overall aim of the dissertation was to study different perspectives of the daily life of older adults who have applied for admission to a nursing home. **Methods**: Interviewing 11 older adults waiting for nursing home admission (Study I), interviewing 15 relatives (Study II), analysing 160 granted nursing home decisions (Study III) and comparing 17 nursing home applicants with 17 non-nursing home applicants with respect to difficulties in everyday life, life satisfaction, and depression (Study IV). **Results:** By identifying and clustering the recurring aspects of daily life in all four studies, eight aspects of daily life emerged. These aspects affected the older adult's daily life and contributed to the nursing home application. They were: Difficulties in performing everyday activities; Dependency in daily life; Lack of social cohesion; Being in a depressive mood; Having anxiety that affected daily life, The impact of relatives, Not having proximity to care staff, and Suffering from a life-changing event. **Discussion:** This dissertation showed how the treatment from staff in home-based care was a crucial aspect of why older adults applied for a place in a nursing home. Another crucial aspect was proximity to staff, which addresses the need for an additional ordinary housing alternative. Additionally, there is a need to improve information on housing alternatives and their level of care, as this dissertation showed how older adults, and their relatives considered a nursing home application as the only solution to their current life situation.

Keywords: Ageing in place, Daily life, Nursing home, Occupational therapy theory, Older adults.

This dissertation is dedicated to my beloved grandparents
Inga-lill † & Bengt Westerlund †.

They always encouraged me to use my full capacity. When I was studying to become an occupational therapist, they quite often questioned me "Why would you want to become an occupational therapist, when you are intelligent enough to become a doctor?"

Well, I did become one. Just one of a different kind.

List of papers

This thesis is based on the following studies, referred to in the text by their Roman numerals.

I. Spang, L., Holmefur, M., Hermansson, L., & Lidström Holmqvist, K. (2023). Applying to a nursing home is a way to maintain control of life—Experiences from Swedish nursing home applicants. Scandinavian Journal of Caring Sciences, 37(1), 106-116.

II. Spang, L., Holmefur, M., Pettersson, C., & Lidström-Holmqvist, K. (2023). Experiences of Close Relatives of Older Adults in Need of a Nursing Home: It Is We Who Manage Their Fragile Daily Life. Health & Social Care in the Community, 2023.

III. Spang, L., Lidström-Holmqvist, K., Holmefur, M., & Pettersson, C. (2024). Older adults' Reasons for Applying to a Nursing home – a Document analysis. Submitted

IV. Spang, L., Lidström-Holmqvist, K., Pettersson, C., Udumyan, R., & Holmefur, M. (2024). Ageing in place or in a nursing home: a case-control study comparing nursing home applicants to matched non-applicants. Submitted

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Preface

Working as a municipal occupational therapist (OT), the majority of my clients were older adults. I met older adults in different life situations such as those planning for discharge from hospital, those attending social day centres (day centres for senior) and those living in ordinary housing. I also worked with preventive work namely giving information to older adults about how the municipality government could support them. By the end of year 2015, I had the opportunity to be employed in a new project as a "discharge coordinator." After a brief education in the Swedish Social Services Act, I was received licencing from the municipality to grant social services decisions such as on home-based care, Personal Emergency Response System (PERS-alarm), and accommodations in short-term care facilities. With that authority, I was responsible for the discharge planning process for adults who were ready to be discharged from hospital, but who still were in need of support from the municipality regarding rehabilitation, medication, and care in daily life. As a discharge coordinator, I met up to three adults per day, the majority were older adults. It was in these daily meetings that the interest in the issue of ageing in place arose. Every day I was met by older adults who did not want to return to their homes but wanted to be able to move directly to a nursing home. This led me to wonder: what makes older adults choose to apply to a nursing home instead of ageing in place with support from home healthcare and/or home-based care? Could these older adults, who wanted to move to a nursing home, but who were still waiting for accommodations, add new knowledge of what was lacking with the support offered while ageing in place? To answer these questions, the studies in this dissertation were designed to include nursing home applicants (older adults who were awaiting a response to their application for admission).

This doctoral project started in year 2016, when the waiting queues to gain admission to nursing homes were long and there was a shortage of accommodations. Over the time of this project, the COVID-19 pandemic arose, and the waiting queues disappeared due to that nursing home residents were overrepresented among those who died from this disease. That meant an opening of accommodations, but at

the same time less older adults applied for admission. A decision was made to study the overall aim from different perspectives, not only from the older adults themselves but also from relatives and descriptions in granted nursing home decisions. In year 2023, the number of older adults applying for admission were at the same level as before the pandemic. Hence, studying the overall aim seemed to remain in importance, as older adults in need of care continued to apply for an accommodation in a nursing home.

Background

This general background begins with presenting the theoretical framework of the research field "ageing in place." Firstly, the development of theories within ageing, together with a definition of ageing, as well as theories on person, environment, and occupation, are described. Thereafter, the specific research field of this dissertation, ageing in place, is presented, both from an international and Swedish perspective.

Theoretical framework

The development of theories on ageing

Historically, theories of ageing have been described on a societal level, where older adults are described as a homogenous group, which has influenced the social norm of ageing (Reynolds & Lim, 2013 chapter 3). Conversely, changes in society's norms have also influenced the theories of ageing. Below the development of theories over time, from Disengagement theory to today's Healthy Ageing model is described.

In Disengagement theory, older adults were encouraged to withdraw from their activities, roles, and participation in society (Cumming & Henry, 1961). The intention was that older adults should enjoy their elderhood and the benefits from retirement. This theory was met with criticism for making older adults feel excluded and as a societal burden. On the contrary, Activity theory (Havighurst & Albrecht, 1953) highlighted the importance of maintaining active roles in society and personal interests to achieve greater life satisfaction. However, Activity theory assumes that all older adults want and have the capacity to be active and the ability to maintain societal roles. Therefore, it has been criticised for not including the biological and social challenges of ageing. As a response to this criticism, Successful ageing was developed by Rowe and Kahn (1997) to promote a more positive view of older adults. Successful ageing describes ageing by listing requirements on what an individual needs to achieve to age successfully. With this theory, the responsibility or burden of ageing successfully shifted from the societal level to the individual level. That

raised the question, if every older adult who is not able to achieve what is required is ageing unsuccessfully? (Katz & Calasanti, 2015). Rowe and Kahn's definition of successful ageing has further been challenged in psychology, where Baltes and Carstensen (1996) describe successful ageing through a model called the Selection, Optimizing with Compensation Model. This model describes successful ageing as a process over a life course, including the ability to utilise an adaptive ageing life strategy and make choices to optimise and compensate for natural losses by focusing on the gains of getting older such as experiences, wisdom, and confidence (Charles & Hong, 2016). This model challenged the social norm of ageing by encouraging the society to support older adults in their individual journey of ageing (Baltes & Carstensen, 1996). Congruent with this model, the theory of Healthy Ageing (WHO, 2015) describes ageing over a life course. That ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age. Where developing and maintaining functional abilities, contain capabilities that enable older adults to be and do what they have reason to value. Healthy Ageing also includes a list of how to support those abilities, 1) to meet basic needs, 2) make own decisions, 3) be able to be mobile, 4) having autonomy, 5) build/maintain relationships, and 6) feel like you still contribute to society. According to Healthy Ageing, ageing is not about succeeding or doing it successfully, but to continue living day by day. The theory of Healthy Ageing is representative of how older adults are perceived in the research field of ageing in place today where the task of society is to support older adults to age and live as independently as possible (Genet et al., 2011; WHO, 2015).

The dissertation definition of Ageing

Going beyond theory framework, ageing can be viewed from different perspectives such as biological or chronological ageing, and often, older adults are categorised based on chronological age and clustered as old and oldest old (Erikson, 1950; Smith et al.,2002). In this dissertation, ageing is defined from a life course approach (WHO, 2000), which is the foundation of the Healthy Ageing theory (WHO, 2015). According to the life course approach, you do not wake up one

day and realise that you have become old. You simply live your life and have never been older than today. From a life course approach, life and ageing begin even before birth by heredity or changes to organ structure and metabolism created in the womb. That gives different tendencies to develop disease later in life, for example coronary heart disease or diabetes. But also, throughout adolescence and adulthood, socioeconomics, education, and lifestyle factors will affect body functions and influence general health and the sensitivity to disease development. Hence, older adults should not be clustered, as they are a heterogeneous group with a range of diverse biological and socioeconomic conditions that affect their daily lives (WHO, 2000; WHO, 2018).

Theories on the interrelationship between person, environment, and occupation

This dissertation presents studies within the research field of ageing in place, through the lens of occupational therapy with the aim to describe the daily life of older adults who have applied for admission to a nursing home. With increasing age, older adults are more dependent on their environment to cope with their daily lives (Pickens et al., 2019 chapter 22) and the interaction between the older adult, the activities to be carried out and the environment is central (Atwal et al., 2013 chapter 9). This interrelationship is central in occupational therapy theory, which states that older adults are more unlikely to change as persons but become more dependent on their environment to optimise their occupational performance in daily life (Law et al., 1996).

The connection between ageing in place and occupational therapy can be further explained through The ecological framework of place, which is a part of the theory of Environmental Gerontology and is described as a useful conceptual foundation for ageing in place (Diaz Moore, 2014; Greenfield, 2012), but is also the theoretical foundation for occupational theory models such as Person-Environment-Occupation model, (PEO-model) (Law et al., 1996) and The Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2013). The ecological framework of place

states that human occupations are vital and take place in interaction with person and environment (Scharlach, 2016). Experiences associated to the environment are created through human occupations and the environment can be perceived either as limiting or encouraging. Occupational therapy theories explain how changes in any part of a person, the environment, or occupation affects the performance, and outcome, of activities (Law et al., 1996; Townsend & Polatajko, 2013). Life changes are described as inevitable but by focusing on the interaction of person, environment, and occupation it can be easier to understand why people act in the way they do (Strong et al., 1999).

In this dissertation, the environment is crucial as older adults have been described as a vulnerable group when it comes to changes in their physical and psychosocial environment (Lawton, 1977; Iwarsson, 2005). Older adults ageing in place can receive similar care as in nursing homes. The older adult and the daily occupations are primarily the same, but the environment differs between these housing alternatives. Besides physical and social environment, the CMOP-E adds institutional environmental factors which can be understood as how the regulations and legislation affect the ability to perform occupations (Townsend & Polatajko, 2013). In the context of this dissertation, it means laws and guidelines that limit the individual's opportunities in self-determination on how and where to live and receive care, e.g. receiving home-based care or receiving care in a nursing home (Swedish Social Service Act, SFS no.: 2001:453).

Ageing in place

To age and receive care while remaining in one's home, which we will refer to here as "ordinary housing" and what is generally known as ageing in place. Further, ageing in place has been defined as one being able to remain living in their current home and in the community, with some level of independence, autonomy, and connection to social support, rather than relocating to a nursing home (Wiles et al., 2012). One keystone of ageing in place is the possibility to receive support and/or care in ordinary housing, to encourage as independent daily life as possible. In most countries,

ageing in place is a political initiative to meet the need of care and support in ordinary housing by the older population (Genet et al., 2011; Ilinca et al., 2015). To have the opportunity to age in place has grown internationally after the COVID-19 pandemic (Grabowski, 2021). Since around half of the deaths in 21 countries consisted of older adults living in nursing homes (OECD, 2023), and ageing in place seems as one way to reduce the number of older adults living in a nursing home at the end of life. However, with a rapidly growing older population, who are expected to be able to age in the home they have been living in, ageing in place involves several challenges to meet the needs of the oldest old and those with extensive need of care (Alders & Schut, 2019; Pin & Spini, 2016). Additionally, ageing in place is not only about supporting older adults so that they are able to remain in their own home, but also to supporting them to remain as much as possible being included in their community (Bigonnesse & Chaudhury, 2021; WHO, 2007). To remain living in a familiar environment has been identified as another challenge and crucial factor in the desire to remain ageing in place, as neighbourhoods and communities' changes with time, not only the physical environment but also due to generation shifts and socioeconomics (Lewis & Buffel, 2020).

Internationally the focus of research on ageing in place differs, but one common aim is to provide better support in daily life for older adults. In countries with inequality" living conditions focus is on improving the standard of living for the older population such in Thailand (Somsopon et al 2022) and Brazil (Boing et al., 2021). Countries with a rapidly increasing ageing population focus on improving the old age care service policies such in China (Guo et al., 2023) and India (Vaishnav et al., 2022). In countries with partial private healthcare systems, various projects to improve the lives of those ageing in place have been evaluated (Forsyth et al., 2019; Kaul et el., 2020), and efforts to determine who is at risk in order to evaluate nursing home admissions (Wolff et al., 2018) are performed. One common global focus is to study subjective experiences of where to live (Roy et al., 2018) and how to receive care (Lee et al., 2020; Van Eenoo et al., 2016). In a review including research conducted in Europe, ageing in place was described as a complex life situation that

was dependent on access to social networks, support, and technology. It was also connected to place attachment and personal characteristics (Pani-Harreman et al., 2020). Place attachment has been described as the attachment that occurs between a person and a perceived meaningful surrounding (Najafi & Kamal, 2012), which can be impacted by multiple factors such as physical, psychological, and social-cultural. Additionally, older adults who experience place attachment as an emotional bond to their homes tend to be keener to continue ageing in place.

Older adults ageing in place and in need of care

In recent decades, supporting older adults in need of care through a health- and social care system has been developed and shifted from institutional care in nursing homes to providing health- and social care through "formal care" in ordinary housing, as more older adults are expected to age in place (Pin & Spini, 2016).

Formal care is provided through social care policies distributed by the government often at a municipal level, or by private health insurance (WHO, 2015). It can for example be home-based care (support with self-care and mobility), food service and household service such as cleaning and laundry service. The level of formal support differs between countries (Geerts & Van den Bosch, 2012). In Europe alone, there are three different care models: the Scandinavian care model, the Continental model, and the Mediterranean model (Fernández-Carro & Vlachantoni, 2019). The models offer different levels of formal care and support to the older population, for example the Scandinavian care model provides home-based care to older adults living with a partner. Whereas older adults living in European countries belonging to the other two models are more dependent on their family and friends (also referred as informal care), and formal care is given to those who are of older age, have multiple impairments, and live alone (Fernández-Carro & Vlachantoni, 2019).

Informal care enables ageing in place for older adults with need of care through support provided by a social network such as family, neighbours, and friends (Ahn et al., 2020; Dobner et al., 2016; Wimo et al., 2017). Prior research from Wimo et al (2017) has shown that in

some European countries, relatives are responsible for up to 75 percent of the support in most activities in daily life for older adults. That study included both older adults with somatic diseases and with a dementia diagnosis. Additionally, most relatives use their own spare time and finance the informal care from their own pockets (Charles et al., 2017). To perform informal care can be perceived in different ways. It has been described as a demanding task that can cause the relative-carer to suffer a setback in their own life situation (Andersen et al., 2020; Konradsen et al., 2021). Furthermore, managing both their own work responsibilities and providing care for an older adult can have negative outcomes not only on their work situation and family relationships, but also on the informal caregivers' own health and general well-being (Lam et al., 2022).

However, formal care is supported from a financial point of view as home-based care is more economically beneficial for the society compared to nursing home residency (Bauer et al., 2017; WHO, 2015). Besides home-based care, older adults in need of care can be supported in daily life by an occupational therapist (Szanton et al., 2016). Occupational therapy is a profession that enables different ways to continue being independent despite disabilities that arise which can affect occupational performance negatively. The role of an occupational therapist is to provide interventions to preserve the older adults' current abilities for example through fall prevention (Elliott & Leland, 2018; Johansson et al., 2018), and/or to compensate for the loss of capacity by providing strategies to improve the ability to perform activities of daily life (Berger et al., 2018; Nielsen et al., 2017).

These measures for support in daily life have been designed as older adults previously have stated the importance of being able to age in place as long as reasonably possible (Vanleerberghe et al., 2017). However, the ability or/and willingness to age in place through life has previously been negatively associated with increased age (Kendig et al, 2017), to living alone, depression (Luppa et al., 2010), mobility impairment, reduced abilities in performing daily activities (Cegri et al., 2020, Nuutinen et al., 2017), and intensive use of formal care (Aspell et al., 2019). Even though older adults want to continue to age

in place, over time older adults often experience some kind of physical disabilities or cognitive impairment (WHO, 2000). Having cognitive impairment such as a dementia diagnosis leads to biological loss of cognitive and motor function, that results in extensive need for care (Bonder & Goodman, 2019 chapter 67). To need care due to cognitive impairment such as a dementia diagnosis has been stated as being one of the strongest predictors for needing and receiving admission to a nursing home (Hajek et al., 2015; Donnelly et al., 2017).

However, not all older adults who age in place and are in need of care suffer from a dementia diagnosis but do suffer from some kind of chronic condition and/or somatic disease (Abdi et al., 2019). Beside a dementia diagnosis, other predictive studies have shown nursing home candidates to be e.g., older adult aged 85-90 years old with cognitive or physical low status (Salminen et al., 2017), or being granted nursing homes due to a specific level of disability in daily life (Alders & Schut, 2019), or due to needs of extensive care and intensive usage of formal care (de Almeida Mello et al. 2020). Additionally, other needs that can occur in daily life such as loneliness, depression and rehabilitation needs are predicted to be supported in the community to postpone the need for a nursing home admission (de Almeida Mello et al. 2020). Based on these above forecasts, older adults with somatic diseases but without the diagnosis of dementia would continue to be expected to age in place until reaching a specific level of impairment. And meanwhile be supported from informal care (e.g., from relatives/partner) or formal care (e.g., government paid or subsidised cost home-based care) or from other professionals within health- and social care (Golant, 2015) in daily life while remaining living in ordinary housing.

Housing alternatives for older adults with different needs

A longitudinal study performed in Europe, including 16 countries showed that up to 30 percent of older adults lived in a nursing home at the end of their lives (Stolz et al., 2019). This relatively low number confirms the societal norm that older adults are expected to continue ageing in place (Alders & Schut, 2019). However, older adults in need

of care have different needs regarding housing. Therefore, the society's need to offer a variety of housing alternatives for older adults (Genet et al., 2011; WHO, 2015). The terminology differs between countries, but the concepts of housing alternatives are similar. There is ordinary housing on the open market to rent or buy. Further, some ordinary housing is designed and tailored to the older population, e.g., senior housing (Taylor et al., 2018), sheltered housing (Corneliusson et al., 2019a), and retirement villages (Lundman, 2020). These are ordinary housing situations tailored for older adults with facilities that often offer common social areas, shared meals and/or activities. When living in ordinary housing, tailored for an older population or not, older adults in need of medical care- or social care must actively apply for support with daily life (WHO, 2015). The support is often provided by home-based care (scheduled support with daily activities). Older adults who experience extensive needs that cannot be fulfilled by home-based care can, in most countries, apply for an accommodation in a nursing home (Sanford et al., 2015). Admission to these homes is means-tested and older adults need to submit an application to be granted admission. Nursing homes offer 24-hour support with daily activities (ADL) and care from different healthcare professionals and assisting nurses. However, as previously mentioned, older adults in need of care are expected to age in place. As a response to that, political initiatives have reduced the number of beds in nursing homes for older adults with somatic disease but without a dementia diagnosis (Ulmanen & Szebehely, 2015; Bigonnesse & Chaudhury, 2021).

Ageing in place in Sweden

In Sweden, there is a long historical tradition of offering older adults to move into different types of nursing homes. Until the 60s', older adults were recommended to move into a nursing home when reaching an older age due to lack of other options. This resulted in overcrowded institutional care facilities with questionable living conditions (Davey et al., 2014). As a response, a social services policy was developed and the responsibilities for health- and social care were placed on a municipal level, to offer home-based care at a subsidised cost, with the aim of providing a better daily life for older adults

(Ilinca et al., 2015, Swedish Social Service Act (SoL), SFS no.: 2001:453).

According to the latest report, 19% of the Swedish population (2.1 million of in total 10.42 million) were 65 years old or older, and about 7 percent (148,000 people) of those received support through the Social Services Act in the form of home-based care, day centres, or short-term care facility (The National Board of Health and Welfare, 2023).

This dissertation studies are performed within the Swedish context where the Scandinavian care model is used (Fernández-Carro & Vlachantoni, 2019; Ulmanen & Szebehely, 2015). This means that through the Social Services Act, everyone who experiences the need for support with daily life in ordinary housing can apply to a social welfare officer, who are often trained social workers whose and whose work is anchored in the Social Services Act. However, only those who cannot in any way independently fulfil their own needs are entitled to be granted support and be provided for by the Social Services Act. Granted support is provided in the older adults' ordinary housing at a subsidised cost aiming to provide a better daily life. The extent of the support granted, e.g. how many hours per week, depending. The upon the individual's needs and an evaluation of how those needs can be best met. Granted support in Sweden includes formal care such as home-based care (support with self-care and mobility), PERS-alarms, food service, and household services such as cleaning and laundry service. Other examples of support are accompaniment to appointments, relief for co-living relatives and scheduled stays in a short-care facility (The National Board of Health and Welfare, 2023). In some municipalities, the persons themselves can choose home-based care from both municipal and private actors, according to the Act on Systems of Choice in the Public Sector" (SFS no.: 2008:962). Through the Health and Medical Services Act (SFS no.: 1982:763), older adults living in ordinary housing with medical needs, can receive home visits from home healthcare nurses for medical needs (e.g., ulcer dressing, injections, or drug management).

Further, to age in place is not only to be able to remain living in ordinary housing. According to the World Health Organization (2004), ageing in place also includes the opportunity to remain living independently in the community. In Sweden, this is provided through various social initiatives such as day centres, but access to these varies between municipalities (Larsson Ranada & Österholm, 2022). Previous studies have reported how day centres are an important arena for creating a sense of context and belongingness amongst older adults (Österholm et al., 2023), which adds to a fulfilling experience while ageing in place.

Housing alternatives in Sweden

In year 2023 about 4% percent of the Swedish population 65 years old or older (82,000 people) were living in a nursing home (The National Board of Health and Welfare, 2023). Hence, most Swedish older adults remain living in ordinary housing. Since the late 80s, efforts have been made to offer accessible ordinary housing for older adults, such as senior housing (private or municipal, and cooperative rented housing) and sheltered housing (accessible ordinary facilities for older adults) (Abramsson & Andersson, 2016; Corneliusson et al., 2019a). Sheltered housing is a housing model that provides accessible apartments for older adults and offers social areas through e.g., shared dining room, hobby room, or garden. Sheltered housing is regarded as ordinary housing, and anyone over the established age can sign up for a lease (Corneliusson et al., 2019a). Sheltered housing does not offer 24-hour access staff. In contrast, nursing homes offer apartments at a subsidised cost and have access to 24-hour service from staff, and other healthcare professionals, as well as communal living and dining rooms (Sanford et al., 2015). Older adults who want to move to a nursing home can apply for it through social welfare officers, (Social Services Act). The social welfare officer evaluates the application regarding if the need of care and support can be matched by formal care such as home-based care, if so, the application can be denied (National Board of Health and Welfare, 2021; Social Services Act). Only applications based on needs that cannot be fulfilled by support in ordinary housing and achieving a "reasonable standard of living" are allowed to be granted according to the Social Services Act.

Rationale

Despite that ageing in place is a political initiative and a norm in many societies (Ilinca et al., 2015), there is limited knowledge of the daily life of older adults in need of care while ageing in place (Granbom, 2014; Oswald et al., 2003). Prior research on experiences of ageing in place has mostly included two groups of older adults, older adults ageing successfully in place (Aliakbarzadeh et al., 2022; Kendig et al., 2017; Löfqvist et al., 2013, Rioux et al., 2011) and older adults living in nursing homes (Fitzpatrick & Tzouvara, 2019). Older adults who age in place successfully have described their home as a central part of their life, full of memories and where they spend most of their time (Dahlin-Ivanhoff et al., 2007). However, to romanticise a home context with an ideal living arrangement has been criticised for describing only one side of a complex life situation (Hillcoat-Nallétamby & Ogg, 2014). There is also research that has highlighted aspects other than positive ones of daily life while ageing in place. These studies have found that the willingness, or/and the ability, to continue ageing in place is negatively associated with several factors such as increased age, living alone, depression (Luppa et al., 2010), mobility impairment and reduced abilities in performing daily activities (Aspell et al., 2019; Cegri et al., 2020, Nuutinen et al., 2017). Further, highlighting the positive aspects of ageing in place only contributes to the perception that most older adults desire to continue to age in place (Vanleerberghe et al., 2017). Research from the other group, older adults living in a nursing home, describe that to state that all older adults desire to age in place is to oversimplify a complex matter and that ageing in place is not able to fulfil the needs of every individual (Boström et al., 2017; Lee et al., 2013; Roy et al., 2018).

Hence, including an additional group of older adults, nursing home applicants whose application has been approved but who are still waiting for admission, could deepen the understanding of daily life while ageing in place. Nursing home applicants consist of two groups of older adults in need of care: those with a dementia diagnosis and those with somatic diseases but without a dementia diagnosis. Whereas nursing home applicants with a dementia diagnosis have

been stated to be valid applicants (Donnelly et al., 2017) and those with somatic diseases are expected to age in place (Pin & Spini, 2016). Therefore, in this dissertation, only older adults with somatic diseases and without a dementia diagnosis will be included. Because, if ageing in place will continue to be the societal norm, there is important to further understand the needs of older adults with somatic disease living in ordinary housing, and their reasons for applying to a nursing home instead of continuing to age in place. That knowledge can contribute with valuable aspects to the research field of ageing in place and be useful to policymakers within older age care while planning for future support while ageing in place. It also is important knowledge for professionals working with and assessing older adults' needs for enabling ageing in place, such as occupational therapists, physiotherapists, nurses, and social welfare officers.

Aim

The overall aim of this dissertation is to study different perspectives of the daily life of older adults who have applied for admission to a nursing home.

Specific aims of the studies

I. To describe the daily life experiences behind the decision to apply for a nursing home placement in older adults ageing in place.

II. To describe the experiences of close relatives of the daily life of older adults in need of a nursing home.

III. To study descriptions of older adults' reasons for applying to a nursing home in documents of granted nursing home decisions.

IV. To compare nursing home applicants with matched older adults with respect to those factors that had been associated with nursing home application in previous research such as difficulties in everyday life, life satisfaction and depressive mood. Further, we wanted to explore the extent to which difficulties in everyday life, depressive mood, and life satisfaction could be associated with a nursing home application over and above other known predictive factors such as age, gender, marital status, and residential area.

Materials and methods

In this method section each study's design, participants and recruitment process, data collection, analysis and ethical considerations will be presented.

Study design

Of the four studies, three were of qualitative descriptive design and one was a quantitative, observational study with case-control design. By choosing to include different participants, data collection and analysis methods, different perspectives of daily life were represented (See Table I, overview of study design and methods).

Table I. Overview of study designs and methods.

Study	Design	Participants	Data collection	Data analysis
I.	Qualitative, descriptive study	Nursing home applicants waiting for admission (n=11)	Face-to-face Interviews	Qualitative inductive content analysis
II.	Qualitative, descriptive study	Close relatives of an older adult with a granted nursing home application (n=15)	Telephone interviews	Thematic analysis
III.	Qualitative, descriptive study	Granted nursing home decisions from years 2019 – 2020 (n=160)		Document analysis using deductive content analysis
IV.	Quantitative, observational study, case-control	Case group, nursing home applicants (n=17) Control group, matched non-applicants (n=17)	Questionnaires with instruments by post	Wilcoxon signed rank test, McNemar test, Conditional logistic regression

Participants and recruitment process

Study I – Nursing home applicants waiting for admission

Inclusion criteria for participants in Study I were, older adults living in ordinary housing, who had been granted nursing home applications and were waiting for an accommodation in a nursing home due to somatic needs (e.g., impaired health, impaired mobility function or related to old age). They all had the ability to communicate in Swedish without an interpreter. Initially, there was a criterion of age 65 or older. This criterion was removed during data collection as knowledge about nursing home applicants showed that applying for an admission to a nursing home was not related to chronological age but rather to reduced health and/or need of support with daily life. The participants were recruited through a collaboration with admissions coordinators working in a Swedish municipality. During the six-month data collection period, 37 nursing home applicants reached the inclusion criteria and were asked by an admissions coordinator if they gave consent to receive a letter of information and be contacted by a researcher for an upcoming study. 17 of those gave consent to receive a letter of information and 11 agreed to participate. Nine women and two men, with the median age being 85 years old, age range 57-95 years old.

Study II – Close relatives of older adults with granted nursing home applications

Inclusion criteria for participants in Study II were to be registered in the municipality department's journal system as the closest relative of an older adult with a granted nursing home application aligned for somatic needs. Hence, the participants older adults were either waiting for admission to a nursing home at home or in a short-term care facility. Those in the inclusion criteria might have recently moved into a nursing home or passed away while waiting for admission. Contact information for potential participants were received from the municipality admissions coordinator, who organises the queues for nursing homes and assigns vacancies. By post, an informational letter was sent to their relatives and about a

week later they were contacted by telephone. In total, 39 relatives were contacted; 24 declined to participate and 15 agreed. These consisted of twelve women and three men, with the median age being 59 years old, age range 38–90 years old.

Study III – Granted nursing home decisions

Inclusion criteria in Study III were granted nursing home decisions for older adults with somatic needs (old age, impaired health, impaired body function or/and multiple diseases but without a dementia diagnosis). The granted nursing home decisions were conducted during years of 2019 and 2020 and were distributed to the first author of the study (LS) by a social welfare officer working in medium sized municipality in Sweden. In total, 160 documents were selected, 80 for each year. In the documents from 2019, of the applicants 43 were women and 37 were men, with the median age being 86 years old, range 47-99 years old. Of the documents from 2020, there were 54 women and 26 men with the median age being 86 years old, range 66-101 years old.

Study IV – Nursing home applicants and matched non-applicants

Inclusion criteria for cases were older adults with granted nursing home decisions due to somatic needs but were waiting for admission. Controls were older adults who matched cases regarding age, gender, marital status, and residential area, but had not applied to a nursing home. One control was matched to one case. The recruitment process was conducted through a collaboration with a medium sized municipality's governmental authority, which is responsible for processing applications for nursing homes admission. A municipality admissions coordinator gave contact information to potential cases based on inclusion criteria. Contact information to potential controls was given by a social welfare officer, who identified potential controls in the municipality department's journal system. In total, 34 participants, 17 cases, and 17 controls were recruited. Nine women and eight men in each group, with the median age being 91 years old among cases and 92 years old among controls.

Data collection and procedure

The data collections for the four studies were conducted in the same municipality, located in central Sweden. There the largest city is a med-sized town surrounded by suburbs, rural villages, and countryside. In the municipality, there is an effort to offer nursing homes in every district (rural villages included).

Study I – Face-to-face interviews

Data collection was conducted by semi-structured interviews during year 2018. The interviews were performed using an interview guide by the first author of the study (LS), were audio recorded and lasted between 20–65 minutes. The participants decided location of the interview which were either in their own homes (n=6) or at a municipal short-term care facility where they were currently staying (n=5.) The interview guide began with a few demographic questions followed by ten main questions with supplemental questions used to encourage conversation. The ten main questions concerned areas of daily life such as personal activities, household activities, social activities, and leisure, how they perceived their social and physical environment, what made them apply to a nursing home, if their level of occupational performance influenced the decision to apply, and finally their thoughts about the future (see Appendix I). The interviews were audio-recorded with a memory card. Directly after the interview, the audio was transferred to a computer and erased from both the dictaphone and memory card. The interview audio-file and document of transcription was coded. A code list was kept locked in a code-locked safe.

Study II – Telephone interviews

Data collection was conducted during the period November 2020 to February 2021, which was also while the COVID-19 pandemic prevailed. Therefore, they were performed by the first author of the study (LS) by telephone due to Swedish national COVID-19 recommendations. A total of 15 interviews were collected using an interview guide, where audio recordings were made, each lasting between 20-45 minutes. The interview guide was a revised version

from the guide used in Study I. The interview guide began with a few demographic questions followed by twelve main questions, with supplemental questions used to encourage conversation. The questions from Study I concerning personal activities, household activities, social activities and leisure and the reasons for applying were asked. Some wording was adjusted, the supporting questions were modified and the two questions on environment and occupational performance were excluded. The added four questions concerned how the COVID-19 pandemic influenced the older adult's daily life, if there was some additional support that would have made the older adults continue to age in place instead of applying, how their relatives were involved in the applying process, and finally if the COVID-19 pandemic contributed to the decision to apply for a nursing home place (See Appendix II). The interviews were audio-recorded with a memory card. The interviews were conducted using a dictaphone and having the telephone on speaker. Directly after the interview, the audio was transferred to a computer and erased from both the dictaphone and memory card. The interview audio-files and the documents with the transcriptions were coded. A code list was kept locked in a code-locked safe.

Study III – Document collection

Data collection was conducted during 2020-2021. The collected documents were processed during years 2019 and 2020. They were stored for retrieval in hard-copy and kept in a code-locked safe.
In total 400 documents were collected, 200 for each year. Using a stratified sample and according to inclusion criteria, a social welfare officer was instructed to randomly select equal numbers of granted nursing home decisions from each month of the two years. During data selection, it was found that in the spring of 2020, the COVID-19 pandemic started to influence the older adult's life and the nursing home decisions. Even though the aim was not linked to the pandemic, we wanted to investigate if it had an influence in the decision making for applying to a nursing home. Therefore, to strengthen information power and to capture experiences over time, the decisions were divided into two domains: one for the period before the COVID-19 pandemic, i.e. year 2019 and one domain

during the COVID-19 pandemic, i.e. year 2020. Further, it was noted that 400 documents would be too extensive for qualitative analyses, and based on information power, 80 documents from each year were selected, in total 160 documents which included 761 pages of text.

Study IV – Questionnaire with instruments by post

Data collection was ongoing during November 2019 and June 2021 with a pause due to COVID-19 (May-September 2020). Potential participants were identified by an admissions coordinator and a social welfare officer at the municipality. The admissions coordinator sent addresses to the first author of the study (LS), who conducted the data collection. The potential participants received an informational letter, consent form, a study-specific questionnaire (See Appendix III) and instruments by post. The instruments were:
World Health Organization Disability Assessment Schedule 2.0. (**WHODAS 2.0**) (Üstün et al., 2010) containing questions on difficulties in everyday life within six domains of life. In terms of psychometric qualities, the WHODAS 2.0 has shown high reliability at group level (homogeneity and test-retest), good validity and responsiveness (Üstün et al., 2010).
Geriatric Depression Scale 20 (**GDS 20**) (Gottfries et al., 1997) which screens suspicion of depression and contains 20 statements with the response alternative "yes" or "no." Regarding, psychometrics, GDS 20 has in the Swedish context shown good reliability, validity, and sensitivity (Gottfries, Noltorp, & Nørgaard, 1997).
Satisfaction with Life Scale (**SWLS**) (Diener et al., 1985) contains five statements on overall life satisfaction, answered on a Likert scale between 1-7 where 1 = does not agree at all, and 7 = agrees completely. SWLS psychometric evaluation in older adults has shown good reliability at the group level in terms of homogeneity (Diener et al., 1985), test-retest and good validity (Pavot et al., 1991) and sensitivity (Hultell & Gustavsson, 2008).

These instruments were chosen as they evaluated three factors that were found as influencing older adults who were ageing in place to apply for a placement in nursing home (Study I). Study IV was

designed to investigate if these three factors solely are relevant for nursing home applicants or if they were represented in non-applicants' daily life as well. Further, these instruments were discussed with a reference group (three women, age range 78–92) who evaluated the instruments for accessibility, for example text size, the number of questions and if the questions were easy to answer. After the reference group evaluation, two adjustments were made: a) the text sizes of the instruments were increased, and b) the layout of the Satisfaction with Life Scale (see below) was adjusted (after receiving consent from the originator).

The potential participants were given the option to complete the questionnaires during a telephone interview by contacting the first author of the study (LS). However, no one responded to that offer. One reminder was sent out within a month. The response rate was low (case group 8%, control group 20%). All information on potential participants and answered questionnaires were kept locked in a code-locked safe.

Data analysis

Study I – Inductive content analysis

The data were analysed according to Elo and Kyngäs (2008) inductive content analysis, following their three phases of preparation, organisation, and reporting. The first phase "Preparation" was mainly performed by the first author of the study (LS), who transcribed verbatim all eleven audio-recorded interviews. The transcribed verbatim was then checked by listening to the audio-recorded interviews while reading the transcriptions. All interviews were then read repeatedly by the first author of the study (LS) and a proportion by the last author (KLH). The second phase "Organisation" was conducted by the authors (LS, KLH) and began with separately identified data units and creation of a code sheet in NVivo 11 Pro. By asking questions about differences and similarities of described experiences to the material, an inductive abstraction of the material was performed, and categories were developed. The categories with underpinning levels were then presented to the rest of the authors for

a shared discussion. The other authors each read two transcripts and after a few rounds of discussion about choice of words and content, a result was established in the third and final phase, “Reporting.”

Study II – Thematic analysis

Data analysis followed the six phases of thematic analysis by Braun and Clark (2006). The method emphasises the importance of choosing a theoretical foundation at the beginning of the analysis, to ensure that the material is analysed with scientific intuition. Therefore, before starting the analysis, a decision was made to use thematic analysis from an essentialist and realist point of view. An inductive approach was taken, inductive thematic analysis, to enable the analysis to be as close as possible to the experiences and meaning given by the participants.

In phase one, the transcription was performed directly after the interview to increase the first author of the study (LS) awareness of interview techniques. All the interviews were performed by LS, who also transcribed verbatim all audio-recorded interviews. The transcribed verbatim was checked by listening to the audio-recorded interviews while reading the transcriptions. The transcriptions were read by the authors (LS, KLH). The second phase generating initial coding, started after the tenth interview, to get a deeper understanding of the data content and to be able to judge when saturation was reached. In the third and fourth phases, the codes were tentatively developed into themes, that were discussed between all authors. The themes were reviewed and discussed on how they answered the research question and what individual themes have in common with others or why they stood out. In phase five, the themes were given headings, and a preliminary finding was written. To verify the consistency of the analysis, the authors (MH, CP) each read three of the transcribed interviews, before they read the preliminary themes and findings. In the sixth phase after multiple discussions and further merging and abstraction of the themes, the final findings were written.

Study III – Document analysis

Granted nursing home decisions were collected, selected, and evaluated according to document analysis by Bowen (2009). This meant gaining knowledge of the documents' purpose and content. For example, who wrote the documents, according to what guidelines and how the document's content was structured. After that, the document relevance was evaluated by the first author of the study (LS), meaning if it contained information that would answer the research question. To enable the evaluation of relevance, a table was created which summarised all the information in the document, under each heading in the document. The heading "Evaluation based on" contains information on what sources were used to collect information for the assessment, upon which the decision was based on. The heading "current situation" contained information about the progress towards the application, what has recently occurred which leads to an unsustainable home situation. Following headings were structed according to The International Classification of Functioning, Disability and Health ICF, "Personal factors," "Environmental factors," "Body functions & structures," and "Activities & Participation." The last heading "Evaluated needs of nursing home" included standardised statement of why the applicant had needs that could only be met in a nursing home. A shortened example of this table is illustrated in Table II on the next page (See Table II, document analysis to enable an evaluation of each document's relevance). The document's relevance was than discussed between the authors (LS, CP), who performed accordingly to the method document analysis, an evaluation if the contents were comprehensive or selective, and if balanced or unbalanced. Documents were judged to be comprehensive if they contained sufficiently informative content to answer the research questions. If they were not, they were judged as selective e.g., not providing sufficient enough information related to the research questions. The evaluation was performed by asking questions about the data gathered, such as "Did the information give a sense of the person and his/her life story?" and "Are the person's needs well described?" Documents were also judged to be balanced (well-written information under each heading) or unbalanced (missing headings or very brief or thin descriptions). The

result of the evaluation showed how most documents were comprehensive and balanced (n=4 selective, n=4 unbalanced). However, this evaluation was a part of the analysis process, to get familiar with the content of the documents and no document was excluded. If the documents were evaluated as comprehensive or selective, and balanced or unbalanced, was also marked in Table II.

Table II, Document analysis to enable an evaluation the relevance of each document.

Age	Evaluation based on	Current situation	Personal factors	Environmental factors	Body functions & structures	Activities & Participation	Evaluated needs of nursing home	C / S	B/ UB
84	Meetings, municipal journal system	Unstainable living situation due to vertebral compressions		Lives alone in a townhouse	Multiple diseases	Uses a worker. Needs support with P-ADL and I-ADL	Need for staff proximity related to health condition	**S**	**UB**
99	Meetings, municipal journal system	Don't want to come home. Relatives points out risk of falling	Close relationship to relatives. Like watching TV	Lives alone in sheltered housing	Heart disease. Impaired balance	Uses a worker. Needs support with P-ADL and I-ADL	Need for staff proximity related to health condition, impaired vision, and increased insecurity	**C**	**B**
69	Discharge planning at the hospital	Wife applies for husband, due to his impaired health	Has strived to be as independent as possible. Old painter	Lives together with wife in a big house with several stairs	Palliative due to brain tumour, has lost the ability to speak	Positioning schedule. Needs help with all P-ADL and I-ADL. Unable to use PERS-alarm	Need for staff proximity and comprehensive care related to health condition and to live a dignified life	**C**	**B**
74	Meetings, municipal journal system	Has impaired respiration, which increases anxiety and causes panic attacks	Has a close relation to his daughter.	Lives alone in an apartment	Heart-and lung disease, cancer	Independent I all ADL	Need for staff proximity related to health condition, and increased insecurity. To live a dignified life	**C**	**UB**

Abbreviations: ADL- Activities of daily life, P-ADL- Personal activities of daily life, I-ADL- Instrumental activities of daily life, C- Comprehensive, S-Selective, B-Balanced, UB- Unbalanced.

Thereafter, the next phase according to document analysis (Bowen, 2009) was to conduct a qualitative analysis on the content of the document. In this study, a qualitative deductive content analysis was used (Elo & Kyngäs, 2008) based on three research questions: How are person factors such as health condition and body functions described in nursing home decisions? How are the environmental factors described in nursing home decisions? How are occupational factors described in nursing home decisions? Thus, the occupational model CMOP-E was used to answer these research questions. CMOP-E was chosen because of its focus on engagement in activities rather than on performance (Townsend & Polatajko, 2013). That seemed suitable as previous knowledge about older adults who apply to nursing home in Study I had shown that they wanted to belong to a social context – to feel engage rather to perform due to multiple impairments. Additionally, CMOP-E contains an institutional environment factor those older adults applying for an admission to a nursing home surrounded with. Not only in their ordinary housing regarding what kind of care and support they can have, from whom and when, but also being evaluated by a social welfare officer to be granted accommodations in a nursing home.

To use CMOP-E in a deductive analyse, the first step according to Elo & Kyngäs (2008) was to create a structured matrix. In this study, this meant linking, ICF (which the documents were structured by) with CMOP-E major variables person, environment and occupation was developed. This was initially performed through a literature review, to explore previous connections between the models. The literature review was performed by the first author of the study (LS) and a librarian at the university Library, in databases Cinahl With Full text and PubMed. One paper was found and could be used as inspiration for development of a matrix (Stamm et al., 2006). This paper was used together with theoretical literature (Dancza & Rodger, 2018; Townsend & Polatajko, 2013) and which then was discussed with all authors for consensus. (See Table III, matrix linking variables of CMOP-E and domains in ICF).

Table III, Matrix linking variables of CMOP-E and domains in ICF.

Major variables in CMOP-E	Definitions of the major variables in CMOP-E	Domains in ICF
Person		
Cognitive functions	Cognition, mind, and intellect	Health condition / Body functions & structures
Physical functions	Action and performance based on motor and sensory characteristics	
Affective functions	To feel or experience e.g., sense of security or autonomy	
Spirituality	A pervasive vitality and sense of meaning, purpose and belonging	
Environment		
Cultural	Norms, values, social routines, and conditions	Environmental factors
Physical	Surface, objects, buildings	
Social	Contacts with humans. Micro- direct contact e.g., relations. Meso- social groups and structures. Macro- social structures regulated by policies, organisations, institutions e.g., conditions in society to be contain a role	
Institutional	Regulations that hindrance activities in daily life such as social patterns, organisation of power e.g. legislation, government regulations, policy, financial resources. And the "invisible organisation" determines which interventions that are offered	
Occupation		
Self-care	Personal activities of daily living, Looking after oneself	Activities, participation, Personal factors
Productivity	Paid activities e.g., work or studies, unpaid activities such as household chores and other instrumental activities of daily living	
Leisure	Activities that provide relaxation / sense of meaning / enjoying life	

The matrix was used by each author, who conducted the data gathering separately and then together. The authors (KLH, MH, CP) analysed 20 documents, 10 in each year, the first author of the study (LS) analysed 120 documents. The individual analysis was then discussed. By using a deductive approach, the analysis was able to move from the general to the specific. However, how specific the information could be was discussed between all authors. In relation to the nature of the content of the decisions, a conclusion was made that the content could be compared with material suitable for a manifest analysis. The first author of the study (LS) completed the analysis of the 160 documents and created initial grouping. Based on the research questions the grouping was then abstracted to categories and a preliminary result. The last author (CP) validated the categories and a preliminary result by comparing them with the data gathering of content from all 160 documents. This was followed by a discussion between the authors (LS, CP), who agreed on the final results that were presented to the other authors.

Study IV – Statistical analysis

To compare nursing home applicants (cases) with non-applicants (controls) we followed the recommendations of Conway et al., (2013). Therefore, difference between cases and controls was analysed using Wilcoxon signed rank test for continuous variables and using McNemar test for binary variables. Further, exploring correlations was performed using Spearman correlation coefficients, which strength of correlation are followed by the absolute value of r: 00-.19 very weak, .20-.39 weak, .40-.59 moderate, .60-.79 strong, .80-1.0 very strong (Dancey & Reidy, 2007). This analysis was performed by the first author of the study (LS) and confirmed by the last author (MH). The statistical analysis was processed via the computer program Statistical Package for Social Sciences (SPSS). Further, to explore the magnitude of associations conditional logistic regression was used. In the logic model, matching variables (age, gender, marital status, housing, and living in urban or countryside area) were not included. The conditional logistic regression was performed by the fourth author (RU, who is an epidemiologist) and processed via the

computer program Stata 17/MP. The level of significance was set at <0.05.

The data from SWLS, on overall life satisfaction had 39% missing data, and was therefore judged to contain too much missing data to perform a statistical analysis. The decision was made to only present SWLS descriptively.

Ethical considerations

The studies in this dissertation are conducted according to Swedish law, Act on Ethical Review of Research Involving Humans (2003:460), and the World Medical Association's Declaration of Helsinki on ethical principles for medical research involving human subjects (World Medical Association, 2020). Additionally, when studying subjects within healthcare science, the four principles of bioethics: respect for autonomy, non-maleficence, beneficence, and justice must be considered (Beauchamp & Childress, 2019). In this dissertation, these four principles have been used as guideline in relation to the applications for ethical approval (Each study's ethical approval is presented in Table IV). In the planning phase of the studies, efforts have been made to anticipate possible risks with participation (respect for autonomy), and how these risks can be reduced (non-maleficence) in procedures for recruitment, data collection and presentation of the results. These considerations not only include aspects of gaining benefits by participating (beneficence and justice) for the participants, but also how knowledge from the studies could benefit the society or old age care which could improve the life for older adults ageing in place.

Through all Studies (I-IV), all collection of personal information e.g. lists with participant information has followed the routine according to General Data Protection Regulation, GDPR (Örebro University, 2024). Personal information on paper was kept locked in a code-locked safe. Data collection saved on computer was according to the local routine for collected data uploaded to the university's i-cloud service.

Table IV, Ethical approval from the Swedish Ethical Review Authority

Original study	Reference number:
Study I	2018-009
Study II	2020-05666
Study III	2021-00715
Study IV	2019-04487

Study I – Interviews with nursing home applicants

All participants were given written and verbal information about the respective study before signing a consent form. The participants were informed that their participation was voluntary, and that they had the right to decline or withdraw their participation at any time. The participants were assured that the results would be presented at group level. Although, the Ethical Review Authority addressed a risk that some participant could feel that their integrity was intruded upon as moving to a nursing home can be associated with shame. This risk can be associated to the principle to respect for autonomy. To minimise that, risk efforts were made to avoid a state of dependence through data collection as admissions coordinators telephoned to potential participants and asked if they consented to receive an informational letter. The participants were given both written and verbal information about the study and that their participation would not affect the process of their transmission to a nursing home or that any information revealed in interview should go back to the municipality. If any uncomfortable feelings would arise after the interview and the participants felt a need to talk more, a third party was also enforced, the psychologist clinic at Örebro University, which the participants could contact for further conversations after the interview. A benefit of participating in Study I was that the participants could share their experiences and be confirmed in their life situation. Their common experiences also confirmed the complexity of ageing in place and highlighted some needs that may arise while doing so.

Study II – Interviews with close relatives

As Study II was an amendment to the ethical approval of Study I, the ethical considerations were still applicable to the relatives that participated in Study II. All participants were assured confidentiality, and that no information would go back to the municipality and only be presented at group level in the article. The participants were also given written and verbal information about the study and that their participants were voluntary with the right to decline or withdraw their participation at any time. This information was given before signing a consent form. The benefit in Study II was both that the relatives could share their story and that their common experiences provide another perspective to experiences of the need for a nursing home while ageing in place.

Study III – Analysis of granted nursing home decisions

The participants were not asked to give their consent. Hence, a risk of respect for autonomy occurred. To minimise that risk, researchers would not have access to personal information, the granted nursing home decisions were de-identified (anonymised) before they were handed over to the researchers. That changed the sensitive nature of the data, plus the risk was significantly reduced as only very specific descriptions of the person in the decision could reveal their identity. Regarding benefits of participating in the study, the participants did not have any *direct* benefit, as they were anonymous. However in a broader sense, the results could generate important knowledge, with concomitant benefits, about what influences older adults to apply for a nursing home place. That knowledge could be regarded as useful in planning future efforts in home-based care and enable more older adults to age with satisfaction in their home.

Regarding both Study II and Study III, the conduct of the studies could be beneficial on a societal level. The studies combined information on daily life for older adults in need of a nursing home during the COVID-19 pandemic could be used to summarise the consequences of the pandemic. To enhance preparation to better respond to older adults' needs in case of future pandemics.

Study IV – Questionnaires send by post

Together with the questionnaires, potential participants were given written information about the study. How the participation was voluntary, and that they had the right to decline or withdraw their participation at any time. The participants were assured confidentiality. This included that no information provided in the questionnaire responses would be given back to the municipality, plus that the results would be presented at group level. If the potential participant wanted to participate, they signed a consent form that was sent back together with the responses requested in the questionnaire. Sending questionnaires by post was associated with a lower risk regarding respect for autonomy. The benefit to add new information to the research field was evaluated as outweighing that low risk, as the older adults were not contacted in-person and could easily throw away the questionnaires if they chose not to participate.

Results

In this section, each study´s results will be presented, as well as a summary including recurring aspects in all the Studies (I-IV).

Study I

The participants, older adults with granted nursing home applications but who were still waiting for admission, described that their daily life had evolved to a situation they did not want to be in. In the main category **To maintain control of my life**, they described how they no longer felt in control of their lives. They claimed that home-based care staff controls their daily life and that their ordinary housing turned into a workplace instead of being a home. By applying to a nursing home, they felt like they got to decide for themselves about how they wanted to live and receive care. And in that sense, they regained control over their lives. The main category contained three prominent experiences presented in generic categories ***A state of dependence***, ***The opportunity to belong to a context*** and, ***Reaching a turning point***. These experiences were highlighted as main reasons for applying to a nursing home instead of continuing to age in place. Each of the generic category included subcategories that showed different nuances of the experience.

A state of dependence contained descriptions of being in the hands of others when it comes to performing activities in daily life, due to impairments. These experiences were divided into two subcategories. In the subcategory *Negotiating my options to stay autonomous,* the participants negotiated with themselves as to what kind of support they could accept to maintain a sense of autonomy. They received support from either family and friends, staff from home-based care or both. Regardless of how they perceived the support, they described how they adjusted their lives to others. In the subcategory *Avoiding home-based care,* described how the participants did not even want to try home-based care as they had heard too much negativity from friends and in media. They wanted to have plan in place and applied for an accommodation in a nursing home in advance, i.e. to already

be in the waiting queue for admission if anything happened to them and they were no longer able to independently age in place.

The opportunity to belong to a context contained experiences presented in the subcategories *Seeking compensation for loss of social activities* and *Addressing the experience of isolation*. The participants described themselves as "loners: and in subcategory Seeking compensation for loss of social activities a description was included of how they were not interested in the social activities hosted by the nursing home. However, with declining health and increasing impairment, they wanted to resume the opportunity to be part of a social context. In the subcategory Addressing the experience of isolation, descriptions from participants who did experience a feeling of loneliness that could not be dispelled by visits from home-based care staff or family and friends were included.

Reaching a turning point contained experiences of feeling of having enough of the current life situation and taking steps toward a change. This was presented in the subcategories *Having had enough of undignified home-based care*, *Cater to my family's concerns* and *A reward for having been a good citizen.* In the subcategory *Having had enough of undignified home-based care,* the participants told multiple stories of how staff from home-based care did not either show respect to them as individuals or of their homes. Experiences that made it impossible for them to continuing ageing in place. The subcategory *Cater to my family's concerns* addressed how the participant felt like they were in emotional debt to their relatives. So, when relatives felt it was time for the older adult to move, the participant wanted to cater to that concern for them and applied to a nursing home to repay them. There were also participants who applied as they felt that it was a social right, which is described in the subcategory *A reward for having been a good citizen.* These participants described it as a civil right to have open access to nursing homes when they did not want to age in place anymore. Thus, they were annoyed that they even had to apply and be evaluated.

Study II

The participants, close relatives to older adults in need of a nursing home, described that they were the ones who took care of the older adult and handled and maneuvered the older adult's daily life issues as well as providing for their well-being. This experience was presented in the main theme **Being the person who manages a fragile life situation**. This main theme was underpinned by three prominent experiences presented in themes, which illustrated a process from ageing in place, toward experiences of a fragile life situation that needed to be changed, to navigating through options for care and finding applying for admission to a nursing home to be the solution, but with experiencing extensive wait times for admission and organising a move.

The first theme ***Balancing and fulfilling expectations – striving to achieve a status quo***, contained not only descriptions of when the older adults were ageing in place and the participants tried to fulfil both internal expectations but also from the older adults and healthcare professionals. Subcategory *Internal expectations* contained the desire to be a good child or partner and pay back to a devoted parent or partner. Subcategory *Perceived expectations of the older adult* contained responses to the older adults' need for daily contact both by telephone and in-person visits. Subcategory *Perceived expectations of healthcare providers* contained descriptions of how the participant responded to changes in their daily routines based on the schedule of home-based care. Also, how they tried to be a collaborative partner to the staff by supporting but not being demanding or being in their way.

The second theme ***Experiencing a breaking point – change is inevitable***, the participants described in subcategory *Experienced a need for change* how that need for the most part was shared by the older adults. A feeling of how ageing in place was not sustainable anymore. In subcategory *Taking steps to realise change*, actions were taken by navigating through health- and social care, to find the right solution to the older adults' fragile life situation. This was described as difficult and confusing for the participants, which led to frustration. It made the participants aware of how demanding it would be for their older adult to compress all information and

alternative and they wanted to support them in the process of applying for an accommodation in a nursing home.

The third theme, ***Waiting and moving into a nursing home – a period of tension,*** contained experiences from the participants described in subcategory *The emotional process of organising a move,* which included both the participant and the older adults. It was described as an emotional and stressful event. The participant did not want the older adult to feel displaced or be kicked out from their own house, but at the same time could only see a nursing home as a solution. This theme also contained experiences described in the subcategory *The fear of reappraised application*. The fear was based on information from the municipality, that if there was a long waiting queue to nursing homes, older adults waiting in short-care facilities could be sent home with home-based care. A situation the participants and the older adults feared.

Study III

Descriptions from the granted nursing home decisions were structured to answer the three research questions, presented as three categories regarding person, environment, and occupation, each with underlying subcategories.

Personal factors: multiple impairments and diseases lead to a feeling of insecurity and made life at home too difficult, contained cognitive -, physical- and affective functions that are described under the following presented subcategories. Subcategory *Failing cognitive functions limited a reasonable standard of living,* contained descriptions of how failing cognitive and cognitive functions caused by e.g., pharmaceutical subconsciousness such as hallucinations, led to difficulties to taking the initiative participate in activities. And how the relative had to be responsible for the decision to apply. Subcategory *Physical impairments reduced the possibility of independence,* contained descriptions of no longer being able to care for oneself due to mobility impairments. Subcategory *Severe anxiety exacerbated loneliness and reduced ability to be alone at home,* contained descriptions of how affective functions such as anxiety led to panic attacks, fear of falling and being left alone, and feelings of being

vulnerable. These examples of fear and anxiety resulted in not feeling safe in one's own home and they did not want to be left alone.

Environmental factors: the cultural -, institutional and social environment dominated as reasons for the decision to apply, and contained factors such as cultural, institutional, social, and physical, that were described under the following presented subcategories. Subcategory *Family culture determined where you should live and receive care*, both described families who did everything for their older adults and families that did not want to live with an older adult in need of extensive care. Subcategory *Social service couldn't meet the requested support or need of care in ordinary housing,* described the limited housing alternatives for older adults in need of care and how a nursing home was the only option providing the support for the older adults' needs, as they offered proximity to staff around the clock. Subcategory *When health deteriorated, social environment become less important*, described how older adults who lived in sheltered housing and had access to social environments such as shared dinner room, gardens and/or other social areas, but with declining health did not have the energy to utilise them. Subcategory *The physical environment was rarely reason enough to apply*, to be physically near to one family was described as important but since most of the applicants had accessible ordinary homes, the physical environment was not solely the reason for applying.

Occupational factors: personal activities of daily life had a great impact on deciding where to live and receive care, contained factors such as self-care, productivity, and leisure that were described under the following presented subcategories. The subcategory *Limitations in personal activity daily life expedited the decision* contained descriptions of how limited ability to perform self-care such as personal hygiene and mobility expedited the nursing home applicant. These were activities described as important to be supported as soon as the need arose and by a limited number of staff. A nursing home was described as the only option that offered a small group of staff that could give support within a shorter period of time. Subcategory *Activities in productivity and leisure was described to a limited extent*, stating how

limited the descriptions of productivity and leisure were in the granted nursing home decisions.

Study IV

The participants consisted of cases and controls, to compare nursing home applicants (cases) with matched older adults (controls) with respect to factors that were associated with nursing home application in previous research such as difficulties in everyday life, life satisfaction, and depressive mood.

Difficulties in everyday life, depressive mood, and life satisfaction. Comparing nursing home applicants with matched older adults regarding difficulties in everyday life showed that nursing home applicants had significantly more difficulties in WHODAS 2.0 domain mobility e.g., moving and getting around (p=.028,), domain self-care e.g., hygiene, eating, dressing (p=.011), and domain life activities e.g., leisure, domestic responsibilities (p=.029). Comparing depressive symptoms with GDS 20, nursing home applicants were in a significantly more depressive mood (p=.014). To further compare cases and controls, cut-offs were used (<5 no depression, 6-20 indicated depression), which suggested that 75 percent of the cases and 41.2 percent of the controls may have depression (p=0.070). Due to extensive missing data, the data from SWLS could only be presented descriptively. Eight of 17 matched pairs completed all the questions of SWLS. Of these eight pairs, both nursing home applicants (mean score 22.5) and matched older adults (mean score 24.1) scored that they were "slightly satisfied" with life. They also had a combed median score of 23.5, which indicates no differences exist between cases and controls, as the groups scored similarly on overall life satisfaction.

Exploring the correlation between difficulties in everyday life and depressive mood.
Strong correlations were found between three domains representing difficulties in everyday life (WHODAS 2.0). They were the domain mobility and self-care (0.65), domain mobility and life activities (0.67), domain self-care and life activities domain (0.77). Additionally, there were moderate correlations between domain life activities and

participation and GDS 20 depression score (0.56 and 0.55, respectively). This shows that having difficulties in the previously mentioned WHODAS 2.0 domains of everyday life is associated with being in a more depressive mood.

Factors associated with a nursing home application.
The analysis showed that difficulties in everyday life might increase the odds of a nursing home application. Using dichotomised WHODAS 2.0 summary score (using Dos Santos et al.2023 cut-offs >39.62 or de Pedro-Cuesta et al. 2013 cut-offs ≥50) the odds of applying to a nursing home may be 4.19 (95% CI 0.45,38.70, in the model adjusted for home-based care) times higher among older adults with moderate/severe difficulties in everyday life compared with old adults with no/mild difficulties. The results also reported how a higher GDS 20 depression score was suggested to increase the odds of applying to a nursing home (OR 7.00, 95% CI 0.86,56.89 and OR 6.41, 95% CI 0.57,71.87 in the model adjusted for home-based care).

Summary of the results

To demonstrate the common findings of this dissertation, the recurring aspects of daily life in the four studies were identified and clustered. Eight aspects were identified. Although they will be presented separately below, many of them seemed to contribute to each other. (See Table V for a summary of the recurring aspects)

Table V. Recurring aspects in the results of Studies I-IV

Recurring aspects	Found in study
Difficulties in performing everyday activities	Study I, II, III, IV
Dependency in daily life	Study I, II, III
Lack of social cohesion	Study I, II, III
Being in a depressive mood	Study I, II, III, IV
Having anxiety that affected daily life	Study I, II, III
The impact of relatives	Study I, II, III
Not having proximity to care staff	Study I, II, III
Suffering from a life-changing event	Study I, II, III

Difficulties in performing everyday activities

In Study I, no longer being able to perform everyday activities was described as a feeling of losing autonomy and control. These experiences were confirmed by relatives in Study II, which added the perspective of difficulties leading to losing interest in activities that used to give joy to the older adult. In Study III descriptions of difficulties in performing activities were made due to physical, cognitive, and affective functions that created different kinds of impairments. Most nursing home applicants suffer from all these impairments, which shows how difficulties in performing everyday activities are not solely based on one impairment but can rather be complex and hard to manage by the older adults themselves. Study IV showed that nursing home applicants had more difficulties, especially with activities in self-care, mobility, and life activities (I-ADL) than matched non-applicants did.

Dependency in daily life

To be in a state of dependence was described as when someone else dictated if, how and when activities were performed. In Study I, nursing home applicants with impaired mobility described how they were placed at the same spot in the queue for a really long time, waiting to have the next staff from home-based care arrive. In Study II, descriptions were given of how both the older adults and co-living partners needed to change their own daily routines to fit home-based staff schedules. Studies I-III contained descriptions of how the nursing home applicants felt like their home was transformed into a working place and that they were aware of that they would get better care if they were not demanding.

Lack of social cohesion.

In Studies II and III, social activities being withdrawn due to COVID-19 was described to expedite the decision to apply to a nursing home, as the older adult's weekly routine was shattered. Study I described how nursing home applicants were used to being alone and their reason for wanting to live in a nursing home was not for the range of social activities but rather that they wanted to belong to a social

context. Meaning to be a natural part of a community, where someone would miss them or ask about them.

Being in a depressive mood

In Study IV, nursing home applicants were shown to be more depressed than other matched older adults. Being in a depressive mood increased the odds with seven times to apply for admission to a nursing home. In the remaining studies, the participants described how the reason for being in a depressive mood varied. In Study I, feeling like your home is being transformed from a home to a working place for home-based staff added to the feeling of depression. In Study II, to become isolated and lonely and in Study III, to be overwhelmed of how life changed after suffering a stroke or from other health condition.

Having anxiety that affected daily life

In Study I anxiety was related to physical impairments and feelings of isolation. In Study II relatives described how the older adults called them a lot and demanded several visits per week. Visits from home-based care staff were not enough to ease their anxiety. Study III not only confirmed Studies I-II, but it /also added descriptions of how anxiety could be the main reason behind the application. The applicants could be independent in all daily living but were granted a nursing home due to their experiencing severe anxiety.

The impact of relatives

In Study I, nursing home applicants described that they solely applied to cater for their relatives' concerns. In Study II the relatives described how they were the ones who managed the older adult's fragile life situation. They perceived not only that a nursing home would provide better care and social conditions, but also shift the responsibility of care to nursing home staff. Both these perspectives were confirmed by descriptions in granted nursing home decisions in Study III. In addition, Study III described how some older adults were not welcomed home after a hospitalisation by family members, as they did not want to co-live with home-based care.

Not having proximity to care staff.

Proximity to staff in ordinary housing meant scheduled visits from home-based care. In Studies I-III the nursing home applicants' needs were described as not being able to schedule. Support from a PERS-alarm with its waiting time was described by the older adults and relatives as too long and undignifying, which made them longing for proximity to care staff. The only housing alternative providing that proximity was nursing homes.

Suffering from a life-changing event

In Studies I-III examples of life-changing events were rapidly declining health, suffering from a stroke, or/and death of a partner. This was further described as a confusing space in time, filled with uncertainty, and a feeling of loss and grief over the things that were no longer possible. These life-changing events often led to a period in a hospital or in a short-term care facility. In connection to a hospitalisation, both older adults (Study I) and their relatives (II) described these events as breaking points where major decisions were made and where they trusted the assessment and judgment of home-based staff and/or healthcare professionals. In Study III descriptions showed how older adults got used to the care environment in hospital or short-term care facility and wanted to move to a nursing home to continue living in a similar environment. Study III also showed how healthcare professionals recommended the older adult not to move back home but rather to apply for moving into a nursing home directly after discharge.

Discussion

The dissertation results presented several aspects of daily life that were recurring for older adults applying for a nursing home. Aspects that led to a nursing home application and therefore affected the ability or willingness to ageing in place. As ageing in place are continuing to dominate the social norm, research to set up guidelines of which older adults who need to be supported in ordinary housing and who need a nursing home has been conducted (Alders & Schut, 2019; de Almeida Mello et al. 2020; Salminen et al., 2017). Similar to the findings in this doctoral research, their research showed a diversity of older adults who previously had been granted place in a nursing home. However, the studies mentioned above claimed that with a growing older population, this trend to grant a diversity of older adults an accommodation in a nursing home is not sustainable for the society. This could be the potential future also in Swedish older age care, which would mean that even more older adults are expected to continue to age in place. Thus, the identified eight aspects of daily life found in this dissertation could guide on how ageing in place can be strengthened and the older adults better supported in their daily life.

Dependency in daily life affects place attachment and the willingness to age in place

One previously described factor affecting the willingness to ageing in place is place attachment, the perception of one's own home (Najafi & Kamal, 2012; Pani-Harreman et al., 2020), as it affects older adults' perceptions of and their intention to continue ageing in place (Ahn et al., 2020). Research has described a gap of knowledge of how place attachment can change over time (Lewis & Buffel, 2020). In this dissertation, knowledge can be added to that gap as our results in Studies I-III described a period of time, from living in ordinary housing until moving into a nursing home. During this period, our results showed how difficulties in performing everyday activities could lead to a dependence on support from home-based care, which was described as affecting the older adult's perception on their own homes. This was for example presented in Studies I- III with descriptions of unsatisfying home-based care. Experiencing

unsatisfying home-based care is not unique for to dissertation, but has been reported elsewhere (Ernsth Bravell et al., 2021; Jarling et al., 2018). Nevertheless, the perception of home-based care seems to be an important aspect for older adults' willingness of ageing in place. Additionally, as described in Study I and III, when one's home was transformed into a working place, the feeling of place attachment decreased. This transformation occurred when staff from home-based care did not respect their homes but treated the space like their working place and supporting the older adult was just one of many tasks to be done. Similar experiences of how staff takes over the older adults´ home has been described and confirmed elsewhere (Jarling et al., 2018; Olsen et al.,2022), and to receive home-based care has been reported to be a risk factor for higher levels of dependency in daily life for older adults (Zingmark & Norström, 2021).

Thus, the continuing reports on unsatisfying home-based care show that much still needs to be done. The significant role of the home environment was ten years ago established by older adults across five European countries (Sixsmith et al., 2014). That research encouraged professionals working in health- and social care to be aware of preserving the feeling of a home. That care performed in a home needs to be carried out in many ways to meet the multifaceted needs of older adults. Encouraging self-determination around self-care and household service has been reported as crucial for experiencing thriving while receiving home-based care (Lämås et al, 2020). Thus, much knowledge has been collected and reported, but the results in this dissertation show that the problems occurring while receiving home-based care still remains. The next step may be to focus on informing the distributors of home-based care of this importance. To engage more researcher to implement their results back to those providing for home-based care e.g., at a municipality level. Otherwise, the older adults ageing in place's conception of Healthy Ageing will be negatively affected, which in this dissertation in Studies I-III was shown to expedite the perceived need for a nursing home.

Further, to avoid the experience of being in a state of dependence while receiving home-based care, a client-centred approach could be implemented (Townsend & Polatajko, 2013). A client-centred

approach would not only focus on self-determination regarding how the care should be distributed (Holmqvist & James, 2019; Lämås et al, 2020) but to emphasise how to respect someone's home. One important part of a client-centred approach (Townsend & Polatajko, 2013) is communication, which has been identified as one of the challenges of receiving home-based care, regarding the interaction between staff and older adults (Dostalova et al., 2021; Sundler et al., 2016). Except from skills on interaction, staff in home-based care need to be strengthened in regard to on how to perform the work without increasing the older adult's perception of dependency in their daily life.

The complexity to provide housing alternative for those experiencing lack of social cohesion

Another finding from our results (Studies I-III) was that something affecting the willingness to age in place was lack of social cohesion. In Study I, the nursing home applicants wanted to move to a nursing home to belong to a context. In Study II, relatives were worried about their older adult as they witnessed how their social interactions decreased and they become more alone, depressed, and even isolated. In Study III, descriptions told how older adults living in sheltered housing experience a satisfying social environment. Our results of our research were congruent with prior research on the importance of social interactions and a range of social activities while ageing in place (Dahlberg, 2020; Pani-Harreman et al., 2020; Vos et al., 2020). Thus, to meet older adults' need for social cohesion, the need for further development of housing alternatives for older adults has been reported both in Sweden (Abramsson & Andersson, 2016; Heller et al., 2022) and in other countries (de Jong et al.,2022; Martens, 2018; Sims & Cornell, 2020; Österholm et al., 2023). Therefore, a presumed conclusion could be that sheltered housing designed to offer social areas for older adults, should show an increase in the feeling of social cohesion and postpone the need to apply for nursing homes. However, Swedish research on older adults living in sheltered housing has shown to be more complex. Thus, older adults who choose to move to sheltered housing tend to have lower self-reported health, quality of life and lower functional status concerning activities

of daily life and high risk for self-reported depressive mood (Corneliusson et al., 2019a). Our results in Study IV showed that having several difficulties in everyday life combined with being in a depressed mood increased the odds to apply for an admission for a nursing home. In addition, our results in Studies I-III showed how depression led to inactivity and isolation, and even if the older adults were offered social activities, they did not want to attend or participate. Further, it has also been confirmed in another study that increasing age, functional status, and receiving home-based care increased the odds for both older adults who lived in ordinary housing and those in sheltered housing, of needing to move into a nursing home (Corneliusson et al., 2023). Thus, it can be assumed that older adults who decide to move from their current home, regardless of if it is to sheltered housing or a nursing home, are more likely to experience a depressive mood and are unsatisfied with their life situation. In our results in Study III this was expressed in the aspect of that nursing home applicants who had reached an older age, had multiple impairments, and lived in sheltered housing did not have the energy to utilise the social areas due to experiencing declining health.

This diversity in experiences from living in sheltered housing can be explained in relation to age (Andersson et al., 2019). Increasing age has been shown to be a strong indicator of changes in residential preferences. That with age, accessibility in their physical environment (access to a lift, living on the ground floor) becomes more important than preferences connected to "self-congruent"(being offering joined social areas that provide space for hobbies and social events). However, the results from this dissertation showed that sheltered housing had until the older adults experienced declined health or/and depression and difficulties in everyday life, fulfilling their needs for social cohesion, which can be a cautious assumption that sheltered housing can postpone the need for living in a nursing home. Additionally, older adults moving into sheltered housing may have multiple needs and be in a depressive mood, but as also reported how living in sheltered housing provides experiences of thriving despite self-estimate lower health, quality of life, functional status and a greater tendency to being depressed (Corneliusson et al., 2019b). This

confirms the need for housing alternatives that offer social cohesion e.g., sheltered housing, as they add something to the experiencing of wellbeing.

To meet the needs of those experiencing anxiety that affected daily life and those longing for proximity to staff

The results in this dissertation Studies I-II described how older adults applied for an accommodation in a nursing home based on a feeling of loneliness, anxiety, or a sense of inner insecurity. From the results of Study III, severe anxiety affecting daily life could be the only reason why a nursing home application was granted. That included when the anxiety came from the relatives and when nursing home applicants wanted to cater to that concern. In Sweden, sheltered housing was not only developed for older adults in need of social cohesion but also to cater for the ones experiencing loneliness, anxiety, or insecurity while ageing in place (Ministry of Health and Social Affairs, 2008). Sheltered housing can be means tested according to the Social Services Act, and each municipality determines if they should offer means tested sheltered housing or not. Regardless, sheltered housing is also available on the open market to rent. Based on our result, that anxiety affecting daily life could be the only reason why a nursing home application was granted, and the knowledge of that sheltered housing is developed to meet the needs of these groups of older adults, a gap in knowledge may have been found. More needs to be known about the effect of sheltered housing on older adults regarding experiencing anxiety, loneliness, or sense of inner insecurity. There is a need for example to compare municipalities that means test sheltered housing, with those that grant nursing home places instead. To compare and evaluate how the reasons for granting the application for sheltered housing and a nursing home differ? To study if fewer older adults who move into sheltered housing due to loneliness or anxiety, later one applies to a nursing home. This is a proposed research area that could be further studied. That could in the next stage be evaluated by municipalities. Aiming to distribute support in daily life towards the right target group of older adults.

Further, the description of this dissertation showed how older adults experience anxiety while becoming older, and how relatives and healthcare professionals around them felt a need to find a solution to relieve them from that feeling. How the feeling of anxiety can increase while ageing can be explained by environmental gerontology, which emphasises how the interaction between personal abilities and the physical environment affects older adult's well-being (Wahl & Oswald, 2016). This explains why older adults presented in this dissertation experienced anxiety when their health declined and their energy to utilise social environment decreased (Studies I- III). This could be perceived as a normal experience with ageing. The current solution, to grant these older adults an accommodation in nursing home, has in research on nursing home residents (Drageset et al.,2013; James et al., 2014; Šare et al., 2021) shown not to meet their needs. Since their perceived loneliness or anxiety that affects their daily life continues even after moving into and settling into a nursing home. Hence, it can be assumed that experiencing loneliness, anxiety, or a sense of inner insecurity are more connected to personal factors rather than environmental factors. Therefore, a conclusion from this dissertation could be to increase efforts that nursing the soul and well-being, for example by including counsellors as a profession within the organisation responsible for the support in ordinary housing. Further sheltered housing seems to be an effective effort for older adults whose daily life is affected by severe anxiety. Due to those older adults experienced depression along with thriving while living in sheltered housing, these factors should be considered in the perception of well-being (Corneliusson et al 2019b).

Experiencing anxiety and loneliness was further described in Studies I-III as factors making it harder to wait for care or support from home-based staff. To feel a stronger need to have proximity to care staff was another aspect found in the results of Studies I-III that limited ageing in place. The only alternative providing stationed staff within the same building was a nursing home. The perception of not having proximity to staff was described as a physical distance between them and the group of home-based staff. That was further affected because of long waiting times in need of support with unscheduled needs. According to relatives in Study II, having staff closer or in the

same building would fulfil their older adults' need and they would not have to apply to a nursing home. To further support older adults to continue ageing in place and postpone a nursing home admission, a suggestion is to further develop a housing alternative that offers a stationed group of home-based care staff. This could be a subject for future research with development of housing alternatives for older adults.

The importance of adequate information while suffering from a life-changing event and in the decision-making on where to live

In these dissertation Studies I-III, experiencing a life-changing event was described as a breaking point for when the participant began to search for information on what society had to offer older adults in need of care. In this phase, nursing home applicants in Study I and relatives in Study II relied on professionals in health-and social care to guide them. The results in Studies I-III showed how healthcare professionals who were not responsible for the granting of nursing home applications nevertheless took the liberty to speak their personal or professional opinion on the older adult's future. This needs to be avoided, as it is of importance after a life-changing event to get the right information from accurate professionals. Especially as Studies II-III described how the older adults and relatives found it confusing and difficult to navigate through the health- and social care system and taking the next step regarding alternatives of housing and/or level of care. Similar experiences have been described by older adults with multiple chronic conditions (McGilton et al., 2018), where lack of access to information and coordination of care was reported as some of the biggest areas of improvement. In addition, it has been reported that the individual knowledge needs to be strengthened with older adults, to support them to make informed decisions regarding accessible housing (Heller et al., 2022; Nordeström et al., 2023). To accomplish this, municipalities and the concerned healthcare professionals need to improve the information given both about housing alternatives and the level of care that can be received in ordinary housing. Furthermore, as the results of Studies I-III showed how the participants had different ideas about and expectations of what needs a nursing home can cater to. Information

on the level of care and the level of social cohesion with other nursing home residence needs to be given, to provide accurate information on what needs a nursing home can cater to. Accessible information on housing alternatives and their level of care could provide older adults, relatives and professionals working with them more alternatives for solutions to an unsustainable living situation.

To guide social welfare officers in their evaluation, Sweden could benefit from conducting similar research such as the prior research on future prospect of admission to a nursing home (Alders & Schut, 2019; de Almeida Mello et al. 2020; Salminen et al., 2017). To more clearly determine which older adults need to be supported while ageing in place and which older adults need admission to a nursing home. To evaluate the resources of the society could provide information that provides guidance to social welfare officers in their evaluation of older adults, in their needs of where to live and receive care.

Methodological considerations

A number of methodological considerations will be presented below. From determining an ontological point of view and reflecting on the doctoral student's pre-understanding. To describing efforts made to achieve the quality requirements imposed on both qualitative and quantitative research. Followed by lessons learned from the conduction of the dissertation studies regarding weaknesses, strengths, and ethical considerations.

Scientific theoretical position and preunderstanding

To be able to provide answers to the overall aim, discussions within the research group were conducted concerning on how to study different perspectives of the daily life of older adults who have applied for admission to a nursing home. The four studies with individual aims and different methods were designed. Ontology can be described as a specific view of the world, which creates a basis for how knowledge arises, referred as epistemology (Patton, 2002; Polit & Beck, 2021). Regardless of design, all studies are empirical, where knowledge was attempted to be reached through the reality either

from collecting information or by creating interactions with the participants. Thus, this dissertation ontological view is connected to the overall aim and can be described through the knowledge based on the older adult's daily life.

Another consideration during the initial discussion was how to position the doctoral students pre-understanding of the research questions. To maintain reflexivity, the researcher must be aware of how previous knowledge and experiences could affect the research projects, in data collection, analysis, and results (Lincoln & Guba, 1985). However, there are different traditions in the hermeneutics paradigm on how to manage the pre-understanding (Patton, 2002). Either to deliberately include it in the analysis or to disregard it. In this dissertation, the doctoral student first approaches an idea for the research project based on their own experiences and knowledge. The pre-understanding was derived from multiple meetings with older adults who had similar experiences as the potential participants would have. It also consisted of prior knowledge related to Swedish laws and the practice in the municipality regarding the support older adults can receive in their ordinary housing as well as what limitations there are when it comes to the freedom of choice on how to live and receive care. Hence, the doctoral student brought to the research group, a unique experience that was used to design the individual studies. However, effort was made to disregard the pre-understanding during the four analysis processes. To achieve this the doctoral student early on chose a definition of ageing to lean on, to maintain a heterogeneous view of older adults through the life course approach. Another effort was to make use of that all in the research group were occupational therapists with different areas of expertise and had different methodological strengths and experiences. After two conducted studies, the discussions of pre-understanding and pre-knowledge were held continuously. To ensure the remaining studies were not affected by that we already learned, different academic supervisors worked as last authors and were the closest to the doctoral student in the analyses of the remaining studies. To ensure that the results were well anchored in the entire group, all authors were involved in some ways in the analyses.

Quality requirements imposed in research

Three of the studies (Studies I-III) had a qualitative design but were performed with different analysis methods. The quality requirements imposed in qualitative research are: credibility, dependability, confirmability, and transferability aimed to achieve trustworthiness (Patton, 2002; Polit & Beck, 2021). In Studies I-III, this was achieved by describing the approach in recruitment, data collection, study setting, analysis and results, as detailed as possible. Regarding credibility, efforts have been made not only to guide the reader in deciding whether the results are reflecting the described participants and collected data, but also if the added knowledge is perceived as useful. For example, that the results have been discussed within the research group to ensure that the analysis was grounded in the collected data. Furthermore, dependability has been obtained by describing the authors' experiences in the field and whether/how these experiences may have influenced the data collection. For example, a) how the doctoral student had previous experience talking to older adults in need of nursing homes and relatives since she conducted all the interviews in Studies I and II, b) which equipment was used for data collection, e.g. an audio recorded face-to-face interview (Study I) and audio-recorded telephone interviews (Study II), c) which were then transcribed by the first author. Confirmability was obtained by describing the selection of participants and the data collection well. For example, how the data collection was done, how long it took and how the analysis process was conducted. Regarding, transferability, Studies I-III were conducted in the same municipality in Sweden and supported by the Scandinavian care model. Additionally, a majority of participants lived in cities and the countryside was limited represented. These aspects affect the transferability, which could be considered as limited. Nevertheless, certain basic human factors, such as the psychological and emotional part of ageing in place and having to receive care, can be shared regardless of context (Dostalova et al., 2021, Pani-Harreman et al, 2020; Roy et al., 2018; Vanleerberghe et al., 2017). Hence, this dissertation could encourage reflection and inspiration for similar studies in other contexts.

Study IV had a quantitative design. The quality requirements imposed in quantitative research are: reliability, objectivity, validity, and generalisability (Polit & Beck, 2021). Reliability was obtained by describing in detail the instruments included in data collection. These were also selected after examining their psychometric characteristics. Objectivity was obtained by describing the participants, data collection, and the analysis. The validity of Study IV was strengthened as the included instruments were previously validated in research. Efforts were made to enhance validity by using a matched control to each case. There is a risk of overmatching as four matching variables (age, gender, marital status, and residential area) were used (Mansournia et al., 2018). During the analysis process, an insight was that one of the four matched variables was correlated with one of the outcome measures, namely marital status, and suspicion of depression, which may have created a selection bias. This means that the variable of depression could be an underestimated factor in this study. Regarding generalisability, Study IV was a smaller study with only 36 participants. This affects the generalisability, as well as that the participants were collected in the same geographic area.

Lessons learned concerning recruiting participants and data collection

In this dissertation it was difficult to recruit older adults who had applied for nursing home. That older adults are difficult to include in research has previously been stated for older adults with functional difficulties (Nkimbeng et al., 2020) and based in this dissertation older adults who applied for nursing home could by be added to that statement. Especially when conducting face-to-face interviews as data collection (Study I). Reasons for declining participation in face-to-face interviews in Study I were due to health issues, hearing loss or that they did not want to meet another stranger since they had to meet and introduce themselves each day while receiving home-based care. Thus, to address this difficulty, recruiting participants, effort was made to expand our sample by inviting eleven more municipalities. However, they all declined. Mainly due to having a routine to offer extended home-based care to nursing home applicants, having a surplus of nursing home accommodations, or only granting nursing

homes to older adults in a palliative state. Some declined without reason. This left us with the impression that municipalities can be unaccustomed to collaborate in research and making new contacts was difficult. With this experience in mind, in designing the remaining studies, other perspectives and data collections were chosen. Further, a decision was made to use posted questionnaires instead of face-to-face interviews (Study IV). To investigate whether more older adults had the energy to participate in research by answering written questions. However, this did not seem to be the case as the data collection had a low response rate and was missing data. Thereby, a learned lesson was that even if it could be difficult to recruit participants for face-to-face interviews, interviews can be more beneficial in data collection with older adults as it minimises the risk of missing data. In this dissertation, two interview studies were performed, one in-person face to face and the other over the telephone. The face-to-face interviews were perceived as deep conversations where the older adults shared in-depth information and experiences from their daily life. The telephone interviews were perceived as harder to create a safe environment for deep conversations and the richness of the information given was more dependent on the participant's willingness to share. At the same time, for participants who wanted to share their experiences and have upset feelings, the telephone created a distance that facilitated making it easier to share sensitive information. These impressions have been found in literature (Stewart & Cash, 2014), that telephone meetings can be a neutral forum. In both studies, the audio-recorded interviews were transcribed in connection with the interview. This was a strategy to train myself in interview techniques and identify where I could ask more follow-up questions and which topics I would not let go of so easily but return to.

Another reflection on recruiting participants is the importance of easy to access information in the informational letters. To write to one specific group is easier than two. In Study IV we wanted to reach out to both older adults who had applied for an admission to nursing home and those who had not. We used a combined informational letter, which during the data collection was perceived as a limitation when few older adults chose to participate. From a retrospective

perspective, two separate informational letters may attract more potential participants.

After two data collections with rather small samples, additional studies were conducted through telephone-interviews with relatives (Study II) and by document retrieval of granted nursing home decisions (Study III). These two approaches were experienced as easier and would enable us to collect data for additional materials that strengthened the answer to the overall aim, to study different perspectives of the daily life of older adults who have applied for admission to a nursing home. The discussion of sufficient sample size in qualitative research has been ongoing during the time of this dissertation. The statement about "saturation" has been used based on the current knowledge in the research group during the planning and conducting the three qualitative studies (Studies I-II) (Braun & Clarke, 2006; Elo et al., 2014). However, the use of saturation has been questioned and further developed. Instead, the concept of information power has developed and was used in Study III. Information power encourages us to reflect on the richness of the data set rather than pre-calculated sample size or reaching for a golden standard (Braun & Clarke, 2021; Braun & Clarke, 2022; Malterud et al., 2016).

To use different perspectives was beneficial and maybe even necessary to obtain knowledge about the daily life of these older adults. As always, conclusions drawn from small sample sizes should be interpreted with caution. However, when studying research subjects that are hard to recruit, even small samples can contribute to knowledge (Malterud et al., 2016). Thus, the results from this dissertation, conducted by interviews with 11 older adults, 15 relatives, or by a case-control study with 34 participants, can be of clinical value and provide inspiration for further studies within the research area.

Reflecting on ethical considerations

Both Study II and Study III had indirect perspectives on conditions surrounding COVID-19 as they were conducted during the time of the pandemic. In our ethical considerations designing these studies,

participation in both studies was predicted as beneficial. Beneficial as the studies could summarise the consequences of the pandemic and describe how to be better prepared for future pandemics. However, the data collection did not contain that much information about daily life during the pandemic to be considered as preparation for future pandemics. However, the results concerning the subject can be summarised: Relatives in Study II did reflect on how staff from home-based care did not use masks and the continuity of staff was even higher than before the pandemic, so they made the judgment that the older adults had the same risk of being exposed of COVID-19 regardless of where they lived. In Study III the description in granted nursing home decisions showed how the evaluation of the older adult's need was shifted to remote. The older adults themselves described how they were lonelier due to Swedish national COVID-19 recommendations of self-isolation, which was confirmed by their relatives.

Future research

Suggestion on future studies based on lessons on planning, recruiting, and collection data from older adults who have applied for admission to a nursing home.

- To design a larger project nationally together with many municipalities is necessary to create a bigger sample and decrease the risk for difficulties in recruiting participants. To achieve this, it could be beneficial for future studies to recruit participants through someone close to them, e.g., relatives or a contact person in home-based care, a home health nurse, or a social welfare officer.
- Further studies could also capture additional cultural perspectives by expanding the inclusion criteria with all older adults who can share their experiences in Swedish or in another language with the support of an interpreter.

Suggestion on future studies based on this dissertation results.

- Future studies need to examine the correlation between difficulties in everyday life and depression in a larger population, aiming to creating support to compensate for those difficulties while ageing in place.
- Future studies could collect the experiences of older adults who experience dependency on their caregiver and how to implement support that reduces the risk of experiencing dependency in daily life.
- There is also a need to develop an additional housing alternative that offer a stationed group of staff and to study if this effort affects the resident's experience of anxiety and proximity to staff.
- Regarding anxiety and loneliness, future studies could evaluate the impact of sheltered housing. For example, by comparing municipalities that have means test sheltered housing and offer older adults' sufferings from anxiety and loneliness sheltered housing, with municipalities that do not have means tested

sheltered housing and instead grant these older adults' admission to a nursing home.

- Finally, this dissertation only includes older adults with granted nursing home decisions. Future research could focus on nursing home applicants whose application gets denied. In planning this dissertation's studies, the possibility of including those who had been denied was investigated. This was however not possible, as the cooperating municipality did not have access to a register of denied nursing home applicants. To conduct such a study, a data collection would need to be built up, e.g., social welfare officers could provide denied nursing home applicants with an informational letter and ask if their contact information could be handed over to the researchers.

Conclusions

A conclusion from this dissertation is that older adults (with somatic diseases but without a dementia diagnosis) applying for admission to a nursing home suffer from multiple impairments both physical, cognitive, and emotional, which causes difficulty in daily life. The support they received from both home-based care and relatives was not enough to meet their perceived needs. Loneliness, anxiety and not having proximity to care staff were cited as reasons affecting their willingness to age in place. Hence, one of the conclusions is that an additional ordinary housing alternative needs to be developed. One alternative could be to develop sheltered housing with stationed home-based care, which would offer more older adults the opportunity to continue ageing in place while having proximity to staff and increased social cohesion with neighbours. A further conclusion is to develop more support to meet anxiety in older adults ageing in place. To evaluate if an ordinary housing alternative with stationed home-based care staff could also accommodate older adults with severe anxiety, as these today apply to nursing homes due to a lack of other alternatives. In addition, another conclusion is that it would be beneficial to continue to implement a client-centred approach in home-based care. To reduce the risk of dependency and home-based care being the reason that older adults apply for admission to a nursing home.

Furthermore, the decision to apply to a nursing home is initiated not only by older adults but may have been initiated by relatives and/or professionals in health- and social care. Due to lack of information in health- and social care, applying for admission to a nursing home was described as the only solution to the older adult's current life situation. An additional conclusion is to further develop accessible information. Information about different housing alternatives and their level of care. To give guidance of support in daily life to older adults, to their relatives and to professionals in health- and social care.

Implications for policy and practice

Conclusions from the dissertation studies show which efforts need to be made to better support older adults who age in place. Three suggestions for implications for policy and practice are presented.

I. This dissertation provides information on how older adults who apply for nursing home can feel lonely, lack social cohesion and develop anxiety, for instance. Additionally they perceived home-based care as inaccessible, with long waiting times which created a feeling of uncertainty. These can be prevented by giving them a natural social context where they feel like they belong. This could be achieved by developing an additional ordinary housing alternative with home-based care staff located in the same building. To enable this, policymakers need to evaluate how to ensure the logistics of physical proximity to staff while receiving home-based care.

II. This dissertation provides information on the importance of continuing to implement the client-centred approach in home-based care. To emphasise how home-based care needs to be carried with respect to the older adult's home and to perform the support without increasing the older adult's perception of dependency in their daily life.

III. This dissertation provides insight to how information given to older adults and relatives about support within health- and social care need to be improved. This information is currently provided at the municipal level, e.g., via websites or individually by professionals working in health-and social care. In particular, information on alternative forms of housing and their level of care needs to be more easily accessible and disseminated to relevant target groups.

Svensk sammanfattning (Summary in Swedish)

Bakgrund

Att åldras och ta emot vård och omsorg i det ordinära boendet (så kallat kvarboende) är ett politiskt initiativ och en samhällsnorm i de flesta länder, så även i Sverige. Trots detta finns det begränsad kunskap om hur äldre personer upplever sitt kvarboende. Tidigare forskning har presenterat hur de alla flesta äldre personer vill fortsätta kunna bo kvar hemma. Detta har kritiserats av tvärprofessionell forskning som visat på att kvarboende inte bara kan presenteras från ett perspektiv då det ofta innefattar en komplex livssituation. Att viljan eller förmågan till kvarboende är negativt förknippad med flera påverkande faktorer så som; ökad ålder, ensamboende, depression, funktionsnedsättning och nedsatt förmåga att utföra dagliga aktiviteter. För att vidga kunskapen om kvarboende, behövs fler perspektiv inkluderas i forskningen. Ett förslag är att inkludera erfarenhet av det dagliga livet från de äldre personer som bestämt sig för att flytta till ett särskilt boende men som fortfarande väntar på anvisning om plats.

På svenska särskilt boende för äldre bor personer med somatiskt behov (somatisk sjukdom) och personer med demensdiagnos. Tidigare har personer med demensdiagnos predikterats som givna boende på särskilt boende medan personer med somatisk sjukdom ansetts kunna fortsätta bo kvar och ta emot vård i det ordinära boendet. I denna avhandling kommer därför endast äldre personer med somatiska sjukdomar men utan demensdiagnos att inkluderas. För om kvarboende ska fortsätta dominera samhällsnormen, finns ett behov av att öka förståelsen om dels vilket stöd äldre personer med somatisk sjukdom behöver, dels förstå varför kvarboendet inte kan tillgodose deras behov, då de istället ansöker om särskilt boende.

Metod och Resultat

Avhandlingens övergripande syfte var att studera olika perspektiv av det dagliga livet hos äldre personer som ansökt om särskilt boende.

Studie I syftade till att beskriva hur äldre personers erfarenhet av dagliga aktiviteter påverkar deras behov av särskilt boende. Elva deltagare som ansökt och beviljats boende intervjuades. Gemensamt för deltagarna var att de ansökt om särskilt boende pga somatisk sjukdom och de väntade på att bli anvisad en plats. De väntade antingen hemma eller på en korttidsenhet. Intervjuerna analyserades med kvalitativ innehållsanalys och resulterade i en huvudkategori **Återfå kontrollen över mitt liv**, vilket beskrevs som den återkommande anledningen till att de äldre ansökte om särskilt boende. Bakomliggande orsak var oftast försämrad hälsa som antingen debuterade akut eller utvecklades under en längre tid. Den försämrade hälsan ledde till begränsad funktions-och aktivitetsförmåga, som medförde förändringar i livet där de äldre upplevde att någon annan kontrollerade deras liv. Att ansöka om särskilt boende var därför beskrivet som att återfå kontroll över sitt liv, där de själva genom att flytta till en vårdenhet fick självbestämmande över på vilket sätt de ville ta emot vård. Detta beskrev utförligare i de tre underliggande generiska kategorierna, ***Att vara i en beroendeställning***, ***Möjligheten att få tillhöra ett socialt sammanhang***, och ***Att komma till en brytpunkt***, vilka beskrev erfarenheter som startade en process emot att ta beslutet att ansöka.

Studie II syftade till att beskriva anhörigas erfarenheter av det dagliga livet hos äldre personer i behov av ett särskilt boende. 15 deltagare intervjuades och data analyserades med tematisk analys. Ur analysen framkom ett huvudtema; **Att vara den som hanterar en skör livssituation**, vilket beskrev som ett ansvar över att tillgodose de äldres praktiska som såväl emotionella behov. Det innebar dels att vara den som utförde det praktiska i de äldres liv, dels att representera den äldres behov mot vårdgivare, samt att vara en trygg punkt som den äldre alltid kunde vända sig till. En skör livssituation uppstod när de äldre inte längre kunde göra sådant som de brukade eller önskade att göra. De anhörigas engagemang är i resultatet beskrivet över tid genom tre teman. Från boende i det ordinära hemmet till efter beviljad ansökan och väntan på anvisning av en plats. Temat ***Balansera och tillgodose förväntningar- sträva efter att upprätthålla status quo***, beskrev det dagliga livet i det ordinära boende. Temat ***Att erfara en brytpunkt - en ofrånkomlig förändring***, beskrev hur

förändringar i det dagliga livet ledde till en fas där de anhöriga behövde navigera sig genom vård- och omsorgssystemet för att hitta mer vård och stöd till deras äldre. Slutligen beskrevs processen från en beviljad ansökan om särskilt boende till väntan på att få en anvisning om plats i tema: ***Att vänta och flytta in på särskilt boende - en period av anspänning.*** De äldres livssituation beskrev fortfarande som skör och späddes på av förväntningar på vad som skulle komma, planering av att lämna ett hem och skapa ett nytt, samt oro över att ens behov skulle bli omprövade i väntan på anvisning av plats.

Studie III syftade till att studera beskrivningar av äldre personers skäl till ansökan om särskilt boende i beviljade beslut om särskilt boende. Genom dokumentationsanalys granskades 160 beviljade beslut på särskilt boende för äldre med somatiskt behov, verkställda år 2019-2020. För att analysera beslutens innehåll användes en deduktiv metod där Canadian Model of Occupational Performance-Engagement (CMOP-E) centrala begrepp, person, miljö och aktivitet användes som analysmall. Resultatet visade att behovet av särskilt boende uppstod om flera av de tre delar av livet, person, miljö och aktivitet var påverkat på ett negativts sätt. Detta redovisades genom tre kategorier med underkategorier kopplat till aspekterna av varje centralt begrepp. Den första kategorin, **Personliga faktorer: Att vara multisjuk och ha ett flertal funktionsnedsättningar ledde till en känsla av otrygghet, vilket försvårade vardagslivet**, beskrev hur personliga faktorer (så som nedsättningar i kognitiva, affektiva och fysiska funktioner) bidrog till en lägre upplevd skälig levnadsnivå., vilket innefattade en begränsad självständighet. Den andra kategorin, **Miljöfaktorer: kulturella, institutionella och sociala miljön var dominerande i beslutet av att ansöka**, beskrev hur familjekultur, behovet av social gemenskap samt en upplevd begräsning i utbudet av vård- och omsorg, påverkade önskan om att vilja bo på ett särskilt boende i stället för att fortsätta bo kvar hemma. Den tredje och sista kategorin, **Aktivitetsfaktorer, Personliga aktiviteter i det dagliga livet hade stor inverkan på beslutet om boende och hur de ville ta emot vård**, beskrev hur genomförandet vården kring personlig vård och förflyttning beskrevs som avgörande, då upplevd integritetsintrång i samband dess aktiviteter påskyndade beslutet av att ansöka om särskilt boende. Andra aktiviteter så som

hushållssysslor och fritidsaktiviteter beskrev som mindre känsliga för att ta emot hjälp med och nämns inte lika ofta i besluten.

Studie IV syftade till att jämföra äldre personer som ansöka om särskilt boende med matchade äldre personer som inte ansökt, gällande faktorer som tidigare blivit associerad med ansökan så som svårigheter i vardagen, livstillfredställelse och depression. Ett sekundärt syfte var att utforska associerades odds med en ansökan om särskilt boende baserat på nämnda faktorer ovan och utöver andra kända prediktiva faktorer som ålder, kön, civilstånd och boendesituation. Genom att använda en fall-kontroll design, jämfördes skillnader mellan deltagare i fallgruppen, äldre som ansökt om särskilt boende (n=17) med matchade deltagare i kontrollgruppen, äldre som inte ansökt (n=17). Instrumenten som användes var World Health Organization Disability Assessment Schedule 2.0. (WHODAS 2.0), Geriatric Depression Scale 20 (GDS 20), Satisfaction with Life Scale (SWLS). Skillnaden mellan grupperna analyserades med Wilcoxon signed rank test för kontinuerliga variabler och med McNemar test för binära variabler. Vidare användes "conditional logistic regression" för att utforska omfattningen av associationer. Signifikansnivån sattes till <0.05. **Resultatet visade** hur fallgruppen hade större svårigheter i vardagen gällande förflyttning (p=.028), personlig vård (p=.011), och dagliga aktiviteter (p=.029). Jämförelsen gällande depression visade att fallgruppen skattade signifikant fler depressiva symtom (p=.014) än kontrollgruppen. Jämförelsen gällande livstillfredställelse kunde inte presenteras då deltagarna inte fyllde i hela SWLS instrumentet. En beskrivande analys av åtta matchade par visade dock på hur både fall- och kontrollgruppen skattade att de var måttligt tillfredsställda med livet. Vidare presenterade resultatet starkt korrelation mellan tre WHODAS 2.0 domäner inom svårigheter i vardagen, nämligen förflyttning och personlig vård (0.65), förflyttning och dagliga aktiviteter (0.67) och personlig vård och dagliga aktiviteter (0,77). Vidare påvisades måttlig korrelation mellan dagliga aktiviteter och delaktighet i samhället med GDS 20 depressionspoäng (0,56 respektive 0,55). Gällande faktorer associerade med en ansökan till särskilt boende visade resultatet hur svårigheter i vardagen ökade oddsen för en ansökan. Genom att använda gränsvärden (>39.62 eller

$\geqslant$50) visade oddsen för att ansöka till särskilt boende vara 4.19 (95 % CI 0.45, i 3 8.45, i modellen justerad för hemvård) gånger högre bland äldre personer med måttliga/svåra svårigheter i vardagen jämfört med äldre personer med inga/lindriga svårigheter. Resultatet rapporterade också hur högre GDS 20-depressionspoäng ökade oddsen för att ansöka till särskilt boende (OR 7,00, 95 % KI 0,86, 56,89 och OR 6,41, 95 % CI 0,57, 71,87 i modellen justerad för hemvård).

Slutsatser

En slutsats från denna avhandling är att äldre personer med somatisk sjukdom men utan demensdiagnos, som ansöker om särskilt boende är drabbade av flera funktionsnedsättningar både fysiska, kognitiva och känslomässiga, vilket orsakar svårigheter i det dagliga livet. Stödet som erbjöds både från hemtjänst och anhöriga räckte inte till för att tillgodose deras upplevda behov. Ensamhet, oro och att inte ha närhet till personal nämndes som några anledningar till att deras behov inte blev tillgodosedda. Därav dras slutsatsen att ett ytterligare boendealternativ behöver utvecklas. Seniorboenden med stationerad hemtjänstpersonal skulle kunna erbjuda fler äldre ett kvarboende samtidigt som de får närhet till både personal och en ökad samvaro bland grannar. Vidare slutsats är att ett sådant boende även skulle kunna tillgodose äldre personer med ångestproblematik, då dessa idag ansöka om särskilt boende i brist på andra alternativ. Vidare visade avhandlingen ett fortsatt behov att implementera klient-centrerat arbetssätt inom hemtjänsten för att minimera risk för upplevd beroendeställning hos äldre personer. Avhandlingen visade även på en brist på information om olika alternativ för boende och vilken vård som finns att ansöka om. Därav finns ett behov av att vidareutveckla tillgänglig information. Information om olika boendealternativ och om den vård de erbjuder, för att ge vägledning och stöd i det dagliga livet för äldre personer i behov av vård, deras anhöriga och professioner inom såväl vård-och omsorg som hälso-och sjukvård.

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Appendix I, Interview guide in study I

Interview guide Nr_____	
Demographic questions	
Type of housing (flat/house):	
Urban or rural	
Single or cohabiting:	
Year of birth:	
Number of years living in the dwelling:	
Interventions from home-based care: Number of visits per day:	
Assistive devices/aids in the home:	
Personal Emergency Response System:	
Health status (diagnosis):	
Main questions	**Supplemental questions**
Can you tell me how you experience life at home, tell me about how you take care of the household? How do you perform your personal activities? Do you feel that you are doing the activities that you want to do?	Independently or with support? How satisfied do you feel with the performance? Household=shopping, cleaning, laundry and clothes care, finances Personal= dressing, taking medication, daily hygiene, mobility

	Is there any activity that you have had to stop doing that you miss/would like to continue?
Tell me about your social activities. Have you been offered any social services such as day care, social interaction?	Family, friends, acquaintances, neighbours What is important to you? Is it an activity that you have been doing for a long time? Is it an activity that you had to stop doing and that you miss/would like to continue?
How do you feel about your surroundings?	Surroundings, living urban or rural. Neighbourhood, district. Facilitating or hindering environment.
Tell me about the reason why you applied for an accommodation in nursing home?	Did you apply on your own initiative or in consultation with a relative? Has it been a long time since you applied for other accommodation?
What support would you need to stay in your home?	Health status, housing situation, safety, activity limitations, participation restrictions. Would you like to remain living with the right support?
How has the performance of daily activities influenced the decision to apply for nursing home accommodation?	Barriers and facilitators, independence or need for more support?
Now that you have applied to move to a nursing home accommodation, what are your plans for the future?	What are your expectations? Difference from now?

Appendix II, Interview guide in study II

Interview guide Nr_____	
Demographic questions	
Year of birth:	
Gender:	
Relationship to person in need of an accommodation in a nursing home:	
Main questions	**Supplemental questions**
Can you tell me about daily life in your relative's home? How do they carry out their personal activities? Do you feel they are doing the activities they want and need to do?	Do you help with any activities? If so, which activities do you help with? Are there more of you helping with everyday life? Is there support from home-based care? If so, what support do they provide?
Tell me about their social activities? Have they been offered any social services such as day care, social interaction?	How often do you have contact with each other? How do you keep in touch? What do you usually do when you meet? In case of social interventions, how do you experience it?
How was their daily life affected by the pandemic?	How did it affect your relationship? Have you had to help more?

	Did the contact between you change? E.g. number of visits? How did you solve perceived obstacles? Can you give concrete suggestions for solutions?
Tell me about the reason for your relative's request for alternative accommodation? How did the need arise? How involved were you in the decision?	Was it a specific event that arose quickly? Did the need emerge over a longer period of time? In what way? Responsibility for contacting the social worker, housing coordinator, etc.
If nursing home was not an option. What would your relative need to be able or willing to stay in their home?	Practical help? Social stimulation/ socialising? Continuity of support? Safety and security?
Now that their application for alternative accommodation in nursing home has been approved, what are your plans for the future?	What are your expectations for yourself, for your continued involvement in your relatives' daily activities? Difference from now?
Did the pandemic influence the choice to apply for vobo?	In what way? If in doubt, why?

Appendix III, Study-specific questionnaire in study IV

Please fill in the information below and tick the option that applies to you:

Name	
Date of birth [**Year, month, day**]	
Health conditions [**e.g. diseases**]	
Gender	☐ Female ☐ Male ☐ Other
Marital status:	☐ Living alone ☐ Cohabiting
Type of housing:	☐ Apartment ☐ Villa ☐ Townhouse ☐ Rural area ☐ Urban centre
Support at home:	☐ Home-based care ☐ Services such as cleaning or laundry service ☐ Food service ☐ Personal Emergency Response System
Who is filling in the forms:	☐ Myself ☐ With the help of another person

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