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*West J Nurs Res* 2009 31: 462 originally published online 25 February 2009

DOI: 10.1177/0193945909332009

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# Reasons for Relocation to Retirement Communities

## A Qualitative Study

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The purpose of this qualitative study is to understand the reasons why elders move to retirement communities and what living in retirement communities is like from the perspective of relocated elders. Several themes emerged following qualitative analysis. The themes reflect three categories, labeled as “pushing” factors, “pulling” factors, and “overlapping” factors. Pushing factors included own or spouse’s failing health, getting rid of responsibilities, not helped, facility closed out, and loneliness. Pulling factors were location, familiarity and reputation of the facility, security, and joining friends. The third category reflected both pushing and pulling factors, which overlapped and constituted their reason for moving. The findings help to inform the planning of tailored interventions to address elders’ special needs or concerns associated with relocation.

**Keywords:** *mental health; clinical focus; community; location of care; qualitative method; gerontology; population focus*

The population of older adults is increasing at a rapid rate and is expected to swell to 71 million by 2030 (Centers for Disease Control and Prevention [CDC], 2003). Chronic illnesses increase with age (Rice & Fineman, 2004), and statistics show that the average 75-year-old person has three chronic conditions and consumes an average of five different prescription drugs (Merck Institute of Aging & Health [MIAH], CDC, & Gerontological Society of America [GSA], 2004). Chronic conditions

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decrease elders' independence, quality of life, and functioning as well as interfere with their daily activities (MIAH, CDC, & GSA, 2004; National Center for Health Statistics, 1999). Consequently, the number of elders living in retirement communities is increasing as well. Retirement communities are home-like residential programs that have been found useful in maximizing the dignity, privacy, and independence of their residents (Wood & Stephens, 2003). They provide social activities, 24-hour supervision, and health-related services that enhance the residential environment (AARP Public Policy Institute, 2000; Stimson & McCrea, 2004).

Statistics show that in the United States there are 30,000 to 40,000 retirement communities that house approximately 1 million elderly residents (Chao, Hagsavas, Mollica, & Dwyer, 2003). Therefore, relocation has emerged as an important concept in recent years (Hertz, Rosseti, Koren, & Roberston, 2007; Wilson, 2001). Relocation stress may exacerbate symptoms and impair functioning (Farhall, Truer, Newton, & Cheung, 2003; Rossen, 2007).

A negative outcome associated with relocation is "relocation stress syndrome" (RSS; Capezuti, Boltz, Renz, Hoffman, & Norman, 2006; Walker, Curry, & Hogstel, 2007), which includes physiologic or psychosocial disturbances that result from transferring from one environment to another (North American Nursing Diagnosis Association, 2005). Consequences of RSS include increased confusion, depression, anxiety, apprehension, powerlessness, anger, and betrayal, decreased life satisfaction, sense of devalued self, decline in mental status, loneliness, falls, mortality, morbidity, reduced immunocompetence, and reduced psychosocial functioning (Capezuti et al., 2006; Hodgson, Freedman, Granger, & Emo, 2004; Lutgendorf et al., 2001; Walker et al., 2007).

On the other hand, positive consequences of relocation have been reported by many elders. Findings have indicated that respondents reported feeling more secure and less lonely (Reed & Roskell Payton, 1996). Sense of relief of household responsibilities and discovery of new love and affection have also been reported by relocated older adults (Bekhet, Zauszniewski, & Wykle, 2008; Iwasiw, Goldenberg, MacMaster, McCutcheon, & Bol, 1996). Furthermore, Rossen and Knafl (2007) pointed out that 94% of their sample of 31 older women was somewhat, very, or completely satisfied with their health after moving to an independent living community.

According to Thorson and Davis (2000), the interjection of the variable of control may help to explain why there are differences across the various studies of relocation. According to Schultz and Brenner (1977),

“The controllability variable maps directly onto the voluntary-involuntary dimension in the relocation literature” (p. 324). That is to say, whenever relocation controllability is of interest, it is necessary to address the voluntary and involuntary dimensions of relocation. In fact, the **voluntary–involuntary** aspects of relocation, or **relocation controllability**, have been identified in the literature as essential dimensions of a theoretical framework that encompass all relocation studies (Bekhet et al., 2008; Laughlin, 2005; Schultz & Brenner, 1977).

**Relocation controllability refers to the degree of personal control associated with the move.** In other words, it is the extent to which the residents choose and decide to move, which entails the degree of control they have over their destiny (Lutgendorf, Vitaliano, Reimer, Harvey, & Lubaroff, 1999; Tesch, Nehrke, & Whitbourne, 1989). Personal control has been defined as “the ability to manipulate some aspect of the environment” (Schultz & Brenner, 1977, p. 324). For example, if elders have little or no input into the **decision making process**, they may feel depressed (Chen, Zimmerman, Sloane, & Barrick, 2007), **hurt, abandoned, frustrated, or angry or feel as though they are being punished or dumped** (Chentiz, 1983). They may react by resisting, making demands, withdrawing, or acting out against the family or the staff (Chentiz, 1983). Laughlin, Parsons, Kosloski, and Bergman-Evans (2007) reported that relocation has a significant effect on mortality rate following involuntary interinstitutional relocation. In fact, the **voluntary nature of the move is one of the most important correlates or determinants of a positive outcome** (Deborah, Rutman, & Jonathan, 1988). **The ability to exercise choice, the ability to feel personal control and autonomy, and viewing relocation as voluntary, desirable, or important are critical variables in the process of adjustment** (Chentiz, 1983; Johnson & Hlava, 1994; Porter & Clinton, 1992; Rosswurm, 1983; Thomas & Hayley, 1991). The perception of having a choice to move has been positively correlated with psychological adjustment (Armer, 1996), whereas lack of choice or feeling forced to move has been associated with women’s dissatisfaction with the new home (Rossen & Knafl, 2003). Rossen and Knafl (2007) suggested that that the person’s perception about choice to move and preparation affect relocation adjustment and consequently physical, emotional, and social well-being. Furthermore, in a study conducted by Capezuti and colleagues (2006), relocated residents and their families described the lack of preparation and the lack of the ability to exercise choice as “they were deceived by the transferring facility and were given little time to prepare” (p. 490). Furthermore, they expressed feeling pressured regarding relocation

without having adequate information; they felt that the move indicated a lack of control over their lives and feared the unknown concerning future relocation (Capezuti et al., 2006). Many family members described the process of making preparations and the decision to move as “chaotic” and “rushed”; they felt deceived for not giving more consideration to facilities located closer to their homes (Capezuti et al., 2006).

Understanding the reasons why elders move to retirement communities and whether they were pushed by circumstances or whether their move was their own choice will help in planning tailored interventions to address their special needs or concerns. The purpose of this qualitative study is to understand the reasons of why elders move to retirement communities and what living in retirement communities is like from the perspective of relocated elders.

## Method

Qualitative data for this analysis were collected during interviews conducted that took place during a quantitative study of 104 cognitively intact, relocated elders (age 65 years and older) from six northeastern Ohio retirement communities (Bekhet et al., 2008). The parent study examined whether the relationship between relocation controllability (the extent to which elders decide to move while they are still in the control of the move) and relocation adjustment was moderated by positive cognition and/or resourcefulness. A detailed description of the data collection methods has been reported elsewhere (Bekhet et al., 2008).

Qualitative data addressed two research questions addressed in the analysis reported here: (a) “What led you come here?” and (b) “What was it like to come to live here?” The qualitative analysis used a descriptive approach to explore reasons why elders relocate to retirement communities. Interviews were conducted in the participants’ own room or apartment within the facility or in a quiet lobby or private room depending on the elders’ choice and preferences. Descriptive demographic data included the elders’ age, gender, marital status, and perceived health status. Data concerning relocation factors included type of the facility (i.e., assisted vs. independent living), former living situation (i.e., transfer from home, hospital, other facility, or another unit), movement preparation (i.e., site visit to the institution, group discussion, individual counseling), and degree of environmental change (i.e., different from or similar to their former home).

Data obtained during interviews with the elders were transcribed and coded using the constant comparative method (Glaser & Strauss, 1967). The constant comparative method incorporated the review and analysis of individual data, beginning with the first case, with continual comparison of all subsequent data with all previous data (Glaser, 1992; Struebert & Carpenter, 1999). The iterative process of data analysis blended inductive and deductive approaches to theory development. Induction involved the development of substantive codes that could be used to identify variables and concepts and to derive themes from the data. Substantive codes were developed during the initial coding process and were combined into categories and central thematic codes to form a rudimentary framework for describing the elders' relocation experience. Deduction was used in developing thematic codes that would allow for future hypothesis generation. The credibility of the data was enhanced by independent coding of the data by two researchers (with a percentage agreement that exceeded 95% while comparing the coding schemes), the categorization, the data, and the conceptual dimensions determined independently by two researchers (Glaser, 1992; Struebert & Carpenter, 1999). In the few cases in which husbands and wives relocated together ( $n = 3$ ), the elders were interviewed separately.

## Results

The age range of the sample was 65 to 95 years, with a mean of 82 years, and 66% of the sample was female. In all, 59 participants were widowed (49%), and 24 were married (23%). Approximately 34% of the sample had a high school education, 34% had a college education, and 32% had a graduate or professional education. In all, 77 elders (74%) were living in an independent living facility, whereas 27 (26%) were living in an assisted living facility. Of the elders, 75% were transferred from home and 25% were transferred from hospitals, another unit, or another site. Half of the sample (50%) reported their health as good. The scores reflecting environmental changes for the total sample indicated an above moderate environmental change. A total of 82 elders (78.8%) had environmental preparation, including 50.0% ( $n = 41$ ) who had a site visit to the institution and 39.0% ( $n = 32$ ) who had two or more types of preparation such as a group discussion, personal counseling, a video of the new facility, and/or a site visit to the institution. A detailed description of the sample characteristics has been reported elsewhere (Bekhet et al., 2008).

Responses from the two research questions (What led you here? What was it like to come to live here?) were analyzed together because the elders' responses to these two questions provided similar data and revealed similar themes.

Several themes emerged from the data provided by the elders. However, these themes appeared to reflect three distinct categories, labeled as pushing factors, pulling factors, and overlapping factors. The first set of themes, labeled as **pushing factors**, included own or spouse's failing health, getting rid of responsibilities, not helped, facility closed, and loneliness. The second set of themes, labeled as **pulling factors**, included location, familiarity and reputation of the facility, security, and joining friends. The third theme was that of overlapping factors that reflected the elders' description of both pushing and pulling factors that influenced their reason for moving. The following section provides examples for each of the emerging themes organized by the three categories (see Table 1).

### **Pushing Factors (Coercing, Pressing, Repelling)**

The first theme to emerge from the data was a pushing factor, which was "their own or spouse's failing health." Of the study participants, 24 mentioned this reason in one way or another. One elderly woman described her and her husband's failing health as a reason for relocation as follows: "My husband [was] diagnosed with Parkinsonism, you know, I was no longer able to take care of him and take care of myself. . . . It is hard, I mean, we needed help. . . . So we decided to move here."

Another elderly man described his own physical disability as a reason for relocation as follows: "My physical disability is the reason. . . . [I was] unable to live alone because of the stroke, I needed assistance."

An elderly 67-year-old woman described in detail that her failing health was the main reason for moving to a retirement community: "[I had a] bad infection in my kidney that affected my heart. . . . I was really weak to take care of myself."

Another elderly woman described her physical illness as a reason for relocation and responded to the question "What led you to come here?" as follows: "I had a minor stroke, I couldn't longer take care of my self. . . . I mean . . . you never know what days bring."

The second theme that was considered to be a pushing factor for relocation was named "getting rid of responsibilities." This theme was described



**Table 1**  
**Summary of Themes Expressed**  
**by Elders as Reasons for Relocation**

Category or Factor	Theme	Example
1. Pushing factors—Pushing factors are those factors that push and press residents to move	a. Own or spouse’s failing health	“My physical disability is the reason. . . . [I was] unable to live alone because of the stroke, I needed assistance.”
	b. Getting rid of responsibilities	“Unable to manage the house and the yard after death of the spouse, I mean, too many things and responsibilities. . . . You feel that you want to get rid of all this.”
	c. Not helped	“My daughter got sick . . . so she couldn’t help me. . . . You know, if those you rely on can’t do it. . . . I mean . . . it was time to move.”
	d. Facility closed	“The other home closed. . . . It was very different than this one. . . . I like it here too. . . . It was hard in the beginning . . . but once I made friends here . . . things turned out good.”
	e. Loneliness	“[I was] unable to live on my own I felt lonely. . . . I needed people and friends.”
2. Pulling factors—Pulling factors are those factors that attract elders to relocate to different facilities and they considered to be therapeutic	a. Location	“[It was] close to my two daughters . . . so they can visit me frequently. . . . I mean, I do not have to worry about seeing them every now and then.”
	b. Familiarity and reputation of the facility	“I was familiar with [name of the facility]. . . . My aunt was a former resident, you know, the facility has a good reputation.”
	c. Security	“It was [my] wife’s idea. . . . She was concerned about what would happen to her if something happened to me when I diagnosed with heart attack. . . . It was also an opportunity to provide her with socialization.”

*(continued)*

**Table 1 (continued)**

Category or Factor	Theme	Example
	d. Joining friends	"I have friends here. . . . We all went to school together . . . graduated at the same time . . . and shared every single moment together. . . . It was nice and fun joining them here. . . . I mean, you feel that they are part of your past and . . . your future as well."
3. Overlapping factors	Elders' description of both pushing and pulling factors	"[I] could not stay at home by myself. . . . It is awful to feel lonely. . . . I mean, it was a good idea to come here and to join friends whom you can talk with. . . . They have your same circumstances. . . . You know, you do not feel that you are solely in this situation . . . residents here made the move much easier."

by four relocated women residents. One of these women was in her 80s and described her reason for relocation as follows: "[I] no longer wanted responsibility, a large house and property. . . . You know . . . I get tired managing all this."

The three remaining residents were in their 70s. One of them stated that she was "unable to manage the house and the yard after death of the spouse, I mean, too many things and responsibilities. . . . You feel that you want to get rid of all this."

Another 76-year-old woman described her desire to get rid of responsibilities as a reason for relocation as follows: "I was alone, and there was too much work to keep up farms. . . . I could not do it. . . . It was a strong desire to be free from responsibilities."

A 77-year-old female described her reason for moving as follows: "[It] seems like a sensible thing to do . . . a place where I can live with less responsibility, others can do stuff for me."

The third theme that was considered as a pushing factor was "unavailability of help" and was expressed by five relocated residents. An 84-year-old male responded to the question "What led you to come here?" as follows: "I was not assisted outside . . . never married . . . do not have a family. . . . It was hard taking care of myself. . . . I was thinking why I shouldn't come to a place where I can find assistance. . . . It was hard but I made it."

Another 89-year-old widowed woman stated that her reason for coming to the retirement community was because “my daughter got sick . . . so she couldn’t help me. . . . You know, if those you rely on can’t do it. . . . I mean . . . it was time to move.”

Two women residents explained their reason for relocation as “the other facility closed.” One was in her 80s and the other was in her 60s. A 65-year-old woman said that her reason for relocation was that “the other home closed. . . . It was very different than this one. . . . I like it here too. . . . It was hard in the beginning . . . but once I made friends here . . . things turned out good.”

On the other hand, an elderly woman in her 70s explained that the factor that pushed her to move was “loneliness.” “[I was] unable to live on my own I felt lonely. . . . I needed people and friends.”

A 95-year-old widowed man described his reason for relocation as “loneliness . . . nobody around to talk to. . . . I feel that my life was ending. . . . I was afraid to move and there were a lot of conflicts. . . . It was hard to do it . . . but things have turned out very well.”

### **Pulling Factors (Attracting)**

The first theme that was considered to be a pulling factor was labeled as “location.” Eleven elders mentioned the location of the facility as a reason for choosing it as the one to which they would relocate. Either the facility was near to **their family** or its location would allow them to access different services, such as churches, clinics, and so on.

An 86-year-old woman described the importance of the location of the facility as close to her **family** as a reason for relocation there as follows: “[I was] close to my two daughters . . . so they can visit me frequently. . . . I mean, I do not have to worry about seeing them every now and then.”

Another 81-year-old man described the proximity of the facility to different **services** as his reason for relocation and responded to the question “What led you to come here?” as follows: “Location. . . . I like the idea of continuing care, I had access to the clinic and to the university.” An 89-year-old woman stated, “Church nearby. . . . I was familiar with [name of the facility].”

A 78-year-old woman described location as a reason for relocation as follows: “Proximity to our **former home**, I was previously on the board of [name of the facility] years ago.”

The second theme that was viewed as a pulling factor was the “familiarity of the facility.” Familiarity with the facility was expressed by three elderly women residents. Two of them were in their 80s and the third was in her 70s.

The 80-year-old elderly woman described what led her to come to the retirement community as follows: "I was familiar with [name of the facility]. . . . My aunt was a former resident, you know, the facility has a good reputation."

The other 82-year-old woman expressed her reason for relocation as follows: "[I was] so familiar with [name of the facility] . . . it was not a problem at all to move here, I mean, I feel like I'm at home. . . . [It's a] nice feeling to have . . . you know . . . and to live with. . . ."

The third theme that emerged from the data and was considered to be a pulling factor was "security." Security was expressed by five residents, two men and three women.

The 68-year-old man expressed that it was his wife's idea to relocate as follows: "It was [my] wife's idea. . . . She was concerned about what would happen to her if something happened to me when I diagnosed with heart attack. . . . It was also an opportunity to provide her with socialization."

Another 80-year-old woman described her reason for relocation as follows: "Because of my age I want a place where I feel secure. . . . You can't live threatened. . . . I mean, you think about what will happen if you are all by yourself . . . and something [may] happen to you. . . . I hear about people who died in their houses . . . and their relatives discovered [them] days later."

Another 80-year-old woman stated that her reason for relocation was that "my parents died with heart attack and I thought that my life will be short but I was wrong. . . . I studied eight facilities and chose this one."

A 77-year-old man expressed his reason as follows: "I'm alone. . . . I know from my family what the process of death is. . . . I cannot do all the work straight by myself."

The fourth theme that emerged from the data and reflected a pulling factor was "joining friends." Joining friends was expressed by two relocated women and one relocated man. The 88-year-old man expressed that having friends in the facility was a reason for moving there: "I have friends here. . . . We all went to school together . . . graduated at the same time . . . and shared every single moment together. . . . It was nice and fun joining them here. . . . I mean, you feel that they are part of your past and . . . your future as well."

An 83-year-old woman stated, "I have friends here and I don't want to move again within 5 years. . . . I mean, if you have friends that share with you the great moments . . . what else do you need. . . . It was important for me to stay here where I have friends . . . where I can share my problems and concerns."

The other woman expressed that having friends was her reason for moving as follows:

I would not be so isolated, my friends live here. . . . This is why I am here. . . . Moving was not bad at all. . . . We all moved at the same time. . . . I felt, at that time . . . you know, that without them I couldn't make it. . . . It is hard to leave your memories and to go to a strange place. . . . They made moving fun . . . within a few days. . . . All my worries went away.

### Overlapping Factors

The following examples show an “overlap” of themes reflecting both pulling and pushing factors. For example, an 80-year-old woman addressed both loneliness, a pushing factor, and joining friends, a pulling factor, as follows:

[I] could not stay at home by myself. . . . It is awful to feel lonely. . . . I mean, it was a good idea to come here and to join friends whom you can talk with. . . . They have your same circumstances. . . . You know, you do not feel that you are solely in this situation. . . . Residents here made the move much easier.

An 89-year old woman spoke of security, a pulling factor, coupled with loneliness, a pushing factor, as her reasons for moving to the facility as follows: “I felt that I would be eventually in a place where I would have a variety of care. . . . Being old, you know, and lonely. . . . I mean, you need to feel surrounded by people . . . so they can help if something happen. . . . I feel more secure being here.”

### Summary of Findings

Reasons for moving to retirement communities, therefore, can be categorized as pushing factors, pulling factors, or a combination of both pulling (attracting) and pushing (coercing, pressing, repelling) factors. Pushing factors are those factors that push and press residents to move, and they are sometimes therapeutic if residents perceive them in a positive way. However, if factors are perceived negatively by elderly residents and the move is involuntary, negative consequences on the elders' well-being may occur. On the other hand, pulling factors are those factors that attract elders to relocate to different facilities, and they considered to be therapeutic

because the move to the retirement community is more desirable and accomplished voluntarily.

It is interesting that some of the elderly study participants verbalized more than one idea at the same time and described both pushing and pulling factors as their reason for relocation. The “push” factors described are pushing them away from their previous residence and entail a degree of involuntarily relocation, at least by circumstances, and the “pull” factors are pulling them toward their new residence and both moving in the same direction. Future studies may consider investigating more about how the decision to move was made, what reasons for “not moving” served as “pull” factors away from the new residence (thus resulting in the voluntary–involuntary tension), and how the decisional process evolved from contemplation to action. Was the decision to relocate precipitated by one or more discrete events, or was it a gradual reframing of push and pull factors? This may, in fact, reflect their “feeling torn” or “conflicted.” Thus, their words could reflect a “sense of tension” between the forces of “pushing” and “pulling,” which may uniquely describe their experience with relocation.

Credibility and truthfulness of this research are achieved through the use of quotations that reflect the accurate descriptions of individuals’ experiences and based on the fact that the people who had those experiences immediately recognized them from those descriptions or through interpretations of their own. Guba and Lincoln (1989) suggested that the truth value of a qualitative study be evaluated by its credibility rather than internal validity as in quantitative or scientific research methods. A qualitative study whose findings fit contexts outside the current research situation can be described as having fittingness, which is true in this research. This is, in fact, equal to external validity in quantitative research. Saturation was achieved as there was redundancy and as no new themes arose as more information was collected (Guba & Lincoln, 1989). As the reader can follow the researcher’s thinking, auditability and confirmability were achieved.

## Discussion

This study draws our attention to the “pulling” or “attracting” factors that may be important foci for future intervention. The pulling (attracting) factors emerging from this study included location, familiarity and reputation of the facility, security, and joining friends. Within the theoretical framework of voluntary–involuntary relocation (Bekhet et al., 2008;

Laughlin, 2005; Schultz & Brenner, 1977), pulling or attracting factors entail a degree of voluntary relocation. Previous research has suggested that elders' ability to view relocation as voluntary, desirable, or important has been critical in the process of adjustment (Chen et al., 2007; Johnson & Hlava, 1994; Porter & Clinton, 1992; Prager, 1986; Thomas & Hayley, 1991). Therefore, interventions should be directed toward **enhancing pulling factors through** helping elders to become familiar with the facility by encouraging a site visit to the facility before they move, helping them to develop relationships with other residents who already live there, and helping them to evaluate the care that is available and to engage in the facility's activities to increase their feelings of security and increase their socialization (Oldman & Quilgars, 1999; Reed, Cook, & Stanley, 1999; Reed, Cook, Sullivan, & Burrige, 2003). Other interventions could include showing the elders **a video** that describes the facility if they cannot come to visit, individual counseling and group discussion with family members (which can be important for some residents), and helping elders to express their feelings toward the move; these would contribute to more security. Knop (2008, p. 13) pointed out that individuals should be allowed to decide when to move and should be provided them with an explanation of the benefits of the new location, which should be homely. It has also been found that building a new bond with the staff is crucial for residents and that residents' quality of life is best supported by a good staff-resident relationship and that any attempt to improve the long-term facilities or programs is undermined by a lack of attention to relations and continuing care (Coughlan & Ward, 2007). As one of the identified pulling themes was joining friends, the new bond with the staff and other residents is crucial. It has been pointed out that nurses have found that older women with low self-esteem, many depressive symptoms, and low quality of life have difficulty in relocation adjustment and may need more support (Rossen & Knafl, 2007). Therefore, individual counseling and group discussion are essential to older adults in general and this population in particular. It has been pointed out that home modification and relocation should not be prescribed but should be negotiated with older adults to take into account their personal needs and preferences (Oswald et al., 2007). In this way, elders can be helped to relocate voluntarily and to adjust more easily to relocation. In fact, the theoretical framework of voluntary-involuntary relocation provides support and guidance for this intervention in that, through these interventions, we can increase the pulling factors (voluntary relocation) and improve the relocation experience of relocated elders.

The attracting factors found in this study are similar, in part, to the themes identified in previous research that relate to pulling factors that make relocation voluntary and desirable, such as attachment to the community, joining friends and neighbors, proximity to family, amenities of the continuing care retirement communities, and the prospect of long-term care in the future (Groger, 2006). Similarly, other research has demonstrated that the pulling factors for Australian relocated residents were the environment and affordability, the locational attributes of villages, and the desire to maintain an existing lifestyle (Stimson & McCrea, 2004). Furthermore, Castle and Sonon (2007) found that quality, cost, and location were the most influential factors for both residents and family members in selecting a long-term care facility in a sample of 375 residents of 25 assisted living facilities. Determining what creates an optimal environment for relocation adjustment is vital to enhance elders' well-being and to increase the quality of life for this fastest growing segment of the population (Bekhet et al., 2008). Indeed, relocation to a positive new environment can result in beneficial outcomes (Begovic, 2005). However, it should be noted that two thirds of the sample in this study had at least a college education and may have had the means to access a greater range of residential options than many older adults. Future research should consider a more diverse sample to assess the pushing and the pulling factors from a wide variety of diverse elders.

On the other hand, understanding the coercing, pressing, pushing factors that make elders relocate is also essential to plan for tailored interventions. The results showed that the pushing factors experienced by these elders were own or spouse's failing health, getting rid of responsibilities, unavailability of help, facility closed, and loneliness. The coercing or the pushing factors appear to reflect, in part, the involuntary nature of relocation. In other words, residents are pushed, at least, by their circumstances to move. Therefore, the development of interventions to increase positive cognitions and resourcefulness is essential to help elders to think more positively and see the positive aspects of relocation even if they are coerced or pushed by circumstances to move. Furthermore, recent studies have shown that residents did not demonstrate any significant mental or physical health changes during the 3 months following an involuntary transfer when compared to their pretransfer status because the receiving nursing facility was significantly more responsive to residents' care needs (Begovic, 2005; Capezuti et al., 2006). This, in fact, highlights the importance of the care given in the facility and supports our results concerning the reputation of the facility as an attracting factor. It also shows that even an involuntary relocation could be converted into a voluntary and comforting one if the perceived



care in the receiving facility is of high value. In other words, the stress of relocation and attendant physical and mental manifestations can be mitigated by improved satisfaction within the retirement community (Capezuti et al., 2006).

Themes derived from pushing factors in this study are similar, in part, to the findings of previous research that has found that pushing factors for moving to a continuing retirement community were the desire to plan while still able to do so, optimal timing and being ready for a change, fear of burdening family, burden of home and yard maintenance, own or spouse's failing health, and environmental barriers (Groger, 2006). Similarly, Stimson and McCrea (2004) found in their study that the pushing factors for relocated Australian residents were change in lifestyle, home maintenance, social isolation, health, and mobility. Future research is needed to examine further specific factors that push elders to relocate across different samples of involuntarily relocated older adults.

Of interest, all the residents expressed the previous themes; however, the majority of the themes from the assisted living residents were focused on the pushing factors (their own failing health, not helped, and facility closed), except for one pulling factor, security, whereas the independent living facility residents' themes focused on pulling factors (familiarity and reputation of the facility, joining friends, and location). Loneliness was expressed by both assisted living and independent living residents. However, given the fact that only 26% of the sample were living in assisted living facilities, a comparison between two groups should be interpreted with caution. Further studies with equal numbers of residents from each facility type are needed to investigate whether there are differences by facility type in the pulling and the pushing factors of relocated elders.

Guided by the theoretical framework of voluntary–involuntary relocation (Bekhet et al., 2008; Laughlin, 2005; Schultz & Brenner, 1977), it can be concluded that assisted living facilities residents were involuntary pushed (at least by circumstances) to move to assisted living facilities, whereas the independent living facilities residents were voluntarily pulled to independent living facilities. Therefore, future interventions should address the need to make the relocation voluntarily and desirable for elders relocating to assisted living facilities.

The themes that emerged from this study indicate that the categories of the pushing and pulling factors may occur together and not be discrete; they may be dynamic and interrelated. It has been found that in spite of multiple positive reasons for residents relocation, 15 out of 20 participants expressed feelings of ambivalence about the anticipated move (Groger, 2006). Groger

(2006) further pointed out that elders expressed such feelings as a trade-off, for example, giving up one's dream house that was built to one's own specifications for a "standardized unit" in exchange for assurance of security, safety, and all types of services.

The findings from this study show that there are instances when pushing and pulling factors coexist, indicating the feelings of ambivalence experienced by the elders. For example, feeling lonely, a pushing factor, and desiring security, a pulling factor, reflect an overlap of the two categories and the inner tension felt by relocated elders. Thus, the findings from this study indicate there is a third possible scenario that may occur in addition to feeling "pushed" or "pulled" during relocation. Future studies should consider examining the trade-offs related to relocation as well as the co-occurrence of pushing and pulling factors in relocated elders. Future interventions should be flexible in addressing the possibility that elders may experience both pushing and pulling factors associated with relocation, either separately or together.

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