



JAMDA

journal homepage: [www.jamda.com](http://www.jamda.com)

Letter to the Editor

## The Need to Consider Relocations WITHIN Long-Term Care on behalf of the RELOCARE Consortium

To the Editor:

The RELOCARE (relocations in long-term care) consortium aims to raise awareness of the topic of relocations in long-term care. Some older people living in a long-term care facility experiences (involuntary) relocations. Relocations in long-term care are complex and can have a large impact on older people and their family caregivers. Furthermore, relocations are expected to occur more often in the future because of the larger culture change within long-term care, in which radical changes in physical, social, and organizational care environments are being implemented to facilitate person-centered care and support.<sup>1–3</sup> When implementing these changes in the long-term care environment, relocations are necessary. Groups of residents who already live in a long-term care facility are being relocated to different facilities due to redesign, or individual residents move to a long-term care facility that is more in line with their increasing care needs and preferences. Relocations generally consist of 3 phases: the anticipatory phase, the actual relocation, and the “settling-in/adaptation” phase.<sup>4,5</sup>

Meeting care needs during these phases is related to the integration, coordination, and continuity of care. These changes should be accompanied with innovative approaches that improve relocation processes. However, knowledge on how to facilitate relocations in long-term care is still scarce. It is known that residents living in long-term care facilities regularly relocate, although specific numbers are lacking. Current studies addressing relocations mainly focus on the transition from home to a long-term-care facility,<sup>6</sup> or relocations from and to the hospital<sup>7</sup> indicating a general knowledge gap on the topic of relocations within long-term care (within a location, or from one location to another). Based on current literature, the RELOCARE consortium highlights several knowledge gaps.

### What Are the Current Knowledge Gaps?

A first specific knowledge gap is related to the impact and consequences of relocations. Relocations might be associated with a decline in life satisfaction and feelings of grief and loss of personhood.<sup>8</sup> Furthermore, an increased risk of hospital admission, or a decline in functional health, such as problems with activities of daily living and an increase in stress, illness, and fall rates have been

reported.<sup>8,9</sup> However, the initial stressors associated with relocations are time limited and relocations ultimately also may show beneficial effects on neuropsychiatric symptoms (ie, depression), mortality, and independence.<sup>10</sup> Research on the effects of relocations on health and well-being of residents and family is scarce. Furthermore, it is unclear how the various reasons for relocating residents impact their outcomes. For example, involuntary relocations are associated with more dissatisfaction in residents and family members compared with voluntary relocations.<sup>5</sup>

A second specific knowledge gap is related to initiatives to improve the process and outcomes of relocations. Some initiatives (interventions and guidelines) exist that aim to improve way finding, behavioral skills, positive cognitions, and aiding adjustment to the new locations.<sup>11–15</sup> The scarce evidence from these first studies show that it appears to be beneficial when residents are able to consider what they will gain and/or lose when relocating. For instance, when residents realize that their care needs are considered and that they are able to continue purposeful activities at the new living facility, this is expected to facilitate adaptation. In addition, being able to maintain their interpersonal connections and relationships might contribute to a better relocation.<sup>16,17</sup> Nevertheless, although these studies mention favorable outcomes such as an increase in active-outgoing behavior, or positive trends in resourcefulness, and relocation adjustment, the evidence is still very preliminary and more research is needed on what is needed to improve the relocation process and outcomes. It is unclear which components of the relocation process should be altered to contribute to positive outcomes.

A third specific knowledge gap is related to whether relocations to innovative facilities are experienced differently by older people and their informal caregivers, and whether these relocations differ in terms of their effects compared with relocations to regular long-term care facilities. Long-term care organizations increasingly design innovative care concepts as alternative for traditional nursing homes, as part of the larger culture change movement.<sup>1–3</sup> Examples include green houses, dementia villages, green care farms, and several community models. Radical changes in the physical, social, and organizational care environment are being implemented. This means that changes in the physical environment are used as a prerequisite to facilitate changes in the social and organizational environment (eg, the environment allows people to live their lives in a self-determined manner, using principles of a person-environment fit, using smart technologies, creating partnership between residents).<sup>1,18</sup> It is possible that these kind of innovative care concepts influence how relocations are experienced.

### Future Research

Figure 1 shows a schematic representation of relocations in long-term care. It shows that relocations have several

The RELOCARE Study received funding from the Ministry of Health, Well-Being, and Sports (Grant No. 330436) and started in August 2020 and lasts for 4 years. The authors declare no conflicts of interest.

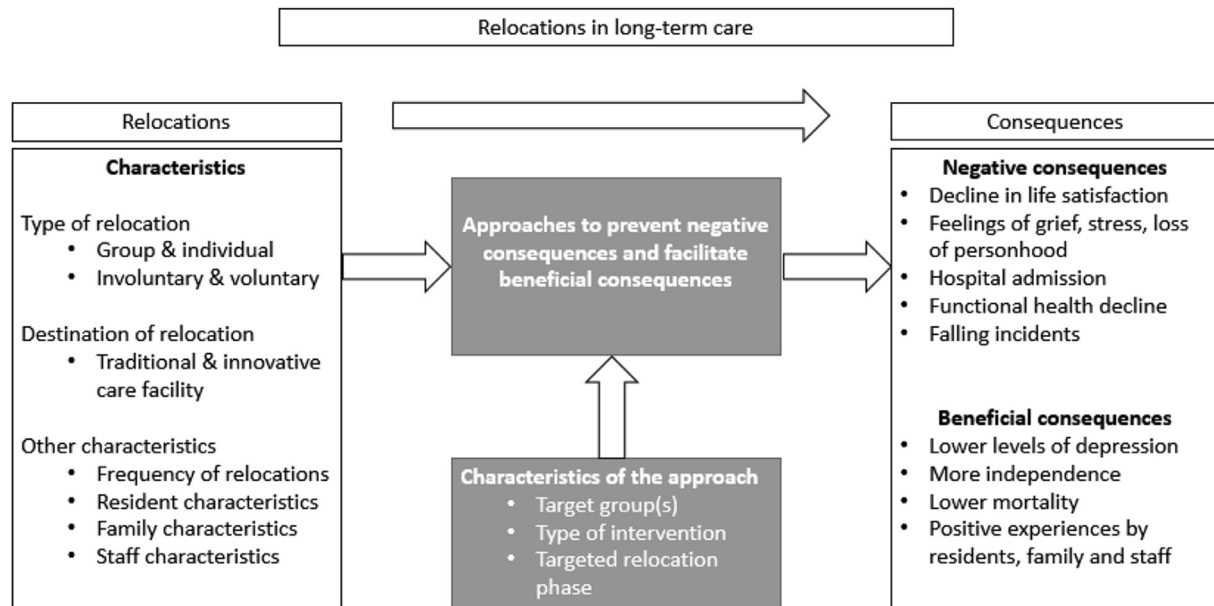


Fig. 1. Schematic representation of relocations in long-term care.

characteristics that can influence both negative and beneficial consequences of relocations. Furthermore there are approaches to improve relocations that are influenced by the characteristics of the relocations, as well as by characteristics of the approach. These approaches, in turn, influence the consequences of relocations. The figure highlights the areas where more research is needed. The RELOCARE consortium suggests that more research should be conducted focusing on (1) the characteristics and consequences of relocations within long-term care facilities for residents and their family caregivers; (2) how relocations within long-term care can be improved to maintain quality of life and quality of care; and (3) what the experiences and consequences are for residents and their family caregivers with relocating to innovative long-term care concepts. The RELOCARE consortium conducts research on these questions within the 6 Dutch academic collaborative networks in care for older people.<sup>19,20</sup>

## Acknowledgments

The RELOCARE consortium consists of

- The Living Lab in Aging and Long-Term Care/Maastricht University: Prof. Dr., H. Verbeek, Prof. Dr. J.P.H. Hamers, Prof. Dr. J.M.G.A. Schols, Dr. B. de Boer, Dr. J.H.J. Urlings, M. Brouwers (MSc)
- The University Network for the Care Sector Zuid-Holland/Leiden University Medical Center: Prof. Dr. W.P. Achterberg, Dr. M.A.A. Caljouw, D.S.E. Broekharst (MSc)
- The University Network of Elderly Care – UMCG/University of Groningen: Dr. E.G.M. Landeweer, Dr. H.J. Luijendijk, M.C. Schreuder (MSc), Prof. dr. S.U. Zuidema
- The University Knowledge network for Older people Nijmegen/Radboud university medical center, Nijmegen: Dr. M. Perry, Prof. dr. R.T.C.M. Koopmans

- The Academic Collaborative Centre Older Adults – Tranzo/Tilburg University: Prof. dr. K.G. Luijkx, Dr. A. Stoop
- The University Network in care for older people Amsterdam/University of Amsterdam: Dr. W. Groen

## References

1. Duan Y, Mueller CA, Yu F, Talley KM. The effects of nursing home culture change on resident quality of life in US nursing homes: An integrative review. *Res Gerontol Nurs* 2020;13:210–224.
2. Koren MJ. Person-centered care for nursing home residents: The culture-change movement. *Health Affairs* 2010;29:312–317.
3. Zeisel J, Bennett K, Fleming R. World Alzheimer Report 2020: Design, Dignity, Dementia: Dementia-Related Design and the Built Environment; 2020.
4. Groenvynck L, de Boer B, Hamers JP, van Achterberg T, van Rossum E, Verbeek H. Toward a partnership in the transition from home to a nursing home: The TRANSCIT model. *J Am Med Dir Assoc* 2020;22:351–356.
5. Capezuti E, Boltz M, Renz S, Hoffman D, Norman RG. Nursing home involuntary relocation: Clinical outcomes and perceptions of residents and families. *J Am Med Dir Assoc* 2006;7:486–492.
6. Groenvynck L, Fakha A, de Boer B, et al. Interventions to improve the transition from home to a nursing home: A scoping review. *Gerontologist* 2021;gnab036.
7. Campbell Britton M, Petersen-Pickett J, Hodshon B, Chaudhry SI. Mapping the care transition from hospital to skilled nursing facility. *J Eval Clin Pract* 2020; 26:786–790.
8. Weaver RH, Roberto KA, Brossoie N. A scoping review: Characteristics and outcomes of residents who experience involuntary relocation. *Gerontologist* 2020;60:e20–e37.
9. Ryman FV, Erisman JC, Darvey LM, Osborne J, Swartsenburg E, Syurina EV. Health effects of the relocation of patients with dementia: a scoping review to inform medical and policy decision-making. *Gerontologist* 2019;59: e674–e682.
10. Haddad KE, de Souto Barreto P, Gerard S, Prouff A, Vellas B, Rolland Y. Effect of relocation on neuropsychiatric symptoms in elderly adults living in long-term care. *J Am Geriatr Soc* 2018;66:2183–2187.
11. Bekhet AK, Foad R, Zauszniewski JA. The role of positive cognitions in Egyptian elders' relocation adjustment. *Western J Nurs Res* 2011;33:121–135.
12. Bekhet AK, Zauszniewski JA. The effect of a resourcefulness training intervention on relocation adjustment and adaptive functioning among older adults in retirement communities. *Issues Mental Health Nurs* 2016;37:182–189.
13. McGilton K, Rivera T, Dawson P. Can we help persons with dementia find their way in a new environment? *Aging Mental Health* 2003;7:363–371.
14. Nirenberg TD. Relocation of institutionalized elderly. *J Consult Clin Psychol* 1983;51:693.

15. van den Beemt A, Mobach MP. Relocating a nursing home. 12th EuroFM Research Symposium: FM for a Sustainable Future. EuroFM: European Facility Management Network; 2013. p. 199–207.
16. Farhall J, Trauer T, Newton R, Cheung P. Minimizing adverse effects on patients of involuntary relocation from long-stay wards to community residences. *Psychiatr Serv* 2003;54:1022–1027.
17. Holder JM, Jolley D. Forced relocation between nursing homes: Residents' health outcomes and potential moderators. *Rev Clin Gerontol* 2012;22:301.
18. de Boer B, Bozdemir B, Jansen J, Hermans M, Hamers JPH, Verbeek H. The homestead: Developing a conceptual framework through co-creation for innovating long-term dementia care environments. *Int J Environ Res Public Health* 2021;18:57.
19. Luijckx K, van Boekel L, Janssen M, Verbiest M, Stoop A. The academic collaborative center older adults: A description of co-creation between science, care practice and education with the aim to contribute to person-centered care for older adults. *Int J Environ Res Public Health* 2020;17:9014.
20. Verbeek H, Zwakhalen S, Schols J, Kempen GJM, Hamers JPH. The living lab in ageing and long-term care: a sustainable model for translational research improving quality of life, quality of care and quality of work. *J Nutr Health Aging* 2020;24:43–47.

Bram de Boer, PhD

*The Living Lab in Aging and Long-Term Care, Maastricht University,  
Maastricht, the Netherlands*

Monique Caljouw, PhD

*The University Network for the Care Sector Zuid-Holland, Leiden  
University Medical Center, Leiden, the Netherlands*

Elleke Landeweer, PhD

*The University Network of Elderly Care–UMCG, University of  
Groningen, Groningen, the Netherlands*

Marieke Perry, PhD

*The University Knowledge Network for Older People–Nijmegen,  
Radboud University Medical Center, Nijmegen, the Netherlands*

Annerieke Stoop, PhD

*The Academic Collaborative Centre Older Adults–Tranzo, Tilburg  
University, Tilburg, the Netherlands*

Wim Groen, PhD

*The University Network for Organizations of Elderly  
Care–Amsterdam, Amsterdam University Medical Center, Amsterdam,  
the Netherlands*

Jos Schols, PhD, Hilde Verbeek, PhD

*The Living Lab in Aging and Long-Term Care, Maastricht University,  
Maastricht, the Netherlands*