



Aging in place and the sense of it:

Exploring the elderly's perspective on a nursing home located in Jönköping,
Sweden.

Author:

Muhamed Krestic

Supervisor:

Kanchana N Ruwanpura

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Department of Economics and Society
Division of Cultural Geography
School of Business, Economics, and Law
University of Gothenburg



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Abstract

This study explores the experiences and perspectives of older individuals residing in a nursing home with a focus on factors influencing their well-being and quality of life. The research is guided by three key concepts: Aging in place (policies and practices that allow older adults to reside in a chosen living setting for as long as possible, while avoiding unnecessary relocation), Sense of place (subjective and emotional connections individuals have with a specific place), and place (a location that holds a set of meanings).

The results emphasize the importance of prioritizing the emotional well-being of older adults in a nursing home. A powerful example is a woman's statement, "Old trees cannot be moved," which underscores the need for providing adequate support and resources to promote well-being in later years. Another resident, for instance, mentions that it is inappropriate and unrealistic to gather a large group of people in one unit and expect them to automatically develop social connections. This difficulty arises due to individuals' varying interests, living circumstances, and needs, making it challenging to foster strong social cohesion.

A combination of qualitative and quantitative methods was employed to gain a comprehensive understanding. The qualitative component involved conducting semi-structured interviews with seven participants, utilizing open-ended questions to elicit detailed and diverse responses. Additionally, participant observation was conducted at various times of the day, including day-, evening-, and nighttime.

Keywords: "Aging in place", "sense of place", "place", "well-being", "quality of life", "formal care", "nursing home", "elderly".

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Sammanfattning

Denna studie utforskar äldre individers upplevelser och perspektiv på ett äldreboende, med fokus på faktorer som påverkar deras välbefinnande och livskvalitet. Forskningen styrs av tre centrala begrepp: Aging in place (policy och praxis som tillåter äldre vuxna att bo i en typ av boendeform av eget val, så länge som möjligt samtidigt som man undviker onödig omplacering), Sense of place (personliga och känslomässiga relationer som människor har till en viss plats) och place (en speciell plats som har fått en uppsättning av betydelse).

Resultaten lyfter fram vikten av att prioritera de äldres emotionella välbefinnande inom äldreboenden. Ett kraftfullt exempel är en kvinnans uttalande "Gamla träd kan inte flyttas", vilket understryker behovet av att erbjuda adekvat stöd och resurser för att främja välbefinnande under senare år. En annan boende nämner exempelvis att det är olämpligt och orealistiskt att samla en stor grupp människor på en avdelning och förvänta sig att de automatiskt ska utveckla sociala kontakter. Detta på grund av att människor har olika intressen, livsförhållanden och behov, vilket gör det svårt att skapa en stark social sammanhållning.

En kombination av kvalitativa och kvantitativa metoder användes för att få en grundlig uppfattning. Den kvalitativa delen innefattade semistrukturerade intervjuer med sju deltagare, där öppna frågor användes för att få fram detaljerade och mångsidiga svar. Dessutom genomfördes deltagarobservation vid olika tidpunkter på dagen, inklusive dagtid, kvällstid och nattetid.

Nyckelord: "Aging in place", "sense of place", "place", "välbefinnande", "livskvalité", "formell vård", "äldreboende", "äldre".

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Glossary

Terms	Definitions
Aging in place	Policy and practice allowing elderly to stay in one form of accommodation of their choice, for the longest time possible while avoiding unnecessary relocation (Kobayashi, 2019).
Sense of place	Subjective and emotional relations that people have to a certain place (Kobayashi, 2019).
Place	A particular location that has attained a set of meaning (Kobayashi, 2019).
Residential normalcy	Provides insight into how older adults can experience varying levels of comfort and competence in their living situations.
Dual zones	A concept where the connection between the inside and outside world meet, providing a sense of normalcy for residents.
Types of relocation	a) preference relocations: where elderly is completely satisfied with the move b) strategic relocations: which are planned by elderly to anticipate changes in their lives c) reluctant relocations: where elderly do not agree with the move but are forced to relocate due to changing circumstances d) passive relocations: where elderly do not agree or question their move.
RCF	Residential care facility.

1. Introduction

The increasing needs for care and support among the elderly contribute to a growing demand for healthcare and services. It is crucial for both healthcare providers and caregivers to adapt to the requirements of this expanding population. A key aspect is ensuring that care is personalized, considering the diverse needs of older individuals, and enabling their active participation in their own care (Socialstyrelsen, 2018). Elderly care facilities play a significant role in the Swedish eldercare system, serving as formal institutions that provide medical and personal care to older individuals with varying needs in daily activities (Socialstyrelsen, 2018). These facilities are expected to be safe and dignified places for older people to reside and receive care (Riksdagen, 2023a). Research has demonstrated that such facilities are pivotal in promoting the well-being of older adults through facilitating social interaction, offering meaningful activities, and providing a secure living environment (Nordin et al., 2016; Prieto-Flores et al., 2011; Kenkmann et al., 2017).

Given the significance of nursing homes in promoting the well-being of older adults, it is important to explore how the elderly perceive these facilities and how changes and relocations may impact their experiences and quality of life. This study focuses on a municipal nursing home in Jönköping that is scheduled for demolition and involves relocating residents to either a newly constructed nursing home or another location. The objective is to examine their perception of the nursing home, how this relocation affects the well-being of the elderly, as well as other factors that influence their lives. Defining a nursing home (*äldreboende* in Swedish) is a complex task. While it can be described as housing for senior citizens and a formal institution providing medical and personal care to individuals with varying needs, its meaning extends beyond these definitions and varies depending on the perspective of the observer. To personnel, it may represent a workplace; to a mail carrier, a location; and to a passerby, a building. However, the true significance lies in the experiences and perspectives of those who reside in nursing homes.

1.1 Aims and research questions

The aim of this study was to examine the experiences and perspectives of elderly living in a nursing home, with a focus on understanding the factors that influence their well-being and quality of life within this facility. This study was guided by three key concepts: aging in place, sense of place, and place, which were derived from the literature review. The exploration of these concepts was influenced by studies such as Prieto-Flores et al. (2011), which delved into the well-being and quality of life of older adults in formal care settings. Additionally, insights from sources like Relph (1976) and Cresswell (2015) illuminated the significance of sense of attachment and rootedness in relation to places. These concepts provided a framework for analyzing and interpreting the findings, shedding light on the various aspects that contribute to the overall experiences of the elderly in the nursing home setting.

The research questions are:

- What is the elderly's experience and perspective on the nursing home?
- Which factors have an impact on the well-being and quality of life for the elderly in the nursing home?
- What challenges do elderly face regarding nursing homes?

1.2 Thesis structure

In this study, I have chosen to integrate my results and analysis across three chapters focusing on aging in place, sense of place, and place. By adopting this approach, the reader benefits from a coherent and clear narrative without the need to navigate between different sections. This integration enables a seamless incorporation of relevant literature within the context of my analysis, promoting a cohesive understanding of the subject matter throughout the study. Limitations are mentioned in the conclusion chapter.

2. Literature review

The section begins by introducing a survey conducted annually by the *Socialstyrelsen* (National Board of Health and Welfare) to gather the opinions of the elderly regarding elderly care. The survey encompasses individuals residing in nursing homes and those receiving home care services, but this study specifically focuses on the survey pertaining to nursing homes. Afterwards, prior research within subdisciplines of human geography is also presented.

2.1 Prior research

In Sweden, *Socialstyrelsen*, the authority responsible for elder care, conducts annual surveys to examine the perceptions and experiences of the elderly population residing in nursing homes and receiving home care services. The survey aims to gather opinions to improve elder care according to the recipients' preferences. The survey consists of 26 questions for the elderly and one question for their relatives, titled "*Öppna jämförelser – Vad tycker de äldre om äldreomsorgen?*" (Open comparisons – What do the elderly think about elder care?) (Socialstyrelsen, 2023). It covers various aspects such as the living environment, safety, accessibility, health, staff, and overall support provided in nursing homes.

The survey received responses from 29,626 individuals nationwide, with a response rate of 43%. It was conducted in both public and private sectors, but some respondents did not answer specific questions, leading to internal dropout. Participants who selected "no opinion/don't know" for each response option were excluded. Among the respondents, 32% were men, and 68% were women. The age distribution included 10% from the 65-74 age group, 33% from the 75-84 age group, 46% from the 85-94 age group, and 12% from the 95+ age group (Socialstyrelsen, 2022a; 2022b). Of those who completed the survey, 14% did so independently, while 25% received assistance from a relative or guardian. Additionally, 62% of respondents received help from someone other than themselves (Socialstyrelsen, 2022a). I draw on these surveys to support my findings in aging in place and sense of place.

This backdrop links to how research within sub-disciplines of human geography (social studies, health and place) has examined the experiences of individuals residing in nursing homes and the significance it holds for their health and well-being. A significant portion of the research has focused on the physical environment and its impact on the health and well-being

of the elderly. Other studies have explored the social environment and the relationships that develop between the elderly residents and the staff members.

2.2 Aging in place

Cheng et al. (2011) investigates the quality of life of elderly individuals in residential care facilities (RCFs) and the impact of the physical and social environment on their well-being. Most participants expressed satisfaction with life in RCFs, observing positive changes in residents' physical and mental health and social skills post-relocation. RCFs provide greater social opportunities and peer interactions compared to living alone, aiding in addressing aging-related challenges.

However, a minority of residents reported feelings of isolation and depression, showing low interest in social activities and concerns about the future and mortality. Healthy environments like gardens, water, and parks were found to have positive effects on elderly residents, while noisy city surroundings, limited open spaces, and busy streets near RCFs were perceived as unfavorable. Individual characteristics such as personality and social skills influenced residents' social networks, while declining health restricted mobility and reduced opportunities for interaction. Attitudes toward aging and residential care, self-awareness, and a sense of control also influenced well-being.

Moreover, Asian societies attitudes toward residential care varied among family members, with many adult children continuing to support their elderly relatives after relocation, influencing the quality of care received. In my study, I will explore whether these features also appear in Sweden and whether there are differences and similarities – and what this may mean for us to understanding ageing and care home support.

2.3 Sense of place

Kenkmann et al. (2017) explores the way in which individuals residing and working in care homes experience and negotiate the use of space. This article explores how the design of space in care homes is not solely a result of objective planning, but rather is infused with meaning, value, and potential for power negotiation among residents, staff, and visitors. The

impact of communal spaces on residents' sense of home is discussed, emphasizing how such areas can foster relationships and decision-making but may also spark conflicts. Additionally, the study underscores how the staff and resident perceptions of home in care homes may differ, with staff prioritizing cleanliness and order over residents' preferences. The significance of organizational culture in promoting resident autonomy and choice is also highlighted, as well as the positive effects of "dual zones" that blend the inside and outside worlds, such as gardens or communal spaces. The authors suggest that care home designers should pay attention to such mediating spaces and encourage autonomous use of them.

Furthermore, Prieto-Flores et al. (2011) objectives for their study was to examine how residential satisfaction and sense of belonging impact loneliness for older adults in two distinct settings: living in the community and residing in a care facility. The study discovered that feeling happy and content with their living arrangements and feeling like they belonged had a positive effect on reducing loneliness in older adults, whether they lived in their own homes or in a facility. The sense of belonging was also found to mediate this effect. In addition, functional independence, activity engagement, social contacts, and satisfaction with other residents contributed to the satisfaction of institutionalized older adults. The study emphasized the importance of being satisfied with the residential environment as it influences the sense of belonging, which in turn affects the feeling of loneliness in older adults. The study also identified depression and functional dependence as risk factors for loneliness in care settings. In my study it will be explored what attributes to elderly's sense of belonging and what the effects are, as it impacts their well-being.

2.4 Place

The objective of the study by Nordin et al. (2016) was to investigate the activities of older individuals living in residential care facilities (RCFs), specifically focusing on the relationship between the quality of the physical environment and the influence it has on these activities. The authors conducted a comparative case study of two residential care facilities in Sweden, examining the physical environment, staff and resident activities, and social interactions. They found that the physical environment and staff activities had a significant impact on social interactions and the overall well-being of the residents. The results of the study suggest that the physical environment and social interactions in residential care facilities for older people are important factors in shaping the well-being of residents. The study also highlights the need

for careful consideration of these factors when designing and evaluating resident care facilities for older people.

Falk et al.'s (2009) aim was to assess the impact of refurbishment initiatives on the quality of life, well-being, and perceived care climate of residents in two residential care facilities in Gothenburg, Sweden. The study aimed to explore residents' experiences regarding changes in their environment following the refurbishment. The findings indicate that residents in care facilities may be more vulnerable and responsive to change than previously believed. While some residents expressed appreciation and enjoyment of the refurbishment, the majority were unaffected and did not perceive an increase in community spirit among residents in the shared areas. These results emphasize the importance of considering the sensitivity of elderly residents to environmental changes when planning refurbishment activities in care facilities. Furthermore, the study suggests that interior design features alone do not significantly contribute to fostering a care climate that revolves around the needs and expectations of the residents. These findings are supported by Nord's study (2011), which suggests that interior design alone does not play a major role in shaping the care environment. Rather, a dynamic architectural approach is required, allowing various spatial levels to interact and create a flexible and enriching work environment that fosters individualized care. The staff in the study actively endeavored to establish personal spaces within communal areas, facilitated social situations that residents found comfortable, and respected individual privacy.

2.5 Summary of the literature review

In brief, some studies presented earlier have examined the impact of the physical environment on the elderly, they have for an example only interviewed staff members and relatives, neglecting the residents' own perspectives. Kenkmann et al. (2017) mentions that further elaboration on certain themes would have strengthen their data, such as discussions on liminal space. Which will be brought up in this study, such as elderly's living space. While Cheng et al. (2011) study, as well as the others, sheds light on crucial aspects of elderly experiences in nursing homes, the lack of control in their study over the selection of facilities may introduce bias. Furthermore, although the researchers interviewed the elderly before and after relocation, they did not address an important question that will be brought up in this study: whether the elderly were given their accommodation of choice. Hence, further research, particularly in Sweden, regarding the elderly's experience in nursing homes is of interest.

3. Methodology

3.1 The nursing home

The nursing home apartments are furnished with adjustable beds, private bathrooms, kitchenettes/pantries with refrigerators and outlets. They vary slightly in size, and some have balconies. The common areas in the building are similarly designed with variations in furniture and colors. The building has three floors, including the basement, and is divided into five units. The halls and corridors are narrow and long, and each unit has a name. There are outdoor terraces and an inner courtyard where residents can socialize.

There are 64 apartments in the nursing home, with two of them being vacant during the study. Among the residents, there were 45 women and 17 men, indicating that 73% of the occupants were women and 27% were men. In Sweden, individuals living in nursing homes without family members and needing assistance with legal or financial matters have the right to a legal guardian, known as a "*god man*" in Swedish (Sveriges domstolar, 2021).

3.2 Research design

The study utilized a mixed methods approach, incorporating both qualitative and quantitative methods. By combining these methods, I could achieve more comprehensive understanding and gain more insights from different perspectives on their experiences; in essence, the combined methods contributed the overall completeness of the study (Bryman, 2012). The qualitative component of the study consisted of conducting semi-structured interviews with open-ended questions with seven elderly and engaging in a participant observation conducted at various times of the day, including daytime, evenings, and nighttime. As a staff member at the nursing home, I had convenient access to the research setting, facilitating the observations. It is important to note that the character of participation in the observations was more of partially participating (Esaïasson et al., 2017), as the main source of data for the study was derived from the interviews (Bryman, 2012). The observations served as a supplementary method to gather additional insights and contextual information related to the research topic (Bryman, 2012).

During the observations, I refrained from disclosing my role as a researcher to the elderly participants. This approach aimed to prevent the participants from perceiving me as someone specifically observing them, and instead fostered a natural and familiar environment. By maintaining a low-profile presence, I sought to create a comfortable setting where the elderly participants could behave in their usual manner without feeling self-conscious about being observed. To facilitate this, I wore the same uniform as the rest of the staff, effectively blending in with the caregiving team.

The interviews were conducted across four out of five different units within the nursing home, and observations were carried out in four different units as well. The study did not include the unit that accommodates elderly with dementia. This decision was based on the recognition that various types of dementia can affect the elderly in different ways, often resulting in speech-related difficulties as one of the side effects (Hubbard et al., 2003; Karen & Jane, 2006). To ensure anonymity, the participants were assigned unique codes. For instance, participants were labeled as M1 and W2, with the letter signifying their gender and the number representing their interview sequence. An interview guide was created as well, which can be found in the appendix. The quantitative aspect consisted of controlling a survey provided by the *Socialstyrelsen* (National Board of Health and Welfare). This annual survey is designed to gather insights into the experiences of older adults in nursing homes, which are deemed useful for this study.

3.3 Participants and doing research

The approach employed in this study was purposive sampling (Bryman, 2012), which was chosen deliberately to align with the specific research goals. It involves intentionally selecting participants with diverse characteristics, enabling the inclusion of a wide range of perspectives and experiences. Another crucial consideration for the sampling process is the inclusion of elderly who have resided in the nursing home for a minimum of two years, since this can influence their views on the facility (Golant, 2011). This ensures that participants have had sufficient time to get familiar with the nursing home, form a comprehensive understanding of life within the facility, and accumulate experiences with fellow residents, the built space and its surroundings, staff members and management. By including elderly with at least two years of residency, the study aimed to capture a more comprehensive perspective on the long-term experiences and insights of nursing home residents.

The original plan was to interview a total of eight elderly. However, due to one person falling ill and the time constraints of the study, I was unable to carry out the eighth interview.

Another reason for not conducting the eighth interview was indications that a saturation point had been reached in terms of the information obtained (Bryman, 2012). However, information regarding the participants is presented below, their gender, interview sequence, age as well as how long they have resided in the nursing home.

Man 1: 87 years old, resided in the nursing home for over 3 years.

Woman 2: 93 years old, resided in the nursing home for over 4 years.

M3: 75 years old – 2 years.

W4: 81 years old – 2 years.

M5: 72 years old – 3 years.

W6: 90 years old – 3 years.

W7: 89 years old – 4 years.

Having worked at the nursing home for over three years and possessing more than 10 years of professional experience, I had already developed a deep familiarity with all the residents. This proved advantageous as it eliminated the sense of being a stranger and facilitated a pre-established rapport. I believe that this familiarity played a crucial role in creating a relaxed atmosphere during the interviews and observations. Additionally, I recognized the importance of maintaining professional confidentiality among staff members and adhering to ethical responsibilities in research, which further contributed to building trust with the residents. Upholding this trust and preserving the resident relationship were of paramount importance, but also considering the potential legal consequences associated with breaching confidentiality (Riksdagen, 2023b).

3.4 Data collection

To minimize biases and avoid unconscious preference for the healthiest individuals (Browning et al., 2014), a meeting was held with the nursing home manager to discuss the interview proposal and careful consideration was given to selecting potential respondents. Unlike Cheng et al.'s (2011) study, where participants were recruited through the managers, I had the advantage of being familiar with the residents due to my involvement in the nursing home. The selection process prioritized individuals who could participate in interviews

without significant cognitive limitations, rather than focusing solely on physical implications. The aim was to capture a diverse range of residents with different backgrounds, abilities, and circumstances, ensuring a comprehensive and inclusive perspective.

Semi-structured interviews with open-ended questions enabled a deep exploration, granting the elderly the freedom to respond in their preferred manner, capturing rich insights from the elderly that was interviewed as well as the units that was observed (Bryman, 2012). This method was chosen as it has advantages, such as the elderly being able to answer the questions in their own terms (Bryman, 2012). Another reason for opting for open-ended questions and semi-structured interviews is the suggestion made by Falk et al. (2009), that further research should be conducted using open-ended questions to gain a better understanding of how elderly experience resident care facilities (RCF), although, in this case nursing homes. One drawback of using this method, as pointed out by Bryman (2012), is that it can be time-consuming. The elderly was very open and social during the interviews, leading to diversions that required additional effort in transcribing the data. The method I used to analyze the interviews involved utilizing content analysis, as described by Bryman (2012). This approach was utilized to identify patterns and themes within the interviews. The themes highlighted in the results chapter (Section 4 Place: Aging and the sense of it) are the themes that emerged from the interviews.

By utilizing the survey, secondary data source, provided by the *Socialstyrelsen*, I was able to examine the responses of the residents in the nursing home, as well as the national data related to the study's relevant research questions (Clifford et al., 2010; Bryman, 2012). The survey responses are used as a point of comparison to assess how the participants answered the survey and how their responses aligned with their interview answers. This allowed me to determine the consistency between the two data sources as well as different perspectives on the answers, which indeed showed agreement and coherence (Browning et al. 2014).

The interviews were conducted on weekdays, allowing for an opportunity to capture participants' experiences within the nursing home during their regular routines and activities. This approach provided a realistic portrayal of their day-to-day lives, as weekends often involve different schedules or activities. The interviews took place at various times between 11:00 AM and 4:00 PM, with an average duration of approximately 40 minutes. They were conducted during week 14 in April 2023. To ensure anonymity, the interviews were held within the residents' apartments, creating a relaxed and private setting for uninterrupted dialogue. This protected the confidentiality of their responses from being overheard by others.

The interviews were audio-recorded and subsequently transcribed (Bryman, 2012). While the interviews were conducted in Swedish, they were later translated into English, except for the interview with M3, who is a native English speaker.

To conduct successful participant observation, researchers need to fully immerse themselves in the research context, enabling them to obtain valuable insights and actively engage with the subject of study (Clifford et al., 2010). Fortunately, this was not a concern for the study as I am an experienced professional who has had numerous prior experiences in this context. Familiarity with the context allowed me to navigate the settings more confidently and efficiently. I believe I possess a good understanding of the environment, the dynamics at play and the key individuals involved.

The observations were conducted on weekdays as well as weekends, spanning both daytime hours (11:00 AM - 3:00 PM), evening hours (5:00 PM - 9:00 PM) and nighttime hours (10:00 PM - 4:00 AM). In total, the observation period lasted approximately 15 hours and were carried out during weeks 12 and 13 in March 2023. During observations, field notes were taken to document the findings (Bryman, 2012). I faced a challenge in maintaining anonymity during the observations because I was dressed in a uniform and wished to avoid revealing my role as a researcher. As a result, the field notes were discreetly recorded at moments when it was unlikely for the elderly to notice my documentation.

3.5 Ethics

The elderly was approached three times to request their participation in the study. The initial contact invited them to take part, followed by a reminder just before the interview, and a final confirmation after the interview to reaffirm their willingness to participate. Anonymity was guaranteed to all participants, in line with the guidelines provided by Bechtel and Arza (2002), Clifford et al. (2010), and one participant (M5) specifically mentioned that anonymity was an expected factor. In addition to ensuring anonymity, participants were informed that they had the option to withdraw from the study at any point, whether before, during, or after the interview. To ensure further anonymity I chose not to do observations in their respective apartments, only common areas.

Ethical considerations for research with older individuals are like those for any other population. However, special attention should be given to specific vulnerabilities that are

commonly found among them. These vulnerabilities may include mental frailty, which can disrupt their relationship with caregivers and lead to fears of reduced services (Browning et al., 2014). Throughout the entire process of conducting interviews and engaging in ongoing work within the nursing home, no changes in the behavior was observed, either from the elderly towards me, nor have I changed my behavior towards them.

4. Place: Aging and the Sense of it

In this section, the results from the reports are presented, showing the percentage of elderly respondents' answers to specific questions at the selected nursing home. Each chapter includes interview findings and information on gender distribution from the national survey. The error margins in the national survey for all answer options ranged from 0-1. The interviews are divided into three chapters: aging in place, sense of place, and place. Each chapter begins with an explanation of the topics to be explored and their significance.

4.1 Aging in place

Cheng et al.'s (2011) research offers valuable insights into the quality of life of elderly individuals in residential care facilities (RCFs) and the influence of the physical and social environment on their daily activities and health. However, the study does not provide information on whether the elderly and their families had a say in selecting their RCF, despite conducting interviews with the elderly before and after relocation. It is crucial to question whether the elderly was able to choose their accommodation as this is significant for aging in place because the freedom to choose accommodation can have a considerable impact on an individual's overall well-being.

Thus, in this chapter we will examine whether the elderly had the opportunity to select their preferred housing, the reasons behind their choices, and their perspectives on relocating to the new nursing home. Understanding the importance of choice in housing decisions for the elderly will help identify ways to enhance their experiences in nursing homes and promote their well-being.

I now go onto to show survey results and provide a comparison. The question asked was whether the elderly residents were able to secure accommodation in their desired nursing home.

The findings indicate that 79% of the elderly residents in the nursing home obtained the accommodation they wanted, while 21% did not. In the national report, 87% of the elderly obtained their desired accommodation, while 13% did not. Gender-wise, the national report shows that 87% of men and women each answered "yes," indicating they obtained their desired accommodation, while 13% of both men and women answered "no." Socialstyrelsen (2023).

Comparing the two sets of data, it is evident that the percentage of elderly individuals in the nursing home who secured their desired accommodation (79%) is lower than the national report's percentage (87%). Conversely, 21% of the elderly in the nursing home were unable to obtain their desired accommodation, whereas only 13% in the national report faced this challenge.

Relocating for the first time

Out of the seven, five expressed that they were able to secure accommodation in the nursing home of their choice, while two others did not get the nursing home they wanted. There are four types of relocation that Andrews & Phillips (2005) and Reed et al. (2003) mention, which include:

- a) preference relocations, where elderly is completely satisfied with the move
- b) strategic relocations, which are planned by elderly to anticipate changes in their lives
- c) reluctant relocations, where elderly do not agree with the move but are forced to relocate due to changing circumstances
- d) passive relocations, where elderly do not agree or question their move, which can be seen in some of the cases with the elderly that were interviewed.

M1, W2, M5, W6, and W7 reported that they received the accommodation they had applied for, whereas respondents M3 and W4 did not. According to Prieto-Flores et al. (2011), the feeling of contentment with living arrangements, as well as the sense of belonging, had a positive impact on the well-being of the elderly, regardless of whether they resided in a formal institution like an elderly care facility or an informal one like a regular residence. It is crucial to note that housing arrangements should include the elderly's right to choose where they want to reside. It is essential to honor their choices to ensure that they feel a sense of independence,

autonomy, and control over their living situation. Overall, the provision of appropriate housing can significantly impact the quality of life of elderly individuals.

The elderly encountered challenges with relocation and residential normalcy, as well as attachment to the current nursing home. I present this by using vignettes provided by some of my respondents.

M3's story highlights the complex emotional challenge that comes with transitioning to new living situations. He initially found comfort and happiness in short-term housing, where one lives temporarily to receive the support needed until finding another permanent residence (Seniorval, n.d.). Hence eventual move to another nursing home was fraught with pressure and a loss of the supportive environment he had grown accustomed to. Yu and Rosenberg (2017) observed that elderly tend to carry memories of their previous living situations and may perceive their current environment in a negative way when compared to those past places, which might be one of many reasons he feels this way about the current nursing home. The experience left him feeling a sense of compulsion and a desire to seek out other options for improving his living situation, which can be seen as reluctant but also passive relocation (Andrews, 2004; Reed et al., 2003).

Elderly develops different strategies to improve their living situation if they are not satisfied with their current nursing home (Cheng et al., 2011). One such strategy may be to seek another nursing home, which is the case with M3. Despite this, he remains hopeful for the future, as the nursing home is set to be demolished, and he may have the opportunity to move to a better place. However, his willingness to consider moving to another city and his regret at leaving his country of origin reveal the deep connections that individuals have to their homes and challenges of finding a new sense of place in later life (Cresswell, 2015).

W4 shares her story of living in a three-story building without an elevator and struggling with the physical exertion required to navigate the building. Golant's (2021) residential normalcy model provides insight into how older adults can experience varying levels of comfort and competence in their living situations. Comfort zones are determined by how comfortable individuals feel in their current living environment, while mastery zones pertain to their ability to manage the tasks and challenges associated with living there. W4's case shows that while she was comfortable in her former living situation, her inability to manage the physical demands of navigating the building made it necessary to find a new home. As a result, she and her children recognized her need for support and sought out a nursing home for her, which

can be seen as a form of strategic relocation, in which they planned to anticipate changes in her life (Andrews & Phillips, 2005; Reed et al., 2003).

W4's wish was to live in a nursing home or a secure housing complex in Huskvarna, but there were no available apartments in either type of facility located in the city. She accepted her current residency, believing it to be temporary, but she expresses a desire to move closer to Huskvarna, especially since the current nursing home is due to be demolished. The reason she does not want to move to the new nursing home is because of her children living nearby, as well as her friends in Huskvarna, and she wants to live closer to them. Despite this, W4 thinks the current nursing home has a good location in the city and that the surroundings are nice. She also mentions that she would have preferred an apartment on the first floor, as the physical strain of navigating stairs is too much for her.

M5 tells the story of how he became ill and ended up in the hospital with lasting physical injuries. He talks about how two case managers came to renovate/adapt his home so that he could continue living there (with support from home care instead), but he did not think the adaptation was good enough. M5 does mention that if he had known what it would be like to live in a nursing home, he would have gone through with the renovation/adaptation of his previous home. He wishes he could move back and does not think it will be any better in another nursing home, including the new one they are moving to. It is possible that M5's relocation falls into two categories: reluctant relocation, as he misses his previous housing and regrets moving, but accepted the move due to changing circumstances; and preference relocation, as he had the opportunity to choose the nursing home where he was relocated to, but also his acknowledgement that he needed daily support (Andrews & Phillips, 2005; Reed et al., 2003). He experiences more sadness regarding the circumstances that led him to reside in a nursing home than his actual living situation there. His and others' concern about the rent increasing at the new nursing home further emphasizes the financial burden and challenges that come with aging and needing support.

W7's powerful statement, "Old trees can't be moved," embodies the sentiment that elderly should not be uprooted from their current living situations, especially after an already relocation to a nursing home. Pazhoothundathil & Bailey (2021) argue that elderly's ability to form attachments to new places will influence their sense of well-being. This indicates that W7 has found a sense of attachment and rootedness of her current nursing home (Cresswell, 2015; Relph 1976). She expresses worry about the move to the new nursing home, located on the outskirts of the city, and worries that the rent will be raised. W7 holds a deep attachment

to the central parts of Jönköping, where she has resided since she was a teenager, and this move will inevitably sever that emotional connection (Cresswell, 2015). Additionally, the distance her daughter will have to travel to visit her is of great concern to her. Similarly, W2 shares W7's concerns regarding the distance and the rent. W7 feels frustrated about the lack of information received about the new nursing home and wishes decision-makers had been more present and forthcoming with information. She believes that decision-makers should have visited the nursing home to speak with the residents to offer more information. This lack of communication has caused her to question whether decision-makers have the best interests of the elderly in mind and whether they care about the residents' opinions and experiences.

Repeated relocation

I now go onto shed light on their thoughts regarding yet another possible relocation. This, because the nursing home is being demolished.

Even though five elderlies were able to obtain the current nursing home they desired, it is apparent that six out of seven elderlies do not want to move to the new nursing home located on the outskirts of the city for various reasons, which indicates that their preference relocation falls short, except for M3 (Andrews & Phillips, 2005; Reed et al., 2003). One reason includes the surroundings of their current nursing home, which several of the elderly mention when discussing the move to the new facility. W6 emphasizes the significance of the surroundings. M1 does not mention the new nursing home, but expresses a desire to remain in Jönköping, as he feels the city is his home. This may be because he sees the community and the city itself as a home rather than a certain place in the city, an irreplaceable center of significance as Relph (1976) puts it. M1 views the city as his place, rather than the nursing home (Cresswell, 2015).

Although Falk et al. (2009) study pertains to refurbishment at a residential care facility, the authors discuss the sensitivity of elderly to changes in their environment, which is relevant to the elderly's experience of moving and choosing which care facility they want to reside in. According to a report by The United Hospital Fund, a considerable number of older adults refused home care assistance that aimed to help them maintain their independence at home. The report suggests that accepting such assistance would mean admitting their vulnerability, frailty, and dependency to themselves and others. This would shatter their illusion of being resourceful and capable, making them feel like they are no longer in control of their living

environment. In other words, accepting help would take them out of their residential mastery zone (Golant, 2021). It could be argued that this statement is not entirely accurate since all the elderly in this case recognized their need to relocate to a nursing home and the majority were able to secure their accommodation of choice. Therefore, it might be possible that this issue affects a smaller proportion of individuals in Sweden as it may be more culturally acceptable to move to a nursing home compared to other countries. W2 also mentions that she visited her in-laws in a nursing home many times before and that she did not feel anxious about moving to a nursing home herself, which may strengthen the argument. However, further research regarding this matter is needed.

Needing support and assistance

All seven of the elderly that were interviewed acknowledged the need to move from their previous home to a nursing home as they required daily support and assistance. Some elderly opts to move to a care facility to ease the burden of care on their families or to improve their quality of life. This is evident from the fact that all interviewed residents acknowledged the need for daily support and assistance in a nursing home, assistance they might not get with home service but also to ease the burden of their families (Cheng et al., 2011; Ball, Whittington, et al., 2000). Regarding the family relationship, while this aspect will be further explored in the study, it can be observed in this chapter that some residents are hesitant to move to the new nursing home because their family members reside close by, indicating good family relationships.

4.2 Sense of place

So far, we have explored the elderly's ability to choose their preferred housing, their reasons for moving to the nursing home, and their thoughts on relocation. Now, we will dive into their perspectives on their apartments, including the factors that make it feel like home and those that do not. We will examine their relationships with family members and the extent of their involvement in aiding. Furthermore, we will assess the elderly's sense of safety and security within the nursing home.

Understanding the perspectives and experiences of the elderly regarding their living arrangements and family relationships holds significant importance for several reasons. Firstly, it provides valuable insights into the factors influencing their well-being and quality of life. Secondly, exploring their sense of safety and security helps identify potential risks or areas that require attention to ensure their overall well-being. By diving into these aspects, researchers, policymakers, and caregivers can gain a deeper understanding of the needs and experiences of the elderly, enabling the development of strategies to better support and care for them.

Design of the apartment

M1 and W4 shares that they feel well established in their respective apartments, finding comfort in the design of their apartments and its size, which M1 believes is just right for him, since he never liked big apartments, W4 states that it is smaller than her former home, but that it feels similar in many ways. M1 and M5 speak of their lack of desire to change anything about their living space, as it perfectly suits their needs. It is evident that the design of the apartment is in line with M1 and M5's needs and preference, which is a vital aspect of promoting residents' well-being, as emphasized by Cheng et al. (2011); To some extent, this does not apply to W4 since she wishes her apartment to be situated on the first floor and to have a balcony.

The results of the surveys are worth considering too. The question is, do you enjoy your apartment/room?

The report shows that 60% of the elderly in the nursing home enjoy their room or apartment, 31% enjoy it partially, and 9% do not enjoy it at all. The national report shows that 71% of the elderly enjoy their apartment or room, 25% enjoy it partially, and 4% do not enjoy it at all. The national results showed that 71% of men responded affirmatively, 25% had mixed feelings, and 4% answered negatively. The corresponding figures for women were also 71% answering "yes", 25% answering "partially", and 4% answering "no". These findings suggest that a significant proportion of both male and female residents were satisfied with their apartment, while a smaller proportion had reservations or complaints.

Comparing the data, the national report indicates a higher level of satisfaction with accommodation among the elderly than the data from the nursing home. The national report

shows a higher percentage of elderly people who enjoy their apartment or room (71%) compared to (60%), a lower percentage of elderly people who enjoy it partially (25%) compared to (31%), and a lower percentage of elderly people who do not enjoy it at all (4%) compared to (9%).

Possessions, art, and ability

In this section we will explore how personal possessions such as art affects the elderly, as well as the physical ability.

W2 expresses that her paintings, many of which were painted by her late husband, hold deep sentimental value, and provide a sense of place but also comfort during times of restlessness (Tuan, 2001). Similarly, her cherished old furniture also carries memories and emotions that add to the sense of familiarity and warmth in her living space (Tuan, 2001). Although the apartment could not accommodate all her previous belongings, she still appreciates its beauty and homey atmosphere that she has created. This can mean that she has invested the physical space with emotional significance and by doing so, it becomes a place where she feels at home since she could keep many of her cherished possessions (Cresswell, 2015; Wapner et al., 1990). This also demonstrates that material possessions can hold a sense of place. Without her belongings, W2 may not feel at home as there is a level of emotional attachment to her belongings that creates a sense of place for her within the space of her apartment. M5 also mentions how much his paintings mean to him, as they make him feel more at home (Cresswell, 2015). W2, as well as W7, emphasizes the importance of feeling at home in the nursing home, where they have found a sense of place despite the challenges of aging. M5 also mentions that he feels more at home in his apartment compared to the common areas.

W7 explains that her independence and physical ability contribute to her enjoyment of living in her apartment. She likes being active and performs tasks, such as cleaning, reading books, and watching TV. This also helped W7 to feel at home as in her previous residence (Pazhoothundathil & Bailey, 2021). W2 and W6 have also expressed that reading is a hobby of theirs, but deteriorating eyesight has made it more challenging for them to do so. W7's ability to remain active contribute to an enhanced sense of self, which, in turn, makes her apartment a place she can call home, providing a sense of security, familiarity and wholeness where she can engage in these activities (Peace et al., 2005; Birkeland, 2008). She and her

family have decorated and arranged the furniture in her apartment to create a homely and cozy atmosphere.

Like W2 and M5 discuss their paintings, we can understand that W7 also holds a deep attachment to her own furniture (Cresswell, 2015). This is another factor that contributes to her feeling of the apartment as a home. Despite some issues with the limited storage space for her clothes, she is content with her living situation and prefers it over other types of housing. It can be argued that W7 experiences a sense of belonging in her apartment, which is akin to 'insiderness' that Relph (1976) mentions, which means a sense of being at home. Her feeling of familiarity and connection to her living space suggests that she has developed a sense of attachment to her home, and it has become a place (Tuan, 2001). M1 also notes that he appreciates the freedom of being able to invite guests to his private apartment for quiet and uninterrupted gatherings and conversations, which W4 and M5 also mentions. This leads to opportunities for elderly to create a personal space and environment within the nursing home (Ball, Whittington, et al., 2000). It can be argued that even within the limited space of an apartment, having enough room to invite friends and relatives can contribute to a sense of freedom and well-being (Tuan, 2001).

Out of place and nostalgia

This section explores how out of placeness as well as nostalgia can affect the elderly's well-being, which I do by focusing on the stories that my respondents narrated to me.

M3's story emphasizes the importance of having access to technology, as he values the ability to use his computer and mobile devices in his apartment. His passion for writing is a significant reason why living in a conducive environment is essential. He notes, however, that he did not receive sufficient information about certain amenities, such as the Wi-Fi, when he first moved in. As previously known, M3 has a desire to leave the nursing home, he expresses his discontent with the place but mentions that his apartment, at least offers some solace as he can be left alone. He states, "I feel like a prisoner, and I have learned to tolerate this place", regarding both the nursing home and his apartment.

As discussed in earlier chapter, M3 had a positive experience and felt content in his previous short-term housing. Relph (1976) and Michael A. Godkin, as cited in Seamon & Buttimer (2015), suggest that places are not merely physical locations, but rather they are shaped by our

individual experiences and recollections of them. In M3's case, he was happier in his previous short-term housing and may have carried over his memories of that place to the new one. This can result in him comparing the two and ultimately affect his perception of his current living situation in the nursing home.

Peace et al. (2005) explores the concept of being in the right place at the right time, suggesting that people should ideally find themselves in such a position. As we already know, M3 and other interviewees understand that living in a nursing home is necessary in their case, to receive the assistance and support they require. Nonetheless, it is apparent that M3 does not enjoy living in his current nursing home and one could argue that he is not in the right place, but there is some truth to the fact that it is the right time since he requires assistance. His feelings concerning out-of-placeness could be negatively affecting his well-being. During observation, it was noted that the staff members entered M3's apartment and several others to deliver lunch on trays, as a couple of other residents seemingly preferred to eat in their own apartments as well. It was also noted that some residents chose to eat in the common dining area.

W6 expresses that despite her efforts to make her apartment feel like home, it is still not the same as her old home, and she feels that living there sometimes makes her feel like a prisoner. She longs to return to her previous residence, which cannot be compared to her current one. In other words, she may be occasionally overtaken by nostalgia reminiscing about her previous home (Cresswell, 2015), which according to Relph (1976) demonstrates that attachment to a certain place was once well-recognized. Although she acknowledged the necessity of moving to a nursing home, and got the nursing home of her choice, there are indications that it may not have been her decision, and that she feels less in control of her future.

This lack of control over her own destiny, according to Tuan (2001), can cause experiences and feelings of nostalgia. Her former home allowed her to lock her door and shut out the world, which she feels she cannot do at the nursing home; W6's inability to shut out the outside world might contribute to her perception that her apartment is less of a home (Cresswell, 2015). Her experience of not being able to seclude herself in her apartment and ignore the outside world can have unfortunate effects on her well-being since the ability to control environmental stimuli is crucial in managing the impact of external disturbances, such as the presence of other residents or staff members who move around W6's environment (Devlin & Arneill, 2003; Falk et al., 2009; Kenkmann et al., 2017). In contrast, M5 experiences that he can use his apartment as a private place where he can be alone and away

from other residents and the outside world. W6 does however recognize the benefits of living at the nursing home, where she receives the help and support that she needs.

Family relationship

This section looks at the relationship between the elderly and their families, but also how involved their family members are in the elderly's lives.

As we previously noted, many of the elderly in the nursing home are reluctant to move to the new nursing home, in part due to the nearness of their family members. However, it appears that the families of some of the elderly residents have been quite involved in the process of relocating their loved ones to the nursing home. These family members have helped with the move, including the furnishing, and decorating of the elderly residents' apartments. It is unclear though, whether the family members took the initiative to arrange the furniture themselves or whether the elderly residents gave them that responsibility, or whether the family members visited the nursing home beforehand to plan the rearrangement.

Regardless, this positive involvement from the families highlights their strong relationships with their elderly, which in turn may also diminish negative stigma associated with residing in a formal care setting (Pazhoothundathil & Bailey, 2021). However, this is not the case for M3, who does not disclose who assisted him with the move, furnishing and decorating his apartment. M3 has no other family members in Sweden except for a son, and he mentions that they meet when they can and have a decent relationship. He notes that he has children who still reside in his country of origin, but they do not visit him. M3 does, however, reveal that he had a legal guardian whom he was dissatisfied with because the individual mishandled important documents, causing him some trouble. Due to this experience, he has opted not to acquire a new legal guardian.

W2, W4, M5, W6, and W7 receive frequent visits or calls from their family members who also help manage their finances and important papers. Additionally, they assist in purchasing everyday items like shampoo, soap, and sweets for the elderly. Family members also assist in picking up medication from the pharmacy, particularly if there have been any changes or additions. The elderly also mentions visiting their family members' homes or going out to eat in the city with them. W7 admits that she feels at home in the nursing home but enjoys going out with her daughter to take a break from the facility at times. Family members play a crucial

role in enhancing the quality of life for the elderly, as highlighted by Ball, Whittington, et al. (2000), and as previously observed. Although family members are known to provide physical care, such as bathing; in this case it is the nursing home staff that are the ones who take care of those tasks (Andrews & Phillips, 2005). W2 mentions that she prefers women assisting her rather than men. During the observations, it was clear that most of the staff were women, which increases the likelihood of W2 receiving the assistance that she prefers.

As we know, M1 feels at home in Jönköping. He shares that he frequently socializes and meets new and old friends in an association/club. This suggests that M1's geographical experience and social interactions are not solely dependent on his family or other residents, but also encompass a wider network of friends and acquaintances (Seamon & Buttimer, 2015). Although he would prefer his children to visit more often, he comprehends that it may be difficult since they have their own lives and because they don't live in Jönköping. Nonetheless, he acknowledges that they assist with tasks whenever possible, such as helping with the relocation to the current nursing home.

Safe and secure

As some of the residents have mentioned, the presence of reliable and consistent staff members generates a feeling of safety and reassurance for the elderly.

W6 mentions this is the case with the night staff, as she recognizes all of them since they do not change often, this is a comfort for her. In the report regarding the residents' sense of security, where 85% answered that they feel safe, 9% answered that they neither feel safe nor unsafe, and 6% answered that they feel unsafe in the nursing home. In the national report figures are: 86% answered that they feel safe, 9% answered that they neither feel safe nor unsafe and 5% answered that they feel unsafe in their nursing home. While observing at night, it was apparent that the majority felt safe enough not to lock their apartments, with a few exceptions such as W2 and W6, this could also be due to the facility being locked during the night, and that only the staff members can open the outside doors. On the other hand, despite being able to lock his apartment, M3 still experiences a sense of insecurity, particularly at night, as the nursing home staff have access to his apartment and could enter while he is asleep. M3 is of the opinion that the nursing home management should take more responsibility in managing such situations.

This observation supports the idea that the residents generally have a sense of security within the nursing home, as the report also shows. When the elderly feels a sense of safety, it can contribute to their sense of security and make them more relaxed, ultimately enhancing their perception of the place (Moore et al. 2013; Andrews & Phillips, 2015). Both sets of data correspond to the respondents, since many of them feel secure and safe in the nursing home, except for M3. Additionally, we can also see that most respondents enjoy their respective apartments, which also corresponds to both reports.

4.3 Place

Previously, we have examined various aspects related to the elderly and their housing choices, including their decision to move to a nursing home and their thoughts on relocating to a new one. We have also explored their perspectives on their apartments and the factors that contribute to making it feel like home. Additionally, we delved into their relationships with family members and their level of involvement with the elderly.

In this section, we will focus on the elderly's viewpoint on the social community within the nursing home. We will explore how the social community manifests both within their specific unit and throughout the entire facility. This investigation will shed light on their personal experiences and the challenges they encounter in engaging with the social community, such as finding companionship. Furthermore, we will examine aspects like organized activities, staff, and management, as well as built space. Understanding the elderly's perspective on the social community within nursing homes is crucial as it provides insights into their social well-being and overall quality of life. By delving into these aspects, we can identify the interactions, challenges, and elements that contribute to or hinder the social community. This knowledge can then be used by researchers, policymakers, and caregivers to better understand the needs and experiences of the elderly, enabling the development of strategies that enhance their support and care.

Community, Conflicts and Challenges

In this section, first we will explore the social dynamics and engagement among the residents, including their participation in organized activities. Afterwards, we will discover elderly's opinions on the staff and management, and their experiences of the built space and its surroundings.

M1 expresses a mixed view of the place regarding the sense of community, saying "what's good with this place is that there is a sense of community, but what's also bad with this place is that there's no sense of community, and that is mysterious". He means that, although there is a sense of community, there are also people he cannot connect with. The formation of place is a collaborative effort involving the individuals who make up a 'society', or in this case a community (Cresswell, 2015). M1 believes that it's important for people to get along, but conflicts between residents have occurred, including one between him and another resident, which affects him negatively. Despite the conflict, he enjoys conversing with everyone and feels that the social aspect of the place generally works well.

W7 shares a similar story of a conflict that happened at the dining table during lunch, which made her feel anxious of going to the dining area and that she even considered moving to another nursing home. Instead, she chooses to eat all her meals in her apartment, where she finds enjoyment. This can be seen as a spatial strategy, or spatial practice (Schmid et al., 2008), a strategy to cope with exhausting situations in the common areas (Nord, 2011). However, according to Kenkmann et al. (2017), there could be several reasons for conflicts among residents, one of which is a lack of respect for each other's boundaries in common spaces (claims over common areas), which can be observed in Nord's (2011) study. Another factor could be a certain type of segregation where residents are excluded based on their health status. Although W7 does not have a problem with the other residents, she does not have much contact with them, which is disappointing for her. She suspects that it could be because of their physical limitations, but she has found a friend in another unit whom she meets regularly for coffee and conversation.

During observations, no conflicts were observed. What was noticed though was that many residents received their meals on trays for their apartments, and those who remained at the table sat in their assigned seats. Some ate their food and engaged in small talk about everyday things, while others sat quietly and listened to those who spoke, occasionally saying a word or two. Some of the residents received assistance with their meals while staff conversed with

them and others. Unlike the findings of Nordin et al. (2016) and Falk et al. (2009), this study reveals that none of the residents mentioned that mealtime is their only opportunity to socialize and regarded it as a pivotal gathering spot to socialize, even though they enjoyed the gatherings during meals.

M3 used to eat his meals in the dining area, just like W7, but due to another resident, he has resorted to having his meals in his apartment. He faces a language barrier with both the residents and staff and feels like he has no one to converse with except for a woman whom he liked and shared a good bond with, but unfortunately, she has passed away. In certain instances, strong connections with fellow residents can serve as a substitute for absent family interactions (Ball, Whittington, et al., 2000). Which may be applicable to M3, particularly considering his limited number of family members in Sweden.

Robert D. Sack mentions that places are subjected to continuous evaluation (Adams et al. 2001); and numerous on-going incidents could further influence how the elderly perceive place. In M3's case, having someone to converse with could have enhanced his perception of the place. Given that, M3 may now have an additional reason to perceive the place negatively. Additionally, M3 experiences cultural dissonance as he perceives that Swedes are dissimilar to people from his homeland. He thinks that Swedes are not very open and are rather reserved. While he may feel a sense of physical insiderness, meaning familiarity with the physical environment (Andrews & Phillips, 2005), such as the nursing home or his apartment, that are two different sets of scales (Cresswell, 2015), it is, however, apparent that he does not experience social insiderness which includes the feeling of belonging, that can result in increased social support and improved well-being (Andrews & Phillips, 2005). Moreover, Relph (1976) offers another viewpoint on the concept of 'outsiderness', the opposite of 'insiderness' that W7 is experiencing as mentioned in the earlier chapter, which he divides into two distinct types: curiosity and discomfort. The latter is characterized by a sense of disconnection or unfamiliarity with a particular place, which may be due to cultural or physical barriers. M3's case illustrates the challenges of cultural differences as he experiences cultural dissonance and a language barrier.

Homogeneity or Heterogeneity?

M5 has previously worked as an engineer and has been involved in planning and constructing facilities, including nursing homes. Nord (2011) mentions challenges faced by designers regarding nursing homes, which is finding a balance between the need for privacy and the need for social interaction, as residents often do not know each other but live in the same place. M5 believes that the physical aspects of a facility are easy to address, but the non-physical (social) aspects are difficult to organize. In other words, it is easy to create "space," but it requires more effort to create "place," which further implies that "place" is a social construct, and that people have the power to change it, for better or worse (Cresswell, 2015; Adams et al. 2001). Although builders create the physical structure (space), it is the organization (politicians, management, staff) and residents who construct the place (Cresswell, 2015).

M5 argues that it is misguided and unrealistic to gather many people in one unit and expect them to develop social connections as people have different interests, life circumstances, and needs, making it difficult to establish social cohesion. This is further supported by the study of Nordin et al. (2016) and Nord (2011), as the elderly cannot be seen as a homogenous group. This is especially evident in the dining area, where individuals with different backgrounds and interests must dine together. M5 indicates that inadequate table placement contributes to this problem and that placing the right people at the right table can help create a more comfortable social atmosphere. "Living in the same place does not automatically make you part of the same group," he says.

Falk et al. (2009) found that most residents were indifferent to refurbishment, but some showed a positive attitude towards it. In this case, refurbishment could potentially improve the residents' living conditions by introducing different types of furniture for different kinds of needs but also rearranging them in a more comfortable and socially conducive manner while trying to create personal spaces within the common areas, as suggested by Nord (2011).

Engagement and organized activities

Engaging in activities and socializing with others can significantly impact on the overall quality of life for the elderly (Nordin et al., 2016; Prieto-Flores et al., 2011; Roxberg et al., 2020). However, M3 expresses dissatisfaction with the nursing home's lack of activities that promote physical and social engagement. He describes the available activities as repetitive and devoid of novelty. Similarly, W4 finds the nursing home dull and uneventful, with each day seeming to drag on (Hellberg et al., 2011; Ball, Whittington, et al., 2000). Both W4 and W6 highlight the absence of an activity coordinator, a staff member responsible for organizing activities (Kenkmann et al., 2017). They express frustration over the coordinator's absence without any explanation. They emphasize the importance of communication between management, staff members, and residents (Berglund, 2007). The residents miss the opportunity to socialize and enjoy activities, particularly their favorite activity BINGO, which is no longer offered. Kenkmann et al. (2017) mentions that shared activities not only foster a sense of community but also strengthen relationships within the nursing home. It is crucial for the well-being of the elderly to engage in these activities, even with assistance if needed, especially considering the occurrence of inactivity among elderly (Nordin et al., 2016).

Staff and management

M1 stresses the importance of proactive management, particularly in addressing conflicts among residents or staff. He believes that strong leadership is vital for demonstrating zero tolerance towards unacceptable behavior. Moreover, he values his close friendship with a staff member, who frequently accompanies him on enjoyable outings to places like Jönköping's shopping center and restaurants. This staff member stands out as his favorite among the team. Similarly, M5 expresses his gratitude towards the staff. Both staff members and management play critical roles in the well-being of the elderly, as highlighted by research studies (Cheng et al., 2011; Berglund, 2007).

W2 holds a positive opinion of the staff, regarding them as wonderful and very helpful. She's aware of their busy schedules, and that is why she tries not to call them too often to spare them some extra work. W7 shares a similar view, believing that residents should aim to be self-sufficient and not solely rely on staff for assistance, as this could lead to exploitation. W2 finds the sporadic lack of staff challenging, as it impacts her experience of the place by

limiting the help she requires. Meanwhile, W6 commends the staff on her unit for their exceptional work, such as preparing beautiful table settings during special occasions. My observations took place in late March, and it was observed that the staff had redecorated the units and set up the tables nicely in preparation for the Easter holiday, for instance, yellow curtains, yellow flowers, and some eggs here and there, which Nord (2011) also mentions.

As we already know, M3 has stated that he has learned to tolerate the nursing home. He has expressed his dissatisfaction with the management, he suggested that the recruitment process should be reviewed as he feels that the wrong personnel are being hired, and that they lack the necessary skills to perform their job correctly. One phenomenon that Andrews & Phillips (2005) describe is de-professionalization, which refers to a situation where personnel with higher professional training leave for other job opportunities, causing a shift towards hiring staff with lower professional qualifications. While M3 has a favorite staff member, he admits that they occasionally let him down, which makes it difficult for him to trust them completely.

Emotional support provided by staff members as well as communication between the two is crucial for the well-being of the elderly, and its absence can lead to feelings of loneliness (Cheng et al., 2011; Berglund, 2007; Ball et al., 2009). He thinks that the night staff is okay, but some of them are too slow to respond to his requests when he alarms them during the night, which frustrates him. M3 does not have confidence in the management or politicians' ability to organize and care for the elderly, but he believes that some elderly care homes are better run than others. Cheng et al. (2011) and WHO (2002) discuss an active aging model that implies older adults have a responsibility to maintain a healthy and active lifestyle. However, the roles of the elderly care homes and the governments, in this case the municipality, should not be overlooked. These institutions must provide facilities, services, and management mechanisms that facilitate the participation of the elderly and provide them with sufficient opportunities.

W4 brings up that the staff at the nursing home was better organized when she first moved in. However, many of them have left, and the quality of the staff has suffered. She finds it frustrating that there is a high turnover of staff, as the new staff are unfamiliar with her situation (Hellstrom & Hallberg, 2001), and that she must explain everything all over again. Getting familiar with the elderly is critical for building a relationship with them (Ball et al., 2009). W6 and W7 also mention that the constant changing of staff is difficult. The elderly's well-being, but also the staffs (Andrews & Phillips, 2005), and the quality of service provided are negatively impacted by the lack of professional training, motivation, and job satisfaction

among staff, as well as the high turnover rate within the industry (Cheng et al., 2011; Ball et al., 2009).

W7 acknowledges the benefits of her independence but also recognizes certain drawbacks. She feels that her self-reliance leads the staff to overlook her social needs, resulting in a sense of exclusion. Although the staff visits her room to deliver medication and meals, they do not engage in conversation with her, since the staff do not have enough time (Berglund, 2007). During my observations, it was noted that staff members were seen walking from one apartment to another to distribute medication, as seen in the study of Ball et al. (2009). For instance, some elderly may require medication at times such as 7:00am, 12:00pm, 2:00pm, 5:00pm, 8:00pm, and 10:00pm. Despite understanding the staff's workload, W7 believes they should allocate time for her. She notes that even her designated "contact person," responsible for additional support, fails to fulfill this role. W7 has addressed her concerns with the management, whom she holds in high regard, resulting in positive outcomes following discussions with the staff.

Built space and surroundings

M5 doesn't have any thoughts on the built space of the nursing home, but he does remark that he finds it pleasant, particularly the entrance where he can sit and socializes. Similarly, W6 shares that she appreciates the common areas and highlights the nearby park as a place where she enjoys sitting and soaking in the weather. W7 mentions that weather is the biggest obstacle to getting around and moving outside in the surroundings. M1, W2, W6, and W7 discussed the same park, they mention they really enjoy visiting it on sunny days. W2 and W4 expressed that while they think the surroundings are nice, the park holds special meaning for them as they frequently visit. It can be argued that the park is a collection of various elements, such as flowers, trees, sidewalks, people and more, that together create the place and give it meaning for the elderly (Cresswell, 2015).

Kenkmann et al. (2017) discuss the concept of "dual zones" in care facilities, which connect the inside and outside world to provide a sense of normalcy for elderly residents. These zones offer opportunities for residents to momentarily escape the institutional aspects of their living environment and feel more connected to the outside world. For example, the terrace in the nursing home can simulate the experience of having coffee at a café, while a visit to a nearby

park can create a sense of being in the city center. However, W7 expresses a dislike for the hospital-like corridors in the unit, finding them uninviting. On the other hand, she finds the dining area to be pleasant. She finds solace in a lawn with a bench located between the park and the nursing home, she calls it "little park", where place and landscape come together to create a peaceful and quiet place for her (Relph, 1976). These personal naming practices indicate the significance and value she attaches to these places, highlighting their importance in her life (Cresswell, 2015; Tuan, 2001).

5 Conclusion

My substantive chapters collectively contribute to a comprehensive understanding of the factors that impact the well-being and quality of life of the elderly in the nursing home, with a focus on aging in place, providing appropriate support and resources, fostering a sense of place and community, and creating inclusive and engaging environments as well as place. I conclude by presenting, key points such as relocation, personal belongings, family members, staff and management, social community, built space and its surroundings that are in line with the research questions. Some limitations of the findings are presented as well as suggestions on future research but also what the nursing home can do better to improve the experience of the elderly in said nursing home.

The study's findings illustrate implications of the rights for elderly to choose their living arrangements and the importance of honoring their preferences. Allowing them autonomy in making such decisions can enhance their sense of independence and control, ultimately contributing to improved well-being. The research also highlights the diverse experiences associated with relocation and the profound impact it has on older adults. It is crucial to consider the emotional effects of aging in place and transitioning to new living arrangements, and it is imperative that adequate support and housing options are available for older adults. As W7's statement, "Old trees can't be moved," suggests, prioritizing the emotional well-being of older adults and providing support and resources are essential for their thriving in later years. Nonetheless, feelings of displacement and nostalgia can negatively impact residents' well-being. Therefore, empowering residents and granting them a sense of control over their living environment is crucial.

The study emphasizes the vital role played by personal belongings, such as paintings and furniture, in establishing a sense of familiarity and warmth within the living space. Additionally, the physical abilities and independence of older adults significantly contribute to their overall well-being and the extent to which they feel at home in their apartments. However, it is important to recognize that limitations within the physical environment, such as safety concerns, can impact their ability to fully experience a sense of place.

Family also plays a significant role in facilitating the transition of their loved ones to a nursing home, including the furnishing and decoration of their apartments. This involvement highlights the strong relationships between families and the elderly, and it can contribute to diminishing any negative stigma associated with residing in formal care settings, likewise, cases of limited family support can negatively impact the residents' experience in the nursing home. However, the study acknowledges some limitations, such as the lack of information regarding the extent of family involvement in the relocation process, which should be further researched.

Most respondents expressed feeling safe and secure within the facility, with the presence of consistent staff members identified as a contributing factor. The fact that most residents do not lock their apartments at night further supports the notion that they generally feel secure within the nursing home, as has been examined during observations. The study underscores the critical role that both staff members and management play in promoting the well-being of residents in nursing homes. While some residents have positive opinions about the staff, concerns regarding staff quality and high turnover rates were also raised. It is recommended that nursing homes implement strategies to improve staff retention, such as increasing job satisfaction and professional development opportunities, so that the elderly's well-being does not deteriorate.

Additionally, conflicts between residents were identified. Some residents employ spatial strategies, such as eating meals in their apartments, to cope with these conflicts or other issues. It is essential for nursing homes to foster a sense of community where residents feel a sense of place, as this encourages increased social support and enhances overall well-being, as well as being aware that elderly are not a homogenous group of people. The findings also highlight the importance of engaging in activities and socializing for the elderly, as these positively impact their health, well-being, and quality of life. Unfortunately, the nursing home in this study falls short in providing sufficient activities that promote physical and social

engagement, with repetitive and uninteresting options. The absence of an activity-coordinator is a significant concern, as shared activities not only enhance the sense of community but also strengthen relationships within the nursing home. The lack of socialization opportunities and enjoyable activities greatly affect the well-being of the elderly, with the absence of BINGO, a favorite activity, being particularly missed. It is crucial to prioritize these activities to cater to the well-being of inactive elderly. Future research should examine how nursing homes can promote social insiderness among residents but also address language and cultural barriers.

This study addresses certain limitations that was identified in previous researcher. For instance, Cheng et al. (2011) do not discuss whether the residents in their study had the opportunity to choose the residential care facility (RCF) they moved to.

While it can be argued that the sample size is small, it is important to note that sufficient data was collected to address the research questions. Both the elderly participants and observations provided valuable data. While interviews were heavily relied upon in this study, it is acknowledged that self-reporting by the elderly may introduce certain limitations. To mitigate this, observations were employed, and a survey was controlled to corroborate and complement the interview findings. However, it is worth noting that, including interviews with personnel could have offered other insights into the daily lives of the elderly. However, due to the time constraints associated with a thesis, conducting such interviews was challenging.

As we age, there is a likelihood that we may someday require relocation to a nursing home. It is never too late to start improving the quality of life within these facilities. Overall, the study underscores the significance of aging in place, establishing a sense of place and belonging for older adults within their living spaces, recognizing the potential impacts on their overall quality of life.

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Appendix A: Interview guide

The appendix showcases the interview guide utilized during the interviews. Firstly, it presents questions pertaining to general information that were also significant for the thesis. Subsequently, the appendix includes the open-ended questions employed during the interviews with the elderly.

General questions.

1. Age?
2. How long have you resided in the nursing home?
3. Did you get the accommodation of your choice?
4. Why did you relocate to the nursing home?

Main questions.

5. What is your experience of the nursing home?
6. What is your perspective on the nursing home?
7. What makes this place meaningful for you?
8. What aspects of the nursing home environment is significant for you?
9. What changes would you like to do in the nursing home, or in your apartment?
10. Do you feel like your experience of the nursing home changes from time to time?
Does this affect you? And how do these changes affect you?
11. How do you feel about the social community, activities or events provided in the nursing home?
12. What is important for your quality of life and well-being within the nursing home as well as beyond?
13. Can you discuss any challenges, worries or difficulties you've encountered during your time in the nursing home and how you've coped with them?