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Assisted Living Transitions: Experiences of Family Members of older African American women

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Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Long-term care, also known as aging services, is evolving to meet the needs of the aging population in the United States, which is increasingly ethnically and racially diverse. The objective of this qualitative multiple case study was to understand how immediate family members experienced the transition of older African American women as they moved into assisted living facilities. Black feminist theory provided a theoretical framework. Narrative interview data were collected from four adult children family caregivers who facilitated the move. Three themes emerged from the content analysis: (a) Transition is not planned in advance and does not happen until a critical event or incident occurs that changes the older adult's physical, social, or emotional status; (b) The transition was more difficult than had been thought for the older women and their families; and (c) Older adults expect that family members stay connected and involved after the transition, and family members may have similar expectations. Human services professionals may use the results to provide better-informed programs and services for older African American women and their family member caregivers. Social change implications suggest developing a transition model to improve assessment and evaluation processes, promote cultural competence initiatives, and promote a person-centered approach to the transition process in order to begin to identify a framework that might be useful for human services practitioners.

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Dedication

I want to dedicate this dissertation to my loving husband, Marlon. He has always been my cheerleader, the person I look to for encouragement, advice, and support throughout my dissertation journey. I want to thank him for his patience, understanding, and flexibility, especially during those many days, evenings, and weekends where I needed to focus on course assignments and other related projects to pursue my doctoral degree. I have to say that you have given me strength, motivation, and tenacity because of your positive attitude, insightfulness, and thoughtful perspective. Marlon Bruce Burns, you are my rock. I adore, love, and appreciate you beyond words. Thank you for everything, my LOVE.

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And lastly, I must thank my chair, Dr. Barbara Benoliel, and my dissertation committee members, Dr. Jan Ivery and Dr. Dorothy Scotten, for their guidance, recommendations, and expertise. It gave me comfort to know that I had support at Walden, especially when I had questions, experienced challenges, or setbacks during the rigorous process of completing my dissertation. Walden University is fortunate to have scholar-practitioners that are competent, knowledgeable, and supportive.

Table of Contents

i

List of Tables

Chapter 1: Introduction to the Study

Steady increases in the number of older adults in the United States will result in

an estimated 89,000,000 people age 65 years or older by 2050 (Centers for Disease

Control [CDC], 2013). This growth has social and economic implications that need to be

recognized to support this population's needs, particularly their health care needs. There

are also cultural implications as the community becomes more diverse, and as aging

services professionals work with increasing numbers of older adults (American Geriatrics

Society Ethnogeriatrics Committee, 2016; Baker et al., 2015; Chatterji et al., 2015;

Harper, 2014). In the face of this growth and to ensure comprehensive support for elders,

aging services professionals need to be prepared to provide programs and services that

address older adults' social, economic, and cultural needs (Ortman et al., 2014; Rowe et

al., 2016).

There are many aging services program options for older adults and their family

members to choose from, including retirement communities, assisted living facilities, and

nursing homes. Still, there is limited research on diverse older adults and their family

caregivers' experiences, even with these options. The present study was on how family

caregivers of older African American women interpreted these women's transitions into

assisted living facilities. Exploring how family member caregivers interpreted these

transitions and related issues may help to shape a framework for aging services

professionals to support older African American women's needs as they transition into

assisted living facilities. As a group, older African American women outlive their spouses

and experience chronic diseases and other conditions more often than their older White

counterparts (Melvin et al., 2014; Ng et al., 2014; Pollard & Scommegna, 2013). With older African American women experiencing greater longevity, medical conditions, and other issues, family member caregivers play a critical role in these women's care. Family members can share vital information about the transition into aging services facilities. The goal was to use the study findings to suggest a transition framework to better support older African American women when they move into assisted living facilities.

In this chapter, I present the study background and problem statement. I also state the central research question and subquestions and the theoretical framework, followed by sections on definitions of terms and the study assumption.

Background

Referring to a 2001 Pew report coined the "silver tsunami," C. Johnson (2018) and Mitchell (2014) acknowledged the aging population's demographic shift that will impact health care and society. According to Rowe et al. (2016), 2030 will be a pivotal time in the aging population's growth because one in five older adults will be over 65 years of age. This population will have economic, policy, and social elements that will impact programs and services that support older adults (Bloom et al., 2015). The aging population's high health care costs have sparked reforms in health care services and managed care programs to create more financially efficient service models (Spitzer & Davidson, 2013).

Health disparities and health services coordination are social aspects impacting elders, including ethnically diverse elders (Clarke et al., 2017; Spitzer & Davidson, 2013). As this population grows and becomes more diverse, it will need more significant

support than has previously been allocated (Beard & Bloom, 2015; Freedman & Spillman, 2014; Lowry et al., 2012; Mendes, 2013; O'Neill & Pruchno, 2015). Aging services practitioners, human services professionals, and other providers who serve older adults and their family member caregivers will need to be well prepared to embrace person-centered approaches to programs and services (McFarland & Wehbe-Alamah, 2019; Tam, 2014). This group includes older adults who reside in their own homes and those in various housing arrangements. When older adults and their families decide on aging and long-term care services, finding person-centered programs that reflect the needs and preferences of older adults and their family caregivers can impact successful aging (Hollinger-Smith, 2016; Koehn et al., 2016; Kozar-Westman et al., 2013; Perkinson & Solimeo, 2013). Understanding family member caregivers' thoughts and impressions is vital for promoting successful aging.

Along with the financial, political, and social aspects of an older adult's life, there are cultural perspectives to understand, especially as this population becomes more culturally diverse (CDC, 2013; Li & Cai, 2014; Markides & Rote, 2014; Melvin et al., 2014; Pollard & Scommegna, 2013). Diversity constitutes racial and ethnic groups including African Americans, Mexican Americans, Japanese Americans, and other non-White groups (Rowe et al., 2016). A broad spectrum of cultural backgrounds will represent a significant portion of this population (Dauvrin & Lorant, 2015; Waites & Onolemhemhen, 2014). Professionals and practitioners must understand and provide comprehensive, person-centered services to address the needs of the growing diverse population of older adults and their families.

Researchers have explored older adult populations, but most focused on older European Americans and their family caregivers. With limited research on African American older adults and their family member caregivers, it can be difficult for aging services professionals, human services practitioners, and other service providers to administer comprehensive programs (Douglas et al., 2014; Foronda et al., 2016; Hollinger-Smith, 2016; Waites & Onolemhemhen, 2014). Girling and Morgan (2014), Moreno et al. (2015), and Pollard and Scommegna (2013) reported on the older African American population in general. However, specific information on the experiences of older African American women and their family member caregivers is still insufficient.

Understanding the aging diversity among older African American women is relevant because senior women, in general, are outliving men (Administration for Community Living, 2019). Older women appear to benefit from medical advancements and treatments more than men due to longer lifespans (Beard & Bloom, 2015; CDC, 2013). Despite their longevity, older African American women experience chronic diseases and other conditions more often than their older European American women counterparts (Melvin et al., 2014; Ng et al., 2014; Pollard & Scommegna, 2013). With the prevalence of chronic diseases among older African American women, transitioning from private homes to skilled nursing settings may be needed to monitor these conditions (Freedman & Spillman, 2014; Pollard & Scommegna, 2013), but with oversight and other interventions, moving to a skilled nursing facility may not be necessary. Instead, older adults and their family members may decide to move to a setting that provides support and nonmedical services, like assisted living.

In recent years, assisted living has become an alternative to nursing facilities or homes for older adults (Li & Cai, 2014), primarily when managing chronic diseases is the reason for transferring to these facilities (Grabowski et al., 2012; Koehn et al., 2016). As the U.S. population continues to become more diverse, especially in settings like assisted living, cultural aspects must be recognized and incorporated to serve the needs of older Americans and the family caregivers (American Geriatrics Society Ethnogeriatrics Committee, 2016; Koehn et al., 2016; Perkinson & Solimeo, 2013). It is essential to address social, economic, health-related, and cultural needs, and engaging family members can promote better adjustments for older adults (Moreno et al., 2015; Ng et al., 2014; Pollard & Scommegna, 2013). Therefore, acknowledging social, economic, health, and cultural needs may impact older adults' well-being and their family member caregivers.

Problem Statement

The problem is that there is not a clear framework that addresses how family members interpret and support the needs of African American women transitioning into assisted living. There is limited research specifically on the lived experiences of family members of older African American women, suggesting a need for developing a deeper understanding of how family members perceive their loved one's transition to these facilities. Researchers have mainly explored the experiences, attitudes, and perceptions of older European American women and their family members who transition into long-term care settings like assisted living (Hernandez, 2012; Mulry, 2012; Porter & James, 2016). Researchers have also investigated elder care programs that support ethnic

populations and their family caregivers. I did not find a transition framework reflecting the assisted living transition impressions of family member caregivers of older African American women in existing literature such as Hernandez (2012), Moreno et al. (2015), Ortman et al. (2014), Park et al. (2013), and Weeks et al. (2012).

Older African American women are perceived to have specific needs related to cultural, social, and health care aspects. These assumptions may result from cultural norms, family expectations, and other factors that shape their experiences as African American women. Hernandez (2012) stated that cultural competency is essential in aging services settings such as assisted living. The need to address cultural competence in conjunction with older African American women's social and health needs must be recognized by family caregivers and professionals. From an organizational perspective, developing and encouraging access to organizational programs and services should not be neglected or overlooked by professionals and leaders responsible for providing comprehensive services.

Gaining insights into family member caregivers' thoughts and opinions on the assisted living transition may help to frame older African American women's cultural, social, and health needs to avoid neglect and promote a resident-centered focus in assisted living. Band-Winterstein (2015) stated that neglect is a form of elder abuse that results in the intentional or unintentional denial of programs and services. Because family member caregivers can play a role in transitions into aging services settings, their interpretations of these transitions can encourage change so that these women do not experience social isolation, depression, and physical decline (Kozar-Westman et al.,

2013; Miyawaki, 2015; Rasquinha, 2013). In the 20 databases I searched, I found no scholarly literature addressing the transition perceptions and experiences of older African American women's family member caregivers.

Traditionally, older African Americans have lived with family members in their own homes or relatives' homes (Administration for Community Living, 2019; Li & Carter, 2017). These older adults believe that family members' presence and the familiarity of being in their own homes provide comfort and support as they age in place (Kelly, 2012; Sheridan et al., 2014). However, because of the declines that may occur as part of the aging process, chronic disease, cognitive impairment, and the increased caregiving demands experienced by family caregivers and the decrease of informal caregivers in the future, older African Americans may transition into aging services facilities instead (Hernandez, 2012; Weeks et al., 2012).

Hollis-Sawyer (2017) reported that the number of women 55 years of age and older would increase to 26,000,000 in the United States by 2050. This increase reflects the need to understand the aging female population's experiences to support their needs (Hooyman, 2018). Generally, studies on women's life experiences are limited, which is especially true for older African American women. There appears to be an assumption that all older women's life experiences are the same, along with the family member caregivers' experiences. The aging experience can be different for older African American women because of their life experiences, cultural factors, social norms, family structure, and other beliefs. Therefore, the limited studies on this population's life experiences and exploring family member caregivers' opinions are meaningful.

The present study reflected family members' impressions that may be used to shape a transition model that help older African American women adjust in assisted living facilities. Assisted living professionals and other practitioners working in the field can benefit from the perspectives of family member caregivers of older African American women. These caregivers, because of their active participation in the care of their older loved ones, can share insights on their experiences to contribute to the development of person-centered programs and services that can support older adults and family members alike (Carroll & Qualls, 2014; Howie et al., 2014).

Heid et al. (2016) described how family caregivers' influence and decision-making responsibilities become apparent when older loved ones are more dependent. The researchers also explored the family care context, emphasizing the importance of input from family member caregivers and the older adult when making decisions and responding to care preferences and needs. Heid et al. recognized that even with collaboration between family caregivers and older adults, conflicts can arise when there are differences in care goals and expectations between the two parties (p. 49). In the present study, I explored family member caregivers' interpretations and impressions of the transition experiences of their older female African American family members. The data obtained may contribute to developing an assisted living transition framework that can benefit older adults and family member caregivers during these times of change and adjustment.

Purpose of the Study

Exploring family member caregivers' interpretations and impressions of the transition experiences of their older female African American family members, 75–95 years of age, was the purpose of this study. I selected a multiple case study exploration with these women's family members, all of whom helped facilitate their family members' moves to assisted living facilities. I conducted semistructured interviews and asked open-ended questions to better understand family caregivers' perspectives of their family members' moves to assisted living and their loved ones' adjustments to these facilities. The inclusion criteria for study participation were that the family member initiated, coordinated, or physically moved the older African American woman into the assisted living facilities. Additionally, the family member caregiver was not required to have power of attorney or other legal oversight of the older woman.

Central Research Question and Subquestions

Family member caregivers' perceptions as they transitioned older African American women into assisted living facilities were addressed in this study. I explored the circumstances leading to the transition of older African American women into these facilities, the challenges faced during these transitions, and suggestions from family caregivers for programs and services that may help to inform a transition framework to better support the adjustment of older African American women and their family member caregivers. I developed the following central research question and subquestions to guide this investigation:

Central research question: What are the family member caregivers' experiences and perceptions about the assisted living transitions of older African American women?

Subquestion 1: What do the family members understand to be the events and circumstances leading up to the older African American woman's transition into an assisted living facility?

Subquestion 2: What are the family member caregivers' thoughts about the challenges older African American women face when transitioning to assisted living facilities?

Subquestion 3: What are the family member caregivers' thoughts about programs and services that could be offered to older African American women to enhance the transition and adjustment into assisted living facilities?

Theoretical Framework

The study's theoretical framework reflected feminist theory, specifically, Black feminist theory. Turner and Maschi (2015) described feminist theory as an approach to understanding social inequality related to women's status. García (2020) defined Black feminism as a subgenre of feminist philosophy and social theory that focuses on African American women's life experiences in the United States. Black feminism developed from the women's rights efforts of the mid-19th century and became prominent during the Black Power movement of the 1960s and 1970s (García, 2020). Additionally, Black feminism reflects the need to understand Black women's position in society and dispel the assumption that because of gender, White and Black women have the same lived experiences (S. Smith, 2013). This theoretical framework was relevant for this study

because I evaluated the experiences from a Black feminist perspective by interviewing family member caregivers of African American women 75–95 years of age.

Evans et al. (2018) and Lahaie et al. (2012) suggested that with the anticipated growth and diversity in the aging population, health and human services professionals must acknowledge that family member caregivers can be a vital part of the care and quality of life of their older loved ones. Therefore, collaboration will be necessary (Mello et al., 2017; Wolff, Feder, et al., 2016). Feinberg and Levine (2015) stated that providing care for older loved ones has become more complicated for caregivers due to increased life expectancies, the prevalence of disability, and shifts in family structure and dynamics. Those who accept responsibility as informal caregivers include various people, but women are often the primary caregivers (Evans et al., 2018; Lahaie et al., 2012; Wolff, Feder, et al., 2016).

According to the U.S. Bureau of Labor Statistics (2019), 56% of family member caregivers are women. Along with providing care to their older loved ones, female caregivers may be married, rearing children, and working full time (Feinberg & Levine, 2015; Suh, 2016). Suh (2016) described these caregivers as the "sandwich generation" because they care for children and older adults and manage their personal lives. Despite the positive impact family caregivers can have on their loved ones' lives, juggling these priorities can be stressful for the caregiver (Longacre et al., 2016; Paulson & Bassett, 2016; Roth et al., 2015). The stress is typically experienced when coordinating multiple tasks for their older loved ones such as running errands, managing finances, and personal care-related activities. Family caregivers are also involved in decisions to move to a

senior living facility when the older adult can no longer live at home (O'Hora & Roberto, 2018; Wolff, Feder, et al., 2016). Informal family caregiver duties may be on a part-time or full-time basis. Therefore, family member caregivers' perceptions and experiences can provide valuable details about assisted living transitions.

Regardless of culture or ethnicity, the caregiver's role often falls on the shoulders of the women in the family (Grigoryeva, 2017). Santoro et al. (2016) and Pharr et al. (2014) explored the influence of culture and ethnicity on filial responsibility and care of older loved ones. Filial duty is the sense of obligation an adult child or friend feels about providing care and support for a disabled or older adult (Paulson & Barrett, 2016; Santoro et al. 2016). Pharr et al. found a significant emphasis on filial responsibility in African Americans and other ethnic cultures. Cultural norms and expectations in the family structure impress the importance of taking care of one's own. Powers and Whitlatch (2016) reported that African American adult daughters feel a great sense of responsibility to care for their older or disabled family members. Filial duty emphasizes the expectation that the daughter must provide the necessary support as their loved one grows older (Wells-Wilbon & Simpson, 2009). Epps et al. (2019) and Sheridan et al. (2014) explained the intensity of the African American caregiver's experience by reporting that these individuals are more likely to perform more hours of caregiving, use limited formal care services, work full time, and be economically disadvantaged compared to White family member caregivers.

African American family caregivers are often highly involved in the support and care of their loved ones. As such, the family caregiver's influence on the health and well-

being of their loved ones can be considerable. The family member caregiver's influence

is apparent when an older person requires more care, experiences a decline, or safety

concerns arise. Decisions may be difficult but necessary to promote and maintain quality

of life or adhere to end-of-life wishes or directives (Conner & Chase, 2015; Day et al.,

2014; Reid & Chappell, 2017), especially when a transition is necessary. Feinberg and

Levine (2015) discussed the fundamental principles for family caregivers, including a

person-centered approach for older adults and a family-centric focus to engage the family

and other informal caregivers in the caregiving process. The family-centric approach is

noteworthy, especially since family engagement and involvement are parts of the African

American family structure (Pharr et al., 2014).

I used a theoretical foundation in the present study that emphasized Black

feminist theory as I sought insights into the assisted living transitions of older African

American women through the impressions of their family member caregivers. As the

foundational theory for Black feminism, I acknowledged that feminist theory intends to

examine and understand all women (Lorraine Radtke, 2017; Pandey, 2016). Rousseau

(2013) also acknowledged the importance of traditional feminist theory but stated that the

feminist framework fails to recognize women of diverse cultures and backgrounds.

To recognize and elevate Black women's status, Black feminist theory

specifically focuses on African American women (P. H. Collins, 2002; Rousseau, 2013;

Wells-Wilbon & Simpson, 2009). Black feminist theory is a construct that examines the

lived experiences of African American women from a social equality and empowerment

perspective (P. H. Collins, 2002). Belgrave and Abrams (2016) and Moore and

Ghilarducci (2018) explored the aging experiences of older African American women and acknowledged differences between their experiences and those of European American women due to race and cultural expression. King (2016) and Belgrave and Abrams specifically addressed the significance of connecting African American women's lived experiences by examining culture and gender to improve life satisfaction.

P. H. Collins (2002) analyzed Black feminism and emphasized the significance of understanding the lived experiences from the African American woman's standpoint. According to P. H. Collins, despite inequalities and discrimination due to African American women's race and gender, capturing this group's experiences is valuable. It can provide a framework for change when developing programs, services, and other social institutions that support African American women. Black feminist theory expressed and examined by P. H. Collins related to the study's approach and research questions because of my inquiry into the assisted living transitions of older African American women expressed by their family member caregivers. I used data captured through family member caregivers' perceptions to examine these transitions. This inquiry resulted in data on the family member caregivers' lived experiences and provided insights into aging, gender, and race, which can contribute to a transition model that can benefit adjustment for older adults and their family caregivers.

Nature of the Study

The study was a multiple case study, reflecting the perspectives of family member caregivers who helped to transition their older African American female loved ones into assisted living facilities. According to Sheridan et al. (2014), family members' roles as

informal caregivers can be rewarding but also demanding regardless of whether the older

adult lives at home or in a residential aging services setting. Therefore, the decision to

move into a senior living facility also impacts the family member caregiver. This

individual facilitates various aspects of the move (Weeks et al., 2012; Zimmerman et al.,

2013). The family member is aware of the older person's physical, cognitive, and cultural

status. Exploring the transitions of older African American women into assisted living

settings through family member caregivers' vantage points provided critical details.

Study outcomes may help to develop a transition framework that reflects these

experiences and perceptions, providing relevant facts about the transition to promote

successful adjustment.

Definitions

The following terms were used in this study:

Activities of daily living: Activities of daily living are events of everyday life such

as self-care tasks and activities conducted regularly (Freedman & Spillman, 2014).

Advanced directives: Advanced directives are oral or written guidance from an

individual to communicate medical needs if the individual is unable to express his or her

wishes (O'Sullivan et al., 2015; Pedraza et al., 2016).

Alternative decision-maker: These decision-makers do not require legal authority

or appointment to make decisions for a person that lacks decisional capacity (DeMartino

et al., 2017)

Assisted living: Assisted living is a housing option between independent living and skilled nursing care services (Bagwell, 2019; Grabowski et al., 2012; Lord et al., 2018).

Capacity: Capacity refers to the ability to maintain oneself and one's quality of life from physical, social, and emotional standpoints (Koehn et al., 2016; Mendes, 2013).

Culture: Culture refers to the customs, traditions, and ethnic group identities that influence an individual's experiences, preferences, and life activities (American Geriatrics Society Ethnogeriatrics Committee, 2016; Douglas et al., 2014).

Cultural competence: Cultural competence encompasses cultural awareness, understanding cultural differences, and cross-cultural understanding (Alizadeh & Chavan, 2016; Martyr et al., 2018; Henderson et al., 2018; Sorensen, Jervelund, et al., 2017).

Decline: Decline refers to adverse changes related to the aging process or decreasing physical, social, cultural, and emotional abilities (Perkins et al., 2013).

Diversity: Diversity is differences in ethnic and cultural aspects (Diwan, 2017; Markides & Rote, 2014; Park et al., 2013).

Independence: Independence is the ability to be self-sufficient and capable of managing daily living (Lowry et al., 2012).

Long-term care: Long-term care includes programs and services provided for disabled and older persons. These programs reflect a broad range of services, from home and community-based services to skilled nursing care (CDC, 2013; Sloane et al., 2014; Tinker et al., 2013).

Power of attorney: Powers of attorney are documents designated to support and protect an individual's financial and health care wishes and rights (de Heer et al., 2017, Klein & Coogle, 2015; Luck et al., 2017).

Primary caregiver: A primary caregiver is a family member, friend, or other whose direct duties and responsibilities are to care for an older, disabled, or incapacitated individual (Kucmanski et al., 2016).

Secondary caregiver: A secondary caregiver is a family member, friend, or other who has similar duties and responsibilities as the primary caregiver but does not have direct authority to make decisions (Kucmanski et al., 2016).

Silver tsunami: The term silver tsunami is used to describe the aging population (S. D. Johnson, 2018; Mitchell, 2014).

Supported decision-making: Supported decision-making is an approach to health care decision-making that emphasizes patient participation in the process to increase health and well-being (Gray et al., 2019; Shay & Lafata, 2015).

Assumptions

An assumption in this study was that the semistructured interviews with family member caregivers captured their impressions of the assisted living transition process. Kallio et al. (2016) stated that the semistructured interview approach is flexible and mutual between the researcher and the participant. This mutual exchange encouraged family member caregivers to answer questions honestly and openly and share their perceptions and experiences. The format was especially crucial for this study because family members, due to cultural expectations, norms, and family obligations, typically

accept the responsibility of care and decision-making for their older loved ones (Paulson & Bassett, 2016).

As the caregivers, these family members can also support and provide oversight to encourage life quality. Nguyen et al. (2016), Fetherstonhaugh et al. (2017), and Penning and Wu (2015) acknowledged that the caregiver's role is difficult, especially when older adults experience illness, cognitive decline, and disability. In these situations, family member caregivers may decide to transition their loves ones to senior facilities and may also assist these moves (O'Hora & Roberto, 2018). O'Hora and Roberto (2018) and Koenig et al. (2013) explored the adjustment process of the older adult and the family member who is actively engaged in the transition process. The burden of responsibility related to care, decision-making, and transitioning into a senior facility can bring about feelings of stress, guilt, anxiety, and frustration (Koenig et al., 2013; O'Hora & Roberto, 2018). The caregiving experience's emotional toll on family members was considered in this study. I took a reflective approach by using the interview guide and asking probing questions (see Arsel, 2017) to capture relevant information about these transitions as experienced by the family members. Selecting family members for this study was appropriate because they typically initiate, coordinate, or move older family members into senior facilities. The research selection criteria did not require that the family member caregiver had their loved one's permission to participate in the study.

Scope and Delimitations

This qualitative study was limited to family members of African American women 75–95 years of age who transitioned into assisted living facilities. As the study's

theoretical framework, Black feminist theory expresses that Black women's lived experiences are essential to explore and understand (P. H. Collins, 2002; Rousseau, 2013). Exploring the transitions of older African American women into assisted living through their family members' perspectives provided insights that reflected the African American caregiver's lived experiences as they tackled the aspects of caring for an older adult during this transition time and may help to inform an assisted living transition framework. Increased growth, diversity, and longevity in the aging population spotlight the family caregivers' role. Levine (2016) and Wolff, Spillman, et al. (2016) reported that family caregivers' work is often unrecognized despite their significant contributions to their loved ones' well-being and care. Insights into the caregiver's experience were relevant to this study because of the cultural expectations and filial responsibility that are a part of the African American family structure. These family members are typically adult children (e.g., adult daughters, daughters-in-law, or other family members). African American family caregivers have reported some reduced stress and burden, but this may be due to the African American family dynamic and structure (Namkung et al., 2016; Pharr et al., 2014).

In this study, I captured the family members' evaluation of the transition. I used an interview guide and conducted semistructured interviews to ask four family members open-ended questions that captured themes reflecting their perspectives on transitioning older African American women into assisted living facilities. Data contributed to suggestions for a transition framework to provide more resident- and family-centered approaches to services offered in assisted living settings.

The sample was delimited to family members who helped African American women 75–95 years of age move into an assisted living facility. The time frame of the move having occurred within 2 years of this study was selected as an adequate adjustment period to examine these transitions. This time frame provided ample opportunity for the family members to form initial thoughts about the older African American women's adjustment to assisted living facilities.

As previously noted, I interviewed four family members to capture their attitudes about these transitions. This sample size was appropriate for a multiple case study inquiry (see Yin, 2017). Malterud et al. (2016) identified five factors that can influence the strength of information gathered from study participants: (a) study aim, (b) the quality of the interview exchange, (c) the sample's specificity, (d) the theory, and (e) the analysis. With these factors in mind, the more information obtained, the fewer the participants needed. Since the study focused on exploring older African American women's transitions into assisted living facilities from the family member caregivers' point of view, the sample size of the four participants was manageable for capturing varied and similar perspectives (see Malterud et al., 2016). I further discuss the rationale for the smaller sample size in Chapter 3.

Limitations

The experiences and perceptions of family members of older African American women who relocated into assisted living facilities were explored in this study. Semistructured interviews were conducted with family members who helped these women move to these facilities, not with the women themselves, as this group may be

considered vulnerable. Harmon (2018) defined vulnerable individuals as susceptible to physical, mental, or emotional mistreatment. Factors that influence vulnerability include gender, age, culture, race, disability, and socioeconomic status. Specifically, individuals who may be considered vulnerable are children, the poor, racial minorities, ethnic minorities, and older adults (Grabovschi et al., 2013; Harmon, 2018). Grabovschi et al. (2013) and M. T. Carney et al. (2016) suggested that multivulnerability factors may influence informed consent and decision-making capacity (see also Shivayogi, 2013). Considering the group's possible vulnerability justified using family members to explore these transitions.

Significance

This study's results may better inform practitioners about the experiences of older African American women as they transition into assisted living facilities. Understanding these transition experiences may help to structure a framework focused on social, cultural, and gender-related factors that may help acclimate women to assisted living. N. L. Fields et al. (2012) stated that transitions into senior care residential settings will increase as the population of older adults grows. Ortman et al. (2014) noted that the percentage of older adults in the United States would grow from 20.7% to 39.1% by 2050. The study outcomes may inform aging services professionals and practitioners who want to generate a framework to support older African American women and their family member caregivers, one that encourages independence, reduced declines, and aids in the adjustments in assisted living. The implications for positive social change are that the research results may prompt a more focused approach to developing and providing

services for family member caregivers and older African American women who transition into assisted living facilities.

Summary

Census data for the aging adult population reflect a significant increase by 2050 (Orman et al., 2014). To support this population, professionals in the field of aging will need to recognize, support, and implement programs and services that address the needs of diverse older adults, specifically older African American women and their family members who are primary caregivers (American Geriatrics Society Ethnogeriatrics Committee, 2016). Among the various programs, services, and housing options, assisted living facilities have become a popular alternative to skilled or nursing homes for older adults and their family member caregivers (Carroll & Qualls, 2014).

Limited focus on exploring the transition perceptions and experiences of family caregivers of African American women 75–95 years of age in existing research underscored the need for further research on this population. These women's transition experiences were explored through their family member caregivers' perspectives. The resulting data can be used to develop a framework to better assist families when the time comes to transition their loved ones to facilities outside the home.

Chapter 2 is a review and synthesis of research on transitioning into assisted living facilities, autonomy, independence, decision-making, family member caregivers' quality of life in assisted living, and diversity in assisted living. I present the literature review strategy, followed by a discussion of the study's theoretical framework. Findings from the literature review reflect concerns regarding successful aging, social isolation,

health expectation, and perceptions and cultural competence. The literature review justified the need for further research to examine family members' experiences and perceptions on transitioning African American women 75–95 years of age to assisted living facilities.

Chapter 2: Literature Review

Aging programs and services have expanded to meet the growing population of older adults. These programs and services encompass four areas: (a) home and community-based services, (b) independent living communities, (c) assisted living facilities, and (d) skilled nursing homes. Professionals in the field need to be aware and responsive to this population's evolving needs (Rowe et al., 2016; Zimmerman et al., 2014). This support may come through developing comprehensive service plans that promote greater well-being, quality of life, and successful aging. Achieving positive outcomes in U. S. health care systems is essential as older adults become a large segment of the population (Baldwin et al., 2014; Kozar-Westman et al., 2013; Rowe et al., 2016). The literature review for this study included research on assisted living facilities as a housing option for older adults. The topics included transitioning into assisted living, autonomy, independence, decision-making, the family member caregiver role, quality of life, and diversity in assisted living. Also addressed were topics including successful aging, social isolation, health perceptions, and cultural competence.

Aging services provide older adults options to live in a home setting or reside in a senior living facility (Freeman et al., 2017; Perry et al., 2014). Among these options, assisted living facilities have become increasingly popular for older adults and their families. These facilities, which have grown in number since the early 1990s, are an alternative to skilled nursing facilities (Kemp et al., 2016; Morgan et al., 2014; Sloan et

al., 2014). Their designs provide a residential setting that encourages autonomy and self-management (Bischoff et al., 2017).

The assisted living facility housing model was designed to embrace a person-centered approach to services for older adults. The model can promote well-being and successful aging (Bischoff et al. 2017; Ramdin et al., 2018). There is limited research on the experience of diverse older adults and their family caregivers that addresses the assisted living transition. Many senior women have been marginalized due to ageist and sexist attitudes that have historically been aspects of societal structure (Chrisler et al., 2016; Hudson & Gonyea, 2018). For older African American women, the burden of racism, ageism, and sexism has further marginalized their standing as women and has limited research on their experiences.

In 2016, the number of women over 65 years of age, including African American women and others from culturally diverse backgrounds, was 27,500,000 compared to 21,800,000 men (Administration for Community Living, 2019; Hudson & Gonyea, 2018). Family members often take on care for these women as they age (Hudson & Gonyea, 2018). Coleman and Roman (2015) emphasized the tremendous responsibility that family caregivers face when caring for older loved ones, which justifies the need to explore and understand the family members' perspectives on transitions to assisted living facilities.

In the present study, I explored the experiences, beliefs, and opinions of family member caregivers of older African American women. Researchers have examined the transition experiences of older women and their family member caregivers but have

mostly focused on older White American women and their family caregivers'

perspectives and experiences. Therefore, it was necessary to examine the assisted living

transition experiences of older African American women, from the family member

caregivers' position, to better understand their views on the move and their loved ones'

adjustments to assisted living. The study results may be used to structure a transition

framework that promotes successful transitions for this diverse group of older adults and

their family members.

Literature Search Strategy

Identifying literature to review began with developing a list of central topics,

which resulted in 191 peer-reviewed articles on these topics. These topics included older

adults, the aging population, older Black women, older African American women,

assisted living, nursing homes, informal caregivers, family caregivers, adult child

caregivers, senior housing, and the move into senior living. I primarily used Google

Scholar to research these topics. To expand the search, scholarly literature was also

obtained from SocINDEX, PsycARTICLES, PsycINFO, ERIC, ProQuest, and

MEDLINE. The search results provided literature on the following topics: older adults,

aging population, assisted living, nursing homes, senior housing, long-term care, and

aging services. Additional results included relocation, transfer to long term care,

retirement living, decisions about assisted living, and moving into senior housing. Among

the literature, there was limited scholarly material on older African American women,

Black women's experiences, African American family caregivers' perspectives, transition

experiences, and Black families and assisted living. Specifically, searching for literature

on these topics resulted in statistical, demographic, and general information. The data focused on cultural norms of the African American family structure, family expectations about providing care for a diverse group of older adults, caregiver stress, chronic disease, health care disparities, and other social factors impacting these women. I found few sources that reflected family member caregivers' perspectives on older African American women and assisted living.

Theoretical Foundation

Feminist theory—specifically, Black feminism—was the theoretical foundation for this study. Feminist theory reflects the beliefs and political, economic, and social constructs that established women's rights and shaped women's status (Turner & Maschi, 2015). Feminist writers like Patricia Leavy and Anne Harris contributed to feminist theory through their focus on contemporary feminist research that promotes advocacy, empowerment, and inclusion. Fitzsimmons (2018) described *Contemporary Feminist Research from Theory to Practice,* by Leavy and Harris, as a "herstory" of feminism, feminist approaches to research, and the responsibilities of feminist researchers. The authors focused on the Western perspective of feminism or the feminist perspective, provided recommendations for feminist research, and described how to become a feminist researcher to continue the focus on social change for women in society (Fitzsimmons, 2018).

Feminist theory is rooted in the women's suffrage movement of the 19th century, which focused on establishing women's rights and privileges in society (Rampton, 2015). The campaign promoted social change for women, which was manifested by four phases

or waves (Rampton, 2015). Anderson (2015) and Rampton (2015) stated that the feminist movement's first wave was between the 19th and early 20th centuries in the Western world. The first wave has been described as a period of social change and advocacy to enhance women's status by achieving voting and marriage rights and other opportunities that would confirm women's role as contributing members of society. Early feminists like Susan B. Anthony, Elizabeth Cady Stanton, and Lucretia Mott contributed to the feminist movement through their involvement in the Women's Rights Convention in 1848.

From the 1960s to the 1990s, the second wave further broadened feminist efforts by addressing social inequalities in the workplace, family structure, and civil rights. Specifically, civil rights efforts stimulated action supporting the investigation of the social disparities impacting Black women (Garcia, 2020). Therefore, to expand on feminist theory, Black feminist theory developed, which holds that Black women's lived experiences are essential and differ from that of White women (Lindsay-Dennis, 2015).

Rampton (2015) stated that despite the accomplishments in the feminist movement's first two waves, the third and fourth waves, from the 1990s to the present day, questioned the first and second waves' ideals. The third and fourth waves instead embraced a broader definition of feminism. This perspective addressed women's social issues and a universal approach for examining social inequalities.

In selecting feminist theory as the theoretical foundation for this study, it was appropriate to expand the approach by incorporating Black feminism. Black feminist theory is a framework that explores the lived experiences and self-identification of Black

women (P. H. Collins, 2002). This theory embraces the ideas, concepts, and beliefs of the feminist theory of gender equality, specifically for African American women's status (P.H. Collins, 2002). Social factors that shape Black feminism include gender, culture, and race. These collective aspects of gender and race acknowledge that Black feminist theory represents a broader social inequality context (P. H. Collins, 2002).

The theory of Black feminism was relevant for exploring the experiences of older African American women given the present study's focus on the lived experiences of African American women during this stage of life. Cooper (2015) suggested that because there are assumptions that Black feminist research does not have the rigor and importance of the broader feminist concept, ongoing studies focused on Black feminism can be beneficial to exploring and understanding the lived experience of this group and their family members. P. H. Collins (2002) and Lindsay-Dennis (2015) both discussed the need for research on African American women's experiences. Both agreed that the analysis should include a review of culture, race, and gender. To continue the discussion of P. H. Collins and her studies on Black women's marginalization, Lindsay-Dennis examined the issue by exploring young African American women's lived experiences. She noted previous calls for more culture- and gender-based studies on the attitudes, conditions, and expectations of young Black women and stated that research on African American young women's experiences had been one dimensional, with minor consideration to gender and cultural aspects that impact these women's experiences. She further reflected on negative perceptions of African American girls, including their being challenging, aggressive, uneducated, and promiscuous.

Cooper (2015) and Jones (2015) also reviewed the Black feminist framework. Cooper emphasized the importance of refining Black feminism to support ongoing political and theoretical possibilities in Black women's lives (p. 19) and stated that tending to these possibilities can advance Black feminism not just to be an extension or expansion of the broader feminist framework but also a framework that explicitly defines the lived experiences of Black women. Similarly, Jones discussed the possibilities of Black feminist perspectives related to social work practice and services in the mental health field. She stated that Black feminism combines gender, culture, race holistically, and ethnicity to represent Black women's lived experiences (p. 246), but, despite the importance of recognizing these factors, comprehensive mental health support, treatment plans, and interventions were still lacking. Jones further reported that mental health support, treatment plans, and interventions for women have improved overall, but there are still opportunities to integrate culturally relevant mental health services.

Statistical data on older African American women present information on health status, prevalence of chronic diseases, and disability (Administration for Community Living, 2019; Baker et al., 2015; Miyawaki, 2015; Moreno et al., 2015). Although significant, the information is limited, therefore not adequately representing older African American women's lived experiences. Ashley (2014) and Lindsay-Dennis (2015) contributed to the research on Black women by discussing the negative stereotypes, social perceptions, and cultural misunderstanding of these women's experiences, which can compromise a comprehensive approach to treatment, services, and programs that may enhance their quality of life. Ashley specifically discussed Black women's negative

stereotypes and unique experiences in American society; Lindsay-Dennis had a similar focus by addressing African American girls' lived experiences. Based on these findings, exploring older African American women's lived experiences was necessary for providing a fuller understanding of these women and their needs. I discuss the transition into assisted living next.

Transitioning to Assisted Living

Historically, skilled nursing facilities, also known as nursing homes, defined the model of aging services and long-term care (Institute of Medicine, 1986). In recent years, an umbrella of services has evolved: home- and community-based services, independent living and assisted living communities, and long- and short-term care nursing facilities or homes (Bagwell, 2019; Sanford et al., 2015). The industry has shifted to accommodate specialized care in order to address specific health needs such as dementia and similar disorders and offer affordable housing programs that include financial assistance for older adults (Ortman et al., 2014; West et al., 2014). Ortman et al. (2014) stated that with the steady growth in the older adult population, increased service availability is essential for meeting changing demands, needs, and expectations.

Increases in the older adult population will be significant by 2050. The population of adults 65 years of age and older will be approximately 83,700,000, reflecting a doubling in size from current statistics (Ortman et al., 2014). Therefore, the evolution of aging services is not only timely but necessary to support social, economic, and care needs (Viveiros & Brennan, 2014). In addition to addressing these factors, professionals must consider older adults' experiences and preferences, especially when moving to a

senior living community is necessary (Gilbert et al., 2015; Perry et al., 2014). With home- and community-based services, independent living communities, assisted living facilities, and nursing homes, the options for older adults and their families are plentiful (Rowe et al., 2016; Viveiros & Brennan, 2014). Among these housing options, assisted living has become preferred due to supportive programs, services, and amenities in these settings (Bagwell, 2019).

When chronic diseases, disabilities, and other factors become issues, remaining at home and with family may become challenging and arduous (Administration for Community Living, 2019; Markides & Rote, 2014; Melvin et al., 2014; Pollard & Scommegna, 2013). Assisted living gives older adults an option other than skilled nursing facilities or nursing homes because it encourages independence and privacy (Abrahamson et al., 2013; Kisling-Rundgren et al., 2016). These facilities provide support services for older adults who cannot live alone but do not need the medical care provided in skilled nursing facilities or nursing homes. Kisling-Rundgren et al. (2016) described assisted living as a housing model that is residential rather than institutional. To complement the residential setting, older adults can receive support services that include social programs and activities and assistance with activities of daily living such as bathing and dressing and medication reminders, monitoring, and administration along with dining and housekeeping services in a private apartment in the facility (Bagwell, 2019; Kisling-Rundgren et al., 2016).

Assisted living facilities offer older adults and their family member caregivers noninstitutional and supportive environments that encourage independence (Sanford et.

al., 2015). Assisted living housing models can differ depending on the state regulations and guidelines (Gimm et al, 2014). Variations in the services are also necessary to meet older adults' needs reflecting mild to moderate physical disabilities, cognitive impairment, and chronic medical conditions. The assisted living facility model has shifted to meet these needs as more older adults select this housing alternative (Carder et al., 2015).

Transitioning to assisted living facilities often occurs when older adults need more support services, especially when they are in physical decline and unable to manage health-related conditions, they are in social isolation, or they have inadequate caregiver support. These factors are common experiences that can precipitate a move to assisted living. Sociodemographic variables related to financial conditions can be significant factors in delaying or preventing a move to assisted living facilities (Gilbert et al., 2015; Weeks et al., 2012). The inability to afford the programs and services provided in an assisted living facility is common for older adults who remain at home. Specific preferences, cultural norms, and other factors also influence older adults' decisions to stay in their own homes or with family or loved ones (Gilbert et al., 2015; Lee et al., 2013; Perry et al., 2014).

Some key concepts of transitioning into assisted living are autonomy and independence, decision-making, and the family member caregiver role. I discuss each idea in detail next. I then review assisted living literature, diversity in assisted living, successful aging, health perceptions, and cultural competence.

Autonomy and Independence

Autonomy and control of one's life are factors in adjusting to transition or change (Koehn et al., 2016; Pirhonen & Pietilä, 2016b). Autonomy involves making decisions to retain personal identity and independence (Hedman et al., 2017). Older adults settling in or adjusting to senior housing may experience anxiety, frustration, and fear because of perceived loss of autonomy. Hillcoat-Nallétamby (2014) and Pirhonen and Pietilä (2015) explored autonomy and independence related to past personhood and continuity of oneself in enhancing the aging experience. Maintaining or establishing autonomy and independence can help with adjustment when moving into an assisted care facility. Autonomy and independence are interchangeable because of the emphasis on an individual's ability to self-direct life activities (Hillcoat-Nallétamby, 2014).

In the assisted living model of care, older adults are encouraged to self-direct efforts to maintain dignity, privacy, and choice (Kisling et al., 2015). Training for assisted living staff members focuses on residents' needs and comfort, but despite the focus on self-direction or autonomy and independence, staff may not realize that providing extensive assistance may result in dependence. Staff appear to understand the importance of autonomy and independence but tend to focus on physical care needs rather than the whole person (American Geriatrics Society Ethnogeriatrics Committee, 2016). Scales et al. (2019) stated that "person-centered care is a holistic, biopsychosocial approach that takes into account each individual's values, preferences, goals, and abilities" (p. 2). Scales et al. used the adaptive leadership framework to guide the discussion of person-centered care but acknowledged that there are challenges because

the practice of person-centered care must be embraced by the older adult, family members, and human services professionals. Dellenborg et al. (2019) supports Scales et al. discussion of person-centered care in acknowledging that implementation of person-centered care can be challenging because it must include cultural, structural and organizational adjustments to provide comprehensive person-centered care. Cultural competence specifically includes acknowledging older adults' cultural perceptions, experiences, and attitudes in conjunction with their care needs (Eaton et al., 2015; Foronda et al., 2016). Quality of care and successful aging are enhanced by embracing the whole-person or person-centered approach and including cultural perspectives (Administration for Community Living, 2015).

Decision-Making

Decision-making capacity reflects an individual's ability to self-direct. Decision-making approaches used in this process include establishing power of attorney, supported decision-making, and alternative decision-making. These approaches are used when people are unable to express their wishes or preferences when faced with health challenges (Administration for Community Living, 2019; DeMartino et al., 2017; Gray et al., 2019; van de Pol et al., 2017; Watson, 2017).

A power of attorney is a legal directive that allows an individual to make decisions in advance regarding medical treatment and care. The directive designates a family member, friend, or others to decide on behalf of an individual if he or she becomes incapacitated. Power of attorney can be medical, financial, or both (de Heer et al., 2017; Klein & Coogle, 2015; Luck et al., 2017).

Supported decision-making and a power of attorney are similar in that they are alternatives to legal guardianship (Browning et al., 2014). The supported decision-making approach emphasizes an individual's ability to make decisions with support from family members or others (Flynn & Arstein-Kerslake, 2014). Supported decision-making can empower individuals to direct their life activities, resulting in increased quality of life and control (Blanck & Martinis, 2015). This approach provides individuals a level of autonomy but with support from family members, caregivers, and others on decisions that impact their life activities. Browning et al. (2014) and T. Carney (2014) stated that supported decision-making is broad, not legally binding, and values the importance of autonomy, choice, and preference that everyone is entitled to exercise. The supported process's basis is to help people maintain and achieve independence in decision-making but still receive support and direction from family members, friends, and others.

The alternative decision-maker approach designates authority to another party for making decisions in case of incapacity. Compared to power of attorney and supported decision-making, this approach does not require a person with authority or appointment to make decisions on behalf of an individual (DeMartino et al., 2017). Because of variations in state laws and statutes, the alternative decision-maker designation may be restricted because of attributes that include the relationship to the individual, availability to provide care, and other circumstances related to the willingness of the individual to become the caregiver (DeMartino et. al., 2017). State-specific reports and rules on alternative decision-making can dictate someone's ability to take on a decision-maker's role. As such, this approach may not always be appropriate. With these limitations in the

alternative decision-making approach and the participant selection criteria, the model was not further addressed or explored in this study.

Hawley and Morris (2017) discussed national and international initiatives to engage racially and culturally diverse clients in supported or shared decision-making. These initiatives can encourage better outcomes for these clients and their family member caregivers. Martinis et al. (2017) and Bunn et al. (2017) encouraged the supported decision-making approach for its focus on promoting self-direction and engaging family and others in the decision-making process. However, even with this approach's focus on client and family engagement, diverse clients may not be aware of this alternative due to variations or differences in service approaches for culturally diverse older adults. (Hawley & Morris, 2017). This lack of awareness may be due to issues related to availability of information and resources, relationships with professionals, economics, and status (Hawley & Morris, 2017). Bunn et al. recommended interventions that professionals can use to encourage the supported-decision making approach, including thorough assessments to understand the needs and expectations of older adults.

Supported decision-making maintains a person's independence and autonomy by identifying the assistance needed from not only the older person but also the family member caregivers involved in the care (Holm et al., 2016; Kohn et al., 2012). Engaging family members in ongoing decision-making processes and providing person-centered resources can benefit older adults and their family members.

Family Member Caregivers

A family member caregiver is an adult child, spouse, or other relative who provides support and care to an older adult (Wolff, Feder, et al., 2016). These individuals may also be raising a family, managing a household, and working full time in addition to caring for the needs of an older loved one (Aazami et al., 2017; Li & Carter, 2017). The family caregiver's role can range from support services that include personal tasks, household chores, and running errands to supporting, managing, and directing the older adult's medical and financial needs (Redfoot et al., 2013).

Family caregivers' responsibilities are significant regardless of the older adult's living arrangement (Wolff, Feder, et al., 2016; Wolff et al., 2018). Therefore, the decision to move an older adult into a senior living community impacts the older adult and the family caregiver as he or she typically facilitates the transition (Wolff, Spillman et al., 2016; Zimmerman et al., 2013). For family caregivers, the responsibility of caring for an older adult relative plus managing their own lives can be a burden, especially when the older adult's physical, cognitive, or overall health decline are factors. Qualls (2016) and Wolff, Spillman, et al. (2016) provided similar perspectives on family caregiving by emphasizing the complex aspects related to the responsibility of caring for an older loved one. Researchers have stated that more attention should be placed on the family caregiver role, especially as the number of older adults continues to grow (Bauer & Sousa-Poza, 2015; Roth et al., 2015).

A possible shortage of available family caregivers is a concern in the wake of the growing population of older adults. Not living in the same area, smaller family sizes, and

working full time are factors that can affect the ability to address the needs of older loved ones and necessitate moving to a senior living facility (Wolff, Feder, et al., 2016; Wolff et al., 2018). The family members' role can be stressful and demanding. (W. L. Collins & Hawkins, 2016; Sheridan et al., 2014). The primary family caregiver takes on most caregiving responsibilities. The secondary caregiver may take on similar duties but does not have the same commitment as the primary family caregiver (Kucmanski et al., 2016; Martínez-Alcalá et al., 2018).

Martínez-Alcalá et al. (2018) discussed the critical need to develop support services or resources for direct family caregivers to assist in managing the caregiving role's many aspects. They recommended an online platform that provides virtual workshops, therapeutic assistance, and support networks for primary and secondary caregivers. Each option on the platform would be available 24 hr a day, 365 days a year, to ensure that resources are available for the family member caregiver as needed (Martínez-Alcalá et al., 2018). Kucmanski et al. (2016) discussed primary and secondary family caregiver roles when loved ones are diagnosed with Alzheimer's disease or memory impairment and found that these caregivers often do not devote enough attention to their own needs because of the arduous nature of attending to the daily demands of care for these family members. In summary, primary and secondary caregivers encounter challenges related to providing comfort, attending to their loved ones, and understanding the disease process (Kucmanski et al., 2016; Martínez-Alcalá et al., 2018). Managing these factors contributes to ongoing stress and anxiety as a family caregiver (Alpert & Womble, 2015).

Gilbert et al. (2015) and Holroyd-Leduc et al. (2016) explored the transition experiences of older adults and family caregivers' roles in the transition. In their study on relocating older adults from independent settings to assisted living, Gilbert et al. found that the older adults had better relocation experiences when they had control and autonomy in the transition. Assistance from family members also can result in a positive relocation experience (Gilbert et al., 2015). Holroyd-Leduc et al. addressed the decline or frailty of older adults and the impact on life quality and recommended collaboration between the older adults, family members, and facility staff to ensure comprehensive care plans and services. They suggested strategies for engaging family members in the care for of older loved ones by establishing a safe and comfortable health care setting, building trusting relationships between the family member, older adult, and human services providers, and ensuring a comprehensive assessment process to include the family member and encourage ongoing communication among all parties.

In African American cultures, the family member caregiver role is essential because of the cultural expectation of caring for loved ones into old age (Connor & Chase, 2014; Pharr et al., 2014). Pharr et al. (2014) discussed the "culture embeddedness" that can lead family members to be obligated to and expected to care for their older loved ones. Conner and Chase (2014) and Pharr et al. agreed that the role of the family caregiver is significant and important. Understanding the family member caregiver's impression of their loved one's transition into senior living facilities can support better transitions and adjustments and provide better quality of life in these facilities, discussed next.

Quality of Life in Assisted Living

Factors that may impact an older adult's quality of life during the transition into an assisted living facility include establishing and maintaining social relationships and maintaining one's identity, cultural experiences, and independence (Čanković et al., 2016). Maintaining quality of life during the aging process has sparked discussion, especially with increased longevity and the prevalence of chronic disease and conditions (Beard et al., 2016; World Health Organization, 2018). Quality of life can encompass different variables, including physical, social, and emotional factors that define individual well-being and satisfaction when growing older (World Health Organization, 2018). Aging's physical, social, and psychological aspects can make transitioning to senior living facilities more complicated. Aging services professionals must acknowledge the adjustment factors related to growing older and transitioning to senior living facilities and understand the cultural and gender-related factors that impact adjustment (Fernandez-Mayoralas et al., 2015).

Koehn et al. (2016) and Park et al. (2013) examined the quality of life of diverse older adults. Koehn et al. evaluated specific variables related to the quality of life, and Park et al. discussed the social relationships of diverse older adults. Park et al. suggested that achieving a quality of life and well-being in assisted living facilities acknowledged cultural values and experiences but encourages social relationships through interracial and interethnic connections among fellow residents staff in the assisted living facility. Koehn et al. studied quality of life in minority older adults by exploring the elements of attachment, establishing a meaningful purpose or role, enjoyment or life satisfaction, and

security and control residing in an assisted living facility and acknowledged the significance of incorporating older adults' cultural experiences in transitioning and adjusting to assisted living facilities.

Kozar-Westman et al. (2013) used the theoretical framework of successful aging to examine quality of life among older adults in assisted living. The study authors explored the appropriateness of the Successful Aging Inventory to measure successful aging of older adults residing in assisted living. Study results suggested that participants felt that physical activity, personal relationships, aging, income and disease provided the context for successful aging. Recognizing cultural dimension was not Kozar-Westman et al.'s focus; they instead focused on successful aging elements and using an assessment tool to measure them.

Lustbader (2013) supported similar concepts related to social relationships as an aspect of quality of life for older adults in assisted living but further explored the feelings associated with the sense of home a older adult may or may not feel upon a transitions to a senior living residence. Similar to Kozar-Westman et al. (2013), Lustbader's findings suggested additional factors that can impact social relationships for older adults residing in a senior living setting include establishing significant relationships, respect, contributing to the well-being of others and autonomy, also factors that can promote successful aging.

Diversity in Assisted Living

The older adult population is becoming more racially and culturally diverse (Douglas et al., 2014; Foronda et al., 2016; Li & Cai, 2014; Markides & Rote, 2014;

Ortman et al., 2014; Park et al., 2013). As the United States experiences shifts in the racial and cultural composition of the older adult population and as more seniors become residents of assisted living communities, the importance of accommodating this population's needs will increase (Koehn et al., 2016). Precisely, regarding older minorities, it is estimated that minority individuals age 85 years and older will compose 29.7% of the U.S. population by 2050 (American Geriatrics Society Ethnogeriatrics Committee, 2016). To ensure comprehensive delivery of care, professionals must understand this population's cultural, social, economic, and health care needs.

African Americans represented approximately 9% of the older population in 2017 (Administration on Community Living, 2019). U.S. Census figures estimate this population to show a steady increase to 15.2% in 2030 and 18.5% in 2050 (Brown et al., 2014). With this continuing growth, aging services must address increased diversity in the older population (McFarland & Wehbe-Alamah, 2019).

Assisted living has become a preferred senior housing option, and increasing numbers of older African Americans may select assisted living facilities as places to live. As older African Americans elect to move into assisted living communities, incorporating cultural expectations, preferences, and customs will be necessary to encourage successful aging (McFarland & Wehbe-Alamah, 2019; Perkins et al., 2012). Acknowledging these elements will benefit older African Americans and transform how health care professionals, social workers, direct care staff, and family members manage transitions and adjustments to an assisted living facility (McFarland & Wehbe-Alamah, 2019; Perkinson & Solimeo, 2013).

Some older African Americans are transitioning into assisted living housing, but older African Americans traditionally prefer to reside at home or with family members (Klinenberg et al., 2013; Li & Cai, 2014; Silva et al., 2013). The preference to stay at home appears to be related to family obligations and responsibilities, family connections, cultural bonds, and familiarity at home (Morgan & Brazda, 2013; Park et al., 2013; Rodríguez-Galán, 2013). Wishing to remain at home can also stem from negative experiences with health care professionals or others. Hansen et al. (2016) discussed mistrust felt by African Americans because of the history of abuse and health care disparities that this group has experienced. Anxiety about adjusting to senior living communities can be a reflection of racial discrimination and exclusion (Caroll & Qualls, 2014; Lee et al., 2013; Miyawaki, 2015). All of these factors need to be considered in order to encourage independence, maintain capacity, and reduce decline (American Geriatrics Society Ethnogeriatrics Committee, 2016; Li & Cai, 2014).

Older women represent a significant portion of the aging population. Still, existing research has primarily focused on older European American women (Chrisler et al., 2016). This research gap supports the need for studies on older African American women's lived experiences in assisted living.

Successful Aging

Rowe and Kahn (2015) defined successful aging as the status of disease, physical fitness, mental stability, and social involvement. Tkatch et al. (2017) reported a connection between successful aging and an older adult's ability to manage physical and chronic conditions. Freedman and Spillman (2016) reviewed race and gender life

expectancy of Black and White older adults in the United States from 1982 to 2011 using data from the 1982 and 2004 National Long Term Care Survey and the 2011 National Health and Aging Trends Study. Differences between older White and Black adult's late-life disability and mortality in the United States were examined. The areas discussed included life expectancy beyond 65 years of age without impairment or disability, disability prevalence, and remaining years without limitation. Freedman and Spillman found that disability patterns varied among older Black and White adults, with older White adults entering later life without disabilities more than older Black adults. Study results also suggested that later life with a disability was more prevalent for older Black women due to increased decline and disability.

As life expectancy continues to trend upward despite the number of older adults experiencing physical and chronic impairments, there may be shifts in how successful aging is defined. With the support services offered in assisted living, the ability to manage physical disability, cognitive impairment, and chronic disease may describe what successful aging is becoming (Pirhonen & Pietilä, 2016a). Older adults who transition into assisted living communities despite their health challenges may still be able to age successfully. A renewed focus on successful aging can emphasize the importance of social and cultural factors defining successful aging rather than physical decline and disability that may occur as part of the aging process (Rowe & Kahn, 2015).

In African American culture, church and community, including close friends, neighbors, and colleagues, can play a part in successful aging. W. L. Collins and Hawkins (2015) reviewed the relationship between African American churches, older

adults, and their caregivers and how African American churches and religious

organizations can relieve caregivers' burdens and provide support to African American

older adults and their caregivers. Older African Americans traditionally embrace religion

as a comfort (W. L. Collins & Hawkins, 2015, p. 95). The responsibility of caregiving for

older adults is significant because of the prevalence of health decline due to disease and

disability among African American older adults. Managing this enormous burden impacts

the care and well-being of the older adult's supervision and well-being and the family

member caregiver. Study results suggested that churches, pastoral support, and spiritual

affiliations have a strong influence on the lives of older adults and their family

caregivers. W. L. Collins and Hawkins suggested establishing formal support among

African American church leaders, volunteers, social workers, and others to support older

adults and their family caregivers. Churches and religious organizations may offer

support for older adults and their caregivers while residing at home and may also offer

assistance in care settings like assisted living (W. L. Collins & Hawkins, 2016).

Assari (2013) and Taylor et al. (2013) examined the importance of church and

religious affiliations in African American culture. Individuals who embrace religion tend

to be older adults, women, couples, and families because of the support systems and

connections religious affiliations may provide (Taylor et al., 2013). Church and religious

affiliation, including participating in weekly church services and religious holiday

celebrations and fellowship with church members and friends appears to bring a sense of

satisfaction and quality of life to these individuals (Assari, 2013). Cowlishaw et al.

(2013) suggested that church social support can enhance well-being and overall health.

African Americans may rely on the church for spiritual guidance and support during times of illness or disability, for financial assistance, and help with other needs to manage their life events (Assari, 2013; Cowlishaw et al., 2013).

Harvey et al., (2016) and Reed and Neville (2014) explained the influence of religion and spirituality on Black women's well-being. Reed and Neville stated that, "For Black women, religious institutions have served as important spaces in which to communicate, make meaning of, and negotiate the challenges of being both black and a woman" (p. 385). Harvey et al., in comparison to Reed and Neville, explored religiosity in relation to social and religious support among African American women. Findings indicated that religiously, social support and religious social support are different, but more research is needed to address the religiosity and social support for African American women.

Zimmer et al. (2016) studied the concept of religiosity as it relates to aging. They hypothesized that religious participation or involvement might have a more substantial influence on the health of Black older adults than on White older adults. They also explored how spiritually and religious affiliation can help cope with disability and depression. Zimmer et al. recommended more research on religiosity and its effect on health in older adults. Findings from these studies support the potential significance of religious affiliation and church involvement on successful aging and quality of life.

Similarly, Holt et al. (2014) explored religious involvement; specifically, how self-perception impacts religious participation and health behaviors. Phone interviews were conducted using a list of U.S. households. Areas examined during the interviews

included religious involvement, self-perception, health behaviors, and demographics. Findings showed that religious-based participation, support, and spiritual beliefs positively impacted African Americans' health outcomes. Furthermore, Black women embraced religion more than Black men; thus, religious involvement promoted a better quality of life. This study's findings are significant for their implications that religious involvement or beliefs could impact successful aging for African Americans.

Social Ties and Social Isolation

Assisted living facilities combine support services with care in residential or home-like settings (Kisling et al., 2015). These services can increase life quality by encouraging well-being, socialization, and engagement in the facilities. Kisling-Rundgren et al. (2016) and Perkins et al. (2013) found that social networks or ties among fellow residents in an assisted living setting can help with adjusting to life in these facilities. Perkins et al. employed the social convey model as the theoretical framework supporting the idea that social connections and interactions improve health conditions, including depression, anxiety, and other changes related to aging. Findings highlighted the importance of establishing relationships with other residents. Maintaining close ties with family members, friends, and others will positively impact health, well-being, and adjustments to an assistive living facility (Perkins et al., 2013). Black et al. (2012) used qualitative inquiry to explore the concept of social participation or models in community-based living, specifically focusing on encouraging successful aging by establishing dignity and independence for community-based older adults. The researchers also asked how older adults defined aging with dignity and independence in their lived experiences.

The study results reflected actionable themes related to meaningful engagement, social inclusion, communication, health, well-being, aging in place, and mobility. All items were central to achieving dignity and independence for the group (Black et al., 2012).

Palmer et al. (2016) contributed to prior research by furthering the idea that social participation or relationships impact mental and physical health in later life, mainly when communication deficits restrict developing and maintaining social participation or relationships. Palmer et al. examined social relations in the context of social networks, social participation, social exchange, and social isolation. Study findings indicated that communication impairments or deficits can limit social engagement and that chronic health conditions and decline in later life could challenge, limit, or restrict social engagement, relationships, and interactions. Understanding these challenges and limitations as they relate to older African American women may help aging services professionals implement comprehensive service plans for these women and for other older Americans (Baker et al., 2015; Freedman & Spillman, 2016; Pollard & Scommegna, 2013).

Diaz et al. (2019) and Pool et al. (2017) evaluated socialization in older ethnic minority persons. Pool et al. explored interventions to address the social determinants of health among an older ethnic minority. The key focus was on how socialization can impact health and well-being for African Americans, Asians, Hispanic, and Native Americans. Pool et al. stated that interventions for addressing social isolation and loneliness included volunteering, educational engagement, and physical activity. Diaz et al. examined loneliness and social isolation of ethnic minority older adults and evaluated

how culture and family involvement related to social connectedness. Courtin and Knapp (2017) stated that social isolation is a risk factor related to decreased well-being, increased depression, and cognitive decline.

Health Perceptions

The research discussed in this section includes a review and examination of older adults' health perceptions and well-being. In a longitudinal study on attitudes about aging, physical activity, self-perception, and other factors related to aging, Beyer et al. (2015) concluded that health perceptions or positive self-perceptions of aging result in better health outcomes for older adults. Park et al. (2015) similarly concluded that older adults' health perceptions or attitudes in assisted living facilities could affect successful aging. This study added to the scholarly literature by exploring differences in how older adults view their aging. Park et al. stated that the health belief model reflects health decline, impairment, and negative life experience that could influence health perceptions of residents residing in an assisted living facility. Spetz et al. (2015) acknowledged diversity in the older adult U.S. population and recommended that health care professionals, social workers, and other human services practitioners advocate for older adults by understanding their unique needs that reflect racial, cultural, gender, and socioeconomic factors. Zubair and Norris (2015) addressed perspectives on aging for ethnic minorities and stated that recognizing diversity in experiences, needs, and expectations is necessary to support the growing population of racially and ethnically diverse older people. Phillips et al. (2017) used the self-regulatory model to explore older African Americans' perceptions of chronic disease and found that acceptance and

understanding, spirituality, and social support related to older African Americans' perceptions of their conditions. Spiritual beliefs and a support network were crucial elements in managing and improving health outcomes (Phillips et al., 2017).

Menkin et al. (2017) and Baker et al. (2015) examined older adults' health perceptions. Menkin et al.'s focus was on the aging expectations or opinions of older adults from various backgrounds living in the United States. Health perceptions can be negative or positive attitudes related to physical, mental health, and cognitive function (Menkin et al., 2017). Menkin et al. noted the lack of research on senior expectations and perceptions, particularly in Latino, African American, Korean, and Chinese older adults. They further stated that successful aging can result in positive aging expectations or impressions and that negative aging expectations or perceptions can result in decline and disability. Menkin et al. recommended that professionals consider the implications of their clients' cultural experiences and preferences and that awareness and understanding of these aspects will help to encourage health and well-being.

Baker et al. (2015) focused on the cultural aspects of aging and health perceptions for older African American women and on defining successful aging for this group. Compared to other racial groups, older African American women appear to experience a higher prevalence of chronic disease and disability, which results in negative aging and health perceptions. Baker et al. suggested incorporating the social, cultural, emotional, and environmental aspects of older African women's lived experiences to enhance successful aging and well-being in these women. They also recommended further studies

to provide a more comprehensive view of these lived experiences that could be used to guide older African American women's programs and services.

Health outcomes of older African American adults have been the focus of previous research (CDC, 2017). However, few studies on health outcomes among older African American women have focused on long-term care and aging services transitions (Cené et al., 2016; Joseph et al., 2015). Chronic disease and health disparities have received more research focus (Moreno et al., 2015).

There is evidence that older African American women have a high prevalence of chronic disease, leading to disability and decline (Phillips et al., 2017). Phillips et al. (2017) further commented that compliance to health recommendations may be due to self-perceptions of health and well-being. Additionally, caregiver availability will be a challenge because by 2030, 72,700,000 adults will be over 65 years of age, which will result in gaps between demand for and supply of family caregivers (National Academies of Sciences, Engineering, and Medicine, 2016). Programs and services that support the needs, experiences, and expectation of this group and their family members can promote better health outcomes and quality of life (Hansen et al., 2016).

Cultural Competence

Cultural competence has captured attention in all areas of the U.S. health care system. A general definition of cultural competence is that it supports and acknowledges the importance of cultural awareness, cultural differences, and cross-cultural understanding (Alizadeh & Chavan, 2016; Sorensen, Jervelund, et al., 2017; Sorensen, Norredam, et al., 2017). Danso (2018) confirmed that cultural competence, including

nontechnical empathy, compassion, and openness to patients' racial and ethnic differences, is necessary for adhering to ethical standards.

Health care disparities result from failing to capture patients' cultural beliefs, values, and perceptions (James et al., 2017). Practitioners lacking cultural awareness or understanding may not properly assess their clients from a social aspect. Excluding or not recognizing culture as part of the whole person or person-centered approach may impact client programs and services (Carbonneau et al., 2010; Dauvrin & Lorant, 2015; Fazio et al., 2018). Understanding older adults' cultural beliefs, values, and perspectives will need to be a fundamental component of the assessment process in whole person care (Sorensen, Jervelund, et al., 2017; Sorensen, Norredam, et al., 2017). Therefore, health care professionals, stakeholders, and advocates must take a proactive industry-wide stance to address health care disparities through cultural awareness.

Health care professionals must understand, acknowledge, and be responsive to the cultural needs of the clients and patients they serve (American Geriatrics Society Ethnogeriatrics Committee, 2016). Dauvrin and Lorant (2015) recommended that health care professionals in various settings, particularly aging services programs, services, and facilities, embrace cultural competence as the aging population becomes more diverse. Professionals who are culturally aware and communicate effectively with their clients can improve health outcomes and more effectively support their clients' needs from a physical, social, psychological, and cultural perspective by conducting thorough and comprehensive evaluations (Dauvrin & Lorant, 2015; Sorensen, Jervelund, et al., 2017; Sorensen, Norredam, et al., 2017).

In a review of foundational theories that have provided a framework for exploring and understanding older African Americans' lived experiences, Brown et al. (2014) acknowledged the lack of research on the Black aging experience. The increase in the Black older adult population will reflect a shift from 15.2% by 2030 to 18.5% by 2050 (Brown et al., 2014). With the growing older population, increases in longevity, and shifts in racial and ethnic demographics reflecting more diversity in the older population (U.S. Census Bureau, 2017), more research is needed to explore the lived experiences in this population.

Existing research has provided some insights into culturally relevant or adapted health interventions for African American women. Joseph et al. (2017) sought to develop a culturally relevant physical activity framework to address to promote physical activity in African American women. Findings showed that historical, social, and cultural considerations could increase participation in physical activity programs. As such, a culturally relevant physical activity framework for African American women should include their life transitions, cultural norms related to physical activity, and strategies to engage African American women in physical activity. Ward and Brown (2015) addressed the high prevalence of chronic depression in African American women in developing culturally adapted treatment and interventions for African American adults with depression. A cognitive behavioral approach with cultural adaptations resulted in reduced depressive symptoms, but Ward and Brown suggested gathering more data from additional research with a larger sample of African American women.

Both Joseph et al. (2017) and Ward and Brown (2015) noted that African American women often have low physical activity levels and are least likely to use mental health services. With these high-risk health behaviors and outcomes, interventions or strategies are necessary to engage this population.

Summary

The literature reviewed for this study focused on the experience of transitioning into assisted living facilities and related elements from a broad perspective, as there is limited research on these transitions specifically among older African American women. Most researchers have focused on older European American women in studying these transitions. Some studies did include a review of other minority elders such as African Americans and Hispanics/Latinos; however, very few specifically addressed gender, cultural preferences, and transition to senior living facilities.

Findings from the reviewed literature showed that assisted living facilities are attractive options for older adults seeking senior housing that is homelike and provides supportive programs and services. Furthermore, as the older population becomes more racially and culturally diverse, assisted living facilities will need to provide more comprehensive person-centered support to address social, emotional, and spiritual needs. Professionals will need to be culturally informed and sensitive to older adults and their family member caregivers' specific needs and expectations.

In Chapter 3, I describe the methodology for this study. The discussion includes details on the research design and rationale, my role as the researcher, and the steps I took

to conduct the research. I also discuss participant selection, instrument development,

ethical concerns, and other aspects of the methodology employed in this study.

Chapter 3: Research Method

Care and services provided to older adults in the United States will become increasingly significant aspects of the U.S. health care system due to the growing aging adult population. Informal caregivers, family members, and formal caregivers provide care and services to older adults. Continued increases in this population's racial and ethnic diversity will require aging services organizations, professionals, and practitioners to be well-prepared to provide comprehensive services. These comprehensive services include addressing the social, emotional, and physical care needs of the population and the cultural norms of a diverse group of older adults as they transition into senior housing programs (Hollinger-Smith, 2016).

The perceptions of family member caregivers of older African American women 75–95 years of age who helped facilitate their loved ones' moves to an assisted living facility were the focus of this multiple case study. Four family members' impressions on the transition circumstances were explored. Using a case study approach facilitated capturing the family member caregivers' lived experiences of their older family members' relocation. Study findings may help to develop a culturally sensitive and relevant transition framework for assisting these women and their family member caregivers.

In Chapter 3, I discuss the research methodology for the study. The chapter starts with a discussion on the research design and rationale and my role as the researcher. I then offer details on the participant selection process, instrumentation, recruitment, and

participation. How the data were collected, maintained, and analyzed is also discussed.

Issues related to trustworthiness and ethical procedures and a summary close the chapter.

Research Design and Rationale

A qualitative approach was used to explore caregiver's impressions of older

African American women's experiences as they transitioned into assisted living facilities.

The following research question and subquestions guided the investigation:

Central research question: What are the family member caregivers' experiences

and perceptions about the assisted living transitions of older African American women?

Subquestion 1: What do the family members understand to be the events and

circumstances leading up to the older African American woman's transition into an

assisted living facility?

Subquestion 2: What are the family member caregivers' thoughts about the

challenges older African American women face when transitioning to assisted living

facilities?

Subquestion 3: What are the family member caregivers' thoughts about programs

and services that could be offered to older African American women to enhance the

transition and adjustment into assisted living facilities?

The phenomenon of interest in this study was how older African American

women transition to living in assisted living facilities and how they adjust to life in these

facilities. The study focus was on exploring the caregivers' perspectives of these

transitions and on using data from analyzing these experiences to understand the

transition experience from this perspective. The family members' impressions of these

transitions also provided information that can promote independence, capacity, and decrease disability as these older adults move into assisted living.

A qualitative approach—specifically, multiple case study—was appropriate because of the study goal of capturing the perceptions of family member caregivers who facilitated moves into assisted living facilities for their older African American female family members. Researchers use qualitative studies to explore problems from participants' perspectives and employ ethical research practices to capture rich data (Wolgemuth et al. 2014). Qualitative methodology also allows for flexibility in conducting case study research (Hyett et al., 2014), which is important when investigating lived experiences.

Case study methodology is used to investigate events in their context (Yazan, 2015); in this case, the perceptions of family member caregivers who facilitated moves into assisted living facilities for their older African American female family members. Harrison et al. (2017) and Carolan et al. (2016) described case study as a form of inquiry that provides an in-depth, holistic, and flexible approach in various disciplines. Harrison et al. also stated that a case study is most often used by qualitative researchers because they aim to be descriptive, exploratory, interpretative, or explanatory to capture a point of view of the lived experience. Agom et al. (2019) and Tabatabaei et al. (2017) compared case studies to other methods, including ethnographic studies, in which research is conducted for an extended period to analyze and understand interactions or activities in a specific group. Grounded analysis is another qualitative approach and is used to develop a new theory or process based on study results (Rooddehghan et al., 2019). Ethnographic

and grounded studies are essential in qualitative research, but case study, specifically multiple case study, was most appropriate for the present study.

Yin (2017) acknowledged that single case studies can be successful, depending on the research goal, but recommended a multiple case study approach because of the benefits of analyzing two or more cases. Heale and Twycross (2018) also supported multiple case study because the information captured may be more substantial and reliable and can strengthen study outcomes. For the present study, this approach helped to capture impressions of transitions to assisted living through semistructured interviews with four family member caregivers. The inclusion criteria required that the family member helped their older relative move. Similarities and differences regarding the moves were explored through each case. The information provided insights to answer the central research question and subquestions (see Heale & Twycross, 2018; Yin 2017, 2018).

Role of the Researcher

I was the primary data collection instrument in this qualitative multiple case study. I conducted semistructured interviews with four family member caregivers to capture their interpretations of older African American women's transitions into assisted living facilities. I adhered to ethical standards and guidelines by receiving Institutional Review Board (IRB) approval, obtained the participants' informed consent), and used an interview guide (see Appendix A) during each session with the family member participants. I used inductive logic to identify patterns, categories, and themes regarding the family caregivers' interpretations of the assisted living transition.

Researchers' lived experiences as they reflect gender, race, bias, perceptions, and other

identifiers can influence research activities and practice (Sanjari et al., 2014). As the

researcher, I was conscious of any personal and professional perspectives that may

impact data collection and analysis. During the interview sessions, I followed Clark and

Veale's (2018) suggestions by conducting interpretative thinking about the data I

gathered from the family member participants. I evaluated my thoughts, actions, and

observations, taking into account my identifiers as an African American woman and my

impressions and experiences as an aging services professional who has worked closely

with older adults and their family member caregivers during the move to senior services

facilities (see Clark & Vealé, 2018; Couture et al., 2012).

Noble and Smith (2015) noted the importance of clear methodological strategies

in study trustworthiness, including acknowledging and recognizing personal bias,

maintaining consistent, rich, and transparent data collection and analysis, ensuring that

different perspectives in the data, and clarifying data analysis and interpretations. To

avoid study bias and potential conflict of interest, I refrained from engaging, recruiting,

and connecting with previous residents, family members, and aging services

organizations with whom I have worked. Other strategies I used included (a) recognizing

bias in sampling by conducting a comprehensive review of methods, (b) providing

detailed documentation to ensure clarity of the data, (c) maintaining rich descriptions

captured from the family members' reflections on the transitions of the older African

American women, and (d) incorporating participant validation to ensure that the themes

represented the study objectives and that the lived experiences of family member caregivers about the transition of their loved ones were accurately presented.

Methodology

Participant Selection

Crucial elements in participant recruitment include sample size, identifying participants who meet the criteria, and ensuring that the participants understand the risks and benefits and receive informed consent (Agency for Healthcare Research and Quality (n.d.). When determining the population from which to sample participants for this study, I considered the implications of studying a group of older African American women. With memory loss, cognitive decline, and other issues related to this aging population, I considered the possible ethical implications of informed consent and questions related to the women's decision-making capacity that may surface (see Shivayogi, 2013). I decided instead to recruit family members who could offer their insights on their family members' transitions.

I used purposive sampling to recruit study participants. Specifically, I targeted family members who helped move older African American women 75–95 years of age into assisted living facilities. Purposive sampling was appropriate because of the study focus on obtaining rich and detailed data by exploring family members' experiences of moving older African American women into assisted living. Family members were selected to provide informative views of these transitions (see Ishak & Bakar, 2014).

I used the Illinois Department of Public Health Assisted Living and Shared Licensed Establishment directory on the Data.Illinois.gov data portal as part of my

recruitment efforts. The open-access database lists all assisted living and shared housing facilities in the state of Illinois. I sorted the facilities and assembled a list of assisted living facilities by location. I then sent facility participation requests (see Appendix B) to each facility's director or administrator via email or regular mail. I included the recruitment flyer (see Appendix C), which detailed the study's purpose, participant eligibility criteria, participant expectations, time commitment, and my contact information for any inquiries or to express interest in participating in the research.

I identified a sample size of four family members for this study. Mason (2010) and Martínez-Mesa et al. (2016) suggested no specific sample size for qualitative research. Ishak and Bakar (2014) stated that there is flexibility in the sample size, which allowed me to select a sample that supported the research. The smaller sample size in the present study helped to provide meaningful themes and relevance about the transition experience. Selecting study participants with insights into the women's transitions provided an appropriate amount of data for answering this study's research questions and subquestions (see Saunders et al., 2018). I received data relevant and appropriate for analysis from the sample (see Mason, 2010; Saunders et al., 2018).

The family members self-identified as meeting the study criteria by responding to the recruitment flyers. These criteria were that they helped older African American female family members 75–95 years of age transition into assisted living facilities in the 2 years before this study. This time frame was selected so the family members could recall the transition details. Those interested in the study voluntarily reached out to me

and signed informed consent forms to confirm their interest in participating in the research. More details on the study participants are in Chapter 4.

Instrumentation

Researchers most often use semistructured and open-ended interviewing in qualitative studies (Jamshed, 2014). I conducted semistructured interviews with the family member participants. I asked open-ended questions regarding the older African American woman's transition into assisted living and asked probing questions (see Saunders et al., 2018) to fully understand their transition experiences.

I developed and used an interview guide (see Appendix A) for the interviews. I developed the guide based on the concepts explored and addressed in Chapter 2. Castillo-Montoya (2016) recommended a four-phase approach framework when refining an interview protocol. The framework includes (a) ensuring that the study interview questions support the research questions, (b) developing an inquiry-focused interview process with the participants, (c) obtaining feedback on the interview protocols, and (d) piloting the interview protocol.

First, I ensured that the interview guide supported the research focus and research questions. Secondly, I conducted relevant inquiries using relevant inquiries and conversational approach to ensure a good rapport with the participant. Third, I had my dissertation research committee review the interview protocol to provide objective feedback and recommendations. One recommendation provided was to plan for 1.5- to 2-hour sessions to ensure flexibility in time and ensure the participant's comfort. Lastly, Castillo-Montoya encouraged piloting the interview protocol, but due to limitations

related to time and participant recruitment, I did not pilot the interview protocol as suggested. These elements were central to developing the interview guide and managing the interview process.

Participant Recruitment, Participation, and Data Collection

The first step in recruiting study participants was accessing the Illinois Department of Public Health Assisted Living and Shared Licensed Establishments directory on the Data.Illinois.gov portal. This database lists all licensed assisted living and shared housing facilities in Illinois. As previously noted, I sorted the facilities and assembled a list of assisted living facilities by location. I then sent facility participation requests to each facility's director or administrator via email or regular mail. I included the recruitment flyer, which detailed the study's purpose, participant eligibility criteria, participant expectations, time commitment, and my contact information for any inquiries or to express interest in participating in the research. To facilitate outreach, I requested that the facility display the flyer on my behalf. Family members interested in participating in the research were advised to contact me directly to schedule an interview by email, phone, or video conferencing.

Before starting the interviews, I asked the participants to sign an informed consent form , which explained the central topic, the data collection technique, the voluntary nature of participation, and the risks and benefits of study participation. The consent also advised that there would be no monetary incentive for their participation. Participants were interviewed on agreed-upon dates and times via Zoom video conferencing. The session was recorded using the Zoom auto-recording feature. During the interviews, I

used a semistructured but conversational style to capture the family members' views of their loved ones' transition experiences. To capture accurate accounts and details of their impressions, I recorded the interview sessions and took handwritten notes. To confirm understanding, I made sure to thoroughly explain the elements of the informed consent and confirmed the participants understanding of the risk and benefits. I also advised the participants that they had the right to withdraw from the research study at any time and that I would stop all study activities related to the participant if requested.

Data Analysis Plan

Postinterview data analysis consisted of thematically coding the data from the audio recordings and handwritten notes. Houghton et al. (2016) and Hilal and Alabri (2013) recommended automated data analysis software to manage data and provide analysis. I used NVivo software to organize and assemble the data collected during the interviews. NVivo held the data obtained in the audio recordings and facilitates managing the data and concepts entered into the software. Specifically, using NVivo helped me sort the data by organizing the interview transcripts, analyzing the concepts and themes, and saving them for reference. I used NVivo's transcription feature to create a Word document to analyze the in-depth interviews.

The data analysis approach included identifying themes, concepts, and ideas connected to the central research question and subquestions (see Graneheim et al., 2017; Silverman, 2016). The coding strategy included assembling data in meaningful categories (see Graneheim et al., 2017). I used open coding to identify concepts, themes, and categories based on participant interviews, reflecting guidance in Blair (2016) and Glaser

(2016). I created codes by assigning meaning to the data and analyzed it by focusing on the themes and concepts, as per Anney (2014) and Hilal and Alabri (2013).

Data from the participants reflected their perceptions of the transition experiences of older African American women who moved to assisted living facilities. I managed the data by organizing them into relevant concepts and eliminating information unrelated to the move, reflecting guidance from Blair (2016) and Glaser (2016). Using open coding to assemble the data helped to describe, name, or define the assisted living transition thoughts family caregivers expressed and shared. Axial coding includes relating categories to subcategories to form precise and complete explanations (Blair, 2016). I used axial coding to identify the relationship to the transition. Finally, I used selective coding to organize the main theme categories that reflected the transition experiences recounted by the study participants.

Issues of Trustworthiness

In qualitative studies, trustworthiness requires establishing credibility, transferability, dependability, and confirmability (Connelly, 2016). For the present study, I established credibility by restating comments, responses and statements participants made during the interviews to confirm my understanding of their experiences. I incorporated self-reflection to avoid bias due to personal and professional interpretations. I was mindful of my perceptions, ideas, and attitudes as an African American woman and as an expert in the field of aging. To address bias, I maintained reflective notes to acknowledge or recognize any prejudice or personal perspectives that may interfere with data gathering and analysis (see J. Smith & Noble, 2014).

Anney (2014), Noble and Smith (2015), and Tsai et al. (2016) stated that transferability refers to the ability to apply study findings to other situations or groups. Purposive sampling and thick descriptions help to establish transferability (Anney, 2014; Noble & Smith, 2015) and were both employed in the present study. Connelly (2016) and Anney defined dependability as a survey's ability to have stable findings over time. To establish dependability, I used an audit trail that required reviewing the processes and procedures I employed in data collection, documentation, and analysis. Following Connelly's recommendation, I kept a process log to detail my activities during the present study. I also incorporated member checking by having the study participants review and confirm the data shared during their interviews.

Strategies for confirmability suggested by Koelsch (2013) include validating findings with study participants, which I accomplished by reviewing the accuracy of the data from the participant interviews. In addition to the process log mentioned as part of dependability, I maintained notes to document my biases, assumptions, and perceptions. Failing to recognize these factors could have impacted the study (see Korstjens & Moser, 2018).

Ethical Procedures

I adhered to standard ethical practices and standards throughout this study. I received approval from Walden University's IRB to conduct this study prior to data collection. I followed practices to establish privacy, confidentiality, and anonymity. I obtained informed consent from the participants as part of the ethical rules and procedures.

To preserve confidentiality, I identified participants as P1, P2, P3, and P4 during data analysis and provided no other identifying information in the discussion of study results in Chapter 4. Tsai et al. (2016) suggested additional protections such as removing any identifying information related to the participants; for example, not referencing where participants live or providing other demographic information that could identify them. Petrova et al. (2016) also recommended avoiding internal confidentiality violations by ensuring that participants cannot identify their data or others'.

All data, documents, and materials related to the research will be securely maintained for 5 years. Print materials are locked in a file cabinet in my home office. All electronic data are stored on my password-protected computer. I will destroy all study materials after 5 years by shredding the paper documents and erasing the electronic data.

As noted, informed consent was obtained from all study participants before their interviews to ensure adherence to ethical standards and procedures. The consent detailed the nature of the study, the study processes, the voluntary nature of the study, risks and benefits, payment, confidentiality, and who to contact with any questions or concerns. The consent protected the study participants by providing a complete explanation of the research. L. M. Fields and Calvert (2015) stated that ethical code standards dictate the essential nature of informed consent. Careful attention to any potential negative impact on the study participants is necessary. All participants in the present study were advised that they could withdraw from the study at any time. They were also advised that I would stop all study activities on request. No participant requested this. This study was not a longitudinal study in which participant withdrawal rates may be higher (Hadidi et al.,

2013). Still, for this study, I thoroughly explained the elements of the informed consent and confirmed the participants' understanding of the study, per Hadidi et al. (2013).

Vulnerable populations can be challenging to research when health and cognition issues arise. In consideration of potential ethical concerns, I elected to interview family members of older African American women, not the women themselves. The data resulting from these interpretations may contribute to a transition framework for aging professionals and other service providers working with older African American women and their family member caregivers.

Summary

This study's focus was on exploring the experiences and perceptions of the family member caregivers of older African American women who relocated into assisted living facilities. Chapter 3 provided details on the research design and rationale, my role as the researcher, study methodology, participant selection, instrumentation, data analysis plan, issues of trustworthiness, and ethical procedures. Purposeful sampling was used to recruit participants. I conducted semistructured interviews with open-ended questions to understand the transition experience. I identified emerging topics and conducted thematic analysis of the data. In Chapter 4, I discuss changes in the procedures described in Chapter 3 as a result of the COVID-19 pandemic. I also review and analyze the data gathered for this study.

Chapter 4: Results

This study's focus was on exploring the insights, perspectives, and experiences of family member caregivers who helped move older African American women into assisted living facilities. The problem was that there was no clear framework that reflects the insights and impressions of family member caregivers as they transition their loved ones into senior living facilities. Few researchers have studied the lived experiences and perceptions of family members of older African American women who transition to these facilities, suggesting a need to conduct such an exploration. Conducting this qualitative multiple case study provided rich data from the family member participants to answer the following central research question and subquestions:

Central research question: What are the family member caregivers' experiences and perceptions about the assisted living transitions of older African American women?

Subquestion 1: What do the family members understand to be the events and circumstances leading up to the older African American woman's transition into an assisted living facility?

Subquestion 2: What are the family member caregivers' thoughts about the challenges older African American women face when transitioning to assisted living facilities?

Subquestion 3: What are the family member caregivers' thoughts about programs and services that could be offered to older African American women to enhance the transition and adjustment into assisted living facilities?

Chapter 4 details the study setting, participant demographics, data collection process, and data analysis. Lastly, I address the evidence of trustworthiness, including credibility, transferability, dependability, and confirmability. The chapter concludes with a summary of findings and a preview of Chapter 5.

Participant Recruitment and Study Setting

I sent invitation letters and recruitment flyers to 608 assisted living locations, including supportive living facilities, memory care centers, and retirement homes with assisted living programs. The facilities were in three major geographical areas of Illinois. I received email or phone responses from the directors or administrators of 21 facilities. Seven stated that they were interested in participating and would post the flyer on my behalf to recruit family member participants. Unfortunately, 14 facilities could not assist because they did not meet the study criteria: specifically, not having older women of African American descent as residents at the facility. I initiated follow-up emails and phone calls to the administrators or directors at the seven facilities who agreed to post the flyer after the initial inquiry. However, I was not successful in recruiting participants using this strategy.

The outbreak of COVID-19 and the ensuing pandemic impacted my initial recruitment and data collection activities. The virus is a global health crisis that has significantly impacted all aspects of society, specifically health care facilities and senior living facilities (CDC, 2019; Fallon et al., 2020). Residents in senior living facilities and assisted living centers are considered vulnerable and at higher risk of adverse outcomes related to COVID-19 due to age, possible underlying chronic health conditions, and

disease. Senior living facilities imposed visitor restrictions, limiting family members and other visitors. This restricted further efforts to recruit participants at these facilities.

To address the change in the original conditions, I requested a change in procedure from Walden University's IRB: specifically, the need to revise the recruitment and data collection processes. (The IRB approval number for this study is 12-02-19-0243876.) These revisions included using social media posts to recruit participants, exploring personal connections to find individuals with loved ones in assisted living, and, if necessary, using the Walden University participant pool to ask if anyone in the pool met the study criteria. The procedure changes also included broadening the assisted living move-in time frame to 2 years (from the original 6 months to 1 year) and providing alternative interviewing options for the family member participants, including email, phone, or video conferencing. The change in interviewing procedures was especially critical as the impact of COVID-19 restricted the ability to conduct in-person interviews. These changes were approved.

In recruiting the participants using social media, I followed the inclusion criteria outlined in Chapter 3: the age of the loved one, the time frame of the move (within 2 years of the study), and being an active participant in the move. Six individuals expressed interest in participating in the study. One did not meet the inclusion criteria and was excluded; another did not respond to my follow-up contact. The revised recruitment efforts resulted in four family member caregivers participating in the study.

The final setting for data collection was my home office, using my own personal computer, and the home computer or other device of the participants in their own

locations. Although far from what was originally planned, this setting facilitated

conducting semistructured interviews with the participants in which I captured rich and

thick data and insights on their experiences and perceptions regarding their loved ones'

moves to senior care facilities.

Participant Demographics

As noted, four family member participants met the inclusion criteria and agreed to

participate in this study. Three were secondary caregivers; one was the primary caregiver.

They all provided assistance to their older female African American family members, all

of whom had moved within 2 years of this study.

Data Collection

I was the only researcher in this study. Prior to collecting data, I sent informed

consent forms to the participants by email for their review and signature. I scheduled the

interviews by sending email invitations to the participants within 1 week after receiving

their informed consent forms. Before starting the interviews, I asked the participants if

there were any further questions or concerns.

I used an interview guide (see Appendix A) to ask questions regarding the family

member participants' assisted living transition impressions. I informed the participants

that the interviews would be recorded on my personal computer using the Zoom video

communication recording feature. The interviews were conversational and relaxed so that

I could build rapport with the participants. This approach reflected Yin's (2018)

recommendation that these interviews more closely resemble guided conversations than

structured inquiries. In addition to recording the interviews, I took handwritten notes to

document specific insights shared during the conversation. The sessions lasted between 45 and 75 minutes. I maintained a journal to log participant demographics, jot down interpretations and details about the participant interviews, and document any personal biases that arose during the interviews. Data collection took about 2 months after the change in procedure and expansion of the inclusion criteria.

Data Analysis

I explored the lived or social experiences of a specific group in this study. Because this was an exploratory study, an inductive approach was appropriate. I began data analysis by transcribing audio recordings of the participant interviews to a Microsoft Word document using NVivo's transcription feature. I cross-referenced the interview audio recordings, the interview transcripts, and my handwritten notes to confirm alignment in what the participants shared. I further confirmed the accuracy of the data by sending an email to the participants containing a copy of their interview transcript for their review, as recommended by Birt et al. (2016). I then called each participant to confirm receipt of the transcripts and to discuss any discrepancies they might have found, again following guidance in Birt et al. Once the participants confirmed the data as accurate, I began coding.

I first conducted open coding, looking for first impressions of the concepts that arose from the raw data by reviewing the printed interview transcripts and handwritten notes I had collected during the interviews. Based on the research subquestions, I then developed short word sequences to define the key themes. This seemed the best strategy for organizing the themes as possible responses to the subquestions. These themes

reflected the focus of each research question: events and circumstances, thoughts about challenges, and impressions about programs and services the participants experienced as part of the transition.

Using the subquestions to organize the data continued into developing themes. Further analysis entailed conducting axial coding, in which each participant's interview responses were reviewed line by line to identify meaningful phrases about the transition experience across each case. Once participants' statements and comments were categorized, I was also able to identify subcategories in each participant's case.

Selective coding was the last data analysis step. This approach facilitated deeper understanding of each case (see Williams & Moser, 2019). I reviewed the categories and subcategories developed in the axial coding process and identified emergent themes about the family members' transition experience under each of the subquestions. I highlighted and wrote comments to understand the initial interpretations presented in the data to determine thematic connectivity leading to thematic patterns (see Williams & Moser, 2019). This process clarified the themes or patterns in the participants' experiences.

Based on the data captured from the family member caregiver interviews, I analyzed the data by developing short word sequences to define categories. The three categories addressed the events and circumstances, thoughts about the challenges, and impressions about programs and services. From the three initial categories, I created 10 subcategories for further analysis of the data. The 10 subcategories were:

- concerns prior to the move,

- decisions to move,

- family member caregiver role,

- family dynamics,

- initial adjustment,

- dementia and memory loss,

- COVID-19,

- family member involvement after the move,

- adjustment to facility services, and programs, and

- thoughts about resources and support services.

Table 1 shows the three categories and 10 subcategories that resulted in three emergent themes.

Table 1

Emergent Themes Organized by Subquestion

Central research question: What are the family member caregivers' experiences and perceptions about the assisted living transitions of older African American women?			
Subquestion	Category	Subcategories	Theme
Subquestion 1: What do the family members understand to be the events and circumstances leading to the older African American woman's transition into an assisted living facility?	Events & circumstances	Concerns prior to the move Decisions to move Family member caregiver role Family dynamics	Transition is usually not well planned in advance and does not happen until a critical event or incident occurs that changes the older adult's physical, social, or emotional status. This is significant in the role of family members in supporting the transition.
Subquestion 2: What are the family member caregivers' thoughts about the challenges older African American women face when transitioning to assisted living facilities?	Thoughts about challenges	Initial adjustment Dementia & memory loss COVID-19	The transition was more difficult than had been thought for older women and family members. Transition is a time of stress for both those moving and those supporting the move.
Subquestion 3: What are the family member caregivers' thoughts about programs and services that could be offered to older African American women to enhance the transition and adjustment into assisted living facilities?	Impressions about services and programs	Family member involvement after the move Adjustment to programs & services Thoughts about programs & services	The older adults expect family members to stay connected and involved after the transition. The family members may also have expectations of their playing a significant role in the new life of their loved ones in the assisted living facility.

These 10 subcategories formed a framework of issues that are important for family members who are looking to support their older adult family members in transitioning to long-term care or other group residential care. The analysis further

uncovered three emergent themes that recurred through the data and reflected the review

and consolidation of these subcategories:

- Theme 1: Transition is usually not well planned in advance and does not happen until a critical event or incident occurs that changes the older adult's physical, social, or emotional status. This is significant in the role of family members in supporting the transition.

- Theme 2: The transition was more difficult than had been thought for older women and family members. Transition is a time of stress for both those moving and those supporting the move.

- Theme 3: The older adults expect family members to stay connected and involved after the transition. The family members may also have expectations of their playing a significant role in the new life of their loved ones in the assisted living facility.

These themes are discussed in more detail in Chapter 5.

Evidence of Trustworthiness

Credibility

To establish credibility, I retained handwritten notes and audio recordings from the interviews that provided insights into the family member participants' assisted living transition experiences. I maintained a participant interview process log, which contained details on participant's demographics, my notes on the participants' nonverbal communications, and self-reflection comments to recognize any biases. During the interview sessions, I used the same interview procedure and interview guide for each

participant, which encouraged them to recount their experiences, perceptions, and insights in an open forum. I conducted member checking during the interview to validate and confirm the details shared. I sent participants the interview transcripts for review and comment. I followed up with each participant but received no responses to my calls.

Transferability

Transferability refers to the ability to apply study findings to other situations or groups and is achieved through actions such as purposive sampling and creating thick descriptions (Anney, 2014; Daniel, 2018; Noble & Smith, 2015), both employed in the present study. Insights shared by family member caregivers did provide rich data that may contribute to future research. Therefore, findings from this study may help to inform a transition framework for older African American women and their family member caregivers. Other researchers may use the study findings in future research on the experiences and perceptions of family member caregivers of older African American women who move into assisted living facilities.

Dependability

Wu et al. (2016) stated that dependability reflects the stability of data analysis protocols. Dependability is often reflected in audit trails that describe data collection, documentation, and analysis processes and procedures. I maintained an audit trail for this study by compiling all study details in a file containing descriptions of the research activities and findings in the participants' audio recordings, the interview transcripts, handwritten notes, and the participant interview process log. The audit trail also includes

my self-reflection comments and the coding procedures. The audit trail is available for review upon request.

Confirmability

Confirmability in a study ensures the validity of participant responses or statements. Using direct quotes from the participants ensured that their impressions and insights reflected their transition experiences. Using these quotes also verified that the transition interpretations were from the family member's vantage point and were not my interpretations.

<div align="center">

Study Results

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This study reflects the transition impressions of family member caregivers of older African American women. The case study approach provided the opportunity to capture each family member's insights during semistructured interviews. The study's central research question focused on exploring family member caregivers' experiences and perceptions on older African American women's transitions into assisted living facilities. Three subquestions were used to explore these experiences in more detail; specifically, what the family members understood to be the events and circumstances leading up to the older African American woman's transition into an assisted living facility, what the family member caregivers' thoughts were on the challenges faced by older African American women when transitioning to these facilities, and what the family member caregivers' beliefs were about programs and services that could be offered to older African American women to enhance the transition and adjustment into these

facilities. The family members' statements confirmed their lived experiences from their perspectives.

The following is a narrative of the participant's responses to the interview questions presented during the semistructured sessions. To protect participant privacy and in recognition of the small sample size, no identifying information is presented. The following quotes from the participants represent comments from all of them. They are organized by subquestion.

Subquestion 1

Subquestion 1 asked what family members understood to be the events and circumstances leading up to the older African American women's transition into an assisted living facility. Concerns about their loved one's well-being and safety were reflected in many comments. Many participants also noted changes in their loved ones before the move in comments like "But now it's like her filter was removed . . . she was just blurting out things." "She started accusing my sister of stealing large sums of money, which she never had access to." "My mom had come down with dementia . . . when this dementia starts taking in, she had no filters, she became violent, you know, it was just the decision that had to be made."

Care Needs Changing Over Time

The participants' experiences highlighted the challenges for care needed that had changed over time and that were too acute to not pay attention to. One participant said, "Her thing is spending money, but when she started not wanting to do that anymore, we knew something was going on." Another participant said,

She started to develop some type of dementia, memory loss. Well, my mother's living situation, she was just by herself in a one-bedroom apartment. She was dealing with eye problems. She didn't let us know about it . . . So, she thought that she could just handle everything.

Attempts to keep their loves ones at home were common among participant comments. Their responses showed that they struggled with the final decision to move and felt obligated to keep their loved ones at home as long as possible despite the decline and change in their loved ones. Their comments included the following, "It was the hope to keep her in the home as much as possible." "But we felt it wasn't so severe that we have to put her in a living program. She felt that she was able to stay." "We shouldn't just be shifting her from different household . . . So, we determined by which household where she stayed, which ended up being in my brother's house." One participant said,

She wanted to stay in the home. We all agreed she would stay in her home. My sister took care of her Monday through Thursday, Friday, Saturday, and half of Sunday. I would take care of her Sunday afternoon; another sister would take care of her until Monday morning so that we would go to my mom's house.

Several participants discussed their efforts to identify facilities that could provide the needed care. Their comments included the following: "I toured quite a few places and tried to stay close . . . I didn't want my father to have to travel too far to get there or see her." "I went to a bit of a faith-based place . . . we'll have a good chance at having good care." "It was really difficult to try to find people that dealt with dementia or Alzheimer's to make sure that they were willing to take these folks."

"My sister finally said, I can't handle it anymore . . . she did have money, so we were able to pay the facility."

Subquestion 2

Subquestion 2 focused on family member caregivers' thoughts about the challenges faced by older African American women when transitioning to an assisted living facility. The participants' statements specifically focused on their experiences related to being the family caregiver, perceptions of their loved ones' adjustment to the assisted living facilities, their perceptions of their loved one's engagement/involvement in the facilities, issues related to dementia and memory loss progression, and challenges related to the COVID-19 pandemic. Impressions shared by the participants noted their awareness of how their loved ones fitted into their new environments. Most participants expressed that their loved ones had negative reactions to the move.

Posttransition: Family Caregiver Experiences

Participants reflected on their experiences after their loved one's movement to the assisted living facility. Each described the stress of being a caregiver for their loved one. Findings also uncovered the family members' continued need to be involved in the care even after the move.

Different Family Caregiver Stress. The participants discussed a different kind of stress and more stress after their loved ones moved to the facilities because of their need to continue to be involved with their care. Their comments included the following: "It was easier transitioning her out of a home because first, we transitioned her out of her home. And then we transfer a stranger out of my home into an assisted living." "They're

adjusting. They're trying to adapt. But at some point, you've got to come out of yourself and do what you can. It could be something very minimal to help your loved one." "He turned my mom's care over to me; I was kind of the closest to her . . . We waited. We passed the time that we were supposed to . . . we realized we would put her in more danger." One participant said,

> My theory is, my mom raised me for 18 years. She sacrificed a lot to raise seven children while my dad was fighting wars. So, I mean, how can I turn around and say "I can only give you 1 hr."

All participants discussed their feelings about how they wanted to make the right decisions for their loved ones. Findings from the family member caregivers suggested that they felt a great sense of responsibility in making the right decision about the transition. The participants commented that they felt a significant obligation to ensure that their loved one was comfortable after moving to the assisted living facility.

Family Caregiver Continued Responsibilities. The participants discussed their desires to be involved in ongoing care and their responsibilities for their loved ones' well-being in their new settings. Their comments included the following: "It is such a traumatic thing to have to do, you know, to take your parent out of your home and put them in someplace . . . just hoping for the best. "You try to do what's best for your parents. You try to do what you feel." "I broke down . . . I realize[d] that my mother was never going to be the same again." "It's acceptance of what condition your family member . . . You can never adjust if you can't accept their diagnosis." "The particular place that we chose . . . [they] came out to the home and talked to my mom . . . So when

we took her, it was really good because that person was there . . . And that was really, for me, a lifesaver." "We all made a decision; mom would go into assisted living . . . So we moved her."

The participants also commented on the involvement and opinions of others, as reflected in the next section. Their comments suggested that participation of other family members impacted their transition experiences. Most participants found it challenging to be the decision-maker for their loved ones.

Family Caregiver Conflict: Primary and Secondary Caregiver Role

The participants discussed the relationships between themselves as primary caregivers and their siblings or other family members. Their comments included the following: "Every day, one of the siblings went to visit her and stay with her. And like, you know, sit with her while she had dinner, and another sister visiting her every evening, and then it came down to me. "Family issues . . . dealing with my dad was kind of difficult at times." "It's an emotional rollercoaster . . . it's taken a toll on my husband and brother in law." "My oldest sister. She just can't go. She can't see mom in that condition." "You know, they're used to seeing a strong grandmother." "He was kind of resistant at first. I think that's why we kind of held out for as long as we possibly could."

Perceptions of Loved Ones' Adjustments to the Move

The participants discussed their perceptions of their loved ones' reactions to the move. They expressed that their loved ones seemed to be experiencing anger, withdrawal, and depression, as reflected in these comments: "She was very angry." "[She said] don't put me [with] the old folks." "My mom was pretty simple . . . she didn't demand . . .

other than taking her away from her home." "So, when they had activities, she would

go." "She was very depressed with me, sometimes angry." One participant said,

> My mother has a way about her . . . she was usually the only Black person. And
>
> so because of that, she's always known that when she's around a certain audience,
>
> she acts a certain way. I think it was exhausting for her. She was around Black
>
> folk . . . she could be more herself.

Perceptions of Loved Ones' Engagement/Involvement

The participants shared their opinions about their loved ones' interests or

involvement in facility programs and services. The findings reflected that participation in

the programs and services was challenging for their loved ones and themselves as

caregivers. Some family member participants suggested that their family members' lack

of involvement in programs and services provided may have contributed to their further

decline. Some family member participants suggested that their family members' lack of

involvement in programs and services provided may have contributed to their further

decline.

Some family members shared that their loved ones seemed to have difficulty

adapting to their new environments. Their comments included the following: "[She]

knows that this is not where she lives. She's ready to go. "I think familiarity with things,

and so we try to make sure that she had the bed, she slept in comfort." "It was really

difficult to leave her there." "Sometimes, we would find out that she left the room to go

into the cafeteria, sit down, and eat. But she wouldn't tell us that we only found out

because we had a relationship with the director." One participant said,

Everyone was so nice, but she didn't want to stay there. She didn't like . . . I think

that has a lot to do with her experiences where she worked in the corporate world.

And now she's in the latter part of her life and feels that maybe she has to be open

again.

Other participants said that one issue was that their loved ones did not see other

residents in the facility that looked like them. Their comments included: "My mother.

She's a very social person. She became involved in the activities . . . She kept talking

about she didn't like being the only Black person." "When things started to happen, and

she started to say, 'I don't want to be [the] only Black person here except for the people

that cook . . . So that that was an issue with her." One participant said,

She's out of her comfort zone because it's not like she was around Black people

all the time, but, compared to what she was experiencing . . . The residents were

starting to ask "Where's your mom?" We go into her room and knock on the door

. . . Sometimes she's just sitting there. She wouldn't even answer the door.

Perceptions of Dementia and Memory Loss Progression

The participants provided insights about their observations of their loved ones as

their conditions declined due to dementia and memory loss. They detailed how their

loved ones changed after the move. Some participants implied that they felt unprepared to

manage the care of their loved ones. They found it unsettling to witness how much

dementia and memory loss impacted their loved ones' quality of life. Their comments

included the following: "My mom has Alzheimer's. She was diagnosed six months after

my dad died." "The hard part of the memory loss is that that you're dealing with a

woman who has always been in control, and now she's not in control. If she does not understand why she's not in control . . ." "She started to change, and we didn't understand why. She was on medication for her eyes. But what we finally figured out, [it] was dementia." "So hard to form her words to communicate . . . She gradually withdrew." "I spent 2 to 3 hrs with her every evening, walking her and talking with her. She doesn't have meaningful conversations."

Other comments were: "When I would strike up a conversation with her, it was gibberish. When she was talking, but then other times of the day, she was very clear-minded." "She seemed to do well at first . . . then the disease just kept getting worse and worse." "I think because it was both places we moved to, where everybody is living in their world." "She was depressed when we moved her. I would have to get up sometime[s] 3 in the morning and go up there. She would be so depressed and so blue and just crying." "She was starting to sleep more frequently . . . she wouldn't go to the restaurant. She didn't want to be there because she says every time I go there, they always want to talk to me, and I don't like talking to them." "She was giving them problems left and right. Because she wouldn't stay in her room, she would get up. Come out." "The violence was towards him as the primary caregiver." One participant said,

> I thought it was just me. But when I talked to my sister, she's like, oh, no, she tells me the same way. So then she started blaming us, saying that we don't want her to be around her. But that was her mindset, that she was being ignored. Even though we were, we stepped up the times we were coming over.

Perceptions of COVID-19's Impact

Family member participants were asked about their feelings about other challenges. The impact of the COVID-19 pandemic on their experiences as family caregivers was paramount in their responses. They said that uncertainty about the virus and their loved ones' care contributed to additional stress and anxiety as family caregivers and that their caregiving roles had changed due to the pandemic. They found it frustrating because they were unable to determine the health status and condition of their loved ones because of restrictions imposed during the pandemic. They also felt that their loved ones may experience further decline. Most suggested that the experience with COVID-19 may have an impact on their loved ones in the future.

Participants discussed that as a caregiver that they experienced increased anxiety, stress and uncertainty because of the restrictions and precautions as a result of COVID-19. Most participants shared that not being able to visit and see their loved one was the most difficult. Their comments included the following: "When they closed the doors and would not let anybody in due to corona, we had to advocate for my mother . . . We have to see her. We went through a lot. That was an emotional time for us." "She didn't understand about the pandemic. She said we were making it up." "They said that she started leaving quarantine and going into other people's rooms." "It's just so overwhelming." "I was going every day until corona hit." "Prior to corona, I walked her . . . She could walk a good distance with a walker." "That mental effect about this pandemic where you cannot see your relatives." "It's messing elderly people up because this is the phase of their life where they depend on their families."

Subquestion 3

The third subquestion focused on family member caregivers' thoughts about programs and services offered to older African American women to enhance the transition and adjustment into assisted living facilities. Their comments reflected a range of topics and experiences, including comments about efforts to support their loved one's quality of care by staying involved in their lives and their impressions of facility staff. They also offered insights on existing programs and services and how they could be improved.

Staying Involved to Support Loved One's Quality of Life

Family member participants expressed views about the quality of life of their loved ones' in the facility. They expressed that the transition was a challenging experience. One participant said, "It was tough at the beginning, then you feel a little better about moving her." Another participant said, "Your loved one is fighting emotions as much as you're fighting your emotions. I think. Another recalled, "She would call me periodically . . . And so then about a week after she was there and then she called. She [the facility director] said that you know, I think you guys need to come in." Other comments included: "Some of the issues that we kind of went into . . . just trying to move into a place where she would see people that look like her." "But sometimes when we place our loved ones, we feel okay. Our responsibility is over. Now it's someone else's responsibility . . . peace is really important with family members."

The participants felt that maintaining their loved one's quality of life continued to be their responsibility even though their loved ones were in assisted living facilities. They

detailed their efforts to stay involved in supporting their loved ones' adjustments to the facilities and felt that these connections were essential to maintain the well-being and quality of life of their loved ones. Their comments included the following: "We'll take her . . . She loves to shop. She loves the spa. She loves nails . . . We make sure we took her to all those different places and kept her actively involved." "We pick her up for church that we belong [to], a Black church." "You could smell something sweet every time she went into her room. You know that I tried to make it so comfortable for her." "I think it's important . . . not just assume that what you have available is what they want." "Just having them realize your presence, it's huge. It goes a long way." "Unless I was out of town. I saw her every day. And I rarely went out on the town." "I believe she thought that it wasn't a hospital when it was actually like an apartment."

Impressions of Facility Staff and Care Provided by Staff

The participants shared their impressions of facility staff. Some members expressed concerns about the staff's ability to support and provide for the needs of their loved ones, reflected in the following comments: "There was just constant turnover in aides . . . with the aide turnover, who's training and who . . . some of that made it difficult." "You've got to let people know somebody is watching . . . My mother is very loved. There will always be someone there 24/7 if we need to be. One participant said,

> They did have this extensive form that you had to fill out. That form had a lot of
> questions like their food likes and dislikes and activities they like to do. And what
> did they do when they were young . . . What were their interests . . . I guess they

could get to know the person . . . What I felt was extremely ridiculous was that the information was not shared with the aides.

Family caregivers implied that the quality of staff impacted the trust and confidence in the facility programs and services. Participants expressed that they felt the need to closely monitor the staff to ensure that their loved ones would receive what they needed as residents of the facility. Participants felt that communication with the staff was essential.

The participants discussed their perceptions, expectations, and preferences of the care staff and shared their feelings on which staff they felt most comfortable providing care to their loved ones. Their comments included: "There was it was a diverse group [staff]." "African descent . . . African Americans and White . . . they maneuvered and emotionally handled people. I appreciate the care that was given." "The aides are all African or Black, so they take care of them better . . . they braid my mom's hair. They know [to] take special care of my mom." "Staff did take care [of her]. I feel much more calm." One participant said,

> They had a mixture of white and black taking care of people . . . My thing is I got
> to make sure she has lotion on her. I got to make sure she has Vaseline in the right
> spots . . . I got to make sure these things were happening.

Recommendations for Programs and Services

The participants shared their ideas about the facility programs and activities and offered their recommendations from the perspective of being a family member of an

African American older adult. The insights shared were to enhance facility services to better meet their loved ones' needs and their expectations as family member caregivers.

Embracing Inclusion and Diversity in Cultural Programs and Services. The participants' recommendations reflected their feelings about the importance of incorporating programs and activities that embrace inclusion and diversity and address individual needs. Their comments suggested that they would be more confident in the care and services if staff were more aware of their loved ones' cultural preferences. Their comments included the following: "Bible study . . . that's prominent in the Black community. They didn't have that . . . Having those things that are important to people culturally and individually. "Having family and friends events. I think providing opportunities for the family to get together, celebrating events and personal events, cultural events and all of that, and making sure it's fun." "Food, food. I'm just looking at this stuff, going 'What is this for?' More culturally diverse food."

Increased Knowledge of Assisted Living. The participants implied that family caregivers need more information about assisted living and aging services. Their comments suggested approaches that could better inform African American family caregivers on their options when exploring and considering assisted living facilities or aging services and included the following, "They think it's a nursing home when it's a nice environment that somebody could do well" and "I don't believe [Black] people know the [assisted living facility] system . . . I mentioned about having people go on tour to see if those cultural elements [were] kind of built-in or presented."

Intake/Assessment Process. The study participants recommended some initial approaches to capturing information about potential residents and family members before a move to a facility. Their comments included: "That person came and dealt with all the application and paperwork with us… I thought that it was important" and "[I] think as part of their intake, they should have conversations with the family and the potential resident. What is her cultural interest? What are things that she'd like? We didn't experience that."

Provide Resources for Family Caregivers. The participants suggested that having resources for themselves could help them manage the care of their loved ones. Furthermore, the participants suggested that these resources could help them with the adjustments and changes they experienced as family caregivers. Their comments reflected a need for family member support before and after the move: "Having resources, resources for [Black] family members to contact psychologically." "Educate some of these organizations that say that they're out there to help you, that would be helpful for people [family] who don't know what questions [to ask]." One family member suggested:

> [A] helpline or something like that in case a family member has some questions about what their loved one is going through and they need to talk to someone might help a family member come to better terms with the situation.

The family members implied that cultural services and activities, education on assisted living facilities and the move-in/intake process, and resources for caregivers are elements to incorporate in services and programming for adjustment and support of both

families and older adults. These elements would promote a person- and family-centered approach to the programs and services in these facilities. Participants also recommended addressing cultural needs.

Summary

The assisted living transition experiences of family member caregivers of older African American women 75–95 years of age were detailed in Chapter 4. All participants shared their insights about the move to further the understanding of their experiences and perceptions during these transitions. Three themes emerged that highlighted the challenges faced by family members of older African American women transitioning into assisted living facilities. These findings may help to inform an assisted living transition framework that highlights issues arising from these transitions as well as overall themes of transition to support older African American women and their family member caregivers as they move into assisted living facilities. Chapter 5 is an interpretation of the findings. Also discussed are study limitations, implications for social change, recommendations for an assisted living transition framework, and considerations for further research.

Chapter 5: Discussion, Conclusions, and Recommendations

Aging services programs have evolved to address the growing senior population's needs and expectations (Rowe et al., 2016; Zimmerman et al., 2014). Exploring family member caregivers' needs and expectations is essential as they are actively involved in their older loved ones' care and support. Informal caregivers, including family members, take on significant responsibilities before moving older loved ones into senior living facilities (Coleman & Roman, 2015; Hudson & Gonyea, 2018). Eldercare options include home- and community-based services, independent living communities, assisted living facilities, and nursing homes (Rowe et al., 2016; Zimmerman et al., 2014). To support the needs expressed by older adults and their family member caregivers, assisted living facilities have become an alternative senior housing option to traditional independent living communities and nursing homes. These facilities provide program support with daily activities in a home-like environment for older adults who can no longer live at home or with family members but who do not need nursing care (Bischoff et al., 2017; Ramdin et al., 2018).

Studies addressing the lived experiences of family member caregivers of older African American women are few, which supported the present study's focus on exploring family member caregivers' impressions of the transitions to assisted living for African American women 75–95 years of age. Feminist theory supported this research, specifically Black feminist theory, which explores African American women's lived experiences (P. H. Collins, 2002; Cooper, 2015). For the present investigation, the case study approach captured in-depth details from family members on their thoughts and

feelings about the transition. The following central research question and subquestions guided the exploration of the family member caregivers' perceptions of these women as they transitioned into assisted living.

Central research question: What are the family member caregivers' experiences and perceptions about the assisted living transitions of older African American women?

Subquestion 1: What do the family members understand to be the events and circumstances leading up to the older African American woman's transition into an assisted living facility?

Subquestion 2: What are the family member caregivers' thoughts about the challenges older African American women face when transitioning to assisted living facilities?

Subquestion 3: What are the family member caregivers' thoughts about programs and services that could be offered to older African American women to enhance the transition and adjustment into assisted living facilities?

Data analysis concluded with identifying three categories and 10 subcategories that captured the highlights of a framework of issues of concern for family member transitions. Three themes also arose from exploring the experiences and perceptions of family member caregivers:

- Theme 1: Transition is usually not well planned in advance and does not happen until a critical event or incident occurs that changes the older adult's physical, social, or emotional status. This is significant in the role of family members in supporting the transition.

- Theme 2: The transition was more difficult than had been thought for older women and family members. Transition is a time of stress for both those moving and those supporting the move.

- Theme 3: The older adults expect family members to stay connected and involved after the transition. The family members may also have expectations of their playing a significant role in the new life of their loved ones in the assisted living facility.

In Chapter 5, I address the findings based on the themes identified and presented in Chapter 4, the study's limitations, recommendations for future studies, and implications for social change. I conclude by providing a summary of Chapter 5 and by summarizing the entire study.

Interpretation of Findings

Findings from this study reflect the experiences and perceptions of family member caregivers of older African American women who moved into assisted living facilities. The subcategories highlighted a framework of issues arising for family members supporting their loved ones' transitions. The following are interpretations of the three themes reflecting the transition experience:

Theme 1

The first identified theme was that the transition is not planned and does not happen until a critical event or incident occurs that changes the older adult's physical, social, or emotional status. The semistructured interviews with family member participants provided perspectives on the events and circumstances leading to the assisted

living transition, explicitly addressing concerns before the move, the decision to move, and the family member caregiver role. The family members shared that they delayed their actions because they felt obligated to keep their loved ones at home despite the changes in their loved ones. The participants discussed trying to manage care at home by engaging other relatives and hiring paid caregivers.

These findings support research conducted by Grigoryeva (2017), Santoro et al. (2016), and Pharr et al. (2014), which reflected the heavy burden of the caregiver role, especially for family members from different cultural backgrounds where the norm is to care for older loved ones at home. The participants stated that their sense of duty and obligation directed their decisions as caregivers. The family members expressed that they wanted to keep their relatives at home but realized that keeping them at home would not be good. These findings on the family caregiver role are similar to what Holroyd-Leduc et al. (2016) presented about family caregivers, stating that the care approach should be centered around older adults and family member caregivers as well. Holroyd-Leduc et al. (2016) suggested that the conceptual framework of the family-centric model of care should be implemented in various health care settings that support older adults and their families.

Participants in the present study confirmed that being a caregiver is difficult, especially with their loved ones' health declines. All participants shared that they felt significant pressure, anxiety, and stress as caregivers. Aazami et al. (2017), Li and Carter (2017), McCabe et al. (2016), and Redfoot et al. (2013) discussed the stress caregivers experience. However, they did not specifically address the heightened level of emotional

stress and guilt that family members of this group noted experiencing when dealing with their loved ones' health challenges and struggling with the fact that the move was necessary to address these changes. These researchers also did not specifically address the additional burdens that these family members experienced to adhere to filial duty and cultural expectations to care for their loved ones instead of placing them in facilities. The present study's findings illustrated how stress, guilt, and obligation delayed the transition despite the changes in their loved ones' physical, social, or emotional status.

Two participants discussed how family relationships impacted the transition experience. One participant said that there was resistance from other family members about the decision to move. Many participants commented on how involvement from other relatives varied, which resulted in their taking on additional caregiving responsibility. Some participants felt questioned, challenged, or judged by other family members about the decisions as caregivers. Qualls (2016) addressed these concerns in stating that care roles must be negotiated. For the present study's participants, difficulties in managing other family members' expectations appeared to also contribute to heightened levels of emotional stress and guilt. The participants implied that the judgment of other family members might have influenced why they delayed moving their loved ones.

The identified themes in the present study acknowledge that family caregivers' insights are essential. Family caregiver perceptions are meaningful because they are actively engaged in pretransition and posttransition care. The findings suggest that engaging family member caregivers before, during, and after these transitions can

provide support. Coleman and Roman (2015), who studied family caregivers'

experiences when loved ones transitioned out of a hospital, shared guidance on how to

structure a transition plan that includes family caregivers. The key elements included

understanding the family members' transition expectations, clarifying caregiving roles

during the transition, and acknowledging caregivers' feelings of stress and uncertainty

during this time. Coleman and Roman suggested that since the insights of family

members have not been fully addressed and acknowledged the need for more research.

The present study's findings reflect this suggestion.

Theme 2

The second identified theme was that the transition was more difficult than had

been thought for the older women and their families. The participants discussed their

challenges by sharing details on their loved ones' initial adjustments. One participant

stated that the loved one did not want to be around "old folks." Another participant said

that her mother was "angry" about moving to the facility. Participants said that it was an

emotional experience, especially after witnessing their loved ones' reactions. Family

members expressed that because of their loved ones' health changes, the expectations to

keep them at home and knowing that they had to move their relatives to ensure their well-

being made the transition more difficult than had been thought. Some participants

questioned their decisions about the move to the facility.

These findings reflect negative impressions about the transition, which conflicts

with Gilbert et al. (2015), who suggested that the initial relocation experience of older

adults and their family members is positive. These researchers also suggested that involving the older adults can promote better transition experiences.

Because of the challenges they faced in these transitions, the comments from the caregivers in the present study did not reflect positive outcomes. All participants confirmed that they had to make prompt decisions to move their loved ones into the facility due to their relatives' changes in health status. They said that these moves were made without the involvement of relatives and, in some cases, without consent from their relatives. These findings conflict with Browning et al. (2014), T. Carney (2014), and Bunn et al. (2017), who discussed the supported decision-making model, which encourages the practice of having disabled or older individuals direct their life decisions with others (Administration for Community Living, 2015). The supported decision-making approach can be an option when appropriate, but, based on the present study's findings, incorporating this practice may be difficult. However, the study participants did not specifically share their observations about their loved one's decision-making capacities.

One participant expressed thoughts about the loved one's adjustment to the facility as an African American woman in commenting that "She was usually the only Black person . . . she's around a certain audience, she acts a certain way." The family member suggested that the loved one struggled with adjusting to the facility because she was the only Black resident in the facility. As previously noted, the present study's theoretical framework supported feminist theory, specifically Black feminist theory, which is used to examine African American women's experiences. The impressions

shared by this family member caregiver confirm what P. H. Collins (2002), Rousseau (2013), and Wells-Wilbon and Simpson (2009) said about the importance of understanding the experiences of Black women to confirm that their experiences are different. For the present study, the details shared by the family member caregivers were not to replace the accounting of the older women's lived experiences but instead to provide meaningful insights from the caregiver's perspective. These perceptions can help to inform an assisted living transition framework for older African American women moving into assisted living facilities.

The family member caregivers' observations suggested that their loved ones experienced adjustment issues because of race. Some participants indicated that because there were a limited number of Black residents in the facilities, their loved ones had difficulty adjusting, which resulted in their loved ones becoming withdrawn or socially isolated. These findings mirror what Kohn et al. (2016) and Park et al. (2013) said about attachment, social networks, and social interactions for ethnically diverse older adults in assisted living. These attributes may be indicators to promote quality of life for ethnically diverse older adults.

Comments from the present study's participants revealed that dementia and memory loss further challenged their loved ones' adjustment. One participant discussed interactions with the loved one by stating, "When I would strike up a conversation with her, it was gibberish . . . but then other times of the day, she was very clear-minded." Another family member said, "She seemed to do well at first, then the disease just kept

getting worse." Another participant stated, "She wouldn't stay in her room, she would get up. Come out . . . "

Despite the transition challenges, some of the family members felt a sense of relief. However, they were still concerned about how their loved ones with memory loss would adjust to the facility. Their comments reflected the emotional effects of changes in their loved ones. Day et al. (2014) stated that caring for a loved one with dementia or cognitive impairment can cause compassion fatigue in family member caregivers. The family members in the present study stated that they experienced stress, anxiety, and guilt and that these feelings continued even after their loved ones moved to the assisted living facilities.

Some family members shared their concerns related to COVID-19 pandemic and its effects on older people, especially those with chronic conditions and disease. The virus has specifically taken a toll on older adults in senior facilities, including assisted living (Bauchner & Fontanarosa, 2020; CDC, 2019). Three family members talked about how they felt about their experiences related to COVID-19. One participant said, "I was going every day until corona hit." Another participant said, "It's messing elderly people up because this is the phase of their life where they depend on their families." Another participant talked about how she would have been overwhelmed if her mother had lived during the pandemic. The family members' inability to visit, care, and interact with their loved ones as they did before the pandemic brought about increased levels of anxiety, trauma, and stress as caregivers, reflecting findings from Gallagher and Wetherell (2020) and Prime et al. (2020).

Theme 3

Theme 3 reflected older adults' expectations that family members stay connected and involved after the transition and that the family members may also have expectations of their playing a significant role in the new life of their loved ones in the assisted living facility. Overall, the study participants had positive but different impressions about their feelings after the transition. One participant said, "So it was tough at the beginning, then you feel a little better about moving her." Another participant said, "Our responsibility is over. Now it's someone else's responsibility." Most family caregivers stated that they felt obligated to be actively involved in their relative's care after the transition. As one participant put it, "You've got to let people know somebody is watching."

These findings are similar to what Wolff et al. (2016), Bauer and Sousa-Poza (2015), and Roth et al. (2015) said about the various elements of the caregiver role. However, these researchers did not explore the challenges facing caregivers when their loved ones are permanent residents of senior living facilities. Comments from the present study's participants implied that they still felt the need to continue their caregiving duties even with their loved ones officially no longer under their care. Filial obligation and responsibility influenced their need to continue taking an active role in their loved ones' care.

Three family members discussed their opinions of the programs and services that address culture. One participant talked about their loved one's concern about "being the only Black person." One participant suggested planning formal gatherings where residents and their family members can celebrate customs and traditions. Most

participants felt it would be good to incorporate culturally focused activities that would engage both older adults and family members. These findings reflect what Foronda et al. (2016), Hollinger-Smith (2016), and the American Geriatrics Society Ethnogeriatrics Committee (2016) stated about establishing cultural sensitivity in health care. The present study's findings suggest that incorporating culturally competent programs and services can encourage positive outcomes through informing staff on how to address adjustment issues, social isolation, and other factors for ethnically diverse older adults moving into senior care facilities. Staff could then take more comprehensive approaches to address these social elements.

The study participants also thought that including religious activities in facility services would provide opportunities for the family member and their loved ones to worship together in these facilities. One participant commented that supporting their relative's spiritual needs meant taking their loved one to a "Black" church to keep her socially and spiritually connected. The facility did not offer these activities. The participant said that these programs could help to maintain spiritual and community connections as part of the facility programs.

The findings on the spiritual needs of older African Americans confirm findings from Assari (2013), Collins and Hawkins (2015), and Taylor et al. (2013) on involvement in a church community or religious activities as part of African American culture. The findings further support Kohn et al. (2016) and Park et al. (2013), who identified attachment, social interactions, and social networks as quality of life indicators for diverse older adults in assisted living. Incorporating spiritual and religious programs in

these facilities may encourage better quality of life for family member caregivers and older African American women alike.

All of the study participants shared their perceptions of facility staff and how the facility teams provided care and services to their older relatives. The participants discussed the diversity of staff working in the facilities. One participant stated, "The aides are all African or Black." The family members commented that they would prefer staff who care for their loved ones be from a similar background or culture. The participants felt that these staff understood their loved ones' needs from a cultural perspective. These findings confirm the need for cultural competency training for all staff. Study outcomes also support Sorensen, Norredam, et al.'s (2017) and Sorensen, Jervelund, et al.'s (2017) findings that cultural competence training for health care professionals is a critical element in ensuring access to and quality of care for increasingly diverse populations. Incorporating cultural competency training as part of health care for all staff in assisted living facilities may provide family members a sense of relief in knowing that all staff are informed and understand the needs of their loved ones from a cultural perspective.

The present study's findings captured family caregivers' experiences with assisted living facility staff. Sorensen, Norredam, et al. (2017), Sorensen, Jervelund, et al. (2017), and Pillemer et al. (2018) discussed cultural competency with a different focus in their studies. Sorensen, Norredam, et al. and Sorensen, Jervelund, et al. discussed the importance of cultural competency training for health professionals to improve the delivery of care and services. They administrated a survey to health educators (e.g.,

medical and clinical teachers). Results suggested that these individuals agreed on the importance of cultural competency training. Pillemer et al. addressed cultural competency but in relation to cooperative communication among family members and assisted living staff members through the partners in care in assisted living. Similar to Sorensen, Norredam, et al., and Sorensen, Jervelund, et al., Pillemer et al. suggested that acknowledging and addressing cultural as well as environmental factors in long-term care settings can encourage better cooperation and communication among family members and staff. Findings presented by Pillemer et al. suggested the importance of understanding the cultural needs of older adults and their family members but more specifically on building a foundation to improve relationships among family members, staff, and older adults through training, conflict management and collaboration between these groups.

The study participants recommended that facility programs and services better support culturally diverse older adults and family caregivers. One participant suggested ideas for the intake process. This family member detailed a positive aspect of the intake process and indicated pleasure with the assessment, that the interview intended to get information to understand the older person's needs before moving to the facility. This participant felt that the intake interview was comprehensive and capture the loved one's preferences and needs. However, unfortunately, the information gathered during the intake did not get to the care staff.

The study participants' perceptions and recommendations in this area reflected what the American Geriatrics Society Expert Panel on Person-Centered Care (2016)

identified as elements to achieving a comprehensive approach to implementing person-centered care. This approach includes exploring and understanding the person's preferences and expectations, adhering to ongoing review of the plan, consistent coordination with providers, and training of care providers and others involved in the care. In summary, the findings in this area suggest that establishing strong relations and communication with family caregivers; incorporating a person-centered approach to care; and providing resources before, during, and after the transition could encourage better outcomes and adjustments for the older women and their family caregivers.

Limitations of the Study

This study's limitations largely reflect the methodology chosen to conduct it. The family members of older African American women in this study provided meaningful and valuable information about their assisted living transition experience. Identifying family member caregivers for the research was sufficient and appropriate for addressing the knowledge gap identified in Chapter 2. Malterud et al. (2015) stated that "Tools to guide sample size should not rely on procedures from a specific analysis method, but rest on shared methodological principles for estimating an adequate number of units, events, or participants" (p. 2). However, the small sample size of four participants makes it difficult to generalize the findings despite the family members' in-depth information about their transition experiences. Tsang (2014) stated that "The case study as a critical research method has often been criticized for generating results that are less generalizable than those of large-sample" (p. 369). Robust and meaningful data were captured from the family member participants in this study; however, as noted, the small sample size limits

generalizability. This limitation suggests future studies with a larger sample size of seven to 10 participants to further explore the perceptions of family member caregivers.

This study was conducted from the family members' perspectives, and it reflects their experiences and opinions about these transitions. The data collected during the interview sessions with the participants could reflect potential bias, including false memories or overstatement about the transition experience due to the emotional stress and burden family caregivers face during the time of transition (see Smith & Noble, 2014).

Recommendations for Future Research

The themes that emerged from this study provided insights from family member caregivers. A multiple case study approach was used to elicit these themes. The themes reflect the family member caregivers' assisted living transition impressions, which detailed the events and incidents, the transition's difficulty, and family expectations as caregivers after moving to the facility. The strength of this study is that the family members' assisted living perceptions provided in-depth information about the transition or move to assisted living facilities. The increase in the older population will bring social, economic, and cultural implications that health professionals and practitioners will need to address as they care for a diverse and older aging adult population and their families in assisted living settings (Viveiros & Brennan, 2014). Professionals will need to be prepared to acknowledge, support, and address this population's health, social, and cultural needs in order to encourage adjustment for older adults and their family member caregivers.

The present study's limitations included its small sample size and potential bias in recounting the participants' transition experiences. Recommendations for future studies include expanding research on this topic by using a multiple case study approach with a larger participant size of seven to 10 family member caregivers to further the understanding of the experiences of the family member caregivers of older African American women moving into assisted living. Additional studies may provide more awareness about the group to better inform aging and health care professionals in developing comprehensive transition frameworks to support these older adults and their family members before, during, and after the move, as suggested by Martínez-Alcalá et al. (2018). The framework could promote better experiences and adjustments for older adults and their family caregivers**.**

This study's focus was on understand the assisted living transition perspectives of family caregivers. I sought to understand the experiences from the family members' viewpoints. In Chapter 2, I evaluated research that addressed family member caregiver roles, the quality of life and diversity in assisted living, successful aging, social isolation, health perceptions, and cultural competence. What the family members shared about their experiences, including events and incidents leading up to the transitions, difficulties making these transitions, and the family's expectations of them as caregivers of their loved ones reflected findings in the literature I reviewed. Still, research needs to continue on the thoughts and impressions of family caregivers. More information may help health care professionals develop assisted living transition frameworks that will promote ongoing engagement of family caregivers before, during, and after their loved ones'

moves and that may also reflect findings from Carbonneau et al. (2010) and Fazio et al.

(2018). Future research should also focus on resources and programs for family

caregivers of older African American women who have cognitive impairments, dementia,

or Alzheimer's disease. Researchers should consider cultural norms and family

relationships in the African American culture as part of their evaluation of these

programs and resources.

Implications for Social Change

Findings from this study reflect the impressions of family member caregivers of

older African American women who assisted these women as they transitioned into

senior living facilities. Family member participants identified events and incidents that

prompted quick actions to ensure their loved ones' safety and well-being. The move was

more difficult than thought for both the older woman and the family caregiver, reflecting

findings from Alpert and Womble (2015). Family caregivers stayed connected and

involved after these transitions, which reflected African American cultural norms and

expectations that emphasize caring for their elders no matter what. These findings could

contribute to social change by informing the development of more culturally sensitive

assisted living transition frameworks to support older African American women and their

family member caregivers. Understanding physical and psychological health, social, and

cultural factors identified by such researchers as Dauvrin and Lorant (2015), McCabe et

al. (2016), Sorensen, Norredam, et al. (2017), and Sorensen, Jervelund, et al. (2017)

collectively in a comprehensive assessment can inform an assisted living transition

framework that may enhance programs and services for this group and their family

member caregivers. Training initiatives that address cultural competence, health, and social factors may provide opportunities for aging services and health professionals in assisted living to facilitate better assessment and evaluation processes that meet this group's specific needs, as reflected in Baker et al. (2015) and Phillips et al. (2017). As part of my ongoing work in this field, I plan to share this study's results with aging services and health care professionals and share my expertise with local and national health care organizations and peer-reviewed journals that support research on older African American women and their family member caregivers.

Conclusion

The experiences and perceptions of family member caregivers of older African American women who transitioned into assisted living were detailed in this study. The objective was to understand how immediate family members experienced the transition of older African American women as they moved into assisted living facilities in order to begin to identify a framework that might be useful for human services practitioners. Interview data were collected from four adult children family caregivers who facilitated the move. Black feminist theory provided a theoretical framework. This study's findings provide awareness and understanding of the family caregivers' experience during the assisted living and have implications for social change. Aging services and health care professionals can use the information to inform and develop a framework to support older African American women and their family member caregivers moving into senior living facilities. Findings from this study also contributed to the limited research on family member caregivers' lived experiences as they transition their older loved ones. More

research will be needed to explore the experiences of this group. Family caregivers' impressions and thoughts are valuable because professionals can incorporate this information into efforts to promote better transition for both family caregivers and their older loved ones.

The central research question for the study focused on family members' experiences and perceptions regarding assisted living transitions for older African American women. Three themes emerged from the content analysis:

- Theme 1: Transition is usually not well planned in advance and does not happen until a critical event or incident occurs that changes the older adult's physical, social, or emotional status. This is significant in the role of family members in supporting the transition.

- Theme 2: The transition was more difficult than had been thought for older women and family members. Transition is a time of stress for both those moving and those supporting the move.

- Theme 3: The older adults expect family members to stay connected and involved after the transition. The family members may also have expectations of their playing a significant role in the new life of their loved ones in the assisted living facility.

Chapter 5's recommendations for social change align with person-centered approaches in aging services (Molony et al., 2018; Wilberforce et al., 2016). In the years ahead, aging services professionals will be working with more diverse groups of older adults and their family member caregivers, which, as Beard and Bloom (2015) also noted,

confirms the essential need for a comprehensive transition framework. Such a framework could empower assisted living service providers to better address older African American women and their family caregivers' specific needs and expectations. Eaton et al. (2015) stated that "Focusing on policy and culture is unlikely to lead to change unless there are practical approaches that clinical teams can understand and implement" (p. 2). These practical approaches were reflected in the experiences and perceptions of older African American women's family caregivers as these women age and move into senior living facilities.

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Appendix A: Interview Guide

Central Research Question: What are the family member caregivers' experiences and perceptions about the assisted living transition of older African American women?

Open-Ended Interview Questions

Sub question 1: What are the family member caregivers understanding of the events and circumstances leading up to the older African American women's transition into an assisted living facility?

1. Describe your relative's living situation prior to the move to the assisted living facility?

2. Tell me about the move of your relative to the assisted living facility?

3. What was the reason for the move to assisted living for your relative?

4. How and why was an assisted living facility selected over a nursing home for your loved one?

5. How did your relative learn about assisted living housing prior to moving into the facility?

Sub question 2: What are the family member caregivers' thoughts about the challenges faced by older African American women when transitioning to an assisted living facility?

1. Tell me about your impressions of your relative's adjustment into the assisted living facility.

2. What has changed in your loved one's life since moving to the facility? What do they do now that they did not do before? What have they stopped doing?

3. What was good about the adjustment of your relative? Why?

4. What was bad/difficult about the adjustment of your relative? Why?

5. What are your perspectives of the comfort and satisfaction with programs and services? Provide an example.

6. What were your initial impressions of your loved one upon the move into the assisted living facility?

7. Tell me about your perspective of the challenges or negative experiences faced by your loved one upon move into the assisted living facility? Describe how you currently feel.

Sub question 3: What are family member caregivers' thoughts about programs and services that could be offered to older African American women to enhance the transition and adjustment into the assisted living facility?

1. What kinds of programs and services would you recommend the facility to implement to capture the cultural needs?

2. What types of programs and services were offered upon transition?

3. What are your impressions of how cultural needs are being met? Can you provide examples?

4. What are your views on whether the experiences and preferences of your loved one are being considered or recognized as part of the assisted living service plan?

5. Do you feel that assisted living staff understand the cultural experience, perceptions, and attitudes? Explain

6. What are your perspectives on the programs and services being offered to improve quality of life? Explain.

7. What are your thoughts about how your loved one has settled into the assisted living facility programs?

8. Tell me about your observations of the emotions, feelings and attitudes of your elderly loved one's transition to the assisted living facility.

9. Tell me your perspective on your loved one's attitude or perception upon move-in to the assisted living?

10. What are your observations about the health perceptions of your relative?

11. What are your thoughts about what it means for your loved one's move to assisted living?

12. What are your opinions about what aging, adjustment and quality of life means, to your older relative now that she resides in an assisted living facility?

Thank you for your participation in the interview today. The information you provided is valuable and will be kept private and confidential. I invite any comments, questions, and further reflection on the research.

Appendix B: Facility Participation Invitation Letter

My name is Carol Shaw Burns and I am a doctoral student in the College of

Social and Behavioral Sciences at Walden University. I am conducting a research study

titled **Assisted Living Transitions**: **Experiences of Family Members of older African**

American Women. In order to capture the transition, I plan to conduct semi-structured

interviews with family member caregivers who facilitated the move of the older African

American women to your assisted living facility. This letter is to allow your facility to be

a location for distributing a flyer to invite family members to participate in the research.

The purpose of the qualitative study is to understand the assisted living transition of older

African American women between the ages 75 – 95 years old, through the experiences

and perceptions of family members who assisted with the move to your facility. The

family member interviews would take approximately 1-hour, but I will be flexible

depending on the comfort and preference of the family member. There is no

compensation for participating in this study but your facility's cooperation as a site to

post a flyer may contribute to findings and information about the assisted living transition

of older African American women. The outcomes of the study are to support the

development of a transition framework for health and aging services professionals, so

that they can better help older African American women adjust to an assisted living

facility. If you are willing to participate or have any questions about the study, please

contact Carol Shaw Burns at ███████████████████ or by phone at █████

███. Thank you in advance for your response.

Sincerely, Carol Shaw Burns.

Appendix C: Recruitment Flyer