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Walden University

College of Health Sciences and Public Policy

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Charles A Fraiser Jr

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Walden University
2023

Abstract

African American Baby Boomers' Lived Experiences in Skilled Nursing Facilities for Post-Acute Care Admissions

by

Charles A Fraiser Jr

MA, Saint Leo University, 2015

BS, University of Phoenix, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

May 2023

Abstract

Previous studies have examined the quality of elderly healthcare offered in skilled nursing facilities (SNFs) among older adults, in general, but the studies have not emphasized experiences unique to African America baby boomers and the factors they consider when making SNF-related decisions for post-acute care. The purpose of the study was to examine the lived experiences of African American baby boomers who are currently in or have been treated in SNFs for post-acute care to learn about their decisions to select an SNF. Andersen's behavioral model of health services served as the conceptual framework. A descriptive phenomenological qualitative design was adopted. Research participants were recruited from a county in a southeastern U.S. state and interviewed via telephone. The data collected during the interviews was transcribed and coded using Nvivo 12. Thematic analysis resulted in the development of 11 themes that showcase African American baby boomer experiences and perceptions of SNFs. They include 1) need, 2) referral, 3) extra-care, 4) public image, 5) cost, 6) accessibility, 7) perceived quality of care, 8) perceived professionalism, 9) environment, 10) staffing, and 11) homecare. Participants were satisfied with SNFs services; however, some of the participants considered home care services as the best alternative for their post-operative care. The project's findings may support positive social change by helping promote more widespread use of SNFs by African American baby boomers to enhance quality post-acute care.

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Dedication

I dedicate this work to family, friends, and professors who supported me along the journey. To my mother, father, wife children, and family, your belief in me, your patience, and your guidance have been instrumental in helping me reach this point. I want to say thank you for being my pillars of strength, for understanding my need for solitude and concentration, and for being my sounding board when I needed to bounce off ideas. Your love and unwavering support kept me going even on my toughest days. To my Professor and Committee members, I am grateful for your mentoring and guidance throughout my research. Your intellectual curiosity and passion for your work inspired me to push beyond my limits and to aim for excellence. And lastly, I thank God first for giving me the strength, wisdom, and courage to persevere through this challenging journey. I am humbled by the blessings and opportunities that have come my way, and I pray that I may use my research for the betterment of society. Once again, thank you from the bottom of my heart.

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I would like to take this opportunity to express my sincere gratitude and appreciation to everyone who has contributed to the completion of my dissertation. First and foremost, I would like to thank my supervisor for the unwavering support and guidance throughout my research journey. The comments, constructive criticism, and valuable feedback have been insightful and instrumental in shaping my research and refining my arguments. I would also like to express my appreciation to the members of my dissertation committee for their time and effort in reviewing my work and providing valuable suggestions for improvement. I am grateful to the staff and faculty members at Walden University, who have provided me with access to resources, facilities, and funding opportunities that have been crucial in carrying out my research. I am indebted to my family and friends for their unconditional love, encouragement, and emotional support throughout my academic pursuits. Their unwavering belief in me has been a constant source of motivation and inspiration. Lastly, I would like to acknowledge the participants who generously gave their time and insights to participate in my research. Without their contribution, this study would not have been possible. To everyone who has contributed in some way to this dissertation, I express my sincere thanks and appreciation. Your support has been invaluable, and I am grateful beyond words.

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Chapter 1: Introduction to the Study

Introduction and Background

The baby boom generation is critical in healthcare, as it involves older adults who might require special care when admitted to hospitals. This group includes the largest percentage of people aged 65 years and older, born between 1946 and 1964 and by 2030, all boomers will be at least 65 years of age (America Counts Staff, 2019). African American older adults accounted for approximately 9% of all people who are 65 years and older in the United States in 2019, and this number is expected to grow gradually over time (Administration for Community Living [ACL], 2020). One of the challenges that affect a considerable number of individuals in this population is limited health care resources amongst different ethnic groups (Hefele et al., 2017; Pearson et al., 2019). African Americans account for the largest minority group in the nation, and they also face different social disparities, inequities, and injustices such as racial discrimination, limited healthcare resources, and lack of reliable formal support networks (Moody & Sasser, 2018). Addressing healthcare challenges that are unique to African American baby boomers (older adults) is critical to improve the quality of care, reinforce their safety, and identify opportunities for future studies.

African American baby boomers face critical challenges with discrimination, poor health literacy, and financial shortages, which can deter them from receiving adequate care. Today, baby boomers are considered the future of nursing and home health care since they require special attention to manage common age-related clinical needs (Lopez, 2017). The oldest and sickest are deemed the most in need of financial, emotional, and

social assistance, with only 48% of African Americans able to afford assisted care (Johnson & Wang, 2019). Developing community-level programs to help minority groups access care in skilled nursing facilities (SNFs) is essential for the individuals to cope with different healthcare issues including post-acute care needs.

The use of SNFs and the role of healthcare professionals working in these settings have changed progressively. Occupancy in SNFs has dropped from 93% in 1981 to about 82% in 2014 due to multimodal factors, which include an increase in nursing home alternatives such as assisted living, home-based care, and community-based services (Lord et al., 2018; Toles et al., 2017). Currently, SNFs are unpopular among African American older adults due to multiple cases of disproportionate service to minority patients such as unequal treatment within healthcare settings (Bressman et al., 2021; Rivera-Hernandez et al., 2019b). Consequently, only 28% of all SNFs in the nation account for 80% of all post-acute admissions for African Americans (Rivera-Hernandez et al., 2019b). Secondly, healthcare needs of all African American baby boomers might not be addressed in SNFs due to limited resources (Frochen et al., 2019). For example, Chen et al. (2020) demonstrated that the lack of physicians or advanced practitioners puts patients at higher risk for both hospital readmission and death. Thirdly, ethnicity influences one's health seeking behaviors (Eley et al., 2019). Research reveals that Whites are more likely to seek post-acute care in SNFs than African Americans (Moody & Sasser, 2018). Consequently, the latter group is at risk of experiencing more functional impairment from chronic illnesses due to a lack of clinical intervention from skilled professionals (Moody & Sasser, 2018). The quality of health services offered at SNFs is a

concern for scholars and other leaders to ensure that patient satisfaction is prioritized and measured through different indicators: successful discharge to the community, Medicare star rating indicator, and rehospitalization (Moore et al., 2017; Plaku-Alakbarova et al., 2017; Rivera-Hernandez et al., 2019b). Arguably, further research is needed to examine strategic ways of improving the quality of SNFs or developing better alternatives to guarantee the wellbeing of African American older adults seeking post-acute care.

Problem Statement

Approximately two million Medicare patients receive post-acute care in SNFs after being discharged from hospitals for acute illnesses, but the reliability of these facilities is impacted by multiple factors that are not only limited by state and Medicare policies, but by other stakeholder-related complexities (Jaffe, 2019). Firstly, Medicare rules may necessitate patients to be admitted in hospitals for a minimum of 3 days to qualify for health insurance coverage, leading to unnecessary long stays (Chen et al., 2020). This limitation can compromise the quality of care and increase the financial burden imposed on consumers. Secondly, SNFs struggle to serve every population because patients have different needs such as those that require short-term or long-term post-acute care (Butler, 2021). A considerable number of critics deem the United States health sector unprepared to offer patient-centered services to a heterogeneous population of older adults (Carpenter et al., 2021; Fulmer et al., 2021). Indeed, the transformation of SNFs is inevitable to reinforce the wellbeing of all patients.

African American baby boomers face unique challenges in SNFs due to ethnicity and socioeconomic status. Racial discrimination in these facilities is a common problem

that is reported by multiple scholars and patients (Hassen et al., 2021; Lendon et al., 2021). Structural racism results in other interrelated problems as it complicates the quality of care among minority groups. Reportedly, this issue deprives African Americans of essential privileges, including Medicare benefits and access to quality SNFs (Huckfeldt et al., 2017; Ko et al., 2018). The described problem is aggravated further by lack of specialized professionals, inadequate community-level healthcare resources, social inequities, weak public health programs, and inefficient clinical practices (Fulmer et al., 2021; Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a). Thus, transformation in SNFs and proposing appropriate post-acute care alternatives are essential objectives to address different problems ranging from unstainable costs to disparities in accessing healthcare (Salmond & Echevarria, 2017). The call to action for healthcare professionals is to propose realistic interventions that will improve value in SNFs, protect the minority groups from structural racism, and recommend alternatives to meet the demand for post-acute care.

Purpose and Objectives

The study's purpose is to examine the lived experiences of African American baby boomers in SNFs to determine whether their expectations for the quality of services were met and identify the factors that influenced their decisions to use SNFs for post-acute care. Examining these expectations will help the researcher to identify practices that influence patient-satisfaction positively or negatively to propose realistic interventions. This population's perceptions of SNFs reflect the image of these facilities as well as healthcare professionals. The study is also designed to generate new

knowledge regarding patient-centered healthcare among African American baby boomers. The goal is to conduct interviews that will help the researcher to determine the factors that affect African American older adults consider before selecting SNFs. The study will also examine the target population's lived experiences in SNFs to explore the quality of post-acute care and develop insights into ways healthcare professionals can improve existing practice to cater for the needs of all people. The ultimate objective is to promote positive social change by helping improve the quality and use of SNFs amongst ethnic minority groups in the United States for post-acute care.

Conceptual Framework

The study will use Ronald Andersen's behavioral model of health services (BMHS) that was developed in 1968 (Andersen, 1968). It emphasizes three dynamics that influence people's usage of health services: predisposing factors (social structure, family composition, and health beliefs), enabling factors (community and family resources), and need (illness and response). The factors identified by BMHS will be used to explore African American baby boomers' perceptions of SNFs. For instance, if an individual's health beliefs support the need for post-acute care, they are likely to seek help in SNFs or related settings. Conversely, if a person is assured of strong family support, they may prefer home-based care to SNFs.

The described model is multimodal as it addresses different social, economic, and personal factors that influence one's decisions for healthcare services. Consequently, it was instrumental in helping me decide the most relevant research questions to ask the study's participants. One acknowledges that various preconditions contribute to the

quantity of clinical services used by the public. In this very case, the focus is on older adults within the African American community. A considerable number of health behavior models and theories only emphasize the conscious process (intentional beliefs and motives) as the key determinant of health seeking behavior among older adults (Rejeski & Fanning, 2019). The BMHS is unique as it considers multiple components that influence individuals' clinical care decisions other than cognitive ideologies.

The BMHS has been used by a significant number of scholars to examine similar research topics, hence validating the model's reliability, validity, and usability in contemporary scholarly setting. For instance, the article by Lederle et al. (2021) is a key example of a qualitative project that uses the BMHS to assess people's health seeking behaviors. These studies can be used as precedence for this research, as they offer insights into ways the BMHS can be deployed to generate results or explain primary data from surveys.

Research Questions

RQ1: Why did you elect to use a SNF?

RQ2: What factors were part of your decision?

RQ3: How did the experience live up to your expectations and would you do anything differently if the circumstances permitted?

Nature of the Study

The study adopts a descriptive phenomenological qualitative design. This approach is deemed effective when a researcher's aim is to describe the participants' lived experiences (Rodriquez & Smith, 2018). The experiences may include feelings,

memories, beliefs, perceptions, or thoughts. Consequently, a researcher can use different approaches to collect data, including direct observation, in-depth interviews, focus workshops, and conversations (Rodriguez & Smith, 2018). In this project, I used telephone interview. I distributed handouts to participants in different areas within the Alpharetta Georgia community (30002-30004) when I received approval from Walden's IRB. Flyers were posted at strategic areas in the community such as cafes, grocery stores, retail stores, and bus/train stations within the Alpharetta Georgia community (30002-30004). This physical approach was chosen because the target population of older adults might not have been techno-savvy to benefit from modern online strategies such as Google ads. Data saturation was used to determine when a sufficient number of subjects was achieved when the author obtained no new information from the subjects (Saunders et al., 2018). It was critical for me to avoid preconceived ideas about the sample and reduce biases that could have compromised the study's quality.

The described research approach is effective, since it enables me to identify different themes in the generated data and make generalizations about the ways a particular phenomenon is experienced or perceived (Rodriguez & Smith, 2018). The objective was to examine the perceptions, beliefs, and experiences of African American baby boomers that could affect their decisions on the use of SNFs. This approach was strategic as the subjective information could help me and the audience to gain insights into African American older adults' motivations, actions, and health seeking behaviors.

Definitions

African American baby boomers: Older adults in the African American community who were born between 1946 and 1964. However, in this case, the target population are individuals who are 65 years old and above (America Counts Staff, 2019).

Institutional racism: A form of discrimination that is embedded in different public and organizational policies, benefiting one group at the expense of another (Hassen et al., 2021).

Minority group: A racially distinct group whose ethnicity or practices are deemed inferior or subordinate to a more dominant group despite coexisting in the same society. In this case, African Americans are considered ethnically subordinate to Whites in terms of numbers in the United States (Moody & Sasser, 2018).

Patient-centered care: Healthcare practices and services that prioritize the needs of patients to guarantee better outcomes (Mitchell et al., 2020).

Post-acute care: Clinical services that are rendered to individuals who have been discharged from hospital for acute illnesses (Rivera-Hernandez et al., 2019b).

Skilled nursing facility (SNF): A residential care facility where individuals such as the elderly, disabled persons, and those who have been discharged from hospital for acute illnesses are admitted for short-term or long-term care (Rivera-Hernandez et al., 2019b).

Assumptions

Since the project is a descriptive phenomenological qualitative study, I needed to avoid developing preconceived ideas or assumptions about the sample, expected outcomes, or interventions to avoid biases (Neubauer et al., 2019). Scholars avoid psychological speculations and deductive logical procedures in phenomenological studies and focus entirely on what can be observed or inferred from the participants' responses. The objective is to derive scientific knowledge from the generated evidence. However, to interpret the information appropriately, a researcher must leverage personal experiences and knowledge.

It is also assumed that subjects provided honest answers to support the study's objectives. Both subjective and objective data are interpreted or organized into themes to gain insight into the topic at hand (Rodriguez & Smith, 2018). The research participants' results were interpreted without researcher bias to reinforce the study's reliability, accuracy, and generalizability in the larger African American older adults' population.

Scope and Delimitations

Population

The study considers African American baby boomers as the minority group in the United States (Moody & Sasser, 2018). Additionally, only a small sample of between 10-12 individuals were recruited to conduct the phenomenological study (Rodriguez & Smith, 2018). The recruits were either males or females aged 65 years and older, having been admitted and treated for post-acute care in a skilled nursing facility within the past 10 years. Although the project did generate critical information to determine SNF-related

decisions, the target population and the small sample posed a critical problem of generalizing the data.

Location and Clinical Setting

The study is also delimited regarding the location of conducting the study and applying the findings and the clinical settings. Firstly, the research participants resided in the Alpharetta Georgia community (zip codes: 30022, 30004). There were no specific criteria of narrowing down to this community – it was chosen for my convenience, since any other local area in the United States could have been selected. Secondly, the study examined the African American older adults' perceptions of SNFs, and not any other clinical setting that can be used for post-acute care such as assisted living facilities and palliative care institutions. In this case, the location and healthcare setting are chosen strategically to save on time and cost of the research.

Central Ideas

There are a considerable of attributes that can be considered when examining the experiences of patients in SNFs. However, this study is focused on just a few to narrow down its applicability in the mainstream healthcare sector. In this case, the goal is to examine African American baby boomers' perceptions of SNFs and the factors that influence their decisions to receive post-acute care in these settings, hence gaining insight into their health seeking behaviors as supported by Andersen's BMHS.

Limitations

The main limitation of the study is the research design. Phenomenological qualitative studies are powerful in generating detailed information on human experiences;

however, the generated data can have lower levels of reliability and validity because participants can provide false or inaccurate responses to protect their image or exaggerate a problem (Emiliussen et al., 2021). Consequently, it can be difficult to interpret the results and conduct analysis since I experiences the study through the recruits' eyes. However, this challenge can be managed to ensure that errors in the data collection process do not have a dire impact on the entire project. Firstly, I assured the participants that their identity will be concealed to mitigate any motive to provide false information. Additionally, I avoided developing preconceived ideas about the population despite identifying with the African American culture to guarantee neutrality, transparency, and accuracy in the study. Secondly, the participants were asked to sign an ethical or consent form, which encouraged them to present accurate data. Thirdly, I ensured that the recruits' subjective and objective information is reconciled and supported by scholarly evidence to bolster the project's validity.

The study's applicability is also limited by the sample size and demographics. Currently, the phenomenological design allows me to use a small sample of between 10 to 15 participants (Rodriguez & Smith, 2018). This attribute can impede the generalizability of the proposed interventions to the larger public. Firstly, the sample involves only African American baby boomers located in a specific geographical region. The generated input data does not represent the experiences of all individuals who have been admitted in SNFs. This limitation can only be resolved in the future by conducting a nation-wide study that incorporates a relevant research design. Nonetheless, the small sample size is relevant to this project's nature – descriptive phenomenological qualitative

design. The weaknesses and strengths of the study are well-considered to ensure that the generated findings are relevant to inform quality improvement decisions in SNFs and understanding the experiences of the selected minority group.

Significance

This study is significant to different stakeholders in the healthcare sector. Firstly, the objective of a considerable number of leaders in this landscape is to improve the quality of care and reinforce the reliability of the mainstream clinical system. This project will generate critical information about the target population and SNFs that can be used to improve post-acute care in African American older adults.

Secondly, the study promotes patient-centered care – a fundamental model in healthcare that is deployed to improve the expected outcomes. In this case, one acknowledges that the delivery of care is beyond individuals, and factors such as culture, spirituality, and socioeconomic status must be considered to offer compassionate and effective services (Eley et al., 2019). The study examined experiences unique to African American baby boomers, and this information can be used to specialize care for this group to guarantee positive outcomes.

Thirdly, institutional racism is a common problem in the United States affecting the minority ethnic communities. Sohn (2017) revealed that structural discrimination is one of the factors that disenfranchise African Americans health-related benefits, including insurance coverage and access to quality medical facilities. This study is significant as it examines the experiences of different African American older adults to

either reiterate or demystify the described fact. The objective is to identify opportunities to mitigate marginalization of minority groups in clinical institutions.

Finally, the study is significant in the healthcare scholarly community. The project will generate new knowledge and contribute to research. The data can be used as the foundation for future studies, inform the development of evidence-based practice, and educate healthcare professionals on the topic at hand.

Summary

This study addresses a critical problem in the contemporary United States healthcare system. By examining the experiences of African American baby boomers in SNFs, I revealed inefficiencies within these clinical institutions, opportunities to improve patient-centered care, factors that this minority group consider making SNF-related decisions, and this populations' perceptions of SNFs that influence their health-seeking behaviors. A descriptive phenomenological qualitative design was adopted to undertake the project due to its relevance in this case. Additionally, Andersen's BMHS was deployed to generate relevant information about the target population's health seeking motives. This framework reinforces three dynamics that influence people's usage of health services: predisposing factors (social structure, family composition, and health beliefs), enabling factors (community and family resources), and need (illness and response). The components are multimodal, allowing me to consider different attributes of post-acute care that are relevant to the described minority group. However, the study's scope is limited to a certain population and geographical location, implying that the findings might not be generalized to the larger public. The adopted research design also

adds on to the project’s limitations, as the data collection process can be compromised due to my preconceived ideas about the sample and the participants’ responses. These challenges are manageable, and I took strategic interventions to mitigate dire impacts on the study’s applicability in healthcare.

Chapter 2: Literature Review

Introduction

This literature review is developed strategically to generate sufficient scholarly evidence to support the study. The interest is to find multimodal information that reveal issues that are unique to African American baby boomers when deciding whether to receive post-acute care at home or in SNFs. This group has expectations on the quality of elderly health care and post-acute services. Their needs must be met to guarantee their comfort and reinforce patient safety. The reviewed literature will offer insight into ways African American baby boomers make decisions on receiving post-acute care. A significant number of preconditions must be met to make certain choices, and identifying these attributes is critical to determine effective strategies of improving health outcomes. The objectives of the literature review include finding scholarly gaps, identifying healthcare areas that the study will improve, and recommending an approach to improve the quality of post-acute care among African American baby boomers. The reviewed scholarly articles have been selected strategically to provide a powerful foundation for this study. This study will address different issues that affect the target population and propose realistic interventions that healthcare leaders in SNFs can implement to improve the quality of care in the United States multiethnic society. The goal is to develop a facts-based study that will have positive social change on healthcare management to address critical issues in SNFs that are unique to the described ethnic group.

Literature Search Strategies

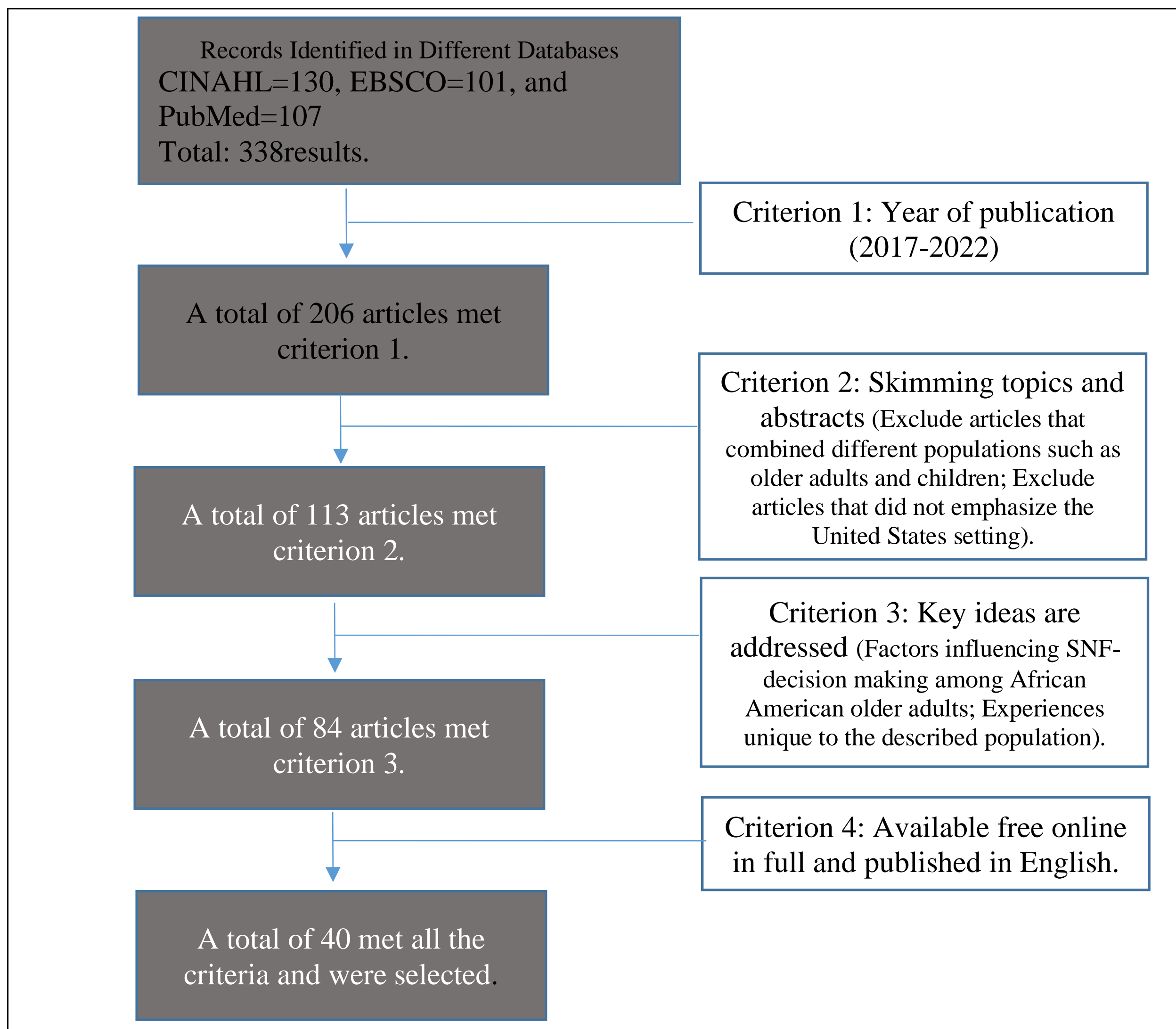
The search for appropriate literature began with the selection of the most reliable healthcare databases. The chosen platforms include CINAHL, EBSCO, and PubMed. There are a considerable number of healthcare databases such as ProQuest, MEDPAR, Medline, EMBASE, and Cochrane Library, but the research chose only three to avoid retrieving unlimited number of articles. The three databases publish sufficient scholarly works from different indexed journals, enabling me to compare results from various sources and use the most relevant materials to the topic at hand.

I used a set of keywords not only to widen the scope of available resources, but to acquire the most relevant materials for the study. In this case, the used terms include African American baby boomers, older adults, skilled nursing facilities, post-acute care, and home-based care. The Boolean operators – "AND," "OR," and "NOT" – were used to combine different keywords to generate multiple outcomes. Using the combinations "African American 'AND' older adults 'AND' skilled nursing facilities 'AND' post-acute care, SNF," CINAHL generated 130 articles, EBSCO presented 101 studies, and PubMed produced 107 projects, accounting for 338 results. Indeed, I had to develop a strategic technique of identifying, screening, and validating the eligibility of the acquired scholarly articles.

The inclusion-exclusion criteria incorporated multiple attributes to narrow the scope of all available resources to the most reliable. The first filter was customizing the time of publishing between 2017 and 2022. This criterion reduced the number of available resources in the three databases from 338 to 206. The second filter was

skimming through the materials' topics and abstracts to determine whether they are related to the matter at hand. Only 113 articles qualified for this step. The third criterion was searching for studies that addressed the described key ideas (Chapter 1) in this project, generating 84 outcomes that were filtered further. The final phase was selecting the articles that were available in full online and published in the English language, a criterion that produced 40 articles pertinent to the topic African American older adults' post-acute care experiences in SNFs. See Figure 1 for a summary of the identification, screening, eligibility, and inclusion processes for the generated scholarly articles.

Figure 1: *Literature Search Flowchart*



Conceptual Framework

A conceptual framework is essential as it establishes a powerful analytical basis for a study's key ideas or variables. As stated in the previous chapter, the BMHS was deployed in this project (Andersen, 1968). The factors identified by BMHS were used to explore African American baby boomers perceptions of SNFs. The model features three

dimensions that can be considered to support this study. Andersen (1968) argued that there are three dynamics that influence people's usage of health services: predisposing factors (social structure, family composition, and health beliefs), enabling factors (community and family resources), and need (illness and response). For instance, if an individual's health beliefs support the need for post-acute care, they are likely to seek help in SNFs or related settings. Conversely, if a person is assured of strong family support, they may prefer home-based care to SNFs. The BMHS is useful, as it enabled me to decide the most relevant research questions to ask the study's participants since it addresses different healthcare, social, and economic factors that influence peoples' decisions for clinical services.

The BMHS is unique, as it considers multiple components that influence individuals' clinical care decisions other than cognitive ideologies. A considerable number of health behavior models and theories only emphasize the conscious process (intentional beliefs and motives) as the key determinant of health seeking behavior among older adults (Rejeski & Fanning, 2019). Various preconditions contribute to the quantity of clinical services used by the public. In this study, the focus is on older adults within the African American community. Different scholars have leveraged this model to examine similar research problems. Lederle et al. (2021) and Fisher (2019) are examples of articles that have validated the framework's reliability, validity, and usability in assessing health seeking behaviors. Andersen's model can be adapted for different healthcare scenarios. Scholars have not only utilized it to examine short-term services among older adults, but for long-term support and in examining this population's use of

telehealth to seek patient-centered care (Choi et al., 2021; Travers et al., 2020). Additionally, scholars have adopted the model to explore inequality in utilization of healthcare services among minority groups (Başar et al., 2018).

Review of Literature

Background and Demographics of the Target Population

The target population for this study include elderly African American baby boomers aged between 65 to 75 years of age. Over time, individuals from the baby boomers generation have aged, requiring proper retirement plans due to health deterioration (Roberts et al., 2018). Consequently, SNFs are essential to support the elderly and help them to cope with post-acute care issues. Data from the United States Census Bureau reveals that African Americans accounted for approximately 9% of all individuals who are 65 years and older in 2019, and this population is expected to grow gradually in the future (ACL, 2020). Generally, African Americans constitute the largest minority group in the nation – a factor that contributes to other concomitant social issues such racial discrimination, lack of extensive formal support networks, and limited access to healthcare resources (Moody & Sasser, 2018). The effects of these negative social factors are ubiquitous and affect African Americans in multiple settings. Rivera-Hernandez et al. (2019a) revealed that a considerable number of cases of discrimination have been reported in SNFs, including unfair decisions for Medicare beneficiaries. Additionally, due to economic gaps, Whites are likely to access SNFs with better resources than Blacks, which is a key problem affecting the African American baby boomers (Koppitz et al., 2022; Rivera-Hernandez et al., 2019a). This information is

essential to support the study, as it reveals critical factors that can impede the safety of the target population when seeking post-acute care in SNFs. It also reveals an opportunity for improvement in healthcare management to develop better systems or policies to guarantee parity in ways all individuals access elderly care.

Today, the United States is undergoing a critical demographic transformation as it is expected that by 2030, one in every five Americans will be 65 years and older (Thorpe & Whitfield, 2017). Additionally, the country will become more ethnically and racially diverse because the number of non-Hispanic Whites is projected to decline significantly by 2050 while that of other minority groups such as Blacks, Asians, and Hispanics will increase (Thorpe & Whitfield, 2017). In this case, the long-term population projections imply that demographic shifts among older adults in the United States are inevitable, hence making this study relevant to determine decision-making processes among African American baby boomers. Research reveals that the number of African American older adults that seek care in SNFs has increased progressively from the 1990s to the 21st century, accounting for a growth of 10% (Rivera-Hernandez et al., 2019a). Notably, it is essential to examine the experiences of African American baby boomers in SNFs to comprehend ways in which demographic shifts are influencing the delivery of care in these clinical settings.

Ethnicity and cultural background influence a person's health seeking behaviors (Eley et al., 2019). Research reveals that Whites are more likely to seek post-acute care in SNFs than African Americans (Moody & Sasser, 2018). Consequently, the latter group is at risk of experiencing more functional impairment from chronic illnesses due to a lack of

clinical intervention from skilled professionals (Moody & Sasser, 2018). Additionally, life expectancy is shorter among African Americans due to increased mortality and morbidity rates when individuals fail to seek early health care (Eley et al., 2019; Moody & Sasser, 2018). The most influential cultural attributes in the context of a considerable number of African Americans include family, upbringing, and peers (Eley et al., 2019). According to Cimarolli et al. (2020), African Americans are likely to lack reliable social support and experience shorter length of stay in SNFs, which are key factors associated with greater likelihood of being readmitted. Indeed, ethnicity and other demographic differences determine the opportunities that are available to African American baby boomers in seeking healthcare services. Other than social barriers such as discrimination, individuals in this group are also affected by personal preconceived ideas that can either motivate or discourage them from seeking immediate healthcare interventions. This information was important in this study, as it widens the scope of evidence that could be retrieved to comprehend the topic at hand in depth. In this case, the findings reveal the source of the perceptions that African American baby boomers have towards SNFs, which was a key attribute in this project.

African Americans identify with the mainstream Western cultural values and beliefs. However, a considerable number of White healthcare professionals may not acknowledge this fact due to White privilege ideologies (Shepherd et al., 2018). Lack of cultural competence among clinical workers contributes to poor treatment and lower levels of patient satisfaction (Shepherd et al., 2018). Additionally, African Americans are likely to feel culturally inferior to Whites, and this strong belief that social stratification is

inevitable discourage a considerable number of the individuals in this group to be afraid of attending conventional health care services (Shepherd et al., 2018). It has been shown that a lack of self-worth may reduce help-seeking behaviors, a characteristic that features a significant number of African American older adults (Sefcik et al., 2017). Cultural differences determine patient care differences. Currently, a significant percentage of African American older adults do not have advanced care plans and the most of them only prefer aggressive healthcare interventions at the end-of-life (Chase et al., 2018). This demographical characteristic is relevant in this study as it reveals a critical source of disparity in the United States healthcare sector and one of the factors that can potentially influence SNF-related decision-making, but the study will incorporate individuals with different care plans.

Economic status is another critical demographical factor that can influence the ways in which African American baby boomers access post-acute care. Unequal allocation of resources results in economic challenges among African American communities (Sohn, 2017). The lower socioeconomic status of this minority group occurs concomitantly as a result of other factors such as unemployment and institutional barriers (Sohn, 2017). The challenge can have dire consequences, especially for the older adults who will be prompted to survive on pension or personal savings in the future (Sohn, 2017). Limited finances impact health seeking behaviors negatively since individuals are compelled to forego health care services to meet other critical livelihood needs (Rivera-Hernandez et al., 2019a). Poverty is a persistent problem in African American communities, and this problem limits the opportunity for individuals to experience

quality lives and seek better health services (Moody & Sasser, 2018). Today, access to health insurance in the United States is affected by ethnic and racial disparities as African Americans have a lower coverage than Whites (Sohn, 2017). It is essential to explore these challenges further in the context of African American baby boomers to determine ways in which they influence their decisions on SNFs.

Notably, demographic segmentation in the United States works in favor of the majority group. Considering demography in a healthcare study is critical as it enables a researcher to derive important information about a population, including age, family status, socioeconomic abilities, and social class. This data is relevant in this study to determine different attributes that affect African American older adults when making decisions for admission in SNFs for post-acute care. In the future, demographic change can work in the best interest of African Americans since the population of non-Hispanic Whites is expected to decrease over time (Thorpe & Whitfield, 2017). In this very case, the long-term population dynamics reveal that demographic shifts among older adults in the United States are unavoidable, hence making this study relevant to determine the expected healthcare impacts on the described target population. African American baby boomers have unique therapeutic and clinical needs when discharged from hospital for acute illnesses. To avoid the underlying risk of adverse outcomes, it is important to examine their experiences in SNFs to gain insight into their decision-making processes.

Post-Acute Care Options for African American Older Adults

Post-acute care is an integral component in the mainstream healthcare system as patients whose clinical conditions have stabilized following hospitalization can receive a

series of services to facilitate their return to the community (Fulmer et al., 2021). Today, the United States health sector is deemed unprepared for the complexity of offering clinical services for a heterogeneous population of older adults (Fulmer et al., 2021). Factors such as lack of access to care and poor quality of services aggravate clinical issues affecting older adults (Fulmer et al., 2021; Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a). Thus, having an appropriate post-acute care alternative, such as SNFs, is a priority for patients. African American post-acute patients prefer specific SNFs – approximately 28% of all SNFs in the nation account for 80% of all post-acute admissions for African Americans (Rivera-Hernandez et al., 2019b). However, the factors that explain why only 28% SNFs serve most African Americans are not described, making this study important to learn what challenges and barriers exist with the care that African American older adults receive at SNFs. The study's purpose is to examine the lived experiences of African American baby boomers in SNFs to determine whether their expectations for the quality of services were met and identify the factors that influenced their decisions to use SNFs for post-acute care.

Medicare programs prioritize value-based payments to SNFs to try and motivate managers in these facilities to focus on quality care (Rivera-Hernandez et al., 2019b). However, the expected outcomes have not been fulfilled. SNFs have become unpopular in African American communities due to prevalent cases of disproportionate service to minority patients (Bressman et al., 2021; Rivera-Hernandez et al., 2019b). Researchers have reported poor performance in SNFs based on three indicators: successful discharge to the community, Medicare star rating indicator, and rehospitalization (Rivera-

Hernandez et al., 2019b). It is also evident that a considerable percentage of African American patients who are admitted in SNFs for post-acute rehabilitation are re-admitted to hospitals within 30 days (Cimarolli et al., 2020). However, the importance of SNFs should not be disregarded despite the described problems. Hospitalization for acute illnesses results in critical functional declines and alterations of activities for daily living for older adults (Bressman et al., 2021). Therefore, SNFs are essential as these individuals require a period of recovery and rehabilitation after hospital discharge to be integrated with the general public. These findings are important in this study as they showcase challenges that are unique to African Americans in SNFs. The factors develop a strong foundation for me to compare/contrast the issues that influence African Americans' decisions regarding admission to different healthcare facilities for post-acute care.

Receiving care in SNFs is not disregarded by all people in the United States For example, it is estimated that about 2 million Medicare-funded individuals seek post-acute care in SNFs because of their association with better health outcomes, patient satisfaction, and Rivera-Hernandez et al., 2019b). Nonetheless, the effectiveness of SNFs is affected by a myriad of social, economic, and institutional factors. Not only are these institutions affected by state and Medicare policies, but by stakeholder-related issues such as cultural preferences among patients (Jaffe, 2019). Medicare laws can impede care and hinder a considerable number of individuals from accessing post-acute services in SNFs since they require the insurance holder to be admitted in a hospital for a minimum of three days to be covered for the received services (Chen et al., 2020). This limitation

results in avoidable healthcare complexities such as unnecessary longer stays in SNFs and increasing the financial burden on both community and consumers (Keverline et al., 2021).

Factors Affecting SNF Decisions

Cost

A considerable percentage of African American baby boomers face a critical challenge – poor economic status. According to Sohn (2017), poverty in this community is aggravated by unequal distribution of resources and power, higher rates of unemployment, and institutional barriers. In this case, a considerable number of African American older adults do not have a healthcare insurance cover (Sohn, 2017). Those that do not have are prompted to use the fee-for-service model of care or fail to seek medical intervention. Research reveals that individuals that use the Medicare payment plan receive more intense post-acute care than those using the fee-for-service approach due to ease of coordinating services and controlling costs (Huckfeldt et al., 2017). Additionally, differences in insurance coverage impose structural barriers, impacting hospital discharge and admission to SNFs, and the most affected are minority groups such as African American older adults (Smith et al., 2021). Consequently, it is essential to examine the lived experiences of African American baby boomers in SNFs to determine whether their expectations for the quality of services were met such as value for money and identify the factors that influenced their decisions to use SNFs for post-acute care.

Socio-economic status and poverty contribute to cross-cultural disparities in United States healthcare system. Thus, African American older adults must consider the

cost of post-acute care before making SNF decisions to guarantee value for their money. Research reveals that ethnically minority groups in the nation endure health inequities and are disproportionately represented in clinical facilities that offer quality services (Makam et al., 2018; Shepherd et al., 2018). Moreover, African American older adults can decline offers of services in SNFs due to reimbursement complexities (Sefcik et al., 2017). In this case, a considerable number of patients report being frustrated from dealing with insurance institutions – the companies promote bureaucracy, making it difficult for individuals to access appropriate help and discriminate the minority groups (Sefcik et al., 2017). Notably, the cost of seeking post-acute care in SNFs can spiral upwards over time due to inadvertent factors (Wang et al., 2019). It is essential for patients to make informed decisions on the kind of funding system to leverage and the stakeholders to involve in reimbursement of health expenditures (Burke et al., 2018).

Perceived inequality in SNFs

A significant number of scholars reveal that African American older adults face inequality and discrimination in SNFs (Bressman et al., 2021; Deskins et al., 2022; Rivera-Hernandez et al., 2019b). Currently, 28% of all SNFs in the nation account for 80% of all post-acute admissions for African Americans, but the factors that contribute to disproportionate use of SNFs among African Americans older adults have not been established (Rivera-Hernandez et al., 2019b). This study is essential as it aims to gain insight into the attributes that African American older adults consider to choose an appropriate SNF for post-acute care. Inequalities that affect minority groups in the nation are mapped in different healthcare facilities (Sohn, 2017). African American older adults

are prompted to receive care in conducive environments to avoid hostility from unprofessional healthcare specialists. The existing evidence of declining use of SNFs for post-acute care among African American older adults reveals changes in decision-making in this population (Bressman et al., 2021). According to Sefcik et al. (2017), patients can decline offers of services if they believe that the help is disproportionate, favoring one group at the expense of another. The beliefs of inequality and discrimination can be derived from past experiences and existing social stereotypes. A considerable number of African American older adults have negative experiences in SNFs and would consider levels of inequality and discrimination as key factor when making post-acute care decisions (Chase et al., 2018). Patients who have been treated unfavorably in different healthcare institutions are likely to prioritize their family members as caregivers when discharged from hospital for acute illnesses (Sefcik et al., 2017).

Perceived Level of Expertise and Resources

Patients seek services from institutions that have stronger human values and care for their clients (Ryskina et al., 2020). Notably, a considerable number of SNFs are plagued with critical problems such as lack of specialized professionals, ineffective clinical models, and inadequate healthcare facilities (Fulmer et al., 2021; Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a). A considerable number of African American older adults have reported receiving post-acute care in segregated SNFs with lower quality of care and fewer resources than Whites (Rivera-Hernandez et al., 2019a). These clinical issues are persistent in the nation since lower community quality is evident in multiple minority groups (Cimarolli et al., 2020). However, these challenges have not

been shown to result in the 28% SNFs that serve 80% African Americans. Much of evidence presented reveal higher risks of readmission to hospital, inefficient social support mechanisms, and poor health outcomes in the general African American population (Abrams & Hoffman, 2021; Cimarolli et al., 2020). This study is essential as it seeks to determine whether or not these challenges are evidence in the context of African American older adults and ways in which they influence SNF-related decisions.

The reputation of SNFs and the image of professionals working therein are tainted. A considerable number of older adults believe that most clinicians lack proper training to recognize their unique needs and manage impairments (Abdi et al., 2019). Research reveals that the number of older adults with unmet care and support needs is increasing progressively (Abdi et al., 2019). African Americans are likely to be affected by this problem because post-acute care services are offered disproportionately in SNFs (Rivera-Hernandez et al., 2019b). The challenge can have concomitant effects on the population's beliefs on the effectiveness of institutional post-acute care. Additionally, a significant number of African Americans have experienced poor services in SNFs, and due to the encounters, they develop negative images about the professionals and institutional post-care systems (Shepherd et al., 2018). Acknowledging these facts in this study is essential to determine factors that professionals can consider to restore the public's trust on the United States healthcare system, especially among African American older adults.

Perceived Quality of Elderly Health Care

The selected target population for this study include elderly individuals from the baby boomers generation between 65 and 75 years of age. This group requires special medical attention, especially if they have been discharged from hospital for acute illness. According to Bressman et al. (2021), older adults freshly discharged from hospitals require help with activities of daily of living to reinforce their wellbeing. In this very case, research reveals that African American older adults have poorer functioning at discharge compared to Whites, necessitating quality care to meet the desired needs (Cimarolli et al., 2020). However, the United States health sector and SNFs are deemed unprepared or inefficient to address the complex issues involved in caring for a heterogeneous population of older adults (Fulmer et al., 2021). Thus, patients are prompted to search continually for institutions and professionals who are up to date with current health care improvement strategies (Fulmer et al., 2021). In addition, it is challenging for African American older adults to decide on the best SNF because of institutional barriers and disproportionately serve the minority groups (Rivera-Hernandez et al., 2019b). The objective is to receive care in SNFs that prioritize patient-centric practices to optimize the desired health outcomes. Nonetheless, the literature review has established that a considerable number of these institutions do not offer compassionate, patient-centered services, prompting African American older adults to concentrate only in a few nursing facilities in the nation (Rivera-Hernandez et al., 2019b). This information is relevant in the proposed study as it elaborates factors that should be considered when designing care plans for African American older adults. By interviewing individuals who

have first-hand experience in SNFs, the project will widen the scope of the factors that should be considered to determine ways in which the described population makes decision on elderly health care.

Generally, older adults prioritize different social, economic, and personal factors when determining the quality of elderly care. They prefer an environment that guarantees physical and psychological health and a positive social life to interact with their loved ones (Abdi et al., 2019). Today, emphasis on patient-centered and holistic care is critical to ensure that the patients' needs are met accordingly, including their cultural, spiritual, and social needs (Mitchell et al., 2020). Additionally, a considerable number of patients in minority ethnic groups expect SNFs to offer cross-cultural services to cater for the needs of a multiethnic community (Thorpe & Whitfield, 2017). This study will examine the experiences of different African American older adults to discover whether U.S-based SNFs guarantee quality elderly care from a multicultural point of view.

Strategies to Improve Admittance to SNFs

African American baby boomers consider multiple factors to make informed decisions about SNFs. First, creating an adequately prepared workforce is a strategic way of meeting the described population's needs (Fulmer et al., 2021). Proper training, development of interdisciplinary teams, and redesigning best practice models are key advances that can be adopted to initiate the stated change (Fulmer et al., 2021; Jones et al., 2017). Unskilled professionals are not culturally sensitive to the needs of African American older adults, which is a core reason for institutional discrimination in SNFs (Rivera-Hernandez et al., 2019b). A better-trained workforce can reduce racial disparities

by offering professional services (Smith et al., 2021). Improved training will increase individuals seeking SNF care because the public will gain confidence in the workforce and the professionals will attain a positive image to counter the negative one (Mileski et al., 2020). Additionally, when well-trained professionals offer services, critical problems such as patient dissatisfaction and high rates of readmission can be mitigated (Cimarolli et al., 2020). Professionals are also mandated to mitigate institutional discrimination and support positive ethical values to develop a recovery-based clinical environment (Hassen et al., 2021). However, the needs of a significant number of older adults are unmet in today's healthcare system due professionals' incompetence, inexperience, and improper training (Abdi et al., 2019). Institutional-level transformations have to occur to empower healthcare specialists in SNFs to support functionality of the system to benefit the general public (Abdi et al., 2019). This change is attainable with proper planning, availability of resources, and visionary leadership. This information is relevant in the proposed study as it reveals areas of improvement that should be addressed in new evidence-based projects. In this case, the project will identify key areas that professionals in SNFs should prioritize to serve African American baby boomers appropriately. For example, it is evident that an intervention such as cultural immersion should be emphasized to help healthcare specialists to gain cultural competency when offering services to African Americans.

Second, healthcare professionals can prioritize community-level programs to educate African American baby boomers about SNFs and create awareness on post-acute care to mitigate adverse events. One of the factors that impact African American baby

boomers negatively is lower community quality that is characterized by lack of resources, insufficient healthcare workers, high level of illiteracy, and other social, political, and economic attributes (Cimarolli et al., 2020; Muvuka et al., 2020). Additionally, successful discharge to the community is a key indicator for the performance of SNFs (Rivera-Hernandez et al., 2019b). These factors reveal the significance of developing community-level programs to establish age-friendly settings since the baby boomers generation comprises older adults (Lee et al., 2021). Carmody et al. (2021) emphasize community-level interventions should impact all key areas of healthcare positively, including public health systems and policies. Today, professionals leverage scholarly evidence to propose best practices and initiatives that can transform a target population accordingly (Anderson & Ferguson, 2020). For example, clinical institutions have hired multicultural community health liaison offers before to help individuals in minority groups to regain confidence in and seek help from local healthcare facilities (Shepherd et al., 2018). People who have experienced marginalization in hospitals or other clinical entities are likely to be fearful and exhibit poor help-seeking behaviors. Focusing on community-led initiatives and increasing resources at the local levels are attainable agendas in public health. In this very case, prioritizing community-level programs will increase individuals seeking SNF care because they will feel the services rendered are person-centered. Additionally, they will develop emotional ownership since the projects are intended for the local people. This information is essential in this study as it reveals strategic ways professionals can engage patients in decision-making to influence their perceptions of SNFs.

Third, it is essential to increase health insurance coverage to enable African American baby boomers to access quality post-acute care at SNFs. Sohn (2017) reveals that health insurance coverage varies between ethnic communities in the nation, and minority groups including African Americans are affected negatively. Healthcare disparities are exacerbated by economic factors, validating the need to widen access to financial programs in the described target population to guarantee quality health. Individuals with reliable insurance covers such as Medicare can be referred to top post-care agencies in the nation (Fulmer et al., 2021). A considerable number of African American baby boomers have reported being discriminated against or denied care due to lack of a sustainable insurance plan because Medicare payment is prioritized over fee-for-service approach (Huckfeldt et al., 2017). Individuals with the former financial plan receive more intense post-acute care due to ease of coordinating services and controlling costs (Huckfeldt et al., 2017). Additionally, it is evident that due to economic differences, Whites are likely to access SNFs with better resources than Blacks, which is a key issue impacting African American baby boomers (Rivera-Hernandez et al., 2019a). Over time, the United States government has tried to increase insurance coverage to the minority groups, and Medicare has been instrumental in supporting this goal. Nonetheless, issues such as loosing coverage in the long-term and discrimination in healthcare facilities (SNFs) are persistent and affect the general United States population disproportionately (Huckfeldt et al., 2017). Individuals that lose their health insurance coverage are prompted to use the out-of-pocket system, which is expensive and unsustainable in African American older adults (Huckfeldt et al., 2017). Indeed, improving the health

insurance coverage will increase the number of individuals seeking SNF care because they will enough finances to meet their needs. This information is essential in this study as it will help determine different issues that can be addressed to ensure African American baby boomers enjoy positive experiences in SNFs.

Fourth, emphasizing patient-centered care as the core model in SNFs is strategic to improve the quality of post-acute care and reinforce the consumers’ satisfaction. It is evident that a considerable number of cultural principles, values, and ideas are unique to African American baby boomers. According to Mitchell et al. (2020), incorporating such factors in contemporary healthcare practices is appropriate to mitigate inequities. Prioritizing patient-centered care prompts healthcare professionals to develop better communication skills and adhere to the set practice standards (Mitchell et al., 2020). One acknowledges that lack of patient-centric methods in SNFs could be one of the factors that compel African American older adults to consider home-based post-acute care (Bressman et al., 2021). In these settings, patients can interact with family members and hire responsible professionals. A considerable number of African American older adults have reported neglect, discrimination, and poor services within SNFs (Huckfeldt et al., 2017; Smith et al., 2021). However, deploying patient-centered care will reinforce positive interpersonal relationships between the described minority group and healthcare professionals. This best practice model promotes effective communication among the involved parties (Mitchell et al., 2020). A considerable number of patients have reported lack of person-centered care in SNFs. For example, individuals state they were treated differently from the general public, restricted or denied certain Medicare privileges, and

misunderstood by culturally ignorant professionals (Shepherd et al., 2018). These reports of poor interpersonal experiences can result in other critical social problems such as perceived racism. It is important to reinforce patient-centered care in this study to propose interventions that will increase the level of comfort and the sense of security among African American baby boomers. It is essential for African American older adults to experience compassionate care to comprehend their value in the mainstream healthcare system. This minority group is a key stakeholder and the members' rights must be respected to avoid critical ethical and legal complexities. The proposed study aims at reinforcing the connection between patient-centered care and better healthcare outcomes within SNFs.

Summary and Conclusion

There is a research gap in the reviewed literature that necessitates scholarly intervention to determine health seeking behaviors and decision-making among African American older adults. It is evident that scholars have examined the quality of elderly health offered in SNFs among older adults in general, but the studies have not emphasized experiences unique to African America baby boomers and the factors they consider when making SNF-related decisions for post-acute care. Thus, this study contributes to new knowledge as it aims to fill the described gap. The project is not only informational, but a foundation for future research to examine healthcare issues unique to the stated minority group in the United States The following summary of the reviewed articles showcases different scholarly opportunities to comprehend more about African American baby boomers and their healthcare needs.

A considerable number of the reviewed articles reveal that the number of African American older adults is growing progressively, necessitating different healthcare alternatives to meet their needs (Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a; Roberts et al., 2018; Thorpe & Whitfield, 2017). Due to aging, post-care among the elderly is critical to mitigate complications and reduce the rate of rehospitalization. However, the reviewed research suggests this form of care must be patient-centered to match the complexity of offering clinical services for a heterogeneous population of older adults (Fulmer et al., 2021). Currently, problems such as lack of specialized professionals, weak public health roles, persistent social inequities, inefficient clinical models or best practices, and inadequate resources are persistent in SNFs (Fulmer et al., 2021; Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a). By regarding these challenges, I will examine whether the interviewed participants consider them when choosing the most appropriate environment to receive post-acute care.

The articles showcase that SNFs have poor performance based on three key quality indicators: successful discharge to the community, Medicare star rating indicator, and rehospitalization (Bressman et al., 2021; Cimarolli et al., 2020; Rivera-Hernandez et al., 2019b). However, it is essential for me to acknowledge that institutional post-care services are not disregarded by all individuals in the United States For instance, it is projected that approximately 2 million Medicare-funded individuals seek post-acute care in SNFs because of their association with better health outcomes, patient satisfaction, and safety (Rivera-Hernandez et al., 2019b). The objective is to examine the participants’

experiences to determine whether African American baby boomers have witnessed the value of SNFs in real life.

A considerable number of the reviewed articles described home-based post-acute care as a strategic alternative for SNFs (Bressman et al., 2021; Chen et al., 2020; Fulmer et al., 2021; Rivera-Hernandez et al., 2019b). The evidence ascertains that the rate of receiving post-acute care at home has increased significantly from 2011 to date (Bressman et al., 2021; Dean et al., 2021). One of the factors that a significant number of older adults consider when seeking care at home is family support (Rivera-Hernandez et al., 2019b). Currently, the reviewed research does not reveal the amount of help needed when patients shift their post-acute care services from SNFs to home settings. Consequently, this research will examine the participants' experiences on the issue at hand to determine changes in quality and cost when post-acute care is done at home as opposed to SNFs.

Various articles address the multimodal factors that African American older adults prioritize before making any SNF-related decision. Firstly, cost is a key attribute since the described minority group faces unique socioeconomic problems (Huckfeldt et al., 2017; Sefcik et al., 2017; Shepherd et al., 2018; Smith et al., 2021; Sohn, 2017). Poverty and lack of insurance coverage prompt African American older adults to use the fee-for-service model, develop negative healthcare seeking attitudes, and be exposed to structural discrimination. Secondly, the issue of perceived racism in SNFs has been addressed by multiple scholars including Bressman et al. (2021), Huckfeldt et al. (2017), Rivera-Hernandez et al. (2019b), Sefcik et al. (2017), and Sohn (2017). The third factor

that has been represented in a considerable number of articles is perceived level of expertise and resources within SNFs (Abdi et al., 2019; Cimarolli et al., 2020; Fulmer et al., 2021; Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a; Shepherd et al., 2018). Finally, researchers have reported that African American older adults consider the quality of elderly health care in SNFs before making a critical decision (Abdi et al., 2019; Bressman et al., 2021; Cimarolli et al., 2020; Fulmer et al., 2021; Mitchell et al., 2020; Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a; Shepherd et al., 2018; Thorpe & Whitfield, 2017).

Overall, the reviewed literature was chosen strategically to support the proposed study. The research reveals that SNFs are important in the United States, but they are becoming unpopular over time due to deterioration in the quality of offered services. Multiple scholars have examined the impact of SNFs on the general older adult population in the nation. However, the effect of the same attribute on African American baby boomers is under researched. The objective of the proposed study is to address this gap and describe ways in which the stated group make informed decisions regarding admission to SNFs following a previous acute illness. The reviewed scholarly articles provide a powerful foundation for this study. The central ideas in the proposed project can be supported by evidence from the selected materials. Factors such as cost, perceived racism, quality of elderly care, and the image of SNFs and professionals working therein are important to consider when an individual wants to make decisions on post-acute care. This study will address these issues and propose realistic interventions that healthcare leaders in SNFs can implement to improve the quality of care in the United States

multiethnic society. It is evident that African American baby boomers have specific expectations on the value of elderly health care and post-acute services offered in SNFs. Healthcare professionals should develop evidence-based interventions to meet the needs of the target population, guarantee their safety, and enhance a recovery-based environment. The presented literature offers insight into ways African American older adults prioritize day-to-day tasks. Arguably, a significant number of preconditions must be met to make certain choices, and identifying these attributes is critical to determine effective strategies of improving health outcomes. The goals of the literature review have been actualized since I have identified different scholarly gaps to focus on, recommend ideas to improve healthcare in SNFs. The objective of this proposal is to develop a facts-based study that will have positive social change on healthcare management to address critical issues in SNFs that are unique to African American baby boomers.

Chapter 3: Research Method

Introduction

The methodology is developed strategically to meet the study's objectives. Just to reemphasize, the project's purpose is to examine African American baby boomers perceptions of SNFs and expectations when using these facilities for themselves. Understanding these unique experiences not only contributes to new research, but also enabled me to identify healthcare practices that affect the patients' satisfaction positively or negatively to recommend evidence-based solutions. The African American older adults' perspectives on SNFs reveal the reputation of these clinical settings and the image of healthcare professionals. The project is developed to contribute to new knowledge regarding patient-centered healthcare and help seeking behaviors among African American baby boomers. The goal is to facilitate interviews to help me delve deeper into this population's thought process and decision-making when selecting SNFs for post-acute care. The study also explored the patients' lived experiences in SNFs to determine the quality of healthcare services in these settings to develop insights into ways clinicians can reinforce the existing models of care to cater for the needs of all stakeholders. Arguably, the goal is to develop a facts-based project that will help managers in SNFs to improve the quality of care and avoid negative experiences among members of different minority groups in the nation such as African American older adults.

In this chapter, the study's methodology is described in detail to enable practitioners and clinical scholars to duplicate the research and attain the expected outcomes. The key subtopics of this section include the research design, role of the

researcher, participants' selection, instrumentation (data collection and data sources), data analysis plan, trustworthiness of the study (credibility, transferability, dependability, and confirmability), ethical procedures, and summary.

Research Design and Rationale

Restating the Research Questions

RQ1: Why did you elect to use an SNF?

RQ2: What factors were part of your decision?

RQ3: How did the experience live up to your expectations and would you do anything differently if the circumstances permitted? (The interview questions are included in appendix).

Research Tradition and Central Concepts

Choosing an appropriate research tradition is an essential step in the development of a scholarly project because it involves following an evidence-based inquiry approach to attain the desired outcomes. There are a considerable number of qualitative research traditions, including case study, grounded theory, ethnography, and phenomenology (Mohajan, 2018). These frameworks enable a scholar to approach a problem explicitly in a systemic, disciplined method to retrieve the most appropriate data. In this case, the chosen research tradition is phenomenology. This approach is deployed when a scholar examines people's life experiences with the aim of generating new information where there is little knowledge about the issues being investigated (Gallifa, 2018). The explored experiences can include, but not limited to, thoughts, memories, perceptions, and feelings. Thus, a scholar can leverage different sources to collect the required data,

including conversations, focus workshops, direct observation, and in-depth interviews (Rodriguez & Smith, 2018). The phenomenological approach is effective in situations that permit me to access just a small sample since one can recruit approximately 10 to 15 individuals in a project (Rodriguez & Smith, 2018). In cases where a scholar identifies with the participants' culture or ethnicity, one should strive to mitigate triangulation or interpreting their experiences from a personal perspective to avoid biases (Greening, 2019). The phenomenological approach was also chosen because it allows scholars to identify different themes in the generated data and generalize the information strategically (Rodriguez & Smith, 2018). In this paper, the aim is to explore the experiences, beliefs, and perceptions of African American baby boomers on the factors that influence their decision-making when choosing SNFs for post-acute care. Based on the literature review, little knowledge exists regarding the issue at hand, and by examining the participants' subjective information, I generated new content to gain insights into African American older adults' perceptions of SNFs.

Phenomenological studies place embodied experience at the core of scientific analysis. It is essential for a researcher to avoid using phenomenology as the ultimate tool to understand others' lives by simply putting themselves in their shoes and identifying with their issues to avoid bias (Pickard, 2018). One of the objectives when utilizing phenomenology is to deploy radical empathy, which involves foregoing all personal concepts, social assumptions, and theoretical approaches that influence a researcher's worldview and instead address the topic at hand from the participants' points of view (Pickard, 2018). Phenomenological studies identify structures in the participants'

experiences, enabling scholars to customize interventions to fit the needs of the diverse individuals. Additionally, these forms of projects have a particular significance for the involved recruits and the target population because the focus is on examining a specific problem extensively and intensively (Paque et al., 2018). Arguably, exploring ways in which African American baby boomers make SNF-related decisions is a critical issue that can be addressed by identifying patterns in the research participants' experiences.

Andersen's BMHS was the central conceptual framework in this project. The BMHS is suitable for qualitative studies as it comprises of three components – predisposing factors (social structure, family composition, and health beliefs), enabling factors (community and family resources), and need (illness and response) – that can help scholars to present multiple themes that explain peoples' health seeking behaviors (Lederle et al., 2021; Travers et al., 2020). People' healthcare decisions and help seeking perceptions are influenced by a considerable number of factors such as socioeconomic status, beliefs, and geographical barriers (Kruk et al., 2018). Consequently, the BMHS established a powerful foundation for examining the healthcare issues that are unique to African American older adults. There are a considerable of attributes that can be considered when examining the experiences of patients in SNFs. However, this study was focused on just a few to narrow down its applicability in the mainstream healthcare sector. In this case, the goal was to examine African American baby boomers' perceptions of SNFs and the factors that influence their decisions to receive post-acute care in these settings, hence gaining insight into their health seeking behaviors as supported by the BHMS.

Moreover, the BMHS is considered a basis for developing different qualitative studies in healthcare. It is deemed effective since it allows practitioners and researchers to comprehend, improve, or develop a realistic needs-based system to meet the needs of all stakeholders objectively (Lederle et al., 2021). It can also be modified and adapted to different healthcare situations to gain insight into complex problems and assess the underlying risks for a clinical issue (Hirshfield et al., 2018). In this very case, the integration of the phenomenological design and the BMHS is done strategically to examine and support the participants' experiences in SNFs from different perspectives. This combination of the specific conceptual framework and the research design has not been identified in previous studies, making this research special as it applies the two evidence-based approaches to address the topic at hand.

Role of the Researcher

In this project, I was the facilitator and visionary, assuming the responsibility of interacting with the participants to collect sufficient data and analyzing the generated information to make informed inferences regarding African American baby boomers. The interview was conducted via telephone to avoid the risk of COVID-19 and other health concerns that might arise among the involved parties. I put on the loudspeaker and recorded the individuals' responses with an Olympus audio recorder (WS-853) and took notes using a notebook and a pencil. Follow-up meetings were also done via phone calls.

I identified with the participants in regard to ethnicity. This personal relationship could have prompted me to preconceive ideas about the participants, hence compromising the integrity of the generated data. Consequently, I prioritized instructor relationship

with the individuals to exercise supervisory power over them to optimize the quality of the expected outcomes. The research design was developed strategically to ensure that my professionalism and ethnicity did not influence the relationship with the participants negatively. Information was obtained from the recruits individually as opposed to group interviews. This approach also encouraged the involved parties to share their experiences freely without fear of being judged.

A considerable number of ethical dilemmas can develop in studies that involve human subjects. Firstly, I self-reflected to identify internalized beliefs on African American older adults and determine ways in which they can impact the data collection and analysis processes. This was the first step of mitigating irrational reasoning in the project. Secondly, I ensured that no relatives or close friends take part in the study to avoid any predisposing factors that would discourage the participants from sharing their experiences openly. This solution enabled me to avoid developing very personal with the participants and increase the risk for triangulation into the individuals' experiences. Thirdly, I obtained the Institutional Review Board's (IRB's) approval to ensure the participants' safety and mitigate potential ethical concerns in the study. Obtaining IRB approval helped promote trust and transparency in the project, hence encouraging the involved parties to respond truthfully to the asked interview questions.

Methodology

Participant Selection Logic

Participants were African Americans baby boomers (older adults) aged 65 years and above. The individuals were recruited from the Alpharetta Georgia community. The

phenomenological design allowed me to use a small sample of between 10 to 15 participants (Rodriguez & Smith, 2018). It was essential that the group was well-acquainted with the local SNFs. Thus, only people who had lived for approximately 10 years or more in Alpharetta, Georgia community were recruited. SNFs can be located in any region within the United States. There were no specific requirements for how long-ago individuals used SNFs or how long they stayed in the facilities.

Purposeful sampling was the chosen method for selecting the participants. This approach is a reliable form of nonprobability sampling that enables researchers to leverage personal judgment to choose members of the population to participate in a planned project (Ames et al., 2019). This technique is effective in qualitative studies as one of the aims is to use the most appropriate sources to develop themes that can support the examined issue. Purposeful sampling is also referred to as subjective, judgmental, or selective sampling and allows a scholar to identify and select a sample with information-rich experiences (Benoot et al., 2016). The technique helped me to interview the most appropriate African American baby boomers to provide sufficient data on their encounters in SNFs.

The criterion for inclusion in the study was straightforward but was only implemented with special permission from Walden's IRB. Individuals had to be African American older adults who had experience with SNFs for post-acute care. The recruitment of human subjects was done individually as opposed to a group meeting. I collaborated with the head of the senior citizen program in the community to ensure that the selected individuals met the described criterion. The recruitment process began with acquiring the IRB's approval to speak with human subjects. I distributed "invitation to participate in a

research project" forms to different African American older adults in the community. The invitation to participate form and the interview questions are attached in the appendix. Individuals were given a span of 2 weeks to think about the invitation and contact me. Thirdly, I collaborated with the relevant official for the senior citizen program in the community to verify the age.

I paid attention to data saturation, and only considered the records of interviewees who had meaningful information. The sample size sufficiency in interview-based studies can be determined by multiple factors such as data saturation (Vasileiou et al., 2018). Data saturation occurs when the author discovers that no new information is generated from the chosen sources, hence reducing redundant responses and ideas (Saunders et al., 2018). The number of expected participants was 10-15, as it is within the recommended range of individuals required for a phenomenological design (Rodriguez & Smith, 2018). Before conducting the actual study, I conducted a pilot study using volunteers from a local church in the Alpharetta, Georgia community to ensure the questions were adequate for the project.

Instrumentation

Data collection determined the quality of the input data and the accuracy of the study's findings. Firstly, open telephone interviews were conducted with the recruited African American older adults. Only telephone interviews were conducted for the participants' convenience as they may not be tech-savvy to engage in online interviews and potential lack of access to the Internet among the recruits. This instrument is ubiquitous and effective in qualitative studies, as it allows the scholar to identify themes in the generated

information to support the research questions (Canals, 2017). Secondly, I used an Olympus audio recorder to document the participants' feedback and analyze the information in-depth. Audio tapes are useful in interviews, as they enable me to complement the open discussions with a tool that records the responses objectively and comprehensively for future reference (Rutakumwa et al., 2020). The transcription was done using Microsoft transcribe and Nvivo 12 for coding.

The interview was guided by the three research questions, which are supported by strategic sub-questions to guarantee in-depth discussions (attached in the appendix). This data collection tool was informed by issues unique to African American older adults as identified in different scholarly articles described in the literature review section. The interview questions were developed to help me to capture the participants' perceived expectations when planning to utilize SNFs, the circumstances that might prevent them from utilizing SNFs, and their feelings when receiving post-acute nursing health care in different clinical settings.

The data collection tool was informed by existing literature sources to guarantee its validity and congruence with current scholarly evidence. It was developed strategically to ensure that the questions were relevant to African American older adults who have experience with SNFs. I considered telephone calls as the primary method of conducting the interviews and recording the participants' responses with an audio recorder. However, for follow-up purposes, I called the recruits via phone to get further clarification on any question or responses that were not clear. In case any participant felt that they

did not respond to the asked questions comprehensively, they were invited to call me and schedule an appointment.

I received consent forms from the selected participants prior to the interviews to avoid ethical dilemmas or any potential conflict of interest. The open interview questions and the consent document are attached in Appendices A and B of this project.

Data Analysis Plan

I deployed a qualitative research design to gain insight into the phenomenon of the study. The implemented phenomenological approach allowed me to consolidate the generated information into themes and link the findings to the described research questions (Qutoshi, 2018). Thematic analysis is the scientific approach of data evaluation that involves identifying and interpreting structures or patterns in unquantifiable information (Sundler et al., 2019). In this study, the coding analysis was completed using Nvivo 12 software.

The analysis process began by coding the generated data. This step was informed by different sources such as the literature review and the conceptual framework as it entailed defining the data being analyzed to find relationships and organize it for ease of interpretation and identifying themes (Nowell et al., 2017). In this study, the codes were generated by identifying central ideas in the literature review such as the factors that African American older adults consider when making SNF-related decisions. The key attributes that emerged from the scholarly articles include cost, perceived inequality, perceived quality of elderly care, and perceived expertise and quality of SNFs, which are also discussed in Chapter 2 – literature review section.

The second step of data analysis was deriving themes from the generated input based on the key codes. A theme is defined as the subjective interpretation and cultural-contextual message of data, and codes with a high degree of transferability and common points of reference can be transformed into an identifiable pattern (Vaismoradi & Snelgrove, 2019). I generated codes to group the participants' information into themes to respond to the study questions. Today, scholars can also retrieve technology to help in this procedure and enable the visualization of the data through graphs and tables (Roberts et al., 2019). In this study, I used NVivo 12 software to code and develop themes from the input data.

Issues of Trustworthiness

The quality of qualitative studies is a critical attribute that should be examined to determine the credibility, transferability, dependability, and confirmability of the generated findings. Scholars engage powerful verification criteria at the intersection of data collection and analysis procedures to guarantee a higher truth value for their studies (Earnest, 2020). The following issues of trustworthiness were addressed in this project.

Firstly, the issue of credibility required me to determine ways in which the study was congruent with reality (Stahl & King, 2020). Internal validity can be established in a considerable number of ways, including prolonged engagement, data collection triangulation, and persistent observation (Forero et al., 2018). In this paper, I invested sufficient time to collect data from the selected individuals, did member checking, prioritized respondent validation, and audited the enquiry process. Additionally, ensuring saturation of

data prompted me to avoid closing the interviews prematurely and retrieving the appropriate information.

Secondly, the issue of transferability compelled me to examine ways in which the conducted study meets external validity criteria. This aspect is emphasized in qualitative research to determine the applicability of the findings in real-life (Korstjens & Moser, 2018). Scholars can reinforce transferability in their works by varying participant selection and providing thick descriptions (Nyirenda et al., 2020). In this very case, I deployed the latter technique to guarantee the applicability of the study to African American baby boomers. Since the project was narrowed to a specific ethnic and age group, I was limited to vary participant selection.

Thirdly, I considered the study's dependability, which involved making the research procedure logical, well-documented, and traceable. A dependable project contains sufficient detail that readers and other scholars can leverage and repeat it independently (Johnson et al., 2019). There are different techniques that can be deployed to guarantee a study's dependability, including auditing and triangulation (Cypress, 2017). I implemented the two approaches in the project to reinforce the quality of the research. By combining the phenomenological approach and the BMHS, the writer examined the topic at hand from different perspectives to gain a better understanding.

Fourthly, confirmability was a key attribute in determining the trustworthiness of the project. This aspect compels a scholar to establish that his or her interpretations are generated from the data and demonstrate ways in which the conclusions were made (Nguyen et al., 2021). Individuals can deploy multiple strategies to warrant a study'

confirmability, including reflexivity (Langtree et al., 2019). I used reflexive journal entries to track the research process, identify personal bias, and set methodological decisions. By noting the rationale for any step and logistic in the study, the scholar developed a map to monitor ways in which interpretations and conclusions were made.

Ethical Procedures

Interviewing human subjects can result in inadvertent ethical, legal, and professional complications. Qualitative studies can delve deeper into the participants' lived experiences, raising questions about the integrity of the deployed methodologies, the sensitivity of the used techniques to cultural differences, and the safety of all stakeholders (Newman et al., 2021). Thus, this section discusses the different techniques that I deployed to address various ethical parameters.

I maintained the IRB's guidelines when developing this project. The objective of seeking institutional permissions such as the IRB approval was to ascertain and encourage the participants that the study was safe and beneficial to different healthcare stakeholders. The IRB's mandates include protecting the agency from litigation, protecting volunteers in a study, and supporting a scientific process through which new knowledge is created (Balon et al., 2019). I applied for IRB approval prior to beginning the study to avoid conflicts with the necessary professional bodies.

I was guided by key ethical principles in the recruitment, interview, and data analysis processes. They include beneficence, justice, non-maleficence, and autonomy (Varkey, 2021). The recruitment process was fair, allowing any African American older

adult to volunteer as long as he or she met the inclusion criterion. I did not recruit any relative or close friend in the project to avoid conflicts of interest and bias during interview. The recruits' safety was guaranteed since the project did not involve experimentation, but a safe open-ended discussion on the volunteers' experiences in SNFs. Scholars are required to mitigate professional misconduct, reinforce the participants' confidentiality, and bolster the necessary legal or ethical principles (Yip et al., 2016). Volunteers provided informed consent to demonstrate that they understood the significance of participating in the project and comprehended their responsibilities. Promoting a valid consenting process is essential in studies involving human subjects to maintain respect for the participants' dignity and autonomy (Kaye et al., 2019). The consent form presented to different volunteers identified key aspects of the project.

I also acknowledged ethical concerns related to collection and treatment of data. Scholars prioritize the volunteers' confidentiality to avoid negative experiences among the participants and litigation (Surmiak, 2018). In this case, I did not share the recorded information with third party, and the data was deleted immediately I finished inputting and analyzing the data. The volunteers' names were anonymous in the submitted consent forms and in the recorded information. Their names were initialized to conceal their identity, and in the recordings, the same initials were mentioned to identify each participant.

Summary

This chapter describes a strategic methodology that was used to actualize the study’s goals. The qualitative project integrated a phenomenological design with a reliable conceptual framework – Ronald Andersen’s Behavioral Model of Health Services – to widen the scope of the generated input data and establish a powerful foundation for supporting the topic at hand. The objective was to examine African American baby boomers’ perceptions of SNFs and expectations when using these facilities for themselves. Understanding these unique experiences not only contributes to new research, but also enables me to identify healthcare practices that affect the patients’ satisfaction positively or negatively to recommend evidence-based solutions. The chosen data collection instrument was open-ended interview that was guided by three research questions. This approach enabled me to delve deeper into this population’s thought process and decision-making when selecting SNFs for post-acute care. The perspectives of this population on SNFs revealed the reputation of these clinical settings and the image of the healthcare specialists. The described methodology was appropriate for this study as it determined the most effective sample size, the necessary data collection, analysis, and treatment procedures, and the ethical procedures to adhere.

It is evident that the chosen thematic analysis process was appropriate for the project. This is a structured procedure of analyzing data to identify patterns in the participants’ feedback and relate the findings with the research questions to address the issue at hand. In this case, exploring the volunteers’ lived experiences in SNFs to determine the quality of healthcare services in these settings developed insights into ways

professionals can enhance the existing models of care to cater for the needs of all African American baby boomers. However, I noted that all the legal and ethical principles must be considered to enhance the project's trustworthiness. Getting IRB's approval and the participants' consents are examples of key procedures that should be completed to protect the study's reputation. The goal of developing a facts-based project was actualized through the development of a coherent methodology. The findings of the research could help managers in SNFs to improve the quality of care in these facilities and mitigate negative experiences among African American baby boomers.

Chapter 4: Results

Introduction

The descriptive phenomenological qualitative study explored the lived experiences of African American baby boomers to discover whether their expectations for the quality of services were met and identify factors that influenced their decisions to use SNFs for post-acute care. Andersen's BHMS model was applied to comprehend African American baby boomers' experiences and perceptions of SNFs. This model was relevant to the study, as it describes three dynamics that affect individuals' usage of health services, including predisposing factors (social structure, family composition, and health beliefs), enabling factors (community and family resources), and need (illness and response). In Chapter 4, the results of the study are presented. This section of the project was conducted after Walden IRB's approval was given, ensuring that all the ethical parameters for conducting studies that recruit human subjects were followed.

In Chapter 4, the interviews' results and the qualitative analysis process of the collected data are reported. The key sections of the chapter include the pilot study, setting, participants' demographics, data collection, data analysis, evidence of trustworthiness, results, and summary. The results are reported based on the three core research questions:

RQ1: Why did you select to use a SNF?

RQ2: What factors were part of your decision?

RQ3: How did the experience live up to your expectations and would you do anything differently if the circumstances permitted?

Thematic analysis was conducted to identify patterns in the participants' feedback in relation to the findings of the research questions. NVivo 12 software was utilized to code the generated data and develop themes. The steps undertaken to complete the thematic analysis in NVivo 12 are described in detail in the following sections of this chapter.

Pilot Study

A pilot study was conducted to test the methods and procedures to be implemented in the main project. It involved volunteers from the Saint James church located in Alpharetta GA 30022-30004 and the surrounding area. The recruitment and interviewing processes were conducted strategically to mimic the ones to be developed in the core study. The recruitment, consent, and data collection forms were similar for both the pilot and main studies. For eligibility, the involved participants had to be African American adults over 65 years of age. They had to have been admitted in SNFs for no limited or specific number of days however, they did not have to be currently living in a SNF. The target population was informed about the project and invited to participate via posted flyers. I partnered with the stated local church to conduct the activity successfully. The church was involved proactively in posting flyers in its public bulletin boards and public areas surrounding the local area such as bus stations. Interviews for the pilot study were conducted via telephone. Notably, the pilot study was useful, as it allowed me to ascertain the procedures and methods that would be effective in the main project. The pilot study revealed that the project could be conducted with the intended sample size; the research tool was reliable because it could be used to collect data within the allocated

time and generate responses that addressed the questions; the study would be safe for participants; and the research methods were acceptable to participants. Thus, no changes in instrumentation and data analysis strategies developed from the pilot study. Individuals who participated in the pilot study were not recruited in the main project. The only identified variation was the number of participants – the pilot study had five volunteers while the main project was double that size. Since the same interview questions were asked in both studies, the interview time for each participant was relatively the same.

Research Setting

The interview was done via telephone, allowing individuals to participate from the comfort of their homes or other convenient places and time. The plan for conducting the study was seamless. No inadvertent changes in personnel or budget compromised the project's integrity or the participants' involvement. I acknowledged that asking participants about their experiences living in a SNF after a medical issue could trigger a distressing psychological symptom, but this risk was minimized by allowing the individuals to opt out of the interview if they were uncomfortable and providing a mental health contact for individuals to seek further help. The relevant contact mental health facility is described in the consent form. Participants were well-informed about the interview's duration since the specifics of the study were described in the consent form. Interviews were completed without interruptions and the participants' confidentiality was prioritized throughout the process. Additionally, purposeful sampling was used to select and recruit participants. This approach was convenient as it enabled me to use personal judgment to choose members of the population to participate in a planned project.

Purposeful sampling was effective in identifying and selecting a sample with information-rich experiences. The criterion for inclusion in the study was straightforward but was only implemented with special permission from Walden's IRB – the approval number is 11-08-22-0588830. Individuals had to be African American older adults who had experience with SNFs for post-acute care. The recruitment of human subjects was done individually as opposed to a group meeting, preventing ethical dilemmas and breach of confidentiality. All participants lived in Alpharetta, Georgia. After the interview all participants were e-mailed a rough draft of the transcripts and requested to review them in order to ensure their comments were transcribed accurately for the study. Participants were allowed 1 week to respond before I officially began transcribing the results for data collection. The participants did not object to the results or start any ethical dispute.

Demographics

The study's participants were 10 African American baby boomers aged 65 years and older from the Alpharetta, Georgia community (zip code - 30022-30004) with demographics age, gender, current setting, length of stay at SNF, number of children, marital status, and educational level (Table 1). The first participant was a 78-year-old Black female. She is married and has three children. The second participant was a 76-year-old Black male. He is married and has two children. The third volunteer was a 79-year-old Black female. She is divorced, but currently lives with her daughter. She has three children. The fourth participant was a 68-year-old Black female. She is married and currently lives with the husband. The couple has three children. The fifth volunteer was a 90-yearl old Black male. He is divorced and lives with his son who played a critical role

in helping his farther respond to the interview questions. He has two children. The sixth participant was a 69-year-old Black female who lived with her husband and had no children. The seventh volunteer was a 69-year-old Black male who lived with his wife at the time of the study. The couple has two children. The eighth participant was a 92-year-old Black male who lived with his daughter. He is divorced and has two children. The daughter assisted him with responding to the interview questions. The ninth volunteer was a 73-year-old Black female who lived with her daughter at the time of the study. She has five children. The tenth participant was a 78-year-old Black male who lived with his wife, and together they had two children. The father was assisted by his daughter with responding to the interview's questions. The percentage of both the female and male participants was 50%. The range of the subjects' age was between 69 to 92 years, which was in line with the study's inclusion criterion that required all the participants be a minimum of 65 years of age. The subjects' marital status was 60% married and 40% divorced. At the time of the interview, none of the volunteers were living in a SNF.

Table 1: *Participants' Demographics*

Subject	*Age*	*Gender*	*Current setting*	*Length of stay at an SNF (days)*	*Children*	*Marital status*	*Educational level*
1	78	Female	Home	35	3	Married	Masters
2	76	Male	Home	60	2	Married	Masters
3	79	Female	Home	45	3	Divorced	Bachelors
4	68	Female	Home	37	2	Married	Masters
5	90	Male	Home	35	2	Divorced	High school diploma
6	69	Female	Home	42	0	Married	Masters
7	69	Male	Home	30	2	Married	Bachelors
8	92	Male	Home	32	2	Divorced	High school diploma
9	73	Female	Home	52	5	Divorced	Associates
10	78	Male	Home	36	2	Married	Bachelors

Data Collection

A total of 45 individuals responded to the invitation to participate in the study. Out of this number, only 15 volunteers met the inclusion criteria. The requirements included: (1) be African America, (2) be a resident in the United States, (3) be 65 years of age or older, and (4) have experience in using or assisting someone to use SNFs for post-acute care. Out of the available 15 individuals, five volunteers declined to participate in the project at the last moment. Consequently, only 10 individuals participated in the study. I acknowledged that the study involved vulnerable individuals since the

recruitment inclusion criteria consists of adults over 65 years of age. Other vulnerable populations, such as individuals with mild mental and emotional disabilities, who met the inclusion criteria were allowed to participate as they deserved to have their voices heard.

All participants responded to the same interview questions hence reinforcing parity in the data collection process. Semi-structured telephone interviews were conducted, which was a convenient approach for the target population since older adults might not be tech-savvy to engage in online interviews. The instrument entailed 17 open-ended questions, which included the three main research questions and their specific sub-questions as indicated in Appendix A. The semi-structured interview questions were developed strategically to allow participants to describe their experiences and perceptions in SNFs. Older adults who needed help in the interview, such as Participant 5, Participant 8, and Participant 10, were assisted accordingly by a relative. All of the participants had significant experience in using SNFs, with Participant 2 having the longest stay of 60 days and Participant 7 with 30 days. It was appropriate to conduct telephone interviews as the methodology enabled me to circumvent geographical barrier and utilize telecommunication frameworks to make the study cost- and time-effective for the involved stakeholders.

The interviews were done within a month because the targeted population responded on time, allowing me to initiate data collection promptly. An Olympus audio recorder (WS-853) was used to record the individuals’ responses. Additionally, I took notes using a notebook and a pencil to remember important details. The participants were well-informed that their feedback would be recorded as the specifics of the study were

elaborated in the consent form. Data would be kept for a period of at least 5 years as required by Walden University IRB department. This information was also communicated to the volunteers via the consent form. The participants' confidentiality was kept within the limits of the law. It was made clear that the individuals' personal information would not be used for any purposes outside the project. The participants' names and other identifying attributes were omitted or de-identified by using anonymous names such as "participant (n)." Data was kept secure by being protected with a password and stored in a secure computer drive with a Norton encryption key. The audios were transcribed using the Microsoft Word transcribe tool. The transcription tool was available online in Office 365. The generated transcripts presented (10%) multiple grammatical and punctuation errors, necessitating me to listen to the audios and get the right wording where the auto-generated sentences did not make sense. The transcripts were downloaded and stored in the secure computer for later use in the coding process.

In Chapter 3, the data collection plan was described in detail, and Chapter 4 was its implementation phase. No critical variations occurred during the actual data collection process. Participants were recruited from the targeted geographical location and the set inclusion-exclusion criterion was leveraged to select the appropriate volunteers through purposeful sampling. The desired instrument of data collection – telephone interview – was utilized accordingly. The participants' feedback was also recorded using the specified recorder and transcribed via the stated method. The interviews on average for the pilot study ranged between 6 and 10 minutes; however, on the actual study the interview process was much longer, and each participant was given a time span of

between 30 and 60 minutes to answer all 17 questions and given an opportunity to elaborate more if he or she needed to.

Overall, data collection was done according to the initial plan to warrant the accuracy and validity of the generated outcomes. Only the procedures which had been approved by the IRB were implemented to reinforce the human subjects' safety and avoid detrimental ethical complexities that would compromise the study's generalizability. Notably, no critical variations between the initial plan and the actual data collection process developed. The tools, procedures, and techniques specified in Chapter 3 were implemented accordingly in Chapter 4.

Data Analysis

NVivo 12 software was used for thematic data analysis. The process began by uploading transcripts into the software, then, undertaking line-by-line coding to apply specific codes to each line of the interview transcript. This technique allowed me to extract meaningful inferences from the qualitative data. Applying codes to the participants' feedback was the first step in organizing the data into comprehensible clusters. Since the participants answered specific research questions and sub-questions, it was easy to categorize the codes and find patterns that were relevant to the topic. Categories were the larger representations of the generated data. Codes that had common points of reference or occurred multiple times from different transcripts transformed into identifiable patterns, leading to the development of categories and themes. This occurred midway through the interviews when analyzing the data and continued to repeat itself throughout the process which achieved data saturation. The three core research questions

were the reference points when developing themes. The process of moving inductively from coded units to larger representations including categories and themes is described below.

Codes and Categories

Examples of the codes and subsequent categories are presented in Table 2. They established a powerful foundation to identify patterns, which were developed into themes to support the core research questions. Four categories emerged in RQ1, including "reason for SNF," "cost of care," "quality of care," and "professionals' qualifications." Six categories developed in RQ2 – "factors for decision making," "admission challenges," "characteristics of SNF," "facility accessibility," "social improvement," and "standard of facilities." In RQ3, six categories emerged, including "general perceptions of SNFs," "home care," "cost of transfer," "do differently," "expectations," and "improvement of ideas to enhance satisfaction." I did not use codes from a previous source to guide the development of categories and themes. These were developed strategically from the information in the transcripts. Excerpts from the transcripts are also included in the appendix for the reader to comprehend the context for the used coding (Appendix C).

Data saturation was reached when codes that had common points of reference or occurred multiple times from different transcripts transformed into identifiable patterns, leading to the development of categories and themes. This goal was attained midway through the interviews and was evident after participant eight finished their interview.

Table 2: *Codes and Categories*

Category	*Codes*
Admission Challenges	Participant 1 – “insurance covered half of it, and I could pay for the rest and so I'm on my way to recovery describe the quality of offered care service.” Participant 2 – “No, the challenges were just basically meeting with the staff on the facility to make sure that we have a plan going forward.” Participant 3 – “scheduling a space, they don't keep up with the changes in the medication.” Participant 4 – “Yes, there was a challenge getting some place that was near home.” Participant 5 – “Well there were challenges but there were the pre-administration procedures as far as getting the proper testing.” Participant 7 – “Luckily I had a great doctor who referred me to the skilled nursing facility and assisted me in gaining admission.” Participant 8 – “yes the paperwork I think the documentation should be provided all at once running back and forth to doctors and medical professionals.” Participant 9 – “yeah there were there weren't enough beds, so we had to wait a while.”
Cost of transfer	Participant 1 – “No I haven’t” Participant 2 – “No, I can only imagine that if you have to go beyond skilled nursing facilities to something else that the cost is going to escalate.” Participant 3 – “No I haven’t.” Participant 4 – “And no I have. I didn't. And really, really thought that through that. No, I haven't.” Participant 5 – “Yes. Well, it's all medical. It's all insurance paid.” Participant 6 – “Oh no I haven't thought about that much in this area I think the bottom line for me is I didn't have a medical coverage.”

	Participant 7 – "Yes, transferring the needed personnel, the transferring the equipment required… I don't think that would be feasible cost wise in my opinion." Participant 8 – "uh yes and it actually it's less expensive than being in a skilled nursing facility." Participant 9 – "no." Participant 10 – "no."
Professionals' Qualifications	Participant 1 – "People that I have dealt with were excellent and very professional." Participant 2 – "They were qualified, pleased with all of them. Personable, they seem to care. It wasn't just about money, but it was about the individual care that was needed to get the treatment that was needed." Participant 3 – "I don't think that they keep up with their education once they start working in the nursing home." Participant 4 – "I think they were probably doing their jobs." Participant 5 – "but they seem to be doing the right procedures and the right processes to get into the care necessary." Participant 6 – "I felt like all nurses had the same type of experience and credentials when it came down to me." Participant 7 – "well trained and they were very professional in their treatment and conduct toward me." Participant 8 – "lack of staff and the lack of care there were days that you know he would go a couple days without a bathing." Participant 9 – "I think they were well qualified but overworked." Participant 10 – "some of the nurses and he spoke very highly in reference to the doctors."
Quality of care	Participant 1 – "quality here is excellent." Participant 2 – "For quality of care was excellent. It was exactly what was needed at that time." Participant 3 – "And then the quality of care is poor, and I think mostly it's due to the personnel versus the population of patients they have."

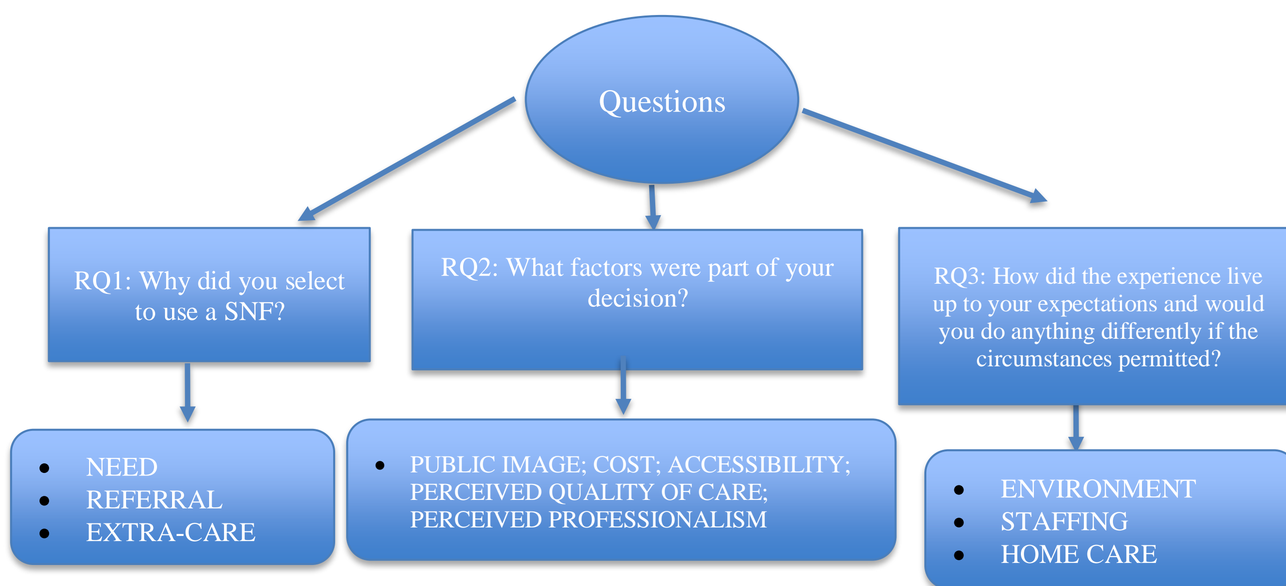
	Participant 4 – "I would say it's adequate because I reached my goal of, you know, getting better and being able to get out of there." Participant 5 – "the quality of care, it seems to be, you know, decent. But I think they're suffering from just everybody else's lack of skilled care or skilled labor all around." Participant 6 – "so in order to get what I consider the better care more quality care you had to be in in like a middle-class upper-class area." Participant 7 – "Not being superior, but it was above average, and I was satisfied with the quality care I received." Participant 8 – "I found some of the amenities on the facility needed to be brought up to par." Participant 9 – "I thought they needed more staff." Participant 10 – "they provided excellent quality of care, and they were professional."
Home Care	Participant 1 – "well the other thing I might consider is home care." Participant 2 – "I think the alternative that would be most pleasing would be to have home Care hospital." Participant 3 – "If I could afford it, I would have rather stay at home and have someone to come in." Participant 4 – "Be having someone in, you know they're coming in the home." Participant 5 – "He would rather be at home. In some or in an environment that wasn't necessarily institutional facility." Participant 6 – "no I think skilled nursing facilities are the best option I think those individuals who are trying to take care of people at home and provide these types of services don't have the dedicated resources." Participant 7 – "personally don't see any alternatives to skilled nursing facilities other than home care." Participant 8 – "He would prefer to stay at home and then just get a private duty nurse."
General perceptions of SNFs	Participant 1 – "it's a requirement for society and as people are aging or if they're in the accident." Participant 2 – "I think they serve a genuine purpose."

	Participant 4 – "guess they serve their purpose, but they could improve on the quality of service, the staffing." Participant 6 – "I think skill nursing facilities are wonderful if they're done right and the staff is right." Participant 7 – "so they're definitely needed to properly care for patients that's affected by the large variety of illnesses that you can't treat on your own." Participant 8 – "due to the lack of staffing I wasn't confident that he was getting the best care."
There was a total of 16 categories, and the remaining ones include: Reason for SNF, Standard of facilities, cost of care, facility accessibility, improvement of ideas to enhance satisfaction, characteristics of SNF, factors for decision making, social improvement, do differently, and expectations. They incorporated multiple codes from at least five of the ten transcripts.	

Themes

The described categories and codes allowed me to identify recurrent trends and patterns that could be described as themes to answer the research questions. Figure 2 presents the developed themes.

Figure 2: *Generated Themes*



Analysis of Results by Research Question

The thematic analysis resulted in 11 themes that can be analyzed by research question (Figure 3). The research questions were the core of the scientific investigation to comprehend African American baby boomers' experiences and perceptions of SNFs. They determined a path for the research process, and the generated themes can be grouped accordingly to respond to the questions.

Themes Associated With Research Question 1

The first research question was: "Why did you select to use a SNF?" This question was developed to comprehend the main reasons that prompted the participants to choose SNFs. Three main attributes emerged from the collected data, and include the following:

Theme 1: Need

The participants demonstrated that SNFs are critical entities in society as they serve unique purposes to individuals who really need them. Different respondents presented various ways SNFs fulfill the public's needs.

Participant 1 stated that "it's a requirement for society and as people are aging or if they're in the accident." Adverse events are inevitable, and it is essential to have the appropriate healthcare systems to address emerging issues. Participant 2 emphasized that one only selects a SNF to serve an individualistic need. He stated that "…but just wanted to make sure that we have a plan that we could all live with. He added that "I think they serve a genuine purpose. I think the key is selecting the one that is going to meet the needs because I don't think all are equal and I think income plays a real key in terms of

the care that you get.” Participant 3 stated that her main reason for seeking a SNF was because of the need at hand – “It was on emergency basis. I had no family here to take care of me.” Participant 4 agrees that SNFs are important – she stated that “I guess they serve their purpose, but they could improve on the quality of service.” Participant 6 emphasized that “I think skill nursing facilities are wonderful if they're done right and their staff is right and again, I believe they should be provided in every geographic in every neighborhood geographically.” SNFs are specialty entities and are designed to optimize the outcomes of certain healthcare activities. Participant 7 stated that “I required surgery to treat the condition which I'm not going to disclose, but I needed surgery, and I sought a skilled nursing facility to treat the condition that required surgery.” Evidently, need is one of the factors that individuals consider when selecting to use a SNF.

Theme 2: Referral

Referral was a key theme that responded to the first research question. Participants demonstrated that they use SNFs after being recommended by healthcare providers or individuals who have utilized the facilities before.

Participant 4 stated that “My doctor made the determination that I needed at that level of care.” Similarly, Participant 7 highlighted that “They came recommended highly by my personal physician and I did find that the staff when I visited, they were friendly and attentive.” Participant 8 was recommended by a relative. The respondent described that “it was referred to us by some previous family members from some friends that had family members in the facility so that's that that's why we actually went to that facility.” Individuals trust the reports of loved ones or practitioners, hence considering referral as a

key attribute in selecting to use a SNF. Participant 2 reinforced that the facilities were "recommended by several healthcare officials that we knew…" He added that "talking to some of the residents that really help us to have a better feel for the facility itself". Participant 9 chose to use a SNF because of "word of mouth and it was one of the best choices out of the list that was offered to us." Moreover, Participant 10 stated that "actually he was referred via his doctor." The feedback showcases the strength of referral as a theme that responds to the first research question.

Theme 3: Extra Care

Individuals to select to use SNFs have special healthcare conditions that necessitate extra care. Participants emphasized extra care as a significant factor to consider when planning to utilize a SNF.

Participant 1 said that "it gives extra care, and all of the different types of multiple operation is within the facility itself, so you don't have to be transported from there to a hospital." Participant 3 stated that it was necessary to seek extra care because she "had nobody, family here to take care of me." Similarly, Participant 4 highlighted that "…I didn't have family in the area that could, you know, care for me doing this." Candidates for SNFs require help in activities of daily living. Participant 5 stated that "we selected the use of a skilled nursing facility to help provide the additional care necessary." Others opt to transfer the burden of care associated with critical conditions to SNFs. Participant 6 said that "well I didn't have any children of my own and so for me as I became older, I felt that probably be the best option in order for me to get the problem taken care of without having any family members." Extra care involves specialty and proper planning.

Participant 8 reinforced that "I needed clear care for my dad… you need a more structured care." Additionally, Participant 9 underscored that "they provided the 24-hour care that was needed and also they had a rehab facility connected." Participant 10 added that "we needed extra care during that time." Notably, extra care is a core theme that supports the first research question.

Table 3 summarizes the described themes to show the number of participants that supported each theme. There was no predetermined minimum number of participants needed for saturation. The numbers only refer to the point at which no new information or themes emerged from the data. Saturation occurs when the researcher has gathered enough data to fully explore and understand the phenomenon under study, and when additional data collection is unlikely to yield new insights or themes.

Table 3: *Summary of Themes Associated With Question 1*

Theme	*No. of Participants Supporting the Theme*
Need	8
Referral	8
Extra Care	8

Theme Associated With Research Question 2

The second research question reads: "What factors were part of your decision?" The respondents provided meaningful information to showcase different attributes that users of SNFs consider prior to using the facilities.

Theme 4: Public Image

The involved participants demonstrated the significance of a SNF's reputation. Individuals attach different identities and images to public service systems. The

respondents revealed the impact of a SNF's public image on individuals' decision-making.

Participant 2 said that "News that I have read earlier about care facilities. This one had good reviews and they lived up to its standard that I had previously." Participant 7 stated that "They came recommended highly by my personal physician and I did find that the staff when I visited, they were friendly and attentive." Participant 8 also emphasized that "some friends that had family members in the facility so that's why we actually went to that facility." Public image can be promoted through word of mouth. Participant 9 highlighted that "word of mouth and it was one of the best choices out of what we were out of the list that was offered to us." Individuals trust authority's report or criticism of an issue. Participant 10 said that "actually he was referred via his doctor." Public image is a key factor that the participants considered when making decisions to use SNFs.

Theme 5: Cost

Cost is a key theme in the project as all the participants considered it as a basis for decision-making when selecting use SNFs. Cost correlated to the quality of care, and the respondents factored this attribute to optimize the desired health outcomes.

Participant 1 had to say, "You can't afford a skilled nursing facility a good one, that is, your funds may not allow you to do so but the quality of care usually is very excellent that I have found." Participant 2 found the cost of care in SNF to be very high, consequently he comprehended that "no other way around it. Requirements for a little bit of financial planning for money that must be generated in some way to meet needs." Participant 4 conquered that cost of SNF was high. She said that "I wouldn't have been

able to afford it. “I was only responsible for, the copayment, the insurance covered the rest.” “The cost of care I think it’s too high,” added Participant 5, revealing the significance of having insurance when making the decision to use a SNF. Additionally, the quality of care is linked to cost. Participant 6 had to say, “so in order to get what I consider the better care more quality care you had to be in in like a middle-class upper-class area.” Participant 7 added that “Of course, if it were up to me to cover the cost, I would not have been able to do it without insurance coverage.” However, complexity in ways costs is covered are ubiquitous, Participant 9 highlighted that “the fees were covered up until so many days the other issue that I really had with the fees was I had to pay for my own transportation for appointments.” Moreover, Participant 10 emphasized that “terrible insurance” was an issue to consider when making cost-effective decisions.

Theme 6: Accessibility

Accessibility was a critical factor in decision making as individuals who needed extra care in SNFs also required urgent help.

Participant 1 stated that “having everything contained in one building or accessible to you in one building makes it very convenient.” It was challenging for the participants to find SNFs near their locations. Participant 4 highlighted that “…there was a challenge getting to some place that was near home.” Additionally, Participant 2 said that “it was a little bit of a distance to drive.” However, Participant 5 stated that a SNF was easily accessible, and this was one of the key priorities when choosing to use the facility. Accessibility to SNF was linked to a region’s social status. Participant 6 discovered that “yes and that was only because I resided in the northern part of our city

were more of the middle- and upper-class residents live so these facilities are being privately funded and they are an abundance of them being built around." Individuals who have easy access to a SNF are least likely to experience other concomitant challenges such as transportation. Participant 7 underscored this benefit by stating "it was a local facility in in Eastlake suburb, so I had no problem there." Participant 10 recommended accessibility of SNFs as an area that needs improvement. The distance between a patient's house and the SNF determine the decision to utilize the facility.

Theme 7: Perceived Quality of Care

The quality of care is a priority goal while seeking healthcare services, and the involved participants reiterated this factor in their feedback.

Participant 1 perceived a correlation between the quality of care and one's financial capability. She stated that "your funds may not allow you to do so but the quality of care usually is very excellent." She added, "If you don't have the type of money or medical care you might be at a disadvantage to get the best care." Participant 6 agrees with this ideology as the responded said that "so in order to get what I consider the better care more quality care you had to be in in like a middle-class upper-class area." Participant 2 revealed that individualistic satisfaction with SNFs and the decision to use them in the future is attributed to the received quality of care. The participant said that "Everything that we hope as far as outcome was achieved. So, we were very pleased." Participant 4 highlighted the quality of care "was more of what I expected because the things that I heard from people before concerning standards were not very high." Participant 5 revealed that the quality of care was a concern by stating "the quality of

care, it seems to be, you know, decent. But I think they're suffering from a lack of skilled care or skilled labor all around." Individuals have different beliefs about the quality of care being offered in SNFs, and Participant 7 had to say, "I think the quality care I received was not being superior, but it was above average, and I was satisfied with quality care I received." The individual added that "I personally believe that the level of care received in a skilled nursing facility is entirely income related." Participant 8 stated that it was appropriate for the right stakeholders to "invest in the facility the upgrades the amenities and things of that nature" as this change would increase the use of SNFs.

Theme 8: Perceived Professionalism

Participants demonstrated that one's perceptions of professionalism in a SNF can influence the decision to use the facility.

Participant 1 perceived SNFs have "professionals they have nurses, and they have doctors on staff nutritionists on staff they have all of the PT and physical therapy that you might need if you need help." Participant 2 also prioritized professionalism – he stated that "They were qualified, pleased with all of them. Personable, they seem to care. It wasn't just about money, but it was about the individual care that was needed to get the treatment that was needed." Conversely, a major concern for Participant 3 was, "I don't think that they keep up with their education once they start working in the nursing home." Patients must be convinced that SNFs have qualified professionals to use them. Participant 4 and Participant 5 expressed satisfaction with the services rendered in SNFs. "I felt like all nurses had the same type of experience and credentials when it came down to me" added Participant 6. A major area of improvement is on reinforcing the

availability of professionals. Participant 8 stated that “lack of staff and the lack of care” were critical issues, which affected one’s decision when opting to use a SNF. Moreover, Participant 9 thought that professionals “were well qualified, but overworked.” Adjustment is required to improve SNFs and influence the public’s perceptions of practitioners positively.

Table 4 summarizes the described themes to show the number of participants that sup-ported each theme. There was no predetermined minimum number of participants needed for saturation. The numbers only refer to the point at which no new information or themes emerged from the data.

Table 4: *Summary of Themes Associated With Question 2*

Theme	**No. of Participants Supporting the Theme**
Public Image	7
Cost	9
Accessibility	10
Perceived Quality of Care	10
Perceived Professionalism	10

Theme Associated With Research Question 3

The third research question is: “How did the experience live up to your expectations and would you do anything differently if the circumstances permitted?” The participants’ feedback generated three themes, including environment, staffing, and home care.

Theme 9: Environment

The participants demonstrated that their lived experiences in SNFs were impacted positively or negatively by the facilities' environment.

Participant 1 prioritized cleanliness as a key environmental factor in any healthcare facility. She stated her expectations were met at the facility; it was "very clean…" "No smells…" Participant 5 said that improvements are needed in SNFs to enhance cleanliness. He emphasized that "a very good sanitary program to clean the facilities" is required. Moreover, Participant 9 and 10 reiterated the significance of having clean environments in SNFs. Participant 4 said "rooms need to be cleaned more" and later reinforced that "the facility was very clean," but improvements could still be made. Participant 6 and Participant 8 highlighted that more resources must be provided in SNFs to improve the environment. Participant 6 said that "the in-house equipment that I needed for physical therapy on my knee really were of good service, and quality." Conversely, Participant 8 stated "invest in the facility the upgrades the amenities and things of that nature."

Theme 10: Staffing

Staffing was an important theme, and participants identified this attribute as a major problem that required progressive improvement.

Participant 3 stated that "I think mostly it's due to the personnel versus the population of patients they have." Poor staffing contributed to other challenges, including compromised quality of care. Participant 4 noted that "…but they were short staffed at the time that I used the facility." She added that one of the ways to "improve on the

quality of service" was through "staffing." Professionals must be empowered not only in numbers, but also in skill as dictated by Participant 5 – "But I think they're suffering from just everybody else's lack of skilled care or skilled labor all around." Participant 8 recommended a strategic strategy of improving the quality of care by stating that "I would say do something to recruit more staff." The interviewee added that "due to the lack of staffing I wasn't confident that I was getting the best care." Moreover, the SNF failed to meet Participant 9's expectations because it "wasn't what I expected I think that they needed more staff, and the rooms need to be cleaned more."

Theme 11: Home Care

The participants revealed that they wished to have home care as the best alternative to SNFs.

Participant 2 and Participant 3 highlighted that they would propose home care if asked to do anything differently if the circumstances permitted. Additionally, Participant 3 stated that "That I prefer my care to be at home and have someone come in and care for me." She added that "If I could afford it." Similarly, Participant 4 said that "I would like to receive care at home and have people come in and assist me with my recuperation." "I would rather be at home," added Participant 5. Home care is deemed more realistic and comfortable than SNFs. Participant 8 emphasized that "He would like to be at home and just have someone come to assist him." Participant 9 added "I would have chosen Home Care Services." Moreover, Participant 10 had to say, "Home because he would be a lot more comfortable."

Table 5 summarizes the described themes to show the number of participants that sup-ported each theme. There was no predetermined minimum number of participants needed for saturation. The numbers only refer to the point at which no new information or themes emerged from the data.

Table 5: *Summary of Themes Associated With Question 3*

Theme	*No. of Participants Supporting the Theme*
Environment	8
Staffing	8
Home Care	9

Evidence of Trustworthiness

I conducted member checking as one of the strategies to enhance credibility. Participant validation was essential as recruits engaged proactively in correcting misinformation that might have occurred inadvertently during the transcription process. Member checking enabled the individuals to clarify the collected data, hence deepening the analysis. Additionally, internal validity was enhanced through data collection triangulation, which involved comparing the transcribed interview feedback with notes taken during the interview process. Reflexivity allowed me to avoid biases from personal experiences as they would influence the study's outcome negatively.

To enhance transferability, I used thick description. This strategy was supported by the study's semi-structured questions that not only aimed at describing the participants' physical attributes, but also captured the context of their experiences and

perceptions of SNFs. Since the project was narrowed to a specific ethnic and age group, I was limited to vary participant selection.

I implemented auditing and triangulation in the project to reinforce its dependability. Additionally, by combining the phenomenological approach and the BMHS, the writer examined the topic at hand from different perspectives to gain a better understanding of the issue. The research procedure was logical, well-documented, and traceable, ensuring that other scholars can utilize the project and repeat the study independently.

To reinforce confirmability, I used reflexive journal entries to track the research process, identify personal bias, and set methodological decisions. By noting the rationale for any step and logistic in the study, the scholar developed a map to monitor ways in which interpretations and conclusions were made. The objective was for the scholar to establish that his interpretations were generated from the data and demonstrate ways in which the conclusions were made.

Summary

Chapter 4 reported the results of the semi-structured telephone interviews with 10 participants. All the interviewees were African American baby boomers aged 65 years of age and older. The individuals shared their experiences and perceptions of SNFs, which were key areas of interest in the project. Data was collected to address the following research questions: 1) Why did you select to use a SNF? 2) What factors were part of your decision? And 3) How did the experience live up to your expectations and would you do anything differently if the circumstances permitted? A total of 11 themes emerged

from the thematic analysis, including 1) need, 2) referral, 3) extra-care, 4) public image, 5) cost, 6) accessibility, 7) perceived quality of care, 8) perceived professionalism, 9) environment, 10) staffing, and 11) homecare. The participants' feedback responded to the research questions adequately to reach a meaningful conclusion.

The first question was "Why did you select to use a SNF?" The interviewees presented different views and experiences that generated three themes – Need, Referral, and Extra-care. Firstly, the involved participants revealed that inevitable needs, such as an emergency, unavailability of family members, an existing medical condition that necessitate the use of SNF, and an identifiable personal plan for care. Secondly, the interviewees demonstrated that they chose to utilize SNFs because their practitioners referred them. Professional referrals were important to the individuals as they believed their doctors' judgment for better recovery. Thirdly, the participants demonstrated that selecting to use SNFs was inevitable due to the extra-care that post-operative patients require. Some patients require 24-hour surveillance, which can only be done sustainably in a facility. Additionally, others highlighted that being in a SNF saved them transportation cost as post-operative care requires regular checkup by practitioners.

The second question was "What factors were part of your decision?" The participants presented convergent views on the attributes they consider when selecting to use a SNF. Five themes developed, including public image, cost, accessibility, perceived quality of care, and perceived professionalism. The participants showcased the significance of a SNF's public image – individuals enrolled to be admitted in facilities that were either referred to them by friends or personal providers. Reputation correlated

to the perceived quality of care. The interviewees emphasized that cost was a fundamental determinant of their choice of health care facility. Most participants highlighted that receiving care in SNFs was costly, and one had to leverage insurance to meet the subsequent costs of care. The interviewees also demonstrated that a SNF had to be readily accessible as individuals required regular checkups and saving on both time and cost were key priorities. The participants showcased that the quality of care in a SNF was also a priority. Some of the participants correlated cost and the quality of care – the higher the cost, the better the quality of care. Finally, the individuals' perceptions of the practitioners' professionalism affected their decision making. Attributes such as ability to communicate, level of knowledge on geriatric care, and patient-centeredness or compassionate care were common priorities among the interviewees.

The third question was "How did the experience live up to your expectations and would you do anything differently if the circumstances permitted?" Three themes responded to this question, including environment, staffing, and home care. Firstly, the participants cited different environment factors within SNFs that were priority, including cleanliness, a recovery-based atmosphere, and a friendly setting (good communication with professionals). Secondly, the interviewees showcased that their expectations on staffing were not met. Staffing correlated with the quality of care – poor staffing resulted in poor quality services. The participants expected to see a well-trained workforce that had enough knowledge about geriatric care in SNFs. Thirdly, when asked about what they would do differently if circumstances permitted, the interviewees emphasized they

would prefer home care to SNFs. The former guarantees comfortability and quality individualized services, but individuals would incur greater costs of care.

Overall, Chapter 4 presents adequate results that responds to the three main research questions. Thematic analysis resulted in the development of 11 themes that showcase African American baby boomers' experiences and perceptions of SNFs. They include 1) need, 2) referral, 3) extra-care, 4) public image, 5) cost, 6) accessibility, 7) perceived quality of care, 8) perceived professionalism, 9) environment, 10) staffing, and 11) homecare. In the next section – Chapter 5 – the results will be interpreted to link the findings with existing scholarly findings and the study's conceptual framework. I will also propose recommendations and highlight the subsequent implications of the findings. The project's limitations will be discussed, giving insight into ways the future studies can be conducted.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The study's purpose was to examine the lived experiences of African American baby boomers in SNFs to determine whether their expectations for the quality of services were met and identify the factors that influenced their decisions to use SNFs for post-acute care. The study was conducted to identify practices that influence patient-satisfaction positively or negatively to propose realistic interventions and generate new knowledge regarding patient-centered healthcare among African American baby boomers. The semi-structured interviews helped me to determine the factors that African American older adults consider before selecting SNFs. The study examined the target population's lived experiences in SNFs to explore the quality of post-acute care and develop insights into ways healthcare professionals can improve existing practice to cater for the needs of older adults. The objective was to promote positive social change by helping improve the quality and utilization of SNFs amongst ethnic minority groups in the United States for post-acute care, specifically African American baby boomers.

In response to the three main research questions, 11 themes developed from the thematic analysis, including (1) need, (2) referral, (3) extra-care, (4) public image, (5) cost, (6) accessibility, (7) perceived quality of care, (8) perceived professionalism, (9) environment, (10) staffing, and (11) homecare. The descriptive phenomenological qualitative design was effective as it supported information-rich interviews with 10 volunteers. It was discovered that African American baby boomers select to use SNFs due to inevitable health care needs, referral by providers, and quest for extra care. The

factors attributed to the decision to use SNFs were multimodal, including the facilities' reputation, cost of care, accessibility, perceived quality of care, and the apperceived level of professionalism among providers. The participants were satisfied with the offered services in SNFs, and one of the main areas they emphasized was the cleanliness of the facilities and the patient-centered atmosphere of the institutions' environments. Moreover, the interviewees expressed their concerns on the persistent problem of staffing. They proposed a sustainable system of recruiting and empowering professionals to deliver geriatric care in SNFs. However, the participants preferred home care services to SNFs.

Interpretation of the Findings

Based on Research Question 1

Why Did You Select to Use a SNF?

As reported in Chapter 4, the involved participants revealed that inevitable needs, such as health emergencies, unavailability of family members, existing medical conditions, and personalized plan for care prompted individuals to use SNFs. Scholarly evidence supports the generated findings. Older adults require special medical attention, especially if they have been discharged from hospital for acute illness. According to Bressman et al. (2021), older adults freshly discharged from hospitals require help with activities of daily of living to reinforce their wellbeing. Individuals from the baby boomers generation have aged, requiring proper retirement plans due to health deterioration (Roberts et al., 2018). Consequently, SNFs are essential to support the elderly and help them to cope with post-acute care issues. Interviewees also demonstrated

that they chose to utilize SNFs because they were referred to use the facilities by trustable sources. Professional referrals were important to the individuals as they believed their doctors' judgment for better recovery. Scholarly literature establish that a considerable number of these institutions do not offer compassionate, patient-centered services, prompting African American older adults to concentrate only in a few nursing facilities in the nation (Rivera-Hernandez et al., 2019b). Thus, referrals from reputable sources such as providers is critical to guarantee patient satisfaction. Emphasizing patient-centered care as the core model in SNFs is strategic to improve the quality of post-acute care and reinforce the consumers' satisfaction (Mitchell et al. (2020). The participants also demonstrated that using SNFs was inevitable due to the extra-care that post-operative patients require. Some patients require 24-hour surveillance, which can only be done sustainably in a facility. Additionally, others highlighted that being in a SNF saved them transportation cost as post-operative care requires regular checkup by practitioners.

Based on Research Question 2

What Factors Were Part of Your Decision?

The participants showcased the significance of a SNF's public image as individuals were likely to be admitted in facilities that were either referred to them by friends or personal providers. Reputation correlated to the perceived quality of care. Scholarly evidence reveals that the reputation of SNFs and the image of professionals working therein are tainted. Some older adults believe that the majority of clinicians lack proper training to recognize their unique needs and manage impairments (Abdi et al., 2019). Additionally, a significant number of African Americans have experienced poor

services in SNFs, and due to the encounters, they develop negative images about the professionals and institutional post-care systems (Shepherd et al., 2018). Moreover, cost was a factor for decision-making. Most participants highlighted that receiving care in SNFs was costly, and one had to leverage insurance to meet the subsequent costs of care. Individuals with insurance covers receive more intense post-acute care due to ease of coordinating services and controlling costs (Huckfeldt et al., 2017; Wang et al., 2019). Cost is a key attribute since the described minority group faces unique socioeconomic problems. Poverty and lack of insurance coverage prompt African American older adults to use the fee-for-service model and develop negative healthcare seeking attitudes (Huckfeldt et al., 2017; Sefcik et al., 2017; Shepherd et al., 2018; Smith et al., 2021; Sohn, 2017). The findings demonstrated that cost correlates with the quality of care.

The participants showcased that their perceived quality of care impacted their decisions on using SNFs. The United States health sector and SNFs are deemed unprepared or inefficient to address the complex issues involved in caring for a heterogeneous population of older adults (Fulmer et al., 2021). Thus, patients are prompted to search continually for institutions and professionals who are up-to-date with current health care improvement strategies (Fulmer et al., 2021). Researchers emphasize that African American older adults consider the quality of elderly health care in SNFs before making a critical decisions (Abdi et al., 2019; Bressman et al., 2021; Cimarolli et al., 2020; Fulmer et al., 2021; Mitchell et al., 2020; Moody & Sasser, 2018). The participants' perceptions of the practitioners' professionalism also affected decision making. Attributes such as ability to communicate, level of knowledge on geriatric care,

and patient-centeredness or compassionate care were common priorities among the interviewees. A considerable number of SNFs are plagued with critical problems such as lack of specialized professionals, ineffective clinical models, and inadequate healthcare facilities (Fulmer et al., 2021; Moody & Sasser, 2018; Rivera-Hernandez et al., 2019a). A considerable number of older adults believe that the majority of clinicians lack proper training to recognize their unique needs and manage impairments (Abdi et al., 2019). Thus, the professionals' level of expertise is a primary factor in decision-making among African American baby boomers. It was also evident that the interviewees sought readily accessible SNFs to optimize the expected outcomes, including saving on cost and time and avoiding regular transportation due to the needed regular checkups. The findings are supported by existing scholarly literature. One of the factors that impact African American baby boomers negatively is lower community quality that is characterized by lack of resources, insufficient healthcare workers, high level of illiteracy, and other social, political, and economic attributes (Cimarolli et al., 2020; Muvuka et al., 2020). Geographical factors exacerbate disparity and communities with limited resources are likely to experience a complex problem of accessing SNFs.

Based on Research Question 3

How Did the Experience Live up to Your Expectations and Would You Do Anything Differently If the Circumstances Permitted?

The participants evaluated their expectations from different points of view. They cited different environment factors within SNFs that were priority, including cleanliness, a recovery-based atmosphere, and a friendly setting (good communication with

professionals). Older adults prioritize different social, economic, and personal factors when determining the quality of elderly care. They prefer an environment that guarantees physical and psychological health and a positive social life to interact with their loved ones (Abdi et al., 2019). Today, emphasis on patient-centered and holistic care is critical to ensure that the patients' needs are met accordingly, including their cultural, spiritual, and social needs (Mitchell et al., 2020). Professionals are mandated to mitigate institutional discrimination and support positive ethical values to develop a recovery-based clinical environment (Hassen et al., 2021). However, participants criticized the professionals as they did not deliver satisfactory services always as expected. This challenge was linked to staffing challenges. The interviewees showcased that their expectations on staffing were not met. Staffing correlated with the quality of care – poor staffing resulted in poor quality services. The participants expected to see a well-trained workforce that had enough knowledge about geriatric care in SNFs. Some older adults believe that the majority of clinicians lack proper training to recognize their unique needs and manage impairments (Abdi et al., 2019). Research reveals that the number of older adults with unmet care and support needs is increasing progressively (Abdi et al., 2019). African Americans are likely to be affected by this problem because post-acute care services are offered disproportionately in SNFs (Rivera-Hernandez et al., 2019b). However, cases of racial discrimination were not evident from the interviews' findings. When asked about what they would do differently if circumstances permitted, the interviewees emphasized they would prefer home care to SNFs. The former guarantees comfortability and quality individualized services, but individuals would incur greater

costs of care. Lack of patient-centric methods in SNFs could be one of the factors that compel African American older adults to consider home-based post-acute care (Bressman et al., 2021). In these settings, patients can interact with family members and hire responsible professionals. A considerable number of African American older adults have reported neglect, discrimination, and poor services within SNFs (Huckfeldt et al., 2017; Smith et al., 2021). The evidence ascertains that the rate of receiving post-acute care at home has increased significantly from 2011 to date (Bressman et al., 2021; Dean et al., 2021). One of the factors that a significant number of older adults consider when seeking care at home is family support (Rivera-Hernandez et al., 2019b). Thus, home care is portrayed as the best alternatives to SNFs.

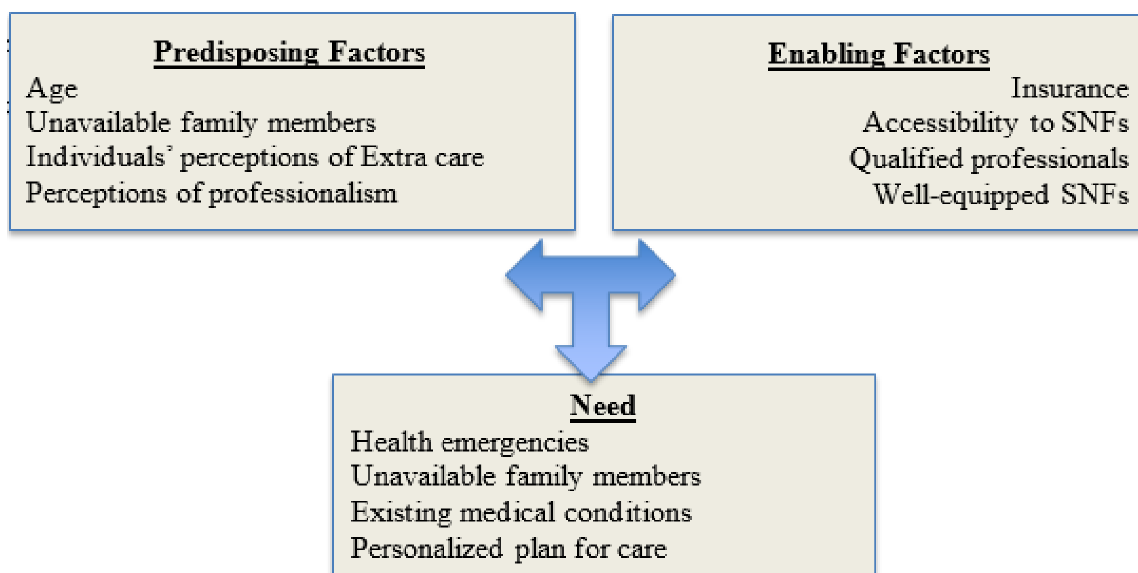
Conceptual Framework

Behavioral Model of Health Services (BMHS)

The study utilized Andersen's (1968) BMHS that emphasizes three dynamics that influence people's usage of health services: predisposing factors (social structure, family composition, and health beliefs), enabling factors (community and family resources), and need (illness and response). The BMHS is unique as it considers multiple components that influence individuals' clinical care decisions other than cognitive factors. The predisposing factors that affected the participants' use of SNFs include age, unavailability of family members, the individuals' perceptions of the benefits of SNFs in facilitating extra care, and the interviewees' perceptions of the health workers' professionalism. The enabling factors include insurance covers, accessible SNFs, qualified professionals, and well-equipped SNFs. Conversely the need for SNFs was attributed to health emergencies,

unavailability of family members, existing medical conditions, and personalized plan for care.

Figure 3: *Attributes of BMHS in the Study*



Limitations of the Study

The research had various limitations attributed to the sample and the data collection methodology. Firstly, the study involved only African American baby boomers to determine the factors that influence older adults' decisions for using SNFs. This attribute can affect the generalizability of results negatively as only the findings of a specific group were considered. Additionally, only 10 individuals were interviewed – this sample is small and might not reflect the true picture of the experiences of the target group in SNFs. Data were collected through semi-structured interviews. The self-reported information could be biased due to higher likelihood of exaggeration, inaccurate recollection, and selective memory.

Recommendations

This study established a powerful foundation for future scholars to advance research on African American baby boomers use of SNFs. Evidently, the generated findings addressed the three main research questions adequately, developing 11 themes (1) need, 2) referral, 3) extra-care, 4) public image, 5) cost, 6) accessibility, 7) perceived quality of care, 8) perceived professionalism, 9) environment, 10) staffing, and 11) home-care). One area of research that future scholars can consider is to compare the experiences between African American baby boomers using SNFs and those utilizing home care services. This study has established that participants were satisfied with SNFs services, but they would consider home care services as the best system for post-operative care. Comparing the experiences between individuals using SNFs and those utilizing home care services might necessitate the deployment of control-group research design. The objective would be to measure the outcomes of one group, say those using SNFs, against those using home care services to identify differences or similarities in the experiences.

Future researchers can also use a larger sample size to determine the effectiveness of SNFs across multiple ethnic and age groups. This study focused on African American baby boomers aged 65 years and older; however, scholars can expand the scope of the sample and compare the experiences of older adults across multimodal ethnicities. Additionally, researchers can compare the experiences between young adults and older adults to discover differences or similarities in priorities. Engaging these variations deliberately will support the generalizability of the results to the general public. One of

this study's limitations was a small sample size of 10 participants from a specific ethnic and age group. Future scholars can consider the proposed recommendations to generate new knowledge on the use of SNFs among different individuals.

The literature review also revealed a critical finding that might warrant further study. It is evident that 28% of all SNFs in the United States account for 80% of all post-acute admissions for African Americans, but the factors that contribute to disproportionate use of SNFs among African Americans older adults have not been established (Rivera-Hernandez et al., 2019b). This finding was not established in this project either. New knowledge is required to give insight into the described thought-provoking statistics. Nonetheless, this project established a powerful foundation for future research. It presents primary data that can be used to inform new hypotheses and expand knowledge about ways of improving post-operative care among African American baby boomers.

Implications

This study has transformational implications on individuals, organizations, and society as it presents challenges unique to African American baby boomers and discusses potential interventions that can be deployed to satisfy the target population's needs for post-operative care in SNFs.

African American Baby Boomers

The reviewed literature showcased that African American baby boomers are a minority group in the United States that requires special health care in SNFs. According to Sefcik et al. (2017), patients can decline offers of services if they believe that the help

is disproportionate, favoring one group at the expense of another. The beliefs of inequality and discrimination can be derived from past experiences and existing social stereotypes. A considerable number of African American older adults have negative experiences in SNFs and would consider levels of inequality and discrimination as key factor when making post-acute care decisions (Chase et al., 2018). The United States health sector and SNFs are deemed unprepared or inefficient to address the complex issues involved in caring for a heterogeneous population of older adults (Fulmer et al., 2021). Thus, patients are prompted to search continually for institutions and professionals who are up to date with current health care improvement strategies (Fulmer et al., 2021). Notably, the needs of a significant number of older adults are unmet in today's healthcare system due professionals' incompetence, inexperience, and improper training (Abdi et al., 2019). Institutional-level transformations must occur to empower healthcare specialists in SNFs to support functionality of the system to benefit the general public (Abdi et al., 2019). Policy advocacy is needed to support special geriatric care in SNFs to support the needs of African American baby boomers.

Social Resources

The study establishes that lack of resources in a community impacts the quality of services offered to patients in SNFs. It is evident that healthcare professionals can prioritize community-level programs to educate African American baby boomers about SNFs and create awareness on post-acute care to mitigate adverse events. One of the factors that impact African American baby boomers negatively is lower community quality that is characterized by lack of resources, insufficient healthcare workers, high

level of illiteracy, and other social, political, and economic attributes (Cimarolli et al., 2020; Muvuka et al., 2020). Additionally, insurance is a critical social resource that should be prioritized to promote the wellbeing of minority groups. It is essential to increase health insurance coverage to enable African American baby boomers to access quality post-acute care at SNFs. Sohn (2017) reveals that health insurance coverage varies between ethnic communities in the nation, and minority groups including African Americans are affected negatively. Healthcare disparities are exacerbated by economic factors, validating the need to widen access to financial programs in the described target population to guarantee quality health. Individuals with reliable insurance covers such as Medicare can be referred to top post-care agencies in the nation (Fulmer et al., 2021). Social policy advocacy is required to increase accessibility to SNFs and control resource allocation, ensuring that all stakeholders in a community enjoy the benefits mutually.

Organizational Improvements

This study reveals different organizational improvements that can be made to enhance the use of SNFs among African American older adults. Notably, emphasizing patient-centered care as the core model in SNFs is strategic to improve the quality of post-acute care and reinforce the consumers' satisfaction. It is evident that a considerable number of cultural principles, values, and ideas are unique to African American baby boomers. According to Mitchell et al. (2020), incorporating such factors in contemporary healthcare practices is appropriate to mitigate inequities. Prioritizing patient-centered care prompts healthcare professionals to develop better communication skills and adhere to the set practice standards (Mitchell et al., 2020). One acknowledges that lack of patient-

centric methods in SNFs could be one of the factors that compel African American older adults to consider home-based post-acute care (Bressman et al., 2021). Staffing is also presented as a major problem in SNFs. Proper training, development of interdisciplinary teams, and redesigning best practice models are key advances that can be adopted to initiate the stated change (Fulmer et al., 2021; Jones et al., 2017). Unskilled professionals are not culturally sensitive to the needs of African American older adults, which is a core reason for institutional discrimination in SNFs (Rivera-Hernandez et al., 2019b). Moreover, the participants were satisfied with the offered services in SNFs, and one of the main areas they emphasized was the cleanliness of the facilities and the patient-centered atmosphere of the institutions' environments. Organizational improvements must be made to warrant patient-centered care.

Future Research

This study is also a powerful foundation for future scholarly works. Firstly, future researchers can also use a larger sample size to determine the effectiveness of SNFs across multiple ethnic and age groups. This study focused on African American baby boomers aged 65 years and older; however, scholars can expand the scope of the sample and compare the experiences of older adults across multimodal ethnicities. Secondly, this study proposes a new project based on the reviewed literature – new knowledge is required to give insight into the finding 28% of all SNFs in the United States account for 80% of all post-acute admissions for African Americans (Rivera-Hernandez et al., 2019b). These research areas are thought-provoking and can contribute to meaningful findings to comprehend African American older adults' healthcare needs in SNFs.

Conclusion

Overall, Chapter 5 was the interpretation of the generated thematic analysis results. The study was guided by three main research questions – Why did you select to use an SNF? What factors were part of your decision? How did the experience live up to your expectations and would you do anything differently if the circumstances permitted? The study's purpose was to examine the lived experiences of African American baby boomers in SNFs to determine whether their expectations for the quality of services were met and identify the factors that influenced their decisions to use SNFs for post-acute care. In response to the three main research questions, 11 themes developed from the thematic analysis, including 1) need, 2) referral, 3) extra-care, 4) public image, 5) cost, 6) accessibility, 7) perceived quality of care, 8) perceived professionalism, 9) environment, 10) staffing, and 11) homecare. The descriptive phenomenological qualitative design was effective as it supported information-rich interviews.

The semi-structured interviews helped me to determine the factors that African American older adults consider before selecting SNFs. The study examined 10 participants' lived experiences in SNFs to explore the quality of post-acute care and develop insights into ways healthcare professionals can improve existing practice to cater for the needs of older adults. The study was done to identify practices that influence patient satisfaction positively or negatively to propose realistic interventions and generate new knowledge regarding patient-centered healthcare among African American baby boomers. The research promotes positive social change as it identifies areas of

improvement in society and individual SNFs to improve the quality of care and maximize the benefits of post-operative services among African American baby boomers.

It was discovered that African American baby boomers select to use SNFs due to inevitable health care needs, referral by providers, and quest for extra care. The factors attributed to the decision to use SNFs were multimodal, including the facilities' reputation, cost of care, accessibility, perceived quality of care, and the apperceived level of professionalism among providers. The participants were satisfied with the offered services in SNFs, and one of the main areas they emphasized was the cleanliness of the facilities. Moreover, the interviewees expressed their concerns on the persistent problem of staffing. They proposed a sustainable system of recruiting and empowering professionals to deliver geriatric care in SNFs, and preferred home care services to SNFs.

This study has transformational implications on individuals, organizations, and society as it presents challenges unique to African American baby boomers and discusses potential interventions that can be deployed to satisfy the target population's needs for post-operative care in SNFs. Notably, Social policy advocacy is required to increase accessibility to SNFs and control resource allocation, ensuring that all stakeholders in a community enjoy the benefits mutually. Additionally, institutional-level transformations are needed to empower healthcare specialists in SNFs to support functionality of the system to benefit the general public. Policy advocacy is needed to support special geriatric care in SNFs to support the needs of African American baby boomers.

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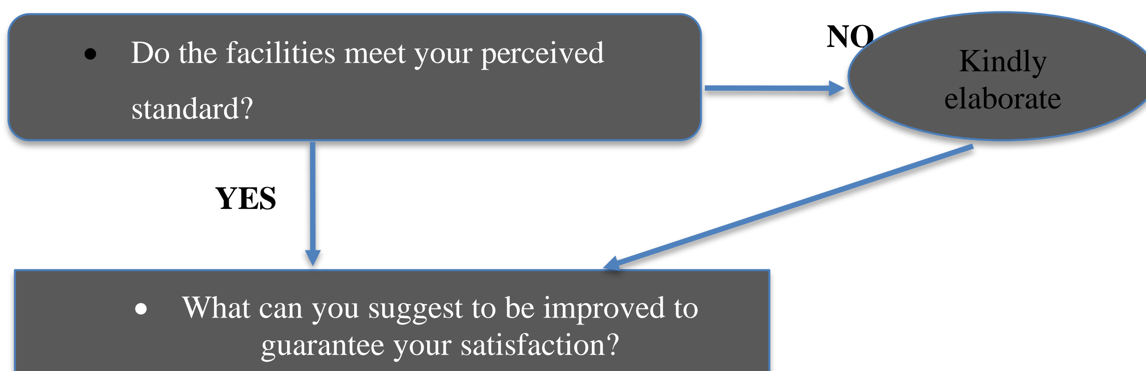
Appendices

Appendix A: Interview Questions

RQ1: Why did you select to use a SNF?

- Do you have any comment on the cost of care in the facility?
- Can you say something on the quality of care?
- What do you think about the qualifications of the involved professionals?



RQ2: What factors were part of your decision?

- Were there any challenges while seeking admission in the SNF?

YES

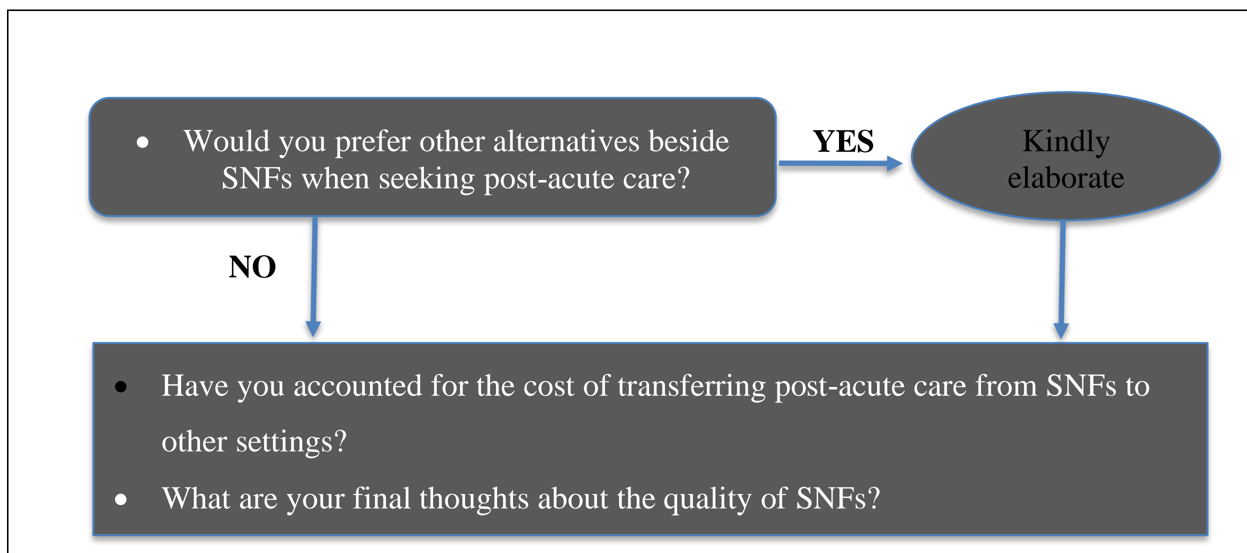
Kindly elaborate

NO

- How would you describe the quality of offered services?
- What characteristics of the SNF attracted you to the facility?
- Was the SNF easily accessible from your location?
- Do you have any opinion on what can be improved socially to make your experience more satisfying in the future?

RQ3: How did the experience live up to your expectations and would you do anything differently if the circumstances permitted?

- What do you think about SNFs?


Would you prefer other alternatives beside SNFs when seeking post-acute care?
YES
Kindly elaborate
NO
Have you accounted for the cost of transferring post-acute care from SNFs to other settings?
What are your final thoughts about the quality of SNFs?

Appendix B: Invitation to Participate Form

Interview Study seeks the African American Older Adults with Experience in Skilled Nursing Facilities

The proposed project examines the experiences of African American older adults in skilled nursing facilities (SNFs). The study could help healthcare professionals such as doctors, social workers, and counselors to comprehend what African American older adults expect when planning to use SNFs for themselves. For this project, you are invited to share your experiences using SNFs for post-acute care admissions.

About the Study

- One 30-60 minutes phone interview that will be audio-recorded.
- Voluntary participation is encouraged as no gifts will be provided to participants.
- Your names will be concealed by using initials to protect your confidentiality and privacy.
- Your contact information (email and phone number) will be collected to send you a consent form and contact you for the interview.

Volunteers must meet the following Requirements:

- Be over 65 years of age.
- Be African American.
- Have history of being in a skilled nursing facility for post-acute care.

This interview is intended for a doctoral study for Charles A Fraiser

To volunteer confidentially, those interested parties can contact the researcher via the email.

Appendix C: Examples of Excerpts From the Transcripts

Participant 1

OK do you have any comment on any cost of curing the facility?
no the cost is adequate. if you're able to afford it the only thing that I think is not equal is that you can't afford a skilled nursing facility a good one that is your funds may not be may not allow you to do so but the quality of care usually is very excellent that I have found

OK can you say you saw I was like that kind of answered the second question but I'll ask you that again can you say something from the quality of care?
the quality here is excellent they have high but they have professionals they have nurses and they have doctors on staff nutritionists on staff they have all of the PT and physical therapy that you might need if you need to that to help you know cooperate and get yourself you once again

what do you think about the qualifications of the involved professionals?
people that I have dealt with your excellent you're very professional they know what they're doing they're encouraging their patient so I the ones I've dealt with I I like a lot

OK do the facilities meet your perceived standard?
yes they do they're very clean the people very polite it appeared to be knowledgeable and caring so and I'm very happy with what I have chosen what can you suggest to be improved to guarantee your satisfaction I'm satisfied with what I have my only concern is that if you don't have the type of money or medical care you might be at a disadvantage to get the best care that you can in a skilled nursing facility they're not all created equal

Participant 2

Do you have any opinion on what can be improved socially to make your experience more satisfying in the future?

While I was pleased with this one because they seem to be inclusive of family, they had different social events for the family so that we felt pretty much engaged with the facility and the staff. OK.

How did they experience Live up to your expectations and would you do anything differently if the circumstance is permitted?

No, nothing different. Everything that we hope as far as outcome was achieved. So we were very pleased. OK.

What do you think about skilled nursing facilities?

I think they serve a genuine purpose. I think the key is selecting the one that is going to meet the needs because I don't think all are equal and I think income plays a real key in terms of the care that you get. If you can't afford it, and there are some other options that may not be as great, but I think they're based on the ones that have good quality care, they usually have a higher price tag. What you can afford. OK.

Would you prefer other alternatives besides skilled nursing facilities when seeking post acute care?

I think the alternative that would be most. Pleasing would be to have home Care hospital because anytime individual has to leave their homes to go to another facility there is takes time to get acclimated to that surrounding of the people that are there to care for you and. Just don't quite know how it's gonna turn out to have think. Best option, if possible, is in home care if that can work for the individual. OK.

Participant 3

What do you think about the qualifications of the involved professionals?
I don't think that they keep up with their education once they start working in the nursing home, especially recognizing. Acute S science and symptoms of a disease.

Do the facilities meet your perceived standard?
No. OK, big add, just they feel like they're like training and they aren't really educated in the care of the elderly, OK?

What can you suggest to be improved to guarantee your satisfaction?
More training and. Keeping an update on the, you know, different illnesses. The process of the disease is so that they can recognize the signs and symptoms.

What factors were part of your decision? Were there what factors were part of your decision?
Oh oh, my decision was just the character they gave and the lack of. They're nowledge. And the relate even the relationship to what the patients so many patients are lacking help. You don't have good communication with yourself, with the state.

Were there any challenges while seeking admissions in the skilled nursing facility? How would you describe the quality of offered services?
I think they're poor even to the dad. The dad regimen is bad. No matter dictation, scheduling a space, they don't keep up with the changes in the medication and. The regiment and needs to be changed where? They have more input from the pharmacy on the side effects and the long term. Effects of this matter of the medications.

What character is of the skilled nursing facility attracted you to the facility?
It was a it was just an emergency I had. I was in the hospital and they chose that facility. I went, you don't always have a choice of where you're going when you're in a situation right here, OK?

Participant 4

What characteristics of the skilled nursing facility attracted you to the facility?

We're just with this one research where the available Co you know, the bed. Having a band reasonable. You know. That's where I was placed in in this particular one.

Was a skilled nursing facility easy accessible from your location?

And not from where I, yeah, from where I lived, it was quite a distance from, you know, my home.

Do you have any opinion on what to be improved socially to make your experience more satisfied in the future?

Yeah. Roommate that moaned all night long and it was hard to to get rest. So I think sometimes they need to consider the patient's condition or needs when assigning the you know the rooms because Medicare will pay for semi private room. So. OK.

How did the experience live up to your expectations, and would you do anything differently if the circumstances permitted?

I think I would have. I would have read. And at home and have people come in and for recuperation. Instead of being in that facility. Because like I said, I didn't. My expectations were not high going in, and they still aren't.

What do you think about skilled nursing facilities?

To say they, I guess they serve their purpose, but they could improve on the quality of service, the staffing.

Participant 5

Participant 6

How did they experience? Live up to your expectations and would you do anything differently if the circumstances permitted? At this point the facilities meeting the standard and would not do anything. He's only been there for less than a week now, so we will know a little bit more, but in our past. Feelings with a similar facility, they were just a lot that would be changed in terms of cleanliness, food and attention to the patient. And I think that's directly attributed to quality or number of Labor. OK, gotcha. **What does he think about skilled nursing facilities?** So far he likes it OK what he prefers it doesn't beat. Even though OK, **would he prefer all other alternatives besides skilled nursing facilities when seeking post acute care?** I'm sure he would rather be at home. In some or in an environment that wasn't necessarily institutional facility, OK. **Have you accounted for the cost of transferring post accurate care from skilled nursing facilities to other settings?** The transferred the calls. Yes. Well, it's all medical. It's all insurance paid. OK, not a problem. **What are your final thoughts about the quality of skilled nursing facilities were heads?** In general, they you know the age of the facility has a factor the number of. Employees that are there and particularly the the patient mix and where if you're dealing with a lot of memory care patients they have different needs than saying average person is going to you know post. Post care, rehabilitation, OK. OK.	**what do you think about skilled nursing facilities** I think they're absolutely necessary I feel that that that you know as being an elder I really need to make sure that I have access to the proper care that I need so I think they're absolutely necessary **Would you prefer other alternatives besides skilled nursing facilities with seeking post-acute care?** no I think skilled nursing facilities are the best option I think those individuals who are trying to take care of people at home and provide these types of services don't have the dedicated resources they don't have the qualifications I don't believe that if they're still trying to work full time they can properly care for the for us the needs that we have because it could possibly depending on what type of what type of service that you know each individual needs that this could become be considered full time for someone so I don't believe there should be any alternatives I believe we need to have these you know the way that they that we have around here and in the world right now this is the way we should be OK **Have you accounted for the cost of transferring post accurate cure from skilled nursing facilities to other settings?** Oh no I haven't thought about that much in this area I think the bottom line for me if I didn't have a metal coverage and I wasn't able to afford it from my retirement income it just it this is something that I just wouldn't be able to do but thank God that I am able to but I just hadn't really thought much broader than that in that area OK

Participant 7	Participant 8
Do you have any comments on the cost of the care in the facility? My particular costs were covered using Medicare insurance benefits, and the costs were completely covered. Of course, if it were up to me to cover the cost, that would not have been able to do it without insurance coverage. But I did have adequate insurance coverage to cover the cost. OK. **Can you say something on the quality of care?** Uh, I think the quality care I received was. Not being superior, but it was above average and I was satisfied with quality care I received OK. **What do you think about the qualifications of the involved professionals?** In that area, the staff members, they were well, well trained and they were very professional in their treatment and conduct toward me, OK **to the facilities meet your perceived standard.** Uh, yes. Like I thought it was the facilities or they were like I said not superior, but they were average in relation to my perceived standards. I would like to see high quality in some areas, but they weren't average in my perceived standards. OK, **what can you suggest to be improved to guarantee satisfaction.** I thought that they could show more concern to my feedback or any patients feedback relating to their level of pain and discomfort. I found that of when I related to the staff that I was in a certain level of pain at times. They didn't take it serious. They didn't show the concern that empathy that I would have expected related to my patient discomfort during the treatment process.	**Do you have any opinion on what can be improved socially to make his experience more satisfying in the future?** yes I would say for one thing you know the family has to still do a lot you know so if the family member is working you know if they if say for instance if they have a medical appointment and then and the appointment is 30 minutes or 30 miles from the facility the family member is still responsible for taking the person their family member to the doctors I just think that things like that should be more accessible for the staff to do that so the family members aren't still overwhelmed while the member is at the facility did they experience live up to his expectations and what he do anything different if they're circumstances permitted uh yes I think we would probably just keep them at home and just have to hire someone to come in that way we all that he and I and the family would have a Peace of Mind that he's being well cared for OK **what do you think about skilled nursing facilities** Again I would have to say due to the lack of staffing I wasn't confident that he was getting the best care OK **what do you prefer other alternatives besides skilled nursing facilities or seeking post accurate care uh** yes like I said he would probably prefer to stay at home and then just get a private duty nurse or health care provider to come into the home to oversee his needs OK

Participant 9	Participant 10
Do you have any comment on the cost of care in the facility? This the fees were covered up until so many days the other issue that I really had with th was we had to pay for our own transportation for appointments OK **Can you say something about the quality of care the quality of care?** Wasn't as what I expected I think that they needed more staff and the rooms need to be c more OK **What do you think about the qualifications of the involved professions?** I think they were well qualified but overworked do the facilities meet your perceived sta I felt that it was OK but it wasn't as excellent as they advertised suggest to be improved t guarantee your satisfaction have a guess just finding more staff for those who really love what they're doing and those who are willing to clean especially with column it should h a lot more cleaner than what they were doing OK **What factors were part of your decision my decision and what the seeking a quality for the skilled nursing facility** Word of mouth and it was one of the best choices out of what we were out of the list that offered to us **Were there any challenges while seeking admission in a skilled nursing facility?** yeah there were there weren't enough beds so we had to wait a while **How would you describe the quality of offered services?** Again they were OK but it wasn't everything that I expected OK	**Do you have any comment on the cost of care in the facility?** No, one do not **Can you say something on the quality of care?** They provided excellent quality of care and they are professional **what do you think about the qualifications of the involved professionals what did he t about those** Umm he actually enjoyed some of the nurses and he spoke very highly in reference to the doctors **facilities meet your perceived standard** Yes, I did Very highly and reference to the doctors OK **What can you suggest to be improved to guarantee his satisfaction?** Actually, the location, which there was closer to the house OK **what factors were part of your decision and selecting a skilled nursing facility** we needed extra care going that time OK **Were there any challenges while seeking admissions in the skilled nursing facility?** No. it was not it was terrible insurance OK