Introduction

Korea has recently moved into the “aging society” with the elderly population taking up 7.2% of the total population and will rush into the full-scaled “aged society” when the percentage reaches 14.3% in 2018 (Statistics Korea, 2010a). Progress of modern medical technology has extended human life expectancy from 62.3 years in 1971 to 80.8 in 2010 in Korea while the healthy life expectancy was reported to be 71.0 years in 2010 (Statistics Korea, 2010b). It is expected that the increased number of elderly population would be spending at least 10 years in their later life with disabilities and/or chronic diseases. One of the most distressing and devastating illnesses for both family and the elderly is dementia. It is estimated that the elderly with dementia is up to 19% of the population eligible for long-term care insurance policy in Korea (National Health Insurance Corporation, 2009). Since the enactment of long-term care insurance in 2008 in Korea, supply and demand for public long-term care service has increased rapidly. The number of long-term care facilities has grown dramatically from 40 in 1993 to 4,190 in 2012 (Long-term Care Insurance for the Aged, 2012). As the size of the elderly population with the needs of long-term care increases, the number of elders and family members who will utilize long-term care facilities will also increase in Korea. As the frail elderly population grows, family caregiving has become a prominent issue (Kong, 2007).

Traditionally, the demented elders requiring constant care and supervision have been taken care of at home by their families in Korea. Heavily influenced by Confucianism for centuries, Korean society has taken for granted that the adult children take care of their old and sick parents. However, major changes in modern society have produced radical alterations in traditional thoughts and function of the Korean families, placing them in a complex position regarding family caregiving. In addition to the societal changes, the distinctive complex problems associated with dementia have made the caregiver role even more problematic. In fact, family caregivers who take care of their demented elders at home face tremendous difficulties in fulfilling the caregiver role.

The caregiver burden of demented elders has been the focus of numerous research studies since 1990 in Korea. It has been frequently reported in numerous literature that the caregivers of demented elders commonly experience various negative effects on...
their physical, psychological, social, and financial life (Cho, Cho, & Kim, 2010; Kim & Choi, 1993; Kim & Jun, 1995; Kim & Lee, 1998; Lee, 1995; Lee & Park, 2008; Son, Kang, & Kim, 2000). When caregiving at home is no longer possible due to unbearable burden, family caregivers begin to consider nursing home placement for their demented elders as a last resort under tremendous strain (Hong & Son, 2007; McLennon, Habermann, & Davis, 2010; Park, Butcher, & Maas, 2004; Ryan & Scullion, 2000).

Placing a loved one to a nursing home is perhaps one of the most painful and difficult decisions made by family caregivers (Caron, Ducharme, & Griffith, 2006; Chang & Schneider, 2010; Hagen, 2001; Ryan & Scullion, 2000), especially in Korea where filialism and filial piety have been highly valued as cultural norms (Sung, 2001). Nursing home placement can be viewed as abandonment of old and sick parents and might disturb family harmony and solidarity. Consequently, the emotional burden on family caregivers, who have to make and carry out the placement decision, might be immense (Lee, Kim, & Kim, 2010). Examining the cultural influences on family caregiving practice among Korean, Korean-American, and Caucasian-American caregivers, Kong (2007) reported that the selection of primary caregiver, caregiving motivation, support-seeking, and negative emotional response were greatly influenced by cultural orientation. In her study, Korean family caregivers, who were mostly daughters-in-law, reported filial obligation rather than filial affection as a major caregiving motivation, higher extended family support, and the highest level of depression among three groups. Since filial piety emphasizes family-centered care and taking care of frail elders as a form of respect and repayment (Sung, 2001), Korean family caregivers, especially adult children caregivers, might experience nursing home placement of their elders quite differently than the caregivers from other cultural backgrounds.

Unfortunately, however, there is a dearth of research evidence on the experiences of family caregivers in making and carrying out the placement decision in the Korean caregiving context. Since nursing home placement can be a highly culture-laden process, it needs to be studied in the cultural context. More in-depth research efforts are needed to explore and understand fully how family caregivers of demented elders come to make the decision and adapt themselves to the post nursing home placement situation in this specific cultural context.

Therefore, this study seeks to explore and describe the process of nursing home placement decision making and adaptation among adult children caregivers of demented parents and to develop a substantive theory based on their experiences by utilizing grounded theory methodology. Adult children caregivers of demented elders are chosen as research participants because it is anticipated that the nature of nursing home placement experience might be qualitatively different between adult children and spouses in the Korean context. This is partly because of the cultural orientation of filial piety, and more importantly, a critical decision such as nursing home placement tends to be made primarily by adult children in context of family dynamics, rather than by the spouse of the demented elder alone in our familial culture. The result of this study can provide basic information for establishing culturally specific proactive strategies to adequately support family caregivers undergoing this tough period of time.

Methods

Research design

A qualitative research methodology with grounded theory approach (Corbin & Strauss, 2008) was utilized for this study in order to explore, describe and develop a substantive theory concerning the process of nursing home placement decision making and adaptation experience among adult children caregivers of demented parents in Korea.

Research participants and ethical considerations

Adult children caregivers who had admitted their demented parents into a nursing home were the participants in this study. The researcher personally contacted three nursing homes in Busan to solicit participation. After research permission was officially granted from each nursing home, the adult children caregivers, who identified themselves as a primary caregiver, provided care to their demented elders for more than 6 months prior to the admission, were actively involved in the placement process, and were willing to participate in the study, were recruited by the directors in those nursing homes. One member per family was asked to participate. A total of 16 caregivers, including 5 sons, 8 daughters, and 3 daughters-in-law, were referred to and contacted by the researcher individually. All of them willingly agreed to participate in the study.

At the meeting with each participant, the researcher explained the purpose and the procedure of the study again and obtained a written informed consent before the data collection procedure. Participants were informed that they were not obliged to participate in the study and could withdraw at any time they wished. They were informed and assured of confidentiality and anonymity. They were assured that the collected data would be discarded in a safe manner after the study is finalized. In qualitative research, according to Munhall (1988), describing and reporting the experiences of others in the most faithful way possible is the most critical and ethical obligation of the researcher. In this study, the researcher attempted to meet the ethical obligation as a qualitative researcher by describing and reporting the findings in a faithful and genuine way as much as possible.

Data collection

Data were collected by in-depth unstructured individual interviews with participants from April to September 2009. Interviews were carried out by the researcher who did qualitative research for her thesis using the grounded theory approach and recently performed an oral presentation on her research findings at the first Global Congress of Qualitative Research in Seoul. Each interview was one-time, face-to-face, ranging from 60 to 150 minutes. The interview began with a broad question such as “Would you like to tell me about the situation in which you came to make the nursing home placement decision for your parent?” and “What were your concerns, feelings and thoughts about nursing home placement of your parent?” Subsequent open questions with several prompts were asked as the interview progressed. Most interviews were performed in a separate room at the nursing homes, except for two interviews which were in the work offices of participants and two other interviews at participants’ home. Interviews were audio-taped under consent and later transcribed verbatim by the researcher and stored in Saturate, the web-based software for qualitative analysis (Sillitto, 2012). The researcher’s observations and impressions were documented in memos after each interview for later analysis.

Data collection was guided by theoretical sampling as themes and categories emerged. For example, when the concept “family conflict” emerged from the data, the researcher intentionally sought to recruit informants who could provide a deepened description regarding family conflict and also those who did not seem to experience family conflict during the process of nursing home placement in order to maximize the variation of the phenomenon. Data collection was continued to the point of theoretical saturation in which there were no new data added.
Data analysis

Data were analyzed in conjunction with data collection utilizing constant comparative method (Corbin & Strauss, 2008). Initially without any preconceived notions, the interview transcripts were read and reread in order to grasp the whole picture. Then, three steps of coding, open, axial, and selective coding, were conducted. In open coding, the raw data were broken down, examined, compared, conceptualized, and categorized. In this stage, the researcher utilized Saturate a program especially useful for open coding. In axial coding, data were put back together by connecting categories using a paradigm. In selective coding, attempts were made to identify the core category and its basic social processes. To enhance theoretical sensitivity, the researcher sought to consult vast amount of professional literature regarding the current topic, asking what was really going on here, being skeptical toward any development and validating them repeatedly against the data (Corbin & Strauss). The researcher’s memos were also included in analysis.

Rigor

To enhance rigor, the criteria of credibility, transferability, dependability, and confirmability by Lincoln and Guba (1985) were utilized. Credibility was achieved through purposive sampling of participants who could represent the best the phenomenon under study and through member checking at the end of each interview by asking participants’ feedback on the summary of their own interview to verify whether it correctly represented their own experiences. Also peer debriefing was used to provide an external check on the inquiry process. Through regular meetings with the second author, who was a professor highly experienced in qualitative research, the emerging findings were reviewed and revised until full agreement was reached between the two researchers. Transferability was ensured through efforts to recruit informants from various background and characteristics using theoretical sampling, and to continue data collection to the point of theoretical saturation. Also attempts were made to provide thick and rich descriptions using actual narratives as exemplars. To achieve dependability, efforts were made to mechanize data collection and analysis by recording interviews in audiotapes and transcribing verbatim to further separate the interpretations from descriptions. To establish confirmability, the process of research was explicated in detail in the systematic documentation to ensure auditability. Memos were recorded to include conceptualization and theorization as well as personal assumptions and beliefs during the research process so that the researcher could examine her own presumptions and interpretations.

Results

Participants characteristics

The total number of participants was 16 adult children caregivers, including 5 sons, 8 daughters, and 3 daughters-in-law. Their age ranged from 37 to 70 years. Two participants were in their 30s, four in their 40s, seven in their 50s, two in their 60s, and one in her 70s. Eight participants shared the same household with the demented elder but the rest had also been actively involved in caregiving for the elder prior to the placement. The duration of caregiving prior to the placement varied from 1.5 to 8 years. The average time of the demented elders’ nursing home stay was 1.3 years. It varied from 1 month to 3 years. Four participants were not employed; 12 participants were employed.

Results of data analysis

Through open coding, 430 concepts, 24 subcategories and 14 categories were extracted. After axial coding utilizing the paradigm, causal conditions, central phenomenon, contextual conditions, intervening conditions, action/interactional strategies, and consequences were identified as shown in Table 1. Through selective coding, accepting the inevitable and reorienting to changes emerged as the core category with the basic social process consisting of four phases: realizing a dead end, seeking a way out, accepting the inevitable decision, and reorienting to changes (Figure 1).

Core category: accepting the inevitable and reorienting to changes

The core category of the experience of nursing home placement decision making and adaptation among adult children caregivers of demented parents in Korea was identified as accepting the inevitable and reorienting to changes. The central phenomenon here was making an inevitable decision, which was impelled by deterioration of the elder and intolerable burden on caregivers. As adult children caregivers faced overwhelming care situation with no other available options, they had to make an inevitable decision for the elder as well as for themselves. No one seemed to be contented with the decision but rather they just had to submit to the decision reluctantly as a way out. As one participant mentioned as follows:

In my case, I really didn’t have any other choice but bring her here. I just couldn’t take care of her at home … because my mother-in-law was wearing diaper. When she was at home, she needed to be changed every 4 hours, offered each meal, and cared for each time when she asked something. So that means that someone needed to be there all the time. But no one was

Table 1 Relationships Among Categories Using Paradigm Model

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Category</th>
<th>Paradigm element</th>
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<tbody>
<tr>
<td>Deviant behaviors of the elder</td>
<td>Concerns over the elder’s deterioration</td>
<td>Causal conditions</td>
</tr>
<tr>
<td>Concerns about the deterioration of the elder’s condition</td>
<td>Intolerable burden on caregivers</td>
<td></td>
</tr>
<tr>
<td>Unbearable feelings of pressure</td>
<td>Making an inevitable decision</td>
<td></td>
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<tr>
<td>Exhausted mind and body</td>
<td>Pressure of filial piety</td>
<td></td>
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<tr>
<td>Having no other alternatives</td>
<td>Seeking information</td>
<td></td>
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<tr>
<td>Choosing the option so unfamiliar with the elder’s condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violation against filial piety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collecting information about pros and cons of nursing home placement</td>
<td></td>
<td></td>
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<tr>
<td>Trial and error</td>
<td>Differences in family integration</td>
<td></td>
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<tr>
<td>Supportive family</td>
<td>Emotional distress</td>
<td></td>
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<td>Shattered family relationship</td>
<td></td>
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<tr>
<td>Compassion</td>
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<td>Guilt</td>
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<tr>
<td>Feeling of ambivalence</td>
<td>Self-doubt</td>
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<tr>
<td>Being uncertain</td>
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<tr>
<td>The different extent of financial burden</td>
<td>Conflicts over financial burden</td>
<td></td>
</tr>
<tr>
<td>Conflicts over financial arrangement</td>
<td>Resuming a new caring role</td>
<td></td>
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<tr>
<td>Participating in caregiving</td>
<td>Action/interactional strategies</td>
<td></td>
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<tr>
<td>Evaluating nursing home care</td>
<td></td>
<td></td>
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<tr>
<td>Compromising with nursing homes</td>
<td></td>
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<tr>
<td>Reiterate self-justification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative efforts among family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovering a peace of mind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermittent emotional unrest</td>
<td></td>
<td></td>
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<tr>
<td>Living with occasional discomposure</td>
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available to do that at home. ... We had no other choice but place her in a nursing home or a hospital. (Participant 1)

In the process of the decision making, adult children caregivers were confronted with various challenges. They felt great pressure of filial piety since nursing home placement was viewed as treachery against their older parents. Seeking information was not easy for them either, since information was always lacking. Due to differences in family integration, reaching consensus in family was difficult and overt/covert conflicts in family were common. These challenges acted as contextual conditions. Even after the placement was finalized, adult children caregivers had to deal with emotional distress, self-doubt, and financial burden as a consequence of the decision. To overcome these challenges and to adjust themselves to the new caring culture, participants actively sought to utilize the action/interactional strategies of resuming a new caring role, constant justification, and sharing the caregiving in the family. As a consequence of these strategies, family caregivers were able to regain composure in their mind and adapt themselves to the changes surrounding them, even though they occasionally experienced discomposure as well in their care trajectory.

I tried to free myself of the emotional burden in the beginning, because it was the most reasonable option we had. It was the best solution. So I try to think that this is mother's home and I just visit her as often as I can, just like you visit your mother at home and have conversation with her. ... But whenever she says she wants to come home, I feel terribly guilty again, because I know that she needs to stay here. (Participant 1)

Process of nursing home placement decision making and adaptation

First phase: realizing a dead end

The elder as a crushing burden. For a period of time, all participants had engaged in caregiving for their demented parents prior to the placement. They perceived the onset of dementia and the taking of the caregiving role as a crisis, but they still persisted in providing care to their demented parents at home. In doing so, they had to deal with constant deviant behaviors and physical/cognitive deteriorations of the demented parents, which caused them to feel their elders as a crushing burden. Each and every participant mentioned the hostile and/or deviant behaviors of the demented elder as the impetus for the consideration of nursing home placement. Also the risky conditions accompanying the elder's deterioration caused great concerns among participants. Two participants testified as follows:

When she was home, we used to put a name tag on her, but she got away from home so often and a couple of times she was lost. That worried us so much ... and she never slept at night murmuring endlessly. (Participant 10)

He used to leave faucet running all night and peep into other's room at nights. Kids hated it ... and he used to curse at them so often. And one day, we found him washing his face with the water in the toilet. We were so shocked to see that. (Participant 14)

Unbearable pressure. In providing care to the demented elder at home, family caregivers experienced unbearable feelings of pressure, and their mind and body got exhausted over time. They also experienced bursting rage at the elder and self-blame. Isolation from surroundings and role conflicts were also mentioned by some participants and this overwhelming care situation led them to recognize that the caregiving at home was too much for them to handle. Among others, unbearable feelings of pressure, bursting rage and self-blame were vividly expressed in the following excerpt of one participant. She mentioned the following:

You know, sometimes you spank your kids when they are bad, right? I did the same to my mom. Even though I told her not to do it, she just turned around and did it anyway making a big mess, soiling herself. Then I just lost my temper and spanked her on her buttock. Then I got so terrified of myself and blamed myself so bitterly, but the situation happened again and again... sometimes I even kicked her. It was so strange, everything, her behavior...That same thing happened repeatedly and it was driving me insane. (Participant 8)

Under these agonizing experiences, participants recognized that the caregiving at home was no longer possible and at a certain point, they realized that they had reached a dead end. The unbearable physical, psychosocial, and emotional burden drove the caregivers to the corner of the unavoidable decision.

Second phase: seeking a way out

Weighing the decision. After they realized that they had reached a dead end and somehow needed to find a way out, family caregivers began searching for other care options. Unfortunately, however, they were unable to find substitute caregivers in their family or to afford hired private caregivers at home. They came to realize that nursing home placement was the only possible option they had for both the elder, themselves, and their family. They sought information on nursing homes from their family members,
acquaintances, and/or mass media including web browsing. Unfortunately for some, due to lack of information and hurried decision, they had to undergo trial and error to find the right place for their parents. However, in most cases, once they located a nursing home available for their parents, they visited the place to explore the services and resources and consulted with a nursing home director before making any decision. During this phase, the gains and losses from the placement were constantly weighed. As one participant mentioned as follows:

I have to pay some money for her nursing home care, but for the most part, I think I could gain more because then I could have free time for myself, even though I have this heavy heart. But we couldn't just give up our whole life for her. ... If you place your parent in a nursing home, you know that you lose one thing but also gain something. (Participant 16)

Collision against traditional filial piety. In considering the decision, most participants experienced painful inner collision against traditional filial piety which had been deeply embedded in their cultural value. They felt a wide gap between the ideal filial piety and the reality of unbearable care situation and it led to tremendous guilt afterwards. As one participant articulated below:

So we have this conventional image that we should do the same as our parents did for their parents. ... I feel awkward because this is not what I've seen throughout my youth, and because I have to do it differently from what I've seen from my parents. ... I just couldn't do the same as my parents did and I feel really sorry for that. (Participant 11)

Influences of family dynamics. The decision making was usually processed in family dynamics and consensus was sought among family members. According to the nature of family dynamics, family members were either helpful or hurtful during the nursing home placement decision making. In some families, the decision was reached in full harmony and support mainly due to the complete trust towards the primary caregivers. As one participant described as follows:

Especially my sisters-in-law supported our decision. All of them said that we did the right thing. Besides, they all know too well that I wouldn't have admitted her there if it had been tolerable. They know me too well. They know that I wouldn't have done it if it hadn't been the worst. (Participant 2)

However, in other families, conflicts and resentment among family members in reaching the decision were obvious due to the discrepancies in the perception of nursing home placement and the expected responsibility. The discordant experiences left residual bitterness long after the placement. One participant said the following:

The conflict in family or the difference in perception which other family members had in their mind regarding this kind of place caused lots of problems. In the process of making this decision, the negative reactions, the negative messages from them really hurt me ... now they don't express their discontent openly, but we have less and less contacts like making phone calls as before, so I think, in a way, the conflicts lurks in our mind. (Participant 1)

During this phase in particular, the role of daughters was distinctive, because in many cases they were the ones who brought up the issue of nursing home placement as an alternative. They took the initiative for the decision making and bore the expenses for the nursing home care, whereas most sons were reluctant and self-conscious in raising the issue. Daughters stimulated other family members to consider it as an alternative and further seek a possible way out. As one daughter participant testified as follows:

We couldn't let our mother live like that under her sons' neglect. So we daughters decided to gather a family meeting. We didn't even discuss it with our brothers beforehand. At the family meeting, we told them that we couldn't stand it anymore and that we should admit her to a nursing home. And we told them that we had already found a good one for her. But the cost was the problem, so we assigned certain amount of money to each brother to pay and told them that we would manage the rest of the cost for the nursing home care. (Participant 9)

Third phase: accepting the inevitable decision
Compassion and guilt towards a parent. Once the decision was made and the placement finalized, participants had to deal with the consequences of their decision. Participants acknowledged that their caregiver burden, such as physical hardships, psychological edginess, and social constraints, was somewhat reduced after the placement. But they also admitted that the placement had caused emotional distress, which was a mixture of various negative emotions such as grief, guilt, compassion, shame, apprehension, and/or feelings of failure, but guilt and compassion were the most prominent feelings. Whenever they visited their parents in a nursing home, participants felt great compassion and guilt towards them. Visiting was both a source of joy in the gathering and pain of guilty conscience. As one participant described below:

We couldn't sleep for a week after we left our mother here. We felt so sorry for her. Though she had eight children, [no one was able to take care of her at home], we felt that we abandoned our mother. That hurts me even now (sobbing) ... it hurt so much and we all used to cry a lot. We all felt that we abandoned her and it was sinful. It still hurts me so bitterly even after three years. I get so distressed when I visit her here even now. (Participant 9)

Ambivalence towards nursing home care. Participants experienced ambivalence towards nursing home care after the placement. Most of them perceived it positively. At the same time, however, they felt that although their elders were physically well cared for, it was not the same as them being cared for at home by their own children. Here they experienced again feelings of inadequacy, guilt, and doubt about their decision. As two participants mentioned as follows:

I believe that mother is now in good hands, much better than before. They provide good care with good food. But although the nurses are good to her, it wouldn't be the same as her being at home with her family around. She would miss her family and those contacts with us. That hurts me (silence). And that makes me feel terribly guilty and uncomfortable (long pause with emotion)

When I look at her here, my heart sinks. My mother-in-law's always had beautiful skin compared to her age but (sobbing) her skin got so rough and she used to eat very well but she doesn't anymore. When she was at home, she used to be talkative and always busy, but here ... I feel like I am doing sinful things. I feel like I abandoned her. (Participant 2)

Resuming a new caring role. After the placement, making regular visits, participating in direct care, and tuning themselves to the new rules in a nursing home, participants tried hard to adjust themselves to the new environment. They needed to resume a rather different, new caregiver role, since they were no longer the primary caregivers for their elders in a nursing home. They were to relinquish the caregiver role which they used to assume at home,
but for some participants, it was not so easy to give up and to tune themselves to the new rules in a nursing home. Establishing a positive relationship with nursing staff was also a challenge for some participants. As one participant testified as follows:

I come to visit her once a week. But every time, I need to be very discreet about my manners, so I can’t really talk about certain things with them. … Even though I want to wash her face, I can’t do that in front of them, because I am worried whether they would think of me as impetuous and unthankful and that can have an adverse effect on mother. So you need to recognize that now they are the ones who provide the primary care to her, and not yourself. You just have to encourage them and acknowledge their efforts. (Participant 2)

Constant justification. All participants used constant justification as another strong strategy, emphasizing the rightness of the placement decision, whenever they felt guilt and doubt. By active justification and verification, they wanted to prove that their decision was adequate for the elder as well as for themselves. Mainly it was done through highlighting the advantages of nursing home placement for the demented elder. As two participants described below:

I don’t think that I am not doing my duty to my father as his eldest son because of his admission here. Since I’ve been with him for such a long time, I know that it is not a right thing to keep him at home. … Since he is so confused mentally and limited physically, keeping him at home doesn’t mean that much. The most important thing is that he is well cared for with good food and good hygiene. And who can do this kind of work best? (Participant 5)

Maybe I was better for preparing food for her or doing laundry for her, but any conversation was not possible, we used to just sit and watch TV. Practically she was alone, and I was alone. We had no interaction at home. But here it is their work to care for people like my mother. They don’t seem to react emotionally. They greet her and hug her delightfully. I think it is much better for her here. (Participant 14)

Sharing the caregiving in family. Most participants also tried to share the financial burden and other caregiving tasks among family members. Mutual support in family for caregiving was actively and systematically sought. In practice, siblings shared the nursing home cost in most cases. Some were forcibly required to join, and others voluntarily joined in the share, but some families experienced difficulty in mediating financial burden. In most of those cases, sisters acted as a mediator to resolve the conflict. Some participants used to make an appointment to visit their parent together, preparing snacks or purchasing necessities for him/her. Others usually took turns to visit and supply necessities for their parent in a nursing home. In either way, attempts were made to share and support each other in fulfilling caregiving tasks. As one participant explained below:

I tell my family members that because there are so many of us, they wouldn’t like it if we visit too often. They might think that we are checking on them. We need to trust them, so let’s just visit mother once a week. Just once a week. If we take turns, mother gets a visit every week, right? So everyone in our family should be obliged to visit mother at least once a month. ( Participant 16)

Fourth phase: reorienting to changes

Regaining composure over occasional discomposure. As a consequence of using various action/interactional strategies, participants learned to regain composure in their mind over time. Occasionally, however, they also experienced feelings of unease, especially when they had to deal with deterioration of their parents in a nursing home through periodic visits. They also lived in apprehension concerning any incoming bad news about their parents. But with the passage of time, they regained composure over the occasional discomposure, reorienting themselves to changes surrounding them in the caregiving trajectory for their parents in a nursing home. As two participants described below:

In the beginning, it felt like you abandoned your own baby when mother was admitted here. But I guess time heals even the most painful experiences like this. The people there always told us that it should be hard in the beginning but it would get better. I didn’t believe it then, but as time passed, the pain waned. Time really heals. (Participant 8)

After each visit, I feel so uneasy. If she’s doing better, I feel a bit better, but when she’s lying still with her eyes closed or just blinking her eyes looking at me … if I see her like that, I feel so uneasy in my heart. My heart is always pounding so hard each time I see her like that. But the day before yesterday she was doing better, so after I saw her getting better, I felt less uneasy. I felt less anxious. (Participant 2)

Discussion

The purpose of the study was to explore and describe the process of nursing home placement decision making and adaptation experience among adult children caregivers of demented parents in Korea and subsequently to develop a substantive theory grounded in their experiences. From in-depth exploration, the process model of accepting the inevitable and reorienting to changes emerged. Extensive literature exists regarding the topic of nursing home placement experiences among caregivers, but theoretical articulation using the paradigm model of grounded theory has been rare. This current study attempted to generate a theory grounded in participants’ experiences using the paradigm and, at the same time, to test it against the evolving data. Thus, this study has expanded existing knowledge base concerning nursing home placement experiences among family caregivers.

In this study, the basic social process of accepting the inevitable and reorienting to changes comprised four phases: realizing a dead end, seeking a way out, accepting the inevitable decision, and reorienting to changes. The result of the process analysis was congruent with the existing literature. In a Taiwanese study, Kao and Stuifbergen (1999) reported three processes in the decision of institutionalization: breaking harmony, rebuilding harmony, and evolution. Also, Penrod and Dellasega (2001) described the process as six sequential phases: upsetting the status quo, deeming the situation inadequate, experiencing conflict, reaching the decision to place, looking for a place, and redefining the caregiver role. Although there are similarities in the phases of different studies, the present study highlights the nature of the decision as being inevitable.

In the phase of “realizing a dead end”, the elder as a crushing burden and unbearable pressure were found to be the factors which drove them into an inevitable decision. These factors acted as an impetus for considering nursing home placement as an option. This finding is in accordance with the numerous studies, which mentioned care-recipient and caregiver factors as predictors of institutionalization of demented elders (Banerjee et al., 2003; Gaugler, Yu, Krichbaum, & Wyman, 2009; Yaffe et al., 2002). In particular, the factors of behavioral symptoms of the elder, emotional stress and feelings of being “trapped” in care responsibility of the caregivers were all recognized in the participants. The notion of realizing the dead-end point in order to start considering nursing home placement as an option is well documented in other
studies (Hong & Son, 2007; Kao & Struiffbergen, 1999; McLennon et al., 2010; Park et al., 2004).

In the phase of “seeking a way out”, several influential factors in considering and initiating nursing home placement decision were identified and delineated. The participants in this study had to deal with inner conflict from collision against the traditional value of filial piety, constantly weighing the value of the decision for the elder and for themselves. The inner conflict between the reality and the cultural values was a tormenting experience for adult children especially in the Korean society that is strongly influenced by the deep rooted tradition of filial piety and familism; taking care of their elder parents has been their duty and institutionalization of the impaired elderly has been viewed with contempt (Kim & Lee, 2003). This same cultural view was shared by Chinese participants in the study of Chang and Schneider (2010). While this inner torment was conceptualized from the cultural stance in this study, it has been also depicted as the conflict between reality and the image of idealized caregiver in western literature (Dellasega & Mastrian, 1995; Penrod & Dellasega, 2001). This cultural and social norm of filial piety as a duty of adult children might have aggravated the emotional burden so much that they needed to apply the strategy of justification more actively in this study.

Regarding the decision-making context, there is discrepancy in findings between eastern and western literature. In western literature, singularity or sense of isolation in decision makers is dominant throughout the process of placement decision (Dellasega & Mastrian, 1995; Penrod & Dellasega, 2001). However, in eastern literature, the decision is made in the dynamics of family involvement (Chang & Schneider, 2010; Chang, Schneider, & Sessanna, 2011; Hong & Son, 2007). Likewise in this study, the decision was never made single-handedly but in the dynamics of family context through family meetings or several phone-consulting among family members especially between siblings. The active family involvement was highly supportive to some families, but for others it caused more conflicts and discrepancy in opinions, making the placement decision even harder. While in western literature, the notion of familial conflict was rarely the issue, in studies of Korean and Chinese families, family dynamics and conflicts in decision making were often highlighted (Chang & Schneider; Chang et al.; Hong & Son; Park et al., 2004). It is likely that the dominant culture of collectivity in Asian countries may be related to this phenomenon. It has an important practical implication in that nurses working in long-term care need to acknowledge this distinct nature of collectivity of decision making in Korea and encourage family caregivers to effectively communicate with other family members in reaching and executing the decision to institutionalize.

Another culturally distinctive finding was the active role of daughters as a decision maker in Korean families. Traditionally, sons, especially the eldest son, were accountable for fulfilling filial duty to their older parents, being the primary decision makers in Korean families. Although the sense of filial responsibility among sons has been weakened over time, they are still conscious of their filial duty towards their older parents and the social expectations. Since nursing home placement has been viewed as an act of treachery to their parents in Korean society, it must have been difficult for sons to raise the issue within the family. In this study, unlike the hesitancy of sons, daughters usually took the initiative to bring up the issue and in some families, they took control of the financial arrangement to bear the cost. It might be that daughters felt freer from social criticism and thus freer to make the decision compared to sons. However, this active role of daughters is likely to reflect the perceptual changes about filial duty: sons and daughters are equally responsible for their parents in Korea. It is congruent with the findings of a recent study by Wang (2011) reporting the shifting roles and responsibilities among Taiwanese adult children towards their older parents in nursing homes. This cultural shift seems to require further study in order to fully understand the family dynamics in elder care in Asian countries.

In the phase of accepting the inevitable decision, all participants uniformly stated that they were forced to make the unwilling decision because of the inevitable circumstances. This inevitability and reluctance of the decision is well described in almost all literature concerning nursing home placement experience (Davies & Nolan, 2003; Kellett, 1999; Lundh, Sandberg, & Nolan, 2000; Ryan & Scullion, 2000). Participants in Kellett’s study reported that they had to make a forced and negative decision, and in the study of Davies and Nolan, the decision to admit was “neither made nor reached but rather accepted” (p. 437). The passive but urgent character of the decision was apparent in situations where the decision was considered as the last resort (Ryan & Scullion); this also pertained to the participants in this study.

Consistent with the existing literature (Chang & Schneider, 2010; Chang et al., 2011; Hong & Son, 2007; Kellett, 1999; Park et al., 2004; Zarit & Whitlatch, 1992), participants in this study experienced compassion and guilt toward the elder and ambivalence towards nursing home care after the placement. Dellasega and Mastrian (1995) reported emotional turmoil, ambivalence and uncertainty about the placement among their participants. Park and her colleagues also noted deep sorrow and apprehension after the placement. This is in accordance with the current findings in this study. More proactive psychosocial interventions are required to support family caregivers experiencing emotional distress during the placement process.

In order to deal with these problems and difficulties, participants actively sought strategies such as resuming a new caring role, constant justification, and sharing the caregiving in family members. Since they felt compassion and guilt towards their parent and ambivalence towards nursing home care, they constantly justified their decision as the most proper one, seeking reassurance from other family members. Justification seems to be the most frequently used strategy in caregivers of institutionalized elders (Dellasega & Mastrian, 1995; Lee et al., 2010; Ryan & Scullion, 2000). Nurses need to recognize their need to justify their decision and to support them empathically and, moreover, to be the official party to support the legitimacy of their decision.

As participants were experiencing recurrent feelings of compassion and guilt, they actively participated in the caring activities including frequent visits and providing necessities for their elders. In doing so, they needed to adjust themselves to the new environment, learning how to get along with other people including the nursing staff. Building a helping relationship with nursing staffs was not easy at all for family caregivers. A lot of times they found themselves behave discreetly to protect their elders from any harmful practice. Nursing staffs in nursing homes need to acknowledge the contribution of family caregivers to the care for the elders and build a caring partnership with them. Developing family-centered interventions would be beneficial in supporting family caregivers’ adjustment to the new caring culture and new roles, and enhance family involvement postplacement. As Sandberg, Nolan, and Lundh (2002) argue, empathic awareness by nursing staff can be the key to positive family-staff relationships in nursing homes. Nurses need to increase their awareness and recognition of the importance of creating a caring context for family caregivers so that they can be engaged in meaningful caring activities and relationships (Kellett, 2000). Utilizing strategies identified above, most participants were in the process of regaining calmness in their mind and in their life as they tried to accept the inevitability of their decision and to reorient themselves to changes accordingly. However, they also experienced occasional discomposure as a result of various emotional distresses recurring
and subsiding. As Ryan and Scullion (2000) noted, emotional turmoil seems to last long after nursing home placement of their beloved parents. By understanding the trajectory of accepting the inevitable and reorienting to changes among family caregivers of the institutionalized elders, nurses can be better equipped to aptly support them in this difficult period of time.

Conclusion

This study was conducted to explore and describe the process of nursing home placement decision making and adaptation experience among adult children caregivers of demented parents in Korea and to generate a substantive theory grounded in their experiences utilizing the paradigm model of grounded theory. The core category of the experience was accepting the inevitable and reorienting to changes. In order to delineate the emerged theory, causal conditions, central phenomenon, contextual and intervening conditions, action/interactional strategies, and consequences were elaborated in relations. The basic social process of the core category was also delineated. The major contribution of the study would be the generation of a substantive theory describing and explaining the structure of the experience, including important factors that influence the placement experience and their relationships to the core category. In addition, since the nursing home placement is a highly culture laden experience, this study attempted to highlight the cultural context in which the experiences took place.

Based on the findings and discussions, some suggestions are made for future research and practice in nursing. First, the emotional distress and familial conflict were evident in participants’ testimony. Proactive nursing strategies are required to adequately support family caregivers in the most stressful period of time. Appropriate psychosocial support should be provided to family caregivers before, during and after the placement.

Second, some participants had difficulties in shaping a positive and helping relationship with nursing staff and were confused about their expected roles when they tried to resume a new caring role in nursing homes. Clear communication and support need to be provided to the family caregivers as they try to adjust to a new caring role in relation to themselves and to their elders. In this sense, research efforts are necessary to explore the nature of relationships between family caregivers and nursing staffs and how to promote the helping relationship between those two parties.

Third, the theoretical model of accepting the inevitable and reorienting to changes needs to be tested for its theoretical soundness and applicability to other setting or other care situations where difficult choices are made in family care practice.

Fourth, future research should also address how characteristics of the family context of care affect family caregiver health and well-being over time post nursing home placement, since the quality of family relationships and the effectiveness of family decision making play a very important role.

Lastly, the limitations of the study were the wide duration of nursing home stay of the demented elders, which varied from 1 month to 3 years. The study also used a single method for data collection. Future study, clearly reflecting the time-specific experiences, for instance within 6 months post nursing home admission, and incorporating additional methods for data collection such as participant observation, might be valuable to enhance deeper understanding into the nursing home placement decision making and adaptation experience among family caregivers of frail elders.

Conflict of interest

The authors declare no conflict of interest.