



BUSINESS
SCHOOL

Proposing a Theoretical Model to Identify the Barriers and Motivational Factors that Seniors and Family Members Consider while Relocating to an Assisted Living facility in Portugal

Rohan Anthony Aguiar

Master in Marketing

Supervisor: Dr. Daniela Langaro da Silva do Souto

Assistant Professor, Department of Marketing, Operations and Management

ISCTE-IUL

October, 2022

Acknowledgment

This dissertation was one big journey with numerous challenges, and none of this would have been possible without the immense support and guidance of Professor Daniela Langaro. For enkindling my passion and being my constant source of motivation.

I would also like to thank representatives of the facilities at which the interviews were conducted for granting me permissions and helping me procure information on the topic. None of this would have been possible without their help.

A big show of gratitude to my friends and everyone who helped me with interviews and translations and to every single interviewee who made time and accepted my request to interview them.

Finally, I would like to thank my support system, i.e. (family, friends) and even Phil Knight, for his beautiful memoir ("Shoe Dog") that helped me enjoy this journey.

Abstract

O objectivo do estudo qualitativo é identificar as motivações e barreiras que os idosos e os membros da família encontram ao considerar a realocização para uma instalação de vida assistida em Portugal. Este documento vai mais longe para identificar os vários factores, juntamente com os antecedentes que podem ser agrupados sob as motivações que aproximam ou afastam as barreiras de intervenção.

Os dados do estudo seguinte foram recolhidos através da realização de um total de 18 entrevistas semiestruturadas de idosos bem como dos seus familiares. Os dados foram transcritos e codificados tematicamente.

Os resultados deste estudo validam o papel dos membros da família no processo de tomada de decisão de mudança para uma instalação de vida assistida e este papel é directamente proporcional à dependência (física e financeira) dos seniores em relação aos seus familiares. Este estudo indica ainda que as condições de saúde, dependência familiar, bem-estar social deficiente, casas disfuncionais, experiências negativas de assistência externa em casa, e habitação e localização, sócio-psicologia, serviços e comodidades e preço para a qualidade e preço para a localização são, respectivamente, factores impulsionadores e atractivos, considerados durante a mudança para uma instalação de vida assistida em Portugal. No que diz respeito às barreiras, as instalações familiares, económicas, são as barreiras primárias importantes, enquanto que as sócio-culturais e psicológicas ainda podem ser consideradas como uma barreira, mas não dada a mesma ponderação que a anterior, considerando o facto de esta barreira ter sido apontada tendo em mente as casas de idosos.

Este estudo tem como intenção desenvolver um modelo compreensível que aponte aspectos relevantes da realocização de idosos para uma instalação de vida assistida que possa ser mais explorado e validado através de uma análise quantitativa.

Palavras-chave

Vida assistida, vida sénior, lares, instalações de vida assistida, Lar de Idosos, factores de impulso, factores de atracção, barreiras de intervenção.

Abstract

This qualitative study aims at identifying the motivations and barriers that seniors and family members consider while relocating to an assisted living facility in Portugal. Moreover, this study identifies the various factors as well as the antecedents that can be grouped under push, pull motivations and intervening barriers.

The data of the present study was collected by performing 18 semistructured interviews of seniors ageing at home, and in a facility, as well as with family members. The data was transcribed and coded thematically.

The findings validate the role of family members in the decision-making process of relocation to an assisted living facility, which is directly influenced by senior's (physical and financial) dependence on their family members. This study further indicates that, health conditions, family dependency, poor social well-being, dysfunctional houses, negative experiences of external assistance at home are the push factors considered while relocating to an assisted living facility in Portugal, whereas housing and location, socio-psychological barriers, services and amenities, and price to quality and price to location are the pull factors. With respect to barriers, family, economic, and facility are the important primary barriers, whereas sociocultural and psychological barriers is considered to be a secondary barrier; considering that this barrier was identified having senior homes (i.e., Lars) in mind.

This paper intends to develop a comprehensive model that points out relevant aspects of senior relocation to an assisted living facility which can further be explored and validated by quantitative analysis.

Keywords

Assisted Living, senior living, senior homes, assisted living facilities, Lar de Idosos, push factors, pull factors, intervening barriers.

Contents

LIST OF FIGURES	vi
LIST OF TABLES	vi
1. INTRODUCTION	1
1.1 Theme, Research Problem, and Research Questions	1
1.2 Objectives and Motivation	4
2. LITERATURE REVIEW	5
2.1 Assisted Living Facilities	5
2.1.1 Brief History of Assisted Living Facilities	5
2.1.2 Assisted Living in the 21 st Century	6
2.2 Facilities for Senior Individuals in Portugal	6
2.3 Relocation after Retirement and Major Influencers (Family and Life Events)	8
2.4 Theory of Migration – (Push and Pull Motivational Factors and Barriers)	9
2.4.1 Push Motivational Factors with Respect to Relocating to a Senior Facility	11
2.4.2 Pull Motivational Factors with Respect to Relocating to an Assisted Living Facility	13
2.4.3 Barriers Associated with Respect to Relocating to an Assisted Living Facility	15
3. THEORETICAL MODEL	18
4. METHODOLOGY	21
5. RESULT AND DISCUSSIONS	25
5.1 Research Findings	26
5.1.1 Involvement of Family Members in the Decision-Making Process of Relocation	26
5.1.2 Themes Identified under Push Motivational Factors	28
5.1.3 Themes Identified under Pull Motivational Factors	35
5.1.4 Themes Identified under Barriers	44
5.2 Discussions	52
6. CONCLUSION	65
6.1 Contribution to Theory	65
6.2 Implication of Practice	66
6.3 Limitations	70
6.4 Future Research	70
7. REFERENCES	72
Appendix A: Proposal Letter to Santa Casa Misericordia	80
Appendix B: Research Guide	83
Appendix C: Sample Interviews	86

LIST OF FIGURES

Figure 1: Health Status by Sociodemographic Categories	2
Figure 2: Proportion of 65+ Individuals with Limitations to Perform Activities due to Health Problems	2
Figure 3: Overview of Decision Making Process to AL Facility	20
Figure 4: Themes under Push and Pull Motivational Factors and Barriers	21
Figure 5: Revised Themes under Push and Pull Motivational Factors and Barriers	67

LIST OF TABLES

Table 1: Interviewee Details	26
Table 2: Revised Push Motivational Factors	56
Table 3: Revised Pull Motivational Factors	60
Table 4: Revised Barriers	63

1. INTRODUCTION

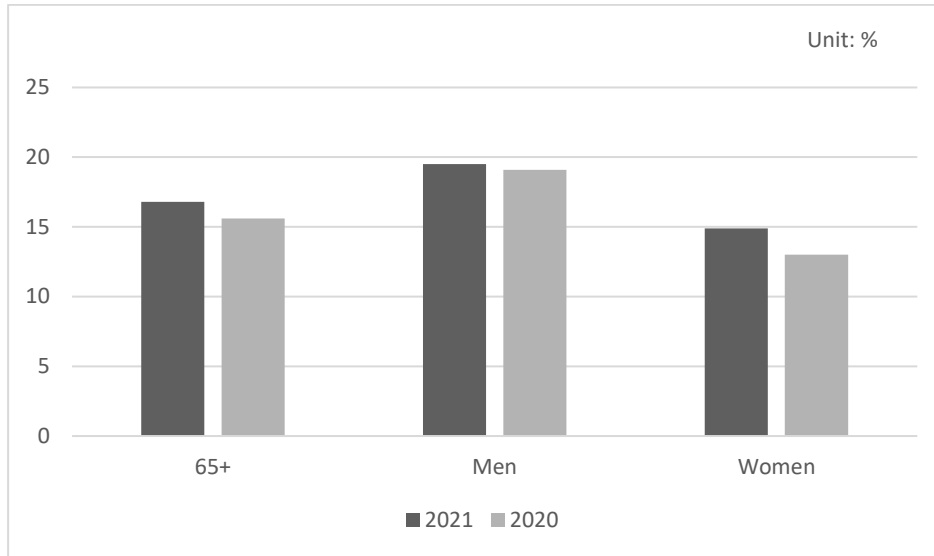
1.1 Theme, Research Problem, and Research Questions

In Portugal, the birth rates from 2010 have declined from 14.97% to 13.05% in 2020 (O'Neill, 2021); while the birth rates have decreased, the death rates have also fallen, leading to a growth in the senior population. In 2010, over 18.66% of the population accounted for the retired age group (i.e., 65+) as compared to 2020, where we have 22.77%, which marks a substantial increase (O'Neill, 2021). In addition to the existing set of the retired population in Portugal, we have individuals from various backgrounds contributing to the same population (65+ above). For example, retired Portuguese expats who moved to other countries in search of a livelihood and now return to Portugal; retired or close to retirement individuals that come to Portugal on a Golden Visa program; citizens from EU member nations that see Portugal as a suitable spot to retire while still being close to their home country. A recent study by Engdahl (2021) showed that Swedish retirees preferred to retire in Portugal and Spain over other European countries due to the quality of life, climate, safety, and healthcare. It further went on to specify that senior housing and healthcare were critical factors that affected the timeframe for them to remain in the country.

As the population ages, the prevalence of various age-related diseases increases. However, over the past century and specifically in recent times, various health-related diseases associated with the ageing population have declined due to evolution in healthcare. An aged individual can go about their daily activities with some assistance, owing to effective and affordable healthcare. In a recent survey conducted by Instituto Nacional de Estatística, I.P (2022), we witnessed an increase in the retired population claiming to have very good health conditions (see Figure 1).

Figure 1

Health Status by Sociodemographic Categories

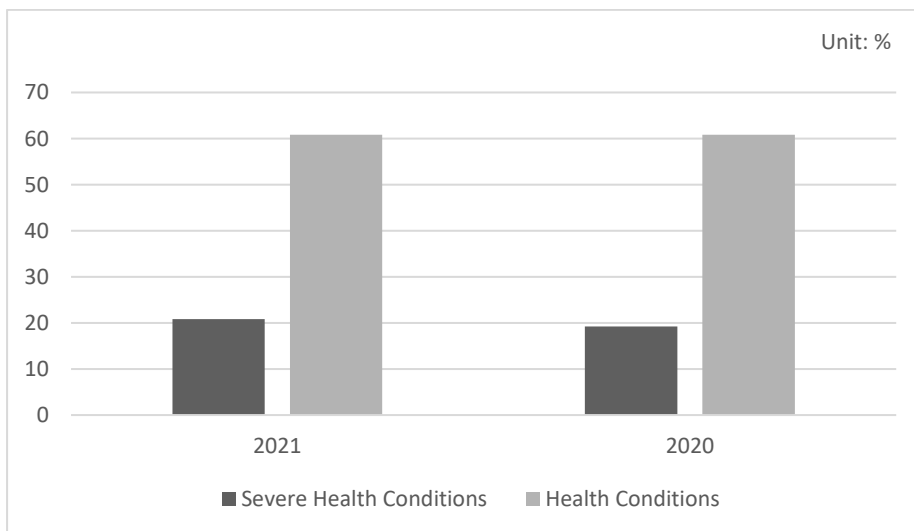


Note. Source: Instituto Nacional de Estatística, I.P, 2022 (*Portugal, 2020-2021*)

More specifically, in (Figure 2) we also, witness that out of 60.8% of the population that faces limitation in performing daily activities, only 20.8% of the same population have severe health conditions.

Figure 2

Proportion of 65+ Individuals with Limitations to Perform Activities due to Health Problems



Note. Instituto Nacional de Estatística, I.P, 2022, (*Portugal, 2020-2021*).

Moving forth to the availability of senior living facilities in Portugal. The options available are split into two main segments; the public and nonprofit organizations that account for 80% of offerings and the remaining 20% that is covered by the private sector for high income and the minority of the population (de Matos, 2011). Most of these facilities, most of them in the public and nonprofit segment, accommodate seniors with severe to moderate health impairments and those seeking other socio-psychological benefits (Pinto, 2014). These institutes are generalized across the retired population and are not segmented based on the severity of their health conditions.

The assisted living model helps fill this void. Assisted living is a branch of senior living facility that promotes a healthy lifestyle and social interaction for retired individuals who want to be autonomous but seek some assistance with their daily activities (Assisted Living Quality Coalition, 1998). In Portugal, there is just one such active residence in the public sector, and two more that are upcoming. Due to its late advent, a few of these facilities are available in the private sector while the rest are still work-in-progress (de Matos, 2011).

Studies done in the past to understand senior relocation, specifically in the Portuguese context, exemplify the relocation of seniors from their houses to senior homes (Lar do Idosos) for many reasons. While these studies state some valid points on senior's relocation to a new facility, they have a one-sided perspective (i.e., push factors) that focuses primarily on seniors' personal needs (e.g., health concerns, lack of caregivers, spouse death, loneliness) and current housing issues (e.g., property maintenance concerns) (Pinto, 2014), ignoring future housing-related factors (pull factors) that may also influence their decision to relocate (Erickson et al., 2006). Migration researchers agree that not only the facilitating elements (i.e., push and pull factors), but also the inhibitory factors (which are a part of the decision-making process) have a substantial influence in the relocation process (Wiseman, 1980). Furthermore, as stated earlier, the above study, i.e. (Pinto, 2014), was performed for a senior home and not assisted living facility. Due to its functionality, it attracts a different set of retired individuals. In addition, research conducted in the past has mainly considered seniors as the primary audience, and less attention has been given to the role that family members play in the decision-making process of senior relocation (Silverstein & Angelelli, 1998; Silverstone & Horowitz, 1992).

Based on the above understanding, this dissertation delves into understanding the decision-making process of relocation to an assisted living facility by identifying the

motivations and barriers that seniors, and family members consider. Having the same in mind, the research question is as follows i.e., What are the motivational factors and barriers that seniors and family members consider in the decision-making process while relocating to an assisted living facility in Portugal?

1.2 Objectives and Motivation

The study's findings offer insightful feedback to the senior living and health care industries in the private and public sectors. Also, as this form of senior living is taking shape in Europe. In recent times, Portugal, with the favorable environmental conditions and the offerings of Portugal as a country, this can be insightful research for future innovative programs and service developments that can be created and promoted to seniors.

Based on this concept of assisted living and having this specific audience in mind, the literature review tries to understand the possible motivational factors and barriers that come into place in the decision-making process while relocating to an assisted living facility. The literature review starts by giving a brief insight and origin of assisted living facilities, followed by the current offering for seniors in Portugal, then goes into the relocation process by shedding some light on the theory of migration and further leads to the specific factors. Based on the literature review, a theoretical model is initially proposed and fine-tuned based on data collection from semistructured interviews. Propositions are presented, capturing senior individuals aging in a facility, homes, and family members. The revised fine-tuned model is then presented by identifying revised themes contributing to the research question.

2. LITERATURE REVIEW

2.1 Assisted Living Facilities

According to the Assisted Living Quality Coalition (1998), assisted living is:

A congregate residential setting that provides or coordinates personal services, 24-hour supervision and assistance (scheduled and unscheduled), activities, and health-related services; designed to minimize the need to move; designed to accommodate individual residents' changing needs and preferences; designed to maximize residents' dignity, autonomy, privacy, independence, and safety; and designed to encourage family and community involvement. (p. 65)

2.1.1 Brief History of Assisted Living Facilities

Before we deep dive into Assisted Living Facilities, let us try to understand their origins. The prerequisite for assisted living was residential care in the US. Over time due to federal funding, many of these facilities did convert into nursing facilities post-1965 (Vladeck, 1980). However, not all residential facilities took the same lane. Some could not easily convert to a nursing facility owing to specific regulations, or they did not want to take the same path. In turn, some continued to function in the same way and were soon known to be boarding homes, care homes, domiciliary care, adult care homes, rest homes, retirement homes, and convalescent homes, among others (Brown Wilson, 2007). Residential care independently targeted two groups of the economic spectrum. (1) People who were seeking retirement with a lifestyle (2) Individuals who were in dire need of help during retirement (Brown Wilson, 2007).

Dr. Keren Brown Wilson, the founder of assisted living facilities, thought about this idea, when her aging mother found it difficult to find the right balance between a nursing home and her independence. It was then that she decided to lay the founding blocks for assisted living (Brown Wilson, 2007).

Her idea for this model was based on three general components. (1) Residential environment – An individual's privacy, i.e., having a functional self-sufficient space. As well as having a common space, that could be shared by coresidents. (2) Range of services to be offered, i.e., assistance with daily scheduled and unscheduled activities and health-related services. (3) Finally, prioritizing individual's choices – This is

something that differentiates assisted living facilities with other all others, which went against all rules and regulations that were normally observed at senior facilities in the past (Brown Wilson, 2007).

2.1.2 Assisted Living in the 21st Century

Rightly so, the foundations for assisted living were set in 1998 (Brown Wilson, 2007). Fast forward to today, like all other business models, assisted living has evolved compared to the first assisted living space started by Mrs. Wilson herself in Oregon, known as “Park Place.” In today’s age and time, an assisted living model is a blend of hospitality and the healthcare industry. Some assisted living facilities, for example, provide meals, laundry, housekeeping, medical and personal care, and activities to promote socialization and recreation. Of course, services differ depending on the organization and the premiumness of the company that caters to individual needs. The only element that works as a critical variable is housing, where individuals establish different contract conditions with service providers (de Matos, 2011). However, it should be noted that the above example is one of the most common models of functioning. These vary based on countries and states (based on demographics), giving customers total flexibility and helping them suit their pockets.

2.2 Facilities for Senior Individuals in Portugal

In Portugal, the facilities offered for seniors are mainly divided into two segments, i.e., the private sector run mainly by banks, hotels, and hospitals for high-income groups of people, and the other being the public sector (Social Solidarity Institutions, IPSS) or nonprofit organizations and small private entities (i.e., which are licensed by social security services), that target the poor to moderate income group of senior individuals (de Matos, 2011; Pinto, 2014).

Based on (Instituto da Segurança Social, I.P, 2017, pp. 5–7), the following are the various options available. Senior homes (LARs) offer a space for seniors, disabled individuals without family support, and who can no longer manage to stay alone. These facilities consist of shared and ensuite rooms and provide meals, housekeeping, and nursing care based on the evaluation of needs. These homes offer both temporary and permanent stays depending on the requirements.

Night centers act as a space for social and psychological stimulation of the seniors at night. It monitors them while also providing them with the required security. There are also in-home support services, which provide a team that helps individuals in their homes who require physical and psychological support. Family care is another kind of support for the seniors who do not have complete autonomy and can avail the option to stay with registered families in their homes, having a safe and stable environment.

While these above services are in place, their final aim is to postpone usage of senior homes (Instituto da Segurança Social, I.P, 2017, pp. 5–7). Another type of structure that has been taking shape in Portugal recently is that of Assisted Residence. In the public sector, just one was built by the municipal council of Lisbon in collaboration with Santa Casa Misericórdia, inaugurated, and works as a pilot model. The major difference that acts as a qualifier between the both (i.e., senior home and an assisted residence) is that a senior home can accommodate senior individuals who are completely or partially disabled, while an assisted residence is for people who are still capable of carrying out most of the activities by themselves and only depend on assistance for certain activities which are temporary, basically, seniors who have none to moderate physical and mental disability (Assisted Residency, 2019). The essence of this particular residence was to cater to the needs of individuals on a case-by-case basis while empowering them and promoting autonomy. Every ensuite room consists of a living room, a kitchenette, a bathroom, and a bedroom. Seniors are expected to perform their daily activities with support whenever required. The residence requires active participation of the seniors with supervision of professionals to promote a safe environment.

Moving forth to options available in the private sector in Portugal, which follows the same principle of assisted residence as stated above with an element of hospitality and luxury, consists of multiple options to choose from, right from having a house in a senior living community to having an ensuite room in a facility. This market segment had its advent in the mid-21st century and ever since has seen growth. The concept for the same focuses on assistance while having an independent lifestyle (de Matos, 2011). It can also be noted that assisted living is incorporated in all these models of housing as it shares a similar philosophy. Such facilities are mainly seen in the major cities of Portugal (i.e., Lisbon, Porto, and Algarve region), further branching out into metropolitan regions.

The major drivers for the same were initially seen by four major league financial groups, namely, the José de Mello group., Espírito Santo Saúde, Carlton Life, and Montepio Residências (de Matos, 2011). These structures, in general, offer an ensuite

single or double room, or a studio apartment, followed by common spaces such as a swimming pool, gymnasium, living rooms, dining rooms, and some of the services like laundry, personal hygiene, hairdresser, aquatic therapy, sociocultural animation, cinema, music, library, religious service, nursing care, medical assistance, and therapists (de Matos, 2011). These services and facilities can vary from one structure to the other. However, the idea of concretizing the plan is to modernize senior residences by infusing elements of the hospitality sector.

Moreover, private organizations are trying to capitalize on the market in this opportunity, but the options are too expensive for an average Portuguese to consider moving into one. Their primary focus is on attracting clients from high-income Portuguese groups or seniors from Northern Europe with great spending capacity (de Matos, 2011).

2.3 Relocation after Retirement and Major Influencers (Family and Life Events)

Based on Litwak's model of migration of seniors individuals, one might say that choices about movement that happen inside individual, familial, and social settings are emphatically impacted by life-altering situations (Litwak & Longino, 1987). Furthermore, these sets of seniors individuals are categorized into three stages. i.e., (1) The just retired individuals, (2) The moderately disabled individuals (3) The chronically disabled individuals (Litwak & Longino, 1987). Assisted Living is majorly for the first set of people, which can also be extended to the second set depending on the degree of disability owing to its limitations of not having a fully functional medical facility like a nursing home or, in Portugal, a senior home would have. Most of the individuals in the first set of audience do so mainly due to the age-friendly amenities of the new facility, friendship network, and no house maintenance (Wiseman, 1980). This set of audience look at relocation to residential communities as a hospitality sector more than just healthcare. Understanding the concept of relocation and the categorization of retirees let us further understand the significant influencers of this decision-making process followed by an individual's decision to move into a facility.

During the relocation process to a facility, the individuals who will be relocated like to be in control of their decision based on multiple factors and life events that they face. Failure of this may lead to dissatisfaction among the seniors (Chenitz, 1983). However, among the many significant factors that come into place during the decision-making

process, in most cases, family plays a vital role. Family members have a principal role and are dynamically involved in the decision-making process of relocating seniors to facilities. However, this dimension has received little light when it comes to research. (Silverstein & Angelelli, 1998; Silverstone & Horowitz, 1992). In particular, gerontology has also described the decision-making process as “extended autonomy” that extends beyond the independent seniors as a sole decision maker and considers family members in this process (Koenig, 2004). Retirees consider family proximity (Gober & Zonn, 1983; Sullivan, 1985). In case of an illness, the option of being close to their kid would act as secondary support.

Apart from health support, the other supports that retirees may seek could be emotional support through weekly catch-ups, financial support during economic crises, and support and care after illnesses (Litwak & Longino, 1987). Seniors also actively involve family members in the decision process by explaining their point of view concerning what motivates their move to an AL while also stating their worries about not burdening them (Gaugler & Kane, 2007). Hence we can understand and witness a bond between a retired individual and their family members and the dynamics of this bond that account for in the decision-making process to relocate to an assisted living facility. However, further research will help us delve into the critical factors and barriers that family members think of during the decision-making process of relocation.

2.4 Theory of Migration – (Push and Pull Motivational Factors and Barriers)

Before we understand an individual’s thoughts behind relocation, let us deep dive into the theory of migration and understand how this comes into play during a senior individual’s decision-making process of relocation. Migration, explained in the most straightforward language, can be defined as moving from one’s place of habitat to another one which can or may lead to a new habitat. Using this as a basis to explain the concept of migration, Ravenstein (1889) states that migration is based on an individual’s reasons, i.e., the reasons of attraction to a particular place (pull factors), and also consist of factors that push an individual from their place of origin(push factors).

Ravenstein’s (1889) theory also states that the other two factors that can also account for migration are “distance” and “characteristic” of the individual who would migrate. While distance, as the word suggests, refers to the difference between an individual’s current place and the location as to where they would want to migrate and based upon

how willing they are to do so, the migrant characteristic is something that differs from every individual to another. These characteristics can vary from gender, age, and occupation to even risk taking capacity of an individual (Ravenstein,1889).

In accordance with Ravenstein's (1899) "Laws of Migration," Lee (1966) made further propositions and reformulated Ravenstein's theory by emphasizing on push factors and intervening obstacles that can be accounted for in the migration process. Lee (1966) summed it up by stating that process of migration entails four significant factors, i.e., (1) factors concerning one's current place (push factors), (2) factors concerning the place they are considering migrating to (pull factors), (3) intervening barriers, and (4) personal factors (Lee, 1966). Based on the same proposition, Lee (1966) further shares that an individual's understanding of a place is very accurate to their place of origin compared to the destination to which they aspire to migrate. From an overall perspective, this sounds logical and entirely reasonable, considering the fact that humans are curious by nature and tend to learn more about their environment even if they are not consciously trying to do so. However, the same cannot be stated for the destination place, as no amount of research can equate to an individual's perception formed with experience.

In some cases, even though a person gets aware or learns about their destination place, they are still skeptical about their opinions. There is always a certain amount of uncertainty associated with their learnings about the destination. The final decision to migrate is a combination of the above factors and a weighted average.

In addition to the above Ravenstein's and Lee's theory of migration (Ravenstein,1889; Lee, 1966). There are a few other theories that also help explain migration, for example, Reilly's law of retail gravitation (Reilly, 1931), which suggests that individuals are attracted by the size of the area and attraction which is the primary variable, is inversely proportional to the distance between both these areas. Based on this understanding, Stouffer (1940) further elaborates on the same theory, stating that the probability of such migration is inversely proportional to the intervening obstacles between these areas.

Research in recent times made in the field of gerontology, and especially concerning senior relocation, have identified and focused on the influence of push and pull factors in the decision-making process, while some other studies have also emphasized the barriers that come into play during the process of relocation (Lee et al., 2002; Bekhet et al., 2009; Bernard et al., 2007; Krout et al., 2002). It has well been established that in this decision-making process of moving from one's home to a facility, there exists a

balance between the challenges one faces at their current residence, which acts as push factors, and the attractions of a new place that helps them overcome these challenges which can also be referred to pull factors (Walker & McNamara, 2013; Smetcoren et al., 2017). In addition, researchers have also identified specific other barriers that people face while considering relocation (Gould et al., 2015; Koss & Ekerdt, 2016; Jungers, 2010).

Hence, the following model of push, pull, and barriers concerning senior relocation have been found to be the most appropriate and suitable choice to explore the decision-making process of moving into an assisted living facility. In the following sections, the same has been discussed.

2.4.1 Push Motivational Factors with Respect to Relocating to a Senior Facility

Based on a comprehensive literature review, the push motivational factors associated with migration to a senior facility can further be subcategorized into smaller sub-factors: (A) Health Concerns (B) Family Dependency (C) Poor Social Well-Being (D) Dysfunctional Houses (E) Financial Condition.

Health concerns can be considered a primary push factor. Based on multiple sources of literature, we understand that the number one cause for any individual to even think of leaving one's place of residence and moving into a new one post-retirement is due to health concerns. In case of decline of health status, being both physical and cognitive, hospitalization, or regular health checkups may all lead to considering relocation to a facility (Hays, 2002; Bekhet et al., 2009; Bernard et al., 2007). Whether trivial or severe, a health concern sows the seed for relocation. Seniors with minimal to no health impairment may consider moving in search of better hospitality services and amenities.

In contrast, those with poor health may consider relocation to go about their daily lives. They make calculative decisions based on their health status and move into locations supporting emergency on-location health care services (Oswald & Rowles, 2017). In a study conducted in Portugal, individuals who moved into a senior home highlighted health as one of the reasons, suggesting limitations to performing daily activities as one of the motivators that pushes them towards such facilities. However, on evaluating their functionality, less than a quarter of participants at such facilities showed complete dependence and most had moderate to minimal dependency (Pinto, 2014). These evaluations were based on their ability to perform daily activities (ADL- Activities

of daily living).

Family dependency is another reason why seniors would consider relocating. In the case of retired couples, even if one of them has a detrimental health-related issue in which case they might require additional care, it compels the other partner to tag along with them as well, or in the case, if a partner was dependent on the other with their needs and in their absence, they seek auxiliary services (Bloem et al., 2008; Bekhet et al., 2009). Also, when there is no one left in the family to look after the aged individuals in their family, it prompts them to seek additional help. An example of the same could be the individual's children/kin moved out for better prospects and not in reachable distance to look after their parent/s (Caro et al., 2012). On the other hand, it has been witnessed that as people get older, they do not wish to burden their family and choose to be more autonomous/independent in their daily scenario, for example, trying to do some of their daily chores (Krout et al., 2002; Bernard et al., 2007; Sherwood et al., 1997). Concerning family support in the senior Portuguese population, a majority of the residents of a senior home stated that the unavailability of family members (which includes spouses, kids, or even close family members) was one of the reasons that propelled their move, especially as they were unable to take care of themselves (Pinto, 2014).

Furthermore, it has been proposed that poor social well-being can substantially impact their relocation behavior (Bekhet et al., 2009). In addition to the social aspect, based on a study of first generation individuals who have migrated to another country and eventually have growth in family members, owing to the intergenerational and cultural gap they face constant conflicts at home which further adds on to a feeling of loneliness which can make them socially disconnected in a land they do not have any strong roots with (Albert, 2021). The feelings of social disconnection, loneliness, insecurity, depression, and fear of crime can also lead to one of the reasons why retired individuals decide to move out from their current residence into a facility that has people with a similar age/background and the same cultural ties to rebuild their social network and boost their confidence (Stimson & McCrea, 2004; Smetcoren et al., 2017; Bekhet et al., 2009; Pinto, 2014). Some individuals even like to plan their retirement. If, for some reason, they sense a need to move into a facility, they are backed with a fear of making a move before it gets too late, considering the mental and physical toll relocation takes (Walker & McNamara, 2013).

Dysfunctional houses are the fourth type of push factor. Many retired individuals worry about the structural designs of their houses as they age (staircase, multiple rooms,

nonage-friendly infrastructure). The house they once built for a big family no longer suits their needs, and they find it cumbersome to use and clean (Weeks et al., 2012). Based on Lawton's (1982) "Theory of environmental fit," we understand that the difference between one's self-competence and environment propels a decision to move from that environment. This further supports the statements made above. As these factors related to housing and property become more prevalent, seniors would consider relocating to already established properties designed for their needs (Bekhet et al., 2009; Stimson & McCrea, 2004; Smetcoren et al., 2017). On the contrary, people that have houses with easy access and convenience are less likely to consider moving out from their location (Erickson et al., 2006). A study in Portugal further shows that retired individuals with good housing conditions are healthier than the ones who do not have the same (Santana, 2000).

The fifth push factor is that of financial condition. After retirement, a general mindset kicks in regarding finances, putting spending capacity into perspective and trying to curb over-expenditure (Weeks et al., 2012). In totality, the cost of living at home may, in some cases, be even more expensive than moving to a facility for some individuals. For example, as a house gets old, the need for repairs and constant maintenance is inevitable, thus increasing costs (Bäumker et al., 2012; Stimson & McCrea, 2004). For some retired individuals seeking home care services, the cost of these services is much more than them relocating to a facility; hence, they find it feasible to relocate to one instead of seeking them at home (Bäumker et al., 2012).

2.4.2 Pull Motivational Factors with Respect to Relocating to an Assisted Living Facility

Pull motivational factors are those factors responsible for attracting an individual to a new place to relocate. These factors can be physical, emotional, or even psychological. However, these factors are not necessarily based on a person's experience; they can also be understood from a third-person perspective (for example, in the case of our topic, an individual's experience of an assisted living facility while shared can influence prospective seniors' decision). The most common type of pull motivational factors that can be associated with migration to a facility are (A) Housing and Location (B) Sociopsychological (C) Services & Amenities of the facility.

Housing and location significantly impact seniors' decision to relocate. The one thing

that distinguishes assisted living facilities from the others is the ability to own or rent a place, which may further be seen as more independence to seniors. With respect to the layout of the place, the ability to personalize the house by getting home some furniture or tangible goods that they like, or even choosing the location that they would like to be around in (for example, close to the beach, garden view, etc.) (Croucher et al., 2003; Johnson & Bibbo, 2014). These attributes help seniors believe they are more in control of their environment (Pinquart & Sörensen, 2002). Facility's geographic location, weather, availability of outdoor and common areas, and the ambiance and environment act as influencers when it comes to relocation (Bekhet et al., 2009; Croucher et al., 2003). Another factor that helps ease the stress of relocating for seniors, is their distance from their prior place of origin and how close they are to their family (Bekhet et al., 2009; Erickson et al., 2006). Due to interfamily disagreement, seniors may prefer maintaining a certain distance from the family but, at the same time, not completely cutting off ties. Another location factor is the facility's proximity to shopping malls, hospitals, or clinics and availability and ease of public transportation (Walker & McNamara, 2013).

People outside of metropolitan cities would like to be closer to these facilities in a medical emergency. As understood earlier, Portugal's NHS (National Health System) defers based on different regions and sometimes might be a massive hindrance for an individual to avail healthcare (Santana, 2000).

Sociopsychological factors are second on the list of pull motivational factors. Elements such as the need for secure housing, the desire to feel safe (e.g., crime, robbery, or emergency medical conditions 24*7 such as a fall or stroke), and the desire to be around others are elements that attract an individual to such facilities (Bäumker et al., 2012; Bernard et al., 2007). Opportunities to socialize through various activities and be around like-minded individuals can also be essential for an individual considering relocation to an assisted living facility (Croucher et al., 2003; Smetcoren et al., 2017). Another reason why elders feel pulled toward an assisted living facility is that, unlike other models of SLCs, assisted living facilities to aim at providing a sense of independence and the ability to be autonomous. This is something that elders do not want to lose sight of and also consider it to be an essential factor while relocating (Silverstone & Horowitz, 1992; Harnett, 2010).

Services & amenities also act as a significant differentiator between a nursing home or a senior home and an assisted living facility. Services such as transportation (vehicles for medical visits or so), on-site health care, and in-care assistant amenities are essential

factors when a senior considers a new place to relocate to (Erickson et al., 2006; Groger & Kinney, 2007; Krout et al., 2002). In addition to the above, some other services that an assisted living facility offers are housekeeping, laundry, meals, and entertainment activities. A typical assisted living facility offers assistance with 1-3 daily activities depending on an individual's requirement (bathing, changing clothes, feeding, medication management, etc.). Individuals also have the freedom to continue with activities they can manage by themselves; for example, an individual has a kitchenette in case they want to prepare food. These flexibilities in services and amenities help individuals maintain independence and give them a feeling of being autonomous (Silverstone & Horowitz, 1992; Harnett, 2010).

2.4.3 Barriers Associated with Respect to Relocating to an Assisted Living Facility

In the above section, we learned about the various motivational factors as to why one should consider moving into assisted living facilities. Through this section, we will understand more about the possible barriers that act as constraints for senior individuals to prevent them from moving into an assisted living facility. These barriers have been previously studied from the perspective of senior living facilities under which assisted living is also considered. The most common barriers that will further be discussed are (A) Family (B) Economic (D) Psychological (E) Sociocultural (F) Structural.

The family related barrier is one of the most common barriers. As much as family dependency can act as a push factor, it can also be a significant barrier. If a disabled partner is dependent on the other partner for help or support, it limits them from relocating (Longino et al., 2002). In some scenarios where retired individuals are responsible for their disabled adult children or in Europe, where seniors act as caretakers of their grandkids, the decision to relocate gets difficult (Gould et al., 2015). Some also see it as a limitation of not being able to accommodate their family members or relatives during visits at their new residences as compared to their own houses; thus hindering the family bonds (e.g., not being able to cook meals for them or host their family owing to rules of the facility) (Gould et al., 2015).

Economic barriers are another good example of a strong barrier that can affect an individual's decision to move into an assisted living facility. Owing to the amenities and services that assisted living offers, the cost of being a part of this facility sometimes is not affordable to some retirees (Lee et al., 2002; Gould et al., 2015). Sometimes owing

to their medical conditions, the cost incurred is way higher for them to have a formal living, let alone subscribe to a model of hospitality. Some individuals do not consider this a wise investment (Koss & Ekerdt, 2016).

The third barrier is a psychological one, which may sound like an insignificant one but can be vital in some cases. While moving into an assisted living facility may sound like life is getting easier, some challenges during relocation may create a mental block in the same context. Factors such as (relocation trauma, suicide, loneliness, and depression) are things that individuals encounter and worry about while considering relocation (Walker & McNamara, 2013; Jungers, 2010). In addition, moving to a facility with new people without prior knowledge about their background can be intimidating to seniors. Social behavior and interactions can also negatively affect other seniors who share the same facility, and this also can be a cause of worry, especially if one is seeking a positive environment to be a part of (e.g., interactions with people who may be going through a mental trauma can also psychologically affect others who interact with them) (Gould et al., 2015; Lee et al., 2002). The general belief that relocating to a senior living facility symbolizes an end to one's autonomy and independence also contributes to the psychological barrier (Lee et al., 2002; Harnett, 2010; Gould et al., 2015), (however, the entire foundation of assisted living facilities is based upon independence and autonomy, this may not hold for the AL model). Most seniors who have lived in the same house for almost a decade or two grow fond of the house and its setup, and they look at it as an extension of themselves (DiGennaro Reed et al., 2014). A decision to relocate and let go of everything may add up to the turmoil they face during relocation.

The fourth barrier is sociocultural dynamics; in some societies with a collectivist cultural heritage, living as a big joint family and sharing resources with other members in the family may be a known thing compared to individualistic societies where more privacy is appreciated (Lee et al., 2002). Relocation of seniors to facilities may be looked down upon by society or something that portrays insensitivity towards seniors' well-being (Lee et al., 2002). In addition, in some cases, the move initiated by family members on behalf of the seniors can be considered by the seniors themselves an act of shrugging off responsibility, and they may not come to terms with the same. Some individuals who have, over time, built relations with their neighbors and have a sense of community belongingness are afraid of letting go of the same (Jungers, 2010).

Finally, structural barriers have got to do more with the facility's physical structure—various facility policies or even the facility's location count under the same. In addition,

lack of awareness and understanding are included in the grouping of structural barriers. Moreover, as assisted living is relatively new in Portugal, understanding and having a sense of awareness of such similar services may be very poor among senior individuals (Gould et al., 2015; Reisenwitz, 2017). Reputation, credibility (Bekhet et al., 2009), and direct comparison with senior living facilities like nursing homes or other senior homes and how AL facilities differ from them will kick in relatively slowly, and so will the acceptance rate of the same.

3. THEORETICAL MODEL

The following model has been replicated from a study done by (Chaulagain et al., 2021). This study was conducted by identifying the push, pull factors and barriers that seniors consider while relocating to senior living communities in the US and validating them. As suggested in the study's limitations (Chaulagain et al., 2021), the final findings cannot be generalized globally, indicating a need for replicating the same across different countries to understand the cultural difference with respect to the framework.

This study aims to understand the decision-making process of senior individuals to move into assisted living facilities in Portugal with the help of a similar framework as mentioned in the above study i.e., (push, pull, and barriers). In addition, based on previous studies (Silverstein & Angelelli, 1998; Silverstone & Horowitz, 1992; Litwak & Longino, 1987; Gaugler & Kane, 2007), the author identifies the importance of integrating family members in the study to understand their role and gauge their perspective in the decision-making process, thus broadening the scope of research and gaining a holistic perspective.

Based on the above literature review, the following propositions are drawn:

P1) (A) Health Concerns (B) Family Dependency (C) Poor-Social well-being (D) Dysfunctional Houses (E) Financial Conditions are considered to be important push factors for senior individuals as well as family members while considering relocation to an assisted living facility in Portugal.

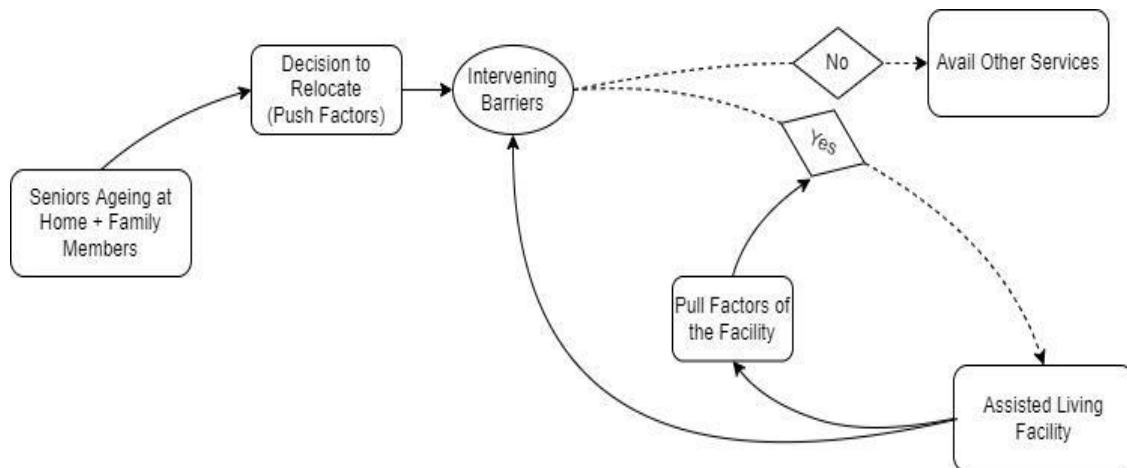
P2) (A) Housing and Location (B) Sociopsychological (C) Services & Amenities of the facility are considered to be important pull factors for senior individuals as well as family members while considering relocation to an assisted living facility in Portugal.

P3) (A) Family-related (B) Economic (C) Psychological (D) Sociocultural (E) Structural are considered to be important barriers for senior individuals as well as family members while considering relocation to an assisted living facility in Portugal.

Based on the above propositions the following framework (Figure 3) is derived:

Figure 3

Overview of Decision Making Process to AL Facility



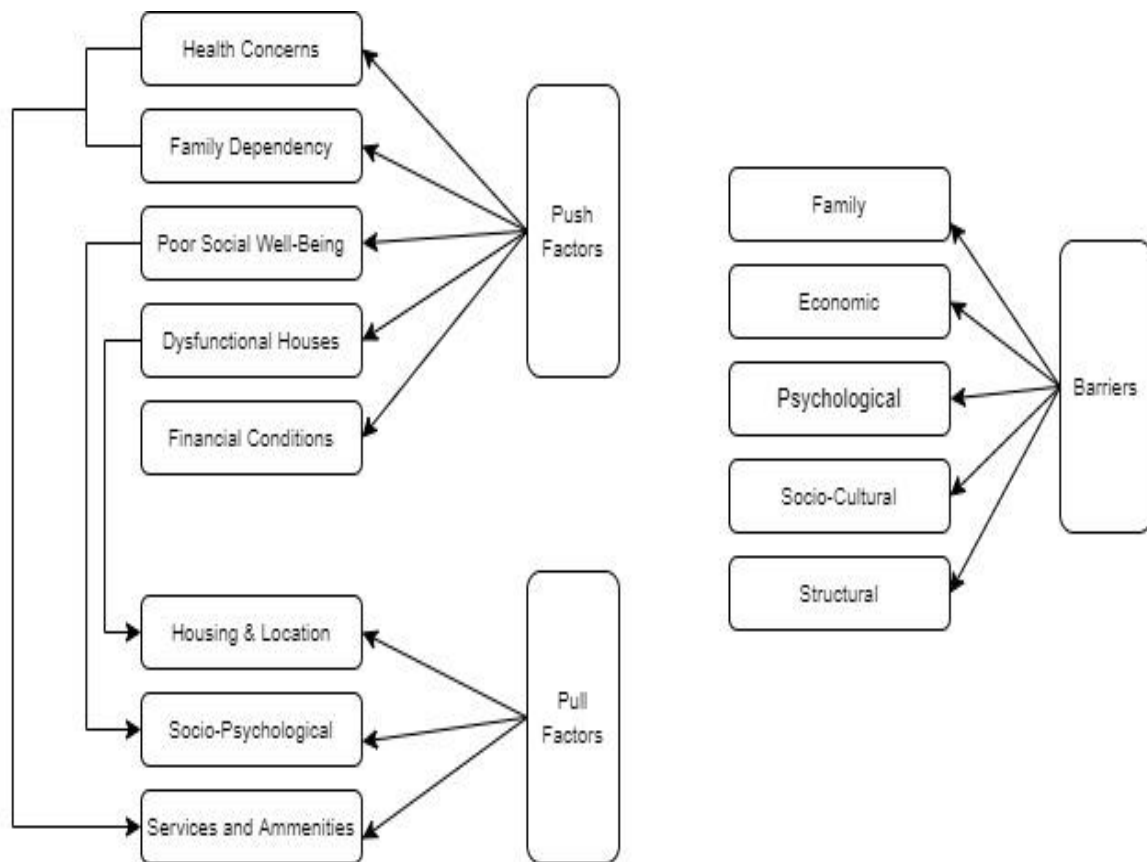
Note. Elaborated by the author based on previous studies.

From the literature review above, we understand that the decision to relocate to an assisted living facility can be an interplay between motivational factors (push and pull) and barriers (Lee, 1966). In addition, we also witness and understand the principal role of family members in the decision-making process of relocation (Silverstein & Angelelli, 1998; Silverstone & Horowitz, 1992; Litwak & Longino, 1987; Gaugler & Kane, 2007). Hence, based on the following literature review, the model is proposed. It starts by portraying the individuals involved in the decision-making process (family members and senior individuals), followed by motivations to relocate (see Figure 4). After which, they encounter intervening barriers that cause them to move forth with their decision to relocate to an AL facility or consider alternate options.

The various attractions of the facility that act as pull factors reinforce their decision to move into an AL facility. In some cases, as seen in the literature review, the AL facility can also contribute to barriers, thus averting the decision to relocate to an AL facility.

Figure 4

Themes under Push and Pull Motivational Factors and Barriers



Note. This figure is a diagrammatic representation of the themes identified under push and pull factors and the barriers, the same of which is mentioned in the literature review.

4. METHODOLOGY

The research aims to identify the intervening barriers and motivational factors that seniors consider in the decision-making process while relocating to an assisted living facility in Portugal. Along with the above, this thesis also aims at understanding the role of family members and their perspectives with respect to the motivational factors and barriers. Hence, having realized a need for the same, a proposal to conduct qualitative exploratory research has been considered. The same has been done via semistructured personal interviews.

Exploratory research helps refine the research problem by interviewing potential and existing customers (Sarstedt & Mooi, 2019). Based on the literature review above, certain independent variables help formulate the three significant dependent variables, namely (push factors, pull factors, and intervening barriers). The other important aspect of “the role of family members” has not been explored with respect to this model. The current literature is insufficient to help us gain a comprehensive perspective. In addition, no such research has ever been conducted in Portugal.

As stated above, semistructured personal interviews were the interview model adapted for this research. Semistructured personal interviews are loose and flexible. It promotes dialogue during the interview and provides opportunities to tweak questions to re-direct the interviews to derive the necessary information (Dearnley, 2005). As stated by Dearnley (2005), The point of the research guide is to evoke replies from interviewees that are unconstrained, in-depth, distinctive, and transparent.

Even though semistructured interviews are spontaneous, they must be based on a research guide. According to (Kallio et al., 2016, p.2961), the research guide consists of the following “(1) identifying the prerequisites for using semistructured interviews; (2) retrieving and using previous knowledge; (3) formulating the preliminary semistructured interview guide; (4) pilot testing the guide; and (5) presenting the complete semistructured interview guide”.

Eighteen semistructured personal interviews generated data for this research. Interviewees for the same were chosen based on purposive sampling (Campbell et al., 2020). The sample was divided into three groups, i.e., People aging at home, people aging in an assisted living facility, and family members of senior individuals, with six interviews per group. Initially, 12 interviews were conducted in a facility to identify more themes; however, saturation was attained with six interviews itself. Similarly,

saturation for the other groups of interviewees was attained within the initial predicted number. According to (Saunders et al., 2017), saturation was attained by maintaining consistency with the research question. A theoretical framework was developed and considered limiting the sample set to a point where coherency and potency were still maintained. Senior individuals were excluded from the study if they showed more than moderate physical and cognitive impairment.

The semistructured personal interviews were conducted at two different facilities, which can be classified under the assisted living model. The difference between both these institutes was mainly the housing structure (shared/individual self-sufficed rooms), the level of care (scheduled and unscheduled needs/needs-based assistance: tailored assistance) and economic value (monthly rent/percentage of the pension amount with their previous house exchanged for this new facility).

Both of these institutes had common spaces for social interaction. However, the former facility was located on the outskirts of Lisbon, while the latter was in the midst of the city, which was close to the resident's former location with a day activity center for other retired individuals and a youth recreational center. As the primary purpose of this research is to identify the themes and not quantitatively validate them, the author found it appropriate to gain perspectives from both of these institutes.

The purpose of the study was explained to the responsible authorities of the assisted living facilities. A brief research guide (Kallio et al., 2016) was also shared to demonstrate the nature of the interview and seek permission to pose the questions. After seeking approval to conduct the interviews at the facility, the directors, the person in charge of these facilities, shortlisted interviewees based on the criteria that were shared with them and also sought their permission. The same criteria were also confirmed with the candidates before the interviews.

Interviews at facilities were carried out during April and May 2022. Before beginning the interview, a brief explanation about the aim of the interview was shared with the participants. Participants at the facility were requested to acknowledge a consent form before participation. It was even highlighted that no names or data compromising privacy would be disclosed in this research. They were also informed about the audio recording techniques for the process of transcription. All interviews were conducted by native Portuguese speakers to ensure fluency in communication and were moderated by the author.

The interviews started with open-ended general questions (Hoffmann, 2007) to

facilitate dialogue and get insights into the interview and the nature of the topics. They, later on, moved slowly towards the theme of the topic. Interviewees spoke freely about their opinion about assisted living facilities. The interviewer only probed them to seek more information and keep the interview aligned to the theme and avoid digressing. After the initial set of interviews, feedback was provided to the interviewer by the author to improve the quality of the interviews.

Interviewees aging at a facility were asked their opinions about their experience aging at a facility and whether they would recommend anyone else for the same. On the other hand, seniors at home were asked about their daily activities and how they execute them. Family members were asked their opinion about senior facilities and whether they knew about assisted living facilities

Each interview lasted between 30-45 minutes, depending upon the interviewee and their intent to elaborate on some topics. After each interview, the interviewer conveyed a summary of the interview to the author to ensure that the purpose of the interview was fulfilled. After the process of interviews, transcriptions were made. The transcription process involves choosing mainly between 2 types, natural, also known as verbatim, and de-natural, which is also known as intelligent verbatim transcription (Oliver et al., 2005). As discussed, natural transcription focuses on the context and how the answers were recorded, while de-natural mainly focuses on the context of the transcription ignoring everything else (Oliver et al., 2005). Rightly so, for this research, the intelligent verbatim transcription method was chosen. The transcripts were read several times to ensure fluency and understanding of the language.

Post the transcription process, with the help of software and human intervention; these transcriptions were translated from Portuguese to English owing to the language of research and ease of analysis. Due to the nature of open-ended interviews, the need for thematic coding arises (Vaughn & Turner, 2015). The interviews were read numerous times to verify translations and identify themes. After the preliminary examination of interviews, data was identified by themes. For the process of thematic analysis, the deductive coding approach was selected. In the deductive approach, a premise is set based on prior literature, and then an analysis of data is done to validate the premise. (Azungah, 2018). In this case, the primary themes, i.e., push, pull, and barriers, were identified by prior literature, and an analysis of interviews to generate themes that support the premise was done.

Data were first identified by their primary themes and further grouped by the

secondary themes (the various factors under push, pull, and barriers), which accounted for the primary themes. There were instances under which data could not be identified under any secondary themes and were then attributed as a new secondary theme. The primary and secondary themes spotted during the interviews were analyzed further across different interviews that were collated to improve the validity and generate a comprehensive, detailed description of data (Denzin, 2009).

5. RESULT AND DISCUSSIONS

This research was conducted to identify the various themes which act as motivation factors and barriers for seniors to relocate to an assisted living facility in Portugal. Names and other details from the interviews, which can help identify individuals or third-party institutes, are left unanimous from the examples stated below to ensure complete confidentiality. The interviews were conducted at separate times and in separate environments to ensure privacy and avoid conflict between individuals and their family members. This, in turn, helped relax the participant and promoted a healthy environment for sharing.

After successfully carrying out the interviews across three groups of participants, with six individuals in each group, as mentioned earlier in the methodology, data was condensed and sorted by themes to support the research question.

The following themes were identified under the main headings of Push Motivational Factors, Pull Motivational Factors, and Barriers. Furthermore, in the research findings, snippets from the transcripts are placed under various sections to support various themes. These snippets are characterized under the three groups as seen in (Table 1), i.e., (**SAH**- Seniors Ageing at home, **SAF**- Seniors Ageing in a facility, and **FM**- Family Members).

Table 1

Interviewee Details

Group	Code of Interviewee	Gender	Age
Seniors at Home (SAH)	1	M	66
Seniors at Home (SAH)	2	F	75
Seniors at Home (SAH)	3	M	76
Seniors at Home (SAH)	4	F	72
Seniors at Home (SAH)	5	M	79
Seniors at Home (SAH)	6	F	83
Seniors at Facility (SAF)	1	F	69
Seniors at Facility (SAF)	2	F	66
Seniors at Facility (SAF)	3	F	92
Seniors at Facility (SAF)	4	F	85

Seniors at Facility (SAF)	5	M	76
Seniors at Facility (SAF)	6	F	83
Family Members (FM)	1		
Family Members (FM)	2		
Family Members (FM)	3		
Family Members (FM)	4		
Family Members (FM)	5		
Family Members (FM)	6		

5.1 Research Findings

5.1.1 Involvement of Family Members in the Decision-Making Process of Relocation

The analysis of semistructured personal interviews helped us understand the manner and degree of involvement that family members would have while helping senior individuals to relocate to a facility. Most family members and seniors agreed and acknowledged the role of family members in the decision-making process of relocation.

Out of all the family members interviewed, all (6 out of 6) agreed that they would actively support their parents or senior family members to relocate, acknowledging that the final decision to relocate would be upon the individual themselves. Examples of some comments made by family members of the seniors are as follows.

“That would involve seeing what options are available, looking at prices, conditions of services, location. I would go through it, to understand what offers are there and those that are suitable for the particular situation” (FM 2)

“Yes, of course me and my sister would be involved but the last say would be from my parents.” (FM 4)

“Yes, I would like to be involved as much as I can. Obviously, the decision makers would be, me, my siblings and my mother.” (FM 1)

Some other participants who already had their family members living in the facility agreed that they or their immediate family were involved in the decision-making process.

A son of one of a senior interviewee who is aging in a facility even stated how his daughter was involved in helping her grandfather relocate and how she took complete

control in identifying various options.

“The only thing is that who was, let’s say, in charge of this situation, in command of this boat, in quotes, are two daughters, two of my daughters, there’s a third one that doesn’t have that much to do with it. My daughter is the one who has more patience, in quotes! She knows how to cut his nails and so on, his feet. She’s the one who has the closest affinity with my father, and let’s not put grandfather here and there. The grandfather here and there the time that. She discovered the places.” (FM 6)

Family members who felt that they were in command of this situation also stated the following.

“So, I started looking for a senior home and I identified a couple which I did not like in Lisbon. Then a colleague of mine at work told me his grandmother was in a senior home that was nice, an hour away from Lisbon.” (FM 3)

One family member also felt that the decision to relocate was more based on the family and less on the individuals themselves.

“Yes, they are because it’s the family who takes the decision to put their elders there. Elders don’t get to choose themselves. But it depends. For example: If one of my grandmothers wants to go to a facility, we won’t allow her since it’s too soon to go. But for the other one, who would want to stay at home, if we feel it’s not possible anymore for her, we will send her to a facility.” (FM 5)

With respect to the senior individuals already aging in a facility (4 out of 6) agreed that their family members played a vital role in helping them locate a facility and help in the decision-making process.

“My son-in-law was the one who chose it and we went there to see if we really liked it and yes, we did” (SAF 3)

“My niece saw this one, and that they would give me the conditions I needed, which is an individual room, a special diet and the masseuse, that’s it! And they already accepted, because my niece pays a lot” (SAF 4)

Regarding seniors aging at home (6 out of 6), they agreed that family members would be involved in the decision-making process. While most of them agree to the support of family members in the decision-making process, some also believe that, in some cases, the decision is up to the individual themselves, depending on the degree of dependence and the capacity of family members to provide support. Some also feel the need to be in coherence internally with the family regarding the decision.

“It is a collective. If the person is well, it is always the person’s decision. But if the person is not well, it is also the family’s decision. It is necessary to give space to the seniors and show them the positive and negative points so that they can decide if they want to go to a facility or not. The final decision is always the person's, except when the person is not well and cannot take responsibility for him or herself. This is also the family’s responsibility, in case.” (SAH 1)

“The family is also involved and must be in agreement with them, especially when the family cannot provide assistance at home.” (SAH 3)

“I really enjoy the support of my family. I didn’t want to put pressure on them but I feel like it’s the right decision to make.” (SAH 6)

“I think that they end up a hundred per cent involved because even if they want to they don’t have much chance to support me. I’m talking about my son for work is almost always in Finland.” (SAH 2)

Another senior felt that this decision is mainly based upon family members.

“90 percent of the decision is the family and 10 percent the seniors, the seniors want to stay at home, but the children won’t let them.” (SAH 5)

5.1.2 Themes Identified under Push Motivational Factors

The analysis of the semistructured personal interviews with the family members and with seniors aging at home as well as at the facilities helps us derive themes under push motivational factors (A) Health Concerns (B) Family Dependency (C) Poor Sociopsychological Well-being (D) Dysfunctional Houses (E) Negative Experiences of External Assistance at Home.

Health Concerns: All the interviewees (i.e., 18 out of 18) strongly supported this theme as a driving factor for an individual to consider moving into an assisted living facility. The individuals already at this facility were mainly there due to deteriorating mental and physical health and having no one to assist them with their daily activities. Examples of some comments are as follows.

“When I was alone, I had some health problems and no one to help me. I came here because of my health” (SAF 2)

“I could not be at home alone, I have a paralysis in this arm, I have a lot of things, as you see. I understand that I couldn’t in any way be at home alone and so here I am fine.” (SAF 3)

“I had had an operation on my intestines. I had an emergency operation and my health has not been like before. I’ve already had 3 strokes. A person to be at home and not be able to do anything, how do you manage? Like me alone. I couldn’t.” (SAF 6)

While other participants who are currently aging at home believe that moving to a facility can be delayed and will only be considered when health conditions deteriorate, and they begin to depend on assistance to go about their daily activities. Examples of their comments are as follows:

“As long as I am in a proper condition and sufficient, I will not want to look for anything. If in the future, I will need something at that point I will have to sort out my life.” (SAH 2)

“Thank God I still don’t need assistance or permanent care, I still have the autonomy to do my things and I don’t need to go to residence for now, only if I have a disease or something, other than that I do not think so. When you do not have autonomy and need permanent assistance because there is more assistance in these kinds of residences than at home.” (SAH 3)

Family members when asked about the same, shared a similar opinion. Most of the participants even looked at these kinds of facilities as a safe spot with easy access to medical care and other services.

“Assisted living is a good solution for people of a certain age when they start to have

some difficulties being alone, doing their day-to-day life. When the person is alone and there are no guarantees that he or she can safely go about his or her daily life. For example, when it is no longer safe for a person to use the stove or do household chores.” (FM 2)

“They should go only for health according to me, because they will have access to people most of the time to help them.” (FM 5)

Family Dependency: Almost all the interviewees (i.e., 15 out of 18), when asked about reasons to consider when one should relocate, mainly highlighted the fact that when an individual gets dependent and if they do not have a family to assist them, that can be a significant qualifying reason for one to relocate. Examples of the same can be seen below.

“Lack of family support, I think is pretty important. People cannot have helpers every day and every night, which is very expensive, and if they need all kind of support, it is difficult.” (SAH 2)

“I think for the pleasure of it, no one wants to go to these places if they have a family that can provide necessary assistance.” (SAH 3)

“Yes, I have heard about assisted living and facilities, what I think is if you do not have a family that can be near to you I understand that if you do not have major life capabilities i.e., taking care of yourself in that case, you can use that facilities.” (FM 1)

“Of course it is because if the person is not able to be alone and does not have family members (children and husbands) to provide that support the person alone at home may not stay and so it is important.” (FM 2)

Interestingly while some interviewees looked at not having family support can lead a reason for an individual to relocate to an assisted living facility. On the other end, we had some senior individuals who also believed that despite having a family, it is not the best option to depend on them: to avoid burdening their families. Some of the examples are as follows.

“When I was alone, I had some health problems and no one to help me. I have a family, they come to visit me but not every day. They also have their life, and I came

here not to bother anyone.” (SAF 2)

“For example, if there is a problem, who solves it for me? My son-in-law or my daughter. My son is not here; he is in South Africa and my daughter has her own problems of her cancer. I can’t bother her with my problems” (SAF 6)

“If I understand that I am being a burden to my family, I better leave too a facility. Even if it costs me it will certainly be best to leave. I don’t think I have the right to be burdening someone else now be my son my daughter-in-law, granddaughter I don’t know what I don’t think I have that right” (SAH 2)

“Some people don’t want to be dependent on their children and prefer to go to a residence” (SAH 1)

Some participants even shared the hardships they faced while taking care of their spouse and how that can lead to a reason that one relocates to a facility with their spouse.

“I also couldn’t take care of my husband alone anymore so my son-in-law decided to put us in the residence and he did very well” (SAF 3)

“It matters because the other person’s spouse may no longer be able to help.” (SAH 3)

“When there is no one left to take care of, especially with illnesses, with more delicate situations. It may also be that the person has no one, and since we are married, we prefer to grow old together.” (SAH 5)

Some family members also felt that an senior’s being totally dependent on them can be unmanageable and would be a better option if a senior is relocated to a facility.

“It was a big burden. Management was too complicated, even if it is something as small as paying bills and doing some errands.” (FM 3)

“For example, in my mother’s case, I do not think my sister would be capable of doing these things. Because now my mother does the small auxiliary work (like shopping, going to the pharmacy), but if my sister had to do all of it, it would be too much for her.” (FM 1)

Poor Sociopsychological Well-Being: When asked about poor sociopsychological well-being as one of the reasons to relocate, we found that 12 out of 18 interviewees

agreed with the following. Many interviewees agreed that being alone at home without a spouse or family, feeling of being unsafe, and not having an environment that ensures social well-being can also be a reason for someone to consider moving into a facility. Examples of such cases are seen below.

“It was a first floor but a very low ground floor I got a frightened because they already realized that the one who lived alone and knocked one, two out of three in the morning at the window. I felt very lonely” (SAF 1)

“The regret of having lost my husband so recently and being left with no one who was the best company and yes in my case yes because I didn't have anyone else and as I said I don't have children and as such I couldn't be alone and I had to go somewhere” (SAF 3)

“I had problems of lodging. Because in another apartment, I had problems living with myself” (SAF 5)

A senior aging at a facility said the following.

“Yes, it can lead someone to go to a residence, because if they don't have the well-being they need at home, they can find that well-being at these places.” (SAH 3)

Some family members even backed this opinion by saying the following.

“If my parents feel too alone. In case one of them dies and the other feels too alone, this could be an option” (FM 4)

Family members even expressed their fears of leaving their parent alone.

“In my mother's case, loneliness is being a big problem for her. With everything that happens in the world, it makes her feel a bit negative so that just adds to the problem. She needs someone to be close with. Her being alone is always a worry for us because it affects her psychologically and we worry about how she will manage alone.” (FM 1)

“It depends, as long as people visit during the day people are not abandoned.” (FM 2)

A senior individual even feared moving and adjusting to environment while they can before it gets too late.

“It’s better now if I go there now that I’m fine and I can do my normal life.” (SAH 2)

Dysfunctional Houses: Tinkering down to the funnel of push motivational factors, another strong theme identified is that of dysfunctional houses. Both family members and seniors believe it to be worth considering relocation. (9 out of 18) individuals strongly share the same opinion. From reasons such as staircases between rooms causing inconvenience to having poor housing conditions for seniors. Some of the examples from the interviewees are as follows.

“When I was at my place on the first floor, there were a lot of steps. I was very tired of cleaning it, the stairs had 13 steps, I have leg problems. I had difficulties going up and down the stairs. The house was very damp. My house was very humid; I was always found in hospitals with shortness of breath or with respiratory infections.” (SAF 2)

“At home I couldn’t manage to live by myself because at home there are stairs, and we can’t do that. For example, one day I went to clean the house and then I went to watch TV. I lay down and when I woke up, I couldn’t move. I tried to get up and fell under the bed.” (SAF 6)

“The house was very humid. My house does not have conditions.” (S’F 1)

“It’s important because if a house doesn’t have heating conditions, if you have to go upstairs and down stairs, then it’s better to change.” (SAH 3)

One of the family members even added to the same by saying.

“Either if it’s something that can be solved to make it functional, if it’s not possible and for example if there are difficulties in terms of physical barriers, walking in a wheelchair and the house has several steps and if it’s not easily solved then it’s also an important factor.” (FM 2)

Another family member suggested that in some cases while maintaining a big house can be tedious and expensive, shifting to a facility can be financially efficient.

“In many places, like house in small villages, the places where our parents lived and they are pretty old and will need maintenance. And the overall cost, will be much more than moving into a place.” (FM 1)

Negative Experiences of External Assistance at Home: (8 out of 18) interviewees also stated the possibility or occurrences in which people who have resorted to external help to assist seniors have been left unsatisfied with the service, which has resulted in the relocation of seniors. Mainly people opt for this move before considering relocation, but negative experiences make them finally resort to facilities. Out of the many examples that came across, the most common reasons were the incapability of external help to provide the right and adequate service and to be expensive. Some even shared their fear of external help and ill-treatment of the seniors. Given below are examples of the same from the interviewees.

“I had a woman there and it was horrible, maybe to take care of me, give me a bath, we went shopping and for her to bring things, and then she had the habit of stealing in the square. I wasn’t polite like that.” (SAF 4)

“My friend would tell me that the girl (helper) didn’t care at all. She was always with her computer or in her room. My friend would always call “who it is it at the door?” and the helper didn’t oblige anyone” (SAH 2)

“There is always the case of hiring someone to assist at home but it can be very expensive and in this case it is better to go to the residence.” (SAH 3)

Some family members shared their experiences of external help at their homes for the seniors and how it was not the best solution for them. Taking into account the inefficiency in work and no one being around to monitor the situation.

“But I have the suspicion that the employees didn’t do the job well, they had a fixed time to come in, but I suspect that they spent time in the coffee shop ahead and only did the job sometimes, while I was paying them. It was then that I came to the conclusion that the best thing was to put them in an institution, I researched, found

one where I was delighted with the service and decided to go ahead.” (SAH 4)

“At first, we even tried having a lady there helping her during the day, but it was not an easy task. Because my aunt just didn’t feel comfortable having someone in that place, and it was like an intruder and the lady wasn’t really, she was nice but intellectually not very interesting and my aunt likes to have people who can talk about interesting things.” (FM 3)

Some family members even experienced a fear based on what they have heard and experienced from people around.

“I know that there are intermediate care solutions, in other words, people are in their own home and someone from outside will take care of the hygiene, but there are situations in which even this is not possible because the fact of being alone at home for a few hours can in itself be complicated and dangerous for the seniors person” (FM 2)

“I think that if my parents need support, I will contract someone to help them at home. Of course, the person is not caring and loving and if they are abusing my parents and if I cannot find a replacement, I would consider moving them into a facility.” (FM 4)

5.1.3 Themes Identified under Pull Motivational Factors

The analysis of the semistructured personal interviews with the family members and with seniors aging at home as well as at the facilities helps us derive themes under pull motivational factors (A) Services and Amenities (B) Housing Options and Location (C) Opportunities to Improve Sociopsychological Well-Being (D) Price to Quality and Price to Location (Significant pull factor for Family Members).

Services and Amenities: Almost all the participants highlighted that the factors that attracted them the most to an assisted living facility would be the services and amenities of the facility (18 out of 18 interviewees). The answers from the seniors and family members did not differ much. The only significant difference was some family members' constant emphasis on activities that keep the seniors occupied and help them with healthy aging. Other topics such as friendly and caring staff, emergency medical services, security and safety, good food options, cleanliness, and housekeeping are typical examples encountered during the interviews.

Some of the examples by family members about having activities to decelerate the aging process are as follows.

“If and when I have some money, and if there is any facility where people have activities and not a depressing environment. If it supports a proactive outlook and it helps people get there. If there is something like that and if it exists, they probably can go to that. The little that I know about neuroscience is that you need to simulate sensors. If they are not active, if you do not take them for a walk or do some with them, they will degenerate faster.” (FM 4)

“It is important that you continue to be active with your brain so you stay healthy and live longer.” (FM 5)

“This factor I think is important and of the most important services I think are health care, nurses, doctors, then the facilities themselves and eventual programs that can keep the seniors with their minds occupied so that the aging process is not too accelerated, because if people are not stimulated they naturally age faster.” (FM 2)

Most of the interviewees constantly focused on staff and resident relations. The emphasis on being treated well and having a friendly staff is another driving pull factor. Some current residents shared their experience with the same saying.

“On the first floor in the cafeteria and anything we need; we have the employees. I had a hip operation on March 9th last year so in 2021. Then I came here I came to the residence I came home and I had the support of this employees gave me a bath but it was for the recovery of the leg of the bench and they helped me in what I needed put the cream on the waist and I had the necessary support. If I need something, I ask one of the employees and they help me as much as possible.” (SAF 1)

“The best thing that the people here are wonderful. For me it’s like a second family the doctor (The director of the facility), the girls (staff) are so wonderful they come here every day where you are and see if you need something.” (SAF 2)

“I like to be here; they treat us well there is no problem at all. When it comes to a time like this being dependent on someone it is good that there is someone who really treats us with a certain affection with attention and here we have that in fact.” (SAF 3)

“I felt good as soon as I arrived, they treated me well. There was another nurse there,

he was an older guy, and there was a girl here, she left about 2 months ago, who was here from the reception. They treated me with a very high standard. I've always been treated well." (SAF 6)

Some identical responses from seniors aging at home are as follows.

"It is so, it's a job and not a service. You have to like it you have to like it. Like I spoke a little ago, about that girl who at first didn't want to know anything and now she has a relationship with the lady. She has been there for a year and has started to interact with the lady. So I think that sometimes it is also very important to select the person for these things in the past work, but you really have to like it." (SAH 2)

Another interviewee aging at home specified about the training that the staff goes through while working at these facilities, he said the following.

"The thing that interests me is whether the workers are trained and whether they are specialized to work on this type of project. The most important thing is the workers. Because the people who work in these places must have a vocation to work in the place, otherwise they don't." (SAH 1)

A family member shared a similar opinion by saying.

"But mostly, the quality of service: can we trust the workers, is it comfortable?" (FM 5)

Other examples highlighted by family members and senior individuals about the various services and amenities are as follows:

"We put clothes in a bag, we put it at the door and every floor has a specific date for laundry. Saturdays and Sundays." (SAF 1)

"When I need it they call the ambulance immediately." (SAF 2)

"The food is good. After food I get a coffee, of course we have paid for it. We have a nurse 24 hours a day and any problem we have nurses always available 24 hours a day." (SAF 3)

“Yes, the most important is the cleanliness. It’s always clean here.” (SAF 6)

“I’ll go out when I want to go. We can return back until ten at night but if we can go out, we have security to come a little later as well. I think we can make a life as if it were in a normal house for me, it’s the best.” (SAF 2)

A participant specifically highlights the services and special care she gets which help her niece zero down on this particular facility:

“Then my niece had to put me here at the home she refers to, but with many conditions I have a special diet and I have a masseuse. I am here with many conditions. The lady cuts our hair, and cut our nails.” (SAF 4)

“Normally in the residences they have more medical attention and nurses, they also have physiotherapy” (SAH 3)

Some family members mentioned services and amenities by saying the following:

“It is a good solution because people have a space available to be and with all the associated services.” (FM 2)

“Family won’t have to go shopping for them for food or whatever. Everything will be taken care of for them.” (FM 5)

“She got properly taken care of and we were rest assured about her safety.” (FM 3)

“My grandmother lives in a building at the second floor and it’s not easily accessible by ambulance in case of trouble. At home you need to call for help and wait for help, while in these facilities you can be helped more quickly.” (FM 5)

Housing Structure and Location: When asked about housing and location as factors someone would consider attractions while a senior consider relocation, 16 out of 18 interviewees agreed. The people currently at a facility also stated that after services and amenities, the next thing on their mind was the location of this facility. Majorly, being close to their family does not make them feel secluded (primary location reason between family members and seniors) or close to their origins.

Below are some examples of the seniors when asked how location matters to them.

“My son-in-law had to put me here in a place where he could find it because they

work and live relatively close to here.” (SAF 3)

“My niece comes here to pick me up either on Saturday or Sunday. She has a house over here. Yesterday she came to pick me up so I spend a day there, because it’s a very beautiful house.” (SAF 4)

“It suited me to stay at the previous place, it was closer to my daughter and son-in-law. So I would have liked that.” (SAF 6)

“It is important because it is different if it is closer or further away from the family. If it’s close, I can have visits from family now if it’s far away they may no longer visit because it’s not accessible. I see from my poor sister, her daughter won’t visit her or anyone else and she is even close to the family.” (SAH 3)

A family member who currently has her aunt living in a residence close to her said.

“The second one was convenience. Because I have a house over there for the weekends and holidays and so it is manageable. I am there for the weekend, and my brother is struggling with the price of fuel to drive by.” (FM 3)

Another family member said that it won’t be feasible if the distance from his mother’s house and the facility would be large.

“If it is very far from her house, that would be an issue. It would be an issue if it was very far away. I mean like 50kms away from Castelo Branco. Another city for example.” (FM 1)

Some senior interviewees also added that residing in a facility close to public spaces, easy commute and other facilities like hospitals, malls or places to go for a walk would benefit. Below are some of the examples.

“It is important because we are here in a desert and to go for a walk only sometimes to have lunch and here we cannot go anywhere. I would like to be in a place where I could go out.” (SAF 3)

“If we can walk and do some shopping or go out for a walk it would be fantastic.” (SAF 5)

“If the assisted living residences were in the city, with things nearby like

supermarkets or stores to buy clothes or health services, it would be good.” (SAH 1)
“Maybe I prefer a place where there is transport or else you can move it depends on the situation of each person. (names a facility) over there at the expo is at the end of the world. It’s near the hospital it’s the only thing they have there and now they made a supermarket. There is nothing.” (SAH 2)

About the house structure, i.e., includes types of room, age-friendly structure, and common spaces to move around and interact, there were similar opinions that showed a preference for individual rooms with shared spaces for social interactions and the possibility of getting things from their homes. Interviewees in the facilities highlighted the same, along with people aging at home.

“Yes, I recommend it because it is very good we are each one in the houses in their houses but we also live together” (SAF 1)

“I basically bought everything that I thought would be useful to me and has a sentimental value. Like the dishes. I practically grew up with these things like you see around you. Of course, I could not get everything because of the lack of space but yeah, I got what I felt was vital to me. This is my house, my apartment not just some senior home” (SAF 2)

“I have a single room, with my own fridge and some things from my home.” (SAF 4)

An interviewee who is currently aging at home shared:

“I think that’s it’s good to have your own small kitchen or so. In case of my in-laws, they used their own furniture. So the space wasn’t that different” (SAH 2)

A family member even shared their experience while helping in the move and how the flexibility of room types and the possibility of getting things from home benefited the entire process of relocating.

“She was able to take her own belongings which also made feel like she has some part of her previous life. We were also able to get her an own room.” (FM 3)

Another family member expressed how the possibility of having an individual room can help the seniors family member to smoothly transition into a new facility.

“Because I know my mother would prefer a place with a private room, that would be good. She gets tired. She likes to speak a lot but she also gets tired.” (FM 1)

With respect to the age friendly structure and common spaces, interviewees had to say the following:

“I would also look at the physical structure of the place.” (SAH 1)

“That would be a good environment, a clean place, with space to go outside. It would be better to move to benefit from the facility’s structure.” (SAH 6)

Some family members shared a similar opinion:

“If you have a small park or a nice view. Being old, you do not have that much mobility. So, I feel it is important, psychologically that the environment around you where you can move. It is important that the place is nice. Not just rooms or living rooms. Inside the house and around the environment is nice and pleasant. It has places where they can be not just inside the room but also outside.” (FM 1)

“Structure, yes of course the house must be in a good condition and should smell good and aesthetically pleasing. Location as well I mean it would be good to have them close around, but structure is of most importance.” (FM 4)

Opportunities to Improve Sociopsychological Well-Being: 15 out of 18 interviewees strongly felt that going to these facilities can boost social well-being through various activities. However, people also look at facilities that promote activities that make an individual feel autonomous and independent in their life.

Seniors living in a facility felt that after the move, they had a more robust social bond which was missing in the previous place. The feeling of togetherness and a society-like environment is a pro for them.

“We are here as a family we do some activities, although now because of the COVID everything stopped we went hiking together we had some activities.” (SAF 1)

“People give support here; in my house I didn’t have it. For me it’s like a family, it’s a second family. I really like my faith the best thing I’ve done in my life is to come here. At night I will play dominoes downstairs together with the boys. It is a playful environment. It’s a little group. We spend time together, we laugh and talk. Sometimes we are together watching television. We are all there together mainly for this issue of socialization and coliving not being alone in a house at night without seeing anyone.” (SAF 2)

Some interviewees who are aging at home also shared the desire to socialize in such facilities.

“Having various things to do and cultural activities to participate will be a good thing. People are left with the thought that what is it that they are going to do with the rest of their life? and hence it is important for such facilities to constantly keep them engaged.” (SAH 2)

“I think it is good, it always depends on the residence, but I have the idea that you live more with other people, a person at home is alone and it is worse, they don’t have great conditions and so in a residence that has activities they can live with other people. I even know of one case where they have a library, they play cards, they have a choir.” (SAH 3)

Some family members that shared a similar view said the following.

“She felt it was great and especially because of the people taking care of her social system and the activities well she really recovered a lot. It should have a mix of younger people so that people feel stimulated. Think, play and talk about different things other than diseases and deaths and problems in life” (FM 3)

“You have other people with whom you can make relationships and not be isolated. Because usually when you lack capabilities, you tend to isolate yourself. Being a human being, a social animal, I think it is very important.” (FM 1)

“They feel more comfortable there, if they have a community there.” (FM 5)

Along with social life, the other factor that senior interviewees highlighted was the fact that, in some way possible, they could still be independent and autonomous with

some assistance when required. In a facility of assisted living, the interviewees shared the following.

“I recovered, and now, take care of my house I do everything. I go shopping, I make my food, clean house and do everything. Here I am completely autonomous.” (SAF 1)

“The rest I go on with my little life, I go shopping. I always go with someone a lady sometimes other times with the girls here or with a friend here who also lives here in residence, a friend, a neighbor.” (SAF 2)

“I’m the one who makes my own bed, I only don’t do the laundry and I don’t do the meals, but I do everything. I bathe myself, but I bathe! And I only don’t make food, I make the bed.” (SAF 6)

While some residents from another facility felt the need for more independence, they shared the following.

“Sometimes, the guy in charge takes me out to do some bank work or so. In those days I feel like a different person altogether. When you are inside, you feel imprisoned.” (SAF 5)

Some senior interviewees aging at home, shared the following:

“Independence is important to me: I want to be able to get visits and to go out when I want to.” (SAH 6)

“For me, in my case I was aware that I didn’t want to go, but if I were to choose, first of all I would want to go to a facility where I could leave whenever I wanted.” (SAH 4)

Price to Quality and Price to Location: Interestingly while family members were asked about their involvement in the process, they did mention services and the facility's location. However, there was a "back of mind" thought about the price to quality and price to location ratio that they looked for. When further probed, they also considered it a primary pull factor. Following were some family members' replies concerning price to quality and price to location pull factor.

“That would involve seeing what options are available, looking at prices, conditions of services, location. I would go through it, to understand what offers are there and those that are suitable for the particular situation.” (FM 2)

“Of course the price quality relationship. If I was in Lisbon, I would be paying almost twice as much.” (FM 3)

“The first criteria would be affordability and mostly have the conditions for my mother. I feel the price to quality ratio is a major problem. Usually, the places that you choose are expensive. Finding something that is financially sustainable is an important factor. Finding something with good conditions gets difficult” (FM 1)

A financially independent senior also commented on the same, suggesting.

“It is better to have it close to the place where we used to live, but for example homes and these things usually outside Lisbon usually are much cheaper” (SAH 2)

5.1.4 Themes Identified under Barriers

The analysis of the semistructured personal interviews with the family members and with seniors aging at home and at the facilities helped us identify various themes that act as barriers for an individual to relocate. There were majorly four themes that were identified, i.e., (A) Economic (B) Structural (C) Sociocultural and Psychological (D) Family.

Economic: As earlier mentioned, under the pull factors by family members and a few seniors. Finance plays a vital role in the decision-making process, and how some see it as a pull factor; further elaborating, we see how finances have been a barrier for individuals who are currently a part of the facility and individuals aging at home and their family members. 16 out of 18 participants agree to finance is a significant barrier.

The two participants (senior interviewees) did not find finance to be a barrier owing to the plan by Santa Casa Misericordia. They belonged to a social neighborhood, gave up their previous house to move here, and had to pay 10% of their pension for the utilities and essential services. The most common explanation for the same from the participants is the prices being too high and unaffordable, based on the pension they receive and how the seniors depend on family for financial support.

Some of the examples from the senior interviewees are as follows.

“Money is very important, because nobody is here for free.” (SAF 3)

“Although I have a lot of conditions, but I also pay a lot, I pay almost 1400 euros a month.” (SAF 4)

“In Lisbon there a majority of the house have old people living in them without any conditions. But also they do not go to any senior homes because they do not have money to pay.” (SAH 2)

“Economic power is very important, for example, I had two uncles of mine, who were in a residence, great, but between the two of them it was about €5000.” (SAH 4)

Some interviewees also expressed how finances limit their options to choose between the facilities or even delay the move to avoid expenses.

“Yes, they are a barrier because if the residence is very expensive I can try to postpone going there as much as possible.” (SAH 3)

“I’m not concerned but I think that yes, it would be a problem if you end up in a poor facility with a low price.” (SAH 6)

Some seniors even considered it a bad investment, as they felt they had to give everything up to go into a facility. At the same time, all of it could go to their kids.

“My uncle paid brutally. I will never do that; neither will I want to do that to my son. I will try for something more economic. Why will I help a bank rather than helping my son with the same money? They are almost paying on a yearly basis around 33000 euros. It is almost a price of a house. It is a lot it was, the price of a house. The structure I’m going to buy is for the bank, so I would never do something like that. I’m going to sell this house of mine to buy a house in a structure like this but this house my son will keep it.” (SAH 2)

“There are institutions that have these facilities, people throughout their lives are discounting and saving to go to these houses. It’s very rare.” (SAH 5)

A senior aging in a facility also expressed her perspective of how her family would

support her in case she did not have the resources to support herself.

“And to go to a facility like this I can’t afford it. Because my pension is only 500 euros, it’s not much. Only one person can’t afford it. And if the social security didn’t help, the family members would have to pay.” (SAF 6)

Meanwhile, family members expressed their rationale for how cost to quality, and location influence their decision. Given below are some examples of how they see finance as a barrier.

“I think they are very expensive. In Lisbon, I know a facility. Even by the river somewhere near Alcantara or Santos, there are some facilities that work like that. But also I forgotten in the place but somewhere you have small houses or so, I have heard something like that. Usually, it is very expensive, or it involves an investment in real estate. Something more like purchasing a property or so. You have to pay a lot.” (FM 1)

“There are a lot of families that can’t afford it. So here is what it is, isn’t it? It’s a monthly fee that people can’t afford.” (FM 6)

“The problem is that this is too expensive. A small percentage of people can afford that. For the people that receive the minimum wage, they’d need to pay so much more. We have good facilities and services in Portugal but it gets too expensive so people hold on to the bad and low quality senior homes.” (FM 5)

A family member even mentioned how multiple financially responsible members could complicate the entire process.

“Sometimes. For example, some family members aren’t ok with paying, they can’t manage to agree with each other if they think differently.” (FM 5)

Facility Barrier: Owing to this model being relatively new and taking rise in Portugal, there are very few barriers regarding the facility itself. 14 out of 18 participants identified the facility as a barrier to the move. One of the common ones which were spotted during analysis was that of vacancy in a facility. Some senior interviewees who are already at a facility said the following.

“I was already about 65 years old and as I knew that there were still vacancies, I had the opportunity, and I took advantage of it.” (SAF 1)

“If I wanted to come here or register to be on time and be able to come here. At that time the registration was already over when I saw it, although I really wanted to come here.” (SAF 2)

Another interviewee who had started investing a bit in a facility of assisted living that an association started also dropped the idea of doing so when she realized it was tough to get a vacancy.

“I have already stopped paying because it’s not worth it because there is no vacancy for anyone not even the direction to enter so, it’s not worth it.” (SAH 2)

Apart from vacancy, another family member felt that lack of staff could also be a barrier to mismanagement.

“The lack of personnel is the major reason. This is a business and I understand there is a profit margin, so they cut in personnel. This is a hard and heavy reality because it is hard on the emotional side and heavy on the physical side. There is never enough people regardless of the price you pay. There is a lot of mix-ups between things from diet to pills to schedule to visits” (FM 3)

While some of the interviewees are aware of the differences between some facilities that are available some mistake them for the same. An interviewee had to say.

“There is no difference between an assisted residence and a senior home. People only seek these places when they have already lost their autonomy.” (SAH 5)

Another interviewee aging at home said.

“I know there are 2 kinds of facilities. Since my husband was in the army: one residence in the army, the other would be a senior home.” (SAH 6)

To sum it up, it can be said that lack of vacancy, limited knowledge can summaries the facility related barrier.

Family Related Barriers: seen earlier, family and seniors are both involved in the decision-making process. 6 out of 18 interviewees agreed that family could also be a barrier in the decision-making process to relocate.

An interviewee shared her experience of how she had to convince her son before making a move:

“My son did not even want me to come here but then I explained to him the situation and told him it was a good option because I did not want to cause inconvenience to him as well.” (SAF 2)

Another participant shares her experience when she was almost about to make a move to a residence:

“I have had the chance to go to the army facility but my sons didn’t want me to. The family was not ok with it. Today I realize it was a good decision because I really like to be at home, especially with the pandemic. I couldn’t have had visits during COVID19 if I was in the facility” (SAH 6)

Some family members also hinted at being the lead decision maker when they are responsible for the finances:

“Yes, it can be a barrier because there may be people, in this case the children or close relatives who consider that they have conditions to keep the seniors person living with them and thus do not choose the assisted living option.” (FM 2)

“Yes they are because it’s the family who takes the decision to put their elders there. Elders don’t get to choose themselves. But it depends. For example: If one of my grandmother wants to go to a facility, we won’t allow her since it’s too soon to go. But for the other one, who would want to stay at home, if we feel it’s not possible anymore for her, we will send her to a facility” (FM 5)

For family members, the major barriers were economic, reputation, and the

unwillingness of seniors to move to a facility. Following are some examples of the same.

“It can, as I said earlier the seniors themselves can refuse to go to a place like that. I think that they have difficulty in leaving their homes. I have people in my family, not my parents, but other people, who have always said that they would never want to go to a home or a residence, and maybe they needed to go because they didn't have the capacity to cook and be at home, for them it would be a great suffering to have to go to a different space that is not their home, because at home a person has more freedom and doesn't have the schedules that exist in those institutions.” (FM 2)

Another family member shared their experience while relocating her aunt by adding.

“My aunt was diagnosed with Alzheimer's and she kept negotiating with me and my brother informally in the sense that she was always say 'well I am able to manage my life you let me live in my home and when you see that I'm not able anymore you just get me into a senior home'. What she would love to do, is go back home. In her mind she still hopes for that. She wants to die in her home.” (FM 3)

A son who is also in the decision-making process to relocate his mother had to say the following:

“My mother will avoid going to a place. Because of the constant confusion that she has between socializing and being by herself. Eventually she will also have the insecurity of not living in her house and not losing independency. It will only be minimized if she has no other way out and if her health gets bad.” (FM 1)

SocioCultural and Psychological: Sociocultural and psychological barriers were mainly attributed to individuals' past experiences and knowledge of senior homes, not assisted living facilities. All 12 senior individuals shared the fear of moving into a new location, losing their independence, and adjusting to new rules. Some of them were heavily influenced by the general reputation of senior homes and how seniors are abused and ill-treated in similar facilities.

Examples of the same can be seen below.

“We have to abide by certain rules and we at home live as we want here we have rules to follow and we have to understand that” (SAF 3)

“Apart from freedom to move around or go anywhere, apart from that we have to live by rules. I just found these as the major barriers.” (SAF 5)

“I think it is very better to age at home then go to a facility. They have their own space, which itself is different.” (SAH 2)

“A person feels more independent at home and I see from my poor sister,” (SAH 3)

“The environment of what I know is very bad, because people have no autonomy, they don’t go out and stay still watching television, they are almost prisoners. There are few homes where people can go out, only with the authorization of a companion.” (SAH 5)

Some of the examples of people having a fear of being mistreated or abandoned in similar facilities are as follows:

“Yes, it is important, some have good services now there are others that don’t because the staff don’t treat seniors people well, which can be a barrier to going to a senior home or any facility.” (SAH 3)

“There are situations in which there is the idea that the seniors is a little abandoned, sometimes you see on television those situations in which they spend hours and hours in living rooms with nothing to do.” (FM 2)

“The lady I went with; the maids didn’t even come to help when asked for. That friend of mine called me to say the helpers were tired of call. I saw that no one came to her now.” (SAH 2)

Interviewees also highlighted how a remorse environment can be demotivating and shock someone into relocation.

“It was just a big shock because people didn’t speak my language but then I, you know what I did, I stopped speaking and solved the problem very well.” (SAF 4)

“No, this is that you have to have a certain patience, to put up with certain people. Because if you don’t have patience, everything goes wrong. Person who has his head in the right place has to adapt to the environment there is, right? If you don’t adapt, you’re done for, and then you just have to suffer. This is practically all people who

have already entered.” (SAF 6)

Interviewees ageing at home shared their experiences by adding:

“People go to these places because they are forced to go. There are no positives in the homes. People don’t know anyone in these places. Because people are taken to an environment they don’t know. Isolation is the main barrier. These people stand still all day and have a life of uselessness.” (SAH 5)

“I think no one goes with their own will. It was my uncles, my in-laws, they went to very good structures and there are other people who will not go. I think these other kind of facilities are almost the antechamber of death. I am talking to you as you know I am a professor. My friend went to live ended up dying. She was very isolated. I asked her “but why don’t you talk to anyone?” she didn’t talk to anyone because she was completely angry she didn’t want to be there and she didn’t actually talk to anyone. The people didn’t really want to interact. Everything was so really sad at the place.” (SAH 2)

Some others also ageing at home shared a feeling that lack of friends or known people can also affect their decision.

“Not knowing anyone who is there in the household. Because if there were other people of the same generation that you know, it could be a stimulus, couldn’t it. It could be a stimulus. I have no friends; I have no one. It could be a barrier.” (SAH 1)

Another senior individual shared her experience of how sometimes making this move to relocate can grab attention in society.

“Can be a barrier because a person can lose contact with friends because they stop visiting the home. I also know of some people who are afraid to go to a facility because it is still frowned upon in society.” (SAH 3)

A family member who had visited one of these facilities in the past was left with a negative feeling about the place.

“There is a major psychological barrier as I mentioned earlier, due to the reputation. Then it has to do with the environment of the facility. If the place is not clean or smelly, I will run away from that. I have this image of these facilities as I visited my great grandmother in facility and some social activities that led me to visit these facilities. All these places smelt bad; the house was in a bad structure. Basic hygiene was not maintained. It was not aesthetically pleasing” (FM 4)

5.2 Discussions

This research was conducted to identify the possible reasons for a senior's relocation to an assisted living facility. Furthermore, this was done by identifying various themes that came up under push and pull motivational factors and the various barriers.

Through the following research, we identified that health concerns (individual), family dependency, poor sociopsychological well-being, dysfunctional houses, and negative experiences of external assistance at home act as push motivational factors for an individual to relocate. Compared to the study from Chaulagain et al. (2021), the themes that emerged under push motivational factors were almost similar, i.e.; seniors identified health, family related, housing and property, and sociopsychological factors to consider relocating to an SLC. However, the push factor discovered during this study and was not mentioned earlier was that of negative experiences of external assistance at home.

While services and amenities, housing and location of the facility, opportunities to improve sociopsychological well-being, and price to quality and price to location act as pull motivational factors of a facility. Concerning the study done by Chaulagain et al. (2021), the factors mentioned in the study are almost similar to that discovered during this research. The only additional factor that was identified during this study was price to quality and price to location.

The economic, sociocultural and psychological, facility and family are the various barriers to the relocation process. According to the study by Chaulagain et al. (2021), the barriers identified are corresponding, i.e., family-related, economic, and sociopsychological. The only difference the author identified was that in the previous study, lack of knowledge and information was identified as a separate barrier. In contrast, the author identified the facility as a barrier in this study, including a lack of knowledge and information about the AL facility and a lack of vacancies and staff. The specifics of

the abovementioned factors are discussed below.

To begin with, family members' involvement in the decision-making process for a senior to relocate to an assisted living facility was identified and confirmed. The results suggest that seniors will always seek the intervention of family members, starting from immediate family (i.e., children) and, in their absence, their extended family to help in decision-making. This falls in coherence with (Sergeant & Ekerdt, 2008; Fields et al., 2012), which discuss how family members play an essential role in the decision-making process to relocate and how seniors try to be cohesive in the decision-making process. However, while most family members feel that a senior individual will have the final say in the decision to relocate, some seniors do not share the same opinion. A strong correlation was also identified concerning the family's degree of involvement and amount of dependency. Having said this, the interviewed seniors emphasized how family members' weightage in the decision-making process fluctuates based on their assistance, i.e., both financially and physically.

Family members involvement in the decision making process \propto Amount of support (physical and financial) provided by family member to senior individuals.

Greater the dependence on family members, the higher the weightage of the decision with the family member. In addition, families not being able to provide the necessary support when the dependency increases upon them also causes them to look for solutions actively.

Proposition 1, i.e., (A) Health Conditions (B) Family Dependency (C) Poor-Social well-being (D) Dysfunctional Houses (E) Financial Conditions are considered to be significant push motivational factors for senior individuals as well as family members while considering relocation to an assisted living facility in Portugal.

The results from the following research (see Table 2) seem to correspond to many of the themes in the literature mentioned above. However, an extra theme was mentioned during the interview and analysis that was not foreseen, i.e., (E) Negative Experiences of External Assistance at Home. Financial condition was not identified as a separate theme and was categorized under dysfunctional houses.

Moving forth with push motivational factors, it can be understood that the aging population, as well as their family members in Portugal, would consider relocating to an assisted living facility in case of deteriorating health condition, which disables them

from going about their daily activities without assistance and if they have no family to be dependent on for the same. As mentioned in the literature, changes in functional status and progressive health status can lead someone to move into an SLC (Hays, 2002; Bekhet et al., 2009; Bernard et al., 2007; Chaulagain et al., 2021).

Similarly, family dependency, the next theme that falls under the umbrella of push motivational factors, was also supported by seniors and their family members during the interviews. Along with the example mentioned above, seniors not having a desire to be a burden on their family members as well as the need for external help to look after a spouse can lead to someone relocating, which is also supported (Krout et al., 2002; Bekhet et al., 2009; Chaulagain et al., 2021). Per prior literature, children moving out of the house for better opportunities and no one to take care of the seniors (Caro et al., 2012) is also a valid reason for someone to consider relocating to an assisted living facility in Portugal.

Poor social well-being, another theme identified in the literature, was confirmed through the analysis. Feeling of loneliness, insecurity, lack of social contact, and lack of motivation (Stimson & McCrea, 2004; Smetcoren et al., 2017; Bekhet et al., 2009; Chaulagain et al., 2021). In addition, family members also emphasized that in a particular scenario where it is not feasible for them to be around senior individuals frequently, a better option would be for senior individuals to be relocated in order for them not to feel left alone and abandoned.

Dysfunctional house is a theme from the literature review that was also validated under push motivational factors. Incompetency with the housing environment and current age, e.g., staircases and heating conditions (Lawton's, 1982), were the primary reason for the same. The overall cost of maintaining the house would also be much higher than moving to a new facility (Bäumker et al., 2012; Stimson & McCrea, 2004; Chaulagain et al., 2021).

During the analysis, another theme generated under the umbrella of push motivational factors was negative experiences of external assistance at home. While some studies stated that seeking external assistance at home would be much more expensive than moving to a facility (Bäumker et al., 2012). There were not enough findings to explain the negative experience of the same, and the lack of credibility can also lead someone to relocate to a facility. In Portugal, mainly as expressed above, the people prefer to stay at home than relocate, and when they do this, they seek the help of external services at home. In addition, the social services also arrange for similar services to delay

admissions into a senior home. However, over time and due to its reputation or past experiences (i.e., ill-treatment, lack of responsibility, insecurity), people are more skeptical of this service, which leads them and their family members to consider relocation to a facility.

Table 2

Revised Push Motivational Factors

Push Factors	Literature Review	Post Interviews	
		Senior Individuals	Family Members
Health Concerns	<ul style="list-style-type: none"> - Changes in functional status, progressive decline in health status. (Hays, 2002; Bekhet et al., 2009; Bernard et al., 2007; Pinto, 2014) - Calculative decisions based on health. (Oswald & Rowles, 2017) 	<ul style="list-style-type: none"> - Changes in functional status, progressive decline in health status. (lack of autonomy and need assistance) - Calculative decisions based on health (Lack of support). - Will only go in extreme health conditions. 	<ul style="list-style-type: none"> - Unable to monitor and assist the senior individual, right from daily activities to medical emergency needs. - Changes in functional status, progressive decline in health status.
Family Dependency	<ul style="list-style-type: none"> - Detrimental health status of a spouse, death of a care-taking spouse. (Bloem et al., 2008; Bekhet et al., 2009) - Kids moving away and unable to take care. (Caro et al., 2012; Pinto, 2014) - Trying to not be very dependent on the family and being independent. (Krout et al., 2002; Sherwood et al., 1997; Bernard et al., 2007) 	<ul style="list-style-type: none"> - Detrimental health status of a spouse and unable to take care. - Increased dependency and lack of family support. - Trying to not be very dependent on the family and being independent. 	<ul style="list-style-type: none"> - Unable to take care of senior individuals, especially on a daily basis. (household chores, personal affairs)
Poor Sociopsychological Well being	<ul style="list-style-type: none"> - Culture gap between family members, loneliness, socially disconnected, fear of security, crime and no 	<ul style="list-style-type: none"> - Loneliness, security and safety, death of spouse no other family member to be around 	<ul style="list-style-type: none"> - Death of one of the parent leading to another parent left alone. - Not being able to visit

Push Factors	Literature Review	Post Interviews	
		Senior Individuals	Family Members
	<p>network, and moving to an environment that promotes the same. (Bekhet et al., 2009; Albert, 2021; Stimson & McCrea, 2004; Smetcoren et al., 2017; Bekhet et al., 2009; Pinto, 2014)</p> <p>- Making a move before it gets too late to do so. - Kids moving away and unable to take care. (Walker & McNamara, 2013)</p>	<p>with.</p> <p>- Depression and lack of motivation being alone.</p> <p>- Lack of social environment.</p> <p>- Making a move before it gets too late to do so.</p>	<p>frequently, which they believe can affect the seniors psychologically/ abandonment.</p>
Dysfunctional Houses	<p>- Structural designs, inefficiency in housing structure, houses once built for another purpose no longer is suitable.</p> <p>- Incompetency with housing environment and current age.</p> <p>- Idea about a new place which helps consider relocation. (Weeks et al., 2012; Lawton's, 1982; Bekhet et al., 2009; Stimson & McCrea, 2004; Smetcoren et al., 2017; Santana, 2000).</p>	<p>- Structural designs, inefficiency in housing structure, houses once built for another purpose no longer is suitable, tough to maintain.</p> <p>- Housing structure not well-suited for the age (humid, not wellinsulated).</p>	<p>- Structural design, not age-friendly and tedious to be solved.</p> <p>- Costly to maintain.</p>
Financial conditions	<p>- Cheaper moving out then continue living in the current house. (Weeks et al., 2012; Bäumker et al., 2012).</p> <p>- Cost of maintaining houses, cost of in house services more than</p>		

Push Factors	Literature Review	Post Interviews	
		Senior Individuals	Family Members
	switching to a facility. (Bäumker et al., 2012; Stimson & McCrea, 2004)		
Negative Experiences of External Assistance at Home		- Feeling of being unsafe. - Costly, ineffective and unsatisfactory.	- Age barrier between the assistance and the senior, causing poor interaction. - Costly, ineffective and unsatisfactory. - Fear of seniors being abused without supervision.

Note. Elaborated by the author based on previous studies and interviews conducted during the course of this research.

Proposition 2, (A) Housing and Location (B) Sociopsychological (C) Services & Amenities of the new facility are considered to be important pull motivational factors for senior individuals as well as family members while considering relocation to an assisted living facility in Portugal, was also supported between both seniors and family members, however, the introduction of another theme, i.e., (D) Price to Quality and Price to Location was also identified under the umbrella of pull motivational factors (Table 3).

The proposal that housing options and location of the facility is a pull motivational factor for seniors to relocate to an assisted living facility in Portugal was also supported with respect to earlier literature. This result was consistent with (Croucher et al., 2003; Johnson & Bibbo, 2014; Pinquart & SÖrensen, 2002; Bekhet et al., 2009; Erickson et al., 2006; Walker & McNamara, 2013; Chaulagain et al., 2021). As previously discussed, while relocating to an assisted living facility, seniors still look at this move as a transition to the next phase in life without letting go of their previous life. Hence, they would be at ease and more comfortable moving to a facility that lets them continue their previous life by having their articles at their new place of residence, i.e., furniture and crockery. This also follows having their own space where they can have privacy and choose when to interact with other residents. Regarding location, staying close to family and continuing to share a bond with their family is of the highest priority to them when choosing a location. On the contrary, it can be argued that no amount of technological advancement can replace the need for physical proximity to one's family (Krout et al.,

2002). The same applies to being close to supermarkets, hospitals, and other places, allowing them to move around and be in public.

The proposal that services and amenities of the place act as pull motivational factors is also supported. Based on prior literature (Erickson et al., 2006; Groger & Kinney, 2007; Bekhet et al., 2009; Krout et al., 2002; Chaulagain et al., 2021), having essential emergency services, security and safety of the residents, housekeeping, etc. are boosters while someone considers relocating to an assisted living facility. While the above is consistent with some of the prior research, previous studies concerning staff and resident relations are inconsistent. It was identified that senior individuals emphasize how they want to be treated and looked after. The same applies to family members' emphasis on healthy aging activities and having trustworthy and reliable staff.

Sociopsychological factors as the theme are supported as well. According to prior research, seniors at a facility have much more chances to socialize with like-minded people with similar backgrounds (Croucher et al., 2003; Smetcoren et al., 2017; Chaulagain et al., 2021). Along with socialization, people opting for assisted living consider the feeling of being autonomous and independent with some assistance as something that was also identified as a strong reason (Silverstone & Horowitz, 1992; Harnett, 2010). The importance of intergeneration relationships at such facilities was specially mentioned by family members as well.

While the cost of relocating to these facilities can be a barrier considering people not deeming these facilities to be a wise investment (Lee et al., 2002; Gould et al., 2015), there is very little attention given to how price to quality and price to location can be a pull motivational factor as well. This finding confirms the same. It came to light during the interviews that, though the price can be a barrier, people seek the quality and location of the facility as an essential comparison while helping them decide. The study reveals that in addition to the cost that people incur while relocating to an assisted living facility, they try to understand how the location or quality of the services of the assisted living facility can justify the price. People may prefer convenience, considering that the cost can justify the convenience they receive. Alternatively, in the case of services, people may prefer opting for basic but essential services while still having the autonomy of AL facilities. However, this pull factor mainly applies to family members in the decision-making process, in scenarios where they provide financial support.

Table 3*Revised Pull Motivational Factors*

Pull Factors	Literature Review	Post Interviews	
		Senior Individuals	Family Members
Services and Amenities	<ul style="list-style-type: none"> - Transportation, on site-medical assistance, in-care amenities. - Housekeeping, laundry, meals, and entertainment activities, etc. - Assistance with daily activities. (Staff availability for scheduled and unscheduled needs) - Different rooms to choose from with own kitchnette. (Erickson et al., 2006; Krout et al., 2002; Groger & Kinney, 2007) 	<ul style="list-style-type: none"> - Friendly and helpful staff and being treated with respect and affection. (strong emphasis on staff-client relationship). - Daily basic services (meals, laundry, housekeeping, security). - Emergency and medical assistance (ambulances, physiotherapy, etc). 	<ul style="list-style-type: none"> - Healthy-ageing activities. - Medical emergency. - Trustworthy and reliable staff. - Help with carrying about certain errands (shopping, paying bills). - Daily basic services (meals, laundry, housekeeping, security).
Housing and Location	<ul style="list-style-type: none"> - Rent or own a place, get your own tangible goods, choosing the location they want to be around. (Croucher et al., 2003; Johnson & Bibbo, 2014) - More control of their environment. (Pinquart & SÖrensen, 2002) - Location of a place, close to family members, hospitals, supermarkets and public transportation, etc. (Bekhet et al., 2009; Croucher et al., 2003; Erickson et al., 2006; Walker & McNamara, 2013; Santana, 2000). 	<ul style="list-style-type: none"> - Location close to family members, and their previous place of residence. - Proximity to hospitals, supermarkets and public transportation, etc. - Own private room, allowed to get own tangible goods (furniture, cutlery, etc.). Have a small kitchenette. - Age friendly structure. 	<ul style="list-style-type: none"> - Location of facility in close proximity to family members. - Age friendly structure and aesthetically pleasing environment. - Own private room, allowed to get own tangible goods (furniture, cutlery, etc.). Have a small kitchenette. - Common areas (garden, living rooms, etc).
Sociopsychologi	<ul style="list-style-type: none"> - Security of oneself against 	<ul style="list-style-type: none"> - Activities to socialize 	<ul style="list-style-type: none"> - Activities to socialize

Pull Factors	Literature Review	Post Interviews	
		Senior Individuals	Family Members
cal	<p>crime and medical assistance. (Bäumker et al., 2012; Bernard et al., 2007)</p> <p>- Opportunities to socialize, activities for socialization. (Croucher et al., 2003; Smetcoren et al., 2017).</p> <p>- Feeling of being autonomous and independent. (Silverstone & Horowitz, 1992; Harnett, 2010).</p>	<p>(hiking, participate in games, movie nights, etc).</p> <p>- Feeling of being autonomous and independent (shopping, looking after the room, going around to perform errands with assistance).</p> <p>- Ease of visits by family members and leaving the facility as they please. - Making a move before it gets too late to do so.</p>	<p>(hiking, participate in games, movie nights, etc).</p> <p>- Feeling of community.</p> <p>- Activities that promote intergeneration integration.</p> <p>- Ease of visits, convenient process to take home senior individuals for few days.</p>
Price to Quality and Price to Location			<p>- Comparison with what has to be offered and the cost of the offering.</p> <p>- Economically sustainable/affordability.</p>

Note. Elaborated by the author based on previous studies and interviews conducted during the course of this research.

Proposition 3 states (A) Family (B) Economic (C) Sociocultural & Psychological (D) Facilities are considered to be significant barriers for senior individuals as well as family members while considering relocation to an assisted living facility in Portugal.

The results from the following research seem to correspond to many of the themes mentioned above. However, there were primary themes that were identified which were directly related to assisted living facilities (economic, facility, and family) and sociocultural and psychological, which were based on experiences from senior homes (LARs) in general (Table 4).

Economic barriers to relocation to an assisted living facility were strongly supported. The finding suggests that joining one of these facilities is challenging owing to the pricing model owing to what assisted living facilities offer, mainly in the private sector

(Lee et al., 2002; Gould et al., 2015; Chaulagain et al., 2021). In addition, owing to the pricing model of assisted living facilities in Portugal, some people consider this a bad investment as most would have to give up their homes or burn their life savings to fund their stay at the facility. This finding confirms that with prior literature (Koss & Ekerdt, 2016), which explains how some seniors view this investment as a waste. In addition to prior findings, some seniors suggested that they prefer leaving these resources to their families rather than giving them to institutes (Chaulagain et al., 2021). Family members share the same opinion as well. Family members also agreed that, in scenarios of multiple people pooling resources together to fund such a move, the decision to relocate gets complicated and can slow the process.

Family-related barriers were also supported under the possible barriers while relocating to an assisted living facility. This finding suggests that the fear of not being able to share family bonds as before can also lead to someone avoiding the move (Gould et al., 2015). However, this research could not confirm that partner disability, i.e., leading someone to stay back and not relocate (Longino et al., 2002; Chaulagain et al., 2021) or being care takers for grandkids or being responsible towards the family (Gould et al., 2015; Koss & Ekerdt, 2016) could be possible factors that account for family barriers. In fact, per prior literature, some family members and seniors feel disagreements that arise during the relocation process (Koenig et al., 2013), especially when some seniors feel the need to go to a facility and their family members do not feel the same and vice versa.

The facility-related barrier was also supported, including the structure itself and knowledge and information about the facility. The study shows that as assisted living is taking shape in Portugal and as more and more facilities come into existence, prior knowledge of available senior homes is something that people use as reference points while comparing both models. Prior studies have acknowledged a lack of information regarding senior living options (Gould et al., 2015; Reisenwitz, 2017; Chaulagain et al., 2021). As compared to the density of the aging population, having very few vacancies is another factor that backs the facility-related barrier. In addition, some family members also believe that irrespective of the facility, whether private or nonprofit, there is always a staff shortage at such facilities, which affects the quality of these facilities.

Sociocultural and psychological barriers with respect to the senior's decision to relocate to an assisted living facility in Portugal were supported. As previously mentioned in the literature review, relocation trauma, fear of losing independence,

negative reputation, and attachment to one's place were identified as barriers under sociopsychological barriers (Walker & McNamara, 2013; Jungers, 2010; Gould et al., 2015; Harnett, 2010; DiGennaro Reed et al., 2014; Chaulagain et al., 2021). However, these barriers were mainly stated by having senior homes in Portugal and not an assisted living facility. Another reason for the same could be the undesirable perception of senior homes among the seniors without being able to distinguish between AL and senior homes. Seniors, look at this new way of living with rules and regulations that pry upon the privacy and individuality of seniors. On the contrary, family members did not have any specific contribution to this particular theme.

Table 4

Revised Barriers

Barriers	Literature Review	Post Interviews	
		Senior Individuals	Family Members
Economic (Primary)	<ul style="list-style-type: none"> - Expensive for them to move into a facility. (Lee et al., 2002; Gould et al., 2015) - Consider not to be a wise investment. (Koss & Ekerdt, 2016) 	<ul style="list-style-type: none"> - Expensive for them to move into a facility. - Consider not to be a wise investment. (Find it better to save money for family members) - Makes them dependent on family to help them. - Delays the move due to options being expensive. 	<ul style="list-style-type: none"> - Find it expensive to help support the move. - Seems like high-end model as a real estate investment. - Multiple family members pool in resources to support the senior individual (can lead to disagreements).
Structural (Primary)	<ul style="list-style-type: none"> - Lack of knowledge and information about AL. - Lack of reputation and credibility owing to it being relatively new. - Lack of Vacancy. (Gould et al., 2015; Reisenwitz, 2017; Bekhet et al., 2009) 	<ul style="list-style-type: none"> - Lack of Vacancy. - Lack of knowledge and information about AL (unable to distinguish between AL and other senior homes). 	<ul style="list-style-type: none"> - Lack of staff and mismanagement. - Lack of knowledge and information about AL (unable to distinguish between AL and other senior homes).
Family (Primary)	<ul style="list-style-type: none"> - Partner disability and dependency can lead to a 	<ul style="list-style-type: none"> - Family disagreement with the move. 	<ul style="list-style-type: none"> - Some family members believe they have the

Barriers	Literature Review	Post Interviews	
		Senior Individuals	Family Members
	<p>barrier for the other partner to move.</p> <ul style="list-style-type: none"> - Responsible for looking after grandkids - Not being able to share family bondings as done before (hosting families over)/ Reasons for family bonds to break. <p>(Longino et al., 2002; Gould et al., 2015)</p>	<p>-Family members control the move and the timing of the move. (Especially, family members who contribute to the fees).</p>	<p>right resources to keep senior individuals at home and only support the move when it is not possible to assist.</p> <ul style="list-style-type: none"> - Unwillingness of seniors to move into a facility (owing to lack of independency, uprooting from one's house).
Sociocultural and Psychological	<ul style="list-style-type: none"> - Adjusting to new environment (relocation trauma, stress, depression and loneliness). (Walker & McNamara, 2013; Jungers, 2010) - Interactions with people may negatively affect people. (Gould et al., 2015; Lee et al., 2002) - Fear of losing independency and autonomy. (Lee et al., 2002; Harnett, 2010) - Attachment to one's place over time and fear of losing the same. (DiGennaro Reed et al., 2014). - Differences in way of life (Sharing resources as compared to not). - Reputation in the society (Family/One-self). - Fear of losing social contact and community belongingness. (Lee et al., 2002; Jungers, 2010) 	<ul style="list-style-type: none"> - Fear of losing independency and autonomy (rules and regulations). - Nonfavorable environment. - Bad Reputation of senior homes (staff ill-treatment). - Adjusting to new environment (relocation trauma, stress, depression, negative interaction with fellow residents, loneliness, isolation). - Looked down by society. 	<ul style="list-style-type: none"> - Past negative experience of senior homes (structure, hygiene, etc).

Note. Elaborated by the author based on previous studies and interviews conducted during the course of this research.

6. CONCLUSION

6.1 Contribution to Theory

As assisted living facilities are now emerging in Portugal, limited research is available. Earlier, studies were conducted mainly concerning senior homes in Portugal (LARs) and with participants already at the facility. In addition, these studies viewed relocation based on a two-sided perspective, i.e., why a senior relocate to a senior home and the various options they have (Pinto, 2014).

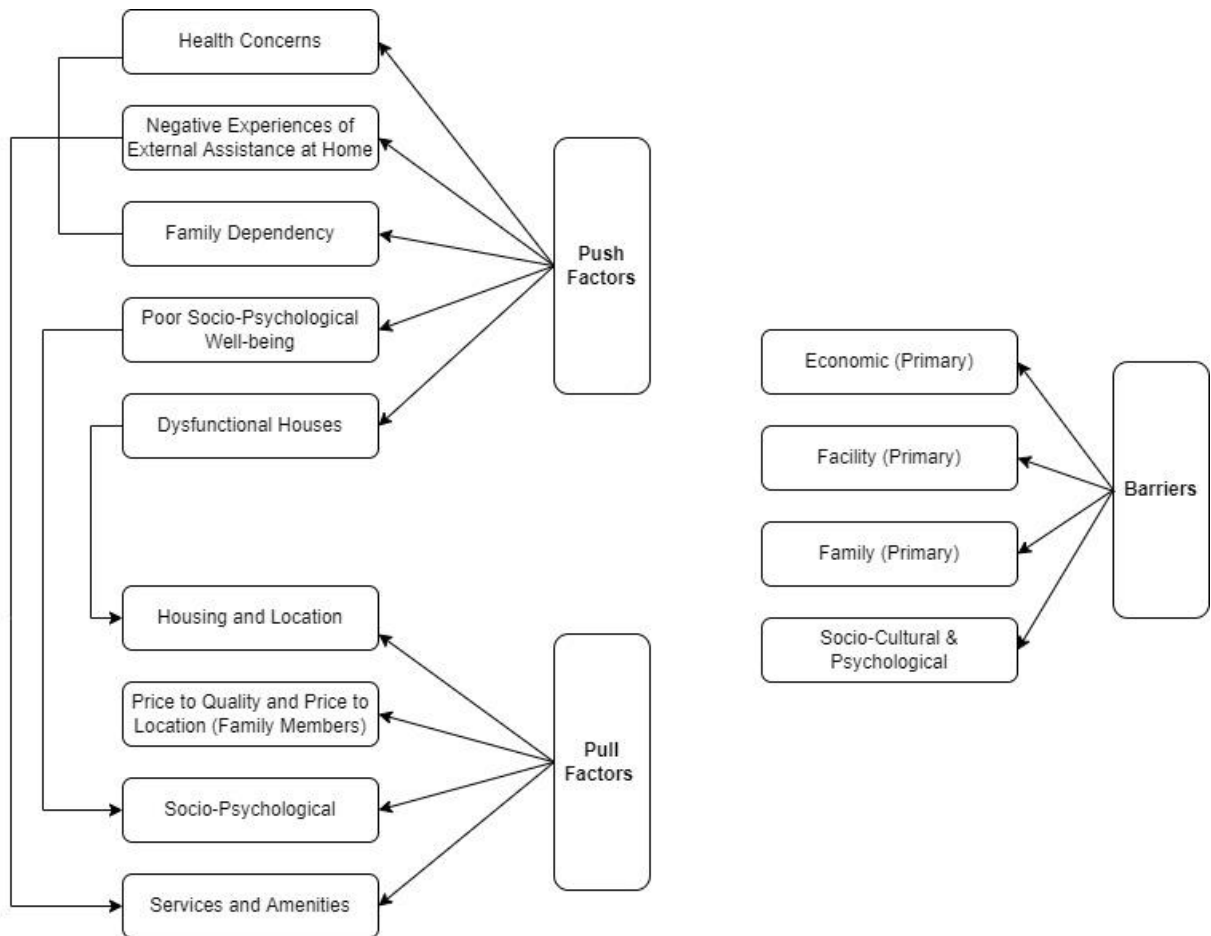
As mentioned above, the US study has also identified why seniors relocate to an SLC, primarily using the principle model of push and pull motivational factors along with barriers (Chaulagain et al., 2021). However, the same examines relocation from the senior's perspective without considering their family members involved in the process and is limited to US demographics. Some researchers have also identified why seniors relocate to assisted living facilities and have portrayed how the class of a family is an essential factor in the decision-making process over race (Ball et al., 2009). Another research explains how decision-making in an assisted living facility works with the process of what a person gains and losses with relocation (Chen et al., 2008).

As the above study does help with some ground knowledge of the same, it is essential to have a more comprehensive and categorized understanding of the possible motivations and barriers that seniors and their family members think about while considering relocating to the assisted living facility. The essential factors they consider while selecting a facility are from a physical point of view and a psychological point of view. This study helps fill the gap in the literature by delivering a thematic explanation of the same and the various factors considered in the decision-making process (Figure 5). This study also examines the above explanation from a Portuguese population's perspective.

While there have been studies in the past concerning senior homes and identifying the reasons for relocations with qualitative and quantitative methods, best known to the author, this is one of the first qualitative studies conducted with respect to assisted living in Portugal by considering three different audiences.

Figure 5

Revised Themes under Push and Pull Motivational Factors and Barriers



6.2 Implication of Practice

Considering that there are not many assisted living facilities in Portugal today, apart from providing theoretical implications, this study can also contribute towards providing some insights for future markets of assisted living facilities.

Today, the residential sector for senior individuals in Portugal is divided into two sectors, i.e., residential structures (senior homes, assisted residences, and senior condominiums in the private sector) and continuous care. In Portugal, the various themes generated under reasons to relocate to an assisted living facility, as seen above, can be either due to health status, family dependency, sociopsychological reasons, dysfunctional houses, or negative experiences of external assistance at home. All of these factors are interlinked. A decline in health status is a primary reason to relocate among

both seniors and family members. Assisted living facilities should focus their communication on showing how facilities help the seniors with the same—promoting the services and amenities they have in place and how aging with assistance is one of the best forms of aging compared to being entirely dependent.

As most adults feel that being dependent on their family can also give them a sense of being a burden to them and may at times create hindrances between relations, assisted living facilities can also promote their services to show how they can help bridge this gap and how it can benefit both family members as well as seniors. Facilities can target seniors to show how subscribing to this aging model can prevent them from being dependent on their families. At the same time, communication with family members can focus on showing how assisted living facilities are not the last resort. People should also consider its benefits and how these facilities can compensate for the shortcomings in assistance family members can provide. In addition, another push factor identified was the negative experiences of external assistance at home. The same can be addressed by showing the benefits of monitored and institutionalized assistance.

Studies further indicate that dysfunctional houses, i.e., not being able to move around houses owing to the staircase and not age-friendly architecture, as well as not having a safe and social environment, can also be a reason to relocate to an assisted living facility. Communication can also be structured to show the facility's age-friendly structure and options of housekeeping to maintain the facility. Open days or free visits can also be performed to boost the same. In addition, depending on the feasibility, facilities can integrate online services, which can constantly keep family members and seniors in the loop about various activities and schedules that are structured for the seniors, with an update about their health and medication (health repository) in case of emergency and various activities that take place in such facilities.

Among the pull factors, apart from the emphasis on services and amenities, interviewees also focused on staff and resident relations, being in close proximity with family members, able to continue their life as usual and having their privacy and being autonomous and feeling independent (living as if they are at their homes) options to get your room and tangible items, continue going in public spaces, do shopping or travel around. Various examples can address the above, but most importantly, facilities can focus on selecting employees and providing them with the proper training. Seniors see this as a significant psychological barrier, and it is something that can help build their trust. Facilities should provide complete transparency between family members, seniors,

and their interactions with staff. Timely evaluation and feedback of staff would also help improve service quality, which can help build credibility about assisted living facilities.

Concerning portraying privacy and promoting the autonomy of seniors, facilities can design services on a case-by-case basis depending on the level of assistance required by individuals, thus also giving seniors options between choices of services they can opt for and the level of privacy and autonomy that they can choose to have as not all seniors come to these institutes due to loss of autonomy. Options to have private rooms with a small kitchenette can help promote the same. Various housing models can be tested based on a balance of cost to benefits. While some rooms can be in-suite, others can have private rooms with shared spaces like a common washroom or kitchenette to still prepare the meals seniors to feel like having. This will also help loosen the rules and regulations, considering it a barrier. As well as creating a safe environment while also giving privacy to the seniors.

The economic barrier was one of the most identified barriers for the assisted living facility. Various pricing models can address the same. As discussed earlier, one of which was the choice of the structure followed by having an introductory price for utilities and emergency or essential assistance and paying extra for additional services. Another model that can be explored in case a physical structure has been purchased would be that of buyback or the ability to sell the property concerning the current market value and only pay an amount for the time the facility was used.

Regarding knowledge and information, more and more people should be made aware of the benefits of healthy aging and the move to assisted living facility not as something you choose as a "no option" move but something that every senior would love to embrace given they have sufficient resources. In case down the line in the future, seniors would need to relocate to a nursing home or other senior homes for complete assistance for disabled individuals, relocation trauma would be minimized considering this prerequisite move which has already been made. Hence, more seniors and families need to have more knowledge and information regarding the same and the merits of choosing to age in an assisted living facility.

In Portugal, currently, in the public sector, there is just one active assisted residence that was started in the year 2018, with two other such facilities that are working in progress. From the preliminary round of studies, it can be understood that a fair amount of seniors in the senior homes (LARs), based on their profile and the requirements of the space, do not qualify for a senior home while they actually should be availing an assisted

residence facility based on the guidelines (Assisted Residency, 2019). People opt for senior homes due to a shortage of such facilities offered by the public sector. On the other hand, due to the luxurious offerings by the private sector, the prices are too costly for most seniors in Portugal.

Moreover, as stated earlier, efforts are being made by the public system to delay seniors from moving into a senior home by offering alternate options such as night centers, home support services, family care for adults with disabilities, and continuous care facilities. While these act as an alternate option to prolong admissions to a senior home, they are not a suitable alternative considering their limitations. The assisted residence will help diversify these options. By further exploring various options (i.e., programs with a joint venture between the state and private firms) concerning the economic feasibility of the people (i.e., being one of the most significant barriers for an individual to consider relocation to an assisted living facility), the state can concentrate investments in such facilities which act as an intermediate step, i.e., seniors moving from their place of residence directly into a senior home. Municipal corporations of various cities can identify spaces in social neighborhoods and plan for similar assisted residence structures as the one at which interviews were conducted, providing essential quality of life and security for senior individuals at affordable prices.

Based on the work of social intervention (Elvas, 2019), it was identified that the majority of seniors people looking for an assisted response want to break isolation, loneliness, insecurity, poor housing conditions, and social precariousness. They seek better living conditions without giving up their freedom, autonomy, and integration into the community (i.e., psychological barriers). The same factors were confirmed in the findings of this research. This clearly shows that more options of assisted living facilities in the public sector will help diversify the aging population into institutes that suit their needs and not limit them with just one option to rest upon today, thus avoiding sole dependency on senior homes.

Assisted living should be looked at as the perfect answer to a general question of recent times, i.e., for seniors, "I am growing old, how will I manage my future" and for family members, "how can I move around for better opportunities while my parents are growing old without anyone to be around them."

6.3 Limitations

The study involves certain limitations that could be considered while interpreting the results. The first one is interviewing senior individuals at home. During the interview, the author and interviewer sensed a limitation concerning contributions from seniors aging at home. The same could be attributed to the fact that most of the individuals had not given this topic a thought or were hesitant to be explicit with what they felt and were caught by surprise while asked to think about the following topic, especially because they were mainly aware of just senior homes in Portugal which has a negative reputation. (i.e., abandonment, ill-treatment, etc.).

Due to the scope of the research, target audience, and the language barrier. The process of interacting and conducting semistructured interviews with the aging Portuguese population was more complex than anticipated. The in-person interviews with senior individuals were conducted in Portuguese with the help of external assistance, and the opportunity for the author to make the following questions were limited. This was worked upon by constant feedback to the interviewers by the author post every interview.

Owing to the sensitivity of the pandemic and restrictions at senior facilities. The opportunity to choose between facilities to conduct the interviews was limited and had to be done within a stipulated time.

6.4 Future Research

This research explored various themes under push and pull motivational factors and barriers in Portugal. Interpretation of this data is limited to qualitative analysis and exploratory in nature. Further quantitative research can be conducted to verify these themes across a sample population. In addition, quantitative research can be conducted to identify which specific themes in the above-mentioned push and pull motivational factors help overcome the economic barrier (one of the most critical barriers) and the scope of growth for such a model of senior living in Portugal. While performing further quantitative research, one needs to bear in mind the unavailability of the target audience on online platforms and its limitations.

Research can be conducted to understand the details of senior individuals' essential services and amenities. Currently, private organizations are mainly offering such

services with an element of luxury. This will help government and nonprofit organizations figure out the necessary resources required to create such facilities, which will be much more affordable and available to most senior individuals in Portugal.

7. REFERENCES

Acao social populacao 65 assisted residency - scml.pt (2019). Santa Casa Da Misericórdia de Lisboa Retrieved from <https://scml.pt/acao-social/populacao-65/>

Albert, I. (2021). Perceived loneliness and the role of cultural and intergenerational belonging: the case of Portuguese first-generation immigrants in Luxembourg. *European Journal of Ageing*, 18(3), 299-310. <https://doi.org/10.1007/s10433-021-00617-7>

Azungah, T. (2018). Qualitative research: deductive and inductive approaches to data analysis. *Qualitative research journal*, 18(4), 383–400. <https://doi.org/10.1108/qrj-d-18-00035>

Ball, M. M., Perkins, M. M., Hollingsworth, C., Whittington, F. J., & King, S. V. (2009). Pathways to assisted living: The influence of race and class. *Journal of Applied Gerontology*, 28(1), 81-108. <https://doi.org/10.1177/0733464808323451>

Bäumker, T., Callaghan, L., Darton, R., Holder, J., Netten, A. N. N., & Towers, A. M. (2012). Deciding to move into extra care housing: residents' views. *Ageing & Society*, 32(7), 1215-1245. <https://doi.org/10.1017/S0144686X11000869>

Bekhet, A. K., Zauszniewski, J. A., & Nakhla, W. E. (2009). Reasons for relocation to retirement communities: A qualitative study. *Western journal of nursing research*, 31(4), 462-479. <https://doi.org/10.1177/0193945909332009>

Bernard, M., Bartlam, B., Sim, J., & Biggs, S. (2007). Housing and care for older people: Life in an English purpose-built retirement village. *Ageing and Society*, 27(4), 555–578. <https://doi.org/10.1017/S0144686X07005983>

Bloem, B., Van Tilburg, T., & Thomése, F. (2008). Residential mobility in older Dutch adults: Influence of later life events. *International Journal of Ageing and Later Life*, 3(1), 21-44. <https://doi.org/10.3384/ijal.1652-8670.083121>

Brown Wilson, K. (2007). Historical evolution of assisted living in the United States,

1979 to the present. *The Gerontologist*, 47(suppl_1), 8-22. https://doi.org/10.1093/geront/47.supplement_1.8

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, 25(8), 652-661. <https://doi.org/10.1177/1744987120927206>

Caro, F. G., Yee, C., Levien, S., Gottlieb, A. S., Winter, J., McFadden, D. L., & Ho, T. H. (2012). Choosing among residential options: Results of a vignette experiment. *Research on Aging*, 34(1), 3-33. <https://doi.org/10.1177/0164027511404032>

Chenitz, W. C. (1983). Entry into a nursing home as status passage: a theory to guide nursing practice. *Geriatric Nursing*, 4(2), 92-97. [https://doi.org/10.1016/s0197-4572\(83\)80057-3](https://doi.org/10.1016/s0197-4572(83)80057-3)

Chaulagain, S., Pizam, A., Wang, Y., Severt, D., & Oetjen, R. (2021). Factors affecting seniors' decision to relocate to senior living communities. *International Journal of Hospitality Management*, 95, 102920. <https://doi.org/10.1016/j.ijhm.2021.102920>

Chen, S. L., Brown, J. W., Mefford, L. C., de La Roche, A., McLain, A. M., Haun, M. W., & Persell, D. J. (2008). Elders' decisions to enter assisted living facilities: a grounded theory study. *Journal of Housing for the Seniors*, 22(1-2), 86-103. <https://doi.org/10.1080/02763890802097094>

Coalition, A. L. Q. (1998). *Assisted living quality initiative: Building a structure that promotes quality*. Washington, DC: Author.

Croucher, K., Pleace, N., & Bevan, M. (2003). *Living at Hartrigg Oaks: Resident's views on the UK's first continuing care retirement community*. Joseph Rowntree Foundation.

Dearnley, C. (2005). A reflection on the use of semi-structured interviews. *Nurse researcher*, 13(1), 19-28. <https://doi.org/10.7748/nr2005.07.13.1.19.c5997>

Denzin, N. K. (2009). *The research act: A theoretical introduction to sociological*

methods (1st edition). Routledge.

de Matos, F. L. (2011). Ageing and quality of life - new responses from the real estate sector in Portugal. *Bulletin of Geography*, 15, 57–69. <https://doi.org/10.2478/v10089-011-0004-y>

DiGennaro Reed, F. D., Strouse, M. C., Jenkins, S. R., Price, J., Henley, A. J., & Hirst, J. M. (2014). Barriers to independent living for individuals with disabilities and seniors. *Behavior Analysis in Practice*, 7(2), 70-77. <https://doi.org/10.1007/s40617-014-0011-6>

Elvas, S. P. C. B. (2019). O desafio do empowerment com utentes de residências assistidas para pessoas idosas: o caso da residência assistida do Bairro Padre Cruz. *Intervenção Social*, 53–54. <https://doi.org/10.34628/naqx-bx04>

Engdahl, S. (2021). Attraction and Retention Reasons for International Retirement Migration: The Case of Swedish Citizens in Portugal and in Spain (Doctoral dissertation, Universidade de Lisboa (Portugal)).

Erickson, M. A., Krout, J., Ewen, H., & Robison, J. (2006). Should I stay or should I go? Moving plans of older adults. *Journal of Housing for the Seniors*, 20(3), 5-22. https://doi.org/10.1300/j081v20n03_02

Fields, N. L., Koenig, T., & Dabelko-Schoeny, H. (2012). Resident transitions to assisted living: A role for social workers. *Health & social work*, 37(3), 147-154. <https://doi.org/10.1093/hsw/hls020>

Gaugler, J. E., & Kane, R. L. (2007). Families and assisted living. *The Gerontologist*, 47(suppl_1), 83-99. https://doi.org/10.1093/geront/47.supplement_1.83

Gober, P., & Zonn, L. E. (1983). Kin and seniors amenity migration. *The Gerontologist*, 23(3), 288-294. <https://doi.org/10.1093/geront/23.3.288>

Gould, O. N., Dupuis-Blanchard, S., Villalon, L., Simard, M., & Ethier, S. (2015). Hoping for the best or planning for the future: Decision making and future care needs.

Journal of Applied Gerontology, 36(8), 953-970.
<https://doi.org/10.1177/0733464815591213>

Groger, L., & Kinney, J. (2007). CCRC here we come! Reasons for moving to a continuing care retirement community. *Journal of Housing for the Seniors*, 20(4), 79-101. https://doi.org/10.1300/j081v20n04_06

Harnett, T. (2010). Seeking exemptions from nursing home routines: Residents' everyday influence attempts and institutional order. *Journal of Aging Studies*, 24(4), 292-301. <https://doi.org/10.1046/j.1525-1446.2002.00209.x>

Hays, J. C. (2002). Living arrangements and health status in later life: A review of recent literature. *Public Health Nursing*, 19(2), 136-151. <https://doi.org/10.1046/j.1525-1446.2002.00209.x>

Hoffmann, E. A. (2007). Open-ended interviews, power, and emotional labor. *Journal of contemporary ethnography*, 36(3), 318-346. <https://doi.org/10.1177/0891241606293134>

Instituto da Segurança Social, I.P. (2017). Guia Prático – Apoios Sociais – Pessoas Idosas (V4.11 ed.). Departamento de Comunicação e Gestão do Cliente. https://www.seg-social.pt/documents/10152/33603/N35_apoios_sociais_idosos/638b6f1a-61f6-4302-bec3-5b28923276cb

Johnson, R. A., & Bibbo, J. (2014). Relocation decisions and constructing the meaning of home: A phenomenological study of the transition into a nursing home. *Journal of Aging Studies*, 30, 56-63. <https://doi.org/10.1016/j.jaging.2014.03.005>

Jungers, C. M. (2010). Leaving home: An examination of late-life relocation among older adults. *Journal of Counseling & Development*, 88(4), 416-423. <https://doi.org/10.1002/j.1556-6678.2010.tb00041>

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured

interview guide. *Journal of advanced nursing*, 72(12), 2954-2965.
<https://doi.org/10.1111/jan.13031>

Koenig, T. L. (2004). From the woman's viewpoint: Ethical dilemmas confronted by women as informal caregivers of frail elders. *The Journal of Contemporary Social Services*, 85(2), 236-242. <https://doi.org/10.1606/1044-3894.319>

Koenig, T. L., Lee, J. H., Macmillan, K. R., Fields, N. L., & Spano, R. (2013). Older adult and family member perspectives of the decision-making process involved in moving to assisted living. *Qualitative Social Work*, 13(3), 335-350. <https://doi.org/10.1177/1473325013475468>

Koss, C., & Ekerdt, D. J. (2016). Residential reasoning and the tug of the fourth age. *The Gerontologist*, 57(5), 921-929. <https://doi.org/10.1093/geront/gnw010>

Krout, J. A., Moen, P., Holmes, H. H., Oggins, J., & Bowen, N. (2002). Reasons for relocation to a continuing care retirement community. *Journal of Applied Gerontology*, 21(2), 236-256. <https://doi.org/10.1177/07364802021002007>

Lawton, M. P. (1982). Competence, environmental press, and the adaptation of older people (pp. 33-59). New York: Springer. *Aging and the environment: Vol. 7, Theoretical approaches* (1st edition, pp. 33-59). New York: Springer.

Lee, D. T.F., Woo, J., & Mackenzie, A. E. (2002). The cultural context of adjusting to nursing home life: Chinese elders' perspectives. *The Gerontologist*, 42(5), 667-675. <https://doi.org/10.1093/geront/42.5.667>

Lee, D. T., Woo, J., & Mackenzie, A. E. (2002). A review of older people's experiences with residential care placement. *Journal of advanced nursing*, 37(1), 19-27. <https://doi.org/10.1046/j.1365-2648.2002.02060.x>

Lee, E. S. (1966). A theory of migration. *Demography*, 3(1), 47-57. <https://doi.org/10.2307/2060063>.

Litwak, E., & Longino, C. F. (1987). Migration patterns among the seniors: A developmental perspective. *The gerontologist*, 27(3), 266-272. <https://doi.org/10.1093/geront/27.3.266>

Longino, C. F., Perzynski, A. T., & Stoller, E. P. (2002). Pandora's briefcase: Unpacking the retirement migration decision. *Research on Aging*, 24(1), 29-49. <https://doi.org/10.1177/0164027503024001003>

Oliver, D. G., Serovich, J. M., & Mason, T. L. (2005). Constraints and opportunities with interview transcription: Towards reflection in qualitative research. *Social forces*, 84(2), 1273-1289. <https://doi.org/10.1353/sof.2006.0023>

O'Neill, 2021, Portugal: Death Rate from 2009 to 2019, Retrieved from <https://www.statista.com/statistics/580900/death-rate-in-portugal/>

Oswald, F., & Rowles, G. D. (2017). Beyond the relocation trauma in old age: New trends in elders' residential decisions. In *New Dynamics in Old Age Individual, Environmental, and Societal Perspectives* (pp. 127-152). Routledge.

Pinquart, M., & Sörensen, S. (2002). Preparation for death and preparation for care in older community-dwelling adults. *OMEGA-Journal of Death and Dying*, 45(1), 69-88. <https://doi.org/10.2190/5k9j-c320-22lq-kph6>

Pinto, D. C. V. (2014). P Por que vão os idosos para lares? Determinantes no internamento de pessoas maiores de 65 anos em instituições de longa permanência. *Biscsp – Teses de Mestrado*, 87–107. <http://hdl.handle.net/10400.5/6622>

Ravenstein, E. G. (1889). The laws of migration. *Journal of the royal statistical society*, 52(2), 241-305. <https://doi.org/10.2307/2979333>.

Refining the push and pull framework: identifying inequalities in residential relocation among older adults. *Ageing Soc.* 37 (1), 90–112. doi: 10.1017/S0144686X15001026.

Reilly, W. J. (1931). *The law of retail gravitation*. WJ Reilly.

Reisenwitz, T. H. (2017). Exploring senior living alternatives to institutional care: differences between residents and non-residents. *Global Business Review*, 18(3_suppl), S95-S107. <https://doi.org/10.1177/0972150917693153>

Santana, P. (2000). Ageing in Portugal: regional inequities in health and health care. *Social Science & Medicine*, 50(7–8), 1025–1036. [https://doi.org/10.1016/s0277-9536\(99\)00352-4](https://doi.org/10.1016/s0277-9536(99)00352-4)

Sarstedt, M., & Mooi, E. (2019). *A concise guide to market research: The process, Data, and Methods Using IBM SPSS Statistics (Springer Texts in Business and Economics) (Softcover reprint of the original 3rd edition)*. Springer.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., ... & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>

Sergeant, J. F., & Ekerdt, D. J. (2008). Motives for residential mobility in later life: Post-move perspectives of elders and family members. *The International Journal of Aging and Human Development*, 66(2), 131-154. <https://doi.org/10.2190/AG.66.2>

Sherwood, C. C., Morris, S. A., Ruchlin, H. S., & Sherwood, C. C. (1997). *Continuing Care Retirement Communities*. Amsterdam University Press.

Silverstein, M., & Angelelli, J. J. (1998). Older parents' expectations of moving closer to their children. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 53(3), S153-S163. <https://doi.org/10.1093/geronb/53B.3.S153>

Silverstone, B. M., & Horowitz, A. (1992). Aging in place: The role of families. *Generations: Journal of the American Society on Aging*, 16(2), 27-30.

Smetcoren, A. S., De Donder, L., Dury, S., De Witte, N., Kardol, T., & Verte, D. (2017). Refining the push and pull framework: Identifying inequalities in residential relocation among older adults. *Ageing & Society*, 37(1), 90-112.

<https://doi.org/10.1017/S0144686X15001026>.

Stimson, R. J., & McCrea, R. (2004). A push–pull framework for modelling the relocation of retirees to a retirement village: The Australian experience. *Environment and Planning A: Economy and Space*, 36(8), 1451-1470. <https://doi.org/10.1068/a36206>

Stouffer, S. A. (1940). Intervening opportunities: a theory relating mobility and distance. *American sociological review*, 5(6), 845-867. <https://doi.org/10.2307/2084520>

Sullivan, D. A. (1985). The ties that bind: Differentials between seasonal and permanent migrants to retirement communities. *Research on Aging*, 7(2), 235-250. <https://doi.org/10.1177/0164027585007002005>

Vaughn, P., & Turner, C. (2015). Decoding via coding: Analyzing qualitative text data through thematic coding and survey methodologies. *Journal of Library Administration*, 56(1), 41-51. <https://doi.org/10.1080/01930826.2015.1105035>

Vladeck, B. C. (1980). *Unloving care: The nursing home tragedy*. Basic Books, New York.

Walker, E., & McNamara, B. (2013). Relocating to retirement living: An occupational perspective on successful transitions. *Australian Occupational Therapy Journal*, 60(6), 445-453. <https://doi.org/10.1111/1440-1630.12038>

Weeks, L. E., Keefe, J., & Macdonald, D. J. (2012). Factors predicting relocation among older adults. *Journal of Housing for the Seniors*, 26(4), 355-371. <https://doi.org/10.1080/02763893.2011.653099>

Wiseman, R. F. (1980). Why older people move: Theoretical issues. *Research on aging*, 2(2), 141-154. <https://doi.org/10.1177/016402758022003>.

Appendix A: Proposal Letter to Santa Casa Misericordia



Exm^{os} Senhores,

Esta proposta é feita para a realização de entrevistas numa das instalações da Santa Casa Misericórdia, como parte da minha tese de mestrado. Queira encontrar abaixo as informações necessárias:

1. Descrição do plano de investigação, da metodologia a adotar e dos resultados esperados;

- O objectivo desta investigação é de compreender os factores motivacionais e as barreiras que explicam o processo de tomada de decisão de ida dos indivíduos idosos a uma Residência de Assistência Vitalícia (Idosos com mais de 65 anos que necessitam de assistência em algumas das suas actividades diárias, com deficiência física e cognitiva não-extrema). A partir desta pesquisa, pretende-se lançar as bases para investigações mais aprofundadas no futuro.
- A metodologia a ser utilizada para conduzir esta investigação é de carácter exploratório e qualitativo. Este método será ainda conduzido com a ajuda de entrevistas semi-estruturadas, onde o entrevistador procurará obter informações mais específicas para apoiar o plano de investigação.

2. Identificação dos investigadores envolvidos no Projeto de Investigação (nomes, graus académicos) e contactos preferenciais para articulação com a UIS;

- Rohan Anthony Aguiar - MSc Marketing - rohan.aguiar@gmail.com
- Daniela Langaro (Orientadora) - PhD Marketing
- João Ramos - Tradutor

3. Identificação do estabelecimento de ensino superior/ centro de investigação;

- ISCTE - University Institute of Lisbon

4. Indicação de qual a área de intervenção da Ação Social da SCML onde se pretende realizar a investigação;

- Estrutura Residencial para Pessoas Idosas - (preferencialmente) *Residências Assistidas da Misericórdia de Lisboa.*
- Residência Assistida do Bairro Padre Cruz, localizada no Bairro Padre Cruz.

5. Apresentação do cronograma com as datas/ações propostas para a recolha da informação na SCML.

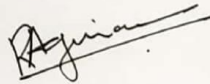
- Mês : Abril (18 -19/26-27)
- Duração de Cada Entrevista : 30-45mins
- Tipo de Entrevista : Entrevista Pessoal (Gravação para transcrição)
- Número de Pessoas : 7-10
- População alvo : Idosos com mais de 65 anos que necessitam de assistência em algumas das suas actividades diárias, com deficiência física e cognitiva não extrema.

6. Identificação das técnicas de recolha de informação (os instrumentos – questionários e/ou guião de entrevista);

Apresenta-se a seguir a lista de perguntas que serão feitas.

1. Idade
2. Ocupação Anterior
3. Estado Civil
4. Nível de Educação
5. Quando foi a primeira vez que você percebeu que era o momento de se mudar para cá?
Quais foram os motivos que te levaram a mudar?
6. Você considerou outras alternativas antes de se mudar?
7. Quando você decidiu se mudar, quais foram os seus planos? Quais foram os passos?
8. Quais foram os fatores que você considerou quando pesquisou uma residência?
9. Como você descobriu esta residência?
10. Quais foram os fatores que fizeram você escolher esta residência ao invés de outras residências?
11. Você se lembra de alguma dificuldade ou impecílio quando você decidiu se mudar? Como você superou essas dificuldades?

12. O que mudou na sua vida depois que você mudou para esta residência comparado com a sua casa anterior? Como você se sente a respeito disto?
13. Você tem alguma coisa a dizer sobre a sua residência? O que você gosta? O que você não gosta?
14. Comparando com o que você pensava antes, você acha que a sua opinião mudou depois de você se mudar para esta residência?



Rohan Anthony Aguiar



Daniela Langaro

Appendix B: Research Guide

The following questions can be used to guide semi-structured interviews conducted with seniors at a facility: Push

1. When was the first time that you realised it was time for you to move into a facility?
What were the reasons for your move?
2. Quando foi a primeira vez que você percebeu que era o momento de se mudar para cá?
Quais foram os motivos que te levaram a mudar?
3. Did you consider alternate options to avoid the move?
4. Você considerou outras alternativas antes de se mudar?

The following questions can be used to guide semi-structured interviews conducted with seniors at a facility: Pull

1. What were your plans after you understood that you had to relocate? – next steps
2. Quando você decidiu se mudar, quais foram os seus planos? Quais foram os passos?
3. What factors you thought of while starting your search?
4. Quais foram os fatores que você considerou quando pesquisou uma residência?
5. How did you get to know about this facility?
6. Como você descobriu esta residência?
7. What made you choose this specific facility over other facilities?
8. Quais foram os fatores que fizeram você escolher esta residência ao invés de outras residências?

The following questions can be used to guide semi-structured interviews conducted with seniors at a facility: Barriers

1. While you were deciding to relocate, do you remember the barriers/difficulties that you faced? How did you overcome it?
2. Você se lembra de alguma dificuldade ou impecílio quando você decidiu se mudar?
Como você superou essas dificuldades?

The following questions can be used to guide semi-structured interviews conducted with seniors at a facility: Feedback

1. What has changed for you when were you back home compared to your life now?
How do you feel about it?
2. O que mudou na sua vida depois que você mudou para esta residência comparado com a sua casa anterior? Como você se sente a respeito disto?
3. Would you recommend someone in your place to do the same?
4. Você recomendaria a algum conhecido que fizesse o mesmo?
5. Any feedback about the facility?
6. Você tem alguma coisa a dizer sobre a sua residência? O que você gosta? O que você não gosta?

7. Has your opinion changed after coming to this facility compared to the time you had one before coming here?
8. Comparando com o que você pensava antes, você acha que a sua opinião mudou depois de você se mudar para esta residência?
9. Do you feel a difference between this facility and a Lar?
10. Você sente diferença entre esta residencia e um Lar?
11. Do you feel that you have your independence as well as a social environment?
12. Você sente que tem sua independência e também um ambiente social?

The following questions can be used to guide semi-structured interviews conducted with seniors at home: Push

1. Are you aware of senior living facilities? Types?
2. Você conhece alguma residência para idosos? Quais?
3. What motivated your decision of ageing at home?
4. Por que você decidiu continuar a viver na sua casa?
5. When do you think that one should consider relocating to a facility? Factors?
6. Na sua opinião, quando você acha que uma pessoa deveria se mudar para uma casa de idosos? Quais são os motivos?

The following questions can be used to guide semi-structured interviews conducted with seniors at home: Pull

1. Have you heard about assisted living? (If not explain the model and a sample)
2. Você já ouviu falar sobre residência assistida?
3. Based on what you know, do you see a difference in facilities or services that assisted living has to offer compared to what you already know?
4. Baseado no que você sabe, você vê alguma diferença entre os serviços de uma residência assistida e outras residências que você conhece?
5. What according to you are the major attractions if you consider moving into a facility? Most Influential Factors?
6. Na sua opinião, qual é a maior vantagem de se mudar para uma residência para idosos? Quais são os fatores mais importante?

The following questions can be used to guide semi-structured interviews conducted with seniors at home: Barriers

1. What are the barriers stopping you or one from relocating to an assisted living facility?
2. Quais os motivos que te impedem de se mudar para uma residência assistida?
3. Do you think the process of relocation does involve the person itself or also their family? Do you know of any such examples?
4. Você acha que o processo de mudança para uma residência envolve apenas a pessoa ou a sua família também?

Questions for family members:

1. What is your opinion about senior living communities and assisted living facilities?

2. Qual a sua opinião sobre comunidades de residências para idosos e residência assistida?
3. How do you view relocation? In what possible scenarios you think it's necessary for one to go to such a facility?
4. Como você imagina que a mudança para uma residência de idosos acontece? Quais os cenários possíveis que você considera esta mudança necessária?
5. Would you be involved in helping your parent find one in case they need to go to one? In what way would you contribute to this involvement?
6. Você se envolveria para ajudar um parente a encontrar uma residência para idoso se ele precisasse de uma? Em que sentido você o ajudaria?
7. What are the important factors for you while looking for a facility for a family member?
8. Quais são os fatores que você consideraria ao procurar uma casa de idosos para um membro da sua família?
9. What can be the possible barriers in the decisions making process?
10. Quais poderiam ser as principais barreiras ou dificuldades ao fazer esta decisão?

Appendix C: Sample Interviews

(SAH 3)

1. Do you know any senior homes? Or have you ever visited an assisted living facility?

I've visited a senior home that had some assistance, but it didn't have 24-hour services, it had doctors and nurses but it didn't have permanent services.

2. Why did you decide to continue living in your house?

Thank God I still don't need assistance or permanent care, I still have the autonomy to do my things and I don't need to go to residence for now, only if I have a disease or something, other than that I do not think so.

3. In your opinion, when should a person move to a residence, and what are the main reasons?

When you do not have autonomy and need permanent assistance because there is more assistance in these kind of residences than at home, you can also have a nurse at home, but when there is no one to treat you, it is necessary to go to a senior home.

4. Have you heard about assisted living?

Yes, I know a lady that is in something like that, that has very good conditions but they started paying very early to go there, they sold their house and moved there because they have all the conditions, they still go out if they want to but it is expensive.

5. Do you think that there are many differences between the services that these residences offer in comparison to a senior home?

Yes, of course, it has nothing to do with that, normally in the residences they have more medical attention and nurses, they also have physiotherapy and I even know of one case where they have a library, they play cards, they have a choir.

6. What is the biggest advantage and the most important factors for moving to an assisted living facility?

I think it is good, it always depends on the residence, but I have the idea that you live more with other people, a person at home is alone and it is worse, they don't have great conditions and so in a residence that has activities they can live with other people.

7. What are the barriers that prevent you from moving to an assisted living facility?

Because I don't need to, at least for now.

8. Do you think that the process of moving into a residence should only involve the person or also the family?

The family is also involved and must be in agreement with them, especially when the family cannot provide assistance at home. I think for the pleasure of it no one wants to go to these places if they have a family that can provide necessary assistance.

9. Do you think health issues can cause someone to move an AL facility?

Yes, it is important because they have more assistance

10. Do you think family dependence can cause someone to move an AL facility?

Yes, it matters because the other person's spouse may no longer be able to help.

11. Do you think sociopsychological dependence can cause someone to move an AL facility?

Yes, it can lead someone to go to a residence, because if they don't have the well-being they need at home, they can find that well-being at these places.

12. Do you think dysfunctional housing can cause someone to move an AL facility?

It's important because if a house doesn't have heating conditions, if you have to go upstairs and down stairs, then it's better to change.

13. Do you think financial issues can cause someone to move an AL facility?

It is also important, there are very expensive homes and others that are cheaper, but I believe that at home it is cheaper, if you have someone to take care of the person. There is always the case of hiring someone to assist at home but it can be very expensive and in this case it is better to go to the residence.

14. Do you think location of residence can be an important factor while considering moving to an AL facility?

It is important because it is different if it is closer or further away from the family. If it's close, I can have visits from family now if it's far away they may no longer visit because it's not accessible.

15. Do you think sociopsychological reasons can be an important factor while considering moving to an AL facility?

A person feels more independent at home and I see from my poor sister, her daughter won't visit her or anyone else and she is even close to the family.

16. Do you think family can be a barrier while considering moving to an AL facility?

When someone's spouse is debilitated, I think they can both go and there are many people who do this so that one is not left alone at home. If the person is still autonomous the fact of taking care of the grandchildren or some relative can be a barrier to go to the residence or nursing home but now if there is no autonomy, I don't see it as a barrier.

17. Do you think finance can be a barrier while considering moving to an AL facility?

Yes, they are a barrier because if the residence is very expensive I can try to postpone going there as much as possible.

18. Do you think socio cultural differences can be a barrier while considering moving to an AL facility?

Can be a barrier because a person can lose contact with friends because they stop visiting the home. I also know of some people who are afraid to go to a facility because it is still frowned upon in society.

19. Do you think structural factors can be a barrier while considering moving to an AL facility?

I don't see the lack of information about a residence or a certain home as a barrier even because if the person knows where they are going they may lose the will to go.

(SAF 1)

1. What do you think is changed when you left your home and came here?

It changed everything for the better. The shouting at night is not like the rest, it was a first floor but a very low ground floor. I got frightened because they already realized that the one who lived alone and knocked one, two or three in the morning at the window. I felt very lonely. The house was very humid and when the residence opened here, I signed up because to have more security we have 24-hour security. We are here as a family we do some activities, although now because of the Covid everything stopped we went hiking together we had some activities. My house does not have conditions. Humidity, lack of conditions, and there was no security either. So the things that have changed, I have more security here, more quality of life, interaction with people who were all protected.

2. Would anyone recommend this structure?

Yes, I recommend it because it is very good. We are each one in the house but we also live together. We have helpers on the first floor in the cafeteria if we need anything. I had a hip operation on March 9th last year so in 2021. Then I came here, I came to the residence and I had the support of this employee who bathed me but it was for the recovery of the leg and they helped me in what I needed put the cream on the waist and I had the necessary support. I recovered, and now I take care of the house, I do everything. I go shopping, Make food, eat, and clean the house. Do everything.

3. What do you like best here and what do you like least?

I like everything here. I feel good I'm cozy and we are a family we all get along well there is nothing I think we are not doing which could improve.

4. Comparing this residence with a senior home what are the differences?

This is a residence. Although I know that if one day I need to go to a senior home, because we are autonomous here but it's different, so the home is completely dependent and while here I am completely autonomous, I get all the support here. If I need something, I ask one of the employees and they help me as much as possible.

5. How did you know to register here?

I already lived in the neighborhood. I knew it was convenient, because everyone knows it and I spoke with one with in charge who is the President of the residents' association here in the neighborhood and through her I came here.

- 6. When was the first moment you said so I have to get out of my house I have to change, when did you think it was the moment? there was something that said to you like this look now it can't be done anymore it has to change, when is it what motivated this one?**

I was already about 65 years old and as I knew that there were still vacancies, I had the opportunity, and I took advantage of it because for me I don't have words for me it. I am a person who believes in God and for me God helped me to have come here. it went well.

- 7. Did you consider other alternatives before moving? This is better or that side is better. Were there more options or was it just this one?**

No, it was just this one option.

- 8. In all this moving from your home to here did you have to bring your own things? Did you have difficulties in this process?**

I had help. I didn't have any difficulties or transport or anything. It was my friends helped me make the move to here. It was not necessary to ask for this van through the residents' association that I am a member of, but it was not necessary because my friends helped with the van. It was a very quick change.

- 9. Do you have a timetable to enter and exit?**

Yes, now we can enter until 11 o'clock at night and we can't make noise after 10 o'clock and so with the pandemic we didn't go out but we paid to eat because we couldn't even go out. When the pandemic started, nobody could go to the street because then the food was confessional and we paid for it, but now it's not like that anymore. Some people pay for this service and come here to bring the food yes, I don't. I make my own food.

(FM 1)

- 1. What is your opinion about senior living communities, and have you heard about assisted living?**

Yes, I have heard about assisted living and facilities, what I think is if you do not have a family that can be near to you I understand that if you do not have major life capabilities i.e., taking care of yourself in that case, you can use that facilities. They are good because you have people to take care of you and then you have other people with whom you can make relationships and not be isolated. Because usually when you lack capabilities, you tend to isolate yourself. Being a human being, a social animal, I think it is very important.

2. Do you see a difference between a senior home and an assisted living facility in Portugal?

Well, I would say yes. I think from what I understand in a senior home you share your room with others and everything. It is like a residence for students. Being that some activities that you are forced to do like a college. Where you must do somethings with others. You are forced to share your life, your moments even if you do not have affinity with them. In the other option you are a bit more autonomous, but you have the assistance you need. You can choose to be around whom you want to and you can manage more what you want to do with your life.

3. Do you know of any facilities like the one you just described in Portugal?

I have knowledge of them but I think they are very expensive. In Lisbon, I know. Even by the river somewhere near Alcantara or Santos, there are some facilities that work like that. But also I forgotten in the place but somewhere you have small houses or so, I have heard something like that. Usually, it is very expensive, or it involves an investment in real estate. Something more like purchasing a property or so. You have to pay a lot.

4. According to you, what is the major reasons in which one would go to these facilities apart from what was mentioned before?

In my mother's case I would say, she can't take care of herself, she can't cook, she can't do a lot of things. For example, in her case, I do not think my sister would be capable of doing these things. Because now my mother does the small auxiliary work (like shopping, going to the pharmacy), but if my sister had to do all of it, it would be too much for her. The other thing is if my she needs more permanent medical assistance, but that wouldn't be a senior home anymore. It would be something like a continuous care. In my mother's case, loneliness is being a big problem for her. With everything

that happens in the world, it makes her feel a bit negative so that just adds to the problem. She needs someone to be close with. Her being alone is always a worry for us because it affects her psychologically and we worry about how she will manage alone.

5. In case your mother needs a facility like this, would you be involved in the decision-making process? And what according to you would be the major factors to choose a facility?

Yes, I would like to be involved as much as I can. Obviously, the decision makers would be, me, my siblings and my mother. The 1st criteria would be affordability and mostly have the conditions for her. Because I know she likes to be by herself because I know she would prefer a place with a private room, that would be good. She gets tired. She likes to speak a lot but she also gets tired. It would depend on her conditions, physical and mental.

6. What according to you would be barriers you would face in this entire process while helping your mother?

I feel the price to quality ratio is a major problem. Usually, the places that you choose are expensive. Finding something that is financially sustainable is an important factor. Finding something with good conditions gets difficult. You either pay too much or you pay something less and be satisfied with what you get. It is a big issue. It gets difficult to find a fair price for a good service. From what I have heard, the places are inhuman like for someone. And availability of the place. My mother will avoid going to a place. Because of the constant confusion that she has between socializing and being by herself. Eventually she will also have the insecurity of not living in her house and not losing independency. It will only be minimized if she has no other way out and if her health gets bad.

7. Do you think reasons such a structure of the house is also a reason for someone to move to a facility?

My mother moved when my father was young, but when she moved this was taken into account. But, yes I think in Portugal it could be an issue in some cases. In many places, like house in small villages, the places where our parents lived and they are pretty old and will need maintenance. And the overall cost, will be much more than moving into a place. Also, usually in old houses you have several stairs between rooms and for very

old people that can be an issue.

8. Also, with respect to pull factors. Do you think that housing and location would matter while choosing a residence?

Well not that much. If it is very far from her house, that would be an issue. It would be an issue if it was very far away. I mean like 50kms away from Castelo Branco. Another city for example.

9. Do you think the social-psychological factor would be important while considering a facility and in what way?

Of course. It would be a factor. If you have a small park or a nice view. Being old, you do not have that much mobility. So, I feel it is important, psychologically that the environment around you where you can move. It is important that the place is nice. Not just rooms or living rooms. Inside the house and around the environment is nice and pleasant. It has places where they can be not just inside the room but also outside.

My mother does not feel like she is a burden. When we helped here, she feels blessed and loved. She sometimes understands that my sister is tired and she is not willing to ask her for more support. When the work was split between us she was better, but now it is only my sister.

Please refer [here](#) for access to all interviews.