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Social participation in older adults after relocation to long-term care institutions in China: A qualitative study

Abstract

This study used focus group interviews with older Chinese long-term care residents (N=40), to explore their perspectives and experiences of social participation in long-term care institutions. Based on Levasseur et al.'s (2010) taxonomy of different activity levels, we found that their social participation centered on level 3 (involvement with others), level 4 (task-oriented activities), and level 5 activities (helping others). Participants indicated that their social participation had changed after relocation. Thematic analysis revealed three main themes: increased spare time, increased presence of peers, and new participation opportunities with lost old hobbies. Focusing on the positive changes after relocation and promoting meaningful activities of different levels may benefit long-term care residents.

Introduction

China is an “aging giant,” inhabited by about one-fifth of the world’s total aging population (United Nations, Department of Economic and Social Affairs, Population Division, 2017). By the end of 2017, the number of older adults (aged 60 and over) had exceeded 240 million, accounting for 17.3% of the total Chinese population (Ministry of Civil Affairs of the People’s Republic of China, 2018). China is in great need of long-

term care (LTC) institutions to care for its older population due to two key demographic changes. First, since the late 1970s an alternative approach to family planning, known as the one-child policy (Flaherty et al., 2007), has resulted in fewer available resources for family care, which has been morally and legally the traditional foundation of caregiving for older people (Chu & Chi, 2008). Second, China's unprecedented urbanization has seen many young people from rural areas moving into cities, leaving their parents behind at home (Flaherty et al., 2007). Consequently, intergenerational ties have weakened and the shortage of family care-providers is increasing (Chu & Chi, 2008), leading to an aging population unable to rely solely on the traditional system of family care.

In response to this challenge, China has witnessed a significant increase in the number of LTC institutions (Shum, Lou, He, Chen, & Wang, 2015). The number of LTC institutions has increased rapidly, from 36,885 (containing in total over 2.8 million beds) in 2010 to 168,000 (containing in total over 7.5 million beds) by the end of 2018 (Ministry of Civil Affairs of the People's Republic of China, 2011, 2019), catalyzed by private sector initiatives and government policies (Feng et al., 2011). However, these LTC institutions still cannot meet the needs of China's aging population, especially in the central and western regions of the country (Du, 2015). Furthermore, China's LTC infrastructure is still in its infancy, unlike the relatively comprehensive LTC systems established in other Asian regions, such as Japan, Hong Kong, and Taiwan (Kuo, Lin, Lan, & Li, 2017).

To meet the challenges of aging well in later life, the World Health Organization (WHO) has proposed that social participation is an important pillar of "Active Ageing" (WHO, 2002) and an indispensable part of "Healthy Ageing" (WHO, 2015). The recognized benefits of social participation include the potential to improve community-dwelling older adults' mental and physical health (Bourassa, Memel, Woolverton, &

Sbarra, 2017), mortality rate (Minagawa & Saito, 2015), and reduce their feelings of daily insecurities (e.g., experience of older people feeling unsafe to be out in the street at night) (De Donder, De Witte, Buffel, Dury & Verté, 2012).

Despite the importance of social participation, there is no consensus on its definition in the existing literature. Some authors conceptualize it as being formal or informal participation (Pan et al., 2019), as reflecting community involvement versus individual relationships (Amagasa et al., 2017), or as formal participation and social activities (Buffel et al., 2014). In their review article, Levasseur and colleagues (2010) provide an inventory and content analysis of the definitions of social participation in older adults. Based on these results, they developed a taxonomy for social participation in older people consisting of six levels of activity. Level 1 involves doing an activity alone and level 2 involves doing activities with other people around, but neither is considered to reflect social participation. Level 3 involves social activities such as chatting with people, for example, while level 4 refers to task-oriented activities (e.g., recreational activities with friends). Level 5 focuses on “helping others” activities such as volunteering and level 6 reflects society and community-oriented activities (e.g., civic engagement in political or social organizations). According to Levasseur et al. (2010), only level 3, 4, 5 and 6 activities include interaction with others and, therefore, can be considered to be social participation. However, other authors do recognize level 1 and level 2 as forms of social participation. For example, “low-key participation” such as looking out of the window and seeing passers-by can also be an important dimension of participation for older frail people (Duppen et al., 2019a).

Current research on social participation has predominantly focused on healthy and community-dwelling adults while overlooking older institutionalized adults (Liang & Luo, 2012). A few observational studies concerning Western LTCs have described these

institutional settings as being heavily stigmatized places where residents exhibit low participation in physical activities (e.g., Egerton & Brauer, 2009; Benjamin, Edwards, Ploeg, & Legault, 2014). Some researchers have observed that most institutionalized residents with declining physical health engage primarily in passive activities such as sleeping or simply doing nothing at all (Ice, 2002).

The present study aimed to address three main gaps in the existing literature. First, studies on social participation in LTCs are often characterized by an underlying pessimism and may overlook residents' experiences of and potential for partaking in social activities that are meaningful to them following their relocation (Van Malderen, Mets, De Vriendt, & Gorus, 2013). Second, the taxonomy proposed by Levasseur has only been tested in Western community-dwelling older people (e.g., Duppen et al., 2019a). Third, very few studies, to our best knowledge, have been carried out among older Chinese LTC residents, who are influenced by a collectivist culture compared with their individualist Western counterparts (Bond, 2008, p. 227).

In order to address these gaps in the literature, we aimed to answer two research questions:

1. How do institutionalized older adults in China engage in social activities?
2. What are older adults' perceived changes regarding social participation after their relocation to LTC institution?

Methods

Design

The qualitative research method of focus group interviewing was adopted. The advantages of focus groups include, but are not limited to, the generation of a greater

understanding of the attitudes, behavior, opinions or perceptions on the research topic in the context of group interaction (Hennink, 2007, p. 6), giving a voice to research participants to define what is relevant and important (Liamputtong, 2011, p. 4), and the potential to reduce power differences between the researcher(s) and participants (Femdal & Solbjør, 2018).

Ethical Considerations

The study followed the Guidelines of the Human Sciences Ethical Committee of Vrije Universiteit Brussel (Vrije Universiteit Brussel, 2018) and respected the European Framework for Research Ethics (European Commission, 2013). Formal human participation approval was obtained and all participants provided signed informed consent having been notified of the aim, content, and duration of the research as well as their rights in relation to privacy, anonymity, and freedom to withdraw at any time if they felt uncomfortable with the questions posed by the researcher.

Sample

Invitation emails were sent to fifty LTCs in China using purposive sampling and two responded with an interest in participation. One was a public LTC that had been established for more than 100 years and located in Suzhou, an economically developed city in southern China. The other LTC was a private institution that in 2011, had more recently opened in Beijing, the capital of China. The rationale behind selecting one public and one private LTC was to increase the heterogeneity among research participants. Both LTCs offered similar activities (e.g., a singing group, handcraft workshop, and so on.)

with specialized staff devising and organizing the activities. The key differences between the two LTCs were their admission criteria and residents' length of stay. The Public LTC residents in Suzhou in this research met the so-called "Three No's" criteria (no family support, no ability to work, and no source of income). The admission criteria for the private LTC in Beijing were less strict and older adults with the economic means to pay the rent and services were welcome. Length of living differed greatly (see Table 1) because the private LTC had only recently been opened (in 2011) whereas the public LTC had been in operation much longer (dating back to 1701).

Potential participants were recruited on a voluntary basis without remuneration. The inclusion criteria were that residents were aged over 60 and could articulate themselves regardless of their physical or mental health. With the help of nurses, we excluded those who had lost language or communicational ability resulting from severe cognitive impairments (e.g., late-stage Alzheimer's disease). In total, eight focus groups (n = 4, Beijing; n = 4, Suzhou) were formed. Data were collected between May and June 2016.

As detailed in Table 1, 15 men and 25 women participated in the research. The group composition of being only women or only men was to achieve homogeneity within each specific focus group, the benefits of which included comfort for participants and increased group dynamics (Morgan, 1998, pp. 58–59). With 40 participants, we achieved data saturation (i.e., both code and meaning saturation) according to the requirements of qualitative research methodology (Ando, Cousins, & Young, 2014; Hennink, Kaiser, & Marconi, 2017). Code saturation meant that researchers have "heard it all" and meaning saturation is needed to "understand it all" (Hennink et al., 2017).

Procedure

Each focus group was interviewed by the first author whose mother tongue was Mandarin Chinese. The first author posed questions and made field notes. A registered nurse familiar with the focus group participants was present to help facilitate the focus group interview by being a translator when necessary. For instance, when the local dialect of Suzhou was mixed with Mandarin (the official language of Chinese in mainland China) by one resident, the registered nurse could help translate a few words in the Suzhou dialect into Mandarin Chinese. The researcher made notes of the on-spot translation and later compared the notes with the audio recordings to ensure the accuracy of the translation of the local dialect.

Open-ended questions were used to elicit residents' experiences about their social participation in LTCs and possible changes in their social participation after relocation. The questions asked in the focus groups can be found in full detail in Appendix I. The average duration of each focus group interview was about 1.5 h. The content of the focus group discussions was recorded and transcribed verbatim afterward by the first and fifth authors, whose mother language was Mandarin Chinese.

Data Analysis

All residents participated anonymously, and surnames were replaced in the analysis process. Transcribed data analysis was conducted using both inductive and deductive analysis, based on stages of the Qualitative Analysis Guide of Leuven (Dierckx de Casterlé, Gastmans, Bryon, & Denier, 2012).

The analysis approach in relation to the first research question (i.e., how older Chinese LTC residents participate socially) was deductive. The codes were based on the systematic review by Levasseur (2010). Since only level 3 to 6 activities are considered

to be social participation, we used four codes (i.e., level 3, level 4, level 5 and level 6) to code social participation activities within the LTCs. Level 3 social participation refers to social activities involving interaction with other people (e.g., chatting with health professionals) while level 4 reflects task-oriented activities (e.g., joining singing activities in a group). Level 5 concerns “helping others” activities such as volunteering and level 6 is societally oriented activity achieved through civic participation in political or non-political organizations. Level 1 and level 2 were coded as “low-key participation”.

Inductive analysis was conducted in relation to the second research question (i.e., what are older adults’ perceived changes regarding their social participation after relocation). First, two authors coded two focus group discussions to develop a code manual. In this step, frequently appearing themes were added to the code manual, such as “increased spare time for participation”. Second, with the code manual, two authors coded all transcribed texts. The process in this step comprised of coding (linking relevant fragments to appropriate codes), analyzing the concepts, and extracting interviewee stories and/or words. Third, the two authors compared the coded texts carefully and reached consensus. Last, the final findings were discussed with all authors to increase credibility and reflexivity. The findings were presented with reference to the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong, Sainsbury, & Craig, 2007). MAXQDA (VERBI Software, 2017) was used for both the deductive and inductive analyses.

Results

As detailed in Table 1, 15 men and 25 women participated in the research. The average age was 86.6 years old and the average length of residency in LTC was 5.72 years. In

terms of marital status, 12 participants were married, 26 were widowed and 2 were divorced.

Social participation by older adults in Chinese LTCs

With respect to the levels of activities (Levasseur et al., 2010), the majority of activities mentioned by the Chinese LTC residents centered around level 3 (social activities involving interaction with others) and level 4 (task-oriented activities with others). Level 3 activities were mostly interaction with co-residents, LTC staff, and visiting relatives and friends. Level 4 activities centered around participation in formally organized activities and workshops at the LTC. Level 3 and level 4 activities were reported to bring a sense of happiness and achievement (e.g., the feeling of accomplishing something) to the residents.

Level 3 activities mainly consisted of chatting with other co-inhabitants, walking with visiting relatives, and interacting with the traditional Chinese medicine doctors. In both LTC institutions, free tea and coffee were offered to encourage residents to step out of their rooms and to have more conversations with other residents. Level 3 social participation activities were varied and included, for example, casual chats with other residents in a hallway, visits from family and friends, and talks with staff members. Level 3 participation involving visits from family and friends was of particular importance to residents. One man in the private LTC, aged 78, expressed this as follows:

Every month, my son and my little granddaughter will come to see me. That's my happiest day in a month. They will take me out for dinner or something. My son will drive and I'm finally able to see what's new in the neighborhood. You know what, a

new KFC has opened just three blocks away. I like their fried chicken wings. You know, I want to eat them even though the doctor asks me to stay away from fried food. They just taste so good because I can avoid the kitchen food [in the LTC] for just one day and be outside.

Regarding level 4 activities, residents reported that their favorite activities were singing get-togethers, followed by making paper flowers, calligraphy practice, painting, cuisine sharing events, raising pets together and playing games. It was found that this level of social participation, from residents' perspective, refers not only to recreational or leisure activities through which to spend their spare time but also meaningful activities through which to develop new skills such as organized workshops, and that these were valued by residents. One lady, who was 89 years old and used a stick cane because of her declining mobility, proudly described her experience of attending a flower-making workshop:

You know, I have very good eyesight. I could put the thread through a needle without putting on glasses. Even my elder daughter couldn't do that. I enjoy making the flowers very much. The teacher is good at explaining the steps. I'm willing to spend a day doing it. After I've finished making a pot of flowers, I'm very proud. Do you have time later? I can show you some of my work.

Level 5 social participation constituted of "helping others" activities and volunteering. Examples of this level of participation include helping disadvantaged students with monetary donations, healthier residents helping push the wheelchairs of

frailer co-residents, submitting articles to an internal newspaper (which has been discontinued), and volunteering to assist with festive celebrations within the LTC.

According to the residents, being able to help others (i.e., level 5 participation) was their source of finding meaning in life in later life. The face of a 98-year-old woman glowed with satisfaction when telling her story about making a donation to students from economically disadvantaged families in China's mountainous areas. She started to help the underprivileged students over two decades ago and she continued to do so after she relocated to the private LTC. She took pride in herself when other interviewees in the same focus group praised her for the good deeds she has done:

During the Chinese Cultural Revolution, I was classified as a rightist anti-revolutionary traitor who deserved less than 200 RMB of living expenses monthly. For 22 years, I continued to live with this salary under dire situations. However, when the Cultural Revolution ended, I decided to donate 10,000 RMB to those children in the mountainous regions located in the less-developed western part of China. I'm one who has gone through hardships, so I know what this can mean to the children. I feel happy to be able to help the children who can't afford tuition fees. I have always thought that money is an external possession that comes and goes, and you can't take it to your grave.

In terms of level 6 social participation (contributing to the community and larger society through civic or political activities), no activities were mentioned by our research participants.

It is of note that quite a few older residents, especially those in frail condition, mentioned the importance of low-key (level 1 and level 2) participation. Level 1 activities (doing activities alone) included dressing oneself, going to the toilet and walking. Residents also reported level 2 activities (doing activities alone with others around), such as observing a festive celebration in the LTC lobby, observing singing practice, and reading newspaper in a group setting. For instance, an 86-year-old woman mentioned being able to engage in the level 1 activity of dressing herself without help from a nurse and she regarded the ability to carry out level 1 activities as proof that she was not useless.

Changes in social participation after relocation to LTC

Changes in social participation following relocation to LTC were classified into three domains: increased spare time, increased presence of peers for social participation, and new participation opportunities with lost old hobbies.

Increased spare time for social participation

When asked about any changes in the activities they engaged in following their relocation to LTC institution, a few residents mentioned being able to participate more in activities due to having more “free time” since they moved to the facility. “Being too busy with work,” “taking care of grandchildren,” and “household chores taking up too much time” were phrases that were often used in relation to their earlier social patterns before moving into the LTC institution. One 81-year-old woman seemed much happier when describing her new life in the LTC:

Before [coming to the LTC], I had to cook for myself. Going to the market for shopping, and washing, and cooking food were too energy-consuming for me. Now, things are much better; there are people here who cook for us, three meals a day. I have more time for myself to participate in the activities organized here.

The increased participation included revisiting old hobbies that residents had first pursued in previous stages of their lives. An 86-year-old man who used to be a hairdresser described his former job as “too time-consuming.” When asked about his social participation in the LTC, he commented:

I have a lot of things to do by myself. I don't like joining the others for exercise. I'm kind of a loner and enjoy the time to do exercise by myself. That's not because I don't like being around others. It's just that others can't do the things I like. I can do what the circus performers do, like throwing four balls at the same time, diabolo, sword dancing, and walking on stilts. These are the hobbies I've developed since childhood, and I didn't have time to do them while I was too busy with my job before retirement. Being a hairdresser was too time-consuming; I had to stay in the shop all day long. Now, living in the nursing home, I have time.

Increased presence of peers for social participation

Participants stated they experienced an increased presence of peers with whom to engage in social participation, especially leisure and recreational activities (i.e., level 4 social participation). However, mixed feelings about this change were reported: some residents

found it a blessing to have more companionship regarding social participation, while others thought their privacy was compromised. One lady, aged 75, who had been residing at the LTC for less than six months, described herself as taking part in more leisure activities such as mahjong playing because it was easier to meet the requirement of having four people in a game:

Having some friends with the same hobbies means the whole world to you. Here, when people feel like playing mahjong, they just ring me or knock on the door, saying, “We are now three people. You want to join us for mahjong?” So I go playing mahjong with my friends. It is so easy. But, if I were still living at home, it was not that easy to have four people to play mahjong together.

During the focus group interview, one woman (aged 79), who used to be the president of a primary school, disclosed that she had recently been diagnosed with cancer of the kidney and ureter, and proclaimed that increased participation through companionship had given her the confidence to confront the disease:

I just finished chemo treatment this morning, but I feel good now. I had my left kidney and ureter cut off. The singing group, for me, is the happiness in my life now. I joined this singing group voluntarily and I like the feeling of being part of something bigger. I’m also able to find the confidence to beat the cancer and keeping going on in order to have more days with my friends in the singing group.

New social participation opportunities with lost old hobbies

What is also clear from our interview data is that residents were keen to partake more in level 3 and level 4 activities organized by the LTC staff than they would have done prior to relocating to the institution. In the LTCs, they were able to participate in a wider range of activities than they would have been able to experience if they had remained at home and living independently.

One 78-year-old woman relayed the following when describing the changes in her social participation following relocation to the LTC:

There are a lot of activities organized here. I have access to many things that I wouldn't be able to do if I had continued to live at home: playing table tennis, doing handiwork, and computers! Now I feel like I have a lack of time to do all of these things. Can you young people lend some time to us older people?

It is of importance for older people to continue to pursue hobbies and activities that they have enjoyed in their earlier life stages prior to relocating to the LTC institution. However, several interviewees in our study commented that they were unable to continue with their previous habits. One woman, who was born in Sichuan and enjoyed spicy food, said that she disliked the dishes served in the restaurant in the LTC and that her own way of cooking spicy food was what she now wanted. Another woman, aged 89, complained that she would not be able to continue needlework because her eyesight was failing.

Discussion

Despite the increasing body of knowledge in favor of social participation for the enhancement of physical and mental health (Dechamps et al., 2010; Kanamori et al.,

2014), knowledge regarding social participation among Chinese LTC residents remains insufficient. The first objective of the present research was to explore the experiences of social participation in LTC residents in China based on the taxonomy of various levels of participation proposed by Levasseur and colleagues (2010). Our findings suggest that social participation among older residents in Chinese LTC institutions centers around level 3 (social activities involving interaction with others) and level 4 (task-oriented activities). Additionally, quite a few residents also engaged in level 5 social participation, which involves activities oriented around helping others.

The finding that the LTC residents in this study participated mainly in level 3 and level 4 activities shows both similarities and differences to the social participation patterns of community-dwelling older adults in both China and Western societies. Community-dwelling older adults in China also enjoy, as did the residents in this study, level 3 and level 4 activities such as singing, mahjong playing, dancing, and calligraphy practice (Fang et al., 2015; Pan, 2019, p12). The results of this research also echo previous research findings in Western cultures that frail community-dwelling older adults mainly socially participate in level 3 and 4 activities (Duppen et al., 2019a). However, in contrast to community-dwelling older people in Western societies, the older residents in our research demonstrated no level 6 participation involving society and community-oriented activities (e.g., civic engagement in political or social organizations). For instance, older community-dwelling adults in Belgium may take up membership with different organizations (such as associations for older adults, trade unions, and political associations) (Pan et al., 2019), whereas none of the older people in our research reported level 6 participation. The reasons for this might be that the development of civil society in China is still in its preliminary early stages (Gao et al., 2018) and that level 6 participation opportunities are lacking in China (Pan, 2019, p. 12).

It is of note that level 1 (being alone) and level 2 (doing alone activities with others around) participation, even though not considered to be social participation by Levasseur et al. (2010), can be of great importance for LTC residents, and in particular, frailer older residents. In our research, we found that older people valued being able to carry out activities of daily living, such as dressing oneself (level 1) and observing festival celebrations in the LTC (level 2). Level 1 and 2 activities are referred to as low-key participation that can contribute to the overall wellbeing of older frail people in the existing literature (Duppen et al., 2019a). Valuing the ability to complete the activities of daily living (level 1) also confirms previous research findings that having control over these aspects of one's life is an important factor toward one's overall quality of life (Edwards, Courtney, & O'Reilly, 2003).

Level 3 (e.g., social interaction activities) and level 4 participation (e.g., task-oriented activities) were the main forms of social participation in the Chinese LTCs. In relation to level 4 participation, the interviewees reported engagement in several task-oriented leisure activities organized by the LTC staff, for instance, singing groups, paper flower making workshops, calligraphy practice, painting workshops, and so on. The residents reported a sense of achievement and happiness arising from being able to learn new skills through organized leisure activities. In level 3 participation, in addition to interaction with co-residents and staff, the residents in our study enjoyed family and friend visits, in particular. This relates to the transcendence model of aging (Wadensten & Carlsson, 2003; McCarthy & Bockweg, 2013) and the theory of socioemotional selectivity (Carstensen, 2006; Sullivan-Singh, Stanton, & Low, 2015), which argue that, as people age, they tend to give priority to intimate relationships rather than superficial ones. Among the LTC residents, the importance of being an observer in the festive celebrations, should therefore, not be underestimated, especially for frail older adults.

The finding that the Chinese LTC residents engage in high levels of social participation (e.g., level 5 participation involving helping others) calls for a more comprehensive picture of older age. Older adults' later life is composed of new opportunities for social participation in times of possible physical and psychological decline (De Medeiros, 2017, p. 88). In this study, residents highly valued and took pride in being able to help others. These findings correspond with those from earlier research suggesting that helping others and being useful is a source of meaning in later life (Duppen, De Donder, Verté, & Machielse, 2019b).

Our second research objective was to explore how older residents experience social participation after relocation to the LTC setting. Our results indicated that LTC institutions offer residents increased spare time that enables participation, increased choice of social participation in terms of companionship, and new opportunities for social participation when old hobbies have been lost. This discovery of increased spare time resulting from the relief of daily chores echoes existing research in Western LTCs, showing that the dominant feeling experienced after relocation is a sense of security and relief (Lee et al., 2002). The latter sense of relief would seem to be related to not worrying about daily chores, such as preparing meals and managing a household.

Our interviewees' second self-perceived change of increased participation and companionship following relocation may be related to the fact that some residents experience a sense of togetherness (Nyman & Isaksson, 2015). A feeling of belonging within groups of residents in the same LTC institution was observed in this study, and support from peers was easily accessible through joining organized activities. The importance attached to this increased choice of companionship after relocation could originate from the collectivist heritage of Confucianism that is at the center of traditional Chinese culture (Kim, 2007). Older Chinese people are immersed in and greatly

influenced by collectivism, which emphasizes the advantages of group living where belonging and value are established and where support and love are exchanged. (Akkuş, Postmes, & Stroebe, 2017). The above benefits can help explain why the participants in our research enjoyed the idea of raising pets together and why a cancer patient seemingly recovers the will to live by joining a group.

The third self-perceived change of having new participation opportunities with lost old hobbies might be explained by considering a coping strategy adopted by the LTC institution residents known as passive acceptance (Lee et al., 2002). The public nature of LTC institutions poses some limitations and constraints, and residents need to get used to their new living space. For instance, some residents will enjoy the convenience of a public LTC restaurant although at the same time have to forgo their previous eating habits. As time goes by, new hobbies will be developed as residents try to make the best of available resources (Lee et al., 2002). In our study, many residents happily affirmed that there were organized level 4 activities for them to participate in. For the frailer residents who were unable to join in the formal activities, they focused on what they could do instead and attached importance to the informal activities that were within their abilities.

The current research has some limitations. First, the representation of the LTCs and institutional residents is limited since only two out of the fifty invited LTCs participated in the study. Furthermore, both LTCs were situated in urban China. LTC residents in rural China and who comprise the majority of the aging population (Blumenthal & Hsiao, 2005) were therefore omitted. Even though the admission criteria of “Three No’s” applies to public LTCs in rural areas, lack of LTC resources in rural areas, especially in central and western China (Du, 2015, p. 4), might be an influencing factor on the social participation of the aging rural population. Second, our study focused on social participation after relocation without exploring other possible influencing factors on participation levels.

For instance, the possible influence of social environment in the larger community where the LTCs were situated is ignored although previous research has suggested that social environmental factors, such as the presence of community centers, can stimulate social participation (Duppen et al., 2019a). Third, the positive responses reported by residents regarding the changes in their social patterns after relocation could reflect a self-comporting mentality, a coping strategy utilized when individuals cannot change a reality to which they might have an aversion.

The above limitations suggest three directions for future research. First, future research should collect nationally representative data from LTC residents and community-dwelling older adults in both rural and urban contexts, which can enable inter-regionally comparable research between LTC and community-dwelling older adults. The possible influencing factors, such as gender, physical health, mental health, religious and financial contexts of social participation should also be explored through the quantitative analysis of survey data. Second, longitudinal research exploring social participation in institutional residents could determine the influencing factors of social participation and inform interventions to increase older residents' participation levels. Third, the experience and motivators of frail older adults participating in research (e.g., focus group interviews) could be explored as has it been shown in this research that they mostly engage in level 1 and level 2 participation activities.

This article offers several suggestions for both LTC and community nurses in terms of promoting social participation in the older population. Nurses in LTCs could encourage lower level participation in frailer older adults as our results show that they obtain a sense of achievement in being able to carry out even level 1 and 2 activities. In other words, LTC nurses should consider older residents' cognitive and physical potential beyond merely their physical ability to engage in various activities at different levels in order to

provide choices for life to be lived at all life stages. Community health nurses, in preparing older adults for relocation to LTC, may focus on the positive participation changes after moving to LTC. They can also encourage community-dwelling residents to seek out different levels of activities that are meaningful to them based on their previous life-course experiences and what can feasibly be continued in the institutional setting. For instance, level 5 activity (i.e., helping others by making financial donations) can create meaningful social participation regardless of one's health condition.

At the policy level, this study points to the real potential for active and healthy aging discourse in the LTC setting (WHO, 2002, 2015). Whereas the majority of current studies concerning social participation have been carried out among community-dwelling adults, this research can help policy-makers understand the status quo of social participation among institutionalized older people in China. Our results differ from those of existing studies describing the LTC setting as a stigmatized place that is void of energy. Through recognizing the ability of residents to socially participate at different levels of activity that are meaningful to them, and focusing on the positive changes after relocation, we infer that LTC institutions have the potential to be places in which the life quality of residents is enhanced.

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Funding: This study was funded by the China Scholarship Council (grant number 201506360099).

Table 1: Participant characteristics

| | Institution 1 | | | | Institution 2 | | | |
|----------------------------------|---------------|------|------|------|---------------|------|------|------|
| | FG 1 | FG 2 | FG 3 | FG 4 | FG 5 | FG 6 | FG 7 | FG 8 |
| Age (mean) | 85.6 | 83.2 | 89.8 | 86.2 | 92.4 | 83.2 | 85.6 | 87.1 |
| Number of participants | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Gender (female) | 0 | 5 | 5 | 5 | 0 | 0 | 5 | 5 |
| Years of residency in LTC (mean) | 12.1 | 11 | 9.8 | 15.3 | 2.3 | 1.4 | 2.2 | 1.87 |
| Marital status | | | | | | | | |
| Married | 3 | 2 | 2 | 1 | 0 | 1 | 2 | 1 |
| Widowed | 1 | 3 | 3 | 4 | 5 | 3 | 3 | 4 |
| Divorced | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |

Note: FG = Focus Group; Institute 1 = Public long-term care institution, Suzhou; Institute 2 = Private long-term care institution, Beijing

Appendix I

Focus group questions

Part 1: Introduction

- *Welcome and introduction from the researcher*
- *Explanation of the research objective (i.e., to understand older adults' social participation in long-term care institutions)*
 - *Structure of the interview*
 - *Reminder that we would like to hear honest answers and to hear what the participants think is important. There is a need for the personal input and life stories of participants*
- *Explanation that the interviews will be recorded for direct transcription later and that interviewees will remain anonymous*
- *Request for informed consent and a reminder to participants that there are no right or wrong answers, and that we would like to hear their opinions and life stories*

Part 2: Demographic information

- How old are you?
- Gender (completed by the interviewer)
- What is your marital status?
- How long have you been living in the long-term care institution?
- What is your evaluation of your health situation (physically and mentally)?

Part 3: Social participation in long-term care institutions

- What is a normal day for you in the nursing home?
 - What do you do? When and with whom?
 - Who organizes these activities?
- What are the motivators for you to participate in activities?
 - What activities do you do?
 - What do you like most about these activities? (e.g., like challenges, meet people, be creative, kill time, etc.)

- What are the barriers that prevent you from doing some activities?
 - What activities did you do before moving to this long-term care institution?
 - Did you have any hobbies before you came to live in the nursing home?
 - Can you continue with your previous hobbies here or have you taken up new hobbies?
 - Do you participate in the activities organized by staff in the nursing home?
 - If you haven't been able to keep up your previous hobbies, what are the reasons? Is it because you don't feel like doing them anymore or does something else prevent you from doing them?

Part 4: Encourage more information from participants about their social participation in the long-term care institution

- What has been your favorite day in the LTC since you relocated?
- What aspects make you enjoy living here?
- What have you disliked about living here?