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ORIGINAL ARTICLE

No place like home – Or is there? Extended transformational potential of nursing homes during vital conjunctures

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Abstract

Aims and objectives: The purpose of this study is to explore how the concept of 'feeling at home' manifests in nursing home environments and influences the transformational potential of such homes—servicescapes where customers experience *vital conjunctures*.

Background: Recent research on places highlights the potential of service venues as places that can promote well-being. Nursing homes bridge the concepts of 'home' and a service with transformational aspirations. Moving to a nursing home can be regarded as a vital conjuncture, yet despite the resultant mixed emotions, nursing homes can generate positive changes and meaningful relations.

Design; Methods: A qualitative field study with ethnographic features was conducted in two Finnish nursing homes. The data consist of observations and 64 semi-structured interviews. COREQ guidelines were followed.

Results: 'Feeling at home' is built on: (1) artefacts and surroundings, (2) functions and activities and (3) relationality and atmosphere. A home-like experience related to each category is important in enabling customers to feel at home, thus assisting in dealing with the vital conjuncture, but the transformative power of nursing homes is linked most closely to respectful, kind attendance of the others and a positive atmosphere.

Conclusions: The roles of nurses and a homely servicescape are essential in dealing with residents' vital conjunctures, whether those residents employ resistance or adjustment coping methods. Positive transformations that evoke residents' re-balancing and well-being are enabled in nursing homes that support residents' important relationships, identity, safety and self-efficacy. This positive transformation also aids family members with their *associated vital conjunctures*, thus multiplying the service's transformational potential.

Patient or public contribution: Service users and caregivers were involved in the design and conduct of the data in this study.

Relevance to clinical practice: Creating a homely atmosphere in nursing homes fosters not only residents' but also family members' re-balancing and well-being.

KEYWORDS
ageing, care institution, dementia, meaningful, nursing home, transformative place, transformative service, vital conjuncture, well-being

1 | INTRODUCTION

The ageing population is a well-known global phenomenon, and thus, the number of older persons who require caretaking is rapidly rising (Fisk et al., 2018; United Nations, 2017). The demographic old-age dependency ratio (people aged 65 or above relative to those aged 15–64) has been projected to rise from 31 % (in 2019) to 47 % by 2050 in developed economies (United Nations, 2020). This means that an increasing number of people will need full-time nursing home services once their physical and/or cognitive capabilities weaken.

Moving to a nursing home is often perceived as the very last resort, and the discourse related to this move is characterised by negative connotations (e.g. Bradshaw et al., 2012). Primarily, people wish to stay at home as long as possible, and home care services exist to make this possible. In US, a tendency towards deinstitutional care options has been detected and it has intensified during the pandemic (Kong et al., 2021). However, when a frail older person has dementia or some other health issues that have progressed to a stage where they cannot take care of their daily routines and the family caretaker faces limitations in being able to provide sufficient care, securing a place in a nursing home can become a desirable or even the only remaining option (Seiger Cronfalk et al., 2017). At least the caretaker then tends to see the benefits of moving, from the point of view of facilitating daily activities and safety, especially if the older person is living on their own. Whilst the factors of cultural needs, cognitive status and staffing should be recognised as important regarding how residents-to-be or newly arrived residents experience nursing homes (Kayser-Jones 2002), there is still much to explore regarding the concrete reasons why older persons might experience moving to a care facility as stressful, and which measures to take from the nursing home's side are to be recommended.

Moving to a nursing home is a vital conjuncture because it is a remarkable change for the resident and their family members. Therefore, it is important to study the following questions: What kind of a mental change process is actually connected to the physical move? More importantly, how can the change process be facilitated and supported so that it can result in positive well-being outcomes? This paper aims to answer these questions by studying vital conjunctures and 'feeling at home' and their interrelatedness in a nursing home environment.

What does this paper contribute to the wider global clinical community?

- Realising the transformational potential of nursing homes is integral to their atmosphere and social community. This is enabled through safe and regular daily routines, personal and respectful care, and opportunities for residents to participate in daily activities and recreational activities.
- The individual circumstances leading to the vital conjuncture can determine the needs and expectations of the service and set the individual prerequisites for a resident feeling at home. Life and relationship contexts should be taken into consideration.
- The nurses' support in dealing with vital conjunctures is essential. Indeed, the staff's stability and the quality of the relationships and interactions between nurses and residents have a crucial impact on how the residents experience (and cope with) vital conjunctures.
- Family members can be emotionally supported in their *associated vital conjunctures* when they perceive that their older relatives feel at home and experience their life as comfortable and well, which highlights the *extended transformational potential* in nursing home servicescapes. Methods to mediate this perception from afar are important, especially in exceptional circumstances when there are limited possibilities for visitation.

2 | BACKGROUND

A place is not just a place. It can bear multiple meanings for individuals. Home is a special place for us all. It is part of our identity (Fox O'Mahony, 2013; Hull IV et al., 1994) and is associated with privacy as well as fellowship and living together with others (Hauge & Kristin, 2008). However, other places and spaces can also be meaningful. Recent research on places highlights the potential of consumer settings and servicescapes as places that can generate well-being. This has generated a new conceptualisation of place. The REPLACE framework identifies places as more than physical locales. They comprise *restorative resources*, *social support resources* and *relational resources* in addition to the more traditionally acknowledged service resources and tangible resources as targets of resource exchange (Rosenbaum, Kelleher, et al., 2017). The restorative, social support and relational resources can be regarded as especially important in transformative services. As outlined in transformative service research (TSR), these services aim to enable uplifting changes for the consumers/customers to improve the lives of individuals (both customers and employees), families, communities, society and the ecosystem more broadly (Anderson et al., 2013). Healthcare and nursing services are examples of such services. A nursing home is a locale that bridges the concepts of home and a servicescape with transformational aspirations. Studies have recently

shown how significantly experiencing the nursing home as homely shapes the life quality of the residents (Nakrem, 2015).

Thus, the nursing home setting can be regarded as an example of a service that is intended to produce well-being outcomes and is, thus, transformative by nature. However, in reality, transformative services sometimes fail to fulfil this purpose and potential for enhancing well-being (cf. Anderson et al., 2013; Rosenbaum et al., 2011). Despite their transformative endeavours, nursing homes are usually not perceived as transformational places (not in a positive sense), and research on care home settings often focuses on the negative sides and effects of living in these settings (Bradshaw et al., 2012).

The move to a nursing home is usually confusing for an older person and is often not voluntary. Therefore, nursing home admission can generate ambivalence and is considered a life change that significantly impacts an individual's quality of life (Bradshaw et al., 2012). From an individual's emic perspective, it is not an expected stage of the life cycle but, rather, can be seen as a vital conjuncture that, by definition, is an inescapable situation that transforms an individual definitively (Johnson-Hanks, 2002). Additionally, an illness or disability that creates the need to move can be interpreted as a vital conjuncture for the older person moving into a nursing home. The situation often has implications for the family members as well (Ahlström et al., 2021). Thus, they can be considered secondary customers of the nursing home services, where the residents are the primary customers (Leino, 2017).

The inescapability of the situation can even create perceived (or actual) captivity due to the vulnerable, dependent position of the primary customer (cf. Dodds, 2014; Rayburn, 2015; Sandberg et al., 2022; Shield, 2018). The condition is largely parallel to Pavia and Mason's (2014) definition of the most complete type of vulnerability—the kind that arises from a situation that is complex, dynamic and unresolvable, thereby also affecting the vulnerable individual's close network, leading to secondary vulnerability of family members. However, the definition of a vital conjuncture also holds that it can be shaped in terms of its effects and outcomes (Johnson-Hanks, 2002). Therefore, it is essential to study how the vital conjuncture of moving to a nursing home can be dealt with to enable positive outcomes for customers with vulnerabilities (both primary and secondary customers). This also addresses the call to study the applicability of the REPLACE framework to vulnerable consumers, since the framework may not include all resources valued by consumers with vulnerabilities, identity confirmation being one of those resources (Rosenbaum, Friman, Ramirez, & Otterbring, 2020).

This study makes an assumption that if individuals feel at home in a servicescape, their vital conjunctures are more or less dealt with because feeling at home is connected to a sense of autonomy, security, privacy and well-being (Board & McCormack, 2018; De Veer & Kerkstra, 2001). Cooney (2012) determined that critical issues for 'finding home' are 'continuity', 'preserving personal identity', 'belonging' and 'being active and working', which suggests that being able to (positively) determine and maintain one's identity and relate to the surrounding community can indicate that one has been able to deal with the vital conjuncture. Furthermore, anthropologists have highlighted the deeply relational character of care and explored how the perceived desirability and quality of individual microlevel relations crucially shape the experiences and perceived comfortability of persons in need of care (Buch, 2015). Thus, this study used experiences of feeling at home as a heuristic evaluation tool for identifying whether transformative outcomes are being generated, whilst 'home' is understood to contain multiple and context-specific meaning layers of relationality, space, belongingness, continuity, agency, security, privacy and safety.

Importantly, previous research detected that the nursing home's management policy and ethos of care, together with the physical and social environments, can influence the experience of feeling at home (Cooney, 2012; De Veer & Kerkstra, 2001; Nakrem et al., 2013), suggesting that the design and management of the servicescape has an essential role in adjusting this experience. This is essential even in cases of voluntary relocation to a nursing home because, even then, the 'finding home' experience is important but does not automatically take place (Cooney, 2012; Nakrem, 2015).

This study aimed at exploring how the concept of feeling at home manifests in a nursing home environment and how it relates to the transformational potential of nursing homes, which are considered as servicescapes where customers experience *vital conjunctures*. The conceptual framework of the study is built on the concepts of *feeling at home*, *vital conjunctures* and *a servicescape with transformational potential/aspirations*, which are all prevalent in the nursing home service context. A qualitative approach was adopted to gain an in-depth understanding of the research theme and a field study with ethnographic features (Berg & Lune, 2012) was conducted.

3 | METHODS

The study complies with the guidelines of the consolidated criteria for reporting qualitative research (COREQ) (Tong, Sainsbury, & Craig, 2007). The COREQ checklist is included as a supplementary file (Appendix S1).

3.1 | Study design and setting

The underlying methodological orientations in our study were phenomenology and ethnography because the study of crucial life-changing processes (as is adjusting to a nursing home environment) is a key competence of cultural anthropology and its distinct method, ethnography (Johnson-Hanks 2002). We adopted a qualitative approach because the research question is multidimensional and complex. Research studying a complex phenomenon with socially constructed meanings typically requires qualitative methodologies to gain an in-depth understanding related to the phenomenon (Marshall & Rossman, 1989). Moreover, as the study is also interested in customers' latent needs and experiences, qualitative research may be the only available method to assist in unveiling and understanding these issues (cf. Maison, 2019).

We conducted interviews and observations because they are recommended techniques for exploratory studies (Marshall & Rossman, 1989) and fitted the research question well (Edmondson & McManus, 2007). Individual interviews were considered suitable since we were interested in gaining in-depth information and individual experiences (Maison, 2019). A semi-structured interview guide was used, but themes beyond the guide were allowed to emerge and develop during the course of the interviews.

We used ethnographic observations as a complementary data collection technique (Berg and Lune, 2012; Marshall & Rossman, 1989) to deeply understand the research context. This method considerably assisted us in investigating the experience of feeling at home, which is integral to the servicescape and to the visible and non-visible elements of the service environment.

3.2 | Context of the study

The research was conducted in two private nursing homes in Southern Finland. The central goal of Nursing Home 1 (pseudonym: Pearl) was to create a home-like environment, and in Nursing Home 2 (pseudonym: Diamond), the emphasis was on values, such as a feeling of community and fostering self-determination along with a homely environment. Thus, both nursing homes emphasised creating a home-like or homely servicescape, for instance, by providing shared spaces with a kitchen, dining space and TV corner with sofas and including decorative items in the shared spaces.

3.3 | Ethical aspects and participant recruitment

Due to the sensitive research context and participants' potential experience of vulnerability, an ethical statement from our university's Research Ethics Committee was included (Ethics Committee for Human Sciences at the University of Turku; statements 25/2015 and 55/2017). All parties were informed about the study orally and in writing, and the participants were assured of confidentiality. We emphasised that participation was voluntary and withdrawal was allowed at any time without stating a reason and without any consequences (TENK, 2012). We collected signed informed consent to conduct interviews from residents and, in cases where residents had impaired decision-making capacities, their family members. In addition, we constantly ensured the residents' willingness to participate in the interviews (see Israel & Hay, 2006).

Bradshaw et al. (2012) stress the importance of relationship-centred approaches as well as understanding the attitudes of individual residents towards living in a nursing home. This highlights the need to focus on the emic perspective and experience of residents. However, when customers have cognitive impairments, such as severe memory disorders, it is challenging to access the emic perspective. Yet, Bradshaw et al. (2012) argue that these individuals can voice their concerns, and more research is needed in this customer group. Therefore, we directly asked the residents about their experiences of feeling at home and asked their family members and nurses to provide the etic perspective regarding the residents' experiences.

We invited all customers (residents and their family members) to participate in the study. All volunteers were interviewed (when informed consent was gained). Regarding the nurse participants, the invitation was addressed to those nurses who were taking care of the participating residents.

3.4 | Data collection

The data comprise interviews and observations in the everyday social settings of Pearl and Diamond. We planned with the nurses the places and times to interview residents, since the right timing varied from resident to resident depending on when they were most active or suffered from fatigue. We respected these conditions and postponed interviews for a later time if needed. The interviews took place inside and outside the nursing homes (i.e. kitchen area, residents' rooms, garden and meeting rooms).

The semi-structured interviews followed pre-determined themes (such as feeling at home experiences, conceptions of home, nurses' presence, visitors, other [possible] nursing home experiences of the resident, characteristics of the previous home and items brought along to the nursing home). The data were collected longitudinally during a 4-month period in both nursing homes, in 2015 at Pearl and in 2018 at Diamond. This longitudinal presence of researchers adds both rigour and relevance to the study, since it enabled us to gain a tacit understanding of the research context. We learned to observe and understand the nuances of interactions and interrelations taking place within the nursing home communities at individual and organisational levels (von Koskull, 2020). The number of interviewees and observation hours are listed in Table 1.

Resident interviews lasted 40 min on average and family member interviews lasted 1–2 h. The nurses were interviewed during their working hours, so the interview length varied greatly (15 min to 2 h).

TABLE 1 Data collection

Customer unit				
	Residents (interviews)	Family members (interviews)	Nurses (interviews)	Systematic observation notes (in hours)
Diamond	6	15	9	19 (by two researchers)
Pearl	9	12	13	56 (by four researchers)
Total interviews and hours of observations	15	27	22	75

Ethnographic observation (Berg & Lune, 2012) as a method enabled us to sense how the residents lived in the nursing home—how they moved, interacted with nurses and other residents, attended meals, rested and went outdoors (the basic functions performed at home). It also uncovered behaviours (e.g. wandering, aggression or looking for something) that can manifest the vital conjunctures and how they may confuse individuals. All interviewers conducted observations and all observers conducted interviews. The observations were systematically archived in our daily field notes.

3.5 | Data analysis

The data allowed ample space for reflective and inductive analyses as well as novel insights into the phenomenon, all of which are recommended in qualitative transformative research (cf. Azzari & Baker, 2020). The data analysis commenced by transcribing the interviews which had been audio recorded (except for one resident interview). The transcripts were proofread and coded in NVivo software (by three researchers, using a structured coding tree) to enable systematic data analysis where the coded themes can be cross-analysed (e.g. Bazeley, 2007).

We analysed verbal and observed expressions relating to the participants' vital conjunctures. We also analysed how the interviewees experienced feeling at home. This theme was included in the original interview questions, but in addition to the straight answers to this question, we analysed the experiences that appeared to relate to this theme along the rest of the interviews. We used the Gioia methodology (Corley & Gioia, 2004) to build second-order themes from these first-order concepts. Through an integrative, upper-level analysis of the second-order themes, we formed aggregate themes that described central themes of feeling at home in a nursing home. Tables 2 and 3 present these aggregate themes as topics that can be considered 'umbrella concepts' for the sub-level themes.

4 | RESULTS

Examples of vital conjunctures arising from the data are presented in this Results section to provide an understanding of how they appear in practice in a nursing home environment. Then, the experiences of feeling at home are reported and discussed in detail. Interconnections between the vital conjunctures and feeling at home are analysed in the Discussion section.

4.1 | Vital conjunctures

Moving to a nursing home means giving up on one's old home, but in many nursing homes, it is possible to bring in clothes, decorative items, a TV, radio and some furniture of one's own, which can assist in making the room feel more familiar, in making one feel more at home and in retaining a sense of self (Board & McCormack, 2018). The results indicate that the residents (primary customers) handled the vital conjuncture of moving to a nursing home in two ways: by *adjustment* or by *resistance*. Both strategies are not thought to be mutually exclusive and have to be understood as analytical abstractions; yet, as analytical tools, they help to identify tendencies in residents' coping mechanisms.

The adjustment took place either by settling in well or acquiescing to the situation. If settling in was ideal, the resident seemed to be very satisfied:

> *It went surprisingly well. I don't think he ever said anything about why he is here or why he is not at home. The whole transition period kind of went by without noticing. Whatever made it so easy, I don't know. Maybe his way of thinking just changed so much so quickly [due to the memory disorder].* (Family member, Diamond)

> *I do like it. I've got a toilet and a bathroom. I live alone, so what do I need a big space for? It's comfortable to sleep in and quiet otherwise. I spend time in different places; I don't always like being alone, so I'll go to the clubroom to see who's there and chat with people and sometimes we'll sing there and do other things. Makes it easier to pass the time.* (Resident, Diamond)

Acquiescing to the situation took place when residents perceived the nursing home as a good place but were badly missing their old home:

> *I'd like to be in the same environment that I used to. Since that's not possible, I just have to get used to this. It's terrible not being able to go home. I need to have my own home and not just a room somewhere, it's like renting a place or something; it doesn't feel like home. […] I have really nice nurses and that does help. Some of them are especially lovely, it feels like they're family.* (Resident, Diamond)

Resistance manifested either as mental resistance or in actions. Some residents convinced themselves that they were free to leave whenever they wanted to and were free to go out if they wanted to:

> *There's no point getting attached to a place like this. Just got to try to get out of here as soon as possible. You become institutionalised if you stay in a place like this. […] Yeah, we're free to go outside.* (Resident, Diamond)

Resistance through actions often appeared as restless behaviour:

> *She just keeps searching for her male friend, trying to go out and find him. They had spent 3 years together [before she moved in].* (Nurse, Pearl)

TABLE 2 Experiences of feeling at home in a nursing home

Concept	Representative quotes for the experiences of feeling at home
Artefacts and surroundings	
Home-like building and decoration	Firstly, these living room spaces where they have the TV on and good music, they are homely. They also take a lot of trouble so that the residents can eat and drink outdoors in the inner yard. (Family member, Diamond)
Clean and light venue	I love being outdoors. (Resident, Diamond)
	I do not know what it's all about. It's just different. It's cosy, light and clean. (Family member, Diamond)
Functions and activities	
Gathering together	The resident and her husband sat next to each other on the couch, looking into each other's eyes, smiling, chatting, drinking a cup of coffee, watching an old movie [in the shared kitchen/living room space]. Just as always. (Observation, Pearl)
Self-efficacy	And it's… when they feel just comfortable. They get along really well with each other here. They do not really need us [family]. They have their own community here. They sit and chat [with each other]. (Family member, Diamond)
Leisure	The rollator is very important for him. 'It's so good. I always try to walk around with it. Even today I've made a couple of rounds in the yard with it.' He mentions this several times and is seemingly proud of being able to go out. (Observation, Pearl)
	We take a taxi and drive to the Captain's Bay [the local holiday resort]. They need to get somewhere away from here—just as they would if they were at home. So we go and have coffee at the Captain's Bay although half of the residents may not remember it the next day. (Nurse, Pearl)
Relationality and atmosphere	
Joyful and welcoming atmosphere	He is in a good mood [which indicates that he has settled in well]. (Family member, Diamond)
Kind and warm-hearted way of communicating and presence	I also think that the staff, they are really welcoming, in my opinion. They always sit with people and chat. They're not the kind of nurses who'll only come to take care of a situation, like 'it's time for your meds' or 'let us go take a shower'. They spend time with them and they are present all the time. I think that's part of what makes you feel at home. (Family member, Diamond)
(Seeming) sense of freedom	There are many paintings on the walls of one resident. She is satisfied because she's been allowed to hang them freely at Pearl as opposed to the nursing home where it was restricted to apply nails or hooks on the wall. (Observation, Pearl)

Sometimes, resistance caused even violent behaviour, which resulted from confusion and a sense of losing autonomy. There were also plans of escaping and refusal to take part in activities arranged for the community or to join lunch or dinner with others. Some residents resisted settling in with 'strategic' methods, such as not wanting to have their own things brought to the nursing home:

> *I think dad believes that if he lets us bring his stuff here, it means he's giving up. He believes that as long as his things aren't here, he'll be able to leave. […] We're meant to make it feel like home, but in his case, it's not that easy – unless we bring my mother in her rocking chair to sit there with him.* (Family member, Pearl)

The vital conjunctures of residents seemed to extend to family members in their implications, as the family members, too, could experience vital conjunctures in their own lives after losing their role as the primary caregiver or when adopting new roles as advocates and decision-makers on behalf of their close others. These vital conjunctures could lead to hesitation and difficult, even mixed, feelings in those family members:

> *It [moving the spouse to the nursing home] was an extremely difficult decision. I've been pondering for a long time whether it could have been dealt with in another way. Our situation was such that, for the last 2 years, she wasn't able to communicate anymore. So, you also think in terms of if the other person still has a sense of what is going on, why am I abandoning her, moving her away from home… a heavy feeling of guilt started burdening me.* (Family member, Diamond)

Moreover, not only was the transfer of their loved one to the nursing home emotionally difficult but also other things related to the nursing home admission caused anxiety, such as issues that had to be resolved outside the nursing home:

> *And that was another thing: emptying out mother's apartment, like, she is still alive and you have to throw things out and donate to anyone who will take it. It's horrible, you feel like a thief. It felt like a live burial.* (Family member, Diamond)

These findings suggest that it is relevant to recognise how individually older residents deal with their vital conjunctures and also acknowledge the implications of these conjunctures or their outcomes for the family members.

4.2 | Feeling at home in a nursing home

As presented in the Background section, the assumption in this study, based on extant literature (e.g. Board & McCormack, 2018; Cooney, 2012; De Veer & Kerkstra, 2001), was that feeling at home is an

TABLE 3 Experiences of *not* feeling at home in a nursing home

Concept	Representative quotes for the experiences of *not* feeling at home
Artefacts and surroundings	
White and/or hospital-like venue, long corridors, modern style Private hygiene necessities visible in the room Unpleasant odour Unfamiliar/strange people	Why does it have to be a corridor? It's the cheapest solution, of course, but it could just as well be cluster-like, just as rooms and the kitchen are at home. (Family member, Diamond) So, no way, having something that is called a ward and you take the lift there, to the seventh floor or something, and there's a canteen. These are things that I associate with hospitals, so it was very hospital-like. And it was called an old-age home. (Family member, Diamond, *experience of another nursing home*) There are oxygen equipment in the resident's room and toilet, the oxygen hose on the floor and a lot of meds on the table. A bedpan next to the bed. Violets in a drinking glass, next to the meds. No curtains, no carpet on the floor. (Observation, Pearl) The nurses over here change quite often. Encountering new faces every week has aroused some restlessness. It surely affects [the service] because the new ones cannot know these residents well and the residents do not know the nurses. It probably makes personalised care impossible. (Family member, Pearl)
Functions and activities	
Nurses withdrawing to their meetings (away from the residents) Overly hasty or routinised care Privacy compromised	[They should] stop instead of just running and going and taking care of whatever is happening right at that moment. A kind of awareness… since there are only 10 residents, so every nurse should know what's going on, what kind of person this is. (Family member, Diamond) Some residents were wandering to other residents' private rooms, not realising it is not their room, even laying down to sleep on someone else's bed. This caused unintended violations of privacy. (Observation, Pearl)
Relationality and atmosphere	
Overly official interaction style or too little interaction with staff, frequent changes in staffing Avoidance of questions or getting rude answers from staff Feeling like a stranger or an unwanted guest	The only person here that I do not get along with, is the doctor. Firstly, she's never here and if she is.. no no… We once needed a statement from her and her answer was that she will not write it before she visits the nursing home in 2 weeks—although there was nothing unclear about it. (Family member, Diamond) We have continuously said that we do not want to tease you [the nurses] and we are not difficult family members for fun but our wish is that 'take the feedback seriously and if you think we are wrong, please say so'. (Family member, Diamond)

indication of adjustment and of dealing with vital conjunctures caused by the relocation to a nursing home. This is why the experiences of feeling at home were analysed in detail. The inductive data analysis suggested three important categories that could contribute to feelings of homeliness or non-homeliness in various ways: (1) artefacts and surroundings, (2) functions and activities and (3) relationality and atmosphere. We also took into account the interviewees' statements comparing the nursing home to other nursing home(s) that they had experienced differently, if they mentioned a specific issue that had made them feel at home or not in that other nursing home. These experiences were taken into account because the experiences in the studied nursing homes were mainly rather positive and feeling at home prevailed. This can be explained by the studied nursing homes' special input in terms of creating a home-like environment.

The results concerning feeling and *not* feeling at home are summarised in Tables 2 and 3, respectively. Both tables consist of detailed quotes illustrating how the experiences manifested at the nursing homes.

4.2.1 | The feeling at home experiences

The feeling at home experiences (Table 2) under the three overarching categories was identified to consist of the following determinants:

1) Artefacts and surroundings

- Home-like building and decoration
- Clean and bright venue

Some residents had plenty of own items in their rooms. There was no 'institution-like' odour because they used their own perfume, or the furniture and items they brought from their former flats had a specific scent to them. For some, each of the items had some purpose or a memory related to them.

The location of the building (Diamond) next to a forest and part of the local neighbourhood seemed to be meaningful for many residents and family members. The fresh odour of pines after summer rain felt pleasant and homely and the air felt fresh within the building. For some residents, the clean venues were even better than their former homes, where it was no longer possible for them to maintain normal maintenance and cleanliness. One family member summarised why she thinks her mother feels at home at Diamond:

> *All of it, even the shape of the building – it's not one of those high buildings with multiple wards. It feels more like living in a terraced house. And having a single room. I think she started to think of it as her apartment because*

she was looking for coffee or something in the cupboard. And we brought in her own furniture.

2) Functions and activities

- Gathering together
- Self-efficacy
- Leisure

The residents mentioned how they like to chat and do things together, highlighting the importance of social environment and relationality:

> *We sing and play games. Singing is really fun. When we sing together and reminisce about old things, those are my favourite.* (Resident, Diamond)

> *It's really nice that we do things together, even bake something [in the shared spaces].* (Resident, Diamond)

Family members felt good about this because they saw how it made the residents more active and lifted their spirits: *'She has started to bustle around a lot there, in the kitchen. She wants to go there and do things with the others, though she just makes a mess [indicates adjustment].'* (Family member, Diamond) The possibilities to fulfil one's own desires and to follow one's habits provided meaningful and activating moments and events for residents:

> *When she is expecting visitors she really puts an effort. She asks us to make coffee at a certain time, she has ordered a cake and wants to have a beautiful plate for it and so on. She is very ladylike, indeed.* (Nurse, Pearl)

The leisure-related activities not only provided a momentary enjoyment but they were occasions that were planned together well ahead of time and there was anticipation and excitement before and during the activities. Moreover, they had a positive long-term effect on the residents' mood and presence:

> *And things like, they'll go on trips and have a French-style supper and all. It clearly cheers people up… her habitus is completely different now.* (Family member, Diamond)

3) Relationality and atmosphere

- Joyful and welcoming atmosphere
- Kind and warm-hearted way of communicating and presence
- (Seeming) sense of freedom

The way people interacted with each other in the nursing homes was crucial in how the residents felt valued and how the family members felt welcome to visit. The subtle issues that indicated genuine warmth towards residents and visitors were decisive: *'In this place, they are always so glad. In that other place, they did say welcome, but the atmosphere was different.'* (Family member, Diamond).

Individual attention and relationships that felt close seemed to calm down residents and make them feel content: *'I get to do the residents' nail and feet care. I can see how important one-on-one attention is for them and how satisfied it makes them feel.'* (Nurse, Pearl) Nurses were constantly amongst the residents and not withdrawing into separate spaces, even when they had administrative tasks, which maintained a homely and calm atmosphere.

Residents could move rather freely inside the nursing homes and even into their inner gardens. This gave them freedom where to spend their time, thus facilitating their feeling of autonomy and supporting their physical activity and self-efficacy. Residents' family members sensed and appreciated this freedom, which was considered an essential element behind the feeling at home experience:

> *I feel at home. I can't really explain the reasons for that, maybe it's just the general atmosphere. Like… it's not like breakfast is at eight a.m. and they'll fetch everyone from their rooms. This is their home – someone might not want it in the morning…It's really cool that some wake up around six a.m., and others only wake up at around ten a.m.* (Family member, Diamond)

One quote summarises rather holistically (from the family member's viewpoint) what is considered to make the resident adjust to the nursing home and feel at home:

> *That there clearly is staff there who are interested in her, care about her and take care of her. And having people to talk to, other people to spend time with. And the atmosphere there is calm and relaxed; no hassle and hurry.* (Family member, Diamond)

A family member (at Diamond) summarised the holistic and people-centred approach to the experience of feeling at home as follows: *'The entire community here is more home-like [compared to another nursing home]'*. Another family member (at Diamond) expressed this as an overall feeling about the place: *'When you go there, it's like … you sense that everything is good in here'*.

4.2.2 | Experiences of not feeling at home

Experiences of *not* feeling at home (Table 3) under the three overarching categories were identified to consist of the following determinants:

1) Artefacts and surroundings

- White and/or hospital-like venue, long corridors, modern style
- Private hygiene necessities visible in the room
- Unpleasant odour
- Unfamiliar/strange people

In practice, all elements or sensations that resembled a hospital environment were considered as not supporting the feeling at home experience. At Pearl, both residents and family members had mixed feelings, since despite the new and modern styles of the place being nice, it did not feel homely and did not comply with the residents' style and identity:

> *Those [white, stylish chairs in father's room] are new, from IKEA. Father's own chairs were so worn out… I considered repairing them because I, of course, had thought that he'll have his own furniture brought here. But coming here somehow made me feel that this kind of [furniture] cannot be brought here.* (Family member, Pearl)

In addition, creating a homely environment did not always work if some essential elements were lacking—electric fireplaces were an example of this; for example, we observed at Pearl how a resident walked by the new electric fireplace and mumbled, *'It's not a real fireplace, that thing'*. A couple (resident and her male friend) sat on the couch nearby watching TV, and the male friend said, *'A fireplace should bring warmth'*.

The subtler and sometimes presumably latent sensations were also affecting how the servicescape was experienced. It was difficult for family members, especially, to consider the nursing home as a homely environment if there were hospital-like gadgets or necessities in the room or if there was a certain antiseptic odour in some areas:

> *Immediately when you come in, there's this odour. I don't know where it comes from – from the diapers, washing detergents, or all of them together. It's not like the nice smell of home*. (Family member, Pearl)

In a home environment, there are usually only a few permanent inhabitants or visitors. Therefore, the presence of replacement nurses impacted residents' feelings of stability and made them not feel at home by causing confusion and restlessness. This was partly due to the fact that the replacement nurses could not know the residents' individual traits and preferences. The feeling of strangeness and distance was sometimes exacerbated if they came from different cultural backgrounds than the residents' backgrounds.

2) Functions and activities

- Nurses withdrawing to their meetings (away from the residents)
- Overly hasty or routinised care
- Privacy compromised

The nurses' constant presence was considered important. Especially those residents and family members who had experiences from servicescapes where the presence was not as active and dedicated, could clearly tell the difference between feeling at home or not:

> *Now my wife has been quite alert for a couple of weeks. I wonder if this place has done it. Earlier she didn't recognise even me. This is so much better than the hospital. There are differences between nurses! In the hospital they were all in a glass cube and these [refers to his wife and the other residents] were on their own over there.* (Family member, Pearl)

Furthermore, feeling like an object of care who needs to be quickly dressed, washed or fed hinders the feeling of being relaxed and at home, and that feeling often prevented those procedures from taking place smoothly. This remark was made by the nurses and family members alike. Another obvious disturbing problem in the studied servicescape was the behaviour of the cohabitants with dementia, which forced residents to sometimes compromise their privacy:

> *My neighbour over there [in the next room] is such that he can just suddenly come here and claim that 'this is my room now'. It's far from nice.* (Resident, Pearl)

3) Relationality and atmosphere

- Overly official interaction style or too little interaction with staff, frequent changes in staffing
- Avoidance of questions or getting rude answers from staff
- Feeling like a stranger or an unwanted guest

For feeling at home, the size of the unit was relevant—not only regarding the physical environment but because it affected the sense of closeness with nurses and continuity in the staffing:

> *Because it was a big place [the resident's previous nursing home] and [had] a lot of staff, there were often changes… Close contacts were not formed as opposed to this place which is small and the amount of staff is smaller.* (Family member, Diamond)

The way nurses interacted with residents and family members influenced whether they interpreted the relationality as homelike or institution-like:

> *Also, the nurses get institutionalised over time. Their [behaviour] changes so that they don't react to all the minor issues anymore [neglecting residents' wishes or talk].* (Resident, Diamond)

Some residents said that they figured out how important it was for them to try to get along with everyone, although it was not always easy. Family was sometimes hesitant stating their opinions and concerns openly whilst still remaining as welcomed visitors. The controlled entrance and exit procedures bothered some family members;

not being able to come and go freely prevented some family members from perceiving the nursing home as homely, although they fully understood the necessity to lock the doors.

> *We sat here one night until half past eight. I don't like it that the main door is locked at six o'clock and also this [inner] door… you always need to ask and wait for a nurse to come and open it*. (Family member, Pearl)

Since the interviewed residents seemed to be relatively satisfied with the nursing homes, Table 3 contains fewer quotes from residents. However, the residents brought up the difficulty in feeling at home, even though the environment was very homelike: *'It is homelike, yes, it cannot be denied, but it's just that … when your character is such that it's not easy to settle'* (Resident, Diamond).

5 | DISCUSSION

5.1 | Essential elements of the feeling at home experience and its formation

The results indicate that an interior design with homely elements and beautiful views and landscapes outside the nursing home have a role in creating a comfortable feeling—both for residents and their family members. However, the transformational potential of nursing homes is rather related to social interaction and social support, which are best fulfilled when there are devoted staff who possess enough time and space to create supportive relations with the residents, and when there is a good cohesion between the residents, their families and the staff. Transformative power is integral to the atmosphere and social community inside nursing homes, and it is built through safe and regular daily routines, personal and respectful care, and possibilities for participating in daily activities and recreational activities. These findings support Rosenbaum, Kelleher, et al. (2017) REPLACE framework in emphasising the restorative, relational and social support resources over the physical setting in making one feel at home.

According to Rosenbaum, Kelleher, et al. (2017), restorative resources consist of the elements of 'being away', 'fascination', 'coherence' and 'compatibility'. In nursing home servicescapes, elements related to coherence and compatibility are highly emphasised, since safety, individual care, being understood and gentle care and touch seem most essential for residents. These can be considered to create coherence by generating a sense of belonging and compatibility through the feeling of being accepted, understood and respected. 'Being away' and 'fascination' also have an important role, as day trips and recreational activities can enable residents to experience joyful and meaningful moments. The essential aspect, however, is the respect of self-determination since not all residents are equally keen on recreative activities or social events.

5.2 | Dealing with vital conjunctures

The Background section explained how we base this paper on the assumption that feeling at home helps residents to deal with the very personal vital conjuncture of moving to a caring facility. The data showed that a home-like environment and feeling at home often facilitated people to want to adjust with residing in a nursing home. However, depending on the circumstances of moving, residents at times do not want to be at home at a caring facility, no matter how comfortable or homelike they might rate it. The ones moving from home to a nursing home may experience the situation very differently than those being transferred to the nursing home from hospital or from another nursing home. The comparison between places occurs on very different level in these cases. This points at the fact that the residents' positioning to their very individual vital conjuncture ultimately determines in which way, and if at all, a positive transformative potential can be realised or not (cf. Sandberg et al., 2022). Therefore, in attempts to facilitate adjustment, it is essential to consider whether customers move in eagerly or whether they are so-called reluctant customers (McColl-Kennedy et al., 2015), since the individual circumstances before the vital conjuncture and the issues leading to it can determine the needs and expectations of the service and set the individual prerequisites for feeling at home. A physically home-like environment alone is not enough to aid an individual through the vital conjuncture of moving to a nursing home: Particular life and relationship contexts have to be taken into account.

Regarding the coping methods (that are presented in 4.1), adjustment strategies could open up a new, improved phase of life for residents, where they surrendered to the environment and could enjoy the nursing home community and activities, even building new relationships within the community. At the same time, general and persistent resistance usually resulted in withdrawal from the community and activities that were arranged at the nursing home, which in turn subjectively worsened the relational qualities and the overall quality of life. The personal history, preferences and habits associated with the earlier home naturally had a role in determining what kind of activities or alternatively, tranquillity, the residents desired. Knowing and taking these person-specific preferences into account is essential, and allowing for self-determination regarding participation in activities or refusal from them, as self-determination and self-efficacy as such were important determinants in making residents feel at home.

A central notion was that the nurses' support in dealing with vital conjunctures was essential and the relationships with nurses were meaningful as a whole. This emphasises the vital role of nurses who, in the ideal scenario, can support the resident in maintaining their identity and preserving and creating meaningful relationships in the new environment, which is an ideal scenario, is designed to be a servicescape with supportive and restorative resources. Therefore, the staff's stability and the quality of the offered relationships and interactions are crucial to the nursing home community.

5.3 | Extended impacts of the servicescape (beyond residents) and unexpected occurrences

A surprising and noteworthy perception was that the home-like environment and good feeling about the nursing home as a place actually assisted family members (secondary customers) as much as, and sometimes even more than, the resident (primary customer) in adjusting to the place and in feeling relieved. In addition, the day trips and recreational activities offered to the residents seemed to be equally, if not even more important, for the family members, since the family members were overjoyed if the resident was participating in this kind of activity and specifically if the resident looked happy in photos taken during the trip/activity. These findings echo a novel insight, according to which family members can experience *associated vital conjunctures* that result from their older resident's vital conjuncture. We suggest that family members can be supported in their emotional management of these associated vital conjunctures by seeing or perceiving that their older relatives experience their life as comfortable and well.

Furthermore, the results show that a resident feeling at home indirectly assists family members in their associated vital conjuncture by generating the aforementioned feeling of relief. This is an example of 'supportive co-inclusion' for primary and secondary customers (Leino, Hurmerinta and Sandberg, 2021) and therefore, assisting residents to feel at home also fosters closer involvement of family members in nursing homes which Verbeek (2017) emphasises as an issue to be developed. It means that service inclusion for one provides inclusion for the other; when a service successfully meets the needs of the primary customer, this reflects on the overall well-being of secondary customers as well. This phenomenon was evident, especially for adult children. For spouses, the situation was sometimes more complex; simultaneously, as the resident's experience of feeling at home assisted the family member through their own vital conjuncture, it also could cause ambivalent emotions when the resident no longer remembered the old home or no longer wished to visit the old home. New, close relationships amongst residents were also a potential source of jealousy which sometimes further complicated the spousal relations.

As an implication for the care service provider, it can be stated that it is essential to also consider the associated vital conjunctures, that is, the radical life changes that the family members have to position themselves towards when their relative moves into a caring facility, to better understand their expectations, emotions and actions and be able to support them. Adjustment of spouses has been studied to some extent, for instance, by Ahlström et al. (2021), who detected that the spouse's experience of their partner's move to a nursing home often consisted of two main phases: breaking up the close coexistence and forming a new form of daily life. However, the associated vital conjuncture depicts a wider change than the rearrangement of daily life. Furthermore, in addition to spouses, it concerns adult children and grandchildren who not only need to adjust to visiting their parent/grandparent in a nursing home environment, but also experience themselves and imagine their care-dependant relatives in a new role within the social system that their family forms. The results indicate that, especially in cases of severe dementia, avoidant reactions by family members are not uncommon: Visits from grandchildren were rare because they found it difficult to face the changes in their grandparent and encounter other residents' visible symptoms of memory disorders. This calls for special attention by service providers in order to create servicescapes that allow for establishing newly shaped relations, whilst the conditions of meeting each other are undergoing severe changes. Moreover, in cases where family members could only seldom visit the nursing home (due to it being far away, for instance), staff could instead give emotional support by providing visual and oral greetings and reports for the family members in order to relieve concerns and to share feelings of the good moments.

Another issue to consider in the servicescape design is whether the service is a so-called positive or negative service, the latter referring to a service where the customer must cope with unwanted or stressful situations (Gelfand Miller et al., 2009)—and if the demarcations between the two dimensions are always clear, or rather blurred, implying services to be ambivalent (positive and negative) at times. The demands for the servicescape are usually rather different depending on the positive, negative or ambivalent character of the service; for instance, in a nursing home, safety is typically valued over recreation and the potential positive character of the service may gain less emphasis. Yet despite these differences in emphases, it is important not to define typical customer expectations or needed resources in different servicescapes too strictly, since it has been detected that even in hospice care, fascination and luxury have been considered elements that are important in enhancing well-being (Sudbury-Riley et al., 2020), thus also forming restorative resources on their part.

In addition, despite the challenges faced during vital conjunctures, for the resident–family member dyads, the transfer of the other party of the dyad to the nursing home often meant new possibilities to concentrate on interaction and being together (instead of family members cleaning, cooking and taking care of medication or other issues). This perception, together with the conceptualisation of the associated vital conjuncture, suggests that the transformational potential of nursing home servicescapes is multiplied and multidimensional, extending beyond primary customers. This can be called *extended transformational potential* of nursing homes during vital conjunctures.

5.4 | Theoretical contributions

By engaging the perspective of vital conjunctures in studying adjustment in the nursing home context, the study contributes to the nursing literature by underlining the holistic changes that take place when a new resident moves into the nursing home. Further contributions to the literature are made by revealing the family members' experiences—in addition to the residents' own experiences—regarding 'feeling at home'. This understanding generates novel insights into how to make transformative, uplifting changes through the

servicescape design and better service inclusion of both residents and family members.

The two key conceptualisations suggested by the study are the 'associated vital conjunctures' and the 'extended transformational potential' of nursing homes that highlight the vast and profound influences of the nursing home services on the well-being and quality of life of individuals, even those who do not live in nursing homes.

The findings contribute to transformative service research by explaining how the feeling of home is connected to the transformative outcomes of nursing home customers. It also shows how servicescape design can enhance the well-being of vulnerable customers, which service researchers have scarcely studied so far (Rosenbaum, Seger-Guttman, et al., 2017). In addition, feeling at home can perhaps relieve vulnerable customers' suffering, which is also an overlooked transformative service research outcome (Cheung & McColl-Kennedy, 2019; Nasr & Fisk, 2019).

5.5 | Limitations

The limitations of the study most prominently include the impossibility to access some interlocutors' experiences, mostly due to dementia and other conditions that change their view of the world compared to the researchers' worldview. However, as Bradshaw et al. (2012) state, individuals with memory disorders should be heard and indeed, those individuals who were able to form sentences or express themselves nonverbally in fact could express their central thoughts, thus providing highly useful information. There were, however, many participants with whom interviews were not possible or not the adequate way of approaching them: On their part, the analysis relied more on the family members' and nurses' perceptions and on the participant observations. Another limitation regarding the transferability of the results may be that the two nursing homes involved in the study were sensitised to, and engaged in, creating environments that felt less cold and institutional, and they actively tried to be more like friendly and cosy places to live. However, this is not the case in all regional and cultural contexts.

6 | CONCLUSIONS

As difficult as the move to a nursing home can be on many levels, a nursing home can, at best, generate transformational changes related to well-being. This is possible by assisting residents in dealing with the vital conjunctures they find themselves in. This can concretely be done by supporting their identity, safety and self-efficacy at the same time. Additionally, facilitating their inclusion in the community and creating meaningful relationships is essential. It is beneficial for service providers to acknowledge that nursing homes do not need to be experienced as 'real' homes to be transformative places; feeling at home can be sufficient, since a resident's original home can rarely be replicated or replaced. The improved well-being of the older persons can also positively influence their family members' well-being by assisting them in solving their associated vital conjunctures and thereby multiply the transformational potential of the service.

7 | RELEVANCE TO CLINICAL PRACTICE

Management and staff need to pay attention to creating a homely atmosphere in nursing homes since it can foster not only residents' but also family members' re-balancing and well-being. A thorough customer need mapping is beneficial since the resident needs and conceptions of feeling at home may deviate from their family members' understandings and needs concerning the homely servicescape. Also family members need to feel at home in the nursing homes, and this may require special attention from the staff.

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CONFLICT OF INTEREST

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

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