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MOTIVATIONAL FACTORS AND BARRIERS AFFECTING SENIORS'
DECISION TO RELOCATE TO
A SENIOR LIVING FACILITY

by

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ABSTRACT

This study aimed to explore factors affecting seniors' intention to relocate to a senior living facility. More specifically, the purpose of this study was to examine the influence of push and pull motivational factors and perceived barriers on seniors' intention to relocate to a senior living facility (SLF). In addition, the mediating role of perceived barriers on the relationships between push motivational factors and intention to relocate and pull motivational factors and intention to relocate were explored. The data of the study was collected from 363 seniors. Structural equation modeling (SEM) analysis was conducted to test the study hypotheses.

The results indicated that health related, social and family/friend related, housing and property related push motivational factors and facility related pull motivational factor positively influenced seniors' intention to relocate to SLFs. In addition, the study results revealed that family related barriers, economic barriers, socio-psychological barriers, and knowledge and information barriers negatively affected seniors' intention to relocate to SLFs. In terms of the mediation effects, the study results indicated that (1) family related barriers mediated the positive relationship between health related push motivational factor and intention to relocate; (2) economic barriers mediated the positive relationship between facility related pull motivational factor and intention to relocate; (3) socio-psychological barriers mediated the positive relationship between health related push motivational factor and intention to relocate; and (4) socio-psychological barriers mediated the positive relationship between facility related pull motivational factor and intention to relocate. The findings of this study provide valuable theoretical contributions in the context senior living literature and important practical implications for SLF operators, health care facilitators and government agencies.

This dissertation is lovingly dedicated to my husband Dr. Ahmet Bulent Ozturk, my

daughter Selin Ozturk, and my son Eren Ozturk

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CHAPTER ONE: INTRODUCTION

Background

As the world population is aging rapidly, the U.S. is also experiencing considerable growth in its older population. A report published by the U.S. Census Bureau in 2015 indicated that the U.S. has the largest number of people in the oldest-old age category among the developed countries. The same report also projected that more than 20% of the U.S. residents are expected to reach the age of 65 and older by 2030 due to the aging baby boomer population and the increasing life expectancy (U.S. Census Bureau, 2015). In addition, by 2050, 87.9 million Americans will be over the age of 65 representing 22% of the total population (U.S. Census Bureau, 2015). As the population ages, the number of chronic conditions (e.g., lung diseases, stroke and heart related diseases, Alzheimer's disease, and cancer) and disability rates are also likely to increase along with the increasing life expectancy. For example, a study conducted by the Center for Disease Control and Prevention (CDC) predicts that nearly 15.7 million Americans would have significant physical or cognitive disabilities by 2065 (Center for Disease Control and Prevention, 2019).

Because of the growth in the older population, and the increase in their chronic conditions, it is evident that the demographic-driven demand for long-term care will continue to rise. Consequently, the number of seniors who need to move to senior living facilities is expected to increase from 15 million in 2000 to 27 million in 2050 (U.S. Department of Health and Human Services, 2013). While more seniors will need support for long-term care, current social trends such as smaller family size, more women in the workforce, decreasing birth rates and increasing geographic mobility of children means a decreasing rate of family and social support

for seniors (Ryan, Smith, Antonucci, & Jackson, 2012). These societal transformations are likely to decrease the availability of population that typically filled the role of informal caregivers, which limits seniors' options to age in their own homes (Administration on Aging, 2017) and further stimulates the demand for senior living facilities (SLF).

Although some seniors are compelled to relocate to SLFs due to medical issues, other seniors have the freedom and ability to choose how and where they want to age (Gibler, Lumpkin, & Moschis, 1997) as senior section in the U.S. represents a significant consumer group that controls around more than half of the total customer expenditure (Hudson, 2010). It has been well established in the gerontology literature that seniors of today are different than previous cohorts and it is a mistake to consider senior citizens as weak or dependent who seek only consistency and predictability (Hudson, 2010; Chen & Shoemaker, 2014). Seniors are reshaping today's marketplace since they are healthier, better educated, live longer, and have more purchasing power and better employment opportunities than ever before (Higgs & Quirk, 2007; Tate, Mein, Freeman, & Maguire, 2006). In addition to having greater disposable income and wealth, today's boomers have lower rates of marriage, have postponed childbearing for a longer time and have fewer children than their older adult cohorts. All these factors have reduced seniors' family obligation and increased their involvement in recreational activities (Higgs & Quirk, 2007; Pruchno, 2012; Tate et al., 2006). Researchers, policy makers, and health professionals have been increasingly concerned about this changing size and structure of baby boomers' population and its influence on the American landscape as these boomers age and retire (US Census Bureau, 2015). This should be of particular interest to the current senior living industry because seniors' expectations from SLFs have changed and seniors tend to be more attracted to amenity rich communities.

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Furthermore, some recent studies urge that this new cohort of baby boomers is also very sensitive to being labeled as seniors. A roundtable session conducted by the Cornell Institute for Healthy Futures (CIHF, 2017) reported that seniors are less likely to buy into any type of housing or senior care facility that identify them as "seniors" and they will not relocate to anything with the words "retirement" or "senior" in them (Negrea, 2017). All these factors suggest a new wave of change in how seniors will plan for their long-term care and what they choose to seek from SLFs. Thus, SLFs also need to adapt to the specific needs of today's seniors and need to be proactive rather than reactive in understanding the motivational factors that influence seniors' intention to relocate to SLFs.

Seniors relocate from their current residence to SLFs for many reasons. Migration researchers agree that the relocation decision is strongly influenced by many factors, which can either facilitate or inhibit the movement as they are factored into the decision process (Wiseman, 1980). Several studies have set out to understand seniors' motivation for moving and have pointed out that relocation decision is a complicated interaction of pull and push factors (Manicaros & Stimson, 1999; Kupke, 2000; Gibler, Taltavull, Casado-Díaz & Rodriguez, 2009; Baumker et al., 2012). These studies have pointed out some generally agreed push factors such as health concerns, physical frailty, safety and security concerns, housing conditions, property maintenance concerns, lack of caregivers and death of spouse. Some other studies indicated that, seniors are also motivated to relocate to due to the attractive features (pull factors) of the new residence such as weather, proximity to children and family, amenities and activities offered by SLFs, sociability, and the autonomy and independence that the SLFs provide (Croucher, Hicks & Jackson, 2006; Erickson, Krout, Ewen & Robinson, 2006; Groger & Kinney, 2007).

In addition to the motivational factors that facilitate a move, seniors' perceptions of barriers may also impact their decision to enroll or not to enroll in long term care facilities. For instance, seniors' perceptions of having or not having the necessary resources (e.g. time, money, knowledge) for moving to a SLF may be crucial in determining their behavioral intentions. Relocation to a SLF may involve a high amount of investment in many cases (Rowles, 2018). Entrance fees especially for the continuing care retirement communities (CCRC) for instance, can range from $100,000 to $1 million that may not be refunded. Monthly charges can range from $3,000 to $5,000 per person, but this amount may increase based on a variety of need factors such as meal service, transportation, housekeeping, and social activities (AARP, 2010). Thus, low income or not having financial resources may be constraining factors for relocation for many seniors. In addition, considerable amount of time and effort are required to investigate various long-term care options available in order to make a sound decision (Reisenwitz, 2017). Furthermore, most of the SLFs, in general, have a long wait list, where seniors may need to wait for months or even years for an availability in the selected facility. Last but not least, most senior consumers have limited knowledge and understanding about SLFs (Rowles, 2018) and, therefore, rely heavily on external resources (e.g., family, friends, advertising, facility employees) since their experiences with SLFs is minimal or nonexistent (Krout, Moen, Holmes, Oggins & Bowen, 2002; Reisenwitz, 2017). In this regard, all these barriers may negatively influence seniors' intention to relocate even though they are motivated to do so.

Problem Statement

The relocation of seniors has been extensively investigated and different conceptual frameworks such as the person–environment framework (also known as ecological model of

ageing) (Lawton & Nahemow, 1973), "anchors and moorings factors" (Longino, 1992), and the developmental framework (Litwak & Longino, 1987) have been proposed to explain seniors' relocation behavior. Although there is an extensive body of literature that utilizes these frameworks in understanding seniors' relocation behavior, most of these studies are limited in their focus. Scholars have investigated factors that motivate a change in residence by examining long-distance migration pattern, seasonal migration, short distance moves within the same city or community (e.g., relocating into areas in neighborhood with better access to service dwelling with better amenities), downsizing to a flat or small home, moving closer to children, and move in with adult children (Perry, 2012; Perry, Andersen & Kaplan, 2013). While these studies provide some evidence on why seniors relocate, the majority of these studies are mostly exploratory in nature and utilized qualitative methods to understand seniors' relocation behavior. In addition, findings of these studies are sometimes conflicting and not consistent.

Some other researchers adopted a specific point of view and studied relocation by focusing on only one aspect of push factors such as household accessibility (Granbom et al., 2018), safety and security (Fonad, Wahlin, Heikkila &Emami, 2006), neighborhood satisfaction (Fornaro, 2004), caregivers' proximity to the elderly (Van Diepen & Mulder, 2009) and falls (Stoeckel & Porell, 2010) as influential predictor of relocation decision. Roy et al. (2018), in their review of past literature on reasons for relocation, argued that while many predictors have been considered in the context of relocation decision, not all potential factors have been identified and needs further inquiry. In addition, it is important to note that motivation to migrate or relocate to another form of housing arrangements may differ from motivation to relocate to purpose built SLFs (Oswald & Rowles, 2006; Granbom et al., 2018). However, factors predicting relocation to SLFs have not been as comprehensively studied as moving to

abovementioned settings. Furthermore, the majority of the relocation studies are conducted from

a one-sided perspective that mainly focus on the issues with seniors' current housing (Erickson et

al., 2006), disregarding the destination factors that may influence the relocation process. Seniors'

intention to relocate and the decision on where to relocate are also affected by factors associated

with the new environment (Baumker et al., 2012). In other words, the idea of moving can

indicate a desire for new housing features (i.e., pull factors) as well as a rejection of current

housing features (Erickson et al., 2006). However, limited studies have investigated the pull

factors that are associated with SLFs as pointed out by Roy et al. (2018). Thus, there exist a gap

in the literature regarding what pulls seniors toward the SLFs and how these factors influence

their decision-making process. In addition, prior studies in relocation context have addressed

relocation from the perspective of a limited population who have already relocated and mainly

relied on ex post facto recall methods to understand the reasons why seniors relocate (Oswald &

Rowles, 2006). These methods suffer from deficiencies, which requires senior residents to recall

their memories and give reasons for their past behavioral action after they had already made the

move and they also ignore the decision-making process of seniors who are residing in their

homes but planning to relocate in the near future. Researchers argue that residents who have

been living in SLFs for a long term may become positively or negatively biased to these facilities

and they can only recall their experience from the potentially distorting perspective of hindsight

(Krout et al., 2002; Oswald & Rowles, 2006). Thus, this study fills the gap in the literature by

exploring the motivational factors and barriers perceived by seniors who are currently aging in

their own homes and have yet to relocate as well as seniors who have already made a move and

are current residents of SLFs.

In addition to the motivational factors, perceived barriers may also play a significant negative role on seniors' intention to enroll to a SLF. However, studies that empirically examines the influence of potential barriers on seniors' decision to relocate is almost non-existent. It may be expected that the relationship between motivational factors and intention to relocate may differ based on the barriers perceived by the seniors. For instance, cost as a barrier may reduce the impact of motives like socialization and desire for amenities, when the perceived value relative to socialization and amenity provided is lower than the cost as a barrier. These relationships are not clear and are speculative in general and have not been tested in the context of long-term care.

Based on the aforementioned discussion, it is evident that existing studies in the context of seniors' relocation fall short in their ability to capture the holistic picture and thus, are limited in their ability to understand factors affecting senior's intention to relocate to SLFs. Such knowledge is required to deepen our understanding of the complex decision-making process of relocation to SLFs. In this regard, the findings of this study contribute to the general body of knowledge in the context of seniors' relocation decision-making process by providing a comprehensive theoretical groundwork that enlightens the influence of motivational factors and perceived barriers on seniors' intention to relocate.

Purpose of the Study

This study aimed to explore factors affecting seniors' intention to relocate to a SLF. More specifically, the purpose of this study was to examine the influence of push and pull motivational factors and perceived barriers on seniors' intention to relocate to a SLF. In addition, the mediating role of perceived barriers on the relationships between push motivational factors and

intention to relocate and pull motivational factors and intention to relocate were investigated.

Based on the purpose of the study, the following research questions were explored:

1. What are the push motivational factors that influence seniors' intention to relocate to a SLF?

2. What are the pull motivational factors that influence seniors' intention to relocate to a SLF?

3. What are the perceived barriers that keeps seniors from relocating to a SLF?

4. Do perceived barriers mediate the relationships between push and pull motivational factors and seniors' intention to relocate to a SLF?

<u>Significance of the Study</u>

The findings of this study will provide valuable theoretical contributions in the context senior living literature. As previously mentioned, the majority of the prior studies in the context of relocation have investigated the reasons why seniors relocated after they had already made the move by mainly focusing on the issues with seniors' current housings. In addition, there have been limited number of studies that examined the relationship between motivational factors and perceived barriers and the impact of perceived barriers on seniors' relocation behavior. This study argues that both push and pull motivational factors and perceived barriers should be considered when examining seniors' intention to relocate to SLFs. While few studies have investigated reasons why seniors prefer not to relocate to SLFs, no research has specifically explored factors that constraint the senior relocation decision.

By adopting the push and pull framework from migration research (Lee, 1966) and push and the pull theory of motivation from tourism research (Dann, 1981), the current study attempts

to fill the gap in the literature by identifying not only the motivational factors, but also the perceived barriers that influence seniors' relocation intention. In addition, the relationships between motivational factors and perceived barriers proposed in this study also offer valuable theoretical contributions since this relationship has not been proposed and tested previously in relocation settings. Another contribution of the current research comes from its methodological approach. As mentioned earlier, prior relocation studies were mainly interested in identifying the reasons why seniors relocated by adopting qualitative research designs. To the author's best knowledge, this will be the first study that incorporates motivational factors and perceived barriers in a correlational predictive model, which will provide a comprehensive theoretical foundation that illuminates how seniors' behavioral intention toward relocation to a SLF forms.

While providing important theoretical contributions in the context of senior decision-making, the findings of the study also offer valuable practical implications not only for senior living facility operators but also for health care facilitators. Understanding the changing needs of senior's preferences, expectations and experiences is of paramount importance to senior living industry. With an understanding of seniors' decision-making process and the motivational factors that influence their relocation decision, future programs and services can be developed and successfully marketed to seniors based on those motivational factors. The findings of the study also help SLFs to identify barriers that acts as constraints to relocation, and to develop strategies to help seniors to overcome those barriers and facilitate the relocation process.

Definition of Key Terms

Seniors: Word used to describe the elderly population who are at the age of 65 or older. In this study, seniors are also referred as "older adults" "elderly", "aged", "old", "old age."

Relocation: Moving from one permanent residence to another permanent residence (Pope & Kang, 2010).

Aging in Place: Seniors' preference to age in their current home (National Institute on Aging, 2017). Aging in place is a choice made by seniors to remain in their own homes as they grow older with formal or informal home care.

Formal Care: Publicly or privately paid home care services provided by trained caregivers.

Informal Care: Unpaid care and assistance provided to seniors (e.g. bathing, dressing, cleaning, help with medication, cooking) by their relatives such as spouses, children, grandchildren and friends. Informal care is generally provided in senior's home or caregivers home and is fundamentally a non-monetary and often a social relationship (Mundt & Lusch, 1997).

Long Term Care: Broad range of support and services provided to seniors whose capacity for self-care is limited due to chronic illness, injury, physical, cognitive, or mental disability or other health related conditions. The services may include both formal or informal care, health care related as well as non-health care related services, and paid care provided by professionals as well as unpaid support provided by family and friends (Robison, Shugrue, Fortinsky, & Gruman, 2013; National Institute on Aging, 2018).

Push Factors: Repelling factors that push individuals away from their current residence or cause them to decide to leave their home (Stimson & McCrea, 2004).

Pull factors: Attracting factors of a place that pulls individuals towards it (Lee, 1966; Smetcoren et al., 2017).

Senior Living Facilities (SLF): Refers to institutionalized settings designed especially for seniors that includes a diverse collection of arrangements with varying level of support, care, and services such as Independent Living Facility (IL), Assisted Living Facility (AL), Skilled Nursing

Facility (SN), Memory Care (MC) and Continuing Care Retirement Community (CCRC)

(Pizam, 2014). This term is also used interchangeably with senior care facilities, long term care

facilities, senior housing facilities, retirement communities, retirement villages and purpose-built

home for seniors.

CHAPTER TWO: LITERATURE REVIEW

Historical Overview of Senior Living Facilities

Today's SLF have come a long way and the modern-day SLFs can be dated back to the old age nursing homes of the past, which had a harsh beginning. The root of nursing homes can be further traced back to the "poorhouses" and "almshouses" that were built for destitute seniors back in the nineteenth century (Collopy, Boyle & Jenning, 1991; Holstein & Cole, 1996) that often housed the poor, orphans, disabled and senile elderly, and inmates as asylum and detention center. Prior to the eighteenth century, these facilities were unheard of (Shin, 2015) and home and family were the forefront of senior care. Seniors were often cared for at home with the support of family members and elderly with no family support were placed in these poorhouses. The concept of home gradually emerged as a symbol of independence, self-identity and private haven during the eighteenth century in North Europe and North America (Shin, 2015).

While the orphans, inmates, mentally ill and other individuals who sheltered in the poorhouses were relocated to specific institutions such as orphanage, prisons and mental institutions, these poorhouses remained as primary facility for the frail elderly well into the twentieth century (Katz, 1984). Seniors remained the last group to stay in poorhouses since medical institutions didn't have much to offer to these seniors and social service support did not exist (Holstein and Cole, 1996). Some form of public assistance provided to individuals was also based on poverty than sickness. According to Holstein and Cole (1996), moralistic judgment and individualistic understanding about poverty and the poor gave rise to these poorhouses, a deliberately unpleasant institution initially intended to discipline and punish the poor, not to provide housing for the aged (p. 19).

Seniors were placed together with inmates, the insane, alcoholics, and orphans in these poorhouses, which were located in remote areas separate from urban areas (Shin, 2015). These residents of the poorhouses were provided with minimum physical care. Furthermore, these facilities lacked medical care, recreation or any attention to emotional need. Due to separation of husbands and wives, untreated physical and mental illnesses and the dark, dirty, filth and dilapidated physical condition of these facilities, these poorhouses became a symbol of negligence, brutality, cruelty and corruption (Cole, 1992; Holstein & Cole, 1996; Kaffenberger, 2000). Additionally, placement in these poorhouses was often equated with the loss of home and social relations, as well as autonomy and independence. Thus, seniors who took shelter in these types of facilities also experienced severe social stigma of old age poverty that puts the blame on aging itself as a problem in addition to the physical abuse. According to Collopy et al., (1991), the social stigma and harshness evident in poorhouses were intended so that citizens will be well prepared in advance for future and avoid public dependency (p. 3).

With the medical advancement in the late nineteenth century that combined pathology and aging, old age was eventually considered as a disease, a senile decline in inevitability, and as a result, greater acceptance and respect for the elderly, poor and the ill have emerged (Holstein & Cole, 1996). The concept of self-willed health and independence slowly disappeared and the new myth of old age began, suggesting that no matter how one lived, oldest people would eventually become frail in future. Medical care providers argued that everyone in older age was simply "senile" and argued did not have much to offer to cure for the disease (Haber, 2015). However, this drew attention to the care provided in poorhouses and the homes for aging. Scientific reformers strongly advocated for these poorhouses and almshouses as the appropriate location to

care for elderly and these institutions emerged as the recognized place for long term care of the seniors, regardless of their mental conditions (Haber, 2015; Holstein & Cole, 1996).

However, the stigma associated with the poorhouses still remained despite the effort to establish the poorhouses as old age homes for elderly care and seniors and their families viewed them with distaste and continued to fear the possibility of neglect, abandonment and abuse in these facilities (Collopy et al, 1981; Ogden & Adams 2008). These attitude and hatred towards the poorhouses created a resistance to any public establishments of nursing home care facilities (Haber, 1983; Holstein & Cole, 1996). However, further developments such as the Older American Act of 1960s and Social Security, Medicare and Medicaid Act successfully established nursing homes that are designed solely for elderly population, which eventually led to the developments of the current day nursing home industry (Collopy et al., 1991).

While nursing home emerged as an appropriate institution for caring the elderly by the mid-1960s, various issues and scandals related to care and finance were constantly revealed such as lack of care and low quality of care (Kaffenberger, 2000), negligence, abuse of residents, lack of staff, safety and fire protocol violations, embezzlement of residents assets and capital finance fraud (Collopy et al., 1991; Haber, 1983). These revelations further created negative image of these institutions among seniors and their families (Collopy et al., 1991). Americans reported that they felt painful and guilty for placing their families in nursing homes and residents of these facilities themselves reported feelings of lack of privacy, independence, self-esteem, and sense of failure (Holstein, Waymack & Parks, 2010). While newer rules and regulations are introduced to correct the abuses, Collopy et al. (1991) reported that the negative image of nursing home continued to be fueled by "worst case" examples that continues to come to public attention. In

other words, these nursing homes still carried the taints of the poorhouses and almshouses never wholly lost the stigma associated with welfare (Collopy et al., 1991; Katz, 1984).

As a result of the host of negative feelings and frustrations towards these nursing homes, newer options continued to emerge in the long term care industry. Senior living arrangements improved significantly over the years and new models of residential care such as independent living facilities (ILF), assisted living facilities (ALF) and continuing care retirement communities (CCRC) have emerged for seniors, which promoted the original concept of home such as independence, autonomy and control (Golant, 2004). These new models of SLFs have now emerged as secondary homes for senior residents. Today's SLFs seek to enhance residents' quality of life by emphasizing autonomy, privacy, dignity, freedom and ample opportunities for social interaction. These facilities continue to create homelike atmosphere through interior and exterior architectural to make residents feel at home (Marsden, 1999; Spitzer, 2004). Introduction of ALFs, ILFs and CCRCs has greatly helped to improve the image of these facilities in general. They are increasingly seen as a place to socialize and make friends and as a new home. Thus, SLFs of the present day differs greatly from the stereotypical model of nursing homes of the past eras. These institutions are continually working to improve their care culture for seniors by strategically changing their organization culture from patient-centered approach that defined seniors in terms of illnesses they suffer, to a person-centered approach.

Types of Senior Living Facilities

The aging population and their broad spectrum of needs and aspirations has led to the emergence of various types of purpose-built housing specifically designed for seniors. SLFs of present day consist of a diverse collection of arrangements with varying level of support, care,

and services. Compared to other developed nations, the U.S. has a broad range of SLFs that varies based on size, cost, and the types of services and activities provided.   This is because of the availability of vast and vacant lands in the U.S., where such facilities can be built and also due to the variety of climate and large number of sunny locations in the south that is more preferred by seniors compared to the cold areas of the country (Streib, 2002).

SLFs can be broadly classified into various institutional settings including independent living facilities (ILF), assisted living facilities (ALF), skilled nursing facilities (SNF), memory care facilities (MCF), and continuing care retirement communities (CCRC). The medical care and the level of services provided usually defines these facilities (Pizam, 2014). There are approximately 23,350 professionally managed senior housing and nursing care communities with 25 or more units/beds in the U.S. that represent 3.01 million professionally managed units/beds nationally with a combined projected total value of 475.1 billion (American Senior Housing Association, 2016; NIC MAP Data and Analysis Service, 2016). The senior housing industry is booming as growing number of seniors are occupying the SLFs, which indicates increased acceptance of senior housing lifestyle. The number of senior households choose to relocate to SLFs has been increasing at the rate of 4% annually (CBRE, 2017; SMHI, 2017) and that the demographic trends (i.e., increase in the elderly population) are expected to add the annual demand of growth of approximately 2% per year. SNFs occupy 43.9 %, ALFs occupy 37.1%, ILFs occupy 11.2% and finally, CCRCs occupy 7.8% of the overall senior living market in the U.S. (NIC MAP Data and Analysis Service, 2017). In the following section, additional information about the different types of SLFs are provided:

Independent Living Facilities (ILF): ILFs also known as congregate care facilities, are designed for active and healthy seniors who desire an independent lifestyle. ILFs range from

apartment complexes to single-family homes to villas. These facilities offer vide variety of

activities and social benefits to seniors. ILFs are worry free environments for seniors with

limited support when they need it. ILSs are like senior flats, but they offer additional services

including food and cleaning services, transportation and recreational activities where residents

pay an average monthly rent of $3,000 (NIC MAP Data and Analysis Service, 2017).

Assisted Living Facilities (ALF): ALFs provide housing options for seniors who need

help with their daily lives. These facilities provide extra care and support for seniors around the

clock. Apartment or suites at ALFs are specifically designed for seniors, which allow residents

to be independent while offering help when needed. Even though assisted living as a term is used

in variety of residential care settings, consumers and service providers agree on the key features

of ALFs (Kelly, Morgan, Kemp & Deichert, 2018). Typically, assisted living is described as

community-based residential care that provides shelter and meals, while allowing for 24-hour

protective oversight and personal care services (Carder et al., 2015). Since its inception, ALFs

ideally have emphasized consumer dignity, autonomy, and choice as well as privacy and a

homelike environment (Hawes et al., 2003; Kelly et al., 2018). The ALF deliberately distinguish

itself from nursing home setting through incorporating "homelike" atmosphere that fosters

resident privacy and autonomy (Mollica, 2002; Golant, 2004). However, the assisted living

landscape is rapidly changing. (Morgan & Brazda, 2013). Today, assisted living residents are

older, require more care, and may resemble nursing home residents in acuity (Kelly, et al., 2018).

ALF residents' needs differ from generic daily life needs to nursing home type of needs

(Kistler et al., 2016). Services provided by ALFs may range from support for personal care such

as dressing, feeding, bathing, toileting, and medication management to general services such as

housekeeping, transportation, security and services for social activities (clubhouses, gyms etc.)

(Bennett et al., 2017; Zimmerman & Sloane, 2007). There are more than 30,000 ALFs in the U.S. and ALF is the fastest-growing long-term care alternative for frail older people in the U.S. Reports show that residents pay an average monthly rent of $4,820 (NIC MAP Data and Analysis Service, 2017). A study conducted by National Center for Health Statistics (2016) found that 835,200 residents were living in 30,200 ALFs in the U.S. in 2014 (Kelly et al., 2018).

Skilled Nursing Facilities (SNF): SNF also known as nursing homes, provide round the clock nursing care for residents who cannot be cared for at home. These facilities provide the highest level of care and offer acute and intensive medical care, nursing care, physical therapy, and occupational therapy. These facilities are also one of the most highly regulated segments of the long-term care and typically requires a state license. Seniors of SNF receive assistance with basic daily activities as well as nursing and medical monitoring. Some of these facilities are designed as hospitals. Residents may share a room with two or more residents offering less privacy. SNFs may also have an added level of service, namely memory care, which is designed for patients suffering from memory impairment such as dementia or Alzheimer's, where the residents pay an average monthly rate of $ 9, 632 (NIC MAP Data and Analysis Service, 2017).

SNFs used to be the sole formal care model in the past. However, SNFs have experienced a steady decline in terms of their occupancy over the past 10 years (Center for Medicaid and Medicare Services CMS, 2013). CDC reported that the number of U.S. residents in SNFs has decreased more than 20% (1.4 million) over the past 20 years (Center for Disease Control and Prevention, 2019). The growth of home and community-based services, particularly the expansion of state Medicaid waiver programs has contributed to this decline of the skilled nursing population (Hahn, Thomas, Hyer, Andel & Meng, 2011; Weaver & Roberto, 2017; Kelly et al., 2018). Other reasons for this decline include the growth of the assisted living industry,

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which is a response to consumer demand for long term care housing that is more residential than institutional in nature, and the concern of public officials regarding the rising costs of long-term care (Bennett et al., 2017; Kaskie et al., 2015; Kelly et al., 2018).

Continuing Care Retirement Communities (CCRC): CCRCs, also known as life care communities have been operating since the end of World War II. One of the first CCRCs in modern sense opened in the U.S. was in Sun City of Arizona. CCRCs are operated by both private and not-for-profit organizations. The capacity of CCRCs vary from several hundred residents to several thousand residents (Croucher et al., 2006). These facilities provide independent living, assisted living, nursing care, and memory care all under one roof, and residents can move from one level to another as need arises. CCRCs are coordinated and comprehensive environments for seniors where residents enter at the independent living level with a deposit and a monthly fee that varies with the size of housing unit they choose (Krout et al., 2000). If the residents' care needs increase over time, they will be able to move to the next level of care within the same campus since housing and supportive healthcare services are all located in the same campus.

CCRCs guarantee a lifetime of care to residents where the residents have a lifetime of access to health care services, personal care, as well as social, recreational, and educational activities. CCRCs operate on an insurance principle where individuals are protected from uncertainties of escalating health care costs by paying regular premiums to cover the cost of their future care including nursing home care (Sherwood et al., 1997 as cited in Croucher et al., 2006). In addition to care and support, other amenities such as recreational and leisure services are provided on site. Studies have reported that CCRC residents are mostly white, women and aged 75 and above, educated, middle to upper class individuals (Groger & Kinney, 2007). CCRC

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residents are more likely to live alone and have fewer children living nearby (Croucher et al., 2006). While there are many long-term care options available for seniors, CCRC has become a popular option due to its unique characteristics of continuum of care for seniors.

<div align="center">**Role of Hospitality in Senior Living Industry**</div>

The senior living industry and the hospitality industry share many commonalities. SLFs are effectively a hybrid of hotel and hospital as these communities have both hospitality and health care aspects of the both industries (Hollis & Verma, 2015). For instance, SLFs features key hospitality services such as food services, housekeeping, laundry, personal care as well as social and recreational services (Pizam, 2014). A roundtable session conducted by CIHF (2016) among scholars and industry leaders from senior living industry asserted that people who move into SLFs are looking for the same level of quality they seek in their favorite hotel brands (Negrea, 2016). In the roundtable session, it is also emphasized that seniors' priority is the facility's focus on person centered care and seniors desire less institutional environment. For instance, seniors expect to feel that they are going to a restaurant, not to the dining room when they want to eat within the facility (Negrea, 2016).

As residents of SLFs are deeply invested financially and emotionally in their community as long-term residents, they have correspondingly high expectations for consideration of all matters (Brewer & Hurley, 1991 as cited in Lee & Severt, 2018). Consequently, senior housing industry is facing a growing pressure to adopt to the changing preferences of today's seniors (Negrea, 2017). A report from Senior Living Innovation Forum (2018) also projects that boomers will flip a lot of things in senior living as they are a different group of customers than the previous generations, who were grateful for whatever they were offered. Today, boomers are

much more entitled, and they are used to defining and creating market and the senior living industry needs to prepare for the future now Senior Living Innovation Forum (2018). This indicates that SLFs can benefit from paying additional attention to hospitality services to better cope with the above-mentioned expectations and complexities, and the high stress environment of medical care.

There has been a slow progressive change in culture of the long-term care for seniors as these facilities move from a patient-centered approach to person centered approach. Thus, adopting a distinctive model of hospitality focused care may help SLFs gain competitive advantage. In other words, while medical and health care needs bring clients to these facilities, the quality of hospitality services might determine which specific facility they choose over another (Pizam, 2014). While the attractive features of hotels such as desirable location, architecture of the building, facilities and amenities and the flexibility and choices available to the residents can all be incorporated into the SLFs, they can gain major competitive advantage by proposing a distinctive model of hospitality focused culture of care to seniors.

A review of the prior literature in the context of senior living demonstrated that geographical location, unavailability of facilities and amenities, lack of flexibility of choices, loss of autonomy and independence, absence of privacy, and formal care approach have been identified as the major causes of concern for seniors (Fraher & Coffey, 2011; Gilbert et al., 2015; Lee, 1999). It is important to note that not much flexibility can be offered regarding the health care aspect of these facilities. However, gerontology literature on relocation experience has repeatedly demonstrated that majority of the concerns seems to revolve around everyday care aspect and this is what seniors seem to keep in mind when evaluating the services provided in these facilities (Shin, 2015). Thus, the importance of hospitality services cannot be emphasized

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more when caring for frail and elderly as SLFs can tremendously benefit from adopting informal care approach in a homely environment as in the hospitality industry where possible.

Aging in Place

Seniors' need for long term care services can be provided in various care settings. While relocation to SLF is becoming increasingly popular among seniors, prior studies have also demonstrated that seniors have a high degree of residential stability and majority of them want to stay put in their own homes, be independent as long as they can, and want to avoid relocation despite their physical and cognitive limitations while aging (Cutchin, 2003; Lofqvist, et al., 2013; Longino et al., 2002; Oswald & Rowles, 2006). This preference of seniors to age in their own home is known as "aging in place". While this study mainly focuses on seniors' relocation decision, the author believes that examining the "aging in place" research is crucial in order to better understand and identify factors affecting seniors' relocation decision.

The CDC defines aging in place as the ability to live in one's home and community safely, independently, regardless of age, income, or ability level until the end of life. Seniors' preferences for staying in their own homes is increasing because aging in place allows them the desired continuation of the privacy and flexibility, independence, and convenience, which they have been accustomed in their lives (Wu & Chuang, 2001; Chen et al., 2015). Aging in place and its resulting impact on lowering the SLFs occupancy is a constant battle influencing the SLFs (Pearce, 1998).

Although aging in place is considered as an alternative to relocate to institutionalized facilities such as assisted living facilities or nursing homes, seniors who choose to stay in their homes may still receive variety of care and support services on need basis. These services can be

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facilitated in various settings including environmental home modifications, support from family members and friends in the form of informal caregiving, and formal in-home services such as home care support services, home health services, home delivered meals, home improvement programs as well as community based services including senior centers, adult day care, and transportation services (Alley et al., 2007; Tang & Pickard, 2008; Wellman, 2010). Researchers have noted that most Americans do not believe they will need assistance or some form of long-term care during their lives (AP-NORC Center for Public Affairs Research, 2013), but in reality, approximately 70% of the American population who reach the age of 65 are expected to use some form of long-term care (e.g., formal, informal or institutionalized) during their lives.

Aging in place as a research topic has received great attention from various fields such as demography, gerontology, environmental psychology, and geography. As previously mentioned, prior research shows that aging in place seems to be the most preferred choice of seniors despite their care needs, economic difficulties, inadequate housing or deprived areas (Means, 2007; Gilleard et al., 2007) and more researchers have become interested in investigating the concept of aging-in-place.

The majority of the aging in place studies preliminary focused on "place" as dwelling, and these studies investigated the reasons why older adults want to remain in their homes while aging. Other studies centered on the microscale of housing and personal possessions within the home, referred to as "home attachment", and evolved to "relationships" in the community (Ahn, 2017). After the introduction of a person-environment relationships proposed by Lawton (Lawton, 1970; Lawton & Nahemow, 1973), further inquiries have focused on how to support aging in the existing environment through the person-environment fit (Rosenberg, Jullamate, & Azeredo, 2009; Ahn, 2017). Furthering the developments in this area, Rowles (1983) introduced

the concept of "insideness" and argued that older adults experience physical, social, and autobiographical insideness, which suggests a phenomenological connection between the person and the environment. Consequently, the meaning of home attachment was extended to encompass not only the physical structure of the home and the possessions, but also the emotional attachment to the home that carries meaning of the person's lives and their built-up memories, and the surrounding environment. While place attachment has been the central themes in understanding aging in place decisions, some researchers argue that aging in place is not as simple as attachment to a particular home, but rather, is a complex process of continuous reintegrating with places, renegotiating meanings and identity, along with the dynamic landscape of social, political, cultural, and personal change (Andrews et al., 2013).

Prior literature indicated that there are several factors that influence seniors' decision to age in place including having a family member for informal care (Doty, 1986; Sommers & Rowell, 1992), length of residency and home ownership (Sommers & Rowell, 1992), social support, favorable location of house, feeling of safety and security, easy access of services from home, neighborhood features, relationship with neighbors, appropriate size and type and design of the house that supports aging (Fernandez et al., 2003; Kahana et al., 2003), familiarity and comfort (Streib, 2002), proximity of the house to family and friends and memories and place attachment of the house (Rowles, 1983; Rubinstein & Parmelee, 1992; Earhart & Weber, 1996; O'Bryant & Murray, 1986), and the feeling of control (Oswald & Rowles, 2006).

While the majority of literature focuses on why people prefer to stay home and the benefits associated with it, some other researchers urge that seniors' preference to stay home despite economic hardship, and inappropriate and inadequate housing can lead to negative consequences on their health and wellbeing (Gilleard et al., 2007; Golant, 2011; Lord et al.,

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2006; Wagner et al., 2010). While majority of seniors prefer to stay in their own homes and maintain their independence as much as possible, with growing age, their declining physical abilities will make it difficult for them to age in their traditional housing (Gibler et al., 1997). Researchers also reported that inappropriate dwelling (size of house, location of bathrooms etc.), accessibility (multistory building with stairs and no elevator), inappropriate location (remoteness of public service and health facilities, transportation, rural areas etc.), maintaining home and gardens, and the mortgage costs may hinder one's ability to relocate when necessary, making aging in place an emotional, physical, as well as an economic burden (Wiles et al., 2012). Moreover, the cost of home care services, little knowledge about home health care options, hassle of coordinating care, lack of information about home health care and inappropriate housing conditions and physical structure (Maloney et al., 1996) have been reported as barriers to aging in place. However, the majority of seniors' preference of aging in place indicates that seniors perceive fewer barriers to aging in place in comparison to relocation. This notion is supported by Wagnild (2001) who found that seniors are not aware of any barriers to aging in place and had no plans to facilitate their intention of aging in place.

<p align="center">**Seniors' Relocation Behavior**</p>

Relocation is defined as a move from one environment to another (Castle, 2001). Relocation is the behavior of individuals who leave their original location to go to a new location (Boyle & Halfacree, 1998). Seniors' relocation can be considered unique since many key mechanisms that facilitates move in young age (e.g., marriage, graduation, career initiation, growth in family size, and promotion) may not be applicable when it comes to aged population. Seniors relocate to prepare for aging, to receive assistance by seeking out more suitable

environments or to seek necessary amenities (Sommers & Rowell, 1992). Furthermore, while younger seniors select their living arrangement based on their physical and social needs within the resources available to them, older seniors choose their living arrangements based under different conditions such as their declining health condition and frailty, while their socioeconomic status declines (Hays, 2002; Wiseman, 1980). Current phenomena of relocation involve seniors migrating to a different geographical location after retirement, to live in a better climate or to have a vacation experience as snowbirds, to be near to family members or friends, or to receive personal and healthcare support within an institutionalized setting. However, in this study, relocation is defined as making a move from one's primary residence or home to a SLF.

Elderly who lives alone or with their families in their homes often lack amenities that can compensate for the lack of cognitive and functional decline as they age. While some seniors are able to age in place by making necessary adjustments in their home environment and by purchasing support services separately in their current homes, for many others, relocation to a SLF may be the only alternative solution to their increasing personal and healthcare needs (Choi, 2004; Hays, 2002). Relocation to SLFs means that seniors have chosen a new home and have expectations that they will eventually feel at home in the new environment (Young, 1998). Many seniors often consider moving to SLFs as the final move they make in their life (Pitts et al., 2005). As such, relocation is a significant life event for elderly people, which may have tremendous physical, psychological and social consequence (Fitzpatrick & Tzouvara, 2018; Van de Block et al., 2015).

Older adults often face abrupt changes in their life such as changes in their family structure and changes in their personal lives that redefines seniors housing needs and preferences (Wiseman & Roseman, 1979). Wiseman and Roseman (1979) identified such events as

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retirement, children leaving home, spouse's retirement, loss of income, death of spouse, illness and disability, which can trigger relocation. On the other hand, increasing number of seniors also relocate to SLFs for amenity related reasons. SLFs are also becoming increasingly popular due to their focus on residents' independence, privacy and individualized care. Newer formal housing and care options also continue to develop over time, influenced by economic markets, prevailing trends in senior housing, and research (Roth et al, 2016).

Relocation to a new positive environment can be beneficial for seniors and prior research have identified various benefits of relocation such as improved physical and mental health, improved quality of life, renewed sense of safety, socialization, independence from family members, increased social interaction, formation of friendship and close relationship among many others (Fraher & Coffey, 2011; Lee et al., 2013; Saunders & Heliker, 2008). Thus, SLFs are viewed as a place to enhance one's social life in the context of a protected age segregated environment. Furthermore, with the new cohort of retiring baby boomers and their desire to remain independent and not to receive help from their adult children also play a role in increasing popularity of the SLFs (Berkowitz & Schewe, 2011). In addition, the opportunity to move during the healthy age and the availability and the capacity of these facilities to accommodate various levels of care without the need to move to a different institution (Groger & Kinney, 2007) have also raised the demand for these facilities.

As a research topic, seniors' relocation has attracted great attention from researchers in various fields such as demography and populations studies, marketing, geography, psychology, gerontology, health policy, nursing, and senior housing and, several conceptual frameworks have been proposed to explain relocation of older adults. For instance, Lawton and Nahemow (1973) proposed a person–environment framework (also known as an ecological model of aging)

(Baumker et al., 2012). In this framework, individuals' well-being and behavior is the result of a balance between demands imposed by the environment and the individuals' ability to meet these demands (Ericson, et al., 2006). Studies that utilize this framework mainly focus on how declining competence leads to a poor fit between the individual and his or her housing (environmental press), which can result in additional health consequences and a poor quality of life (Baumker et al., 2012). For instance, declining health may lead to struggle in climbing stairs, which in turn increase the chance of a fall and disability (Erickson, et al., 2006).

Wiseman (1980) proposed a theoretical model of elderly migration as a behavioral model and argued that individual's satisfaction with their current residence is a critical factor in relocation decisions. According to Wiseman (1980), the migration process involves a set of interrelated decisions such as decision to move, the decision of where to move and decisions regarding the living arrangements. Wiseman (1980) further argued that relocation is stimulated by one or more triggering mechanisms, which are comprised of various pull and push factors. These triggers can be anticipated events as well as critical events that brings an abrupt change in life. Pull factors refers to functional changes, shrinkage of primary support, loss of partner and care givers etc. Other triggers include pull factors such as desire to enjoy recreational amenities, availability of social networks, warmer climates etc. Furthermore, while considering relocation, individuals will evaluate both indigenous as well as exogenous factors (Wiseman, 1980). Indigenous factors refer to health condition, income, former residential experience, memory of successful moves and long-term stability, whereas exogenous factors refer to factors exogenous to individuals such as housing market. Thus, relocation decision can be continuous as well as periodic monitoring and reevaluation of current residential satisfaction where an individual

weigh push and pull factors of the triggering mechanisms in the balance of needs, desires, resources and projected outcomes (Wiseman, 1980; Sommers & Rowell, 1992).

The "developmental framework" of Litwak and Longino (1987) describes the transitions that older people move through as they attempt to optimize their living environment. In this framework, seniors' relocation is triggered by three distinct factors. The first type of move is labelled as "amenity-based move", where older adult relocates to a senior care facility after retirement when he or she is motivated by amenities and comfort and a desire to enhance his or her quality of life (Lovegreen & Kahana, 2010). The second move is labelled as "assistance move" that accompanies moderate functional decline. This move is associated with getting closer to relatives or children who can provide assistance when the senior becomes less able to manage independently because of his or her health problems. Finally, the third move known as "dependency move" denotes extensive frailty and disabilities and relates to increased care needs where seniors move to a care or nursing home when care needs increase and informal caregivers (children, relatives, spouse) are no longer able to provide sufficient support (Baumker et al., 2012). Various studies have yielded support for this "developmental framework" (Longino et al., 2008; Longino et al., 2002).

In addition to these frameworks, the migration literature also mentions "anchors" and "moorings" factors in explaining seniors decision-making process in the context of relocation. Moorings highlight the importance of social networks and reference groups in the seniors' decision to move or not to move (Longino,1992). Moorings are the factors that are attaching a person or household to a locality where they have to be "united" for relocation to occur. Anchors, on the other hand, characterize a reverse concept with conditions or circumstances that can be "pulled up" at one location and set down in another to provide stability. Anchors may

deliver steadiness in life situations for seniors when they move from place to place (Manicaros & Stimson, 1999; Stimson & McCrea, 2004).

In an effort to better understand the seniors' relocation decision making process, a flow chart is illustrated in figure 1. Relocation studies have mostly conceptualized the relocation as a two-step process that involves decision on whether to move which is influenced by push motivational factors and the decision on where to move which is influenced by the pull factors of the destination. This study adopts a different approach to relocation by integrating factors that constraints seniors' decision to relocate to SLFs. The decision-making process that involves relocation from one's primary residence permanently to SLFs is a very complex process and various predictors have been associated with planned or actual relocation of seniors.
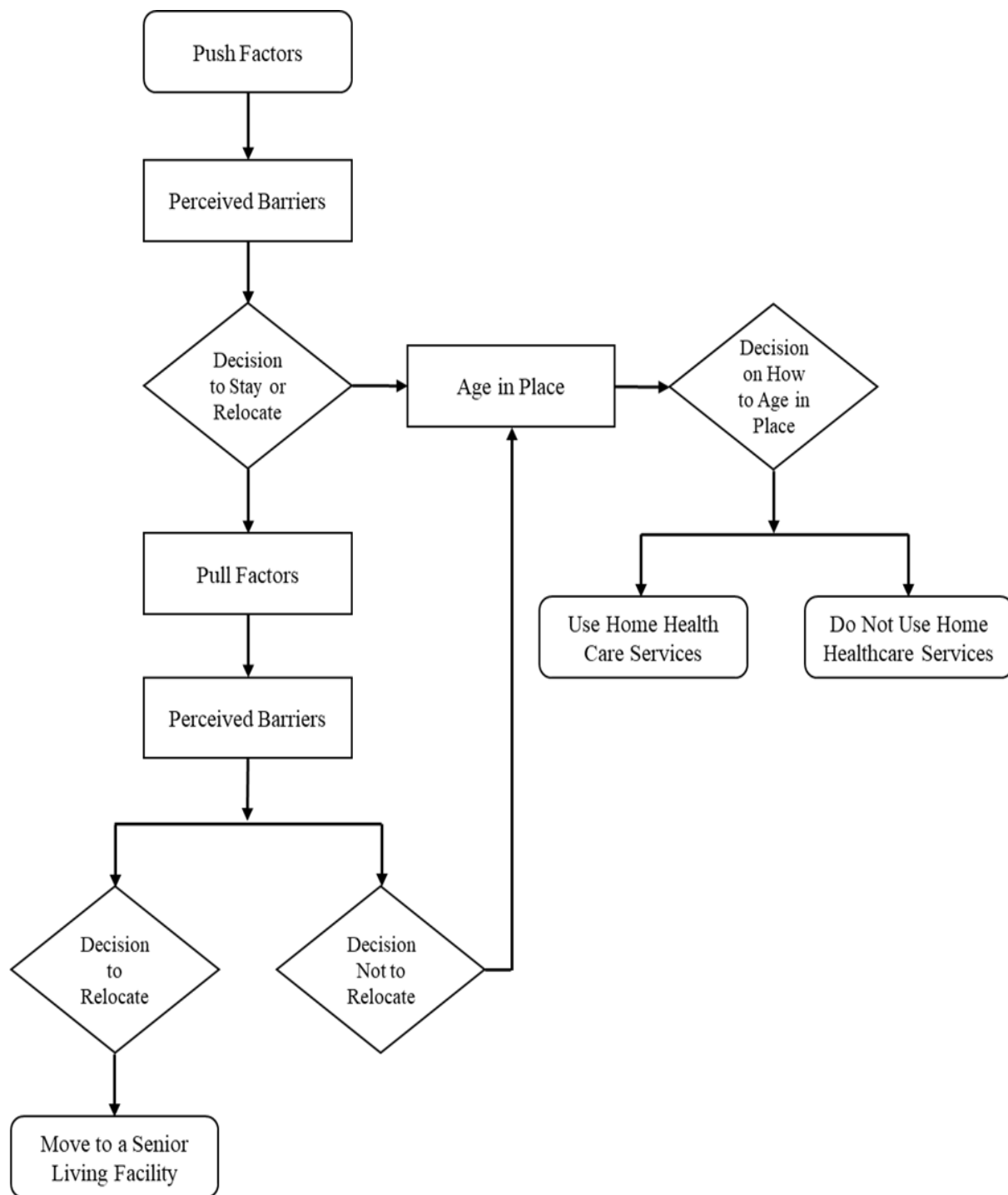
Figure 1: Seniors' Relocation Decision Making Process

For instance, decision to move has been linked to various push factors related to individual's current situation. Due to the poor person and environment fit as stated by Lawton (1982), individual may realize the need for relocation when there is lack of fit between one's capability and the demand of the surrounding environment.

While seniors are motivated to find a new residence, they may also estimate the probability of being able to actually undertake a move to SLFs. Barriers such as family responsibilities, socio-cultural values and norms, fear of loss of autonomy and control, negative stereotypes associated with senior care facilities, lack of financial resources to relocate or lack of knowledge about various senior living options may influence their decision to relocate. A combination of push and pull motivational component and the barriers may determine seniors' decision on whether to stay in their current home (age in place) or to relocate to SLFs. After the evaluation of motivational factors and barriers, a decision must be made on whether to age in place or to relocate. Those seniors who are able to overcome the obstacles will decide to relocate to senior living facilities. However, it is also important to note that seniors may face additional constraints related to SLF such as waiting lists in various senior living facilities, unavailability of local facility that meets seniors' need, or the various entrance requirements related to deposits, entrance and monthly fees, institutional policy regarding entry age, health requirements, visitor policies and pet policies

. Those seniors who considered relocation but unable to overcome abovementioned obstacles will eventually make a decision to age in place. But they are also faced with the decision on how to age in place as they experience further decline in their health and capabilities. Senior's desire to age in place may also be influenced by the availability of home health care services. Thus, at this stage, some seniors will make a decision to receive professional home

health care services while other will plan to age without any formal care services and rely on informal services provided by family, friends or neighbors. Other seniors who are able to strategically negotiate push and pull related barriers will decide to move to the SLF (Figure 2).

Migration Theory and Push and Pull Framework

The theoretical roots of the push and pull framework goes back to the work of English geographer Ravenstein's (1889) research about migration, where he posited that migration is evaluated by the destination's attracting factors (i.e., pull factors) and the repelling (push factors) factors of the place of origin (Bijak et al., 2006). By giving specific emphasis to push factors, Lee (1966) revised Ravenstein's (1889) theory and examined how motivation and intervening variables may affect the migration process. More specifically, Lee (1996) proposed the theory of migration that various attracting and repelling forces determines relocation. Lee (1996) further argued that the decision to move is based on four factors including (1) factors associated with the area of origin (push factors), (2) factors associated with the area of destination (pull factors), (3) intervening obstacles, and (4) personal factors.

According to Lee (1966), there are various pull factors, which act to hold people within an area or attract people to it, and there are many push factors, which tend to repel them. While it is not possible to identify all set of factors for all individuals, the classes of people who react similarly to the same generals set of factors in origin and destination can be identified. Lee (1996) clarified that it is not possible to identify exact set of factors which pushes or pulls each individual. However, certain factors which are of special importance to all the groups in average, can be specified. Lee (1966) further argues that there are important differences between factors associated with origin and factors related to destination. A person's knowledge about origin is

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based on long term acquaintance and are accurate. However, knowledge about destinations is seldom accurate and can be perceived accurately only by actually living there. Lee (1966) tied the element of ignorance and mystery with area of destination and stated that there is always some uncertainty regarding the reception of individual in the destination.

In terms of push factors, Lee (1966) posited that violence from political unrest, threats to personal safety, poverty and social insecurity, struggle for livelihood, and low levels of education influence the decision to migrate. In regard to pull factors, Lee (1966) found that self-improvement, a booming economy and security, job opportunities, favorable migration laws, unification with family, pursuit of better socioeconomic possibilities, and education are strong determinants of migration decision. In addition, Lee (1966) also argued that variables such as political barriers and having dependent family relations could impede or even prevent migration (Conton, 2011).

As a research topic, motivation has attracted great attention from researchers in the field of tourism and travel as well since it has been considered as the starting point of the consumer decision process and an important construct to understand tourist behavior. For example, Pizam et al. (1979) were among the early researchers who adapted consumer motivation to tourist motivation. They defined tourist motivation as "a set of needs which predispose a person to participate in a tourist activity" (p. 195). Tourist motivation can be divided into three groups. The first group focuses on personal motivations that direct people for specific behaviors. In the second group, motivation is used for market segmentation. The third group examined the relationship between the motivational factors and other constructs such as satisfaction and intention to visit. Based on the aforementioned discussion, several tourist motivation theories

have been developed including Iso-Ahola's (1982) 'optimal arousal theory', Dann's (1981) 'push and pull motivation theory', and Pearce's (1988) 'travel career ladder' model.

In the context of tourism, motivation has been considered as an important factor in explaining tourists' behavior (Baloglu & Uysal, 1996) and most of the prior research in the context of tourist motivation has been centered on the concept of push and pull factors (Crompton 1979; Oh, Uysal & Weaver, 1995; Sirakaya & McLellan, 1997; Hanquin & Lam, 1999; Kim, Lee, & Klenosky, 2003). According to Dann (1977), the push and pull framework provides a simple and intuitive approach for explaining the motivations underlying tourist behavior. Push and pull factors "involves the theory that people travel because they are pushed and pulled to do so by forces" (Baloglu & Uysal, 1996, p. 32). While push factors are related to socio-psychological motivation (e.g., novelty and adventure seeking, relaxation, prestige, socialization) of individuals to travel, pull factors are related to external forces (e.g., attractions and facilities, food, people, and image) that attract the potential tourist to a particular destination once a selection decision has been made (Uysal & Jurowski, 1994; Baloglu & Uysal, 1996). Pull factors describes external forces that arises from attributes of the destination that pull individuals towards it. Pull factors have been identified as both tangible as well as intangible features cultural attraction, historical attractions, infrastructure, warm climate, beach, food, shopping services, price, sports and recreational facilities, entertainment, transportation system, hospitality, convenience of facilities, accessibility, quality of services, safety, personal and historical link and also the marketed image of the destination (Kim, Crompton & Botha, 2000; Kim, Lee, & Klenosky, 2003; Klenosky, 2002; Oh, Uysal, & Weaver, 1995 Sirakaya & McLellan, 1997).

Push and Pull Motivational Factors in the Context of Senior Relocation

Prior studies in the context of senior living have examined the impact of several push and pull motivational factors on seniors' decision-making process. It has been well established that the push and pull factors are the driving forces behind relocation in later life and the decision to relocate to a SLF involves a complex interplay between the push and pull factors (Hays, 2002; Bekhet et al., 2009; Stoeckel & Porell, 2010; Marx et al., 2011; Baumker et al., 2012). In other words, relocation process is the balance between the attraction of the new living environment in contrast with the difficulties of the currently existing environment that influences the relocation decisions (Bekhet et al., 2009; Crisp at al., 2013). However, the majority of these studies are qualitative studies and there has been a limited number of empirical quantitative studies that examined the impacts of push and pull motivational factors on seniors' decision to relocate. In the following section, push and pull motivational factors in the context of relocation are discussed.

Push Motivational Factors

Push motivational factors identified in previous literature in the context relocation can be grouped under *health-related factors* (e.g., own health concerns), *family related factors* (e.g., spouses failing health, death of spouse) *housing and property related factors* (e.g., desire to downsize, expensive home maintenance) *social factors* (e.g., need for social contact), *psychological factors* (e.g., loneliness, personal insecurity), and *economic factors* (e.g., cost of living at home, retirement, change in income status) (Baumker et. al., 2012; Bernard et. al., 2007; Walker & McNamara, 2013; Groger & Kinney, 2007; Stimson & McCrea, 2004; Smetcoren et al., 2017) (Table 1).

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Table 1: Push Motivational Factors in the Context of Relocation

Health Related Factors	Authors
Own health concerns (i.e., health decline and health crises)	Baker (2002), Baumker et. al. (2012), Bernard et. al. (2007), Evans and Means (2007),
Disability	Kingstone et al. (2001), Krout et al. (2002), Smetcoren et al. (2017), Walker and McNamara (2013)
Social/Family Related Factors	
Spouse's failing health	Groger and Kinney (2007), Krout et al. (2002),
Death of spouse	Bekhet et al. (2009), Sheehan and Karasik (1995), Bernard et. al. (2007), Stimson and McCrea (2004)
Children, family or friends moved out of home	Stimson and McCrea (2004)
Loss of friends & neighborhood	Bekhet et al. (2009), Stimson and McCrea (2004)
Fear of crime	Baumker et al. (2012)
Isolated from community	
Need for social contact	Smetcoren et al. (2017)
Wanting to spend more time with people of similar background	Stimson and McCrea (2004)
Housing and Property Related Factors	
Desire to downsize	Groger and Kinney (2007)
Expensive home maintenance	Stimson and McCrea (2004)
Garden maintenance	Baumker et al. (2012), Stimson and McCrea (2004)
Home and yard maintenance	Groger and Kinney (2007), Bekhet et al. (2009),
Getting rid of responsibility	Bernard et. al. (2007), Groger and Kinney (2007), Krout et al. (2002), Sheehan and Karasik, (1995)
Home needs adaptations	Baumker et al. (2012)
Home too large	
Home too far from shops	
Housing Problems	Smetcoren et al. (2017)
Inappropriate design of the home	Stimson and McCrea (2004)
Regret and fear about letting home deteriorate	Walker and McNamara (2013)
Psychological Factors	
Desire to plan when still able to do so	Groger and Kinney (2007)
Moving before it is too late	Walker and McNamara (2013)
Loneliness	Bekhet et al. (2009), Stimson and McCrea (2004)
Optimal timing or readiness for change	Groger and Kinney (2007)
Personal Insecurity/ Feeling unsafe	Bernard et. al. (2007), Smetcoren et al (2017)
Seeking a new lifestyle	Walker and McNamara, 2013
Change in lifestyle/More free time	Stimson and McCrea, 2004
Fear of burdening family	Baker (2002), Groger and Kinney (2007), Krout et al. (2002)
Economic Factors	
Cost of living at home	Baumker et al. (2012)
Financial Problems	Smetcoren et al. (2017)
Change in income status	Weeks et al. (2012)
Retirement/ Recently stopped working	Stimson and McCrea (2004)

Health Related Factors: As seniors age, their functional and cognitive health deteriorates with age. Decline in seniors' current health status and disability triggers health related events such as hospitalization, changes in functional status, changes in mental and cognitive status and frequent outpatient visits (Hays, 2002). It has been well documented in the relocation literature that older adults make decisions about relocation when they are faced with acute, chronic or progressive health conditions that may cause functional or cognitive impairments (Oswald & Rowles, 2006).

Several of these studies have reported that decline in senior's health condition and the associated functional and cognitive limitations are the most common push motivational factor that limits seniors' ability to stay home and compels them to consider relocation (Baker, 2002; Baumker et. al., 2012; Bernard et. al., 2007; Evans and Means, 2007; Kingstone et al. 2001; Perry et al., 2013; Smetcoren et al., 2017; Stimson & McCrea, 2004; Walker & McNamara, 2013).

While it is well established that seniors' health condition triggers relocation to SLFs, other studies reported that health status did not predict seniors' future housing expectations (Robison & Moen, 2000), and some studies have identified that health factors were less of a concern than the ability to manage home and garden and desire to be independent (Croucher et al., 2003; Krout et al., 2003; Gardner et al., 2005). In addition, it is important to note that the role of health related factors on relocation is not as straightforward factor as seniors in good health may be motivated to relocate for better amenities contrary to those in poor health who relocate for better care and support need (Hayward, 2004) and therefore needs further exploration.

Social and Family Related Factors: Various family related factors have also been identified as a push factor that motivates seniors to consider relocation decision. While seniors'

own health issue is a major push factor, spouse's failing health may also push seniors to move to senior living institution together as a couple as the spouse need additional care and support, which cannot be provided at home (Bekhet et al., 2009; Groger & Kinney 2007). Krout et al., (2002) reported that married respondents whose spouses were in poor health were more likely to relocate due to spouse's poor health condition. Another study by Sheehan and Karasik (1995) noted that many married couples joined the retirement community to ensure care for their spouses and to be near them. Additionally, losing a family member such as death of spouse or widowhood is also identified as one of the key factors for seniors to relocate to SLFs (Bloem, Van Tilburg & Thomese, 2008) as spouses are usually a major caregiver for seniors and when the spouse who used to be the caretaker for the seniors dies, the other partner is forced to relocate to SLFs. Furthermore, other social factors such as seniors' social networks have also been suggested to have a significant influence on seniors' relocation behavior (Bekhet et al., 2009; Pope & Kang, 2010). To be more specific, seniors are more likely to relocate when their children, relatives or friends moved out of their homes to more distant locations (Caro et al., 2012) resulting in inconsistencies in family support and informal care assistance (Bekhet et. al, 2009, Leggett et al., 2011). When seniors experience such loss or less support from their family members, they desire social contacts and the desire to "attach" to people. These desires triggered with social isolation shapes seniors' decision to relocate to SLFs, where they can meet individuals of similar age and background and be able to rebuild their social networks (Stimson & McCrea, 2004; Smetcoren et al., 2017). These findings are consistent with a study conducted by Doherty and DeWeaver (2003) which indicated that majority of senior residents in institutionalized setting did not have care takers who could meet their needs at home.

Housing and Property Related Factors: While health and family related factors are the key motivational factors influencing relocation, seniors' living arrangement is also found to be a salient factor in relocation decision. Many seniors have concerns over the structural design of their home (e.g., home needs adaptations, home too much to manage, home has stairs and steps, home is multi-storied) which limits their ability to function in their home (Stimson & McCrea, 2004; Wagner et al., 2010; Weeks et al., 2012). Building accessibility may become a problematic issue for some seniors with decline in their mobility (Menec et al., 2011). In addition, some older adults may still be residing in homes where they have raised their children and the space may be too big for a couple or a widow. In other cases, death of a spouse may make it difficult to maintain the residence (Caro et al, 2012) where women are left with maintenance jobs and men are left with cooking and home maintenance chores. These seniors have regrets and fear about not being able to maintain their property and letting their home deteriorate (Walker & McNamara, 2013).

Prior studies indicated that seniors who reported having right size home and have more accessibility features in their home are less likely to consider relocation (Erickson et al., 2006). As home maintenance becomes difficult to manage and more expensive, and home design becomes inappropriate, seniors are pushed to relocate to SLFs to get rid of the burden of ongoing responsibility of house maintenance or to overcome bad housing conditions (Bekhet et al., 2009; Bernard et. al., 2007; Groger & Kinney, 2007; Krout et al., 2002; Stimson & McCrea, 2004). Other studies indicated that the location of home itself was considered problematic as being too far from shops and stores or seniors felt the lack of services near neighborhood (Baumker et al, 2012; Tyvimaa & Kemp, 2011). Consistent with the prior findings, Ewen and Chahal's (2013) findings also lent support that inability to maintain current residence and substantial change in

the neighborhood makes home less safe or neighborhood less navigable, which ultimately pushes seniors to relocate to SLFs that facilitates independence.

Psychological Factors: Psychological factors are also found to be a common theme that surrounds seniors' relocation decision. Seniors may consider relocation for psychological reasons such as feeling of loneliness, isolation, personal insecurity, depression, fear of crime and anticipation of future loss and decline in their abilities (Bekhet et al., 2009; Stimson & McCrea, 2004). The fact that many seniors want to optimize their independence and do not want to become a burden to their children, family and friends (Baker, 2002; Groger & Kinney, 2007; Kingston et al., 2001; Krout et al., 2002) shows how much they value autonomy in older age. Seniors also place high importance on anticipating future needs in advance and they relocate when they find it an optimal timing for readiness to make changes (Groger & Kinney, 2007) precisely to avoid being forced out of their homes when their own or spouses' health fails or their ability declines (Krout et al., 2002). Other seniors are pushed to relocate to be able to maintain their current lifestyle (Stimson & Mccrea, 2004). Prior studies also found that seniors expressed fear that they may end up with involuntary relocation to undesired locations and therefore, plan to relocate when they are still able to do so before it is too late (Groger & Kinney, 2007; Walker & McNamara, 2013). On the other hand, relatively younger seniors may have different psychological push motivations to relocate to SLFs such as intrinsic desire to seek new lifestyle, new friendships, new relationships, to enjoy life and to engage in leisure activities (Stimson & McCrea, 2004).

Economic Factors: Economic factors also have significant impact of seniors' decision to relocate to SLFs. High cost of home and garden maintenance, rent, and mortgage increases seniors' cost of living at home (Baumker et al., 2012). These financial problems may push

seniors away from their home and consider relocation (Oswald & Rowles, 2006; Smetcoren et al., 2017). A person's economic status may also change as a result of loss of job due to injuries, illnesses, and disability whereas other seniors may simply retire from their job (Stimson & McCrea, 2004). Furthermore, seniors may have difficulty in understanding and managing all the costs associated with maintaining their current residences such as bills, cost of maintaining home, pools and yards and therefore may consider relocation (Caro et al., 2012). In old age, seniors care and support needs increase while their economic status declines increasing the probability of seniors contemplating relocation. Based on the aforementioned discussions, the following hypotheses are proposed:

> *H1a: Health related push motivational factor positively influences seniors' intention to relocate to SLFs.*
>
> *H1b: Social and family related push motivational factor positively influences seniors' intention to relocate to SLFs.*
>
> *H1c: Housing and property related push motivational factor positively influences seniors' intention to relocate to SLFs.*
>
> *H1d: Psychological push motivational factor positively influences seniors' intention to relocate to SLFs.*
>
> *H1e: Economic push motivational factor positively influences seniors' intention to relocate to SLFs.*

Pull Motivational Factors

In the context of relocation, pull factors represent attractiveness or features of the facilities that pulls individuals towards these facilities. When the destination seems more

attractive and appealing such as being more age friendly or pleasant compared to seniors' current

dwelling, individuals are pulled to relocate (Smetcoran et al., 2017). Various researchers have

pointed out that pull factors that attracts seniors to a new destination seems to be more important

than the push factors that repels seniors from their current location (Carlson et al., 1998; De Jong

et al., 1995). Pull factors includes the attractive elements of the new living environment and the

majority of studies in the context of long-term care have concluded that these attractive elements

are the reasons why seniors relocate to SLFs. However, pull factors have received less attention

compared to push factors (Hays, 2002) in the context of relocation. Pull motivational factors in

the context of relocation to SLFs may include a mixture of facilities and services related factors

which may be both tangible and intangible. While some pull motivational factors may be specific

to one type of facility such as guaranteed life time of care offered by CCRCs, majority of pull

motivational factors are common among all types of senior care facilities which can be grouped

under the following categories of generic pull factors (Table 2).

Table 2: Pull Motivational Factors in the Context of Relocation

Facility Related Factors	**Authors**
Amenities and activities	Erickson et al. (2006), Groger & Kinney (2007), Krout et al. (2002), Manicaros and Stimson (1999)
Access to on-site health care and medical services	Krout et al. (2002), Longino et al. (2002)
Attachment to the affiliation of the facility	Groger and Kinney (2007), Walker and McNamara (2013).
Access to everyday amenities Accessibility	Baumker et al. (2012), Erickson et al. (2006); Krout et al. (2002), Manicaros and Stimson (1999)
Leisure facilities	Baumker et al. (2012)
Better living environment	Erickson et al. (2006), Krout et al. (2002), Manicaros and Stimson (1999)
Being able to bring possessions from home	Walker and McNamara (2013)
Familiarity with the institution	Bekhet et al. (2009), Stimson and McCrea (2004), Walker and McNamara (2013)
Reputation of the facility	Baumker et al. (2012), Bekhet et al. (2009)
Quality and size of accommodation	Croucher et al. (2003)
Type of tenure	Baumker et al. (2012)
Socio-Psychological Factors	
Joining friends and family	Bekhet et al. (2009)
Sociability, Social Opportunities	Bernard et al. (2004), Baumker et al. (2012), Croucher, Hicks and Jackson (2006)
Independence from family Desire to remain independent/	Cohen at al. (1988), Croucher et al. (2006), Krout et al. (2002), Sheehan and Karasik (1995), Smetcoren et al. (2017)
Safety and Security	Baumker et al. (2012), Bekhet et al. (2009), Bernard et al. (2004), Croucher et al. (2006) Pinquart and Sorensen (2002), Walker and McNamara (2013)
Environmental Factors	
Climate	Croucher et al. (2003)
Location of the facility	Baumker et al. (2012), Bekhet et al. (2009), Evans and Mean (2007), Walker and McNamara (2013)
Proximity to family	Baumker et al. (2012), Groger and Kinney (2007), Krout et al. (2002), Walker and McNamara (2013)
Attraction of the new living environment/ Availability of more services around the new dwelling	Smetcoren et al. (2017)
Retaining family and social networks	Evans and Means (2007)
Cultural Activities/ Area for holidays	Erickson et al. (2006), Stimson and McCrea (2004)

Facility Related Factors: Facility related factors play an active role in seniors' relocation decision. Factors such as, size, design and layout, site, quality of accommodation, extensive care services, transportation service, leisure facilities (Croucher et al., 2003; Kupke, 2000), tenancy rights (Baumker et al., 2012), amenities and activities (Erickson et al., 2006, Groger & Kinney, 2007; Krout et al. , 2002, Manicros & Stimson ;1999), access to on site health care and medical care (Krout et al., 2002; Longino et al., 2002), better living environment (Erickson et al., 2006), high quality of life and familiarity with the institution (Bekhet et al. 2009; Stimson & McCrea, 2004; Walker & McNamara, 2013), sense of community and attachment to the affiliation of the facility, and reputation of the facility (Baumker et al., 2012; Bekhet et al., 2009) are the major factors that attracts seniors to relocate to the SLFs. Some other studies also found that various policies set by the facilities such as the ability to bring own furniture and belongings from home and ability to keep pets in the facility were also important factors for seniors (Johnson & Bibbo, 2014).

Furthermore, SLFs share many similarities with hospitality industry. SLFs are considered as home for seniors where majority of seniors stay for the lifetime. As such, the hospitality culture is considered as essential component in senior living industry and some recent studies have highlighted that SLFs should draw from service principles utilized in the hospitality industry (Hollis & Verma, 2015; Lee & Severt, 2017). However, no relocation studies investigated the role of hospitality-oriented service culture as pull factors that attracts seniors towards these facilities.

Socio-Psychological Factors: Relocation literature highlights the importance of socio-psychological factors such as the need for secure housing, feeling safe, and need to be around other people. For instance, prior studies in the context of relocation indicated that many seniors

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worry about their safety and security at home (e.g., theft, crime, robbery) and they are attracted

to the SLFs by the safety and security features offered by SLFs (Baumker et al, 2012; Bernard et

al., 2007). A study by Bekhet et al. (2008) revealed that seniors' sense of security also comes

from medical and communication services available at SLFs since seniors worry about what will

happen to them if they experience a fall or a medical condition such as stroke or other types

injuries. Furthermore, seniors are pulled to relocate to gain a sense of independence and

autonomy (Cohen et al., 1988; Pinquart & Sorenson, 2002). Social opportunities in SLFs are also

cited as one of the major pull motivational factors (Croucher et al., 2006; Krout et al., 2002;

Longino et al., 2002; Smetcoren et al., 2017). Social factors involve opportunity to join friends

and family who are already in SLFs, opportunity to make new friends and companionship,

opportunity to socialize, and opportunity to have fun (Bekhet et al., 2009). Some seniors may be

attracted to facilities because they want to join their family and friends who are already residing

in these facilities (Bekhet et al., 2009) or these facilities are in closer proximity to their children's

home. Other seniors look for opportunity to socialize and make new friends with people who are

at similar age and have similar interests. Due to the homogeneity of residents in these SLFs,

seniors see ample of opportunities to socialize in SLFs. Importance of social factors are also

exemplified by other scholars who found that that availability of on-site communal facilities in

SLF was very important for seniors in terms of socialization, opportunity to interact with each

other and opportunity to do various activities together in a group setting such as playing bingo,

watching movie, crafting, watching games or sewing (Baumker et al., 2012).

Environmental Factors: Environmental factors such as geographic location of the

facility, weather, attractiveness of the environment and the availability of the outdoor spaces can

be considered as important environmental pull factors that influence seniors' decision to relocate

(Bekhet et al., 2009; Croucher et al., 2003; Evans & Mean, 2007). Prior studies highlighted that seniors prefer a facility that is in close proximity to their children and family as a way to retain their strong social networks (Baumker et al., 2012; Groger and Kinney, 2007; Krout et al., 2002; Walker & McNamara, 2013). For instance, Erickson et al. (2006) examined factors influencing seniors moving plans and their actual move by utilizing a longitudinal study. The study results indicated that desire to be near family was one of the factors that influenced seniors' relocation decision.   Location of the facility is also an important factor for older adults in terms of having access to daily life needs such as shopping centers, medical offices, and public transportation (Baumker et al., 2012; Bekhet et al., 2009; Evans & Means, 2007; Walker & McNamara, 2013). Stimson & McCrea (2004) investigated the relocation experience of Australians retirees to retirement villages and reported that built environment and location was an important consideration for these seniors to move to these retirement villages. A study conducted by Smetcoren at al. (2017) also found that more appealing environment of SLFs had a strong impact on seniors' relocation decision. The above-mentioned discussions about the pull motivational factors give rise to the following hypotheses:

> *H2a: Facility related pull motivational factor positively influences seniors' intention to relocate to SLFs.*
>
> *H2b: Socio-psychological pull motivational factor positively influence seniors' intention to relocate to SLFs.*
>
> *H2c: Environmental pull motivational factor positively influence seniors' intention to relocate to SLFs.*

Perceived Barriers in the Context of Senior Relocation

In this study, barriers are defined as the factors that constraint seniors' relocation. When addressing relocation of seniors, the majority of the prior studies investigated the impact of motivational factors and developed relocation models and frameworks to provide an understanding of seniors' behavior toward relocation. However, these motivation frameworks have underscored the role of barriers on relocation. As a result, the influence of the barriers on senior's relocation decision remains relatively unexplored. Few scholars have argued that seniors who are planning to give up their current residence and relocate must not only possess motivations to relocate but also be able to overcome various barriers in order to make an actual move (Kahana, Kahana, Segall, Riley, & Vosmik, 1986). In the same vein, Longino et al. (2002) argued that the push and pull framework is further complicated by family and friendship network, economic resources, social resources and the ability to make psychological shift from one location to the other. In addition to these existing barriers that prevent seniors from accessing needed support and care (e.g., long waiting lists, lack of legislative support), Reed et al. (2014) argue that additional barriers will emerge as the baby boomer generation ages. According to a report provided by U.S. Department of Health and Human Services (2019), 82% seniors are living in their own homes and communities. This relatively large proportion of senior who are aging in their homes suggests that there exists group of involuntary stayers who do not relocate and it is likely that these involuntary stayers at home are constrained by lack of resources and other types of barriers to relocate (Wiseman, 1980). Streib (2002) also argue that many seniors consider a move but they finally decide to age in their traditional residence due to different types of barriers. This points to the direction that being motivated may not be enough for seniors to

relocate, thus, it becomes increasingly important to further investigate this relatively unexplored area to better understand the factors that may prevent seniors' relocation.

A review of prior studies in the context of long term care shows that only a few studies have reported on factors that inhibits relocation preparation. The researcher is unable to locate any specific study that specifically investigated the barriers perceived by seniors in the context of relocation to SLFs. However, based on the limited number of studies that reported on general barriers to long term care planning, it is logical to categorize perceived barriers that influence seniors' decision to relocate under five categories including *family related barriers* (e.g., primary caregiver role of older adults to ill or disabled spouse or dependent children, seniors' responsibility to organize family reunions and holiday celebrations for independent children and conflict among family members regarding relocation decisions), *economic barriers* (e.g., lack of financial resources, and high cost of institutionalization such as entry fees and monthly fees), *psychological barriers* (e.g., fear of loss of autonomy, loss of privacy, perceived fear of being around frail and demented older adults, fear of change, belief that planning for future care endangers current wellbeing), *socio-cultural barriers* (desire to maintain current social network and social activities, negative perceptions and social stigma related to senior living facility, cultural orientation that seniors should be taken care at home) and *structural barriers* (lack of appealing relocation option, limited options for choice near home and existing network, event uncertainty, time uncertainty and resources uncertainty regarding the need of long term care, and lack of knowledge and awareness) (Gould et al., 2017; Koss & Ekerdt, 2017; Reed et al., 2014; Pinquart & Sorensen, 2002; Jungers et al., 2010). (Table 3). In the following section, above-mentioned barriers are discussed in detail.

Table 3: Barriers in the Context of Relocation

Family Related Barriers	Authors
Duties and responsibilities towards family	Gould et al. (2017); Koss and Ekerdt, 2017
Primary caregiver role to ill or disabled spouse or dependent children	Ewen and Chahal (2013); Gould et al. (2017); Haas and Serow (1993); Longino et al. (2002).
Relational ties with spouse and offspring	Koss and Ekerdt (2017)
Conflict among family members regarding relocation to SLFs	Gould et al. (2017)
Economic Barriers	
Lack of financial resources	Gould et al. (2017); Rowles (2018)
High Cost (entry fees, down payment)	Reed et al. (2014); Cohen et al. (1988)
Non-refundable down payment	Reed et al. (2014)
Not a good financial investment/Financial consideration	Koss and Ekerdt (2017)
Psychological Barriers	
Negative perceptions and stigma associated to SLFs	Reed et al. (2014); Gould et al. (2017); Jungers (2010)
Lack of autonomy, independence and privacy in SLFs	Reed et al. (2014); Gould et al. (2017); Jungers (2010)
Perception that senior care facilities lacks recreational activities	Gould et al. (2017)
Fear of being around frail or demented elderly	Gould et al. (2017)
The belief that future care planning endangers current wellbeing/ The fear of the unknown	Pinquart and Sorensen (2002)
Desire to maintain old friendships/Loss of social connection	Jungers et al. (2010)
Socio-Cultural Barriers	
Cultural orientation that seniors should be taken care at home	Hsu et al. (2013); Lai (2008); Pharr et al. (2014)
Social stigma and aversion towards relocation to SLFs	Mehta et al. (1995)
Relocation concerns of adult children	Koss and Ekerdt (2017)
Desire to maintain old friendships/ Established friendship network	Jungers (2010); Longino et al. (2002).
Structural Barriers	
Event, time and resources uncertainty	Pinquart and Sorensen (2002)
Lack of knowledge and awareness about long term care	Gould et al. (2017)
Lack of reasonable senior living options in the area	Golant, 1992; Gould et al. (2017); Koss & Ekerdt, 2017; Rowles (2018); Moore (1986).
Limited access to SLF/ Limited number of service providers	Reed et al. (2014)
Geographical distance to adult children	Koss and Ekerdt (2017)
Long waiting lists to enter SLF	Mayes and Nelms (2008)
SLF policies that restricts pets, furniture, personal items	Groger and Kinney (2007)
Entry requirements (e.g., health evaluation, age, financial situation)	Streib (2002)

Family Related Barriers: Seniors relocation decision can be influenced by their family

responsibilities. For instance, seniors may have a primary caregiver role to their spouses who are

ill or have some form of disability (Longino et al., 2002).   Some seniors may also be the sole

caregiver for their adult disabled children and they may fear that their relocation may negatively

affect the care provided to their children. Gould et al. (2017) identified several barriers to

relocation including seniors' duties and responsibilities to others (i.e., primary caregiver role of

older adults to ill or disabled spouse or dependent children), seniors' responsibility to organize

family reunions and holiday celebrations for independent children and conflict among family

members regarding relocation decisions. Other studies indicated that older women also have

concerns about bringing their adult children and family together for events and special holidays

and they feel that relocating to SLF may disrupt these events and family traditions (Koss &

Ekerdt, 2017). These relational ties with family and offspring may act as barriers to relocation

and tend to be specifically important for older women. In a study conducted by Ewen and Chahal

(2013), older women reported that they were worried about their family and their family

concerns were more stressful than the relocation event itself, as these women were providing

informal care for variety of family members including parents, children and spouses.

Economic Barriers: One of the strong barriers for economically disadvantaged seniors is

the cost of SLFs. According to a study conducted by Reed et al. (2014), the cost of relocating to

a SLF, in general, is a major relocation barrier for economically disadvantaged seniors. Studies

conducted in typical CCRCs show that initial entry fees require a significant down payment,

which may or may not be refunded, and high monthly fees related to CCRC are the major

drawbacks felt by many seniors (Maloney et al., 1996). For instance, in average, an individual

pay about $50,000 annually in nursing care facilities (Reed et al., 2014). Due to this staggering

cost of long-term care, many seniors simply cannot afford the support and care services that they need, or they may perceive that relocating to a SLF is not a good financial investment (Koss & Ekerdt, 2017). A study conducted by Cohen et al. (1988) indicated that a greatest proportion of already relocated seniors were very concerned about their ability to pay the entrance fees and the monthly fees and respondents were more concerned about the size of the entrance fee than the size of monthly charge.

Psychological Barriers: Relocation transitions are identified as top 10 life stressors for individuals of any age (Mead et al, 2005) and are associated with psychological elements such as the fear of unknown and feeling of loss of support system. For older adults, relocation to SLFs may be especially taxing due to the various risks (e.g., relocation trauma, suicide, loneliness, depression) associated with relocation (Jungers, 2010). Furthermore, relocation to a facility where majority of the residents are older, frail or, physically and cognitively impaired can be threatening to seniors who may fear that their health and cognitive abilities may deteriorate in the similar manner (Lee et al., 2002 as cited in Jungers, 2010). Seniors may also be afraid of diminished autonomy, independence and privacy and they perceive that relocating to a SLF will restrict their freedom to make their own decision about their day to day living (Reed et al., 2014; Gould et al., 2017; Jungers, 2010). As a result of these perceived barriers, some seniors believe that they cannot be happy anywhere else other than in their own homes (Gould et al., 2017). These feelings are further fueled by various stigma and negative perceptions associated with SLFs such as abuse and negligence of residents and substandard care (Collopy et al., 1991).

In addition to the abovementioned factors, the relocation decision is also negatively influenced by the desire to maintain current wellbeing and by the uncertainty of the relocation event itself (e.g., not knowing when they will need long term care or if they will ever need care).

Planning for future care may be difficult as seniors do not know how their future care need might change. These seniors tend to believe that planning for future care may endanger their present wellbeing (Pinquart & Sorensen, 2002). On the other hand, many seniors are emotionally attached to their homes as they have lived in their homes much longer than any other age group (Reed et al., 2014), which act as a significant barrier to relocation. In addition to home attachment, some seniors have sense of belongingness to the community and have established network of friendships and they worry about losing valuable relationships if they move (Jungers, 2010).

Socio-Cultural Barriers: Cultural values and social context may also act as significant constraints in seniors' long-term care decisions (Lee, 2002; Hsu et al., 2013; Lai, 2008; Pharr et al., 2014). Psychological theory has initially assumed relatively universal pattern of thinking. However, research conducted in recent decades have revealed how culture apparently shapes individuals' pattern of thinking. This distinction is also observed in how these cultures appreciate their seniors (Nisbett, 2003). According to Hofstede et al. (2011), individualism focuses on individuals over the context that surrounds them whereas collectivism tends to view each person more as part of a collective whole. Researchers argue that collectivist societies tend to integrate the entire context holistically and emphasize the relationship among the elements within them, whereas individualistic society are more fixated on the foreground object (Chua et al, 2005; Nisbett, 2003). Collectivist culture is found to have high values for familyism due to the group-held values, beliefs, normative expectations, customs and practices and intergenerational transmission of these shared values. According to Flores et al. (2009), familyism refers to the value of the family as an institution, the idea of interdependence in family relationships, and the priority placed on reliance on family members rather than on more impersonal institutions for

instrumental, emotional and material support. Thus, individuals from collectivist culture have different attitudes towards caring of the older parent and it is considered as "moral obligation" or responsibility of the adult children (Asis, Domingo, Knodel, & Mehta, 1995). In other words, the overarching value associated with culture affects seniors' perception and influence their attitudes towards relocation.

A study conducted by Lee (2002) in Chinese elderly's perspective on nursing home adjustment reported that "nursing home admission had undermined the family pride of upholding the virtues of filial piety, a very much treasured Chinese value, and resulted in "loss of face" (p. 672). Author further highlighted that seniors were faced with challenges to protect their own face as well as their family members, which was achieved by telling white lies about the absence of seniors from their dwelling. Interestingly, authors also found that these white lies seemed to be working to pull the families together and protect them for shameful experiences in the society.

Other scholars have also investigated role of individualist and collectivist culture on the perceived role of caregiver to elderly (Hsu et al., 2013; Lai, 2008; Pharr et al., 2014) and concluded that a culture's orientation towards individualism and collectivism and the degree to which the values of these orientations are embodied influence seniors long term care decisions and their attitude towards SLFs. In the same vein, Mehta et al. (1995) conducted a study regarding living arrangements of elderly in Singapore and reported that individuals had strong aversion to institutional care for elderly. Although some researchers have suggested that these cross-cultural differences are enough to justify people from these cultures attitude towards caring for the seniors, other researchers argue that more empirical evidence are required to support this claim (North & Fiske, 2015).

While the American population will grow to be more diverse reflecting the growing demographic change, individuals' cultural orientation may pose a significant constraint on seniors' relocation to SLFs. As discussed above, admitting parents and other elderly family members to a senior living facility is considered as taboo and is not deemed as acceptable practice in collectivist culture. On the other hand, while adult children may prefer their parents to relocate, seniors themselves may perceive relocation as denial and rejection from family and may resist relocation creating family conflicts or the situation may be reversed where seniors want to relocate, but their children may be concerned about relocation and they may prefer parents to age at home in order to maintain their dignity.

Structural Barriers: Seniors' decision regarding whether to relocate may also be dependent on structural barriers such as geographical location. The availability of care options and service providers may vary between different communities and regions and individuals who reside in metropolitan areas may have more options to choose than seniors who reside in rural communities with few facilities and limited access (Arcury et al., 2005; Rowles, 2018). Furthermore, the type and quality of services may vary by location, which may restrict or expand the options that are available to seniors (Reed et al, 2017). Additionally, the geographical proximity to family members, particularly to adult children may discourage relocation (Hass & Serow, 1993). Seniors who are living closer to family may prefer facilities that are in close proximity to their children. Thus, distant location of the facility or unavailability of the facility near their children may also be perceived as a barrier (Koss & Ekerdt, 2017). This suggest that although seniors pose the motivation to relocate, the presence of such structural barriers may negatively influence the relocation decision. Additional structural barriers can be related to seniors' lack of knowledge and awareness about various senior living options (Gould et al.,

2017) since their experience with senior living is minimal or non-existent (Reisenwitz, 2017).

Furthermore, many seniors learn about SLFs from their friends and relatives and those friends and relatives are the first sources of information regarding SLF options (Gober & Zonn, 1983). In addition, institutional policies that restricts seniors to bring their pets, furniture, and personal belongings from home or bring visitors such as family and friends, may also act as structural obstacles to relocation.

While both push and pull factors play major roles in relocation decision, this study argues that the strength of the relationships between motivational factors and intention to relocate may differ (weaken) based on the barriers perceived by seniors. Planning to relocate to SLF is a complex decision and involves consideration of various factors. While senior may be pushed or pulled to relocate, various types of abovementioned barriers (i.e., family related barriers, economic barriers, psychological barriers, socio-cultural barriers and structural barriers) may influence their relocation decision and seniors may need to negotiate through these barriers, which may be dependent upon the interactions between the motivations they pose and the barriers they face. For instance, when a strong push motivational basis such as failing health or disability links to the economic barriers (e.g., the cost of relocating to a SLF), seniors' intention to move may not be strongly affected. In other words, perceived economic barriers may not significantly weaken the relationship between health-related push motivational factors and seniors' intention to relocate as sick or disable seniors' desire to be taken care of may force them to negotiate through economic barriers, which can be overcome by seeking additional funding sources. On the other hand, when seniors are pushed to relocate due to housing related motives such as inability to maintain garden, cost of relocating to a SLF as an economic barrier may have a stronger impact on seniors' relocation intention. In other words, perceived economic barriers

may significantly weaken the relationship between health-related push motivational factors and seniors' intention to relocate when the perceived value relative to getting rid of the responsibility of maintaining the garden is lower than the costs associated with relocating to a SLF.

In addition, as a barrier, family related obligations of seniors may have an influence on their relocation decision. Perception of strong family roles and obligations such as taking care of disabled children or spouse may minimize the impact of socialization oriented pull motives on relocation intention. A society in which seniors live may also impose various roles to seniors as well as their family members when it comes to providing long term care for the aged. Relocation to SLF may be associated with emphasizing personal or self-oriented goals and minimizing group associated duties in collectivist culture, which may create conflicts between family members. In a society where children are expected to take care of their aged parents, these socio-cultural barriers may strongly influence senior's intention to move despite their failing health and seniors may choose to utilize informal care from children with home health care regardless of the health crises.

Relocation is a major life event for seniors, which involves not only a change in where seniors' live, but also influences seniors' social interactions, community engagement as well as their daily lifestyles (Ewen & Chahal, 2013). While relocation provides a sense of physical, psychosocial as well as financial security for seniors in knowing that they are being taken care of, leaving a familiar residence and relocating to a SLF may evoke a feeling of loss of social connection, privacy, autonomy, and control. These feeling may be perceived as major psychological barriers by seniors, and the influence of seniors' push and pull motivations on their relocation intention may be affected.

Furthermore, a strong environmental pull motivation such as willing to be in close proximity to family and friends may be seen as opportunity to retain social network, which may reduce the influence of psychological barriers of feeling of loss and control in SLFs and consequently strong intention to relocate may arise. A convenient location of the facility that provides easy access to daily life needs such as shopping centers, medical offices, and public transportation plays a major role in attracting seniors (Baumker et al., 2012; Bekhet et al., 2009), which may take precedence over the psychological barriers of fear of loss or autonomy.

Thus, it seems reasonable to expect that perceived barriers mediate the relationship between pull and push motivational factors and seniors' intention to relocate to SLFs and some of the barriers may be relatively unimportant, while others may be perceived as a major challenge when seniors are pushed to relocate or pulled by different features of SLFs. Based on abovementioned discussion, the following hypotheses are proposed:

H3a: Family related barriers negatively influence seniors' intention to relocate to SLFs.

H3b: Economic barriers negatively influence seniors' intention to relocate to SLFs.

H3c: Psychological barriers negatively influence seniors' intention to relocate to SLFs.

H3d: Socio-cultural barriers negatively influence seniors' intention to relocate to SLFs.

H3e: Structural barriers negatively influence seniors' intention to relocate to SLFs.

H4a: Family related barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H4b: Family related barriers mediates the relationship between social and family related push motivational factor and seniors' intention to relocate to SLFs.

H4c: Family related barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H4d: Family related barriers mediates the relationship between psychological push motivational factor and seniors' intention to relocate to SLFs.

H4e: Family related barriers mediates the relationship between economic push motivational factor and seniors' intention to relocate to SLFs.

H4f: Family related barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H4g: Family related barriers mediates the relationship between socio-psychological related pull motivational factor and seniors' intention to relocate to SLFs.

H4h: Family related barriers mediates the relationship between environmental pull motivational factor and seniors' intention to relocate to SLFs.

H5a: Economic barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H5b: Economic barriers mediates the relationship between social and family related push motivational factor and seniors' intention to relocate to SLFs.

H5c: Economic barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H5d: Economic barriers mediates the relationship between psychological push motivational factor and seniors' intention to relocate to SLFs.

H5e: Economic barriers mediates the relationship between economic push motivational factor and seniors' intention to relocate to SLFs.

H5f: Economic barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H5g: Economic barriers mediates the relationship between socio-psychological related pull motivational factor and seniors' intention to relocate to SLFs.

H5h: Economic barriers mediates the relationship between environmental pull motivational factor and seniors' intention to relocate to SLFs.

H6a: Psychological barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H6b: Psychological barriers mediates the relationship between social and family related push motivational factor and seniors' intention to relocate to SLFs.

H6c: Psychological barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H6d: Psychological barriers mediates the relationship between psychological push motivational factor and seniors' intention to relocate to SLFs.

H6e: Psychological barriers mediates the relationship between economic push motivational factor and seniors' intention to relocate to SLFs.

H6f: Psychological barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H6g: Psychological barriers mediates the relationship between socio-psychological related pull motivational factor and seniors' intention to relocate to SLFs.

H6h: Psychological barriers mediates the relationship between environmental pull motivational factor and seniors' intention to relocate to SLFs.

H7a: Socio-cultural barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H7b: Socio-cultural barriers mediates the relationship between social and family related push motivational factor and seniors' intention to relocate to SLFs.

H7c: Socio-cultural barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H7d: Socio-cultural barriers mediates the relationship between psychological push motivational factor and seniors' intention to relocate to SLFs.

H7e: Socio-cultural barriers mediates the relationship between economic push motivational factor and seniors' intention to relocate to SLFs.

H7f: Socio-cultural barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H7g: Socio-cultural barriers mediates the relationship between socio-psychological related pull motivational factor and seniors' intention to relocate to SLFs.

H7h: Socio-cultural barriers mediates the relationship between environmental pull motivational factor and seniors' intention to relocate to SLFs.

H8a: Structural barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H8b: Structural barriers mediates the relationship between social and family related push motivational factor and seniors' intention to relocate to SLFs.

H8c: Structural barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H8d: Structural barriers mediates the relationship between psychological push motivational factor and seniors' intention to relocate to SLFs.

H8e: Structural barriers mediates the relationship between economic push motivational factor and seniors' intention to relocate to SLFs.

H8f: Structural barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H8g: Structural barriers mediates the relationship between socio-psychological related pull motivational factor and seniors' intention to relocate to SLFs.

H8h: Structural barriers mediates the relationship between environmental pull motivational factor and seniors' intention to relocate to SLFs.

The conceptual framework below concisely illustrates H1a to H8h (Figure 2).
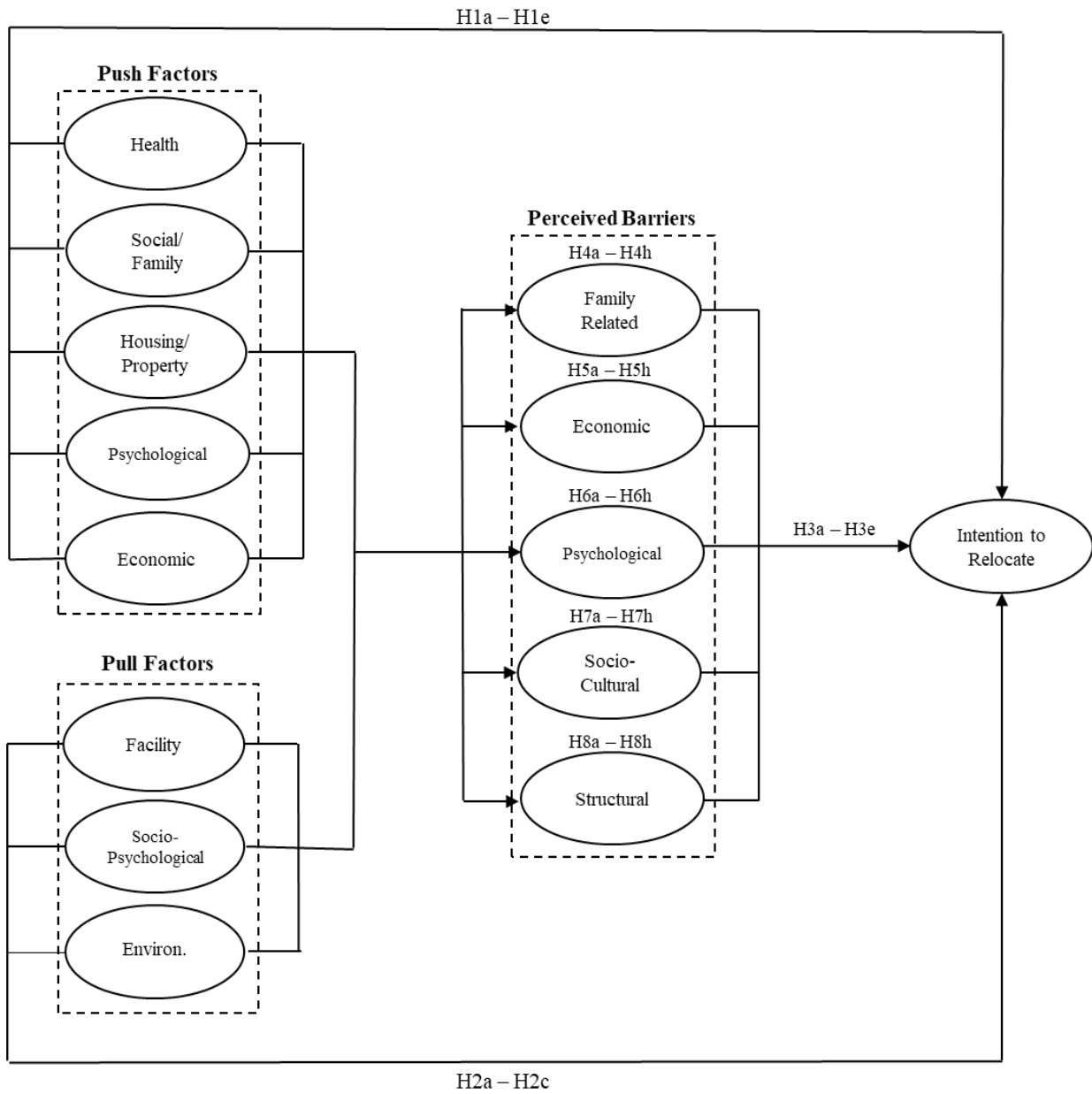
Figure 2: The Conceptual Framework

CHAPTER THREE: METHODOLOGY

<u>Research Design</u>

To obtain a comprehensive understanding of the motivational factors and barriers and to examine the relationship between motivational factors, barriers and relocation intention, a mixed methods research design, namely, a sequential exploratory mixed method was utilized in this dissertation. Sequential exploratory design has two phases. The first phase involves the collection and analysis of qualitative data. In the second phase, the themes emerged from the qualitative data analysis are used to derive the development of a quantitative survey instrument to further explore the research problem. The intention of sequential exploratory design is to utilize the results of the qualitative phase of the study to develop the quantitative method (Greene et al., 1989). Sequential exploratory method is useful in research when there is a need to explore a phenomenon, and when specific instruments or scales are not previously developed (Creswell 2003).

As mentioned earlier, existing literature in the context of relocation falls short to capture the holistic picture of the push and pull motivational factors. In addition, perceived barriers in the context relocation is largely unexplored and there is an urgent need to explore the factors that constraint seniors' intention to relocate to SLFs. Therefore, the sequential exploratory mixed method was seen appropriate for this study to first (1) explore the push and pull motivational factors and perceived barriers qualitatively and then (2) to utilize the findings to develop a survey instrument to collect the quantitative data and to test the study hypotheses.

Focus Group Interviews

Multiple focus groups interviews were conducted among seniors who are aging in their own homes and who have already relocated to a SLF in order to explore and identify their motivational factors and perceived barriers in the contexts of relocation. Focus group interview is a qualitative research method that uses guided group discussions to generate a rich understanding of participants' experiences and beliefs (Morgan, 1998). As stated by Morgan (1998), focus group has three main advantages as other qualitative methods including (1) exploration of topics that are poorly understood; (2) context and depth to help understand the background behind people's thoughts and experiences, and (3) interpretation that gives an understanding of why things are the way they are and how they got to be that way. Focus group further adds on these strengths by creating a process of sharing and comparing among participants through exploration and discovery (Morgan, 1998). A focus group interview is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment (Krueger & Casey, 2009, p. 5). Focus group interviews also allow for more in-depth conversation where participants can discuss, share and enjoy their experiences in a natural and permissive group environment with other participants (Krueger, 1998). Furthermore, prior studies (e.g., Morgan, 1998) suggest conducting focus group in studies that investigates complex behaviors of individuals and their motivations that underlie these behaviors and require more than one way of finding about such behavior. Focus group further allows participants to hear, compare and contrast their views as they become aware of things that they may have not thought initially, thus revealing a deep motivational insight. Focus group discussions also facilitates participation from individuals who are not comfortable with interview

setting or who feel that they have little to say about the topic (Kitzinger, 1995). Thus, focus group discussion method is deemed to be the most appropriate method in this study to listen to the voice of seniors regarding their perceptions, opinions and experiences related to their long-term care choices.

One focus group interview with a total of 12 participants was conducted among seniors who are aging in their own homes and five focus group interviews with a total of 44 participants were conducted among seniors who have already relocated to a SLF. Purposive sampling procedure was used to select the participants. The focus groups consisted of 8 to 12 participants. The participants who are aging in their own homes (aging in place) were recruited from senior centers located in Orlando, Florida. In general, senior centers are nonprofit charitable organizations that promote healthy aging and well-being of senior citizens by involving them in recreational and social activities. The participants for the SLF resident focus groups were recruited from various faith based, not-for profit and for-profit SLFs in Florida.

The purpose of the research was explained to the executive directors and managers of the senior centers and senior living facilities. Researcher also shared a brief explanation of the study. recruitment materials and focus group discussion questions with the executive directors and the managers of these organizations. After securing approval to collect data from these organizations, the researcher attended various programs and events organized within these facilities to seek seniors' interest in participation to the study. The directors and the managers of the facilities also communicated and shared the recruitment materials with their employees and the residents of the facilities to seek resident's possible participations in the focus group interviews.

Potential participants for the focus groups needed to meet several key criteria in order to participate in the focus group interviews. The owners and operators of participating organizations were provided with the selection criteria to include only seniors who meet the minimum age requirement of 65 and who had sufficient cognitive competence and a minimum level of health status. Seniors' age, and cognitive and physical health status were also confirmed with participants before conducting the focus group interviews. All focus group interviews included a representative sample from the population in terms of their age, gender, education, marital status and race.

Focus groups were conducted between the months of March and May 2019 in private, comfortable and quite rooms at the senior centers and senior living facilities. Participants were seated around a room to allow each participant to see and hear other participants with a goal to stimulate the discussion. Before conducting the focus groups, the purpose of the study was explained to the participants. All participants were asked to read and sign the consent form prior to participating in the discussion. In two focus groups that included oldest old participants, researcher also read the consent form aloud to ensure that all participants had an understanding of the contents in the consent form. Participants were also familiarized with the data recording and data reporting procedures. Participants were also assured of anonymity by highlighting that the final report will not have any names tied to their statements.

In the beginning of the focus group, the researcher provided opening statement to lead the discussion towards the intended direction. Open ended questions were used to guide and facilitate the discussion as suggested by Krueger (1994). Participants discussed freely about their opinion and experiences on their long-term care choice and researcher only intervened to

keep the discussions within the research topic. Probes were used in situations when the introductory question was not understood by the participants. Earlier focus group sessions also guided questions used in later focus groups and minor modifications were made in the questions based on researcher's experience with earlier sessions and feedback gathered from the participants.

Resident participants were reminded to think about the time when they first considered relocating from their home to a senior living facility and were guided to respond to the discussion questions accordingly to gain deeper insights into their experiences. On the other hand, seniors who are aging in their homes were reminded to consider their current living situation and their future plan on aging and their opinion on relocating to senior living facilities. The following questions were used to guide and stimulate the discussion among the senior who are the residents of a SLF:

1. When did you first started to think about moving from your home?

2. When you first started to think about relocating from your home to a senior living facility, can you tell me what were the main reasons for you to move to a senior living facility?

3. What are the important considerations to you when looking for a senior living facility? What factors did you consider when deciding about the senior living facility?

4. What made you choose this specific facility over other senior living facilities?

5. Thinking back to the time when you relocated, can you recall what got in your way when you decided to relocate? Were there any barriers for you to relocate to senior living facility?

6. How did you overcome those barriers?

7. What would be your advice to other elderly who are currently aging in their homes?

The following questions were used to guide and stimulate the discussion among the seniors who are currently aging in their homes:

1. How do you plan on aging? Do you ever plan to move from your current residence? Why or why not?

2. What motivated your decision to age at your own home?

3. What does the world relocation mean to you? What words come to your mind when you hear "senior living facilities'?

4. Have you ever considered relocating to a senior living facility? Which type of facility are you likely to move into?

5. Do you plan on using paid home health care services in future?

6. If you plan to relocate in future, what factors do you think will influence your decision to relocate to a senior living facility?

7. What factors are important to you when deciding about the senior living facility? What would you look for in a facility when selecting which facility to move into?

8. Is there anything holding you back from making a move? Are there any barriers that prevent you from relocating to a senior living facility?

The focus group interviews were audio recorded. Researcher also took field notes after the completion of each focus group. During this period, some participants approached the researcher and provided some additional insights on topics that were discussed earlier during the focus group sessions. This additional information was also noted and included in the data analysis. All focus groups were moderated by the same researcher who is conducting the study.

Due to the active participation and discussion, each focus group lasted from 90 minutes up to 2 hours. A short refreshment break was also provided in three focus groups considering the age group of the participants.

The focus group audio recordings were transcribed verbatim. The focus group transcripts were read numerous times in conjunction with the observation notes taken at the end of the focus groups before the actual analysis of the data in order to gain familiarity with the language and the wording that are used by the focus group participants. The focus group audio transcription began after the first focus group interview and the process continued until data saturation was reached and data collection was completed. The data analysis strategy recommended by Krueger and Casey (2009) was adopted. Key words and related sentences from each of the focus group were highlighted to understand the context of comments and the related meanings. Researcher also considered the emphasis and the intensity of the comments and the examples provided by the participants (Krueger, 1998). Data from each focus group were individually coded and categorized. Coding is the process of classifying the response from participants into meaningful categories (Frankfort-Nachmias, Nachmias & DeWard, 2015). Based on the discussion questions, first order themes were identified from the responses of the participants from each focus groups. Following this stage, the first order themes developed from the initial stage were categorized to a higher order themes based on the similarity of their meanings. Multiple readings were done to identify if any new codes or themes emerged from the data. After multiple reviews, all the final codes and themes that emerged were categorized as a higher order theme. The themes and subthemes emerged from each focus groups were then compared with themes and patterns that reappeared among various focus groups (Krueger, 1998) to generate the thick description of the data and to increase the validity of the results (Denzin, 1989).

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After the completion of the data analysis process, the final categories emerged from the focus group interviews were compared with the existing literature to develop a survey instrument for the quantitative phase the study. The data analyses of the focus group interviews revealed that four themes emerged related to push motivation, three themes emerged related to pull motivation and four themes emerged related to perceived barriers (Table 4). The major themes identified were common among both the residents of SLFs and seniors who are aging in their homes although some minor differences were noted in the sub themes. In the following sections, each theme emerged from the focus group interviews are discussed in detail.

Table 4: Themes Emerged from the Focus Group Interviews

Themes Emerged for Push Motivation	Health Related Factors
	Housing and Property Related Factors
	Family Related Factors
	Socio-Psychological Factors
Themes Emerged for Pull Motivation	Environment and Location Related Factors
	Attraction of the Facility
	Opportunity of Socialization
Themes Emerged for Perceived Barriers	Family Related Barriers
	Economic Barriers
	Socio-Psychological Barriers
	Knowledge and Information Barriers

Themes Emerged for Push Motivation

The data analysis of the focus group interviews revealed that four themes emerged related to push motivation including (1) health related factors, (2) housing and property related factors, (3) family related factors, and (4) socio-psychological factors.

Theme 1: Health Related Factors: One of themes that emerged from the focus group interviews was related to health. Poor health or an anticipation of future health decline was mentioned as a key factor that influence seniors' intention to relocate to SLFs. While all participants felt that they will need some kind of assistance in the future, some participants who are the residents of SLFs reported that they moved to a SLF due to onset of disease, declining health or frequent hospitalization. This was mainly a reactive move in response to a sudden health crisis. Other participants reported their concerns about their future health and their ability to care for themselves as they age. Some of the comments made by the participants are as follows:

> *"I am primarily here in the facility because of my health issues. I would stand up and be talking to someone and I would fall out with no fore-warning or anything like that. So, I had to find another place to live from where I am at."*
>
> *"I knew that I needed some kind of help because I had some health issues."*
>
> *"When my husband died, I was left alone but I didn't want to go with any of my children… But then I had a stroke and I couldn't live alone anymore. Right after that effect, while I was in the hospital, my son-in-law was looking in a computer to find a place because I couldn't live alone anymore…and he came across this place."*

Some other participations stated that they willingly decided to relocate when they were still in good health as they wanted to prepare proactively for such situations in the future. A participant elaborated on the consequences of older age and inability to take care of themselves at home and provided the following comment:

> *"A lot of us here are physically not able to take care of ourselves and they [facility] help you out here… not only physically but mentally… and some of us are slowing down and we have got dementia settling in and this [facility] is the perfect place to be."*

Theme 2: Housing and Property Related Factors: The analysis of the focus group interviews indicated that majority of the participants felt that it was getting difficult for them to maintain their home and property. Several participants mentioned that their house design was not appropriate for old age. For example, a participant provided the following comment:

> *"For me, I knew I had to get out of the home because it was a two-story home. Children were concerned about me falling… so I made the move and I am very happy that I did."*

In addition, most of the participants had concerns about maintaining their big home, garden and yard after the passing of their spouse. Getting rid of home ownership responsibilities and household chores was one of the most common mentioned motivation themes to relocate to a SLF. Here are some of the comments made by participants:

> *"My house is just too big. I couldn't take care of the yard… I have a yard for a size of baseball field…so I sold it, and I found this place."*

> *"I lived in a 3000 square foot house in Washington and it was just too much for being alone…and so I really needed to downsize…that was the main reason that I moved here."*

> *"I had a pool. I had to worry about the pool man coming. I had the big yard and over 6000 square feet of house to take care of…and I said, who wants a big house and the worries? I came here, and I don't have to worry about that anymore. Everything's taken care of."*

A participant in another group also added:

> *"I couldn't keep up the house…I couldn't keep up with everything that we have. I said I'm wearing out. I said times have changed. So, I signed up."*

Another male participant expressed his fear and concerns about letting his home deteriorated by stating:

> *"I could not take care of my home and I was getting worried. I couldn't do plumbing… it took me hours to fix minor stuffs at home."*

Another female participant mentioned the difficulty that she endured due to overwhelming physical demands and costs involved with her property's maintenance and provided the following comment:

> "My house was getting very old. And I put in money that just had to be put in for maintenance. I couldn't do anymore of that yard work after the hurricane hit and that was a horrible, horrible time…and I was so concerned about getting the debris and all that stuff out of the yard. After my husband passed, you know, then I'm totally responsible for everything. So that was one of the big factors that I moved here."

Theme 3: Family Related Factors: Analysis of the focus group data revealed that family related factors such as deteriorating health of spouse, loss of spouse, and family members' concern about seniors' wellbeing also played a key role in seniors' relocation decision. Many seniors mentioned that they relocated to the facility because their spouse's health was deteriorating, and they were not able to provide the needed care and support to their spouses. The words of one female participant was:

> "My husband started losing his hearing…and he had other health issues like diabetes and other stuff. I could not help him in there. All I could do was talk to him and hold his hand."

Another participant mentioned that she had to take care of her sick husband and only moved to the facility after her husband passed away. She stated:

> "He [husband] had developed heart problems and diabetes and he lost a leg. I had taken care of him (disabled in bed) for five years. So, I moved from a big house after he died as I don't need to take care of him."

One of the key findings of the focus group was that death of one's spouse triggered other chain of events leading to home maintenance issues, depression and loneliness among seniors. Many female participants mentioned that the death of spouse was the major factor on why they

moved to a senior living facility. The following comment of one of the participants exemplifies this factor:

> *"The first word that comes to my mind is widowhood…that we're all widows or widowers. You are left alone. And I think that's common to all the married people here is widowhood."*

Other participants stated that their family members' concern about their wellbeing was one of the reasons for their relocation. One participant made the following comment:

> *"I was living in a condo and my sons were always worried about the stairs, because I was on the second floor …and it's a two-story building. He (one of the sons) was always worried about me falling down the stairs. So, my sons talked to me and before I got to the point where I would be having real problems…health problems, they felt like I should move while I was still doing pretty well. So rather than giving them a lot of trouble, I went along."*

A female participant who moved to a SLF with her husband stated her positive experience by providing the following comment:

> *"The big motivational factor for us is my daughter. She lives here. She's been after us for years to move closer to her. And finally, she saw the sign go up for this facility. She says, now you don't have an excuse, you must come. And I said no, I'm not interested. I resisted it at first…but she convinced me to come and see the place. I told my daughter… I'll try it for two months and here I am, going on four."*

She further added:

> *"I think it's important…our family's enthusiasm about us moving in here…You need your family's support and they [family members] were enthusiastic and that helped us."*

Another participant's reflection wasn't very positive, and she shared how she gave up everything she had and moved to a SLF just to make her daughter happy. She stated:

> *"I really didn't want to come here but I came to please my daughter. She felt like I need to be around more people and not be alone as much as I was…but I was perfectly contained in my home. I had a two-bedroom townhouse with two*

bedrooms and two baths all on the ground floor and a place that had a huge swimming pool and a large house like this, a building like this. I had all sorts of that activity… I had good neighbors. I had a car. I can come and go as I wanted. I had a shopping center close by and everything. But I gave it all up to please my daughter and here I am."

Theme 4: Socio-Psychological Factors: Majority of the focus group participants mentioned socio-psychological factors such as desire for autonomy, desire for independence, loneliness, depression, desire to be around people, and desire to not become a burden to family as reasons for relocation. While majority of the focus group participants felt very positive about their children's willingness to have their elderly parents to live with them, participants had a strong desire not to become a burden to their children and family and felt very strong about not having to impose on their family with a caregiving role. Participants' unwillingness to move in with their children and family was recurring reason for almost all of the participants. However, interestingly, many participants mentioned that they have moved to be closer to their children and family, but they also wanted to keep some distance with them. One male participant stated:

"We also wanted a child nearby… but not too close. An hour away is good, right?
… the right distance for both of the children as well as for us."

Another participant shared her experience when her daughter asked her to move in with her. She stated:

"I said… I will think a little more because I did not want to live with my daughter or my grandchildren because I feel like maybe they need their own privacy and I wanted my independence."

Similar feelings were expressed by another participant:

"My kids wanted me to live with them, but I felt like I was interfering all the time with their livelihood. You know, they were very…very sweet but they wanted me to try this…try that and if I said, "No, I don't feel like going there" …they say, "Oh yes, you have to come. You can't stay by yourself" …and I couldn't do what I wanted to do."

A comment made by another participant was:

"We wanted to give our children a gift of not having to worry about end of life decisions. But they're also enjoying the benefits of not having to worry about us… about our social life…about how we're getting to the doctor. It takes a burden off of them… [son] knows that we're having a good time here. So, he can go have a good time somewhere else."

Elderly who were living alone in their homes had made a decision to move as they felt lonely and depressed in their homes and relocation to A SLF was a means to combat loneliness. One participant provided the following comment:

"When I was in Seattle, I was by myself for five years… and I was very alone…I was alone so much that I …. I didn't want to be around anybody anymore. I was just really depressed. The main reason I came here [move to a facility] is that I wanted to be around people… to try to see if I could do that… and see if I could get out of that depression."

Themes Emerged for Pull Motivational Factors

Three major themes emerged for pull factors from the analysis of the focus group data including (1) environment and location related factors, (2) attractions of the facility, and (3) opportunity for socialization.

Theme 1: Environment and Location: One of the most frequently mentioned pull factors was the location of the facility. Majority of the participants agreed that it is/was very important for them to move to a SLF that is near to their children. Many seniors felt that as they age, they have become more and more dependent on their children. One participant stated:

"I'm near my daughter, which is so important. I think it's important for all of us to be near family."

Here is how another participant described her decision to relocate to that specific SLF:

"I moved because I didn't have a child close by then and my son was up here; I moved here mainly because my son lives here, and he is close by and he lives within five minutes of me…"

Another participant who had a desire to move to an upscale facility stated:

"This was the only upscale facility within five-mile radius of my children and that's why I chose this facility."

Another participant stated that she would not move from her home if there was no facility available in town where her daughters lived. She stated:

"I have three girls in town here and I would not have moved anywhere else but locally; and if we could not have moved in here, we would have stayed in our home… Yeah, I didn't want to go anywhere else."

Location of SLFs was also an important factor for participants for other reasons. Some seniors stated that they preferred a location that was convenient to get around shopping centers, doctors and other public places. Familiarity of the location also was a factor and mentioned by some participants as:

"This location is perfect for me because I live relatively close to here…and I was familiar with everything going on; so, it seemed to be the right answer for me."

Another participant who visited several facilities stated that:

"I went to another place (facility) that was similar to this and it was new, and it was lovely, but it was in the middle of nowhere."

Other location factor identified was closeness to friends which can be illustrated from a participant's following story:

"Well, I had no intention of moving out of my home. My husband died in our home and I wasn't progressing emotionally… and my children started driving me around to look at various places and I kept saying to myself that I am not going to do it. They took me to [the facility] and I said, "No, I can't go there because all of my friends are in this side of town"…then some of my friends mentioned

about this facility, and they said how wonderful it was and how people enjoyed it…so, I agreed to come and I was very impressed.”

Another participant added:

“One of the thing that did encourage me is that this is one of the areas of town we had lived in before. And so, I knew that I would be surrounded by my old friends.”

Other participants stressed the importance of weather. One of them stated:

“I did not like the Michigan weather up there when I moved. So, I moved here because I like the warm weather.”

Theme 2: Attractions of the Facility: Participants stressed that the reason they moved to a SLF was due to wide variety of activities and amenities offered by the facilities. Many participants highlighted that the activities and programs offered, food and dining options, educational and recreational programs, room design and layout, availability of one, two- and three-bedroom apartments, building design, newness of the facility were among many other factors mentioned. When the participants were asked about what they looked for in a facility before making a decision, many participants gave more than one reason that attracted them to the facility. When participants were asked to elaborate on importance of recreational activities, majority of participants shared that it was very important for them to have something to look forward to, and something to wake up to the next day. On the other hand, seniors who are aging in their homes stressed the importance of care component in the facilities more than the amenities and recreation. A participant mentioned:

“You should pick the best one that takes care of you, one that takes care of seniors better…good care…they are not just throwing you away.”

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For SLF residents, having round the clock care, emergency communication devices, and a guaranteed life care with an opportunity to move to higher level of care were more important. One CCRC resident shared why she moved into the facility and stated:

> *"You're guaranteed that you will get assisted living and skilled nursing... that you'll get.*

Residents also mentioned that they preferred a facility that had both rent and buy-in options. Residents from an independent living facility (facility that does not offer continuing care) had some concerns about their future when they age. One of the participants stated:

> *"We did not buy any of them... That's because... then you're here permanently...and this is going to be the place that you're going to be for the rest of your life basically, well, when you buy in. So, I would not want to do that."*

A focus group participant who visited several facilities before moving made the following comment:

> *"I looked into other facilities, but I didn't like them. This facility was brand new, and it was upscale meaning...the food in the dining room, the beautiful apartment, the wonderful service that we get, and the activities keeping us busy...and, you know, playing all different kinds of card games and then going...taking us to different places..."*

Another participant stated that having different variety of food option was very important for him. He stated:

> *"Food was very important for me...food that is prepared well and quite a variety of food... It was a big attraction for me."*

Another female participant mentioned how important it was for her to have her own kitchen and having an option where she can prepare her own meals. She stated:

> *"For me, kitchen was very important. I love to cook, and I have the option if I don't feel like going down for dinner. And I feel like preparing for things like*

entrees that my husband would prefer, and I would prefer. I can do it and I have done it."

Another participant said:

"Space was very important for me. I could not move from a big home into a very small space, because it was so difficult to give up things that were part of my history…and because I have a spacious apartment that made it much easier for me to be here".

Other participants emphasized on the feeling they had when they first visited the facility.

Many participants highlighted that how they felt during their first tour into the property played

an important role in their decision to relocate to the facility and used words like "hotel like

environment", "home like environment", "friendly", "helpful". One participant shared:

"It [facility] has been described like being in a luxurious hotel or a cruise and I really felt that way."

Another participant shared her experience with providing the following comment:

"…another important aspect that impressed me when I came here to visit one day, to decide whether I should come here, was the employees, the employees are very friendly and helpful."

Another participant mentioned that two employees influenced her to sign the contact with

the facility. She stated:

"When I toured here, there were two very talented men, in charge, named [….] and [….] and they were exceptionally charming and accommodating…That influenced me to move here."

Theme 3: Opportunity for Socialization: Majority of the participants emphasized that

relocation to a facility was a perfect opportunity for them to socialize with other seniors. This

factor was important for seniors who are living in their homes as well as residents of a SLF.

Many seniors who were living alone felt lonely in their homes whereas other seniors emphasized lack of socialization opportunity in their community. One participant said:

> "I thought that I will have friends just like me who have been misplaced or needed friendships and that it will be an easy task."

A participant from another group noted:

> "Socialization in a group like this (focus group) was very important for me."

Another participant expressed that socialization in older age was harder. He stated:

> "I'm new in town and in order to meet people at my age, it's very difficult. When you're younger, you meet people through your kids being in school, and their parents and so forth, things like that…but when you are at my age, it's hard to make new friends… and so I thought moving to a facility was a good way to meet people."

Another participant shared that she and her husband felt isolated at home. She said:

> "As time goes on, I found this isolation… even going out just once a day to lunch was not enough to have us see people…and our neighborhood was very nice. But everybody was gone all the time. When they came home in the evening, they have their own families to take care of. So, I began thinking about finding a place [facility] to move."

Another participant shared her concerns before she moved and stated:

> "Socialization was important for me but still…I moved with trepidation … I was anxious when I first came… moving into a place and not knowing anyone but everyone was so welcoming, and I made wonderful friends here and this will be my last home."

Themes Emerged for Perceived Barriers

According to the results of the focus group interviews, four major themes emerged for barriers including (1) family related barriers, (2) economic barriers (3) socio-psychological barriers, and (4) knowledge and information barriers.

Theme 1: Family Related Barriers: One of the barriers that identified through the focus group interviews was family related barriers. In general, seniors reported that their family's support is very important for them to move to a SLF. Many seniors mentioned that their children want them to stay with them at home and they do not want them to move to a SLF. According to one participant:

> *"My son would say… there is no way mamma that you are going into those facilities."*

Another participant shared:

> *"I like my independence, but my daughter wants me to stay with her."*

Some participants who eventually relocated to facilities mentioned that they were a primary caretaker for their disabled spouse. One participant stated:

> *"I had him [husband] in bed, I had taken care of him… disabled in bed …for five years. So, I came down here [facility] after he died as I didn't need to take care of him."*

Another participant shared their children's reaction when they announced their children about their decision to relocate to a CCRC. He stated:

> *"Our kids had problem with the idea because they never understood…it's the lack of knowledge… They had little or no experience in this area and their general reaction was…" You're going to do… what?"*

Theme 2: Economic Barriers: Another barrier mentioned by the participants was related to economic barriers. Senior who are aging in their home stated that nursing home is the only option for them due to their lack of financial resources. One participant stated:

> *"When you get old and you have nobody to take care of you, they put you in nursing home because that is all you can afford, or the state can afford. You got to settle for the worst thing because you cannot afford it."*

Another participant mentioned:

"I would like to move to a facility, but I have a financial disadvantage."

One participant who was interested in moving and have heard positive things about SLF mentioned:

"My neighbor enjoyed living in a SLF, but I cannot afford it. I would love to be in someplace like that, but I don't have the money."

Resident participants also mentioned that cost was a major barrier for them. One participant stated:

"Cost was a barrier for me… it was more about affordability."

Many residents were consistent about perceiving cost as a barrier that prevented them to move to a facility of their choice. One participant shared the following comment:

I wanted to move into the facility that was actually closer, but it was way too expensive."

Some other participants of the focus group seemed concerned that their deposit will be exhausted in few years and there will be no refund. Many residents wanted to leave money for their children and thus choose to rent the facility over buy in option because no deposit was required. Some participant mentioned that they learned later that they had to sell their house for the entry fees, which they wanted to leave for their kids. One participant stated:

"We went to [….] and you have to give them your house, which you could have willed to your kids… plus it was terribly expensive."

Theme 3: Socio-Psychosocial Barriers: While both residents and non-residents reported about socio-psychological barriers, some variations were observed. Non-residents were more concerned about losing their freedom, being neglected and abused in the facilities. Many residents were concerned with losing contact with their previous living environment and about

leaving everything behind that they had and starting over again. Another major barrier faced by seniors was the fear of the unknown. More specifically, seniors who had no prior experience with SLFs reported fear of living around people they have never met. One participant's comment was:

> *"...but I didn't have anybody that had ever lived here… I didn't know what I was going into. That's putting it really like it was …. I didn't realize what it was going to be like… to actually live in a community with all these people that you don't know. You're out of your comfort zone of people… and you're in a group of people that you've never seen before."*

Those who have friends and families living in senior living facilities such as assisted living and continuing care retirement communities reported no such fear as they were already familiar with the institution and they knew what to expect. In addition, few of the participants also reported that their children researched, visited and selected the facility and the participants moved into facility without any prior knowledge or information or a tour. All participants strongly suggested that one should take a tour of the facility and try out various services if possible before selecting and moving into a SLF. Many resident participants mentioned fear of being around oldest old seniors with physical and cognitive disabilities and depression. Other participant shared that moving to a facility meant that they had to leave everything behind. A resident reflected how happy she was at home and stated:

> *"Living where I was living, and I was near everything… I could get in my car or I could walk to anything. I liked that. I had friends too that I socialized with and I was very involved with my children. And so, I really liked that life that I had."*

Seniors who had some sort of experience about nursing home facilities through their parents, siblings or spouses held a negative perception of such facilities. A consistent factor emerged among non-residents was a fear of negligence in the facilities, lack of proper care, lack

of freedom and abuse. One participant recalled her nursing home experience with her mother and

sister and stated that:

> *"The nursing home where my mother was, there was abuse of seniors…so you need to find some place where they don't abuse you. You got to make sure of that."*

Another participant shared:

> *"There is a lot of neglect there [nursing home]. Seniors are being neglected."*

A comment of one of the participants whose spouse spent his last days in nursing home

was:

> *"If they see that you are not coming to see or visit your loved one, then they [residents] are not taken care of but if you come every day, and then they [staffs] take care of the people and clean them up. So, I went every day to see him [husband]."*

A resident who was adamant about aging at home and finally moved to a facility in his

late nineties stated:

> *"I had specified in my living will that I wanted to die at home. I didn't want to die in an institution because my wife in her final years, spent a lot of time in a nursing home…and I did not want to die in a nursing home…it was like being in a warehouse."*

Other participants were concerned about freedom and autonomy and would relocate to

assisted living but not to a nursing home. One of the participants stated:

> *"Assisted living is better than a nursing home because you have more freedom than the nursing home. You could do more for yourself… they give you a choice and you can do whatever you want. So, you have more freedom."*

On the other hand, participants also agreed that nursing homes are doing better than before due to strict government regulations. One participant who planned to relocate to a nursing home in the future stated:

> *"Now the government is very strict, and the government is looking into nursing homes on why they are not taking care of the patients. Nursing homes are doing better than the first time."*

Theme 4: Knowledge and Information Barriers: The analysis of the focus group data revealed that seniors who are aging in their home faced many knowledge and information related barriers. Participants' responses suggested that they were not aware of the various long-term care options. Majority of the participants had very limited knowledge and information about the SLFs. Although the senior living industry is growing, the seniors were not familiar with the various types and levels of SLFs or the range of services provided by the facilities. When the researcher provided information about different types of SLFs, the participants became more interested and asked the researcher to elaborate on the types of facilities. One participant responded:

> *"You just caught my attention because I wasn't really thinking about those options. I wasn't really thinking about that. But yeah, moving there…that's a good idea."*

Other participant asked if the researcher could provide more information about the fee structures of SLFs. Many residents who have moved to a facility also shared that they were not aware of the different types of facilities other than nursing homes. A senior resident who decided to age at home but later moved to a community shared:

> *"A friend who lived in the same complex…. She decided she was going to move to a place like this continuing care… I had no knowledge of continuing care facility like this. I didn't understand it."*

The Survey Instrument

As mentioned earlier, data collected from focus group interviews were transcribed and content analysis was carried out. The results of the analyses were utilized to develop a web based self-administered survey instrument by using an online questionnaire software, Qualtrics. The survey development process is illustrated in figure 3.
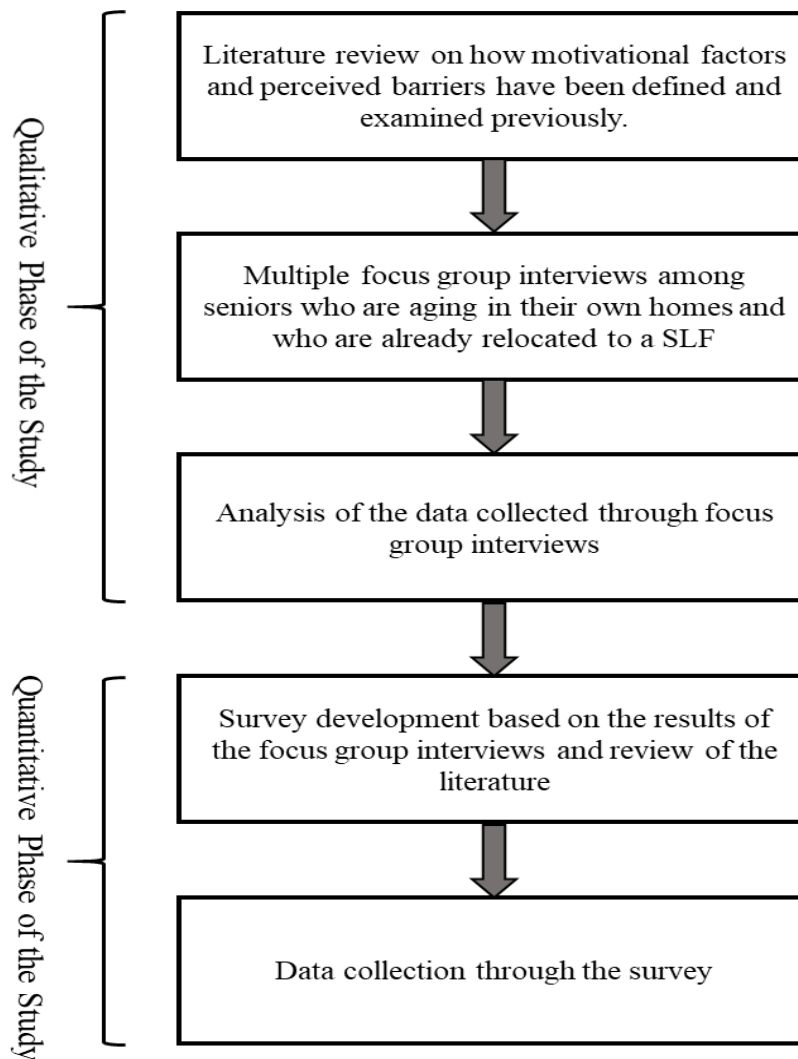
Figure 3: Survey Development Process

The survey instrument was comprised of three main sections. The first section included

questions regarding participants' individual difference characteristics such as household

composition, current living situation, number of adult living children, current housing status,

self-reported health status, and disability status. The second section of the questionnaire included

questions related to the constructs of interests (i.e., push and pull motivational factors, perceived

barriers, and intention to relocate). Based on the results of the focus group interviews, push

motivation factors were measured with 21 items, pull motivation factors were measured with 23

items, perceived barriers were measured with 26 items, and intention to move to a senior living

facility was measured with 3 items. All of the push motivation items (e.g., I will consider moving

to a SLF, if my health deteriorates), perceived barriers items (e.g., I think moving to a SLF is not

a good investment for my money) and intention to move items (e.g., I plan to move to a SLF in

the future) were measured by using a seven-point Likert scale ranging from 1 = strongly disagree

to 7 = strongly agree. In regard to pull motivation, the participants were asked to state their

opinion about how much would the factors/services related to SLFs encourage them move to a

senior living facility (e.g., wide variety of activities to engage in) on a seven-point Likert scale

ranging from 1 = extremely unlikely to 7 = extremely likely. The last part of the questionnaire

included questions related to respondents' demographic characteristics (i.e., gender, age, income,

education level, marital status and race).

Prior to the data collection, a pilot test was conducted on the questionnaire to ensure its

clarity, readability, and comprehensiveness and to establish face validity (i.e., the degree that a

scale is logically reflects the concepts being measured) and content validity (i.e., the degree that

a measure covers the domain of interest). For the pilot test, the questionnaire was distributed to

20 seniors who had some sort of long-term care knowledge and 10 seniors who were the

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residents of a SLF. Appropriate modifications to the wording were made based on the participants' responses and suggestions.

Sampling, Data Collection, and Data Analysis

The target population of the study was seniors who are 65 years of age or older and who are aging in their own homes. At the beginning of the survey, brief information about SLFs was provided. Screening questions were used to ensure that only respondents who were qualified as the sample of the study participated in the survey. A marketing company (i.e., Qualtrics) was hired for the data collection procedure. The link of the survey was provided to the marketing company, and the marketing company distributed the surveys to the sample selected from the target population.

For the data analysis, Statistical Package of Social Sciences (SPSS) and Analysis of a Moment Structures (AMOS) software packages were used. Before the data analysis, the data set was cleaned by examining the missing data and the outliers. Normality of the dataset was determined based on the visual inspection of histograms and box plots and based on the values of Skewness and Kurtosis. Skewness and Kurtosis values were calculated and checked if they are within the acceptable range of ±2 (George & Mallery, 2010). Multicollinearity was examined by calculating tolerance values. Tolerance values above 0.2 for all constructs was used as an acceptable value for not having a multicollinearity issue (Hair et al., 1998).

After the completion of data cleaning and assumption check, descriptive statistics were calculated to identify respondents' demographic and individual difference characteristics. Then three exploratory factor analyses (EFA) were conducted to define the underlying structures for push motivational factors, pull motivational factors and perceived barriers. More specifically,

EFAs were used to reduce and categorize the push motivational factors, pull motivational factors and perceived barriers constructs. Principal axis factoring with Varimax rotation was applied as the extraction method.

After the EFAs, Cronbach's alpha coefficients were calculated to assess the reliability of the scales. A standard two-step approach was utilized to test the study model (Anderson & Gerbing, 1988). In the first step, a first order confirmatory factors analyses (CFA) was conducted to evaluate the measurement model and the validity of the multi-item scales. Factors derived from the EFAs were included in the CFA. A series of absolute and incremental fit indices were used to assess the model fit. Absolute fit indices provide a direct measure of how well the theoretical model fits the observed data. Incremental fit indices assess how well the theoretical model fits relative to an alternative baseline model (Hair et al., 2010). Most widely respected and reported absolute fit indices include chi-square statistic, the root mean square error of approximation (RMSEA), goodness-of-fit statistic (GFI) and the most commonly used incremental fit indices are the normed-fit index (NFI), and the comparative fit index (CFI) (Hair et al., 2010).

After the examination of the fit indices, the reliability and the measurement validity of the constructs were assessed. Cronbach's alpha coefficients and composite reliability (CR) values for each construct were calculated to assess the reliability of the scales. Measurement validity was evaluated by assessing convergent validity and discriminant validity. Convergent validity was assessed by calculating the average variance extracted (AVE) values and checked if they are above the minimum suggested value of 0.5. Discriminant validity was analyzed by comparing the square roots of AVEs with the inter-construct correlations. To have a satisfactory

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discriminant validity the square roots of AVE values should be greater than the correlations

between the variables (Fornell & Larcker, 1981).

In the second step of the data analysis, structural equation modeling (SEM) analysis was

conducted to test the study hypotheses. The structural model fit was assessed in the same manner

as in the measurement model by examining the absolute and incremental fit indices.

Standardized regression weights were examined to evaluate whether the proposed relationships

were statistically significant. Finally, squared multiple correlations were examined to assess

variance explained for the dependent variables by the independent variables.

In the final step of the data analysis, the mediation effects of perceived barriers on the

relationships between push motivational factors and intention to relocate and pull motivational

factors and intention to relocate were tested. Mediation analysis identify and explain the

mechanism that underlies the relationship between an independent variable and a dependent

variable via the inclusion of a third variable, known as a mediator variable (Baron & Kenny,

1986). A simple mediation model is demonstrated in figure 4.
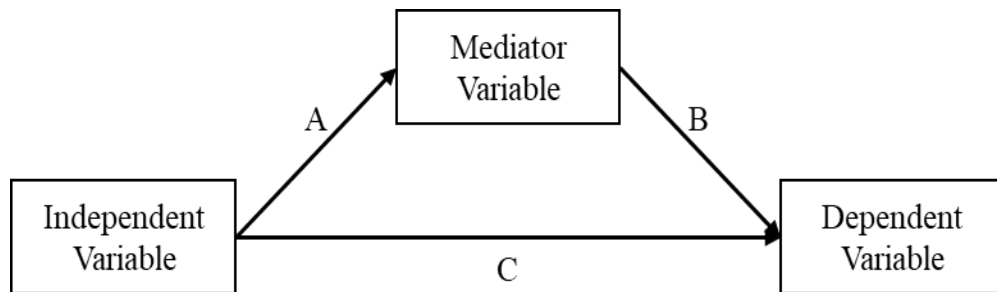
Figure 4: A Simple Statistical Mediation Model

In a simple mediation model, in addition to the direct relationship between dependent

variable and independent variable, a mediator variable is included for the indirect effect between

independent and dependent variable. In other words, a mediation model proposes that the

independent variable affects the mediator variable, which in turn influences the dependent

variable (Figure 3). Therefore, the mediator variable serves to clarify the nature of the

relationship between the independent and dependent variables (Baron & Kenny, 1986).

In this study, the mediation analysis was conducted with structural equation modeling

(SEM) by utilizing a user defined estimand with bootstrap method in AMOS (Gaskin & Lim,

2018) by calculating the indirect effects (the product of path coefficients of A and B). The direct

effect measures the extent to which the dependent variable changes (intention relocate) when the

independent variable increases by one unit and the mediator variable remains unchanged. On the

other hand, the indirect effect measures the extent to which the dependent variable changes when

the independent variable is held fixed and the mediator variable changes by the amount it would

have changed had the independent variable increased by one unit. Bootstrap approach (also

known as bootstrap resampling) can be described as "establishing an empirical sampling

distribution associated with a statistic of interest by repeatedly sampling from the original

'parent' sample data" (Nevitt & Hancock, 2001, p. 355). The bootstrapping provides better

technique to estimate the mediation effect compared to Sobel's test without the assumption of

normal sampling distribution (Preacher & Hayes, 2008). With bootstrapping, the confidence

limits for indirect effects can be obtained with more power and fewer Type I errors (Preacher &

Hayes, 2008).

CHAPTER FOUR: FINDINGS

Preliminary Analysis

As mentioned earlier, the target population of the study was seniors who are 65 years of age or older, who are aging in their own homes but have some level of knowledge regarding various long-term care options. A total of 370 surveys were collected and after eliminating outliers 363 valid questionnaires were used for data analysis. Normality of the dataset was determined based on the visual inspection of histograms and box plots. Based on visual check of histograms and box plots each variable showed normal distribution. In addition, Skewness and Kurtosis values were calculated and checked if they are within the acceptable range of ±2 (George & Mallery, 2010). The results indicated that skewness and kurtosis values were all in acceptable range of -2 and $+2$ (George & Mallery, 2010). Multicollinearity was examined by calculating tolerance values. Tolerance values were all above 0.2 for all constructs, therefore, multicollinearity was not issue in this study (Hair et al., 2010).

Descriptive Statistics

The participants' demographic characteristics are presented in Table 5. The results indicated that 66.7% of the respondents were female and 33.3% of the participants were male. Majority (56%) of the participants were between the ages of 65 to 70. Twenty-seven percent of the participants had some college and around 25% of the participants earned a bachelor's degree. Twenty-seven percent of the seniors had a household income of $25,001 - $50,000 and around 48% of the participants were married. Finally, 79% of the seniors declared their ethnicity as white.

Table 5: Participants Demographic Characteristics

Demographic Characteristics	N	%
Gender		
Male	121	33.3
Female	242	66.7
Missing	0	0
Total	363	100
Age		
65-70	204	56.2
71-75	97	26.7
76-80	46	12.6
81-85	12	3.3
86-90	4	1.2
91-100	0	0
101 and older	0	0
Missing	0	0
Total	363	100
Education		
High School	76	20.9
Associate degree	32	8.8
Some College	100	27.5
Bachelor's Degree	91	25.1
Master's Degree	44	12.1
Doctorate Degree	16	4.4
Other	4	1.1
Missing	0	0
Total	363	100
Income		
$15,000 or less	21	5.8.
$15,000 - $25,000	64	17.6
$25,001 - $50,000	99	27.3
$50,001 - $75,000	74	20.4
$75,001 - $100,000	42	11.6
$100,001 - $150,000	27	7.4
$150,001 - $200,000	18	5.0
$200,001 - $250,000	3	0.8
$250,001 or more	3	0.8
Missing	12	3.3
Total	363	100
Marital Status		
Never married	29	8.0
Married	173	47.7
Living with a partner	17	4.7
Separated	5	1.4
Divorced	75	20.7
Widowed	62	17.1
Missing	2	.6
Total	363	100.0
Race		
White	288	79.3
Black or African American	36	9.9
American Indian or Alaska Native	1	0.3
Hispanic or Latino	21	5.7
Asian	17	4.7
Native Hawaiian or Pacific Islander	0	0
Missing	0	0
Total	363	100.0

The respondents' individual difference characteristics are presented in Table 6. The results revealed that majority of the participants (53%) stated that there are two people (including themselves) were living in their home and 47% of participants stated that they were living with their spouse/partner. Around 36% of the participants had no living adult children and 75% of the participants were the owner of their current house. Around 40% of the participants were living in their current house for 20 years or more. Finally, around 39% of the participants reported their overall health status as "good".

Table 6: Participants Individual Difference Characteristics

Characteristics	N	%
Number of people living in your home		
1	126	34.7
2	194	53.4
3	23	6.3
4	9	2.5
5 or more	11	3.0
Missing	0	0
Total	363	100.0
Current Living Situation		
Living alone	126	34.7
Living with my spouse/partner	172	47.4
Living with my spouse/partner and my adult children in my own home	17	4.7
Living with my spouse/partner and my adult children in my child's home	1	.3
I am the only one who is living with my adult children in my own home	19	5.2
I am the only one who is living with my adult children in my child's home	13	3.6
Other	10	2.8
Living with friend	5	1.4
Missing	0	0
Total	363	100.0
Number of adult living children		
None	129	35.5
1	66	18.2
2	95	26.2
3	32	8.8
4	29	8.0
5 or more	12	3.3
Missing	0	0
Total	363	100.0
Housing Status		
Owner	271	74.7
Private renter	83	22.9
Other	9	2.5
Missing	0	0
Total	363	100.0
Housing Tenure		
Less than one year	13	3.6
1 to 4 years	58	16.0
5 to 9 years	51	14.0
10 to 14 years	49	13.5
15 to 19 years	48	13.2
20 years or more	144	39.7
Missing	0	0
Total	363	100.0
Overall health status		
Excellent	42	11.6
Very good	110	30.3
Good	140	38.6
Fair	66	18.2
Poor	5	1.4
Missing	0	0
Total	363	100.0

Exploratory Factor Analyses

In the first step of the data analysis three exploratory factor analyses (EFA) were conducted to identify underlying dimensions associated with push motivational factors, pull motivational factors and perceived barriers. Principal axis factoring with Varimax rotation was applied as the extraction method. Items with factor loadings equal or greater than 0.5 were retained in the data analysis. In addition, factors, which had eigenvalues equal or above one were evaluated as significant.

The EFA results for push motivational factors yielded a three-factor model explaining 69.2% of the variance. The first push factor was labeled as *Health Related Push Motivation* and explained 46.6% of the variance, the second push factor was labeled as *Housing and Property Related Motivation* and explained 13.1% of the variance, and the third push factor was labeled as *Social and Family/Friend Related Motivation* and explained 9.5% of the variance. The Kaiser-Meyer-Olkin test, which evaluates the measure of sample adequacy (MSA), was above the 0.5 minimally accepted level (MSA = 0.874), and the overall significance of the correlation matrix was less than $\alpha = 0.001$ with a Bartlett test of sphericity value of 3346.185. Four social and family/friend related motivation items and two property related motivation items were dropped due to low factor loadings or cross loadings (Table 6).

The EFA results for pull motivational factors yielded a two-factor model explaining 72% of the variance. The first pull factor labeled as *Environment and Location Related Motivation* and explained 63.5% of the variance and the second factor was labeled as *Facility Related Motivation* and explained 8.57% of the variance. The Kaiser-Meyer-Olkin test was above the 0.5 minimally accepted level (MSA = 0.954), and the overall significance of the correlation matrix

was less than $\alpha = 0.001$ with a Bartlett test of sphericity value of 4928.787. Three environment and location related motivation items and four facility related motivation items were dropped due to low factor loadings or cross loadings (Table 6).

The EFA results for perceived barriers factors yielded a four-factor model explaining 59.3% of the variance. The first barrier factor was labeled as *Socio-Psychological Barriers* and explained 30.3% of the variance, the second barrier factor was labeled as *Family Related Barriers* and explained 11.7% of the variance, the third barrier factor was labeled as *Knowledge and Information Barriers* and explained 9% of the variance, and finally the fourth barrier factor was labeled as *Economic Barriers* and explained 8.2% of the variance. The Kaiser-Meyer-Olkin test, was above the 0.5 minimally accepted level (MSA = 0.845), and the overall significance of the correlation matrix was less than $\alpha = 0.001$ with a Bartlett test of sphericity value of 3686.821. Three socio-psychological barriers items, two knowledge and information barriers items, and one economic barriers item, were dropped due to low factor loadings or cross loadings (Table 7).

Table 7: Items Dropped Due to Low Factor Loadings or Cross-Loading

Social and Family/Friend Related Push Motivation	1. If I do not have anyone else to take care of me at home. 2. I desire to be independent from my family. 3. My children would want me to relocate to a senior living facility 4. Social contact is very important for me.
Housing and Property Related Motivation	1. I am afraid of letting my house deteriorate. 2. If I become dissatisfied with my neighborhood.
Environment and Location Related Motivation	1. Connected to public transportation. 2. Located near my friends. 3. Located near restaurants.
Housing and Facility Related Motivation	1. Emergency communication devices that allows you to ask for help anytime 2. 24-hour access to medical and other support services on site. 3. Friendly and hospitable staffs and management. 4. Wide variety of food and dining options.
Socio-Psychological Barriers	1. Moving to a senior living facility will be too isolating from my children/family. 2. Children/family should take care of their parent/elderly at home. 3. I have social commitments in my community (e.g., organizing programs, volunteering) that prevent me from moving to a senior living facility.
Knowledge and Information Barriers	1. There are limited senior living options to choose in the area where I live. 2. I do not have any family and/or friends who have prior experience with senior living facilities.
Economic Barriers	1. I may lose money (i.e., entrance fee) if I move to a senior living facility.

Based on the EFA results the study model (Figure 5) and the study hypotheses were revised as follows:

H1a: Health related push motivational factor positively influences seniors' intention to relocate to SLFs.

H1b: Social and family/friend related push motivational factor positively influences seniors' intention to relocate to SLFs.

H1c: Housing and Property related push motivational factor positively influences seniors' intention to relocate to SLFs.

H2a: Facility related pull motivational factor positively influences seniors' intention to relocate to SLFs.

H2b: Environment and location related pull motivational factor positively influence seniors' intention to relocate to SLFs.

H3a: Family related barriers negatively influence seniors' intention to relocate to SLFs.

H3b: Economic barriers negatively influence seniors' intention to relocate to SLFs.

H3c: Socio-psychological barriers negatively influence seniors' intention to relocate to SLFs.

H3d: Knowledge and information barriers negatively influence seniors' intention to relocate to SLFs.

H4a: Family related barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H4b: Family related barriers mediates the relationship between social and family/firend related push motivational factor and seniors' intention to relocate to SLFs.

H4c: Family related barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H4d: Family related barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H4e: Family related barriers mediates the relationship between environment and location related pull motivational factor and seniors' intention to relocate to SLFs.

H5a: Economic barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H5b: Economic barriers mediates the relationship between social and family/friend related push motivational factor and seniors' intention to relocate to SLFs.

H5c: Economic barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H5d: Economic barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H5e: Economic barriers mediates the relationship between environment and location related pull motivational factor and seniors' intention to relocate to SLFs.

H6a: Socio-psychological barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H6b: Socio-psychological barriers mediates the relationship between social and family/friend related push motivational factor and seniors' intention to relocate to SLFs.

H6c: Socio-psychological barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H6d: Socio-psychological barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H6e: Socio-psychological barriers mediates the relationship between environment and location related pull motivational factor and seniors' intention to relocate to SLFs

H7a: Knowledge and information barriers mediates the relationship between health-related push motivational factor and seniors' intention to relocate to SLFs.

H7b: Knowledge and information barriers mediates the relationship between social and family/friend related push motivational factor and seniors' intention to relocate to SLFs.

H7c: Knowledge and information barriers mediates the relationship between housing and property related push motivational factor and seniors' intention to relocate to SLFs.

H7d: Knowledge and information barriers mediates the relationship between facility related pull motivational factor and seniors' intention to relocate to SLFs.

H7e: Knowledge and information barriers mediates the relationship between environment and location related pull motivational factor and seniors' intention to relocate to SLFs.
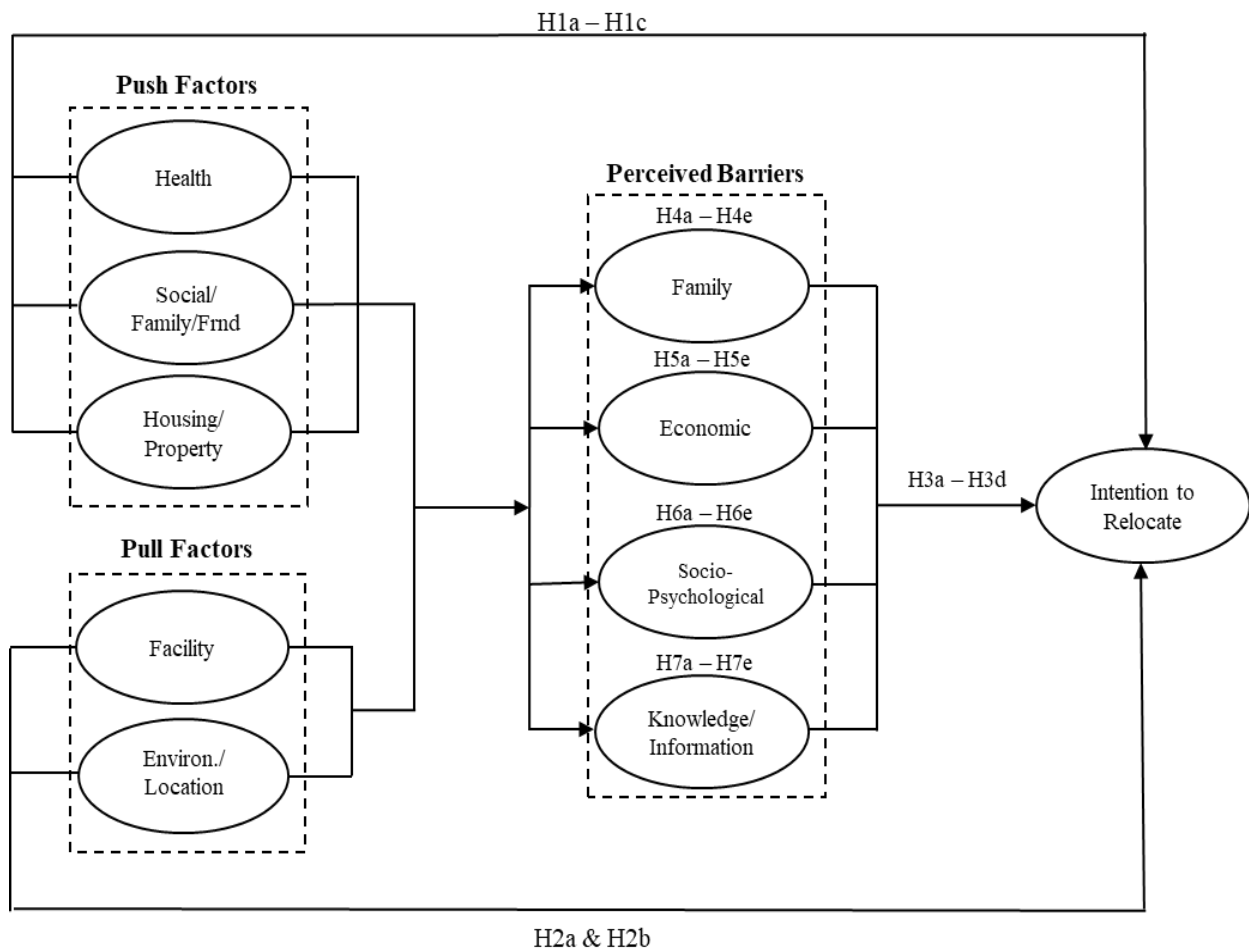
Figure 5: Refined Research Model

Confirmatory Factor Analysis

To assess the overall measurement model, a confirmatory factor analysis (CFA) was conducted. Constructs derived from the EFA analyses (i.e., health related motivation, housing and property related motivation, social and family/fiend related motivation, environment and location related motivation, facility related motivation, socio-psychological barriers, family related barriers, knowledge and information barriers and economic barriers) and intention to move items were included in CFA analysis. A series of absolute and incremental fit indices were used to assess the model fit. As previously mentioned, absolute fit indices provide a direct measure of how well the theoretical model fits the observed data. Incremental fit indices assess how well the theoretical model fits relative to an alternative baseline model (Hair et al., 2010). Most widely used absolute fit indices include chi-square statistic, the root mean square error of approximation (RMSEA), goodness-of-fit statistic (GFI) and the most commonly used incremental fit indices are the normed-fit index (NFI), and the comparative fit index (CFI) (Hair et al., 2010). Like EFA analyses, items with factor loadings equal or greater than 0.5 were retained in the CFA analysis. The results demonstrated an acceptable model fit. According to the results the chi-square statistic was significant, and the ratio of the chi-square value to degree of freedom was less than the cut-off point of 3 (chi-square = 2804.009, df = 1470). Other fit indices including RMSEA (0.050), GFI (0.90), CFI (0.91), NFI (0.91) indicated a reasonable theoretical model fit (Hair et al., 1998) (Table 8).

Table 8: Measurement Model Results

Constructs	Standardized Loadings	Construct Reliability	AVE
Social and Family/Friend Related Push Motivation		0.82	0.58
1. If my spouse's/partner's health deteriorates.	0.701		
2. If my spouse/partner dies.	0.688		
3. I do not want to burden my family with caregiving role.	0.596		
4. I do not want to live with my children/family.	0.676		
5. I want to meet new people.	0.688		
6. I want to spend more time with people of similar age as mine.	0.654		
Housing and Property Related Push Motivation		0.89	0.79
1. If it becomes difficult for me to maintain my home, yard, garden, pool, etc.	0.749		
2. My house design is not appropriate for old age (e.g., home is too big, two storied).	0.912		
3. My house may need a lot of adaptations when I get older.	0.888		
4. My house is too far from shops.	0.704		
5. My neighborhood becomes difficult to navigate/get around.	0.711		
Health Related Push Motivation		0.95	0.83
1. If my health deteriorates.	0.912		
2. If I suffer from serious physical illness.	0.920		
3. If I need assistance with everyday tasks (e.g., bathing, dressing, eating, walking, toileting).	0.924		
4. If my personal care needs increases.	0.890		
Facility Related Pull Motivation		0.93	0.79
1. Regular transportation services.	0.719		
2. Wide variety of activities to engage in	0.675		
3. Wide variety of housing options (e.g., one or more bedrooms, layout of units, units with kitchen area).	0.857		
4. Flexible unit ownership (e.g., you can rent or purchase a unit within the facility).	0.857		
5. Flexible payment plans (e.g., short term contract, no long- term commitment, does not require initial deposit).	0.806		
6. The availability of different level of care options in one campus when needed (e.g., independent living, assisted living, skilled nursing).	0.894		
7. Hotel like environment and service culture.	0.720		
8. Opportunities to engage in activities of my interest (e.g., sports, arts and crafts) that I did not have a chance to do earlier in my life.	0.779		
Environment and Location Related Pull Motivation		0.95	0.70
1. Convenient location to get around town.	0.818		
2. Located in safe and secure neighborhood.	0.799		
3. Located in a good neighborhood.	0.863		
4. Located in an area that I am familiar with.	0.596		
5. Located near my family.	0.877		
6. Located near my doctors and medical offices.	0.924		
7. Located near shopping centers.	0.916		
8. Located in an area that has pleasant weather/climate.	0.889		
Socio-Psychological Barriers		0.88	0.55
1. I believe moving to a senior living facility will takes away my independence.	0.730		
2. I am afraid of change that things may not be the same as home if I move to a senior living facility.	0.638		
3. I am afraid of being around frail older adults if I move to a senior living facility.	0.523		
4. I am afraid that I may be abused if I move to a senior living facility.	0.681		

Socio-Psychological Barriers (cont.)			
5. I believe moving to a senior living facility can endanger my current wellbeing.	0.719		
6. I have a negative perception about senior living facilities.	0.768		
7. The idea of moving to a senior living facility will make me feel old.	0.685		
8. The idea of moving to a senior living facility makes me feel anxious.	0.665		
9. I cannot maintain my old friendships if I move to a senior living facility.	0.562		
10. My friends are not interested in moving to a senior living facility.	0.526		
11. I cannot maintain my social networks if I move to a senior living facility.	0.574		
Family Related Barriers		0.85	0.61
1. My responsibilities towards my family and children would keep me from moving to a senior living facility.	0.600		
2. My family obligations/commitments at home (e.g., organizing holiday party, family reunions) would prevent me from moving to a senior living facility.	0.650		
3. My family would not approve of me moving to a senior living facility.	0.897		
4. The idea of moving to senior living facility will create conflicts among my family members.	0.930		
Economic Barriers		0.87	0.65
1. I do not want to pay high entrance fees that senior living facilities require.	0.769		
2. I think moving to a senior living facility is not a good investment for my money.	0.654		
3. I cannot afford to move to a senior living facility.	0.605		
4. I think moving to a senior living facility will cost too much money.	0.783		
Knowledge and Information Barriers		0.78	0.63
1. I don't know what to expect from senior living facilities.	0.611		
2. I do not have enough knowledge and information about the various senior living options.	0.677		
3. I do not know where to find information about senior living facilities.	0.755		
4. I do not know what resources are needed to move to a senior living facility.	0.731		
Intention to Relocate		0.94	0.84
1. I predict that I should move to a senior living facility in the future.	0.818		
2. I plan to move to a senior living facility.	0.972		
3. I intend to move to a senior living facility in the future.	0.962		

Validity and Reliability of the Scales

Cronbach's alpha coefficients and composite reliability (CR) values for each construct were calculated to assess the reliability of the scales. The scales' alpha coefficient values ranged from 0.79 to 0.95. Based on the recommended benchmark value (i.e., 0.70), the scales are considered reliable and can be used for further analysis (Nunnally, 1970). Like Cronbach's alpha, reliability values of 0.70 or higher suggest acceptable reliability (Hair et al., 2010). The CR values ranged from 0.789 to 0.950 demonstrating an acceptable reliability for the measurement model. Average Variance Extracted (AVE) values were used to assess the

convergent validity. The AVE values for all factors were equal to or higher than the suggested

value of 0.5 (Fornell & Larcker 1981). (Table 6). The discriminant validity of the constructs

were examined by comparing the of square roots of AVEs with the correlation between

variables. The results indicated that the square roots of AVE values were greater than the

correlations between factors, thus confirming a satisfactory discriminant validity (Table 9).

Table 9: Discriminant Validity Matrix

	1	2	3	4	5	6	7	8	9	10
1. Intention	**0.920**									
2. S&FF Push	0.621	**0.768**								
3. Hs&Pro Push	0.545	0.591	**0.798**							
4. Hlth Push	0.552	0.440	0.458	**0.912**						
5. Fac Pull	0.559	0.458	0.573	0.523	**0.892**					
6. Env & Loc Pull	0.401	0.369	0.383	0.484	0.519	**0.841**				
7. Soc-Psy Bar	-0.443	-0.280	-0.211	-0.274	-0.234	-0.080	**0.748**			
8. Fam Bar	-0.207	0.049	0.065	-0.134	0.031	0.040	0.339	**0.783**		
9. Eco Bar	-0.241	-0.102	-0.092	-0.116	-0.118	-0.038	0.374	0.059	**0.810**	
10. Knw & Inf Bar	-0.246	-0.029	-0.034	-0.078	-0.001	0.094	0.405	0.201	0.223	**0.796**

S&FF Push = Social and family/friend related push motivation; Hs&Pro Push = Housing and property related push motivation; Hlth Push = Health related push motivation; Fac Pull = Facility related pull motivation; Env&Loc. Pull = Environment and location related pull motivation; Soc-Psy Bar = Socio-psychological barriers; Fam Bar = Family related barriers; Eco Bar = Economic barriers; Knw & Inf Bar = Knowledge and information barriers. *Off-diagonal elements: Inter-construct correlations. Diagonal elements (bold): Squared root of AVEs.*

Structural Equation Model

SEM analysis was conducted to test the study hypotheses. Like CFA, same absolute and

incremental fit indices were used to assess the structural model fit. Overall, the results indicated

a good model fit for the structural model as well. Chi-square to degrees of freedom ratio was

equal to 1.9, which fell below the cut-off point of 3. In addition, other fit indices had all

acceptable values (RMSEA = 0.050, GFI = 0.90), CFI = 0.91, NFI = 0.90), and IFI = 0.91) (Hair

et al., 1998).

In terms of the direct effects, the results indicated that except H2b (i.e., environment and

location related pull motivational factor positively influence seniors' intention to relocate to

SLFs) all of the hypotheses were supported. More specifically, the study results indicated that health related (H1a), social and family/friend related (H1b), housing and property related (H1c) push motivation factors and facility related pull motivational factor (H2a) had a positive impact on seniors' intention to relocate to SLFs; and family related barriers (H3a), economic barriers (H3b), socio-psychological barriers (H3c) and knowledge and information barriers (H3d) negatively influenced seniors' intention to relocate to SLFs. In addition, the results indicated that social and family/friend related push motivation factor (H1b – Beta = 0.259) had the strongest impact on intention to relocate followed by facility related pull motivation factor (H2a – Beta = 0.252), housing and property related push motivation factor (H1c – Beta = 0.161), and health related push motivation factor (H1a – Beta = 0.150). In terms of the strength of the impacts of the perceived barriers on intention to relocate, the study results revealed that socio-psychological barriers (H3c – Beta = 0.170) had the strongest impact on intention to relocate followed by and family related barriers (H3a – Beta = 0.122), knowledge and information barriers (H3d – Beta = 0.119), and economic barriers (H3b – Beta = 0.058).

In terms of the mediation effects, the study results indicated that family related barriers mediated (weakened) the positive relationship between health related push factor and intention to relocate (H4a – standardized estimate = 0.038). Economic barriers mediated (weakened) the positive relationship between facility related pull motivational factor and intention to relocate (H5d – standardized estimate = 0.019). Socio-psychological barriers mediated (weakened) the positive relationship between health related push motivational factor and intention to relocate (H6a – standardized estimate = 0.032). Socio-psychological barriers also mediated (weakened) the positive relationship between facility related pull motivational factor and intention to relocate (H6d – standardized estimate = 0.040).

CHAPTER FIVE: CONCLUSION

Discussion of Results

The purpose of this study was to identify factors that influence senior intention to relocate to a senior living facility. More specifically, this study examined the impacts of push and pull motivational factors, and perceived barriers on senior intention to relocate to a SLF. In addition, the mediating effect of perceived barriers on the relationships between push motivational factors and intention to relocate and pull motivational factors and intention to relocate were investigated.

Data collected from 363 seniors demonstrated that health related, social and family/friend related, housing and housing and property related push motivational factors and facility related pull motivational factor positively affected seniors' intention to relocate to SLFs. In addition, family related barriers, economic barriers, socio-psychological barriers, and knowledge and information barriers had a negative impact on seniors' intention to relocate to SLFs. The study results further indicated that (a) family related barriers mediated (weakened) the positive relationship between health related push factor and intention to relocate; (b) economic barriers mediated (weakened) the positive relationship between facility related pull motivational factor and intention to relocate; and (3) socio-psychological barriers mediated (weakened) the positive relationship between health related push motivational factor and intention to relocate; and finally, socio-psychological barriers mediated (weakened) the positive relationship between facility related pull motivational factor and intention to relocate.

Hypothesis 1a, which stated that health related push motivational factor positively influences seniors' intention to relocate was supported. This finding suggested that health related factors played a significant role in seniors' intention to relocate to SLFs. More specifically, this

result indicated that seniors' relocation is determined by health related factors such as the anticipation of prospective circumstance of health decline and increased need of assistance with personal care and everyday tasks (e.g., bathing, dressing, eating) (Golant, 2011: Litwak and Longino, 1987; Krout et al., 2002). While this is consistent with some of the prior researches, previous literature in the context of relocation in general generated inconsistent findings due to lack of enough quantitative studies that empirically tested the impact of health related factors on relocation. For instance, a study conducted by Hays (2002) indicated that functional losses and illnesses (acute or chronic) compels seniors to relocate to SLFs. Similarly, Stimson and McCrea (2004) found that poor health and needing more assistance in everyday tasks were major contributors to relocation decision. In contrary, other relocation studies reported that poor health status did not significantly predict relocation decision (Erickson et al., 2006; Robison & Moen, 2000).

Hypothesis 1b, which stated that social and family/friend related push motivational factor positively influences seniors' intention to relocate to SLFs was supported. In accordance with prior literature, this finding suggested that seniors' relocation decision is affected by their spouses/partners and children, and seniors' interest in socialization. For instance, Koss and Ekerdt (2017) reported that relocation decision frequently involves negotiations with and concessions to spouses and children, and housing behaviors result from residential co-reasoning in which older adults engage in joint decision-making processes with significant others.

Hypothesis 1c, which proposed that housing and property related push motivational factor positively influences seniors' intention to relocate to SLFs was supported. Prior literature provided inconsistent findings in terms of the relationship between housing and property related factors and relocation decision. For instance, while some studies highlighted the importance of

inability to manage home and garden on relocation decision (Croucher et al., 2003; Krout et al., 2003; Gardner et al., 2005), other studies found no association between housing factors and relocation intention (Granbom et al., 2018). In this study, however, the findings suggested that if seniors have concerns about the ability to maintain their house and if they believe that their house need a lot of adaptations since its design is not appropriate for old age; they are more willing to relocate to a SLF.

Hypothesis 2a, which stated that facility related pull motivational factor positively influences seniors' intention to relocate to SLFs was supported. This finding was in accordance with prior literature (Baumker et al., 2012, Croucher et al., 2003; Kupke, 2000; Walker & McNamara, 2013). For instance, a study conducted by Baumker et al. (2012) investigated factors motivating seniors to relocate to extra care housing. The study results indicated that seniors with care needs were pulled by attraction of the living environment of the retirement communities as much as those seniors without care needs. Furthermore, they reported that tenancy rights, onsite care and accessible living environment were the most important pull factors. Baumker et al. (2012) also noted that majority of the studies involving retirement communities indicated that seniors relocate mainly due to the attraction or pull factors related to these facilities.

Hypothesis 2b, which proposed that environment and location related pull motivational factor positively influence seniors' intention to relocate to SLFs was not supported. Even though the study results indicated that the environment and location related pull factor was a salient dimension of pull motivation, its effect on relocation intention was not significant. This finding is consistent with the developmental framework proposed by Litwak and Longino (1987), which explains the first type of move among seniors as amenity-based move that occurs among younger

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and healthy retirees motivated by the desire for comfort, amenities, health and support services, and the desire to enhance one's quality of life. Thus, based on the present study findings, it can be argued that the amenities and social opportunities provided by SLFs are more important pull motivators for seniors than the location features of the SLFs. An alternative logical explanation could be drawn from the past literature that healthy seniors may not feel the need to be near their children or family or near other services as they are able to maintain relationship over long distances and overcome geographical separation through communication devices or transportation systems (e.g., air travel) (Krout et al., 2002).

Hypothesis 3a, which stated that family related barriers negatively influence seniors' intention to relocate to SLFs was supported. This finding suggests that higher level of family related barriers will result in lower level of intention to relocate. While the researcher could not locate any empirical study that specifically investigated family related barriers in the context of relocation, this finding is consistent with the studies (Ewen & Chahal, 2013; Longino et al., 2002; Gould et al., 2017) that discussed the negative influence of seniors' family responsibilities and relational ties on their relocation decision. This finding also confirmed that considerations of providing support for family members as well as duties and responsibilities toward family act as significant constraints for older adults' relocation behavioral intention (Koss & Ekerdt, 2017).

Hypothesis 3b, which proposed that economic barriers negatively influence seniors' intention to relocate to SLFs was supported. Although, there has been no empirical study that investigated economic factors as barriers to relocation intention, the study finding related to H3b was in accordance with prior studies that examined the economic aspect of SLFs. It is well established in the literature that relocation to SLFs requires a large investment, which may require seniors to sell their homes or use their savings and this investment may not be perceived

as a sound financial investment (Koss & Ekerdt, 2017; Reed et al., 2014). In addition, prior studies found that seniors were concerned about their ability to afford entry fees, monthly fees and charges related to CCRCs and their ability to keep up with the increasing fees (Cohen et al., 1988; Maloney et al., 1996).

Hypothesis 3c, which stated that socio-psychological barriers negatively influence seniors' intention to relocate to SLFs was supported. This finding implies that seniors face various socio –psychological barriers that poses constraints to relocation. In other words, this finding suggested that the more the seniors perceive socio–psychological barriers, the less likely they intent to relocate to a SLF. One reason for this negative relationship could be due to negative perception of nursing homes among seniors, and seniors might perceive long-term care facilities as nursing homes.

Hypothesis 3d, which stated that knowledge and information barriers negatively influence seniors' intention to relocate to SLFs was supported. The study findings demonstrated that when seniors do not have enough knowledge and information about SLFs, when they do not know what to expect from SLFs, and when they do not know what resources are needed to move to a SLF, they do not intent to move to a SLF. Although prior literature did not empirically test the impact of knowledge and information barriers on relocation intention, this finding is not surprising as prior researchers have consistently discussed and confirmed seniors' lack of knowledge and awareness regarding various forms of senior living options (Gibler et al., 1997; Huang, 2012).

The study results indicated that family related barriers mediated only the positive relationship between health related push motivational factor and intention to relocate (H4a). This mediation effect suggests that if seniors are constrained by family related barriers, their intention

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to relocate to SLF reduces even if they are motivated to relocate due to health concerns. With regards to economic barriers, the results revealed that perceived economic barriers had a mediating effect only between facility related pull motivational factor and intention to relocate (H5d). This result suggests that even though seniors are motivated by SLFs' amenities and activities to relocate, their intention to relocate reduces if they perceive that they are not able to afford such services. The socio-psychological barriers found to be a mediating factor in the relationships between health related push motivational factor and intention to relocate (H6a) and housing and property related push motivational factor and intention to relocate (H6d). These results demonstrated that, while seniors are motivated to relocate to SLFs because of their declining overall health and increased need of assistance with personal care and everyday tasks and because of their inability to maintain their house, they are less likely to relocate when they have socio-psychological barriers.

Theoretical Implications

The current study offers several theoretical contributions in the context of senior living literature. Senior relocation has been investigated extensively in the prior literature and researchers have examined seniors' decision-making process by identifying several reasons about why seniors relocate. However, majority of these studies have examined seniors' relocation decision after they had already made the move by mainly focusing on the issues with seniors' current housings.

In addition to these studies, some other researchers have classified the reasons why seniors relocate in the context of push and pull motivational factors. However, these studies predominantly examined the push and pull factors in other forms of housing such as relocation

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from home to a smaller home (i.e., downsizing), relocation to a different community, relocation to children's home, or inter-state migration (Perry et al., 2013). In addition, researchers have mainly focused on intrinsic factors such as health condition and demographics as predictors of relocation (Granbom et al., 2018). While the identification of push or pull motivational factors that influence seniors' relocation to another type of housing option is important, more comprehensive and differentiated categorization of various push and pull factors is needed to better understand how seniors' behavioral intention forms in the context of relocation to SLFs. Therefore, this study delivers a deeper understanding of seniors' relocation decisions by providing a more refined push and pull motivational factors.

This study also examined the impact of perceived barriers on seniors' relocation intention. While few studies have investigated the reasons why seniors prefer not to relocate to SLFs, to date, no research has specifically explored factors that constraint seniors' relocation decisions. The current study fills this gap in the literature by identifying not only the motivational factors, but also the perceived barriers that influence seniors' relocation intention. The study results indicated that perceived barriers in the context of relocation is a multidimensional construct, which is comprised of socio-psychological, family related, knowledge and information and economic factors. The study results further confirmed that all of the perceived barriers factors had a significant negative impact on senior' intention to relocate.

Another unique contribution of this study is related to its methodological approach. As mentioned earlier, prior relocation studies were mainly interested in identifying the reasons why seniors relocated by adopting qualitative research designs. To the author's best knowledge this study was one of first studies that incorporated motivational factors and perceived barriers in a

correlational predictive model, which provides a comprehensive theoretical foundation that illuminates how seniors' behavioral intention toward relocation to a SLF forms.

<u>**Practical Implications**</u>

While providing important theoretical contributions in the context of senior decision-making, the findings of the study also offers valuable practical implications for SLF owners and operators, long term care policy makers and health care facilitators. For instance, the study results revealed that seniors are pushed to relocate to a SLF due to health related, social and family/friend related, and housing and property related factors. As previously mentioned, the U.S. is experiencing considerable growth in its older population and as the population ages, the number of chronic conditions (e.g., heart disease, cancer, respiratory disease, stroke, Alzheimer's disease, and diabetes) and disability rates are also increasing significantly along with the increasing life expectancy. Therefore, SLFs should focus on the health care aspect of the industry and feature health care services in their promotional campaign and advertisement materials. For example, SLFs, especially the ones that offer guaranteed continuing care with health care support, should highlight such healthcare services offered to attract more seniors to their facilities. In addition, potential SLF residents should be informed and educated through educational sessions and seminars about the health care services offered by the SLFs.

In addition, SLF marketers should pay special attention not only to seniors but also to their social circles including seniors' family and friends whose opinion matters to seniors while making relocation decision. Promotional materials and promotional campaigns should be designed with this influential circle of seniors in mind. For example, seniors should be encouraged to bring their family and friends to marketing activities and educational sessions

organized by the facilities. This will help seniors' family members and friends to learn more about the various services and features offered by the facility so that they can involve in the decision-making process more effectively.

In addition, since many seniors tend to relocate due to loneliness and lack of social contact, the socialization opportunities in the SLFs should also be highlighted and information about these opportunities should be disseminated not only to the potential SLF residents but also to their family and friends through different channels including social media and digital marketing. Furthermore, as spouses'/partners' healthcare needs tend to influence seniors' intention to relocate, SLFs that offers special pricing or discounted rates for couples may especially be attractive for senior couples where only one partner have the immediate care and support needs.

With relation to housing and property related push motivation, the study results indicated that seniors who are concerned about their home design and property maintenance are more likely to have positive intention to relocate to SLFs. Thus, promoting an image of hassle- and worry-free environment of the SLFs (e.g., cruise or country club like experience where seniors do not need to worry about daily chores such as cooking, cleaning, home maintenance, and repair) may be very attractive to these seniors. In addition, offering free programs to seniors who may need assistance in selling or managing their properties may be very helpful for seniors in their transition process.

In terms of pull motivation, this study found that facility related pull factor had a significant influence on seniors' relocation intention. SLF operators should consider the unique characteristics of baby boomers and be proactive in meeting their expectations with paying special attention to facility related factors that are important to prospective SLF residents. For

instance, to attract more seniors, SLFs should provide flexible payment plans (e.g., short term contract, no initial deposit), flexible unit ownership and wide variety of housing options (e.g., one or more bedrooms, units with kitchen) with a hotel like environment and service culture.

While social integration is critically important in later life, the number of social relationships decreases and stressful social events such as death of spouse, children leaving home etc. triggers significant disruption in social ties (Hughes, Waite, Hawkley & Cacioppo, 2004). Thus, seniors who are socially isolated due to various life events can be attracted to SLFs by offering various recreational activities and events that provide seniors with plenty of opportunities to socialize with other senior residents. In addition, promotional materials should include enough information about the SLF and about the activities offered by the SLF. Additionally, prospective seniors and their family and friends should be encouraged to visit the facility in order to experience the environment and the atmosphere so that a positive image about the facility can be created.

This study showed that while seniors have the motivation to relocate, they are also faced with various type of barriers that need to be overcome to carry out the move to SLFs. For instance, the study findings confirmed prior studies that children and family play an important role in seniors' relocation decision and seniors perceive family responsibilities and obligations and not getting support or approval from family members as significant barriers for relocation to a SLF. These results suggest that SLF operators should not only target seniors but also include seniors' children and family members in their marketing strategies by considering them as a part of the decision-making team.

The study results further indicated that when seniors are concerned about the cost involved with the services and care provided by SLFs and when they think that moving to a SLF

is not a good investment for their money, they are less likely to relocate to a SLF. Thus, SLFs should communicate the fee structures of the facilities to seniors along with the promotional materials. Furthermore, facilities should also offer flexible payment and ownership plans such as rent and buying options with varying price packages, as renting option may look more favorable to many seniors regardless of their economic condition.

This study also found that socio-psychological barriers negatively influence seniors' relocation intention. Prior literature indicated that seniors become anxious about relocating to SLFs that carry earlier taints of nursing homes. While SLFs today hold different standards of care and service than nursing homes of the past, this message is not being delivered well to the potential residents (Huang, 2012). Unlike in other industries, it is hard to have prior experience with SLFs. Studies indicated that, lack of prior experience in general is a major factor causing psychological concerns about SLFs. In this regard, SLFs should conduct perception studies with their target market and potential residents to investigate seniors' image perceptions of SLFs. Based on the results, SLFs should organize various types of events such as on-site visits and tours for seniors and their friends and families in order to create a positive image and eliminate the negative perception of SLFs. In addition, designing programs that allow potential residents to come in and live in the SLF for a few days as guests will give seniors the opportunity to experience the services offered by the SLF and to be familiar with the environment. This may help seniors to overcome socio-psychological barriers such as fear of unknown.

Finally, the current study results demonstrated that knowledge and information barriers had a significant negative impact on intention to relocate. Senior living industry is growing, and new types of senior living options have been offered in the market in recent years. The study results suggested that when seniors do not have enough knowledge and information about SLFs,

when they know what to expect from SLFs, and when they do not know what resources are needed to move to a SLF, then they are less likely to move to a SLF. Therefore, government agencies, and senior living operators should develop and implement a comprehensive and effective marketing strategies to inform seniors about SLFs. In this regard, educational sessions or seminars should be organized to educate potential residents about the different types of senior housing options, and about the various aspects of services and amenities that are offered.

In conclusion, the findings of this study help SLF operators and decision makers to better understand seniors' decision-making process by identifying the motivational factors and barriers that influence seniors' relocation intention. Equipped with this information, SLF operators will have the opportunity to position their facility as an attractive option where seniors can live independently without burdening their children, have their own privacy when they need, socialize with other seniors and enjoy life without worrying to maintain their home and have the opportunity to do things they enjoy the most. Relocation to SLFs should be portrayed as a new beginning, not an end, as seniors in the focus group interviews put it:

"It is just like I'm in a new season and a new life and I am just getting my life together. I can just do that without any stress and I can take all the time that I want."

"I think of it as starting a new chapter in my life. I don't feel like it's a final chapter or anything like that, I just think it's the next."

"I definitely made it a new chapter in my life…this is a new chapter in my life and I'm starting out."

<u>Limitations and Future Research</u>

The current study is subject to several limitations and the findings should be interpreted with caution. For example, the data of the study is collected from senior population who are currently residing in the United States only. As the world is rapidly aging, replicating this study in different cultural contexts will provide a deeper insight into the motivations and barriers faced by seniors. In addition, future research that gathers data from other countries may deliver important findings for comparing cultural differences in seniors' relocation decision-making process and their behavioral intentions toward relocation. This will also help health care and long-term care policy makers plan accordingly for future care needs of seniors.

This study did not account for population under 65 years old. In other words, the sample of the study was selected from seniors who are 65 years and older only. Future research can address this limitation by collecting data from relatively younger seniors to examine if younger seniors' motivational factors and perceived barriers differ compared to older ones. This study was a perception-based study and the data of the study was collected from seniors who are aging at home. Future research can be expanded to population who are currently residing in SLFs and compare the differences in motivations and barriers of seniors who are aging at home and seniors who have relocated to SLFs. In addition, future longitudinal studies that examine factors' influence seniors' relocation intention and their actual relocation behavior would provide a deeper understanding on how relocation decision forms and actual relocation takes place among seniors.

This research successfully identified seniors' motivational factors and perceived barriers in the context of relocation intention by adopting the push and pull framework from migration

research (Lee, 1966) and push and pull theory of motivation from tourism research (Dann, 1981). However, future research may examine the influence of other antecedents such as attitude, perceived behavioral control, and/or social influence on seniors' relocation behaviors by utilizing different theoretical frameworks. In addition, the study findings demonstrated the economic barriers was a significant factor that negatively influenced seniors' intention to relocate to a SLF. Future research, which investigates different business models (entry fees, rent only, no-deposit, high deposits and low rent or low deposit and high rent etc.) and their attractiveness to different segments of the senior population would provide valuable contribution for the senior living industry.

APPENDIX A: IRB APPROVAL LETTER

UNIVERSITY OF CENTRAL FLORIDA

EXEMPTION DETERMINATION

March 22, 2019

Dear Suja Chaulagain:

On 3/22/2019, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Modification
Title:	Motivational Factors and Barriers Affecting Seniors' Decision to Relocate to a Senior Care Facility
Investigator:	Suja Chaulagain
IRB ID:	MOD00000138
Funding:	None
Grant ID:	None

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Gillian Morien
Designated Reviewer

APPENDIX B: THE SURVEY INSTRUMENT

EXPLANATION OF RESEARCH

Title of Research Study: Motivational Factors and Barriers Affecting Seniors' Decision to Relocate to a Senior Living Facility

Principal Investigator: Suja Chaulagain, MBA, MHCM
Faculty Supervisor: Abraham Pizam, Ph. D.

You are being invited to take part in a research study. Whether you take part is up to you. The purpose of this study is to investigate the motivational factors and barriers that influence seniors' decision to relocate to senior living facilities. Knowledge gained through this study will provide valuable implications to senior living researchers, senior living industry leaders, decision makers and marketers. This study involves completing an online self-administered survey. You will be asked to provide answers to a series of questions regarding motivations and barriers that have an influence on your decision to relocate to a senior living facility. The time needed to complete the survey is approximately 15 to 20 minutes. Your participation in this study is voluntary. You are free to withdraw your consent and discontinue participation in this study at any time without prejudice or penalty.

You must be 65 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaint, you can contact Suja Chaulagain, Graduate Teaching Associate, Rosen College of Hospitality Management by email at suja.chaulagain@ucf.edu or Dr. Abraham Pizam, Faculty Supervisor, Rosen College of Hospitality Management by email at Abraham.pizam@ucf.edu.

IRB contact about your rights in this study or to report a complaint: If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email irb@ucf.edu.

I have read and understood the above consent form and desire of my own free will to participate in this study.

I agree
I disagree

Are you currently 65 years or older?

Yes
No

The definition of various types of senior living facilities are provided below. Please take few minutes to read the definition (below) and familiarize yourself with various long term care options.

Senior living facilities refers to various type of housing, support and care arrangements especially designed for seniors and includes independent living facilities, assisted living facilities, skilled nursing facilities, memory care and continuing care retirement communities.

Independent Living Facilities (IL) are apartment- like facilities for healthy seniors who desire an independent lifestyle not requiring assistance with daily activities. Minimal services are included (e.g., meal, transportation, housekeeping, social and recreational activities) on a monthly fee basis. Medical care is not provided.

Assisted Living Facilities (AL) provide services to seniors who need help with everyday activities such as bathing, dressing, eating, walking, toileting, and personalized medication management on a monthly fee basis. Housekeeping, transportation, meals, activities, some security and limited medical care are also provided and some may be offered for an additional fee.

Skilled Nursing Facilities (SN) also known as nursing homes, provides 24-hour nursing care for seniors including acute and intensive medical care, speech therapy, occupational therapy and physical therapy by licensed professionals on a need basis. Fees are paid monthly.

Memory Care (MC) facilities provide personal care and support plus special behavior and memory care to seniors experiencing a decline in cognitive functions due to onset of dementia and Alzheimer's disease. Services include secure supervision and enrichment programs and fees are monthly.

Continuing Care Retirement Communities (CCRC) offer varying level of services and care across the continuum of care progressively from independent living, assisted living, skilled nursing to memory care all under one roof. Seniors are generally admitted in independent living and they can move to other levels as their care need increases in future guaranteeing a lifetime of access to health care services, personal care, as well as social, recreational, cultural and educational activities. An entry fee upfront is followed by monthly fees.

Do you currently live in a senior living facility (i.e., Independent living facilities, assisted living facilities, skilled nursing facilities, memory care, continuing care retirement community - CCRC)?

Yes

No

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I will consider moving to a senior living facility if my health deteriorates.	○	○	○	○	○	○	○
I will consider moving to a senior living facility if I suffer from a serious physical illness.	○	○	○	○	○	○	○
I will consider moving to a senior living facility if I need assistance with everyday tasks (e.g., bathing, dressing, eating, walking, toileting)	○	○	○	○	○	○	○
I will consider moving to a senior living facility if my personal care needs increases.	○	○	○	○	○	○	○

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I will consider moving to a senior living facility if my spouse's/partner's health deteriorates.	○	○	○	○	○	○	○
I will consider moving to a senior living facility if my spouse/partner dies.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because I don't have anyone else to take care of me at home.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because I desire to be independent from my family.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because I don't want to burden my children/family with my caregiving task.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because I don't want to live with my children/family.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because my children/family would want me to do so.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because I want to meet new people.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because social contact is very important for me.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because I want to spend more time with people of similar age as mine.	○	○	○	○	○	○	○

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I will consider moving to a senior living facility if it becomes difficult for me to maintain my home, yard, garden, pool, etc.	○	○	○	○	○	○	○
I will consider moving to a senior living facility because my house design is not appropriate for old age (e.g., home is too big, two storied).	○	○	○	○	○	○	○
I will consider moving to a senior living facility because my house may need a lot of adaptations when I get older.	○	○	○	○	○	○	○

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I will consider moving to a senior living facility because my house is too far from shops.	○	○					
I will consider moving to a senior living facility because I am afraid of letting my house deteriorate due to lack of maintenance.							
I will consider moving to a senior living facility if I become dissatisfied with my neighborhood.							
I will consider moving to a senior living facility if my neighborhood becomes difficult to navigate/get around.							

How much would the following factors/services related to the senior living facilities encourage you to move into a senior living facility?

	Extremely unlikely	Moderately unlikely	Slightly unlikely	Neither likely nor unlikely	Slightly likely	Moderately likely	Extremely likely
Regular transportation services.							
Wide variety of activities to engage in (e.g., educational, volunteering, community engagement).	○						
Wide variety of housing options (e.g., one or more bedrooms, layout of units, units with kitchen area).	○						
Flexible unit ownership (e.g., you can rent or purchase a unit within the facility).		○	○		○		
Flexible payment plans (e.g., short term contract, no long-term commitment, does not require initial deposit).							
The availability of different level of care options in one campus when needed (e.g., independent living, assisted living, skilled nursing).	○						
Emergency communication devices that allows you to ask for help anytime.							
24-hour access to medical and other support services on site.	○						
Hotel like environment and service culture.	○						
Friendly and hospitable staffs and management.	○	○	○				
Wide variety of food and dining options.	○	○	○		○	○	
Offers opportunities to engage in activities of my interest (e.g., sports, arts and crafts) that I did not have a chance to do earlier in my life.	○		○		○		

How much would the following factors/services related to the senior living facilities encourage you to move into a senior living facility?

	Extremely unlikely	Moderately unlikely	Slightly unlikely	Neither likely nor unlikely	Slightly likely	Moderately likely	Extremely likely
Convenient location to get around town.	○						
Located in safe and secure neighborhood.							
Connected to public transportation.	○	○					
Located in a good neighborhood.	○	○	○	○			
Located in an area that I am familiar with.	○	○	○				
Located near my children/ family.							
Located near my friends.							
Located near my doctors and medical offices.							
Located near shopping centers.	○						
Located near restaurants.							
Located in an area that has pleasant weather/climate.	○	○	○			○	

Please indicate the degree to which each of the following would prevent you or get in your way from moving to a senior living facility?

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
My responsibilities towards my family and children (e.g., taking care of children, spouse or elderly parent) would keep me from moving to a senior living facility.	○	○	○	○	○	○	○
My family obligations/commitments at home (e.g., organizing holiday party, family reunions) would prevent me from moving to a senior living facility.	○	○	○	○	○	○	○
My family would not approve of me moving to a senior living facility	○	○	○	○	○	○	○
The idea of moving to a senior living facility will create conflicts among my family members.	○	○	○	○	○	○	

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I may loose money (i.e., entrance fee, deposits) if I move to a senior living facility.	○	○	○	○	○	○	○
I do not want to pay high entrance fees that senior living facilities require.	○	○	○	○	○	○	○
I think moving to a senior living facility is not a good investment for my money.	○	○	○	○	○	○	○
I cannot afford to move to a senior living facility.	○	○	○	○	○	○	○
I think moving to a senior living facility will cost too much money.		○					

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I believe moving to a senior living facility takes away my independence.	○	○					
I am afraid of change that things may not be the same as home if I move to a senior living facility.	○	○	○				
I am afraid of being around frail older adults if I move to a senior living facility.	○	○			○	○	
I think moving to a senior living facility will be too isolating from my children/ family.	○	○			○		
I am afraid that I may be abused if I move to a senior living facility.	○	○	○	○			
I believe moving to a senior living facility can endanger my current well-being.							
I have a negative perception about senior living facilities.	○	○					
The idea of moving to a senior living facility makes me feel old.	○	○	○		○		
The idea of moving to a senior living facility makes me feel anxious.		○	○				

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I believe that children/family should take care of their parent/elderly at home.		○					
I cannot maintain my old friendships if I move to a senior living facility.	○	○	○	○	○	○	
My friends are not interested in moving to a senior living facility.	○	○	○		○		
I think I cannot maintain my social networks if I move to a senior living facility.	○	○	○	○	○		
I have social commitments in my community (e.g., organizing programs, volunteering) that may prevent me from moving to a senior living facility.	○	○	○		○		

Please indicate your level of agreement with the following statements.

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	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
There are limited senior living options to choose in the area where I live.							
I do not have any family and/or friends who have prior experience with senior living facilities.							
I don't know what to expect from senior living facilities.							
I do not have enough knowledge and information about the various senior living options.							
I do not know where to find information about the senior living facilities.							
I do not know what resources are needed to move to a senior living facility							

Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I predict that I should move to a senior living facility in the future.							
I plan to move to a senior living facility in the future.							
I intend to move to a senior living facility in the future.							

What is your gender?

Male
Female
Prefer not to say

What is your approximate household annual income?

$15,000 or less
$15,001-$25,000
$25,001- $50,000
$50,001-$75,000
$75,001-$100,000
$100,001 - $150,000
$150,001- $200,000
$200,001-$250,000
$250,001 or more
Prefer not to say

What is your age?

▾

What is the highest level of education you have attained?

High School
Associate degree (2 year)
Some college
Bachelor's Degree (4 year)
Master's Degree
Doctorate Degree
                    Other (Please specify):

Prefer not to say

What is your marital status?

Never married
Married
Living with a partner
Separated
Divorced
Widowed
Prefer not to say

What is your race?

White (non Hispanic)
Black or African American
American Indian or Alaska Native
Hispanic or Latino
Asian
Native Hawaiian or Pacific Islander
     Other (please specify)

Prefer not to say

How many people are currently living in your home (including you)?

1
2
3
4
5 or more

Which of the following best describes your current living situation?

Living alone
Living with my spouse/partner
Living with my spouse/partner and my adult children in my own home
Living with my spouse/partner and my adult children in my child's home
I am the only one who is living with my adult children in my own home
I am the only one who is living with my adult children in my child's home
Living with friend
     Other (please specify)

How many adult living children (18 years or older) do you have?

None
1
2
3
4
5 or more

What is your current housing status?

Owner
Private renter
     Other (please specify)

How long have you been living in your current residence?

Less than 1 year
1 to 4 Years
5 to 9 Years
10 to 14 Years
15 to 19 Years
20 years or more

How would you rate your current overall health?

Excellent
Very good
Good
Fair
Poor
Prefer not to say

Do you currently have any disability or functional limitations that prevents you from performing your everyday tasks (e.g., bathing, eating, walking, using the toilet, getting outside, dressing)?

Yes
No
Prefer not to say

Do you ever plan to move to a senior living facility in the future?

Yes
No
I am not sure

Which type of facility would you consider moving to? If you are not sure, please refer to the definitions of senior living facilities provided in the beginning of the survey.

Independent Living Facility
Assisted Living Facility
Skilled Nursing Facility or Nursing Homes
Continuing Care Retirement Community
                    Other (please specify):

I am not sure

Where do you consider moving to in the future? (Please select all that apply)

A senior living facility which is located in a city where my children/family lives
A senior living facility which is located in a city where my friend lives
A senior living facility which is located near my current home.
Anywhere in the United States
                    Other (please specify):

Paid Formal Home Care Services are short-term and/or long-term professional support services provided by trained caregivers (e.g., nurses, home health aides, therapists) for people who are aging in their homes.

Would you consider using paid formal home care services in future.

Yes
No
I am not sure

Are you satisfied with your current residence?

Yes
No

Which State are you currently residing in?

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