Living in a nursing home or assisted living facility has its own problems. For residents who live in a senior care facility that has a number of types of care levels, where a resident is housed and the perception of why they are housed there can result in residents feeling stigmatized. This stigma can lead to stereotyping and discrimination, creating an ‘us’ versus ‘them’ mentality. Dr. Debra Dobbs, USF’s School of Aging Studies, with colleagues from the University of North Carolina at Chapel Hill and the University of Maryland Baltimore County, determined that there are institutional and organizational processes that lead to nursing home and assisted living residents feeling stigmatized. This is especially true as residents transition across facilities based on their needs for a specific level of short-term, long-term, or palliative care.

A number of factors can contribute to a feeling of stigma. Environmental barriers in the physical environment, such as doorjambs or sticking doors, can make residents with mobility or strength issues, feel as if they are not welcome in a space. Social spaces are also an important factor. Residents with mobility issues may feel a lack of privacy and a sense of isolation when they are left ‘parked’ near nursing stations instead of near spaces where they can engage more easily with other residents or visitors. Withholding personal information from other residents, such as the change in a resident’s status to a more intensive care unit or the death of a resident, leads the remaining residents to feel excluded, as if they are ‘outsiders’ not friends of fellow residents. Lack of autonomy, such as ambiguous rules, lack of food choices in the dining room, not being able to help ‘clean up’ a shared game area, or even locking one’s bedroom door, can lead to depression and increased feelings of stigma.

There are several strategies that may reduce residents’ perception of stigma. These include clarifying situations when there is a change in resident status, such as when a resident moves to a different care facility or dies. Other actions include promoting continued socialization and activities with family and friends and across levels of care, promoting independence, and conveying respect through actions that show the staff value the residents, such as listening to their concerns. These suggestions, as well as additional suggestion in the article, are essential steps in reducing or avoiding stigma among residents of senior care facilities.

Deemed an Editor’s Choice article, the article is available online for public access. Read more about this study on the ‘McNight’s: The news you need’ website.

For more information regarding this study, contact Sheryl Zimmerman, PhD, Cecil G. Sheps Center for Health Services Research and the School of Social Work, The University of North
Carolina at Chapel Hill, or Debra Dobbs, PhD, School of Aging Studies, College of Behavioral and Community Sciences, University of South Florida.