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Motivators and barriers to social participation in two Chinese long-term care institutions: A focus-group study

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Abstract

This study used focus group interviews with old Chinese long-term care residents (N=40) to explore their motivators and barriers to social participation in institutional setting informed by their lived experience. Using inductive thematic analysis, we found that residents' motivators include pursuit of healthy ageing (better physical and mental health) and pursuit of meaningful ageing (sense of achievement and being useful, increased connectedness and realization of dreams from earlier life). The reported barriers illuminate structural components such as life-course experiences, long-term-care related barriers and Chinese policy-related barriers. The discussion highlights importance of understanding the multidimensionality of motivators and barriers to social participation. To promote healthy ageing among institutionalized residents, staff and policy makers are recommended to initiate and support meaningful activities for residents. Residents' individual dreams and accumulated life-course disadvantages experienced long before admission to LTC should also be considered when devising effective interventions to increase residents' level of social participation.

Keywords: social participation; long-term care; China; barrier; motivator, focus group, inductive thematic analysis

Introduction

China is an aging giant. The country houses one fifth of the world's total aging population (United Nations, 2017) and is faced with challenges in its long-term care (LTC) provision. First, the number of older people in need of LTC residency is increasing. Older adults aged 60 and above have taken up 18.7% of China's total population, reaching over 260 million by the end of 2020 (Ministry of Civil Affairs of the People's Republic of China, 2021). Second, informal care provided by adult children is the main form of LTC as this is culturally prescribed by the Confucianist value of filial piety (Laidlaw et al., 2010). However, informal care provision for older adults is lately under pressure due to the one-child policy (Flaherty et al., 2007) and unprecedented urbanisation resulting in young people moving to big cities and leaving older parents at home (Feng et al., 2012; Wong & Leung, 2012). Third, compared with community-dwelling older adults, Chinese LTC residents experience lack of quality care (Wang & Wu, 2016), and report higher mortality rate (Luo & Waite, 2014). Existing research has pointed out that care quality in Chinese LTC institutions is comparatively low because of lack of

regulation (Shum et al., 2015), insufficient funding (Hao et al., 2012), poor staff-resident ratio (Hao et al., 2012) and lack of staff training (Feng et al., 2012).

To meet the challenges of ageing well in later life, the World Health Organization (WHO) has put forward social participation as an important part of well-being in later life in their policy frameworks of Active Ageing in 2002 and Healthy Ageing in 2015 (WHO, 2012 & 2015). Social participation is also recognised in existing research as beneficial for older adults' physical and mental health (Bourassa et al., 2017; Yang et al., 2021), decreased mortality rate (Minagawa & Saito, 2015), reduced feelings of loneliness (Kemperman et al., 2019) and less frailty in later life (Duppen et al., 2019b). Social participation is defined by WHO as "participation in social, economic, cultural, spiritual and civic affairs" (WHO, 2002, p12). In addition to WHO's definition, this article categorises social participation into formal and informal participation (Pan et al., 2018). Formal participation refers to attending organized activities (e.g. volunteering) and informal participation as those started by older people themselves. Formal participation, such as volunteering is found to be helpful in promoting one's identity and self-worth (van Ingen & Wilson, 2017), and positively correlated with social integration (Dury et al., 2015). Satisfaction with informal social participation is beneficial for older people's psychological wellbeing and health-related quality of life (e.g., Kang & Ahn, 2014).

Existing studies exploring social participation in LTC institutions are often restricted to physical activities (Benjamin et al., 2014). International studies (e.g. in Australia, Canada) show that residents often lead a sedentary lifestyle (Lee et al., 2020) and engage mostly in passive physical activities like watching television (Egerton & Brauer, 2009). To our best knowledge, other forms of social participation (i.e. other than physical activities) such as volunteering, philanthropy donations and intellectual activities (e.g. submitting articles to newspapers) are often neglected in current LTC research. The few existing studies investigating social participation of older LTC residents conclude that a broad definition of Active Ageing can be a relevant and important framework for LTC facilities in their pursuit of a higher quality of life for their residents (Kim et al., 2021). Possibly reduced function ability in older adults does not necessarily prohibit them from active ageing and doing activities that are meaningful to them (Pan et al., 2020). An international study conducted in Canada, Norway and Germany found that social participation can, for example, enhance LTC residents' quality of life (Lowndes et al., 2021). In light of these considerations, the current paper will focus on social participation among LTC residents, and investigate what motivates older residents to participate, or which barriers they experience.

Barriers to physical activity or exercise participation, identified in existing research, are related at resident individual level and as well as the organizational level (Benjamin et al., 2014). Resident-related barriers include fear of falling (Chen, 2010) and past history of sedentary lifestyle (Chen, 2010) while organizational barriers lack of support from staff (Benjamin et al., 2014) and rigid institutional routines (Benjamin et al., 2011). Earlier research on motivators to participation often restrict themselves to individual level factors such as self-determination theory which structures motivation either in internal

ones (e.g. self-enjoyment) or external ones (e.g. avoiding punishment) (Altintas et al., 2018). A dominant focus on individual psychological motivators might possibly neglect societal factors which can influence older adults' social participation. For instance, social environment (e.g. social networks, presence of meeting space) can be a motivator to older adults' social participation (Duppen et al., 2020).

To date, no study has yet focused on older LTC residents' motivation and barriers to social participation in mainland China. Nevertheless, research exploring such motivators and barriers to social participation in LTC in the context of mainland China is needed as Chinese older adults, influenced by Confucianist teachings might experience and interpret social participation differently from western counterparts (Pan et al., 2021). For instance, while western adults value participation and connection with the wider society as an importance aspect of participation, older Chinese put more emphasis on familial participation (Pan et al., 2021). In addition, of the available research in Chinese LTC institutions, the institutional hierarchical context is found to be detrimental for older residents to forge meaningful relationship with co-habitants (Cheng et al., 2009). Moreover, the experience of relocation is reported by older adults to bring personal disgrace and feeling abandoned by their adult children (Liang & Marier, 2017). Inclusion of residents' experience in this matter is of importance as a growing number of researchers recognise involving older people's experience can help understand complex health or social problems (Ward & Barnes, 2016).

Conclusively, the purpose of this study is to explore residents' self-perceived barriers and motivators to social participation not restricted to physical activity participation, in the context of LTC institutions in mainland China.

Methods

Design

This study adopted the qualitative research method of focus group interviews because it facilitates a wide range of answers and provides a forum for participants to discuss and explore feelings, meanings, interpretations and experiences (Heckenberg et al., 2018). The advantages of focus groups include but not limited to: the possibility to pose follow-up questions, group dynamics to generate new thinking and provoke in-depth discussion, ability to use non-verbal behavior and gather much information in a relatively short time (Morgan, 1998, pp 9-15).

Ethics

The study followed Guidelines of Human Sciences Ethical Committee of Vrije Universiteit Brussel (Vrije Universiteit Brussel, 2018) and respected the European Framework for Research Ethics (European Commission, 2013). Since the research included only competent human subjects and did not

invade the participant's integrity, no additional approval was needed by the committee (Vrije Universiteit Brussel, 2018). Informed consent forms in mandarin Chinese (official language of Chinese in mainland China) were given to all participants.

Sample

Two LTC institutions participated in this research through purposive sampling. Invitation emails were sent to fifty LTCs in China and two responded with an interest of participation. One was a public LTC with more than 100-year history, located in Suzhou, an economically developed city in southern China. The other LTC was a private institution newly opened in 2011 in Beijing, the capital of China. The rationale behind selecting one public and one private long-term care institution is to realize the heterogeneity among research participants. The key differences between the two LTCs are admission criteria and residents' length of stay. Public LTC residents in Suzhou in this research should meet the criteria of three No's (no family support, no ability to work, no source of income). The admission criteria for private LTC in Beijing is less strict and older adults with economical means to pay the rent and services are welcome. Length of living differs greatly (see Table 1) because the private one was newly opened (in 2011) and the public one had a long history (dating back to 1701).

Participants were recruited on a voluntary basis without remuneration. The inclusion criteria were 1) that residents were aged over 60, 2) that they could articulate themselves clearly. Residents' physical or mental health is not used as exclusion criteria. We excluded those who had lost language or communicational ability due to severe cognitive impairments (e.g. late-stage Alzheimer).

355 residents were approached (n=117, Beijing; n = 238, Suzhou) by LTC management staff using ways of leaflets, posters and word-of-mouth. Residents were notified of the research aim, content, and duration of the research as well as their rights of privacy, anonymity, and to withdraw from the research at any time if they felt uncomfortable with the questions posed by the researcher. In the end, 40 residents agreed to participate and eight focus groups (n = 4, Beijing; n = 4, Suzhou) each consisting of five people were formed. With the number of participants being 40, data saturation (i.e. both code and meaning saturation) were achieved according to the requirements of qualitative research methodology (Ando et al., 2014; Hennink et al., 2017). Code saturation meant that researchers have "heard it all" and meaning saturation was needed to "understand it all" (Hennink et al., 2017).

Procedure

The first author, who was a native speaker of mandarin Chinese, conducted the focus group interviews. The first author posed questions as outlined in appendix I and made field notes. The average duration of the focus interviews was about 1.5 hours. A registered nurse familiar with the focus group participants was present to help facilitate the focus group interview by being a translator when necessary.

For instance, the local dialect of Suzhou was mixed with mandarin Chinese by one resident. The registered nurse would help translate a few words in Suzhou dialect into mandarin Chinese. The researcher made notes of the on-spot translation and later compared the notes with the audio records to ensure the accuracy of the translation of the local dialect. The content of focus group discussions was recorded. The first and fifth authors, both of whom are native mandarin speakers, transcribed the interviews verbatim afterwards.

Data Analysis

The content of focus group discussions was recorded by the first author with a digital recording pen. The first and fifth authors both of whom are native mandarin Chinese speakers, transcribed the interviews verbatim afterwards. All residents participated anonymously, with their surnames replaced in the analysis process. The analysis part was completed in two parts. The first part was the preparation for coding process by two authors whose native language was mandarin Chinese. They reviewed the transcribed texts carefully and made constant comparisons by reading forward and backward between interviews. The objective of this stage was to gain familiarity with the interviews and to form a holistic narrative of each focus group interview.

After the preparation of coding process, we imported the transcribed texts into a qualitative data analysis software MAXQDA (VERBI software, 2017). We followed the guidelines of Qualitative Analysis Guide of Leuven (Dierckx de Casterlé et al., 2012) to conduct inductive thematic analysis. Here is one example of how we achieved the theme of pursuit of healthy ageing as a motivator for social participation. When participants mentioned about aspects about physical or mental health in motivating them to participate in activities, such as in pursuit of better mental health, reduced feelings of loneliness, out of desire to attain better physical health, the authors after discussion classified the motivators under the theme of pursuit of healthy ageing. In the same method, we arrived at the theme of pursuit of meaningful ageing as the other motivator. Meaningful ageing is defined by the process where life experience is evaluated by the activities that are critical for an individual's sense of self or what matters to an ageing person (Glanz & Neikrug, 1994).

The second part of the analysis was coding process using MAXQDA (VERBI Software, 2017). It comprised drawing up the key concepts, coding (linking relevant fragments to appropriate codes), analysing the concepts, extracting interviewee stories and/or words, and, lastly, describing the results.

Findings

Table 1 shows the personal characteristics of the participants. 15 men and 25 women participated in the research. Average age was 86.6 years old, ranging from 76 to 100 years old. Average length of living in LTC was 5.72 years. Concerning marital status, 12 participants were married, 26 widowed and 2 divorced.

The analysis revealed that older residents were motivated to engage in activities mainly in pursuit of healthy ageing and meaningful ageing. Motivators existed in both the private and public LTCs. That means that, despite the differences in admission criteria and residents' length of stay, motivators to social participation experienced by participants were not different. The barriers were life-course changes, LTC-related barriers (e.g. far away location) and Chinese national policy-related barriers. Policy-related barriers only exist in the public LTC while the other two barriers were present in both LTCs.

Motivators to social participation

Pursuit of Healthy Ageing

The inductive analysis shows that older residents engage in social participation within LTC out of consideration of improving their mental and physical health.

One of the motivators mentioned by research participants was that they felt their mental health could be improved. They talked about: fun seeking, seeking confidence to combat disease, aiming to reduce their loneliness and seeking relief of mental pains. Fun and happiness were the often-mentioned words in their answer. One resident relayed that being in the singing group helped improve her mental status and gave her confidence to combat her physical illness.

I'm a cancer patient and I need to find a group that I belong to. Being integrated to the singing group greatly improved my mental status. I just finished chemo treatment this morning, but I feel good now. I had my left kidney and ureter cut off. The singing group, for me, is happiness in my life now. I joined this singing group voluntarily and I like the feeling of being part of something bigger. I'm also able to find the confidence to beat the cancer and keeping going on in order to have more days with my friends in the singing group. (woman, 79-year-old, Beijing)

Self-perceived reduction of feelings of loneliness was also reported in the interview. A man aged 87 in Suzhou said the following about the singing group:

I don't feel lonely after I joined the singing group. Without the singing group, even if we live under the same roof, we don't have the chance to get to know each other. I'm very happy that I joined this group.

There were other participants describing that being happy by doing activities was their way of facing peers pass away and dealing with inevitable loss in life.

I want to die without pain. We had supper together and everyone was happy. The next morning, I woke up, I heard people say someone passed away. This someone just had supper with me last night. Once I went back to my old house for some time, when I came back, I found a neighbor passed away; he was younger than me. Death is not a taboo here. We always say to each other that we live every day happily. If one day I were to leave this world, I wish I won't be tortured for too long by pain. (man, 94-year-old, Suzhou)

Second, a number of participants expressed that attaining good physical health motivated them to participate in activities. They also described that pursuit of better physical health was their way of facing loss and decline, which were quite “normal” in later life. A 92-year-old man described that “diseases developed in later life are very normal just as the machine will go wrong after long time of usage; the houses can also develop problems”. Another 86-year-old woman relayed “*Life exists in doing exercises. I hope that I can have a healthy body by participating in these activities.*”

Two residents mentioned that organized visits from traditional Chinese medicine (TCM) doctors served as another motivator to pursue a healthy lifestyle. According to them, LTC staff would invite on a regular basis renowned TCM doctors to the LTC to give health sessions for the residents.

I like the acupuncture doctor invited here by the LTC. He's the fourth-generation descendant of a TCM master. He could treat most pains in my back and leg. I hope he could come more frequently. I do exercise according to the instructions of the TCM doctor. (woman, 76-year-old, Suzhou)

Pursuit of meaningful ageing

We discovered that the pursuit of meaning in life served as an important motivator to social participation of older residents in Chinese LTCs. According to the residents, sense of achievement and being useful, increased connectedness and realisation of dreams or hobbies from earlier life motivated them to participate in activities.

Despite falling health conditions, some residents expressed willingness to participate in the workshop of making handicrafts organized by LTC staff. According to an 88-year-old woman in Suzhou, she felt extremely joyful and felt a sense of achievement and being useful after having finished a piece of art work.

I could not be happier when I finished making a pot of flowers. Looking at the flowers, I feel like I did not waste my day and achieved something.

However, not all residents were able to attend the organized activities in the LTC. For those with poor physical health, regular morning exercises were too demanding. For instance, an old woman aged 84 in Beijing lamented to the researcher about not being able to join organized morning exercise but she later added that she was still motivated to do activities because doing activities made her feel “not worthless”. Quite a few frail old residents described self-worth as their motivation to be engaged in daily activities even though they were highly dependent on LTC staff.

I do walking exercises around the LTC lobby. I count my steps. It takes one hundred steps to make one circle of the lobby. I walk ten circles a day. That amounts to a thousand steps. That's real exercise for me. I feel happy and useful after completing ten circles. (female, 92-year-old, Beijing)

Second, the pursuit of increased connectedness was noted on two levels: connectedness with the LTC itself, and connectedness with fellow LTC residents. First, a few residents expressed that they would like to engage in the activities in the LTC out of a desire to make LTC more like their home.

I treat it here (LTC) as my home not as a nursing home. That's why I attend activities here. This nursing home becomes better or worse, which concerns all of the members in this home. (man, 92-year-old, Beijing)

Research participants also reported increased connectedness with LTC co-residents, which provided encouragement and inspiration for non-participants to become participants in different activities. Research participants often mentioned that many activities in LTC were informally organized by active residents rather than LTC staff.

After retirement, I've lived in my own house for a few years. I never played majhong then. After moving here, there would always be people calling me to play majhong with them. They would say that there are only three people on the majhong table. Without me, they were not able to play majhong. After hearing that, I would go. (woman, 79-year-old, Suzhou)

Finally, being too busy, no time, and occupied by work and children were the common phrases often mentioned by many residents in both private and public LTCs when they described their earlier life. Residential care freed residents of daily chores like cooking and cleaning. Some residents said they were motivated to pursue hobbies or dreams that they developed in earlier life.

I can do what the circus performers do, like throwing four balls at the same time, diabolo, sword dancing, and walking on stilts. These are the hobbies I've developed since childhood, and I didn't have time to do them while I was too busy with my job before retirement. Being a hairdresser was too time-consuming; I had to stay in the shop all day long. Now, living in the nursing home, I have time. (man, 86-year-old, Suzhou).

Barriers to social participation

Three themes of barriers to social participation emerged in the analysis of the focus groups, i.e. life-course changes, LTC-related factors and national Chinese policy-related barriers.

Changes from a life-course perspective

In the analysis, a distinction could be made between recent life-course changes or long-term, accumulated life-course changes. Recent life changes included physical health decline and accumulated life-course change related to the structural barriers residents experienced in their early life.

As for recent life changes, declining physical health was such a recent life-event. Participants told the researcher that they could not participate in the organized activities mainly because of failing physical health such as worsening vision ability, throat problems, feet pain, etc.

I couldn't join the activity of chuan zhu zi (putting beads on a string) because of my falling eyesight. (woman, 89-year-old, Suzhou)

I like the activities organized by the LTC. Actually, I'm very fond of singing. But my throat is not that good and I have laryntitis. So I quit the singing activity now. (woman, 78-year-old, Beijing)

In addition, also life-events which happened many years ago still influenced their non-participation today. When asked about what activities or hobbies they pursued in the LTC, a few residents commented they had a laborious earlier life and no time to develop a personal hobby. One resident said that "having a hobby is a luxury", and another aged 89 further described that "the times when we grow up and live were so poor that ordinary people cannot afford a hobby. My popo (mother-in-law) used to

shout at me if I spend a little time reading books, just a little time. She only wanted me to do farming to feed the kids”. It can be seen from their descriptions that life-course changes accumulated from residents’ early adult years still posed a barrier for their participation in later life.

LTC-related barrier

Residents commented that, compared with living at their own house, they had more opportunities to participate in various organized activities such as dancing courses, writing courses, workshops for handicrafts and so on. They added that they would otherwise have no access to these activities if they remained living self-reliantly. Although they clearly appreciated the offer in the nursing home, the residents also experienced specific barriers related to the LTC facility such as a faraway location, and activities are a non-priority in institutional policy.

First, the two researched LTCs were situated in suburbs of Beijing and Suzhou and the residents complained about their faraway location from city center and not convenient for their friends and family to visit. Living too far away from ‘everything that is happening’ was the complaint from residents.

The LTC is too far away from the downtown area. It takes too long to come here. There is only one shuttle bus every day (between the LTC and downtown); the transportation is very inconvenient; it’s not that easy for my former friends to come and visit me. (man, 90-year-old, Suzhou)

This connected with LTC-related barrier of policy priority. According to residents, activities and social participation were not a priority in the policy of the nursing home. They, for example, talked about an interruption of funding for activity initiatives or staff change in supervision of a certain activity program, might become a barrier to participation in intellectual activities such as writing articles.

There used to be a social worker in this LTC. He helped to establish a newspaper for the elderly people. All the inhabitants can write articles and submit to the newspaper. Gao (the social worker) will print the newspaper and give everyone in the LTC a copy of it. But that was in Huqiu (the old location before the LTC moved to the suburb); in 2013 the LTC moved here and the newspaper was also gone. (woman, 88-year-old, Suzhou).

Chinese policy related barrier

The Chinese policy related barrier was found only present in the public LTC but not in the private LTC. The overarching national policy for public welfare LTC resident admission posed barriers to social participation among residents. The admission regulation was strict and only those who fulfilled

the three “NOs” criteria could be admitted (no family support, no ability to work, no source of income). According to the residents in Suzhou LTC, there were no new residents admitted into the LTC in Suzhou for the past three years.

The biggest problem for the moment is that there are fewer and fewer inhabitants in the LTC and here the atmosphere becomes less and less lively. The director here is also very anxious about that. It's now increasingly difficult to gather four people together to play Majhong. (man, 79-year-old, Suzhou)

Discussion

This study aims to identify residents’ self-perceived barriers and motivators to social participation not restricted to physical activity participation. It is among the first studies to explore these motivators and barriers in the context of LTC institutions in mainland China. Findings from inductive analysis on the motivators were structured in either motivators for healthy ageing and motivators for meaningful ageing. For the barriers to social participation, findings were mainly situated within structural factors (i.e. life-course events, LTC structure and Chinese national policy). Our findings are not limited to theory of self-determination emphasizing individual psychological motivation (Altintas et al., 2018) but rather motivators and barriers at different levels such as LTC social environment and national policy.

Pursuit of healthy ageing (both mental health and physical health) serves as motivator to social participation in LTC residents. Reduced loneliness, regained confidence to combat disease, increased feelings of happiness are often the dimensions of better mental health mentioned by residents. Reduced loneliness is in line with existing international research stating that meaningful participation in LTC setting can improve residents’ socialization to reduce loneliness (Morley et al., 2021). Another motivator of the pursuit of better physical health points to the potential for LTC staff to build on its strength of both formal and informal participation opportunities to help its residents maintain health. As is frequently mentioned by the residents, organized health sessions given by TCM doctors motivate them to participate in activities.

In addition to healthy ageing, the pursuit of meaningful ageing appeared as strong motivator to social participation, which is in line with previous gerontological research on meaning in life among older frail adults in Belgium (Duppen et al., 2019a). Meaning in later life, for people with reduced social networks, can be experienced in different dimensions such as connectedness, moral-and self-worth, purpose and excitement (Duppen et al., 2019a). Older residents in our research are motivated to socially participate in pursuit of a sense of achievement and usefulness, increased connectedness and earlier life dreams.

The motivator of sense of achievement and usefulness adds to our understanding of residents’ compensation and coping strategies for decreasing participation opportunities due to declining physical

ability (Carpentieri et al., 2017). For example, severe frail older persons, with low functional abilities, insist on doing basic functional activities by themselves, going to the toilet and dressing themselves. Hence, the findings challenge the stereotype of LTC residents as being extremely sedentary and engaging in mostly passive activities (Lee et al., 2020; Egerton & Brauer, 2009). Our research demonstrates that reduced functional ability does not necessarily entail stopping doing activities that are meaningful to older residents. It is crucial for LTCs to create opportunities for residents regardless of their functional ability to engage in activities from which residents can derive a sense of usefulness and achievement. Pursuit of earlier dreams serves as motivator to social participation even for people with high dependency levels. Therefore, it is important for LTC staff to consider each resident's preference, need, dream or expectation when motivating older adults to participate in activities. Hearing and knowing residents themselves are the prerequisites to motivate them to participate in activities, which is in line with the requirements of person-centered care (McLean et al., 2016).

Another motivator of pursuit of increased connectedness demonstrates the importance of developing culturally-sensitive interventions to promote social participation in Chinese older adults influenced by collectivist values. Chinese people with collectivist values tend to place group interests over individual ones and show a stronger desire of group allegiance than individualists (Qiu et al., 2018). That might explain why residents join formal activities organized in LTC to build a homely residence place. The finding of pursuit of increased connectedness is different from prior research in the context of western societies that aversion to group activity format is a barrier to participation in LTC (Guerin et al., 2008). Another motivator of encouragement and inspirations from co-residents confirms the finding of previous research in Malaysia that social support from peers' companionship is one of the strongest predictors for adopting and maintaining physical activity participation (Justine et al., 2013).

Despite the existing motivators in Chinese LTCs, residents experience structural barriers to their social participation. The barrier of remote life-course events might be explained from the perspective of cumulative disadvantages (Hudson, 2016). A few residents mentioned that they went through times of economic difficulties and having a hobby to pursue in their leisure time is a luxury. For most older adults over 60 years old in China, referred to as the lost generation, have gone through underdeveloped economic times and hardships during the Cultural Revolution (Bonnin, 2009; Sun, 2016). They are more likely to engage in a laborious earlier life trajectory, which restricted them to develop a hobby that they can continue to pursue in later life.

The barriers identified in the LTC-related level (e.g. far-away location, perceived lack of medical resources, inconsistent LTC policy) add to current literature about barriers existing in Chinese LTC (Benjamin et al., 2014). Residents in both LTCs complained of its suburban location which made it difficult for their family and friends to visit. These findings are consistent with research finding in Korean LTCs that location, work organization and governing regulations can influence if and how residents engage in everyday activities (Lowndes et al., 2021). In addition, non-priority in institutional policy of social participation in our research is considered by ageing residents to be another barrier. As

is reported by residents in the public LTC in Suzhou, the interruption of an internal newspaper caused residents to lose opportunities of writing and sharing old memories with peer residents. The finding of non-priority in Chinese LTCs responds to prior research stating that priority in LTC staff training, instead of focusing on each individual resident's needs and wellbeing, concentrates mostly on security and skill training to improve institutional efficiency (Wang & Wu, 2016).

In addition, strict admission regulation of the public LTC in Suzhou poses a barrier to residents' social participation in terms of declining companionship available for residents. For instance, there are no new residents Suzhou LTC for the past three years because of the national public LTC admission criteria of three Nos while there are plenty of vacant rooms. The admission criteria of Three Nos regulate that only people who have no family support, no ability to work and no source of income, are eligible of admission (Leung, 2010). The public LTC in Suzhou is a welfare institute for older adults in need of LTC, funded by the local and central government. The staff report pressure in strict implementation of the admission criteria and complained about their incapability in changing the overarching regulation. In the interview, residents complained of the difficulty in finding enough people to carry out leisure activity. This finding in a sense is consistent with previous international studies that presence of company is correlated with older adults' social participation (Lim & Taylor, 2005).

The empirical study in this paper is liable to some limitations. First, the voluntariness of participants in our research might also result in selection bias (Betkó et al., 2019). Previous research points out that research volunteers, compared with non-volunteers, are more extrovert and agreeable (Lönnqvist et al., 2007). These personal traits can serve as inner motivators to participants' social participation, thus resulting in a possible biased sample of participants who are more likely to socially participate. The influence of inequality of participants in two vastly different LTC on their social participation has also not been addressed in this paper. It is possible that those with more economical means in private LTC have more social participation opportunities as previous research shows that socio-economic status can be positively associated with their social participation (Pan et al., 2019). Third, the inclusion of registered nurse in each focus group may have affected the data by influencing how participants responded to the negative aspects in LTC. It is possible social desirability in the group dynamics has affected the expression of a certain participant with different opinions (Boger et al., 2015).

Conclusion

This qualitative exploration of motivators and barriers to social participation among older residents in two LTC institutions in China has important implications for intervention to increase older residents' social participation in LTC institutions. Successful interventions should consider the multidimensionality of barriers and motivators to institutional social participation. In devising social participation programs that are meaningful to older residents, their life-course accumulated disadvantages should be taken into consideration. Also, peer companionship and support of LTC nurse

and staff should be fully cultivated to motivate older residents to initiate and continue social participation after relocation.

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Declaration of Competing Interest

The authors declare that there is no conflict of interest.

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Table 1: Participant characteristics

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

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