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Retirement residence living: stories of older adult residents

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Graduate Program in Health and Rehabilitation Sciences
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Abstract

Social isolation and loneliness have a negative effect on the lives of older adults. Participation in regular physical activity may facilitate social connectedness to mitigate feelings of social isolation and loneliness. Current understanding of regular physical activity for social connection and health benefits in older adult residents of retirement communities is limited. This study aimed to address, *'What are the stories of social connectedness of physically active older adults living in a retirement residence?'*. Using a narrative methodology, and incorporating an occupational mapping tool, residents of a retirement community storied their experiences of regular physical activity. Thematic analysis revealed themes of 'making it home' and 'purpose through activity' as ways in which older adults adapted to their new home. The findings may inform retirement residences in providing opportunities through activity and social contacts to support older adults to adapt to their new home and develop feelings of social connectedness.

Keywords: retirement residence, social isolation, loneliness, social connectedness, older adults, physical activity, activity, social connection

Lay Summary

In Canada, the older adult population is expected to increase rapidly until 2013, when all of the baby boomers will have reached 65 years of age (Statistics Canada, 2016). Approximately 2.6% of Canadian older adults are living in a retirement residence built specifically for older adults (Statistics Canada, 2015). Retirement residences allow older adult residents to live independently in an active social and leisure lifestyle (Roberts, 2014). However, loneliness and social isolation are still prevalent in these retirement residences (Sibley, Thompson & Edwardh, 2016; Statistics Canada, 2016). Loneliness and social isolation have a negative effect the lives of older adults (Gardiner, 2016; Holt-Lunstad, 2010; Statistics Canada, 2016; The Social Report, 2005; Keef, 2006). Having access to physical activity programming can play a role in enabling older adults to integrate an active lifestyle while also providing the opportunity to be socially connected (Barrat et al., 2006; Herbolsheimer, 2017; Roberts, 2014). However, the current understanding of regular physical activity for social connection and health benefits in older adult residents living within a retirement residence is limited. This study aimed to address, *'What are the stories of social connectedness of physically active older adults living in a retirement residence?'*. Through interviews and the use of a drawing tool, residents of a retirement residence told their experiences of regular physical activity, of which were storied to explain their social connectedness. Two themes were found in this story – 'making it home' and 'purpose through activity' as ways in which older adults adapted to their new home. The findings may inform retirement residences in providing opportunities through activity and social contacts to support older adults to adapt to their new home and develop feelings of social connectedness.

Co-authorship Statement

This thesis was formulated and written through the assistance and support of Dr. Denise Connelly. Dr. Connelly will be a co-author on future publications. I would also like to recognize the contributions of the members of my advisory committee, Dr. Hand and Dr. Savundranayagam, for assisting with my research project.

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I am truly thankful to my family and friends for always being there for me. I would not have been able to complete my master's study without your dedicated emotional support and unconditional love.

I would like to extend a thank you to the gatekeeper and older adults in the retirement residence who participated in this study, for this study would not have been possible without your help. I truly appreciate you sharing your experiences and stories with me and will continue to share these told experiences with others.

Dedication

During my master's study, my grandmother passed away. She was my best friend, someone who helped in raising me, and was always there to see me through. She was always my inspiration for working with older adults and was the sole purpose I intended on pursuing graduate school in the first place. I dedicate this work to my grandmother, Jean Schoonover, for without her continued perseverance in aging with Multiple Sclerosis, and guided encouragement, I would not have been inspired to accomplish all that I have thus far in my academic career.

For you, Gramma Jean, I am forever grateful. I miss you. This one is for you.

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Chapter One: Introduction

Background and Problem Significance

Demographics of Older Adults & Retirement Communities

The population of older adults in Canada is expected to increase rapidly until 2031, when all baby boomers will have reached 65 years of age (Statistics Canada, 2016). Furthermore, seniors could represent 23% to 25% of the total population in 2036 (Statistics Canada, 2016). Of this cohort, over three-quarters of a million people are aged 85 and older making it the fastest growing age group in the country (Statistics Canada, 2016). The most recent Census reported that nearly 5.9 million seniors aged 65 and older are living in Canada (Statistics Canada, 2016). Of these seniors, 7.9% lived in a collective dwelling such as a retirement residence, community care facility, long-term care home, or a related healthcare facility (Statistics Canada, 2015). More specifically, 127, 925 seniors, or approximately 2.6% of Canadian adults aged 65 and older, were living in a retirement residence-style community, that is, built specifically for older adults with accessibility, mobility, and health conditions in mind to optimize independent living (Statistics Canada, 2015). In Canada, approximately 247, 000 people, or 33% of those aged 85 and older, claimed to be living in a collective environment like a retirement community (independent living) or long-term care home (dependent living) in 2016 (Statistics Canada, 2016). These collective dwelling living environments established for older adults are expected to continue to grow given the rapid aging of the population (Statistics Canada, 2017).

A retirement community is defined as a common multi-residence housing option for older adults (Roberts, 2014). Typically, it is an apartment-style building with additional facilities often provided within the residence for dining, recreation, and healthcare (Bjornsdottir, Arnadottir & Halldorsdottir, 2012). Retirement communities support older adult residents in living independently in an active social and leisure lifestyle with additional healthcare services available on-site, as required (Roberts, 2014). The need for older people to relocate to housing designed in this way is different from other dwelling changes that occur earlier in life. Although the move to a retirement residence is often based on poor health, dependence, and sometimes loneliness (Bjornsdottir et al., 2012), it still takes approximately one year of living within the new dwelling for an older adult to feel socially connected (Crisp, Windsor, Butterworth, & Anstey, 2015). Approximately a quarter of the total Canadian older adult population (in all dwellings) claim they are negatively affected by social isolation and loneliness (Statistics

Canada, 2016) and that it impacts their overall physical and mental health (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2010).

In addition to mental and/or physical health changes, other motivators to live in retirement communities include: to reduce home maintenance demands; to be prepared for anticipated healthcare needs; to live a relaxed lifestyle; and to be able to dedicate more time to leisure and social activities (Roberts, 2014). Although living in a retirement residence provides older adults with the amenities they need to sustain their independence, the prevalence of loneliness found in a UK study is double that of community-dwelling older adults who are aging within their own homes (Sibley, Thompson & Edwardh, 2016). Therefore, it may be that many residents of retirement communities experience loneliness.

Health Determinants and Social Connectedness

Living a healthy life is more than just optimizing physical abilities; social connectedness is a social determinant of health (Barratt, Chambers, Graham, Keefe, Meloche, O'Brien-Cousins, Parker, Payette, Plouffe, & Scott, 2006). Social connectedness is defined as having relationships with other people that provide support, happiness, and a sense of belonging (The Social Report, 2005). Several studies have demonstrated a link between social connectedness and positive health outcomes (The Social Report, 2005), well-being, and functional status (Barrat et al., 2006) for older adults. According to Barrat et al. (2006), seniors who report a strong sense of belonging are 62% more likely to be in good health, compared to 49% of those who feel less connected. It has been shown that daily social support and involvement in meaningful relationships positively influences self-perceptions of health among older adults (Barrat et al., 2006). Older adults are vulnerable to a decline in social networks when factors such as retirement, disability, mobility restrictions, and death of loved ones occur (Barrat et al., 2006). In Canada, it has been reported that 19% of Canada's seniors are at risk of losing social connections (Keefe, Andrew, Fancey, & Hall, 2006). When older adults have choices about social connectedness, it allows them to participate in a desirable and supportive community that can alter and improve their well-being (Barrat et al., 2006). The positive effects of social connectedness on well-being and coping ability with transitions is critical (Barrat et al., 2006). The literature supports promoting strong social connectedness for older adults transitioning into a retirement residence.

Social Isolation and Loneliness

Loneliness and social isolation are two terms used in opposition to the construct ‘social connectedness’. Both terms can be used to describe how an individual is emotionally feeling (loneliness) and observably characterized (social isolation) (Holt-Lunstad, Smith, Baker, Harris & Stephenson, 2015). Loneliness is a subjective emotional state and is described as the dissatisfaction between desired and actual social relationships (Holt-Lunstad et al., 2015). Feeling lonely negatively impacts the quality of life of older adults and leads to adverse mental and physical health conditions (Gardiner, Geldenhuys, & Gott, 2016). Negative health outcomes associated with loneliness include: poor quality of life, depression, cardiovascular disease, and mortality (Gardiner et al., 2016).

Social isolation is an objectively quantifiable concept, in which a person lives alone and has few social network ties with infrequent social contact (Holt-Lunstad et al., 2015). It is also defined as reduced social connectedness by the type, quality, and/or frequency of social connections, and the emotional satisfaction of these connections (Elder & Retrum, 2012). Additionally, the experience of social isolation can negatively affect health and well-being during social and physical environment transitions in later life (Crisp et al., 2015; Sibley, Thompson & Edwardh, 2016; Cornwell, Laumann & Schumm, 2008). The National Seniors Council of Canada (2014) mentioned that specific life transitions, including retirement or death of a spouse, can increase the risks of feeling unconnected with others. Current research linked a lack of social support to mortality (Holt-Lunstad et al., 2010), and a 60% increase in the risk of dementia and cognitive decline in older adults, while socially stimulating lifestyles had the opposite effect (Statistics Canada, 2016).

Loneliness and social isolation in older adults may be reduced through the opportunity to engage in various social activities. Hand, Retrum, Ware, Iwaski, Moalii & Main (2017) surveyed older adults from various urban neighborhoods and found that those who were socially isolated were unsatisfied with the level of social activities available. Specifically, older adults desired more social activities, despite the size of their current friend or family support network (Hand et al., 2017). In fact, the National Seniors Council of Canada (2014) found that 24% of adults over 65 years of age reported that they would have liked to participate in more social activities over the last year. The most common risk reasons why older adults were not engaging in social activities included loss of sense of community, lack of affordable or suitable activities, lack of awareness regarding programs and services, fear of ageist attitudes within the

community, life transitions, and lifelong health issues (National Seniors Council of Canada, 2014). Having access to a social environment is a vital component to quality of life and is a component of successful aging (Roberts, 2004). Specifically, in Rowe and Khan's (1998) model of successful aging, social engagement is described as remaining involved in activities with others that are meaningful and purposeful and includes maintaining close relationships.

Physical Activity and Social Connectedness

Social interaction and enjoyment have been described as the main reasons for older adults to participate in physical activity (Smith, Banting, Eime, O'Sullivan, & van Uffelen, 2017). Smith et al. (2017) suggest that regular physical activity can prevent or reduce social isolation and loneliness and promote social connectedness for older adults. However, chronically lonely older adults recognize themselves as being less physically active with a greater number of chronic illnesses and a higher risk of depression compared to those who are not lonely (Gardiner et al., 2016). If older adults are isolated and feel lonely, they are more likely to eat poorly and only perform planned physical activity if someone accompanies them (Barrat et al., 2006).

In Canada, 30% of adults do not meet the Canadian Physical Activity Guidelines of 150 minutes of moderate-to-vigorous physical activity (MVPA) per week; this is even higher in the older adult population (Statistics Canada, 2016). 'Physical activity' and 'exercise' are terms that are often used interchangeably; however, they describe different concepts (Caspersen, Powell & Christenson, 1985). According to the World Health Organization (WHO) (2018), physical activity is defined as "any bodily movement produced by skeletal muscles that results in energy expenditure". Physical activity in daily life can be described as an occupational-related activity, participating in sports, strength and/or aerobic conditioning, heavy household chores, and various activities of daily living (WHO, 2018). It can also be described as leisure physical activity in the context of daily, family, and community activities (WHO, 2018). For example, this can include walking, dancing, gardening, hiking, swimming, household chores, play, games, sports, or planned exercise (WHO, 2018). Physical activity has been defined by Katz (2000) as a physical movement, pursuit of everyday interest, and as a way to participate socially. On the other hand, exercise is described as "a subset of physical activity, that is planned, structured, and repetitive, and has a final or an intermediate objective for improvement or maintenance of physical fitness" (WHO, 2018). In conclusion, these two constructs – exercise and physical activity - seem different; however, for the purposes of this study, I will be using physical activity as a

descriptive term that includes exercise and other leisure physical activities. Thus, ‘physical activity’ will be used throughout this thesis to address broadly the concepts of physical activity, exercise, and leisure physical activity.

Thornton (2017) claimed that physicians should recognize that physical activity is an alternative therapy to medication and can be even more effective than traditional methods. Physical activity as a treatment method can reduce falls, improve function, prevent frailty, improve strength and balance, and reduce sedentary behaviours (Thornton, 2017). The cumulative benefits of physical activity, when sustained over time and incorporated into activities of daily living, not only improve physical health, but also mental and social well-being (Chodzko-Zajko, Proctor, Fiatarone Singh, Minson, Nigg, Salem, & Skinner, 2009). Activities build relationships between people and for older adults, provide the support needed to live positive, healthy, and independent lives (Katz, 2000). There is an association between good health and physical activity, which is specifically important for older adults when socioeconomic factors and chronic health conditions are present (Barrat et al., 2006). It has been shown that any physical activity is better than none, and can have a positive influence on the structural and physiological functional changes that occur with normal aging (Chodzko-Zajko et al., 2009). Physical activity might be one factor that mediates the relationship between loneliness and health-related effects such as the prevention of cardiovascular disease, obesity, type 2 diabetes, and hypertension (Herbolsheimer, Mosler, Peter, & the ActiFE Ulm Study Group, 2017). Having access to physical activity programs plays a major role in enabling older adults to engage daily in an active lifestyle (Barrat et al., 2006). Older adults can maintain their mobility and mental health with moderate activity such as walking and gardening (Barrat et al., 2006). Going outdoors can also have additional positive health effects including improved mental well-being, enjoyment of the activity, and the potential to repeat the performed activity in the future (Herbolsheimer, Mosler, Peter, & the ActiFE Ulm Study Group, 2017).

Summary

Having social connectedness improves the well-being and social functioning of older adults to prevent morbidity and a decline in quality of life (Roberts, 2014). The WHO (2018) recommends that older adults should attempt to achieve physical and mental well-being throughout their lives as a way to age with good health. Having strong social connectedness is a key determinant for healthy aging due to the strong link between social ties and life satisfaction,

well-being (Smith et al., 2017), and its promotion of independence and physical activity (Gandy, Bell, McClelland, & Roe, 2017). Taking part in social activities soon after moving into a retirement community serves as a positive adaptation strategy for older adults to maintain strong social connectedness (Roberts, 2014).

In conclusion, residents of retirement communities may feel socially disconnected within their living environment. This might be due to the various personal losses and health adversities that can occur due to aging and the change of residency. These life changes may destabilize an older adults' social network and negatively affect their health and well-being. It is possible that those older adults who are living in a retirement residence may feel socially connected by participating in regular physical activity. However, the connection between physical activity participation by older adults living within a retirement residence to manage potential or experienced feelings of loneliness and lack of social connectedness is limited and not well understood.

Literature Review

Moving from home to a retirement community is a major milestone for older adults, and often coincides with detrimental mental and/or physical health effects of losing a spouse, impairment(s) due to chronic health condition(s), and increasing physical distance from friends and family. Social *disconnectedness* or loneliness is highly possible with such a major change in life. A qualitative study from Ohio used a descriptive approach to understand why older adults relocate to retirement communities (Bekhet, Zauszniewski & Nakhla, 2009). Secondary analysis of interviews with 104 cognitively healthy older adults from six retirement communities was completed (Bekhet, Zauszniewski & Wykle, 2008). The parent study interviews included two research questions: "What led you to come here?" and "What was it like to come to live here?" (Bekhet et al., 2008). Several themes emerged from the data to describe reasons for moving to retirement communities, including pushing (coercing, pressing, repelling), pulling (attracting), and overlapping factors (Bekhet et al., 2009). Pushing factors, such as failing health of their own or a spouse, getting rid of responsibilities, and loneliness, can be therapeutic if the residents perceived them positively; however, if perceived negatively, the consequences could affect the older adults' well-being (Bekhet et al., 2009). Pulling or 'attracting' factors, defined as those factors that attract the older adults to change their residency to a retirement community and perceived positively, included location, reputation of the facility, and joining friends, can be

more desirable to the individuals and the move could be accomplished voluntarily (Bekhet et al., 2009). The overlap comes from older adults who described having both pushing and pulling factors, where the push factor was described as being pushed away from their previous place of residence and the pull was what was attracting them towards their new home, the retirement community (Bekhet et al., 2009). The findings of this study suggested that where pushing and pulling factors co-exist, planning of customized interventions should be established to address the concerns of older adults who intend on relocating to a retirement community (Bekhet et al., 2009).

In Iceland, Bjornsdottir, Arnadottir, and Halldorsdottir (2012), used phenomenology to understand the experience of older adult women living within an urban retirement community as it pertained to facilitators and barriers of physical activity (PA). Ten women from seven retirement community apartment buildings within the same urban area were recruited and interviewed based on two open-ended questions, “What is your experience regarding PA in this retirement community, and what are the main facilitators of and barriers to your PA?” (Bjornsdottir et al., 2012). Themes that emerged from the data included ‘the woman herself’, ‘physical environment’, ‘social environment’, as well as the interaction between the themes and how they acted as barriers or facilitators to physical activity participation. The theme of ‘physical environment’ acted as a facilitator for the older adult women when the design of the building or outdoor areas were favourable for safe participation in exercise or walking to the grocery store (Bjornsdottir et al., 2012). However, this theme would also be described as a barrier if the weather was unfavourable and did not allow for outdoor activity (Bjornsdottir et al., 2012). The theme of ‘social environment’ served as an important dependent facilitator for older adult women to participate in physical activity because women seemed to rely more heavily on sociability with others than men did, which could also act as a barrier for older adult women to participate in PA at all (Bjornsdottir et al., 2012). Additionally, the relationships between the older adult women and their caregiver roles played an important part of the social environment, as those with an ill spouse were physically burdened and unable to participate in regular PA (Bjornsdottir et al., 2012). The theme of ‘the woman herself’ included subthemes that were associated with each individual woman’s health, functioning, and personal factors (Bjornsdottir et al., 2012). Personal factors, such as self-efficacy and the fear of falling, were proposed to be related to PA in that they can either hinder or motivate the individual to participate (Bjornsdottir

et al., 2012). The subthemes woman's health and functioning may be facilitators and motivate the older adult to participate in PA if she was either unwell and instructed to exercise in order to improve her health, or if she was currently healthy and led an active lifestyle in the past (Bjornsdottir et al., 2012). However, the theme of 'the woman herself' may be a barrier if the older adult had been inactive in her past and had never taken part in any physical training, potentially due to lack of self-efficacy or fear of falling, or if she was uninterested in PA altogether (Bjornsdottir et al., 2012). The findings of this study demonstrated that when the physical and social environments of the retirement community were coordinated and needs of the older adult women themselves were met, participation in PA was favourable (Bjornsdottir et al., 2012).

Costello, Kafchinski, Vrazel, and Sullivan (2011) used focus group interviews to explore the perceptions of physically active and inactive older adults regarding physical activity (PA) and exercise. Focus group questions included asking older adults living within a continuing care retirement community about their views on physically active and inactive older adults, motivators for and barriers to physical activity, as well as what their ideal PA program would be that would encourage them to participate (Costello et al., 2011). In response, the older adults who were physically active described an active individual as someone who biked, hiked, and jogged, and those who were inactive described an inactive individual as someone who was busy as a volunteer and whose primary form of exercise was walking; in both cases they described themselves (Costello et al., 2011). When discussing motivators and barriers to PA, the older adults who were physically inactive stated there must be a purpose for completing the exercise, while those who were active enjoyed the exercise regardless of the purpose (Costello et al., 2011). This study revealed that individual needs and perceptions of older adults should be considered when developing a physical activity program to ensure the continued participation of older adults living in a continuing care retirement community (Costello et al., 2011).

Ayalon and Green (2012), evaluated the social ties and relationships of residents within community care retirement communities (CCRC). Residents and their adult children were interviewed about the transition into the CCRC (Ayalon & Green, 2012). Results from the study illuminated relationships among three differing 'dimensions': past versus present, CCRC versus community, and private versus public (Ayalon & Green, 2012). The first, past versus present, described when the relationships were formed and if they were of lasting quality or if they were

viewed as associations, and not friendships at all (Ayalon & Green, 2012). The second (CCRC versus community) and third (private versus public) were represented by either real, intimate friendships and/or by superficial, goal-directed relationships, as well as loneliness (subjective feeling) and/or aloneness (objective isolation) (Ayalon & Green, 2012). The second relationship, CCRC versus community, was associated with where the social relationship took place as well as the residency of the individual's friend (Ayalon & Green, 2012). The last relationship described, private vs public, is also spatial and indicative of whether the relationship was initiated within the resident's apartment, allowing a more intimate exposition to one's life, or if it was limited to a public space, which would not allow access into one's private life (Ayalon & Green, 2012). This study moved away from the tradition classification of social relationships, which tend to be based on number, type, and frequency, and instead addressed the dimensions of time, space, and quality of the social ties in relationships of older adults (Ayalon & Green, 2012). Findings from this study concluded older adult relationships formed in the past were stronger than those formed in the present; present relationships were more superficial; older adults maintained relationships with older acquaintances rather than establishing new relationships within the retirement community; some residents stated that they had dissociated themselves from the other retirement community residents because they were too old, disabled or different altogether; and older adults reported that their friendships within the community dissolved upon moving into the retirement community (Ayalon & Green, 2012).

Bekhet & Zauszniewski (2012) used the loneliness theoretical framework created by Hawkley and Cacioppo (2010) to analyze the data from a previous study conducted by Zauszniewski, Morris, Preechawong, and Chang (2004). The model of loneliness proposed by Hawkley and Cacioppo (2010) is such that individuals who experience loneliness have both physical and mental consequences, which may include lower self-rated health, more chronic diseases, diminished functional status, depression symptoms, and anxiety. Bekhet & Zauszniewski (2012) found that there was an association between the older adult's self-reported feelings of loneliness and mental health consequences such as anxiety and depression. Another finding was that there was a relationship between loneliness and resourcefulness, where resourcefulness is the ability to maintain cognitive-behavioural skills including self-help and help-seeking behaviours, which is important for promoting overall quality of life (Bekhet & Zauszniewski, 2012).

Haney, Fletcher, and Robertson-Wilson (2018) employed individual semi-structured interviews and self-report questionnaires to determine self-perceived changes in physical activity, nutrition, and alcohol consumption of older adults living in a retirement community. Two themes emerged from the interviews and questionnaires: aging & adapting; and the transition entitled, 'give a little to gain a lot' (Haney et al., 2018). The first theme, aging & adapting, described the various adaptations that occurred during the aging process and the transitions that arose when moving into a retirement community (Haney et al., 2018). In this theme, older adults discussed their engagement with physical activity and nutrition behaviours as ways to maintain a positive attitude throughout the lifestyle transitions (Haney et al., 2018). In the second theme, the transition 'give a little to gain a lot', older adults noted how these transitions required sacrifices; however, the benefits of living in a retirement community outweighed them (Haney et al., 2018). The older adults in this study identified socialization and independence as benefits to living in a retirement community, despite their loss of control for food and meal-related autonomies (Haney et al., 2018). Therefore, the findings of this study indicated that older adults who transitioned to a retirement community while adapting to the process of aging found that maintenance of physical activity and nutritional behaviors were ways to promote a positive attitude, while the benefits of socialization and independence outweighed any costs that occurred with a change of residency (Haney et al., 2018).

In summary, these six studies conducted within retirement communities explored the following topics: relocation and change of residency; barriers to and facilitators for physical activity; social ties and relationships; impact of loneliness on mental and physical well-being; and self-perceived changes in behaviours while in transition and adapting to a retirement community. However, none of these studies included exploring the stories of social connectedness among older adults who were living in a retirement residence and regularly participated in physical activity.

In addition to the studies explored above, the concept of social role identities within a retirement residence was also considered for this literature review. Individually speaking, the self can have multiple parts, each representing a set of characteristics to inform behaviour and one's identity (Strachan, Brawley, Spink & Glazebrook, 2010). The strength of individuals' identity determines how physically or socially active they see themselves and the behaviours they choose within those activities (Strachan et al., 2010). Therefore, social role or physically active identities

are comprised of self-concept (beliefs about oneself and the responses from others) and the perceptions one has towards locating themselves within the context of social relationships and the behaviours they seek within social activities (Moen, Erickson & Dempster-McClain, 2000).

Moen et al. (2000) investigated social role identities of older adults before and after moving into a retirement residence. They interviewed older adults prior to their move and then two years post-move into the retirement residence. They concluded that social role identities of older adults can be described as three groups – parent/friend, church/synagogue member, and volunteer - and that their identities changed after moving into the retirement residence. The older adults who saw themselves as a parent or friend (private identities) have personally identified themselves in this way, due to individual meaning and biography linked with past or planned involvement with activities. Those who identified as being a church/synagogue member or volunteer (public identities), were more formally defined by these roles and more closely tied to the activities in which they were involved. Those who were involved, having public identities, often held many more social roles than those who were less involved (only identify with friends and family). Additionally, older adults were significantly more likely to identify with a parent or grandparent role after moving into a retirement residence. Surprisingly, 80% of older adults predicted that the role of a friend would be important to them after moving into a retirement residence; however, only 20% of them reported the friend role identity. Furthermore, physical and health changes did not have consequences on the older adults' social role identities.

Strachan, Brawley, Spink & Glazebrook (2010) explored whether older adults who were living in a community living facility with strong physical activity identities would also report stronger social cognition, greater amounts of physical activity engagement, and greater satisfaction with life than those who did not have these identities. This study used questionnaires to assess participant physical activity identity, physical activity participation, self-regulated efficacy, and satisfaction with life. This study found that older adults who identified as being physically active participated in more physical activity than those who did not. Furthermore, those individuals who endorsed an identity were more motivated to maintain the consistency with their identity and the related behaviour. The relationship with physical activity identity and social cognition were speculative and need to be addressed in future research. Overall, this study found that older adults with a stronger physically-active identity reported higher self-regulated

efficacy, participated in more physical activity, and had greater satisfaction with life and well-being.

Therefore, these findings together suggest that older adults who move into a retirement residence may have a change in the social role identities they enacted prior to their change in residency (Moen, Erickson & Dempster-McClain, 2000), and that older adults who live in a retirement residence and identify as being physically active, will likely continue to be physically active and report an overall greater satisfaction with quality of life and well-being (Strachan, Brawley, Spink & Glazebrook, 2010).

Gaps in Literature and Statement of Purpose

As mentioned, there is a need to listen to the stories of older adults who may experience social connectedness within a retirement residence community. The literature suggests there are a number of older adults living in retirement communities who are socially isolated and/or feel lonely, yet social connectedness improves health and reduces these negative health risks (Statistics Canada, 2016). To date, there is a lack of research that shares the stories of community-dwelling residents living in Canadian retirement communities to provide insight into how participation in regular physical activity furthers social connectedness. Additionally, the idea of social role identities has not yet been described in the stories of social connectedness of older adults living in a retirement residence. Therefore, the purpose of this narrative study was to explore the stories of older adults living in a retirement residence within Southwestern Ontario, who regularly participate in physical activities within retirement residence, to gain an understanding of their experiences with social connectedness.

Research Question

A narrative approach, as influenced by Wengraf (2001), was employed to answer the question: *What are the stories of social connectedness of physically active older adults living in a retirement residence?*

Paradigm

A paradigm is viewed as a set of basic beliefs that represent a worldview to define for its holder the nature of the world and the individual's place within it (Guba and Lincoln, 1994). This study was conducted in the interpretivist paradigmatic position. Interpretivism is "a research position that posits that objective understanding is impossible, as perceptions and experiences mediate how phenomena are both represented" (Finlay and Ballinger, 2006, p. 260). This is true

for me as a researcher because of my previous experience and roles working within a retirement residence prior to conducting my master's thesis.

Ontology

The ontological question asked is “What is the form and nature of reality and, therefore, what is there that can be known about it?” (Guba and Lincoln, 1994, p. 108). Ontology is defined as the “beliefs about the physical world: the extent to which it is considered to exist in separation from our human minds” (Shaw and Connelly, 2012, p. 399). An interpretivist seeks to interpret and understand the being of everyday human existence (Wright-St. Clair, 2015). Narrative research is significantly different from other formal research ‘*truths*’ (Sandelowski, 1991). Narratives allow the researcher to interpret meaning from a story, the meaning of which reflects ‘*truth*’ or life experiences of the story teller (Sandelowski, 1991). The interpretation of an individual’s life experience is what comes of telling the story about what happened, and making meaning out of that story (Sandelowski, 1991). Therefore, there is neither an absolute *truth* nor single interpretation within qualitative narrative methodologies. This study purposed to hear the stories of older adults and how each of their life experiences were different or similar without expectation of similar meanings to their lives.

Epistemology

The epistemological question asks, “What is the nature of the relationship between the knower or would-be knower and what can be known?” Epistemology is defined as the “beliefs about what knowledge is and how we can know about other people and objects in the world around us” (Shaw and Connelly, 2012, p. 399). An interpretive approach seeks to understand how people come to know things in the world (Wright-St. Clair, 2015). This ‘impulse to narrate’ means to turn away from positivism and lean towards interpretation to discover the narrative nature of human beings (Sandelowski, 1991). In narrative, the researcher is interested in how participants use language and/or visual images to infuse meaning to their story as they tell it to an audience (Reissman, 2008). Subjects “recount the events of their lives and narrate them into a temporal order and meaning” for researchers “[to] narrate their versions of those lives in their clinical case studies, research reports, and scientific treatises”, making both the subjects’ and the researchers’ storytellers of interpretive life experiences (Sandelowski, 1991). As difficult as it is to tell a story, it is more of a challenge to retell a story (Clandinin & Connelly, 2000). Clandinin & Connelly (2000) state that, “in the construction of narratives of experience, there is a reflexive

relationship between living a life story, telling a life story, retelling a life story, and reliving a life story” (p.71). Interpretivists agree that it is impossible to be objective, as the researcher’s identity and perspectives shape the research process and findings in essential ways (Finlay & Ballinger, 2006). By listening to the stories of older adults’ experiences of social connectedness within the retirement residence, I storied their perceptions and life experiences, and interpreted them into narrative stories of the individuals they represent (Sandelowski, 1991).

Locating Myself in the Study

Prior to commencing graduate school, I worked in the retirement residence care sector for three years, first as an exercise instructor for one year and then as a ‘Lifestyle and Programs Manager’ for almost two. After graduating with my Bachelor of Science in Kinesiology, I became a certified exercise instructor and taught exercise classes to older adults at a variety of retirement communities across Toronto. After becoming aware of my passion within this field, I began my career as a recreationist within a retirement home.

For anyone who knows me personally, they know that I am empathetic towards older adults. This mostly stems from my personal experience and love of my grandmother, but it also became an evident passion while working with older adults in the field during my early career after completion of my undergraduate degree. I grew up in close proximity to my maternal grandparents, who were always available to watch over my brother and me while we were growing up. It was an unfortunate circumstance that my grandmother was diagnosed with Multiple Sclerosis (MS) at the young age of 30, years before I was born, and although she never let it define her, it was the only way I knew her. Sadly, she passed during my graduate school career. She was and always will be my inspiration as to why I became passionate and absorbed into a career with older adults. During my undergraduate years, while learning about exercise and the human body, I was excited to use my knowledge to better the health of my grandmother. During our visits, I assisted her with rehabilitative exercises, gentle massages, and any recently learned knowledge I may have obtained from classes. While I knew I could not cure her of MS, I knew I could try and provide her with a better quality of life and make her days more positive. I understand the importance of physical activity from the lectures and literature-based knowledge obtained in my undergraduate years, but I also understand the importance that social connectedness physical activity has on individuals who participate. My involvement with my grandmother’s condition was not solely based on my ability to provide her with health tips and

exercises; it began when I was a young girl who participated in MS campaigns and functions throughout my community. One of these included a MS yoga club that my grandmother was involved with on Tuesday afternoons. This occurred at a local church across the street from my high school and, at the time, I would walk across the street after classes and meet her and her friends in the quiet reserved room of the church. I would assist her with the instructor's yoga routine, while sharing many laughs, and offer help to any of her friends who knew me. My grandmother loved Tuesday afternoons, as did I, not only because she got to enjoy physical activity, time with her friends and me, but also because it was a social outing that led to a gathering at the local coffee shop. After the yoga class, my grandmother, her friends and I, would drive to Tim Hortons for coffee and treats and a social afternoon. The idea that social connectedness was facilitated by physical activity is what led me to believe that physical activity has more to offer than just the physical benefits of which we are already aware. It allowed me to believe that older adults who engage in a physical activity regime seemed likely to be connected socially in some other way as well.

Although my grandmother benefited from my knowledge and learned abilities of fitness and health through my degree in kinesiology, it wasn't the only reason I attended the university program. Most students in the kinesiology program were either athletes or "gym-class junkies"; however, I wasn't into sports growing up, nor did I play on many teams or really enjoy gym class all that much. My parents enrolled me in recreational dance classes and I took part in a few school teams here and there, which kept me fit and healthy growing up. The main reason I wanted to study kinesiology was for my own interest in the human body. The fitness and movement component of my education was also fascinating. I knew I wanted to study science and the human body but didn't have a true idea on how I would make a career out of it. Upon graduation, I received my personal training certification and began working at a local community gym teaching exercise and fitness classes to a wide variety of ages. I quickly learned that instructing the older adults was more enjoyable to me than were the youth groups or middle-aged adults. I found a career as a contracted fitness instructor teaching classes at several retirement homes throughout the city. I began to notice differences among the retirement residences where I worked. It became apparent that the larger, well-known retirement companies had more to offer in terms of programs, care, customer service, and dining experience. In my experience, those that were independently owned and not as well-known offered fewer choices on the types of

recreational or leisurely amenities (which include but are not limited to access to an indoor fitness room, pool, games room, and a pub, to name a few) available to them and also did not project an appealing and vibrant atmosphere. At this time, I was a contracted exercise instructor through a non-for-profit organization with government funding. The program created by the non-for-profit organization met the physical activity expectations as outlined by the Canadian Physical Activity Guidelines (http://csep.ca/CMFiles/Guidelines/CSEP_PAGuidelines_0-65plus_en.pdf) and provided a structured program for me to teach to the residents of the retirement residences. While travelling to and teaching at the various locations, I observed that the privately-owned retirement communities had less social programming and supportive staff which appeared to limit the day-to-day activities available to the older adult residents. When I arrived at these privately-owned retirement communities, I saw that the residents were reserved and quiet, but they were more talkative once the exercise class began. I wondered if they had any other programming and, when I inquired to the administration, the response was lack of funding to support further activities. Working for the not-for-profit organization was a casual part-time position and within a year I had been hired on by one retirement residence as a permanent 'Activity Assistant'. From there, I was promoted to the position of 'Lifestyle and Programs Manager'. It was during these days while working within a single retirement residence, teaching exercise and hosting other programs, that I began to understand the culture of the retirement residence. After teaching an exercise class, I could hear the buzz of the older adults asking one another about their plans for the rest of the day. Often, they would speak of lunch, grabbing a coffee, or going shopping together. They would begin to socialize with each other, and their day began to build on further activities more than just the morning physical activity class. It was my suspicion that regular physical activity classes were a potential mediator to facilitate conversation and plans for activities together for older adults within the retirement communities. Eventually, my experience grew, and I was able to create, facilitate, and evaluate the programs being run within the residence. There was a specific program and activities model that was to be followed across all locations of this specific retirement residence company. This was the 6-dimensions of wellness model which included: physical, social, emotional, spiritual, vocational, and intellectual (Chartwell, 2009-2018). As the manager, I was responsible for meeting programming ratios that were determined by the retirement corporation. This meant a certain number of physical programs had to be offered per week in comparison to the other dimensions

of wellness program categories. Although it was recommended by the retirement residence company head office officials for physical activity to occur 4-7 times per week, I challenged the protocol by going above and beyond. Residents had the option of attending 3-4 physical activity classes per day and they were always full. The older adults were thriving in this environment and enjoying the dense physical activity programming I set out for them. I knew the benefits of physical activity for optimal health and well-being were more than just the physical aspects; there are social, emotional, and psychological benefits as well. However, it was not until I began to realize that ‘it isn’t the bingo goers attending physical activity, but the physically active attending bingo’, that I knew there was a social culture surrounding physical activity programming. I began to believe that physical activity, whether a structured program or an individually planned activity, is a means for developing and/or maintaining a lifestyle with optimal social connectedness. Therefore, my experience with my grandmother, teaching fitness to older adults, and work as a program manager to facilitate physical activity within a retirement residence, has influenced my current research. It has allowed me to believe that physical activity has an influence on social connectedness between older adults living at a retirement residence. With these cumulative observations, I suspect that older adults who regularly participate in physical activities will have better physical and mental health.

Chapter Two: Methodology

Methodology

This study followed a qualitative approach in the form of narrative inquiry and focused on obtaining the stories and lived experiences of older adults living in a retirement residence. Qualitative research is referred to as being emic and interpretive (Rothe, 1994), and seeks to draw interpretation from words rather than numbers (Pitney & Parker, 2009). This type of research includes methods that intend to discover the social, cultural, or normative behavioural patterns of a group (Rothe, 1994). Qualitative studies are defined as having the following attributes: an alternative to the positivist paradigm; data includes the participant's behaviours, words, actions and gestures; an interpretive data analysis approach is used; a focus of change in everyday life; and the focus of the research is on understanding and description, not on prediction (Rothe, 1994). The current study sought to maintain these definitions of qualitative research and ensured, as Pitney and Parker (2009) stated, that the focus is placed on the people and their perceived experiences and that the analysis of these experiences was both interpretive and descriptive.

A narrative research methodology was employed in the current study to understand the stories of social connectedness of older adults who are living within a retirement residence.

Narrative

Narrative inquiry is a qualitative research methodology that looks to understand and explore individuals' lived stories (Lapan, Quartaroli, & Riemer, 2012). In narrative studies, the participants narrate the events of their lives and, in turn, scholars narrate their own versions into research (Sandelowski, 1991). A narrative methodology allows researchers to access an individual's own interpretation and expression about their actions and behaviours in life (Finlay & Ballinger, 2006), giving this methodology a humanistic orientation and allowing scholars to understand social and cultural interactions (Pitney & Parker, 2009).

According to Reissman (2008), "narrative is present in every age, in every place, in every society" (p.4) and, therefore, is an appropriate methodology to use in the context of this proposed research of older adults within a retirement residence. The term

‘narrative’ has many meanings, has been used in a variety of ways across disciplines, and is synonymously used with the term ‘story’ (Reissman, 2008). Storytelling allows the speaker, or participant, to connect events into a sequence that is significant for the listener, or researcher to take away from the story (Reissman, 2008). In narrative research, the scholar seeks to describe an individual or group of narratives, the significance of those narratives with other storylines, and the relationship between those stories (Sandelowski, 1991). This process is also known as thematic analysis, in which the researcher constructs general findings from the stories and groups them in meaningful ways to inform the study’s results (Pitney & Parker, 2009). The conclusions of narrative studies may lead to rich descriptions, emerging data patterns, and the development of theories or conceptual models (Pitney & Parker, 2009).

This study encompassed both a narrative research methodological design, as influenced by Wengraf (2001), and a mapping tool, as influenced by both Powell (2010) and Huot & Rudman (2015), to understand the stories of social connectedness of older adults living in a retirement residence.

In Wengraf’s (2001) narrative model, participants are interviewed following the biographic-narrative-interpretive method (BNIM) approach, consisting of three sub-sessions. This initially restricts the researcher to ask a single (narrative) question in the first interview, until the later stage of the interviewing process when multiple (usually one or two more) interviews for a single participant have occurred for further questioning (Wengraf, 2001). In the initial interview, where a single question is asked, the interviewer is to remain silent, to allow the participant to tell his/her story (Wengraf, 2001). The second interview, according to Wengraf (2001), should include a tailored set of questions for the individual participant based on the responses gathered in the initial interview; however, this study employed the addition of a mapping tool in the second interview to extract more of the participants’ stories. During the third and final interview, the participant is asked to finalize the interpreted story developed by the researcher (Wengraf, 2001). After each interview has been conducted and audio-recorded, they were transcribed verbatim to be analyzed via thematic field analysis (Wengraf, 2001). This process included understanding the story as told by the participant, as this becomes the surface from which themes or patterns are detected (Wengraf, 2001). The task of

thematic field analysis is to recognize emerging topics and detect their meanings (Wengraf, 2001).

Mapping

Narrative places the participant as the primary storyteller, meaning the participant's voice is central to the telling (Lapan, Quartaroli, & Riemer, 2012). Researchers of varying disciplines propose a variety of ways to conduct narrative inquiry, yet the focus on the stories of the individual's lived experiences remains constant (Lapan, Quartaroli, & Riemer, 2012). One of these varied techniques is through the use of a mapping tool to gain further insight into the participant's stories. Powell (2010) used the mapping tool to evoke the lived experience of the participant's social, cultural, and political views related to place. However, the mentioned study employed an ethnographic methodology with the incorporation of mapping (Powell, 2010), not a narrative as I have done. The use of mapping to elicit stories of social connectedness of older adults in a retirement residence within a qualitative narrative study had not been previously explored.

Individuals may struggle to articulate their experiences through verbal storytelling alone (Finlay & Ballinger, 2006). Although interviews often only provide the initial and surface descriptions, additional methods offer the opportunity for an individual to explore depth and reflection (Nunkoosing, 2005; Polkinghorne, 2005). One of the additional methods that can be used as a probing tool for deeper stories that has been incorporated into this study is called 'occupational mapping'. The purpose of integrating this tool was to allow further storytelling by the participants than spoken word alone.

Reissman (2008) stated that narratives can engage audiences through artistic modes of expression including illustrations in writings, drawings, and other arts. The use of "mapping as a multisensory research method in terms of [the] ability to evoke relationships between place, lived experience and community" (Powell, 2010, p.539) further enhances the dynamic interactions to help define the practices of everyday life beyond a verbal storytelling interview. While a narrative approach draws on life stories, allowing the meaning to be constructed by the individual about their life with influencing economic, social, and environmental factors (Finlay & Ballinger, 2006), the addition of mapping allows further storytelling facilitation by the participant (Powell, 2010).

Social maps, such as those at the community level, reveal locations that people use for different purposes, how they get there, and the interactions they make with others (Lapan, Quartaroli, & Riemer, 2012). Maps also allow participants to draw the physical layout of components within a space and situate the items of importance relative to each other and their use by the participant (Lapan, Quartaroli, & Riemer, 2012). The use of mapping, as an additional method to interviewing, serves as a means of ‘crystallization’, which provides multiple views of an experience by a research participant (Huot & Rudman, 2015). Mapping has the ability to evoke the senses by highlighting the relationship between self and place and allows a visual mode of documentation to represent the human experience (Powell, 2010). It allows researchers to view how people “see their world, what is important to them, what their lived social relations are, and where they spend their time” (Powell, 2010, p.553).

Narrative researchers gather multiple forms of information (interviews, observations, photos, letters) to complete and represent the stories of participants in their own words (Lapan, Quartaroli, & Riemer, 2012). The use of maps in this way is another method of understanding and representing the stories of research participants in a qualitative study. Although maps are typically thought of as a directional tool, in which a graphic representation of places are held to conventional measures such as a compass, mapping for the purpose of qualitative research is different in that it provides an opportunity for individuals to visually communicate their lived experiences of space, time, and place (Powell, 2010). In qualitative research, maps are often used to document and analyze the socio- and psycho-geographic notions of place and social relationships (Powell, 2010). There are three types of mapping used in this way: social, concept, and cognitive mapping (Powell, 2010). Social mapping is used to understand the relationship between people and their social networks; concept mapping is one where visual road maps are used to display connecting thoughts and is typically used by students to present ideas; and cognitive mapping is used in research to capture the nature of place and social relationships (Powell, 2010). The current study employed the concepts of both social and cognitive mapping to deepen the understanding of the participant’s stories as they related to the retirement residence (place) and social connectedness (social relationships).

Methods

In this next section, I will describe the setting of the study, the selection of the participant sample, and the ways in which I collected my data. Data collection included narrative interviewing as influenced by Wengraf (2001) and ‘mapping’ as influenced by Powell (2010) and Huot & Rudman (2015).

Setting and Recruitment

The procedures of this study included contacting four local retirement residences in Southwestern Ontario familiar to the researcher. Based on website information and postings within each retirement community, each of the four residences were established facilities that met government official policies and practices including the RHRA: The Retirement Homes Regulatory Authority, The Retirement Homes Act and The Resident’s Bill of Rights (RHRA, 2018). Having these regulations ensured the safety and protection of the residents who resided in the retirement residence. To recruit study participants, I visited each residence personally and met with a staff member to discuss my study, and provided the letter of information. One of the four residences responded to the invitation to participate in the study.

The residence’s recreational director agreed to act as the gatekeeper to recruit study participants. They were a liaison between myself (the researcher) and the older adults living in the retirement residence. I reviewed the letter of information, inclusion/exclusion criteria, and explained purposive sampling with the purpose to provide a variety of study participants according to gender and years of residence. The gatekeeper personally approached residents to participate using a script I provided (Appendix A), and by advertising the study with posters in designated areas of the residence where the information would be most visible (See Appendix B). Residents interested in the study contacted the gatekeeper for more information, which included receiving a paper copy of the letter of information (LOI) (Appendix C) and answers to any questions. Residents who were interested in participating, connected with the gatekeeper, who then scheduled individual interview times for me with each of the study participants. At the beginning of my first interview session with study participants, I reviewed inclusion/exclusion criteria with them, discussed the letter of information, answered any questions, and gained informed written consent from them for participation in the study.

Study Participants

Older adults living in the same retirement residence in Southwestern Ontario were recruited. Participants were included in the study if they regularly participated in physical activity (inside or outside the retirement residence) and spoke English. The purpose of recruiting older adults living in a single retirement residence was that the individuals would be living with the same rules, regulations, resident program availability, community access, on-site staff and managers, as well as a consistent living environment. Participants with aphasia, impaired cognition, visual impairment not corrected by prescription lenses, hearing impairment not corrected with hearing aids, or did not participate in any physical activity inside or outside the retirement residence were not eligible. Further to this inclusion and exclusion criteria for participant recruitment, the gatekeeper acted to purposefully recruit men and women who lived at the residence for various durations of time.

Data Collection

Two modes of obtaining the participant's story were employed: interviews and mapping. Individual, one-on-one, in-depth, audio-recorded interviews, lasting approximately one hour, were completed with each participant. Two separate interviews were held on separate days and conducted in the retirement residence chosen, located in Southwestern Ontario and made by appointment on a time and day that was convenient for both the participant and researcher. There were two interviews per participant and 'mapping' occurred as an addition to the verbal narration of storytelling within the second interview.

Interviews

This study adopted Wengraf's Biographic-Narrative Interview Method (BNIM) as a framework to structure the design of the narrative interviews (Wengraf, 2001). Three interview sessions were scheduled with each participant. These sessions were used to elicit and clarify their story and to share and discuss the researcher's construction of the participant's story. Therefore, interviews one and two were interactive storytelling by the participant and the third interview was for the researcher to 'tell the story back' to the participant.

Interview one. After introducing the study in the first narrative interview, I asked the participants a single narrative question, in statement form, to elicit the individual's narrative, "Tell me your story of moving to and living in this retirement residence" (Appendix D). This interview question, or statement rather, induced the participants to share the life events and experience of moving to and living in the retirement residence. When the participants needed assistance with their story, secondary questions were employed to further guide the conversation and individual probes were used to stimulate participants' experiences with social connectedness, and regular physical activity. Additionally, biographic information such as age, occupation, where they lived prior to the residence, if they had any children, when they moved into the retirement residence, their overall health status, and any hobbies they enjoy, was collected at the end of the initial interview. These first interviews would continue until the participant didn't have anything left to say about their story (Wengraf, 2011). In preparation for the second interview, I read through the transcript of interview one to determine if there were any areas of their story that needed further exploration (Wengraf, 2001).

Interview two. In the second interview with the participant, the purpose was to extract more of the story from the topics presented in the participant's first interview. From reviewing the transcripts of the first interviews and finding any gaps in their individual stories, I was able to approach each of the second interviews with a mindset to fill those story gaps. Secondary to verbally filling the gaps of the participant's story (Appendix E), I also employed an 'Occupational Mapping Tool' with the participants, which is described in detail below.

Interview three. In a final interview, the purposed was to read back to the participant the narrated story as understood by the researcher for their reflection. Participants could offer further interpretation or clarification of the story elements. The researcher and the participant would negotiate any edits or additions to the story.

Mapping

Mapping was introduced and completed during the second interview. This tool was used strategically at this time so that participants had an opportunity to build rapport with the researcher in the initial interview, which would reduce any potential apprehension about engaging in the creative process of mapping (Huot & Rudman,

2015). It was also emphasized that the participants should explain what they are drawing in both the process and as a product (Huot & Rudman, 2015). This translated the descriptions of the drawings to a verbal form that was audio-recorded for later analysis.

Occupational mapping tool. This mapping tool has been used in previous studies as a blank piece of paper, where the researcher asked participants to draw their personal map of their understanding of place (Powell, 2010). Much like a study conducted by Huot and Laliberte Rudman (2015), participants in this study were also provided with a sheet of blank paper, pencils, and coloured markers to create their map. Participants were asked to present their story of moving to and living in the retirement residence in the form of a visual map (Appendix F). This map elicited the participant's routines as they described their story in and out of the retirement residence. During this mapping activity, I assisted in the facilitation of their story by probing the participant with questions of activity and social connectedness.

During the second interview, after a concise recap of the story told in the first interview and discussing any misinterpreted events, the mapping tool was introduced. Participants were given a blank sheet of 8.5" by 11" sheet of paper that was landscape in layout with the following instructions: "Please draw your map that represents your story of living at this retirement residence". Markers, pens, pencils, and pencil crayons were all provided as varied mediums to use for the drawing of their maps. If a participant struggled to understand what to draw or where to begin, facilitation was encouraged with the phrases, "Draw or write your story of moving to and living in this retirement residence. This may include the places you go or your typical routine in and about this retirement residence." Discussion from the mapping tool added essence to the participant's lived experiences and overall stories.

Data Analysis

Interviews

Analysis of the findings was conducted following Wengraf's (2001) approach. First, all ten interviews (five participants with two interviews each) were transcribed verbatim from the audio-recordings to a word document. Both interview sessions for each participant were used to rite the participant's story. Transcripts were read and re-read by myself and my supervisor in constructing the stories. The first draft of the stories were

written in a way that demonstrated flow in the participant's story by identifying words and phrases that the participant used in their storied descriptions that held meaning for them. By using my own experiences of working with older adults in a retirement residence, I flagged the words and phrases used by the participants that were meaningful to me to structure their stories. Since I was personally with each of the participants in their two separate interviews, I had the benefit of interpreting meaning to their storied descriptions through their body language and tone of voice. I wrote and rewrote the individual stories until the meanings and chronology of events reflected a common understanding between myself and my supervisor. These five stories were shared with my advisory committee for feedback.

Next, I analyzed the stories of the five participants following a thematic field analysis process as described by Wengraf (2001). Specifically, the interview transcripts were analyzed to determine themes in each of the five participant's stories. Themes were determined by answering Wengraf's (2001) processing question, "What patterns are suggested by analyzing the told story?". From this, I developed two themes and a variety of subthemes across the five participant's stories. I used these themes, the chronological order and meaning of phrases mentioned in the interviews, to structure the final versions of the five participant's stories. Additionally, the analysis of the maps drawn in the second interview by the participant was also used to help construct the participant's stories. Therefore, the BNIM narrative interview material and 'outside data', such as other interviews, documents, or sources, was used to extract themes that represent the participant's story (Wengraf (2001). Within this study, the maps were considered 'outside data', which was analyzed in parallel with the interview content.

Maps

The participant maps were first analyzed individually to understand its contents in comparison with the transcribed audio at the time the participants drew their maps (Huot & Rudman, 2015). The mapping tools were used to gain further insight to the analysis of the transcribed audio (Huot & Rudman, 2015). Powell (2010) noted that participants often tell stories as they are mapping, allowing the researcher to gather insight into more of the storytelling. This also occurred during my study, where by the participants would be drawing their map while further telling their story. Themes that emerged from the

maps were then cross referenced with the themes found from the transcripts. This meant that I looked at the developing ideas and themes from the interviews and compared them to the concepts displayed within the participant's maps. Themes for each of the five participants were then determined. Comparing themes found in the interviews and those displayed and confirmed by the mapping tools also ensured that the finalized themes and stories presented by the researcher were trustworthy.

Re-telling the Stories Back to Participants

A third interview session, as dictated by Wengraf's BNIM method, was not possible in this study. Multiple attempts to connect with the gatekeeper by email and telephone were not successful to schedule a third interview session with each of the study participants. The rules and policies of the retirement residence precluded me from contacting the study participants directly. Further input to the stories did not occur, and the stories of the participants included in this study are my interpretations of their lived experiences without their final approval.

Cross-Analysis

Once all the stories of the five participants were written, including development of themes within each story, a cross analysis of the participant's stories was completed to compare and contrast the emerging themes. Participants who shared themes were categorized and analyzed more closely. From this, two overarching themes related to social connectedness for older adults living within a retirement residence were then determined from the cross analysis of the participant stories. This resulted in five final participant stories with corresponding mapping tools that were written chronologically, demonstrating meaning for both the participant and myself, and with integrated subthemes.

Quality Criteria

By using Lincoln & Guba's (2007) four criteria - credibility, transferability, dependability, and confirmability - trustworthiness of this qualitative study was ensured. Since researchers doubt whether the results of an interpretive study can be trusted (Merriam, 1998), these criteria address the issues related to quality of qualitative studies and the concept of trustworthiness of the represented data (Pitney & Parker, 2009).

Credibility relates to the believability of the findings in a research study (Pitney & Parker, 2009). Lincoln & Guba (2007) use credibility as a parallel to internal validity within research, meaning “does the study measure what it intends on measuring?” (Pitney & Parker, 2009). Internal validity is the essence of truth and accuracy for quantitative studies (Pitney & Parker, 2009); however, for qualitative researchers it has been given the term credibility as a way to ensure research trustworthiness (Merriam, 1998). Lincoln & Guba (2007) suggest credibility can be promoted by conducting a prolonged engagement in the field, and triangulation. To establish credibility, I engaged in deep conversations with the participants about their experience of moving to and living within the retirement residence during the data collection interviews. The use of a semi-structured interview guide with a single narrative statement and open-ended probing questions within three interview sessions enabled in-depth storytelling and prolonged engagement with the participants. Triangulation, or the use of different sources or methods (Lincoln & Guba, 2007; Braun & Clarke, 2013), was used by employing the ‘occupational mapping tool’, which allowed me to verify the interview findings within this additional source (Pitney & Parker, 2009). The use of the ‘occupational mapping tool’ can further be used as a triangulating source, as it allows other researchers, or in this study the research committee, to visually observe the self-drawn participant’s lived experiences. Data collected in this way can then be compared across a research team (Braun & Clarke, 2013).

Transferability refers to applying the findings of a study to similar settings or contexts (Pitney & Parker, 2009). Lincoln & Guba (2007) use thick descriptive data as the way to ensure transferability of a qualitative research study. The term ‘transferability’ is comparable to that of the quantitative criteria, external validity, in that it relates to how the findings of one study can be applied to other participants and settings (Pitney & Parker, 2009); however, qualitative researchers are more interested in how the findings would be applied to relatable communities (Braun & Clarke, 2013). To ensure transferability, rich descriptions and context of the participants and their stories were provided using direct quotations, which allows future scholars to apply the current findings to their particular studies (Pitney & Parker, 2009).

The use of dependability ensures that the research process is clear, appropriate, and consistent and that the methods may be replicated in future studies (Pitney & Parker, 2009). Lincoln & Guba (2007) use a process called an external audit to carry out the strategy of ensuring trustworthiness. An external audit, in which other readers examine the research process and data to ensure the findings are consistent (Lincoln & Guba, 2007; Pitney & Parker, 2009), occurred within the parameters of the current study. I conducted an external audit by comparing my findings and analysis of the data with that of my supervisor. We individually read and re-read, as well as wrote and re-wrote the participant stories and themes found, then met to share our ideas. This allowed for verification and collaboration of our findings. After we had collectively decided on what themes were found amongst the participant's stories, we shared them with the advisory committee to ensure consistency of our findings.

Confirmability is achieved when researchers demonstrate that the results are linked to the drawn conclusions (Moon, Brewer, Januchowski-Hartley, Adams & Blackman, 2016) and that these results can be compared with those found by other researchers looking at the same study data (Baxter & Eyles, 1997). To ensure confirmability, my research supervisor and I examined and collaboratively judged the data and the corresponding results (Lincoln & Guba, 2007). We did this by reading and re-reading the transcripts, stories, mapping tools, and performing a cross analysis of the data among the research participants.

Lastly, reflexivity was also employed as a way to maintain quality and trustworthiness of the current study. Personal reflexivity, by bringing the researcher into the research and making myself a visible part of the research and functional reflexivity, acknowledging how the research tools and process influenced the research study (Braun & Clarke, 2013), were both employed in this study. For personal reflexivity, I maintained notes on my thoughts throughout the research process. I commented on how I perceived the study from before data collection, after interviewing each participant, and while I was conducting the analysis. Functionally, I decided to use a narrative methodology to capture the lived experiences of older adults face-to-face, something that sits well with my personality and previous experience of working within a retirement residence. The added use of the mapping tool furthered my ability to understand the social connectedness

experiences of the older adults by allowing them to communicate with me in another medium besides verbal. Additionally, a collective reflexivity process occurred when my supervisor and committee collaboratively engaged in the study by commenting on the emerging themes and findings.

Ethics

Ethics approval for this study was obtained from the Non-Medical Research Ethics Board at Western University (Appendix G). Participants were voluntarily participating in the study and were advised they could withdraw at any time without penalty or impact to the study or their residency at the retirement residence. The participants were also advised that they did not have to answer any of the interview questions that made them feel uncomfortable. Prior to beginning the interview process, the participants were provided a letter of information that outlined the study details, risks, goals, and benefits. Written consent from all participants was then obtained, when the participants felt satisfied with proceeding with the study.

For privacy protection, audio-recorded data were transferred from the digital recorder to a password-protected personal computer. Interviews were transcribed verbatim using pseudonyms and all identifying information was removed. Original recordings were transferred to a jump drive and locked in the filing cabinet in a locked office at the university and deleted from the digital recorder and personal computer. Participants' 'maps' were kept locked in a secured filing cabinet located at the university. Hard copy interview material and participant documentation including consent forms are locked safely in a cabinet of a shared lab office which also has a locked door.

Chapter Three: Presenting the Stories

Participants

All participants lived in the same retirement residence in Southwestern Ontario. All five participants were widows. There were two male and three female participants with ages ranging from 85 to 90 years. The demographic characteristics of the participants are included below in Table 1.

Table 1 - Demographic Characteristics of Participants

Participant Pseudonyms	Age	Previous Occupation	Lived at Residence	Moved in with Spouse
Mary	87	Receptionist & Switch Board Operator	Five Years	Yes
Donna	87	Secretary	Four Months	No
John	85	History Professor	Eight Years	Yes
Allan	90	Director of Human Resources	Five Weeks	No
Edith	86	Telephone Operator	Three Years	No

Participant Stories

The Story of Mary

My Reflections

Before I began to write the story on Mary, I recalled how quiet and calm she was during our meetings. She didn't speak very much, and I was unsure if there was a shyness to her or if she was a generally quiet person. She had briefly discussed her ties to the retirement residence when it was a convent; she had worked as a receptionist at the convent for the nuns. In our second meeting, she elaborated on her story much more than in our first. After building a rapport with her, Mary opened up to me and was able to tell her story of moving to and living in the retirement residence and how her occupational ties to the building made it feel so much like home for her.

Mary Herself

At the time of the interview, Mary was an 87-year-old widow and a retired Receptionist and Switch Board Operator, who lived in a retirement residence in Southwestern Ontario. Before living in the retirement residence section of the building, Mary and her late husband lived in the apartment side and prior to that, they lived together not far from the residence building. Mary had lived in the retirement residence for a total of five years. She was independent, using a rollator walker to get around. Mary and her husband had eight children, 16 grandchildren, and 22 great-grandchildren.

Meeting Mary

At the time of the interview, I noticed Mary was quiet and reserved. I was already in the assigned meeting room, when Mary came in for our scheduled interview time. She came in with her walker and sat on the chair beside the couch where I was seated. I shook her hand and we introduced ourselves. Mary was well dressed and put together, and after exchanging a few brief words, I began the recorder and started the interview. I asked Mary to tell me the story of her moving to and living in this retirement residence. Two themes emerged from her story; ‘connecting to the past and ‘purpose in keeping busy’.

Connecting to the Past

Mary and her husband moved to the retirement residence together. They settled in the apartment side, which was a completely independent-living suite with a full kitchen. Mary’s husband passed a year and half after moving in, and Mary continued to live there for a few more months until moving to the retirement side. The units in the retirement side of the building did not have a full kitchen, but rather a sink and a microwave, with the use of the dining room among other amenities in the building; residents from both sides had access to the activity programming. Mary has built her life at the retirement residence around the connections she made from the past, before her husband’s passing. The established social connections and activities that Mary and her husband were involved in allowed Mary to continue living in the residence as it was home for her. She stated,

“My husband was the one who decided we should come [to the retirement residence], and it was time for us to get out of the [condominium]. So, we went around and saw a couple of places and then we came here and that was it. As soon as I walked in I thought that was it...”

Mary and her husband would participate in the activities informed by the calendar. She told me, “we get a calendar...and all the activities are on there, everyday what’s going on.” I asked Mary about what activities her and her late husband participated in and she responded with,

“We both loved playing cards... and we joined the exercise program and I still do that... [we] played other games like bocce ball and ladder ball... and I still exercise and play cards.”

After her husband’s death, Mary continued to participate in activities either on her own or around the residence with the group of friends they had established as a couple. Living within the residence without her husband, Mary still found ways to carry on with the life they had established together. She told me, “me and my husband would go down to the mezzanine every morning... come down for a coffee and meet up with other people.” I asked Mary about the activities they were involved in and Mary replied with, “We [Mary and her husband] ...played cards with people and started joining other activities that were here... it was all good.” From what I understood there was a group of people her and her late husband had built social connections with. When asked about these connections Mary told me,

“There’s [Jane] and [Barb]. That’s the three that I met when I first came in, who are still here. We are still friends.....the ones that play cards. We meet up in the mezzanine for coffee lots of times. And yeah, and that’s the ones I mentioned... [Jane, Barb, Sue and Margaret].”

Before the building was a retirement residence, it was an active convent for nuns. Mary told me, “I worked here for 25 and a half years. I had come to work for two years... said I would come work for a few years to help pay the bills.” Despite only planning on working at the convent for a few years, Mary ended up working there for just over 25. This was a significant period of time for Mary; she had established a connection to the convent as a place of work. When her and her late husband were looking at retirement residences and came across the one Mary now resides in, she said, “as soon as I walked in the front door, I said ‘That’s it! This is the place!’ knew it would be the one. Her connection to the building from her days working there when it was a convent made her feel at home. She elaborated this by saying, “exciting, you know, to be here... ‘cause I

worked here before... so I kinda knew the building... very exciting... I think I am the only one that worked for the nuns that lives in here now.” This continuity helped Mary to carry on with the changes of moving to a retirement residence and was an impactful factor for her ability to carry on without her husband.

Mary spoke passionately about her working days within the building when it was a convent. I could tell it had meant a lot to her. She elaborated on the connections she built with nuns. Mary said, “I still get invited over to the convent in March... they have a big tea party, so I am always invited to go to that.” It was apparent that Mary had built a strong connection to the nuns. She told me, “it’s nice to get back and see so many [nuns]...” and from this I understood how her connection to the nuns and the convent was of great importance to her, allowing her to live within the walls of the previous convent and call it her home.

When I asked Mary to draw her map of moving to and living within the retirement residence, she drew the residence building with a long line to the city she came from (see Figure 1). This showed the long distance she had travelled from her hometown to living in the retirement residence. Although her drawing was small in size and minimal in nature, there were a lot of descriptive words that she used to tell her story of living in the retirement residence. She drew the outside of the residence, however wrote the words of the things that were meaningful to her that she participates within the facility. She drew the city she came from and the residence, with a cross to signify the church located inside, both of which are geographical locations that reflected the importance of her home and her faith. The words Mary drew included ‘happiness’ with all of the things about the residence that made her happy; keeping busy, playing cards, meals, entertainment, getting together with friends, and BBQ. Mary explained that these were all of the things that provided her with happiness and ways to ‘fill the time’.

“Yeah, from living here. You know. It’s all... you know, a set of happiness.”

“It fills the time. Passes the time and you get together with your friends. And you sit with other people... especially at the BBQ and you get to know them.”

“I think [these things] keeps me healthy. Friends...”

“Having a good attitude. Just in general... instead of moping around, you know.”

I could tell that Mary was very informed by the calendar and the activities that were scheduled around the residence. These were the many ways that Mary was able to carry on while living at the retirement residence.

Purpose in Keeping Busy

Mary enjoyed the activities that were programmed by the retirement residence. She resonated with the structure that it provided for her as a way to keep track of her days and something that she could look forward to.

“I play cards, go to exercise, I walk quite a bit well just in the halls, and I did gardening last summer. So, I did that... I play games, rummikub.”

“We play cards at 1:30 til 3:00 and then we have our tea time. Every Thursday we have a tea time and once a month they have birthdays. Who’s ever has a birthday in February will be there... not today, but maybe next week and [name of recreation director] names them all out...”

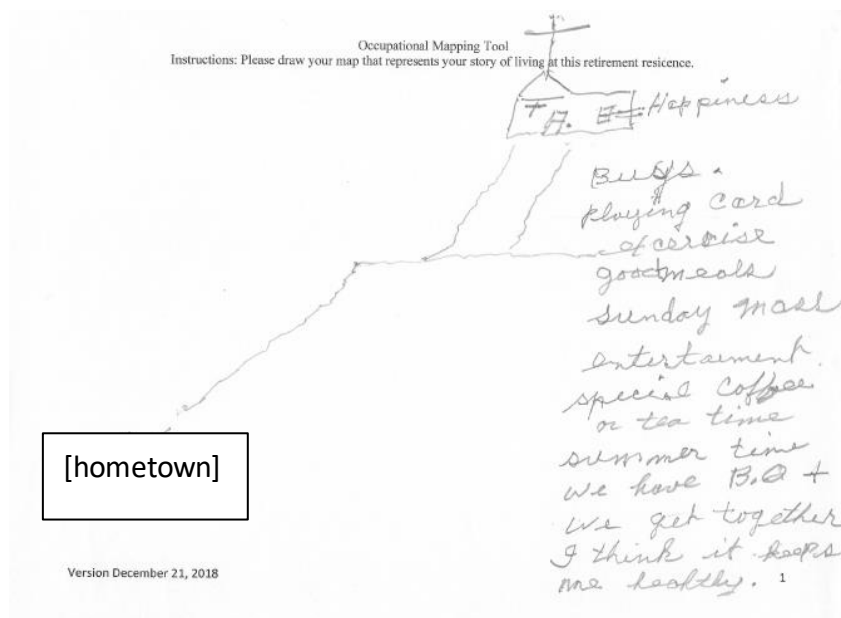
“So, we do that [activity] from 3 to 4 and then it’s five o’clock, which is my dinner time. Thursday is a good day.”

Mary was able to keep busy within the residence by attending the daily programs. Time and again she mentioned a variety of activities that she was involved in on a regular basis. Mary explained that activity was good for her and kept her healthy. She stated, “pretty well go to whatever I am able to and can.” When I asked her about why she attends a variety of programs scheduled by the calendar, Mary replied with “because I think it’s helping me, and I enjoy it... it’s peaceful... it feels good.” Mary elaborated this by explaining that it helps her to “keep busy... hope it is helping with my health... just wanted to keep in shape, you know... keep going.”

From Mary’s story, I could tell that she had a daily focus on activities in the residence calendar. She was able to keep busy and maintain her happiness with the activities around the retirement residence. I learned that although she moved in with her husband and he had since passed when I met her, Mary still kept busy and found her own way to happiness by building on the connections she established in her past; both through place and her friends. Mary had many friends within the residence, who kept her company, and enjoyed similar activities and programs that she did. Mary had a strong connection with her family, the five children and their families who live in the same city and described a

close relationship to those living further away. Her positive, yet quiet and reflective demeanour seemed to contribute to a sense of peace while living in the retirement residence. I believe she found solace in her home, as she reminisced about the time when she worked there when it was a convent, and her daily patterns of activity. For Mary there was continuity in her life at the retirement residence, she lived in a place that used to be where she worked, she attends the convent annual tea party, and knows many of the nuns still living there. It resonated with me that Mary was proud of her life and the life she has made for herself within the residence. She seemed dedicated to remaining socially and physically active at the retirement residence and living a positive and healthy life.

Figure 1 – Mary’s Map



The Story of Donna

My Reflections

While writing Donna’s story, I remembered her quiet and reserved demeanour as she told me about her experience of living in the retirement residence. She had a shaky and raspy voice, but a very kind demeanour as I quickly learned when she spoke about her love of volunteering and helping out around the residence whenever possible. Despite a few health conditions, she didn’t use any walking aids, and I observed that she took pride in taking good care of herself. When I met Donna, I perceived her as a sombre woman with a heavy heart. I learned that she had only been living at the residence for a few short

months and that maybe she had not quite found her place or where she belonged within the residence. As mentioned, she enjoyed giving back to the community and being a volunteer to help out even before her days of living at the residence. This passion had been translated to her time spent at the retirement residence; she found opportunities to volunteer by doing ‘chores’ around the residence, for example, she assisted with matching tea cups and saucers, replacing card holders at the dining room tables, and offered to go on walks with other residents who needed help to do transfers and supervision to walk outside around the retirement centre.

Donna Herself

At the time of the interview, Donna was an 87-year-old widow and a retired secretary, who lived in a retirement residence in Southwestern Ontario. Although Donna was diagnosed with chronic obstructive pulmonary disease, a thyroid condition, and high blood pressure, she remained physically active and was mobile without the use of assistive aids. Before living within the retirement residence, Donna lived in a major city, a few hours from the residence, in a bungalow for nearly 60 years with her late husband. Donna had been at the residence for four months at the time we met and mentioned she had made the move due to the inability to keep up with maintaining the housework. Donna had family nearby to support her, including her daughter, grandchildren and great-grandchildren, who lived within the same city as the retirement residence. Donna also had a son who lived a few hours away from the residence.

Meeting Donna

When I first met Donna, she came into the private room I had been using at the residence for interviewing and took a seat in the winged-back chair to my left. Donna was a woman of small stature, who seemed to have a timid personality and was unsure of herself. She was quite petite and had a shakiness in her voice that remained for both of our meetings. I could tell she took pride in keeping herself well and independent, but she was sombre. I felt as though Donna carried a heaviness with her, something that saddened her or weighed her down. Once we were settled, I pressed start on my recorder and asked Donna to tell me her story of moving to and living in this retirement residence. From her response to my interview question, two themes emerged from Donna’s story; “looking for place” and “purpose in keeping busy”.

Looking for Place

From meeting with Donna, I learned that she had recently sold the home she and her late husband had lived in for nearly 60 years. This was located in a city a few hours from the location of the retirement residence. At the time I had met Donna she was still in the process of adjusting to her new living situation. During this adjustment period, Donna met and spoke with other residents, who had lived through and adapted in this similar experience of moving and adjusting to a retirement residence. Donna also mentioned, in her meetings with me, about how she was actively involved in her previous community. She found meaning and purpose by contributing to society as a volunteer within her local hospital and was finding ways to translate her previous lifestyle to her current living situation.

When I asked Donna the initial interview question, “Tell me your story of moving to and living within this retirement residence”, she responded by describing how she had to give up her previous living situation, including her home, friends, family, and the volunteering position she had enjoyed very much.

“Well, I lived in my home for 58 years and... I took care of it. I was doing the cleaning up and managing it. But, then it got to a point when the children were saying that I cannot manage the house anymore... they wanted me to sell the house and go somewhere I could just relax. I sold the house... and they moved me here. And, I couldn't become happy. I was just always thinking, I shouldn't be here. I am still able to do things and I mean you give up your home, you give up your friends, your family that... it's just a difficult time and it still is. But hopefully it will get better as time goes on. I get myself involved. I like volunteering. I left volunteering at the hospital for 22 years... and before I came here, I was a volunteer at a retirement home for 10 years. It's something that I really like to do. I am slowly getting into it here.”

“[moving] was sort of a real, you know, real turnabout for me. Because, you're leaving your home and you're leaving your friends and part of your family.”

“It was a hard decision to make. But, anyways I did make it. We sold the house. I moved here, and we got all settled and that and even to this day, I still think back... that I should be at home. You know, it's just that feeling, and... it's sort of going away a little bit, but it's still behind my back, behind my head. That I am here and maybe I

should be at home. That part is okay but now it's just a matter of getting used to being at a retirement home and being with different people... and doing different things which is normal... it has been a little bit hard on me but slowly, slowly getting used to it and of course I have met a lot of people and that keeps me going too."

"It has worked out and I think that in time, hopefully. I have spoken to a few people here who have been for eight or nine years and I just can't see myself here for that long. But you have to think about it 'cause you never know. But, it has been good. I have got myself involved in volunteering and different things, so it has worked out that way for me. Because I enjoy [volunteering]."

Donna, who was still getting used to the retirement residence and living with different people, found that the move had been hard for her in building new connections. She didn't like to get involved without first being invited, as she was still navigating where she belonged among the other residents living there. Without an invitation, Donna wasn't comfortable joining in with the other residents as she was still new to the residence and finding her place. However, she wouldn't object to a group of residents who came into a common area and began a game of cards.

"The first week is sort of easing yourself in with people and that. If [residents] ask you 'do you want to play cards', well of course you're going to accept it. I find that I don't like to... get in without being asked. I feel better if they do ask and that way I feel comfortable with the people."

"You know it's hard. You try and get involved with people, but you don't know what they're like and they don't know what I am like, so it is kind of hard. But, it will get there."

"If [the residents] are sitting in the mezzanine and don't matter who it is, they all come in and play a game of cards. They are good that way..."

While trying to make connections with other residents in the building, Donna talked about how they asked her if she is adjusting. Donna was honest about her feelings with her peer residents and with me during our meetings.

"All the residents I am talking to, they ask me 'are you adjusting?' and I say 'well, no I am not yet'. You know, so we go from there... and we talk, and they go through the same thing."

“...I mean it goes away. You know that feeling. But then it comes back.”

“It’s just a feeling of... sadness... and not seeing your friends. Or even talking to your family. {starts crying} I am sorry.”

“Your neighbours that you have gotten along with all these years and that has sort of stopped too. You know, it comes and goes. And I think it’s just something that I have to adjust to.”

In this adjustment period, Donna also mentioned how she was unsure about who to talk to if something was bothering her and how it is hard being a new resident trying to cope with all of the changes. For Donna, coping and adjusting to the residence also meant trying to find someone she was comfortable confiding in when having a hard time.

“Well for myself, I know that they had... a discussion about it... as far as... getting a hold of a nurse. Or something like that if things are bothering you and you need to talk to someone. I don’t know how... I should know, I think they went through it... you ask maybe, you go and discuss it with the nurse and then she can discuss it with... I don’t know if I had something bothering me, who I would go to. You know what I mean?”

“But I know that will come in time as it always does. But I know as being a new resident, you can’t cope with everything. You know what I mean. So... that will come.”

“Coping with... nothing serious really. No, I mean they are good, the nurses are great and we have a new nurse. Male nurse. He seems to be good and... that’s just, you know, you have to follow the law or the way they have it. So that takes, you know, learning from one place to another and you’re used to that one. So you know, you wait and see what happens. Nothing serious.”

“No I just don’t worry about things like I did. When you come here, or anywhere really, you start thinking, you start going ‘oh geez maybe I didn’t do that right’ or ‘how am I going to do that’ or ‘who am I going to talk to’ you know... and so all these things sort of go through your head and slowly things start becoming more... at ease... well I can’t say at ease... but you know. That way.”

While speaking with Donna about the adjustment of moving to and living in the retirement residence, I began to understand why she appeared to have a sombre attitude

when we first met. I believe it was because Donna was having a hard time adjusting to her new living situation. In an attempt to find her place within her new home, Donna described how she had connected with the recreation director, who provided her with ways she could contribute in a meaningful way through doing ‘work’ around the residence. Donna, while still adjusting, was able to ‘look for her place’ among a new community by finding purpose in filing the table advertisements and matching tea cups with their saucers. These activities mimicked her previous role as a volunteer when she previously lived in her house. Additionally, Donna found herself connecting with residents who needed assistance with their walkers, walking with a woman’s husband who wanted companionship while walking about the residence, walking other residents up and down the halls, and visiting residents who she thought would enjoy some social interaction. Donna elaborated to me about the many ways in which she was able to get involved as a volunteer around the residence over the few short months she had been living there.

“I got a few things where I [took] people for a walk... the first week went pretty fast and the first month was sort of easing in... and getting more familiar with things and... helping people out... like I just automatically will help someone if they are having trouble with their walker... it’s one second, really. Just helping them out, so that doesn’t bother me. I like helping them out.”

“This one lady at lunch time, she [asked] if I go for walks and I would say ‘yeah, yeah, up and down the hallways here’ and she asked if I would take [the lady’s husband] with, you know, when I go by myself or when I am doing it. And I said ‘sure, why not?’ so we will see if that works out... She said she wants him to start walking around... like he is able to walk, but I think he is a little bit... got a bit of problems that way, like mentally... I don’t know but I just think he’s a very nice man and she’s very nice, so we will see... I think it would get him out and sort of socialize... because if he comes just for lunch, I may talk for a few minutes to somebody but that’s not really, you know, as getting involved with another couple or person and just sit down and talk for a half hour or whatever.”

“I volunteer by filing the advertising, you know the little plastic things that they have on each table and you have your advertising saying what is going to happen each

day, so I put those in and take the old ones out and I do that every night and I enjoy that.”

“Sometimes if we’re having tea... Cup and saucer. Oh, it’s so fancy. So [I’ll] do the cup and saucers. Sometimes I match them up. And I get that done.”

Donna described knitting as one of her hobbies and on a few occasions, she told me that she had been participating in the residence’s knitting club, an activity informed by the retirement residence’s calendar. Donna’s participation in this activity demonstrated that she translated her hobby from her previous home to attending a program of interest in her current residence. Knitting was a hobby she must have been dedicated to for years before moving to the residence, one that she felt comfortable enough to explore as a hobby within the planned parameters of the residence’s program calendar.

“Hobbies. Oh, I don’t have much now. Exercise, knit, crochet.”

“And I have gotten into the knitting club. So, I joined that and that’s one day...”

“...sometimes after lunch, sometimes, [the retirement residence has] the knitting club...”

In our second meeting, when I asked Donna to draw her story as a map to illustrate her move to and living in this retirement residence, she drew the floor plan of the residence and numbered the areas she went and the things she did in a typical day (Figure 2). Her map was small in size and offered a few of the items that occurred for her in a typical day throughout the residence. She drew a birds-eye view of the residence with numbers listing the steps of her routine, with a legend indicating what these numbers meant. For Donna, a typical day included getting out of bed, washing and dressing herself, sitting in the lobby, having breakfast, exercising, having lunch, and various activities that filled her afternoon. This drawing of place and routine signified how Donna was looking for place among her new geographical location and how to make it home.

“...get out of bed, and then go [in the lobby of the retirement residence] ...there’s a chair there that is sitting out in the lobby part... I might sit there for a while. Just a chair looking outside to the front of the building.”

Donna enjoyed sitting in the lobby and looking out the front of the building to watch the people come and go.

“...see what the day is going to be like and that... then I go down [to the dining room], I have breakfast there... [exercises] in the morning... lunch...”

“Oh, the afternoon... well normally I play cards... or I play bingo... one or the other”

Other afternoon activities Donna participated in included the volunteer work she completed around the residence, knitting, watching tv or reading a book. She also mentioned how she felt good when she did her exercises, which she did twice a day.

“...I would rather have an exercise day... because I feel good when I do it and it doesn't have to be two [classes]... just one. To get that done and then I sort of feel like I can do anything else during the day, like... I have the energy.”

“...if I have to do exercises, I enjoy doing it and I enjoy doing them... because if I don't do them, I feel sluggish. I feel like I need sort of a lift. So I find with the exercise, I feel better... more alert.”

While trying to find her place, Donna found herself making connections with the other residents and keeping busy through the various activities and volunteering she had been involved in, which acted as a purposeful distraction for coping with her adjustment to her new residence.

Purpose in Keeping Busy

In addition to finding her place and adjusting to the retirement residence, Donna mentioned the many ways she was able to keep busy. While in discussion about the activities she partakes in at the retirement residence and what she does to keep busy, Donna described her routine.

“I get up in the morning and I look at my calendar – that sheet that they have. And... see what is on for today... usually it is exercises. And I am on for exercises. Oh, I love the exercises. So, I try and get up early because it's usually at 9 o'clock so I get up and I get dressed and get washed or whatever and I try and be there for 9 o'clock. And I do the exercise. And see the people that come in. Usually the same ones every time.”

“... sometimes after lunch, sometimes, they have the knitting club... and more exercise. They have like the ones that you sit in the chair. The chair yoga and that's good. I like that. And... bingo. We even have Chinese bingo. So, we played their bingo

with the animals and it was fun. Then we have all kinds of stuff going on. So then... dinner and then usually I will come back to the room and watch tv."

To further explain how she kept busy, she spoke more about the exercises she participated in and why she felt it was important for her. She also mentioned that she had been exercising before she moved to the retirement residence, something that must have been a part of her routine in the past and is now being translated to her life at the residence.

"Oh yeah, just moving around. And I know I guess knowing inside of you that it is good for you. So that helps. Always have, since day 1, have been exercising."

"...well it gives me a better appetite."

"...good when you are exercising. Your appetite, your sleeping, your... you know... movement, you know... stuff like that."

"I feel good... [the exercise program] is great. Yeah, I enjoy it."

"...more alert. More energy. Sleep better, increased appetite. Works the muscles. You just feel better."

"I feel... just joy. And... there's different things you feel. You can move around better..."

"Something to do. And hopefully [exercises]... well I don't think it will go anywhere. It just keeps me busy. You need to be busy. And... like I say, the people are great. That too keeps you going. You know."

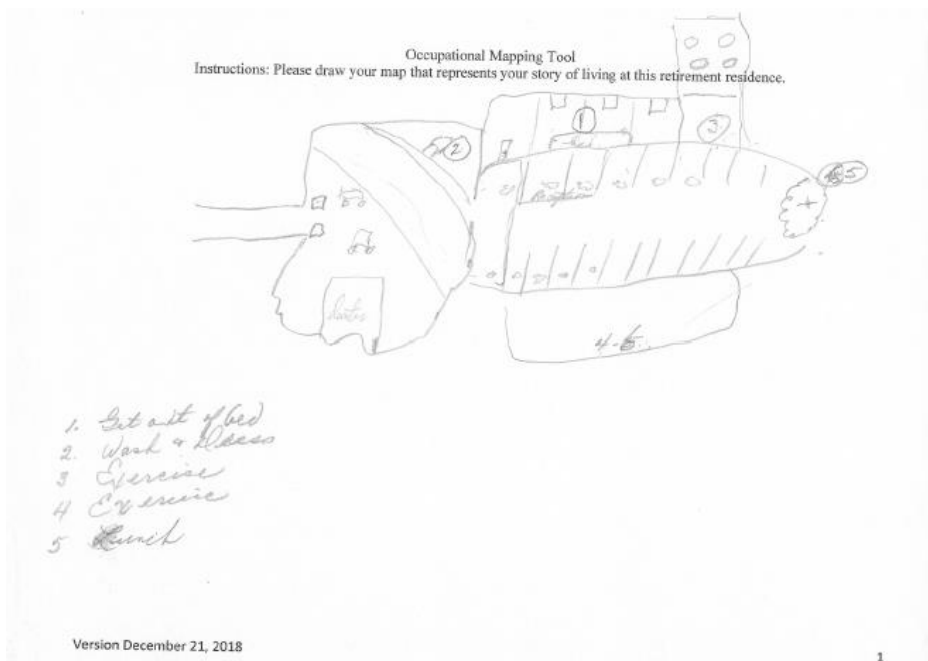
Donna and I discussed her participation in the programs around the residence and the volunteering she devoted her time to. She mentioned how these things were important to her as they kept her busy. For Donna, keeping busy had to have purpose and she described how she felt joy by helping others.

"...oh yeah. If I keep myself busy, then I know that I don't think of other things because I am doing things. That way it works out great."

"I just feel joy within myself... doesn't have to be just being with people, I mean that is part of it, but knowing that I have exercises or have helped someone, that is not able to manage like with walkers, it's just sort of natural to help them out... that way you know you feel good. You feel joy."

From Donna's story, I understood why she had a solemn attitude when we had met. Donna had loved her home and independence, and was therefore, finding it difficult to adjust to the living situation of being in a retirement residence. She has translated her passion for volunteering from her home life to her retirement residence life by offering to help out wherever she can be of assistance. By participating in volunteer-based activities, I believe Donna finds purpose for her time at the residence. She also participates in exercise, of which she saw health benefits for, and joined in with the knitting club as an ongoing hobby she had enjoyed for many years. Even though Donna sounded like she was struggling to find her place, she still offered to assist other residents when needed. Other residents in the building have already begun to see this compassionate and caring side of Donna, as the one particular resident asked if Donna would assist her husband in a walk through the residence. She enjoyed the exercise programs and has joined the knitting club. For Donna, a resident who had only lived a short four months in the residence, she was socially connected by finding her place and purpose in keeping busy within her new home.

Figure 2 – Donna's Map



The Story of John

My Reflections

Before writing John's story, I remembered the life experiences he shared with me including his time spent travelling, changes within his career, and the loss of his wife. John was an independent and cheerful individual, who had a passion for life, literature, and exercise. Although reserved in his demeanour, John was talkative and seemed to enjoy being engaged socially. He demonstrated his passion for education and learning through his career as a professor and continued to exemplify this through his passion of keeping up with current literature. John was opinionated in nature and showed interest in other people's beliefs and sentiments. At the age of 85, John remained physically active and independent, engaged in cycling and attended the gym regularly.

John Himself

John was a widow and a retired History Professor, who lived in a retirement residence in Southwestern Ontario. Despite having an artificial knee and memory impairment, John continued to remain active and independent in his daily life. He attended the local university gym on a daily basis, where he met with friends and colleagues from his days as a professor, while they exercised using the machines. After their individual workouts, John and his peers would meet for a coffee to socialize and enjoy each other's company. In addition to working out at the local university gym, John also cycled outdoors on a regular basis, throughout the seasons, either by himself during the week or with a friend on Sundays. John had lived at the retirement residence for a total of eight years at the time that I interviewed him. His career dictated where he and his wife would live, including moving to various cities within the province and even out of the country; however, John always considered Southwestern Ontario to be his 'home'. John and his wife moved into the retirement residence when his wife became ill. They lived in the residence together for a year and a half until she passed. John then downsized his room and was been living in the retirement residence as a widow for the last six years. John had five children and three grandchildren, none of whom live in the city. This made it difficult for John to see his family on a regular basis.

Meeting John

At the time of the interview, he invited me into his suite at the retirement residence to conduct the interview for my study. I stepped inside, and he took my jacket for me and hung it up in his closet like a true gentleman. He asked me where it would be best for us

to sit and by looking around his small place, I gestured to an old stiff chair that was closer to what I only assumed was his favourite place to sit; a chair with a matching ottoman. Of course, there was a couch on the other side of the room, but I felt as though he preferred to sit on his chair, which was closest to the widow and furthest from the couch. The stiff chair across from him would do just fine for me. Once we were settled, I placed the recorder on the ottoman and began recording our session. John was bright-eyed and eager to tell me his story. I remember feeling that the ambiance of the room, which was covered in many framed paintings and a book shelf full of unorganized books, meant that John probably had a lot to say about his story of moving to and living in this retirement residence. I learned two themes from John that aligned with my research question about the stories of older adults living in retirement communities; ‘preserving the comfort of home’ and ‘maintaining an active identity’.

Preserving the Comfort of Home

In meeting with John, I learned that he and his wife had both moved to the retirement residence together due to his wife’s illness and poor health. The decision about moving was entirely up to his wife. John had set his wife up to live in a few different residences during short-term respite stays to see which one she had liked the best. Once she decided on the current residence, where John now resides alone, they sold their house and moved in. They continued to live in the residence for a year and a half until his wife’s health rapidly declined and she passed away in the suite they shared together. John seemed to be a compassionate man who made the arrangements for his wife to spend her last days living within the residence instead of a hospital. He was able to accommodate her needs by having a hospital bed placed in their suite and the care of nurses constantly by her side. John described the experience of moving into the retirement residence,

“The reason we came to the residence in the first place was that my wife was ill... I had been retired for some time but looking after a house and after a sick person in the house was a little more than I could handle. So, I put her in as a respite person in three different homes and this one was head and shoulders above the rest... when we came here we weren’t in this apartment, but we were in the top floor and we liked it, both of us, and been here ever since.”

“My wife was very sick when we first moved in, she was on her way downhill. And, it was wonderful to move in here and not have to look after a house, I could then pay much more attention to my wife. And, we were here I guess about... just over a year, maybe a year and a half... when she died... She did not want to go to the hospital. We knew she was dying. And so, there is something called the ‘EDITH Protocol’: Easy Death In The Home. The hospital will put a hospital bed in the home, will send a nurse to see the patient twice a week, will send or have daily nursing assistants to help, and yet not taking up a hospital bed... the doctors knew my wife was dying and she knew it too... she died in this building on the top floor. After that, I really wanted to move out of that. Though it was a lovely apartment... but then I moved down here.”

For John, finding a residence “that was suitable for [his] wife’s perspective” was important for him. They had tested out a few residences and it turned out that “she liked this the best.” Since the retirement residence was tasteful to his wife, John agreed they would move in and has been living there ever since, despite his wife’s passing, demonstrating that John continues to maintain the comfort of home within the retirement residence.

John told me of their relationship, specifically that he “met her in grade nine” and “we were married in 1957”. From this, I noted the significance of their relationship to John because they had clearly been together for a long time. Therefore, John had many memories of the two of them in general, and more specifically while living in the residence together, and I could tell he didn’t want to give up those memories. John told me, “my wife was an artist, that’s why I have all [her paintings]”. He was able to decorate his current and smaller suite with his wife’s paintings. Her paintings covered the walls from floor to ceiling. He told me that, “when I first retired, that’s when she first started painting seriously, I made all of her canvases and that for her pictures and framing them.”

It was apparent that John found comfort living in the place where he and his wife had established their home together; the paintings were part of this comfort.

John demonstrated that he was able to preserve the comfort of home within the residence, having lived there for nearly eight years, and considered the city as his hometown. Prior to living in the residence, John and his wife “[had] done a lot of moving... [named

universities in other countries where his career dictated where they would live] and travelled a fair amount, but [Southwestern Ontario] was always our home base.”

When he and his wife had first moved in, John told me that, “you know when I moved in here, I was not happy about coming.” However, John found the comfort of home by establishing himself among the residence as an institution. John elaborated this by explaining his prior relationships with institutions from his past, “I have been in a lot of institutions, I was in the Canadian army for a long time, I was at [name of university], taught at three other universities.” He mentioned that, “the staff here are an outstanding staff... it was the staff that made the difference here” and that, “it is astonishing how few problems they have at this institution.” Between his strong respect for the staff and how the residence is run like an institution as a whole, John was able to preserve the comfort of home. As a man of many institutions, he resonated with the experiences over his lifetime to that of living within the institution of the retirement residence. John furthered this by saying,

“Institutions are organizations that are put together by human beings... they have people working in them and living in them and with people of all kinds of different backgrounds and it’s hard to please everybody... here they do a damn good job of pleasing practically everybody.”

Living in this retirement residence is home for John. He finds security in knowing the staff are well managed, supportive, and compassionate for his needs. He is satisfied with the institution as a whole and is amazed by how well the facility is run. John is comforted by living in the residence where he and his wife established themselves and although he doesn’t reside in the same suite they originally moved into, he is surrounded by her paintings as a reminder of home.

When interviewing John, I asked him to draw me his map of his experience of moving to and living within the retirement residence. On the blank piece of paper, I provided him, John drew (See Figure 3) a geographical map outlining the area around the retirement residence where he rides his bicycle. John drew a geographical map of the area he considers community. His map was larger and provided a sense of direction with the use of a compass in the bottom left corner. For John, the retirement residence he lived in was a part of a much larger community that he was established in. He drew the residence

on a map connected by roads and bike paths that he used to get around. He described that he used his bicycle to get to and from the university gym as well as to engage in regular Sunday morning rides with a friend of his. His sense of direction and the bike paths was very well established and described to me in detail the routes he would take.

“I can ride my bike up to the university gym in about four and a half minutes... starting here there’s a path down that goes all the way along the river... there’s a bike path... you can stay on that path if you’re going this way and you can stay on that path right ‘til the end...”

“About a mile and a half passed the city limit, that’s where the bike path ends in a big park, but you can come up the road and go about half a mile down the road and ride all the way and pick [the bike path] up at the north branch of the river... takes about 45 minutes from leaving the [retirement residence] to go right around the whole thing... every Sunday in the summer... it is my typical Sunday ride.”

“For many years, [he and his friend] rode with the cycling club... we ride every Sunday and [his friend] goes for much longer rides, but normally we do 25 to 30 km.”

The discussion that came from John drawing his map of his cycling routes reinforced his active identity. John’s active lifestyle included a daily routine of participating in exercises at the university gym with colleagues and cycling through the city with friend from a local cycling club.

Maintaining an Active Identity

John’s active identity was presented to me when discussing his experience of moving to and living within the retirement residence. He described how he was physically active during his working life and how this was a habit he established while working in the army.

“Well I was doing [exercising] for 20 years before I retired. I’ve... well I told you I was in the army for a time. And it started when I went to the Royal Military College and in the college, you do a lot more than that.”

John had a sense of pride from being active and healthy for his age, in comparison to the other residents who lived at the retirement residence. He told me that he was “85 years old and [was] still in pretty good shape, and [he thought] it [was] largely because

[he went] to the gym. [He wasn't] anxious to change a good thing." John explained that the "[exercises in the retirement residence are] pretty mild... I am not trying to make fun of it. Most folks in here are my age or older. But, most folks don't do what I do." John was physically able to use a bicycle as his mode of transportation; a skill he believed most folks his age couldn't do. Although John's license was taken away due to Alzheimer's disease, John remained independent through the use of his bicycle and depended on it as his way of getting around.

"...there's lots of stuff going on here in [name of retirement residence]. I don't participate that much in it... partly because I am a little more able bodied than some of the folks here. I can get out and get around. I don't have a driver's license anymore. I don't know if I told you before, but I have Alzheimer's Disease. I was diagnosed a couple of years ago and so I lost my driver's license... which doesn't bother me all that much because I have three bicycles which are down in the... and they can't take my bicycle license away."

John described that he infrequently attended entertainment, bocce ball, men's coffee club, and a few of the resident meetings. He told me, "now and then I go to just about everything... I sometimes go and play bocce ball... I do a lot of reading." He also said, "the men's coffee club I try to go to... there's a fitness group, the all resident food meeting..." He wasn't keen on attending all of the programs, as he said "I am not one of the big participants partly because I can still get outside, but I don't down play the social programs they have here. They're very good!" John often leaves the residence for his own enjoyment, but knows the activities are there for social support if needed.

John was unable to continue with maintaining his active identity during the hard times of his wife's illness. He described how "[his wife] was pretty sick for the year and a half before she died... I was pretty busy looking after her." John said, "it's a tough business losing your partner, but it's a lot easier being here than if I didn't have all this." He furthered this discussion by adding,

"Well when my wife was sick, I was not going [to the gym] at all. I was looking after her, but I immediately, after she died, I rejoined the university gym. I go virtually every day. I often miss a weekend, but I am there at least five days a week. Early in the morning. There's a little crew that I know and we all have coffee together"

afterward. So, it's a lot of fun... I just chat with all these old friends. Sort of like a men's fishing club... everyone is teasing everyone else... there's four or five of us and we're not always there, but there's always one or two of us at least. Catching up and chatting."

Saddened by the loss of his wife, John found solace in exercise as he had increased his physical activity routine after his wife had passed. He claimed that "if I did not live here, I would have too much time on my own to think about stuff and feel sorry for myself... there are lots of activities here." Even though he "[didn't] participate in many of [the residence's activities], [he did] go to some things." While discussing the programs within the residence that John sometimes attends, he went on to tell me about the commitments he has outside of the residence as well. Outside of the residence, John attends the local university's gym on a daily basis and then meets up with friends from the gym at a café where they have coffee and chat. John is also an avid cyclist, using his bicycle as his main mode of transportation and also enjoys Sunday rides with a friend of his. John mentioned that he was always physically active, however had to cut back when his wife was ill. Since she has passed, John has been finding that he "stepped up ever since my wife died... I just feel better when I [exercise] and [it] keeps me from... feeling sorry for myself."

John identified himself as being an active and able-bodied individual, who could still get out and about. He stated, "for me, [exercise] is a good thing and I am pretty healthy." He understood that exercise kept him healthy, "both [physical and social benefits to exercise]. I just feel better if I do it" and how he would feel "much less well that if [he] did[n't] go." He specified by saying, "well I can skip a day and it doesn't make much difference, but two days, I feel like hell." He continued to tell me about how exercise is important to him,

"I can't say that it's a huge fun... it's not. I work hard. And I swear a lot to myself. When I am finished, I feel better. I just frankly think it's good for your health and that's why... the main reason I do it."

John was a mobile and independent resident who had social connections outside the home, including his participation with the university gym and his regular cycling routine. He told me that, he is "a very early riser and for years [he has] been a gym-goer." He

elaborated his active identity by explaining that he ‘[gets] up and get[s] to the university gym by 6:30 and [has] a workout and walk[s] back.’ He also “[rides] a bike.” In further discussion about John’s exercise routine he told me that,

“I have a pretty fixed routine. I go in [the university gym] and I do 15 minutes of stretching to start with and then I spend about half an hour on two machines, and then I go down, do once around the floor and the weights. And all together takes about an hour and I have a shower and come home... we’ll go for coffee... chat with all these old friends. Sort of like a men’s fishing club... everyone is teasing everyone else... there’s four or five of us and we’re not always there, but there’s always one or two of us at least. Catching up and chatting.”

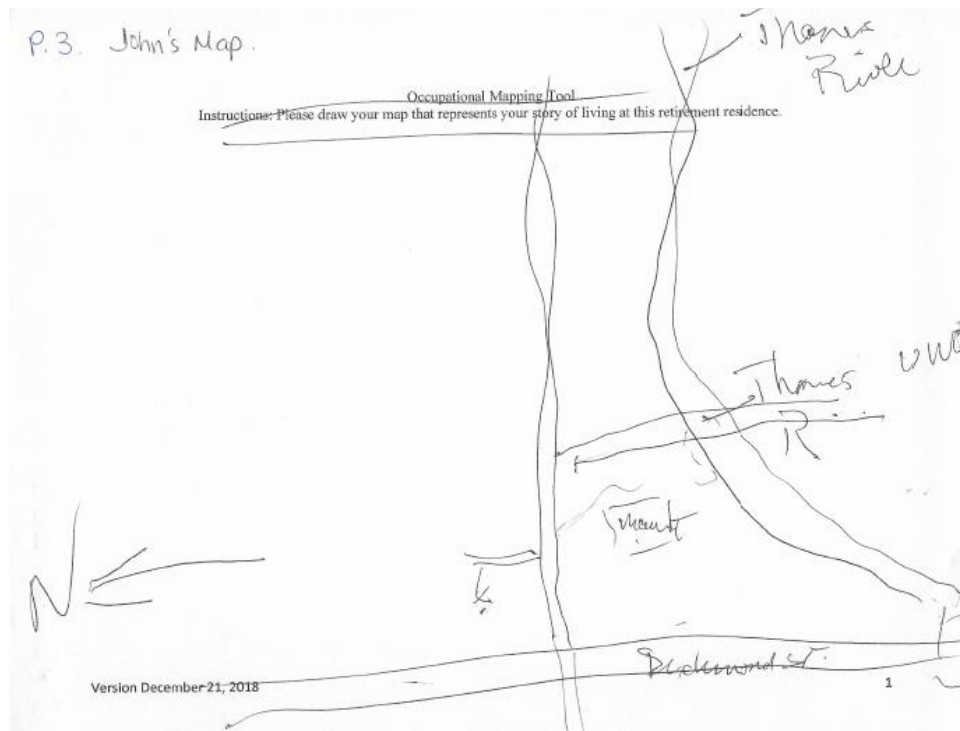
“Mainly people I have worked with at the university and I have known for a long, long time, and there are a couple of others I know from the gym... that’s probably half a dozen of us and usually there’s three or four in there for coffee.”

“Well I am a cyclist as well as a gym goer. For years I was in the cycling club and... just last year quit going on their Sunday rides. I still do it... Sunday ride on my own... some people don’t know, but [this city] has a marvelous system of bike paths.”

John and his wife moved to the residence together, where he continues to find comfort among their shared memories. This residence is essentially John’s home base and is located within the city where he and his wife had been established for many years. John participates in activities, mostly outside of the residence, however he finds that activities anchor his daily routine and provide him with a sense of social support. Living at the retirement residence facilitates John’s active lifestyle because he doesn’t have to take care of a house or act as a caregiver, which allows him to use his energy for his daily exercise. He enjoys exercising and believes it makes him feel better and is good for his physical and social health. John expresses that his daily routine of meeting with his friends and colleagues at the university gym is a social connection for him as they meet for coffee together afterwards, which is like a ‘men’s fishing club’. The retirement residence provides him both emotional and social support; because he spoke about how if he didn’t live there, he would feel sorry for himself and how he sometimes participates within the residence’s activities as if to remain connected with the other residents.

From John's story, I understood that his social connections within the retirement residence included preserving the comfort of home and maintaining an active identity. John was an active individual whose needs changed while being the caregiver of his late wife. Through the changes he endured, he was able to maintain his active identity within the comfort of home within the retirement residence.

Figure 3 – John's Map



The Story of Allan

My Reflections

While writing Allan's story, I thought about all the experiences he shared with me during our meetings at the retirement residence. I had quickly picked out his British accent, and realized it meant he hadn't been born and raised in Canada. My thoughts about whether he was British were confirmed when he spoke about hard times during the war and living in England, where he had grown up and met his wife. It was clear to me that he valued marriage, especially his own, and was very much still in love with his deceased wife. Allan had a quiet presence and held strong opinions. He was well spoken and took his time to put together his thoughts when answering my questions. He spoke

passionately about the things he liked to do and wanted others to try. Allan was compassionate towards others and exemplified this kindness through his volunteer work outside of the residence. His commitment to the volunteer work at the hospital remained important to him at the age of 90; however, he spoke about how the effects of aging could impact his ability to continue driving and what that meant for him to remain independent.

Allan Himself

Allan was a 90-year-old widow and a retired Director of Human Resources, who lived in a retirement residence in Southwestern Ontario. Approximately four months before I met Allan, he decided to move from his condominium to a retirement residence. After a couple of months, Allan realized that this first retirement residence did not meet his expectations. He then decided to make the move to a different residence; this second retirement residence is where I met and interviewed Allan. At the time of the interview, he had been a resident for five weeks. Allan appeared to be healthy, he was wearing glasses and hearing aids. He told me about his past experience with bladder cancer. He and his wife had ten children, five boys and five girls. Five of them lived in the same city as Allan, three in Canada and one abroad. Also, his family included 13 grandchildren and a few great-grandchildren.

Meeting Allan

At the time of the interview, I greeted Allan, felt his strong handshake and noted his friendly smile. He was quite a tall gentleman, who dressed well, and looked like an active and independent individual given that he had great posture, did not use any assistive walking aids, nor did he have trouble walking about the residence. I welcomed him into the meeting room I was provided by the residence, and he sat on a winged-back chair with his legs crossed and hands clasped. Once we began talking, he revealed his poise, confident demeanour, and quiet, mellow personality. I realized that he had a lot of insightful things to say and wanted people to understand his thoughts and be curious about the world we live in and to think as critically as he did. While patiently waiting for me to begin, Allan sat back as I opened my recorder, turned it on and began the interview. I asked Allan to tell me his story of moving to and living within this retirement residence. In alignment with my research question about the stories of older adults living

in a retirement residence, two themes emerged from Allan's story; 'building activity for himself' and 'barriers to his active identity'.

Building Activity for Himself

During the time spent with Allan, I learned that he enjoyed being an active individual, and, in particular, playing table tennis in his spare time. Allan participated in a few of the planned activities offered by the recreation department. He left the residence to drive himself to a lawn bowling club once a week and to volunteer at a local hospital twice a week. Living in the retirement residence for Allan meant continuing these community-based activities, while building other enjoyable activities into his new living environment. Activity served as a social connection for him, as a self-described withdrawn person. He needed an environment that would afford the activity he desired; a decision-making point for him in choosing a retirement residence.

When I inquired about the kinds of activity that Allan was interested in, I learned he was very passionate about playing table tennis and had a table of his own that he brought from home to the retirement residence. He spoke about how he wanted to see it played regularly by the residents.

"I was anxious that I would be able to play table tennis here. I am a bit of a table tennis player. I am not that good, but I am keen. And I had a table and I brought the table here and we are trying to encourage people to play as much as we can, and my family come out every weekend and play table tennis with me."

When I asked what his experience was like of having table tennis brought to this retirement residence, Allan described the involvement of the other residents and the help he received from a very eager recreation director. It was evident that Allan was trying to create an active and social environment; one that was a good fit for him.

"We had [table tennis] here on Mondays and its open to anybody here. We had a few women who turned up to play and they hadn't played in many years and I tried to give them some instructions to play. The last time we did it, this past Monday, we had two men turn up who were actually quite good, and I was very pleased, and I hope they come back. They hadn't played in a number of years, but I could see it wouldn't be long until they could play at a reasonable level. You know... it's actually an activity of a great game, you get four people playing doubles... just get them up and

on the other side and doing it. It will be good for them. So, I hope that we will get some more people.”

Allan believed that physical activity is important and that those who are more sedentary should be more active. He was interested in the idea of helping others and having them do the activities he participated in to be healthier.

“The recreation director here is very good at getting people involved and she is going to change the schedule of bingo because some bingo people would like to play tennis. From my standpoint, I would be happier to have the bingo players playing tennis instead of bingo. Better for them, I think.”

Allan sounded keen on building a more physically active environment, one that involved more activities like table tennis and less of the sedentary ones like bingo. I asked Allan why table tennis was so important and what feelings he associated with playing the game.

“Well I think physical activity is key. And the feeling of socialization and being socially competitive, I would call it... I suppose you could get that in cards too, but with cards you are dependent upon what cards you get but with table tennis that is not the case. It depends on how much effort you put in.”

“Well first of all it is a physical activity that helps to keep me fit, or at least fitter... anyway. I think that is very, very important. I am fortunate that I have been able to walk most of my life and... it seems to be a fact now that people who walk a lot seem to have a better attitude towards things. Their brain reacts better as a result. Any kind of activity that requires physical exertion.”

“It is important to me because it keeps me moving and I think it’s a healthy thing and it also keeps my coordination of eye and limb together.”

Besides being dedicated to build up participation in table tennis, Allan told me he attended bible study, carpet bowling and the Men’s Club, for example. Also, he described a game he had played as one of the recreation program activities at the residence.

“I attended a session... ladder ball they call it... I was amazed at the competitiveness that stood out with some of the women that were there... even with walkers... they put them all down and they go, and they are determined... they would go up and ‘come on now, we need one more’... I was surprised actually.”

Allan spoke about the types of activity he would like to see being developed and offered within the residence and described his opinion of the limits to the types of activity because the retirement residence is “more business-like... it’s run by an organization that has many or a number of retirement homes in different places, it’s more of a corporate agenda or corporate culture”. This was an interesting comment that I pursued; I asked Allan what he meant by ‘activity’. I began to realize that he longed to be social and that by participating in these highly active activities, was his way of building social connections for himself.

“Well the kinds of activity that I would like to have is... anything with competitive. I am of competitive nature, not that I am good at everything. I like to compete. In fact, the kind of activity that they usually provide for old people is card playing and people will... older people relate to that very well and that is a side effect that allows them to get to know each other. It’s a good social game, however if you’re not a card player then you just don’t get into it.”

I became aware of how with living in an environment that has institutional policies, like a retirement residence, can impede Allan’s ability to be active and affect his active identity. The retirement residence aims to minimize the risk for residents by reducing potentially unsafe physical activity; this then limits residents, like Allan, who are capable to engage in more strenuous or potentially ‘unsafe’ activities.

“I would like them to do things that require some activity. I can see the downside of that though. One thing is they have to be careful that people don’t fall over... [the retirement residence is] really obsessed with the idea that people are going to fall.”

“I mean physical activity. There’s not a lot of physical activity that people can get involved in other than things like table tennis or well, people probably wouldn’t want to be playing darts. My son always says, ‘my dad is going to get them playing darts over there’.”

“I mean that the people are able to take part in whatever recreational activities are proposed and that they are capable of moving themselves from one room to another... the dining room and into the mezzanine where they can sit around and play cards and do a lot of things... they are capable of doing that.”

When I asked Allan to recount his story of moving to and living within the retirement residence, Allan described how he had lived in two different retirement residences over a few short months. He knew he was going to make the move to a retirement residence from his condominium, and after looking into several, he finally settled on one that he thought would suit his needs. After living there for a short time, Allan had a change of heart.

“What happened was I decided it was time to move to a retirement residence and shopped around...but when I got there I found that the people were a lot less active than I thought they would be and my close association with those people I found was discouraging.”

He found himself “surrounded by old people... and I didn’t like this.” Because activity provides social experiences for Allan, he was limited because he “didn’t find people were as agile as I was.” He recognized what he needed and described,

“...thought I’d be happier if I moved to a retirement home for a number of reasons. One is that I would meet other people – not that I am a very sociable type, but everybody needs other people. And also, I was getting a little concerned about my health.”

His previous retirement residence did not provide Allan with the types of activity that he resonated with to enable his active lifestyle. Allan noted that his current residence had more activity since “a large number of them [residents], move or go out quite a bit... when I look at the book at the front where we sign out, there’s a lot of people that sign out.” Allan was in a process of trying to build activity for himself at his retirement residence. He was able to bring and facilitate his table tennis for participation by himself and the other residents and felt that other residents would be able to and interested in doing more physical activities.

Allan then decided to change retirement residences within the same city. The retirement residence he currently lives in, where I met and interviewed him, was his original residence of choice. It stuck out “*too much like a hotel*” to Allan, which caused him to then decide upon a different retirement residence altogether. After living in the other residence for some time, Allan found that it did not meet his active lifestyle needs.

The decision to change retirement residences demonstrates how important activity was for Allan and how he felt unable to build his own activity within the previous residence.

“I have found that the people here are just more active. A lot more active.”

Moving to his current residence allowed Allan the ability to be himself through activity and remain consistent with his active identity.

“I checked in with this particular retirement home, but I decided against it [initially] because I thought it was too much like a hotel. But, anyway, I checked in again and found I could get the same kind of accommodation for about the same price. So, I decided I would move and so I came here in the hope that I could find more activity that I would be interested in. All these [retirement homes] provide activity, but not all the activity that I would relate to.”

Allan compared his experience of living within the previous retirement residence to the one he resided in when I met him. Despite the previous residence not providing enough activity for him, Allan did not feel isolated there. He mentioned that in the previous residence, he was welcomed by the staff and residents upon moving in; this did not happen within his current residence. Not having been welcomed into the current residence could have reinforced Allan’s desire to build activity for himself, including planned recreation programs, lawn bowling and his volunteer work.

“My first week of living here [in the current residence] was... I felt more isolated here than was the case at the previous one. At the previous retirement home, people were anxious to make sure that as a new resident I was welcomed. I was assigned as it were to a gentleman whose job it was to take me to the dining room, keep their eye on me and look after me for the first few couple of days. I had a visit from the person who rented or gave me the details of the place and took my rent and that... the marketing manager, I think their name was. She came to visit me and gave me a plant and... wanted to know how things were going and so on... but none of that happened here.”

When asked about his feelings of being alone, Allan identified loneliness as being an unhealthy sign. Allan expressed that, “if a person loses that sense of giving, that turns a person inward and that is not a healthy sign.” This ‘inwardness’ Allan described related to the feeling of loneliness, because he explained the individual would no longer have the

ability to give to others, which is essentially a social connection created by providing for another person. Besides having a close relationship with his family, who also lived within the same city of the retirement residence, it was also the 'giving' Allan provided through volunteering for the hospital that helped him keep from loneliness. This sense of giving is perhaps why Allan built activity for himself outside of the retirement residence, "[volunteering with the hospital] gives me, anyway, a sense of contributing and therefore a sense of worth... so I think being a caregiver... is most important."

During the second interview when I asked Allan to draw his experience of moving to and living within the retirement residence on a blank piece of white paper, he drew the retirement residence and the hospital (Figure 4). Allan's map was very small and minimal and did not take up the entirety of the paper. He then proceeded to draw an arrow from the residence to the hospital, as if to demonstrate his travels from the residence to the hospital. He then accompanied this arrow with the words 'visiting' and 'sick people', and a speech bubble with the phrase 'some calling to the [retirement residence]'. Being a volunteer for the hospital meant that he was able to get out of the residence regularly during the week. Allan noted, "I am heavily involved with volunteer work at the hospital, so that takes me out of here three days a week". It was apparent how important this volunteer work was to Allan. He said, "me visiting the people in the hospital, which to me is an important factor in my life right now."

This drawing illustrated that although he found importance in building activity for himself within the residence, he continued to remain engaged in activities outside of the residence. Engaging in these activities helped Allan to promote his independence by leaving the residence and driving himself elsewhere to a place that provided meaning through the activity in which he participated. This included participating as both a volunteer at the hospital and as a member of the lawn bowling club to enact his active identity.

Allan expressed the idea of having an 'active identity' through table tennis and with both of his outside commitments; lawn bowling and volunteering.

"The lawn bowling is not run by this retirement home at all. I am just a member of a lawn bowling club. It is outside... This place is where most of the participants are elderly. And they tend to be very active types and... anything from about 55 and on."

“Lawn bowling is a wonderful game because sportsmanship is a part of the game and that is the way I was brought up to play sports in England.”

“It’s a different kind of social activity. That competitiveness is a bit of an edge. It’s a pleasant edge. It’s not trying to beat somebody. Just the idea of being involved.”

“I have always loved sports and I am a competitive person too. I like to play against people.”

Activity was a key component of Allan as a person and led to the second main theme, ‘Maintaining His Active Identity’.

Barriers to His Active Identity

Based on the interviews with Allan, I understood that he defined himself as a highly active individual, which included being a lawn bowler and a volunteer, outside of the retirement residence. He described to me his experience of lawn bowling and how he defined it as a social activity.

Allan talked about the activities that he was slowly withdrawing from including golf, playing darts, and how he was worried that if he was unable to continue driving he would not be able to get to the local lawn bowling club and to the local hospital for volunteering, all of which would challenge his ‘active identity’. Being himself through these activities means that Allan would be happy living in the retirement residence. Part of Allan’s active identity involves his ability to drive to and from the hospital, where he spends a lot of his time volunteering as one of his regular activities. In discussion with Allan, he mentioned, “I am a bit worried that [driving] has become more of a burden to me” and that, “there will come a time when I won’t be able to do it.” Allan is aware of the implications that may disallow him from driving one day and how this may discontinue his participation in the various activities he was involved in. He pointed out that, “I am very fortunate that I can still drive. I am beginning to recognize that I am not going to be driving much longer.” Without having the ability to drive, Allan also realized he wouldn’t be able to get to his summer lawn bowling club; however, he refuses to burden his family with being responsible for getting him to and from his activities.

“Will I still be able to get to lawn bowling? Of course, if my family heard it they would say ‘no problem, someone would arrange to take dad to lawn bowling’, but

seniors don't want that to happen. They don't want to tie down kids to do those things."

Not being able to drive would influence his active identity, however Allan remains positive in his ability to continue volunteering, as he stated, "I can walk from here to the hospital... which is quite close by here." Allan described some of the issues that are interfering with his ability to attend his volunteering commitment;

"Just getting up and getting ready and getting my socks on and having a shave. Getting my car, getting the ice off my car. Then driving... I don't have to drive very far to get to the hospital, but I am finding I am just more tired in the morning that I used to be. I hope that will pass..."

Allan told me, "I am okay, but I realize I am not always going to do [these activities]. When my driving time is over, it will have a massive effect on my attitude and what I can do." Therefore, for Allan, maintaining an active identity meant that he remained independent in his ability to commute to and from the activities, volunteering at the hospital and the lawn bowling club in the summer, that he finds socially connected to.

Allan also mentioned how he had stopped playing golf due to the lack of partners and when his children stepped in, he denied their offering, as if he didn't want to be a bother to his own family.

"I stopped playing golf and I stopped because it was getting too difficult. It was also getting difficult to get partners who wanted to cut the game back and only play nine holes. So, the kids would do that, but it wasn't what I wanted to do anyway."

I asked Allan if he was unable to fill his time with these activities outside of the residence, like lawn bowling or his involvement with volunteering at the hospital, how that would make his life different.

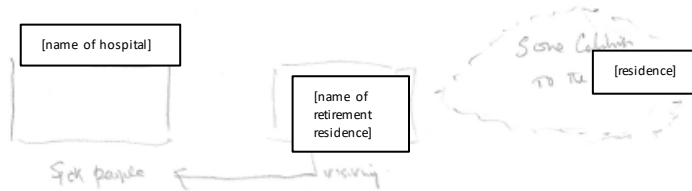
"I would have to find another way of filling in my time. At the moment, I think an important part of my life is getting out and getting in the car and do something specific."

From Allan's story, I understood that his social connections within the retirement residence included building activity for himself and facing barriers to remaining active in his identity. Allan found social connections upon moving to this retirement residence through his enjoyment for activities including table tennis and participating in recreation

program activities. He maintained some of his activities outside of the residence, including volunteering at the local hospital, and lawn bowling. Allan indicated that he was worried about the barriers that could interfere with his ability to keep up his independence through driving, and that he will not be able to continue with all of his outside of the residence commitments and is willing to face the challenge when it comes.

Figure 4 – Allan’s Map

Occupational Mapping Tool
Instructions: Please draw your map that represents your story of living at this retirement residence.



Version December 21, 2018

1

The Story of Edith

My Reflections

Before writing Edith’s story, I remembered her peaceful and calm demeanour. When I asked about her experiences of moving to and living in the retirement residence, although quiet and hard to understand, she had a beaming smile from ear to ear. I could tell she enjoyed being with people and was very interested in participating in my research. When she spoke of her story, she told me of the health concerns and doctor’s visits she had endured, the loss of her husband, and how exercise was the reason she decided to live within the residence. Edith seemed to be established in the daily activities that were planned around the residence. She held a cheery attitude about life and was more than happy to open up to me about her experiences within the retirement residence.

Edith Herself

Edith was an 86-year-old widow who had worked as a telephone operator for a large Canadian company. At the time that I met Edith, she had been living in the retirement residence for about three years, however was affiliated with the residence prior to living there as a resident. While living with her husband in their house for most of their marriage, Edith's health began to deteriorate and at a regular check-up, her doctor suggested she take up a regular physical activity routine. Edith then proceeded to enroll as a guest to the exercise classes that occurred at the retirement residence in which she now resides. Edith continued with these exercise classes at the residence for approximately a year and a half, until her husband passed away. Within six months of her husband's passing, Edith sold their house and moved to the residence and continued to attend the exercise classes that she had established as a part of her routine prior to her move. Edith was affiliated with the retirement residence for five years when I met her.

Meeting Edith

At the time of the interview, Edith was walking down the hall with her walker and approached the small meeting room I was in. I assisted her into the room and she sat down on the single chair across from the couch where I had laid out my research materials. Once she was settled, I started the recorder and asked Edith to tell me her story of moving to and living in this retirement residence. As she responded to my research question, I understood that her story involved two themes: 'building connections' and 'looking for variety' as ways to adapt within the retirement residence.

Building Connections

Edith was lucky enough to have some assistance for establishing social connections within the retirement residence; these included her connection to the facility through the exercise program, meeting friends within the exercise classes, and establishing connections with residents at her dining room table who had similar past experiences as she did.

Edith was originally connected to the residence through the facility's exercise program. She told me, "it will be three years in March that I moved in. Seems like a long time, but I had the year and a half before that." Edith further explained,

“[my husband] suggested that I come here for exercises especially the balancing one which they have here... I started coming here and I just came twice a week”

After Edith’s husband passed away, Edith stated that “we started looking for a place... then we sold the house... the boys helped... my son-in-law and my son”. So, Edith moved into the residence with the assistance and guidance of her family. This seemed like the most natural thing to do for Edith, since she was already established within the exercise program of the residence and it was a familiar place for her. Edith told me, “my exercises... that was why I got in here... really, it was because of the exercises” and that, “I think I [adjusted to the residence] quite easily...” Edith was connected to the residence through the exercise program where she had already made some friends, who helped the transition of moving into the residence. Edith remained friends with a resident she met when she was a guest at the exercise program. She told me that she “[met her] through the exercise class... had time before class to chat with her.” Edith elaborated on how they met,

“she is a doctor, but she is retired... she has a pace maker... how I met her was that she started coming down for exercises... we just hit it off... she had her car and she would go on little trips...”

Edith told me, “we have lunch together now... she moved to the table I am at.” And “we sit and have breakfast together with two other women.” In addition to meeting friends through exercise, Edith also discussed with me the encounters she had with others in the dining room and the connections she made. Edith and her dining room friends would get to know each other during meal times. She told me she learned about how her one friend has

“a car and only goes out in certain conditions... she wants to do things and looks at materials, wools and knits. I used to knit, and I know what she is talking about and what she is doing.”

Additionally, Edith found that she shared the common experience of losing a spouse with the residents she was meeting. She told me, “you see them come in here with their husbands and wives and then one goes before the other.” Edith mentioned that the lady she met through the exercise program had,

“encouraged me to come here and that was great... she is the one who has a wheelchair... her husband was here but he is dead too... she would sit around us and we kind of stuck together... I just let her talk.”

Meeting residents who have been through a similar experience to Edith, such as losing a spouse, meant that she could find a commonality to bond over while transitioning to the new environment of the retirement residence.

Edith’s connection to exercise within the retirement residence brought her familiarity and consistency, of which are important to her. The exercise program was something that Edith could relate to from her past of participating in exercise prior to be in a retirement residence. Back when she was living at home with her husband and raising their family, Edith attended a community centre where exercise programs and activities were planned for individuals who sought to be a part of the club.

“I know a few other people [outside the residence] that I met through exercises. Not that come here, but I used to exercise before. I went to the [community recreation facility] for years and I would be out for the whole day. Go out for 10 in the morning. Have exercises with someone... I would always go swimming, but the others stuck with the normal exercises. We had our lunch and always had something to do like a program and it was a group...I like the variety. I like the mix up. Having a variety of things to do. We used to go on trips and go to the states.”

Exercising and attending a community centre club was Edith’s way of remaining socially connected in her previous living environment. When it came to her current exercise regime at the retirement residence, Edith told me that, “I like the people and I like the exercise. I don’t mind the exercise... they are not hard to me.” She also said, “[exercise] breaks the week... it just gives you something to do.” From this, I understood that Edith didn’t mind her current exercise program but would like to have more than just the routine exercise classes. Although the provided exercise program at the retirement residence was a positive way for Edith to establish social connectedness, the lack of variety in programming became a barrier.

Looking for Variety

Edith faced several barriers to building social connectedness within the retirement residence. One of these was the lack of variety and interest in the activity program offered by the residence.

Edith's previous exercise program with the community club she was involved in provided her with variety. She told me, "I like the variety. I like the mix up. Having a variety of things to do." This variety was familiar to her and was something she enjoyed. In attempt to mix up the exercise program at the residence, Edith told me that the,

"[Recreation Director] was going to try and set up [swimming]... I like to swim, but then when it came to it, we tried... hard to take us over there, but we paid for a small bus and got there... there was six of us the first time and I was the only one who could swim. I couldn't believe it. So, then the [recreation director] said 'ah well, we will try another time'... then, there was four of us and I was [still] the only one who could swim!"

It was unfortunate that the swimming activity wasn't a big success, as I could tell that Edith really enjoyed participating in it. Having the opportunity to swim regularly would be a regular activity for Edith that she would truly enjoy and assist in her ability to make social connections.

Another barrier faced by Edith was her disinterest in the other types of activity programming informed by the recreation department and the provided calendar. Edith told me,

"They have games that they play. I don't bother so much now because I would rather sit and read. I used to play them just like everybody else."

"I was getting into the [activity calendar] program but kind of dropped that, I don't find it all that hard... like they have in the afternoon, we would roll a ball [lawn bowling], but we would get tired of it... [lawn bowling] wasn't on the lawn and you had the ball... I would rather go out and bowl... do the real thing."

The programming provided by the activity calendar was not appealing to Edith and didn't provide her with enough opportunities to build social connections. This could be a barrier for Edith in attempt to remain engaged in the environment of the retirement residence.

Edith also mentioned another barrier for establishing social connections within the retirement residence, which was the inability to build lasting relationships. Edith stated, *“You don’t really make friends because they don’t stay long enough. You start talking to people and you know, one minute they’re okay and the next they’re sick. Last week was it?... We had one die at the breakfast table... it was a shock... you know, it’s just life.”*

She furthered this by saying,

“Some days... gets pretty rough. Because... it’s kind of hard when someone tells you their life story and the next day they don’t even know who you are, so you get a little depressed at times. Especially if you like a person... But anyways, you see them come in here with their husbands and wives and then one goes before the other... that is hard to take sometimes. There is a lot of nice people here and they’re here for different reasons, but mostly because one or the other have died. It’s not quite as lonely as living by yourself..”

From this, I understood that although she is unable to build lasting social connections with other residents within her living environment, Edith is aware that it was still not as lonely as it would be if she lived completely alone and she did have a few strong social connections.

In addition, Edith also faced a physical barrier to participating in an activity she enjoyed,

“knitting... but I stopped that... my arms got sore, my wrists... I used to do a lot of it when the kids were small... the kids grew up, so I stopped knitting.”

“I used to sew for my daughter and I used to make her clothes and I would knit for the boy... I enjoyed doing them, but then I hurt my wrist, so I think it was over working it because I made them pretty quick... it was a lot of fun.”

Physically, Edith was no longer able to knit or sew; activities she had once thoroughly enjoyed. The barriers faced of not being able to make lasting relationships, lack of interest in the activities informed by the residence’s recreation calendar, and her physical in-capabilities to perform activities she used to enjoy, would disallow Edith to remain engaged and find social connections within her environment.

When I asked Edith to draw her story of moving to and living in the retirement residence on her map, she drew (See Figure 5) her daily routine. Her map involved very tiny drawings with a lot of blank space leftover on the paper. The drawing was minimal in nature and only showed a few of the things she did within her typical daily routine. From her map, Edith told me that her day involved waking up at 6am and having a shower and then going down the elevator to the dining room, where she would have breakfast. This drawing furthered conversation around her typical day. She spoke a lot about her experiences with the other residents in the dining room during meal time. The discussions around her time spent in the dining room were of the friends she met and their dramas, and about the loss of health and death of other residents.

“She [a resident] used to come out to eat, but one day she stopped coming... I don’t know what happened.”

“She [a resident] moved to the table I am at because it was too much Alzheimer’s at that one table and she said she got tired of it... you get some real stories.”

“Last week was it? We had one [resident] die at the breakfast table.”

After speaking of her eating routine, Edith mentioned that after breakfast she would go to the lobby and retrieve her newspaper with a friend from her dining table.

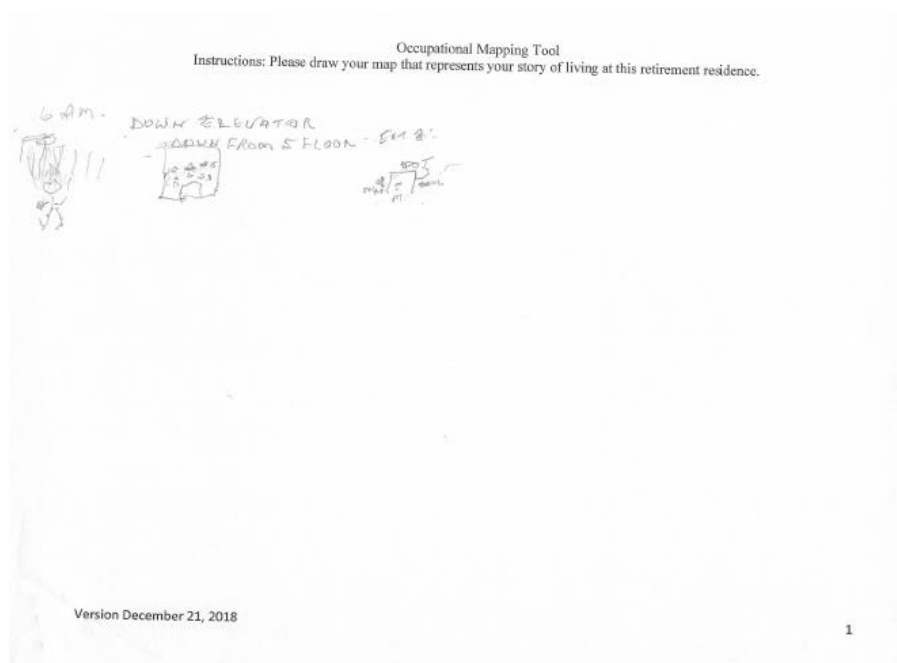
“Then I come down the hall and get my paper... and [name of resident] and I walk down there together with our walkers... we walk down the hall together... we walk because it is just nice to walk, and we yap... we yap all the time... so, I drop her off at her door and then I go on and get the further elevator and I go upstairs... go in [her suite]... start looking at the paper, depending if I have anything else to do... there isn’t much to do in your rooms when it’s only you there... so sit there and read the paper and then bring it back down to [name of a resident]... give her my paper and she reads it... I don’t stay there, just drop it off.”

“After supper, I used to go out... sometimes they [retirement residence] have something... there is a lot of singers who come and instruments they play... sometimes I like them. Quite a few of them, but I don’t really bother much... I just go and turn on the tv and see what is on for the evening... once you get back in your room, you just kind of turn on the tv...”

Edith, having lived in the retirement residence for three years and being a guest in the exercise program for a year and a half prior to moving in, had built connections while looking for a variety of activities to assist in establishing social connectedness around her home. Considering Edith’s connection with the residence was a total of five years, this made me aware of how settled she was in her routine. Edith may not be an active member in activities or events dictated by the residence program calendar or get out of the residence at all, but she was satisfied with the social connections she did have. Edith seemed content with the friends she had made through exercise class, those she shared a meal with at the dining room table, and the crossover of social connections between the two.

From Edith’s story, I understood that she faced both facilitators and barriers to building social connectedness within the retirement residence she resided in. The two connected themes, ‘building connections’ and ‘looking for variety’ were the best way to describe her story of her experience of living within the retirement residence.

Figure 5 – Edith’s Map



Thematic Cross-Analysis

All participants told their stories of moving to and living within the retirement residence. From these stories and through the use of drawing their maps, themes

emerged. Participant's narratives pertaining to social connectedness within the retirement residence were identified to answer the original research question, *what are the stories of social connectedness of physically active older adults living in a retirement residence?* For example, John discussed how he remained physically active with a group of friends at the local university gym and that they socialized over a coffee afterwards. Similarly, Allan spoke of his dedication to getting a table tennis club up and running at the retirement residence as a way for the residents to “do things that require some [physical] activity” and to provide a “feeling of socialization”.

Older adults, who were not widowed and able to move into the retirement residence with their spouse at the time of relocation, found the transition into their new home comforting and allowed social connections to continue to flourish. John and Mary, now widowed, are an example of this. Both of them had moved in with their significant others and been established within the retirement residence as couples before their spouse deceased. After her husband's passing, Mary continued to participate in the activities around the residence that they both would have attended together. Likewise, John also finds comfort in living within the residence where he and his wife moved in together, since if he did not live there, he “would have too much time on [his] own to think about stuff and feel sorry for [himself]”. Since older adults report having deep and intimate feelings toward a relationship formed in the past (Ayalon & Green, 2012) and that having strong social support promotes life satisfaction and well-being (Potts, 1997), it could be that John and Mary had positively adapted to their new home and built social connections before the loss of their loved ones.

Residents who were able to maintain their sense of belongingness and purpose through activity as a volunteer found this aided their social connectedness and transition into the retirement residence. For example, Donna remained socially connected within the retirement residence by participating as a residence volunteer and getting herself “involved in volunteering and different things”. Allan also participated as a volunteer; however, he provided his services outside of the residence in the form of supporting religious mass to the patients at a local hospital, because he found it gave him “a sense of contributing and therefore a sense of worth”. By continuing to volunteer at the hospital, Allan was able to contribute to society and remain socially connected throughout his

transition into the retirement residence. Allan's story demonstrates that one of the key motivators for volunteering is the desire to facilitate social relationships (Pilkington, Windsor, & Crisp, 2012).

Being involved and familiar with the retirement residence's environment prior to becoming a resident appeared to be effective for assisting with social connectedness. Edith and Mary were both affiliated with the retirement facility before becoming residents. Edith began her connection to the retirement residence as a guest attending the exercise program as per her doctor's request. When her husband passed away, it seemed like the obvious choice for Edith to move into the residence with which she was already connected. Before the facility was a retirement residence, it was a convent where Mary used to work. When Mary was looking for a retirement facility and came across her current residence, she walked in and said "that's it! This is the place!". Having the ability to join friends and the attachment associated with the community were 'pulling factors' for Edith and Mary, respectively, making the move to the residence more desirable for both of them (Bekhet, Zauszniewski, & Nakhla, 2009). For Edith and Mary, having a connection to the residence meant that they were more adaptable to their new living environment.

All participants drew the retirement residence they reside in on their mapping tool and the activities they engaged in either in or outside of the residence. They all spoke of the social connections they have made during the time they have lived within the retirement residence. Their stories elaborated on the varying differences in the amount and type of activities the participants have participated in while living within the residence. The themes emerging from the participant's narratives are described below.

Two main themes surfaced from the thematic analysis of the participant's narratives: *Making It Home* and *Purpose Through Activity*. Within each are the ways in which that theme emerged from the participant's stories and mapping tools. Through the use of quotes from the participant's stories, analysis of their maps, and literature references, the participant's experience with social connectedness while living in the retirement residence will be further explained.

Making It Home

All of the participants shared their experience of moving to and living in the retirement residence and how they have adapted within their new home. This theme, *Making It Home*, describes the key components the older adults faced while adapting to the retirement residence, which included building social connections and connecting with their past.

Although she had only been living there for four months, Donna shared her experience of living in the retirement residence and how moving had been difficult for her. She was still in the process of adjusting to her new home, which meant selling and losing the house she had lived in for 58 years as well as the loss of connections with friends and family nearby and the volunteering position she had enjoyed so much. Donna was able to connect to the past by translating her fulfillment with volunteering in her previous community to that of helping out around the residence. She told me, “I volunteer by filing the advertising” and that she helps match cups and saucers as well as participates in assisting other residents with their walkers from time to time. Donna had only lived in the residence for a short time but was already participating in helping out wherever she was able to make the retirement residence into *home* through contributing to the ‘household’ by performing meaningful daily activities. Taking part in social activities soon after moving into a retirement residence provides an adaptation strategy for older adults, who are then more likely to maintain a higher quality of life over the duration of their residency (Roberts, 2014). Although Donna is not participating in the social activities informed by the programs calendar, Donna still finds herself able to create a sense of home by doing the types of activities that could only be done at ‘home’. This is meaningful to Donna and helped her adapt to her new place of residency.

Similarly, Allan also translated a previously enjoyed activity to his new home at the retirement residence. Allan told me he enjoys playing table tennis and that, “I had a table and I brought the table here and we are trying to encourage people to play as much as we can.” By bringing his table tennis to the retirement residence, Allan found a way to build social connections with an activity he was comfortable with from his past. Adapting to the residence with this familiarity assisted Allan in the transition to his new-found home.

Like Donna and Allan, John also found a way to connect to his past while living in the retirement residence. John lived in the retirement residence for eight years at the time I met him and had originally moved there with his (now deceased) wife. John stated that “the reason we came to the residence in the first place was that my wife was ill.” John was unable to care for her while maintaining their house and living independently. It is common for older adults to find themselves needing to relocate to a retirement residence by the ‘pushing factor’ of failing health, whether their own or a loved one’s (Bekhet, Zauszniewski & Nakhla, 2009). This was true for John and his wife’s situation. He explained it “was wonderful to move in here and not have to look after a house, I could then pay much more attention to my wife.” John continued to live in the residence after his wife passed; however, he relocated to a smaller suite. His wife was an artist and therefore, John found comfort in preserving her paintings as decorations for his current suite. He told me, “when I first retired, that’s when she first started painting seriously, I made all of her canvases and that for her pictures and framing them.” I understood that he was proud of his wife’s artwork and displaying them on the walls from floor to ceiling was John’s way of keeping her memory alive. John was able to connect with his past by finding comfort in his adaptation to the retirement residence by displaying the objects that reminded him of home: namely, his wife’s paintings.

Edith, who was affiliated with the residence through the exercise program before becoming a resident, was able to use this as leverage to build connections for herself within her new home. Moving to the residence provided familiarity and comfort for Edith. Residents like Edith, who find a ‘pulling factor’ (her engagement with the exercise program) to a retirement facility, are more easily adapted to their new living environment due to familiarity, comfortability, and views of the facility (Bekhet, Zauszniewski & Nakhla, 2009). Edith was able to view the relocation to the retirement residence as voluntary and desirable, which is an important factor in the process of her adjustment (Bekhet, Zauszniewski & Nakhla, 2009). Edith’s facilitating factor to move to the residence was due to her comfort and familiarity with her ties to the exercise program before being a resident and her barrier was that she was unable to find additional ways to remain socially engaged and satisfied within the residence.

Mary moved into the retirement residence with her husband when they decided they could no longer manage their previous living situation. Mary found familiarity and comfort in the residence as the facility used to be a convent, her previous place of work. She told me, “because I worked here before, so I kinda knew the building... very exciting... I think I am the only one that worked for the nuns that lives here now.” This was an ‘attracting factor’ for Mary to move to the retirement residence, allowing her relocation to remain voluntary and desirable (Bekhet, Zauszniewski & Nakhla, 2009), thus ultimately leading to a successful transition (Haney, Fletcher & Robertson-Wilson, 2018). Mary was able to live within the walls of her previous workplace, the convent, and continue to call it her home even with the loss of her husband.

The experiences shared within the stories of the noted participants are indicative of how their experiences with making the retirement residence their home was related to connecting to the past and building social connectedness. By translating the comforts of their past to that of their current situation of living in a retirement residence, Mary, John, Edith, and Donna were able to build social connections for themselves while ‘making it home’.

Purpose Through Activity

The participants shared their experiences of social connectedness they gained through the various activities they were involved with either in or out of the retirement residence. Their participation in these activities allowed them to find meaning, purpose, and to build social connections with others.

Both Mary & Donna found purpose in keeping busy around the retirement residence. To Mary, keeping busy was defined by the activities presented in the programs calendar. She stated, “I play cards, go to exercise, I walk quite a bit... I did gardening last summer... every Thursday we have a tea time.” For Donna, keeping busy meant participating as a volunteer around the residence. Older adults who are retired and keep busy have been found to have more energy and a higher self-esteem than those who have a sense of boredom (Heisler, Evans & Moen, 2003). Both Mary and Donna lacked being bored as they were very keen to keep busy and find purpose within the activities in which they were involved.

It was important to John to remain physically active throughout his life. Being physically active was a habit he established while in the army, continued throughout his adult life, and was something he was able to maintain through his retired years. John mentioned that he was an avid gym goer at the local university gym and said that, “there’s a little crew that I know and we all have coffee together afterward. It’s a lot of fun... catching up and chatting.” John is an example of how the maintenance of existing networks is important following a relocation such as that to a retirement residence, a facility that should not be seen as a segregation to the wider community (Crisp, Windsor, Butterworth & Anstey, 2015).

Allan, a newer resident to the retirement residence, was looking to find a social network while building activity that suited himself and his needs. In attempting to adapt one of his favourite pastimes from before his change in residency as described in the theme above, Allan is also providing a social influence on other residents among the retirement residence. Allan mentioned, “I would be happier to have the bingo players playing tennis instead of bingo. Better for them, I think.” In Allan’s mind, connecting with others through physical activity provided, as he stated, a “feeling of socialization”. Older adults have reported that socializing and having a partner or belonging to group positively influences them to engage in physical activity (Kosteli, Williams & Cummin, 2016). It seems that Allan may also be helping the other residents to focus on what their bodies can do rather than their physical limitations (Kosteli, Williams & Cummin, 2016) as he said, “It’s important to me because it keeps me moving and I think it’s a healthy thing”. He also elaborated on one of the sessions by saying that, “some of the women that were there even with walkers, they put them all down and they are determined.” If older adults enjoy the physical activity in which they are participating, they are more likely to continue doing it regardless of knowing the positive health implications (Kosteli, Williams & Cummin, 2016). It seemed that Allan believed in this as he valued activity, especially physical activity, and wanted to help others be active as well. Additionally, Allan’s active identity was demonstrated by his ability to remain independent through driving to and from his various commitments outside of the retirement residence; however, Allan is aware that he will not be able to drive for much longer. He mentioned, “I am a bit worried that [driving] has become more of a burden to me” and that, “there

will come a time when I won't be able to do it." If Allan is limited by not being able to drive to his commitments outside of the residence, this will limit his ability to remain socially connected. One of Allan's commitments, being a volunteer for the local hospital, will be difficult for Allan to have to give up, because it provided him with a sense of belonging and happiness. Having a relationship to society and a purpose through activity, as in his volunteering role, provides support, happiness, and a sense of belonging with a role to play in the local community (The Social Report, 2005).

Another example of finding purpose through activity is in the story of Edith. She had lived at the residence for three years at the time I met her; however, Edith was still unable to establish herself among the activities the residence presented. She told me, "I like the variety. I like the mix up. Having a variety of things to do." Unfortunately, the need to have variety was not met for Edith at the retirement residence and this lack of met needs can deter older adults from being able to build social connections (Bjornsdottir, Arnadottir & Halldorsdottir, 2012). Ayalon & Green (2012) have shown that social connectedness can be built within the presence of other residents and the availability of social activities within a retirement residence. The lack of activities that fulfill these needs for Edith may result in her not being able to build successful connections with other residents in her home.

This theme, *purpose through activity*, was found in the stories of Edith, Allan, John, Mary, and Donna. By being involved in the activities informed by the residence's calendar or volunteering engagements, remaining committed to routines outside of the residence, and participating in physical activity, the residents in this study found the ability to build social connections. Having access to activity that provides meaning and purpose to an individual, like the residents in this study, allows the facilitation of social connections. This differed in Edith's story, however, in that not having access to activities or a variety of activities in which to participate, creates the opposite effect.

Chapter Four: Discussion

This study explored the research question, ‘*what are the stories of social connectedness of physically active older adults living in a retirement residence?*’ This study portrayed the stories of five older adults who moved to and lived within a retirement residence. The themes of *Making it Home* and *Purpose Through Activity* described how the participants experiences of adapting to their new home was facilitated by connecting to their past, engaging in activities they enjoyed, and building social connections with others.

All participants in this study had stories about the ways in which they established social connections within their home at the retirement residence. The participants described how they did this through activities they were able to continue with from before moving to their new home and/or joining in new activities within the retirement residence. Whether these activities were physical exercise, social activities informed by the program calendar, or volunteering, the narratives that unfolded from this study exemplified how participating in activity was central to building social connections while living in the retirement residence. A social network has been defined as “the number and types of ties a person maintains with individuals and groups” and should help to ease negativity associated with stressful life events (Gottlieb & Green, 1984, p. 92). Social networks play an important role in the maintenance of positive health and well-being throughout life and can provide beneficial effects on maintaining independence and physical activity (Crisp, Windsor, Butterworth & Anstey, 2015). The findings of this study demonstrated that the varying degree of activity participated by each participant was parallel to the satisfaction and well-being portrayed by them respectively. This was true for the activities that John, Allan, Mary, and Donna were involved in; however, Edith was struggling to find satisfaction with the activities she had access to as the retirement residence did not provide her with the variety she craved.

As previously described in this study, social engagement is the act of remaining involved in activities that are both purposeful and meaningful to the individual and that allow the maintenance of close relationships (Roberts, 2014). The participants shared with me their experiences with activities either inside or outside of the residence, and it was apparent that these were of high importance and provided both meaning and purpose

in their lives. Edith shared with me how she enjoyed swimming; however, the swimming activity organized by the activity department failed to sustain itself with too few participants willing to join the activity and the lack of ability or skill of those who showed up. This disallowed Edith from being able to continue an activity that provided her with meaning, purpose, and satisfaction; therefore, Edith was unable to maintain close relationships with others who potentially shared this same interest. Consequently, this may cause loneliness or social isolation for Edith who is unable to find social connectedness within an activity of her liking.

Social connectedness can be found when people work together in a way that benefits society or contributes to a community through a voluntary group, like volunteering (The Social Report, 2005). This is the type of social connectedness that both Donna and Allan described as volunteers contributing to the work of the household and hospital, respectively. It was apparent that participation in their activities as volunteers was important to them. The threat of having to give up these volunteer-based activities would have negatively impacted their perceived purpose in their lives.

In the current study, participants seemed keen on maintaining their relationships with old acquaintances rather than establishing new connections within the retirement residence. For example, John and Allan described how they were socially tied to groups they established outside of the retirement residence, prior to their change in residency. This was different for Edith, who was able to establish social ties to the residence prior to moving in. For John, Allan or Edith, the experience of establishing a social relationship prior to the transition to a retirement residence, can provide a stronger sense of meaningfulness to an already established relationship. This is similar to the study by Ayalon and Green (2012), which demonstrated that relationships formed in the past remain strong in the present and that those newer formed relationships are considered to be more superficial. This is true within the current study, where the older adults find strength and comfort in the lasting connections from their past (Ayalon & Green, 2012). The opposite was true for Donna, who moved to the retirement residence from a city much further away causing her to lose established friendships from her past. The move to the residence was for Donna to be closer to her supportive family; however, it cost her

the loss of her close friends. Therefore, the significance of establishing strong social connections prior to moving into a retirement residence is apparent.

Allan and John both identified with being physically active and found satisfaction with maintaining their active identities while living within the retirement residence. Older adults who have a belief in their resources, have a strong desire for physical activity, and are able to maintain their physical activity identity will report a greater satisfaction with life and well-being (Strachan, Brawley, Spink & Glazebrook, 2010). Allan, who brought his table tennis set to the residence as his physical activity resource, exemplified a strong desire to maintain his physical activity identity. Likewise, John made use of his bicycle and attended the university gym regularly to maintain his physical activity identity while living within the retirement residence. Both Allan and John made use of their available resources to maintain their physical activity identity, of which they were passionate. The ability to remain in their physical activity identity is how Allan and John connected to their past and maintained purpose through activity, all while contributing to their well-being and satisfaction.

All participants in the current study listed their involvement with activities that provided them purpose and meaning. Participation in any activity is maintainable for individuals of various age groups because of the ability to socially interact with others, provided they find enjoyment in the activity (Smith, Banting, Eime, O'Sullivan & van Uffelen, 2017). The various activities mentioned in the stories of the participants of this study were described with a strong sense of enjoyment. For John and Allan, who enjoyed being physically active through a gym routine and cycling, and table tennis, respectively, their participation in physical activity is linked to both social interaction and enjoyment of the physical activity (Smith et al., 2017). Household chores, like the type of volunteering Donna participates in around the retirement residence, is also a type of activity that provides enjoyment (Pilkington et al., 2012) and an element of physicality (WHO, 2018). As previously mentioned, both Donna and Allan enjoy volunteering activities, which are known to provide a greater satisfaction with life by performing the activity for a greater cause and because of the social support from others it provides (Pilkington et al., 2012).

The participant's narratives in this study demonstrated how social connectedness, through physical activity, volunteering, or activities suggested by the programs calendar, have contributed to the adaptation process older adults experience while living in a retirement residence. As the population ages, there is an increase in the number of older adults who are making the decision to move into a retirement residence, potentially from the loss of a spouse, a decline in health, or the increased benefits associated with living in a collective retirement residence (Bjornsdottir, Arnadottir, & Halldorsdottir, 2012; Roberts, 2014; Sibley, Thompson, & Edwardh, 2016). From the participant's stories and in the literature, it has been understood that when social connections are maintained, there is an increased perception of well-being and support for increased activity (Briggs, Bernard, Kingston, & Nettleton, 2000). Furthermore, the maintenance of these social connections, specifically for older adults while living and adjusting to a retirement residence, is significantly important due to the increased prevalence of social isolation and loneliness that occurs with age (Keefe, 2006; Barrat, et al., 2006). The older adults' stories in the current study demonstrated the importance of making the retirement residence a home and finding purpose through activity. These were the two main themes contributing to the success of adapting within a retirement residence.

Limitations

There are several noted limitations to this study. First off, this study did not include the third and final sub-session as employed by Wengraf (2001)'s model of narrative methodology. By not having this third and final session with the participants, I was unable to tell the stories back to them for confirmation of their storied experiences.

Secondly, the participants in this study were all widows, meaning that married couples were not included in the sample. If I had interviewed older adults living in the retirement residence with their spouse, I may have had a different set of responses and emerging themes. The participants in this study lived in their residence suite alone and the stories they told were of how they built social connections despite being widowed. Interviewing participants whose spouses were still living, may indicate different ways in which building social connectedness was important for them while living at the retirement residence.

Thirdly, the recruitment style of the participants in the study may be a drawback. In order to maintain confidentiality and privacy on behalf of the residents in the retirement residence, the staff member I approached at the residence suggested they be the main contact for the recruitment of my study. Although I had always intended to use a gatekeeper in order to assist in recruitment alongside the posters, knowing that the gatekeeper knew the residents well would allow for a greater heterogeneous sample, the gatekeeper adapted this secondary role. It may have been a drawback for the participants to contact me through the gatekeeper as they may have felt obligated to participate in the study knowing that they work for the company of the residence they reside in. This may also be a limitation for using the gatekeeper to recruit participants based on my eligible criteria.

Finally, another limitation may have been the time of year the study was conducted, which was in the winter, and therefore more stories of activity may have been apparent if the study had been conducted during the warmer seasons.

Despite these limitations, the current study demonstrated the ways in which older adults build social connectedness while living in a retirement residence. The participants in this study were homogeneous, in that some resided in the residence longer than others, some moved in with their spouse and others did not, and there was a mix of male and females of varying ages. Prior to this study the knowledge on older adults' social connectedness within a retirement residence was limited.

Implications for Research, Practice & Policy

Research

This study provides an understanding on the experiences of social connectedness of older adults living within a retirement residence. By exploring the stories of older adults and their experience with social connectedness as it pertains to home and purpose through activity, we are able to understand the ways in which residents adapt to their residence-living styles.

Future studies in this area of research should consider interviewing older adults before and after their move to a retirement residence, over a longer period of time, and to compare the stories across several different retirement communities in order to gain broader understandings of the experiences of older adults.

Practice

The findings of the current study may be beneficial for retirement communities to provide support for older adults living within their ‘structured’ facilities to foster personal identity of individual residents and feelings of social connectedness. Older adults who are considering moving into a residence could form social connections prior to moving in, which would support them to build meaningful connections with one another (Ayalon & Green, 2012). If retirement residences adopted this as a practice for their company, older adults moving in as new residents may be able to build social connections in a more positive way allowing for a better transition and overall well-being.

Policy

Currently, the Retirement Homes Regulatory Authority (RHRA), The Retirement Homes Act and The Resident’s Bill of Rights are accountable for maintaining retirement homes across Ontario (RHRA, 2018). Between this set of guidelines and the Canadian Physical Activity Guidelines, there are no set policies in place to regulate the way in which activity, for the purpose of establishing social connectedness, is maintained. The findings conclusive in this study and those from previous literature outline the importance of social relationships for health and well-being. As mentioned in the introduction of this study, the Canadian Physical Activity Guidelines indicate that older adults should maintain 150 minutes of moderate-to-vigorous physical activity per week (Statistics Canada, 2016). The physical effects of performing regular physical activity are known to be beneficial to our health and well-being; however, these guidelines do not provide the benefits of activity in general for social well-being. The addition of a policy in this way would be beneficial for older adults transitioning to and living within retirement communities, as the establishment of social connections is imperative for their overall well-being.

Conclusions

Social isolation and loneliness can have a negative effect on the health of older adults living in retirement residences. With the rise of aging population, this can be regarded as a significant public health issue. Participation in regular physical activity may be a facilitator for residents to establish social connections within a retirement residence. This study aimed to answer the research question, ‘*What are the stories of social*

connectedness of older adults living in a retirement residence?' using a narrative interview methodology influenced by Wengraf (Wengraf, 2001) and a mapping tool (Powell, 2010).

To conclude, this study elicited the stories of social connectedness of older adults living in a retirement residence in Southwestern Ontario. The older adults in this study shared their experiences of remaining engaged in various physical activities – to promote a sense of *home* and feelings of *purpose* - whether within or outside of the retirement residence. Their stories demonstrated how they valued connecting with others, remembering their past and being active to foster feelings of social connectedness. The results of the thematic cross analysis demonstrated two themes, 'Making It Home' and 'Purpose Through Activity' as ways in which the older adults were able to adapt and make social connections for themselves. These findings may be informative for retirement communities to understand supports for providing older adults living within their structured residences to foster the transition to their new home and develop feelings of social connectedness for their health and well-being.

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Appendix A

Script for Gatekeeper

In-person Script for Recruitment from Gatekeeper to Participant at Retirement

Residence

Hello {insert name of resident }

We have been contacted by a masters student at the University of Western Ontario to recruit participants for a research study. You meet the requirements because you live in this retirement residence, speak English, and are able to engage and participate in an interview.

The research study would involve participating in 3 interviews held here at {insert name of retirement residence] by the masters student. She would come here and speak to you during the interviews for approximately 60 minutes each. The questions she would ask you are straight forward and about your story while living here at this retirement residence in [REDACTED].

Here is some more information for you, {insert name of participant }.

Hand the resident a copy of the letter of information

If you are interested in participating, then you can take this letter of information and continue to read it over. Do you have any questions? If you do, you may contact the masters student, Alexandra Jackson, or the supervisory faculty, Dr. Denise Connelly. Their information is provided at the bottom of the letter.

I would like to inform you that the staff here at {insert name of residence} do not know who is participating and your participation, whether you choose to do so or not, has no impact on you living here at this retirement residence.

If they decline participation, then thank them for their time

**If they say yes, make sure they have the letter of information and have understood you will check in with them tomorrow.*

Appendix B

Recruitment Poster

Searching for Older Adult Participants Living in this Retirement Residence for Research Study

Hello Residents of {insert retirement residence name},

My name is Alexandra Jackson and I am a masters research student at the University of Western Ontario recruiting older adults living within a retirement residence for a study. This study looks at gathering the stories of older adults who live in a retirement residence and participate in regular physical activity (not specifically exercise). The purpose of this study is to determine if those older adults who participate in regular physical activity are able to build social connectedness. It would involve a total of 3 audio-recorded interviews over the course of one month (four weeks) with myself that would each be approximately 60 minutes long. I would be asking you a few questions about your story while living in this retirement residence.

The administrative and front desk staff here at {insert name of the retirement residence} are able to provide you a copy of the letter of information for your viewing. Please see the front desk if you would like to inquire.

If you have any questions and/or are interested in participating in this study, please contact the masters student, Alexandra Jackson by phone: [REDACTED] or email:

[REDACTED]

You may also contact the thesis study supervisor (Principal Investigator), Dr. Denise Connelly by phone: [REDACTED] ext. [REDACTED] or email: [REDACTED]

Appendix C

Letter of Information & Consent

The stories of older adults living in a retirement residence who feel socially connected by participating in regular physical activity

Researchers

Alexandra Jackson, MSc (Candidate), BSc, Master's Student Investigator

Denise Connelly, PhD, Principle Investigator, Thesis Supervisor

Marie Savundranayagam, PhD, Advisory Committee Member

Carri Hand, PhD, Advisory Committee Member

Introduction

You are being invited to participate in a research study about your experiences of social connectedness and physical activity participation while living in a retirement community. This study is being conducted on behalf of a masters' student at the University of Western in London, Ontario. You have received this letter of information because you showed interest in participating.

Study Purpose

The purpose of this study is to find out more about older adults who live in a retirement residence and their experiences of social connectedness and physical activity participation. Each individual will share unique experiences and stories about their time at the retirement residence and what their daily activities include. This study will help us understand if there is a connection between physical activity and social connectedness within the residents who live in a retirement community.

Eligibility

To be eligible for this study, you must be currently living in the specified retirement residence in Southwestern Ontario. Participants eligible for the study will be men and women, living in the chosen retirement residence, and who speak English. Participants with aphasia, impaired cognition, visual impairment not corrected by prescription lens, hearing impairment not corrected with hearing aids, or do not participate in any physical

activity inside or outside the retirement residence will not be eligible. Additionally, those with a variety of levels and types of physical activity, differing health conditions, levels of independent mobility, distance to family or friends, and marital status will be recruited to promote heterogeneity of the participant sample.

What Does Participation in this Study Involve?

The study involves 3 audio-recorded, in-person interviews. These interviews will follow a process: first is the initial interview, second is an interview with a mapping tool to draw your story, and the last interview will be myself reading back the story I have collected from the participant to that same participant to validate the collected story. Interviews will last one hour (60 minutes) each and occur over the course of one month (four weeks), with a minimum of one week in between each interview. Each interview will be conducted at a time that is convenient for you in your retirement residence. Audio-recording is mandatory.

Privacy and Confidentiality

The information collected from participating will be used for research purposes only. When transcribing your interview(s), I will remove any information that can identify you and use a pseudonym instead. There will be a master list of participants linking them to the pseudonyms that have been assigned. This master list will be stored in a locked and secured cabinet in a locked and secured office within Elborn College at the University of Western, stored separate from the corresponding study participant data. The transcripts from the interview(s) will be read during analysis by myself and my supervisor. All collected information will remain confidential and access will only be granted by the research team. Data will be kept on a password-secured computer in an encrypted file. These files will be kept for no more than 7 years post-study and will be destroyed after this time.

While the researchers will make every effort to protect participant's confidentiality, if any information is required to be reported by law, the researchers have an obligation to do so. Information that may be disclosed to be reported includes any known or foreseeable

abuse, risk, danger or harm to myself, research team, participants, other residents, or staff within the retirement residence.

Intended Uses of Collected Participant Data

The data collected from you as a participant will be used as a thesis project for the involved master's student. This includes: presentations, thesis, written projects and journal publications. Data may be available to journals and/or other researchers for future replication studies or a re-analysis for different research.

Direct quotes from the interviews may be used in the dissemination of the results. If you consent for the use of quotes in the results of this study, please select the corresponding check box on the consent form following this letter or information.

Risks and Benefits

There are no known risks for participating in this study. This study is completely voluntary to participate in. You may refuse to participate, answer questions or withdraw from the study altogether at any time. There are no direct benefits for participating in this study. Your interview data may be beneficial to society with information being particularly insightful to further research, retirement residences, stakeholders, health professionals, and older adults interested in residing in a retirement residence in the future.

You do not waive any legal right by participating in this research.

We will provide you with any new information gathered that may affect your decision to stay in this study.

Compensation for Study

You will not be compensated for participating in this research.

Withdrawal from Study

Should you choose to withdraw from this study, you may do so at any time and there will be no consequences for withdrawal. If you decide to withdraw, your data and information will be removed from the study entirely. You may withdraw from the study by contacting either the master's student, Alexandra Jackson, or the principal investigator, Dr. Denise Connelly. Please see contact details below.

Contact Information

If you have any questions about your research participant rights or the conduct of this study, you may contact the Office of Human Research Ethics at: [REDACTED].

If you have any additional questions or need further information, please contact the master's student Alexandra Jackson, email [REDACTED] or phone [REDACTED], or the principal investigator, Dr. Denise Connelly, email [REDACTED] or phone [REDACTED] ext. [REDACTED].

This letter is yours to keep for future reference.

Alexandra Jackson

Consent Form

The stories of older adults living in a retirement residence who feel socially connected by participating in regular physical activity

I, _____, have read the Letter of Information, have had the nature of the study explained to me, and I agree to participate. This document signifies that the researcher has gained my verbal and written consent to participate in this study. All questions have been answered to my satisfaction.

By checking this box, I consent that all direct quotes from my personal interviews within this study can be used in the dissemination of the results.

Signature of Research Participant: _____

Print Full Name: _____ Date: _____

My signature means that I have explained the study to the participant named above. I have answered all questions.

Signature of Person Obtaining Consent:

Print Full Name: _____ Date:

Should you have more questions or need to contact the principal investigator, Dr. Denise Connelly, she can be reached by phone: [REDACTED] ext. [REDACTED] or email:

[REDACTED]

Appendix D

Narrative Interview Guide Session #1

Introduction Script: Thank you [insert participant name] for taking this time to speak with me. By now you would have had a chance to review the letter of information. do you have any questions regarding this study? This interview will take approximately 60 minutes to complete. If you need to take a break or stop altogether, please let me know. If you would like to pass on a specific question, also please let me know. This interview will be audio-recorded and then your name will be converted to a pseudonym for confidentiality purposes.

Do you have any questions at this time?

[wait for response, answer questions as needed, then begin]

I will be asking you one main question and let you take the lead on telling your story. Once I have asked the question, you may begin whenever you like.

My main question is: Tell me your story of moving to and living in this retirement residence.

[Let them tell their story]

[If the participant stops, gets stuck, seems hesitant, or they mention activity, use the list of probes below]

Extra Probes (to use when participant mentions an activity – physical or social):

- How did you get there?
- Did someone drop you off or pick you up?
- Did you go with someone?
- Did you meet someone there?
- What motivated you to do this activity?

Tips and reminders for the interviewer to generate conversation from participants:

Could you say something more about that?

Can you give a more detailed description of what happened?

Do you have further information or examples of this?

What emotions did you feel (e.g. happiness, sadness, fear, joy, peace)?

How did it feel? What was it like in the moment?

In what way?

Biographical Information

- What is your age?
- Where were you living before this retirement residence?
- What was your occupation?
- Do you have any children? Grandchildren? Family? Where do they live?
- When did you move into this retirement residence?
- What is your overall health status?
- Tell me about your hobbies.

Concluding Script: That is all I have for you today. Thank you again for your time. Do you have any questions for me? [Let them respond]

May you be contacted for your second interview? [Schedule second interview if able]

Here is my contact information and my research supervisor's contact information on the letter of information. Please don't hesitate to contact us, should you have any questions or concerns.

Appendix E

Narrative Interview Guide Session #2

Introduction Script: Thank you again [insert participant name] for taking this time to speak with me. As you may recall from our first interview, this one will also take approximately 60 minutes to complete. If you need to take a break or stop altogether, please let me know. If you would like to pass on a specific question, also please let me know. Again, this interview will be audio-recorded and then your name will be converted to a pseudonym for confidentiality purposes.

Do you have any questions at this time?

[wait for response, answer questions as needed, then begin]

Last time I asked you one main question, tell me your story of moving to and living in this retirement residence.

This time I am going to ask you the same thing, except with the addition of this mapping tool.

[Hand them a blank copy of a mapping tool and some different coloured pens or markers]

Now I am going to ask you to please draw your map that represents your story of living at this retirement residence.

[If the participant stops, gets stuck, seems hesitant, or they mention activity, use the list of probes below]

Extra Probes (to use when participant mentions an activity – physical or social):

- How did you get there?
- Did someone drop you off or pick you up?
- Did you go with someone?
- Did you meet someone there?
- What motivated you to do this activity?

Tips and reminders for the interviewer to generate conversation from participants:

Could you say something more about that?

Can you give a more detailed description of what happened?

Do you have further information or examples of this?

What emotions did you feel (e.g. happiness, sadness, fear, joy, peace)?

How did it feel? What was it like in the moment?

In what way?

Concluding Script: That is all I have for you today. Thank you again for your time. Do you have any questions for me? [Let them respond]

May you be contacted for your third interview? [Schedule third interview if able]

Here is my contact information and my research supervisor's contact information on the letter of information. Please don't hesitate to contact us, should you have any questions or concerns.

Appendix F

Occupational Mapping Tool

Occupational Mapping Tool

Instructions: Please draw your map that represents your story of living at this retirement residence.

Appendix G

Ethical Approval



Date: 22 January 2019

To: Dr. Denise Connelly

Project ID: 112102

Study Title: The stories of older adults living in a retirement community who feel socially connected by participating in regular physical activity

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: February 1 2019

Date Approval Issued: 22/Jan/2019

REB Approval Expiry Date: 22/Jan/2020

Dear Dr. Denise Connelly

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Email Script for Recruitment from Masters Student to Retirement Residence	Recruitment Materials	09/Jan/2019	
In-Person Script for Recruitment from Masters Student to Retirement Residence	Oral Script	09/Jan/2019	In person Jan 9
Interview Guide Session 1 - Dec 21	Interview Guide	21/Dec/2018	
Interview Guide Session 2 - Dec 21	Interview Guide	21/Dec/2018	
Interview Guide Session 3 - Dec 21	Interview Guide	21/Dec/2018	
LOI and Consent - Dec 21	Written Consent/Assent	21/Dec/2018	WREM Response
Occupational Mapping Tool - Dec 21	Other Data Collection Instruments	21/Dec/2018	
Phone Script for Recruitment from Masters Student to Retirement Residence	Recruitment Materials	09/Jan/2019	
Poster for Recruitment at Residence - Dec 21	Recruitment Materials	21/Dec/2018	
Script for Gatekeeper at Retirement Residence - Dec 21	Oral Script	21/Dec/2018	WREM Response

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Kelly Patterson, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Curriculum Vitae

Name: Alexandra Jackson

Post-secondary Education and Degrees: Bachelor of Applied Sciences, Kinesiology
University of Guelph-Humber
2010-2014

Diploma in Fitness & Health Promotion
University of Guelph-Humber
2010-2014

Related Work Experience: Research Project Manager
Centre for Elder Research, Sheridan College
2018-2019

Research Assistant
STAR Institute of Aging, Simon Fraser University
2018-2019

Graduate Teaching Assistant
University of Western Ontario
2018

Graduate Teaching Assistant
University of Western Ontario
2019

Lifestyle & Programs Manager
Chartwell Retirement Residence
2015-2017

Volunteer Experience: Coach's Assistant
Parkinson's Society: Rock Steady Boxing
2018

Conferences: Therapeutic Recreation of Ontario Annual Conference
Oral Presentation
Niagara Falls, Ontario
May 2019

IAGG-ER Annual Conference
Oral & Poster Presentation
Gothenburg, Sweden
May 2019

AGE-WELL Annual Conference
Poster Presentation
Vancouver, B.C.
October 2018

CIHR: Summer Program in Aging
Oral Presentation
Harrison Hot Springs, B.C.
June 2018

London Health Research Day
Poster Presentation
London, Ontario
May 2018

HRSGRG Annual Conference
Poster Presentation
University of Western Ontario
London, Ontario
February 2018

Certifications/Awards: Nominated for the Graduate Teaching Assistant Award
University of Western Ontario
London, Ontario
June 2019

Teaching Certificate
Teaching Support Centre
University of Western Ontario
London, Ontario
February 2019

Innovators of Tomorrow Certificate, EPIC
AGE-WELL Network of Centres of Excellence
Summer 2018

Summer Program in Aging
Canadian Institute for Health Research
Institute for Aging
June 2018

Nominated for the Graduate Teaching Assistant Award
University of Western Ontario
London, Ontario
June 2018

Teaching Assistant Training Program Certificate
Teaching Support Centre
University of Western Ontario
London, Ontario
September 2017

Publications:

Science and Technology for Aging Research (STAR) Institute Key Issues in Aging in the 21st Century. Simon Fraser University, B.C. <https://www.paperturn-view.com/star-institute/star-digital-booklet5?pid=NTQ54138>

AGE-WELL NCE Collaborative Publication: Contributing Author. (2019). *AGE-WELL's Digital Booklet: The Future of Technology and Aging Research in Canada* https://agewell-nce.ca/wp-content/uploads/2019/01/Booklet_8_Challenges_English_5_final_PROOF_rev.pdf