The Meaning of Home for Aging Women Living Alone in North Eastern Ontario

by

Arro <u>Barry</u>

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Thesis Examiners/Examinateurs de thèse:

Dr. Roberta Heale
(Supervisor/Directeur(trice) de thèse)

Dr. Roger Pilon
(Committee member/Membre du comité)

Dr. Anne Marise Lavoie
(Committee member/Membre du comité)

Approved for the Faculty of Graduate Studies
Approuvé pour la Faculté des études supérieures
Dr. Shelley Watson
Madame Shelley Watson

Dr. Suzanne Dupuis-Blanchard   Acting Dean, Faculty of Graduate Studies
(External Examiner/Examinateur externe)   Doyenne intérimaire, Faculté des études
supérieures

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Abstract

The experience and meaning of home for older, community dwelling women, was investigated. In the world of gerontology there is a paucity of knowledge about those in their eighth and ninth decade, and this becomes more pronounced among older women. With the older demographic expanding and resources being directed at keeping seniors in their home- a solid knowledge base is required. This study built on the knowledge that exists around home, aging at home, formal care, and the vulnerabilities of aging in two ways. First, the literature around home was synthesized with an evolutionary concept analysis which served to focus further research. Secondly, an interpretive description study added to the knowledge of home by bringing to light the precariousness of formal and informal care and the effect this precariousness has on the meaning of home. The knowledge built in this study has the ability to inform policy, organizations, education, and individual providers as well as highlighting areas for further research.

Keywords: aging, nursing, geriatric, home, precarious, home and community care, concept analysis, women.

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CHAPTER I: INTRODUCTION TO THE STUDY

Section I: Introduction

Aging at home and the formal support that goes with it are increasingly becoming part of Canada's initiatives (Canadian Home Care Association, 2008, 2010, 2012; Health Canada, 1999, 2012; Ontario Seniors' Secretariat, 2013). Older adults are major recipients of home and community care and the aging population is one of the main target groups for home and community care policies and programs (Clark, 2007; Kitchen et al., 2011). In Northern Ontario, the North Eastern Local Health Integration Network (NELHIN) and the Ministry of Health and Long-Term Care (MOHLTC) is supporting aging at home through investments in supportive housing, transportation services, and falls prevention (NEHIN, 2012; Williams, 2009). In fact, Canada's provincial and federal governments continue to commit to and invest in the development and evaluation of home and community care services (Expert Group on Home & Community Care, 2015; MOHLTC, 2015a, 2015b; Health Canada, 2012; Sinha, 2012).   These organizational, provincial, and federal investments reflect the beliefs and values of older adults who describe home as an antecedent, and sometimes an attribute, to health, quality of life, and successful aging (Bornat & Bytheway, 2010; Bryant, Corbett, & Kutner, 2001; Fänge & Ivanhoff, 2009; Godfrey & Townsend, 2008; Hayes, 2006; Hinck, 2004; Prieto-Flores, Fernandez-Mayoralas, Rosenberg,& Rojo-Perez, 2010).

However, others have called this enthusiasm for aging at home into question by offering an alternate view of home, where home confines and constrains when it no longer functions to promote independence and safety (Gabriel & Bowling, 2004; Golant, 2008; Hammerstrom & Tores , 2012; Leith, 2006; Lord, Despres, Ramadier, 2011; Oswald, Jopp, Rott & Wahl, 2010). Michael and Yen (2014) have challenged researchers and policy makers, in their review of aging

at home, to consider if the advantages of aging at home exist for those with financial

vulnerabilities or for those who are part of an ethnic/ racial minority. Golant (2008) argues that

the current view of aging at home does not address the financially vulnerable or the frailest and

goes on to suggest that where vulnerabilities exist, home is not always the place where the best

care is received and may in fact pose a safety risk.

Home is a place which bears a unique importance to older women. Older women spend

more time in their homes than their younger counterparts and are tied to their dwellings through

attachments to memories, family, autonomy, routine, and access to community (Hay 1998,

Hidalgo & Hernandez, 2001; Oswald & Wahl, 2005; Roin, 2015; Rowles, 1978; Rollero &

Pilloli, 2010). In Ontario, older women are the most likely to utilize government funded home

care (Kitchen et al., 2011). This demographic becomes increasingly relevant when one considers

that in the Greater Sudbury area, women over 65 outnumber their male counterparts and it is

estimated that the population of those over 65 will increase from 18% to 30% over the next 25

years (NELHIN, 2012; Statistics Canada, 2011). Therefore, an increased understanding of home

among aging women is necessary for the provision of effective and efficient care, as these are

crucial tasks for health care providers, organizations, and policy makers (Sinha, 2012;

MOHLTC, 2015; United Nation's Population Fund [UNFPA] & HelpAge International, 2012).

Providing effective health care to older people requires that formal care providers have

specialized knowledge and skills (Canadian Gerontological Nursing Association, 2010; Canadian

Medical Association, 2015; Sinha, 2012; UNFPA & HelpAge International, 2012). What's

more, specialist skills may need to be further tailored and targeted to meet the specific needs of

older women (Davidson, DiGacomo, & McGrath, 2011, Kosiak, Sangl, & Correa-de-Araujo,

2006). The rising need for knowledge about older adults is complicated by the fact that there is a

lack of evidence based knowledge about older adults, due in large part to their exclusion from clinical research (Glickman et al., 2008; Kirsch & Haverlock, 2009; Miller et al., 2006). This lack of representation in research is more pronounced in women in their eighth and ninth decade (Kirsch & Haverlock, 2009; Miller et al., 2006).

Upon review, it becomes clear that the experience of home for older Northern Ontario women who are living alone is poorly understood. In light of conflicting views about the value of aging at home, the current international and local political support for aging at home, and the Ontario government's investment in home and community care, an increased understanding of home among older women living alone has value internationally, provincially, locally and for the individual practitioner. Thus, the aim of the proposed study is to explore the meaning of home for older, community dwelling women who live alone in Sudbury.

Section II: Literature Review

The section above began the discussion on home and aging at home by highlighting the current climate of policy and research. However, developing an understanding of home and aging at home among older women requires immersion into this experience with the intent of developing a thoughtful and respectful understanding of scholars work to date (Thorne, 2008). Early searches into the concept of home elicited research conducted on place, as this was the one of the first ways home was conceptualized and the term which often acts as a surrogate for home. The research on place is defined and discussed below. From here the literature search was expanded to understand how home was understood by older adults and how home was being researched and considered in the context of health and social care. Research on older women was reviewed, in relation to home, but also in relation to formal care and aging. Lastly, formal

home and community care was reviewed to develop a deeper understanding of its development, current mandates, and how it is experienced and interpreted by users.

The research reviewed was English language and as such, overwhelmingly from North America, Europe, Australia and New Zealand. This criteria was set for two reasons. First, this literature reflects the cultural backgrounds of the women sampled and addresses the local climate of formal and informal care. Second, this criteria aided in managing the volume and scope of the topic. As well, the research on women and home was limited to older adults living outside of institutions and research about those living with dementia was excluded, as those with dementia were not included in the sample. Attempts were made to include research from a number of disciplines and there was no limit for the time period, as this restricts an understanding of history and trajectory (Thorne, 2008). As such, the literature reviewed spanned from 1976 to the present. Research that included men was also included in this review, as there were a limited number of studies focusing solely on women. Female participants generally outnumbered male participants and reviewing mixed gendered studies allowed for a greater understanding of the knowledge generated to date. In an effort to manage the complexity of this topic, the literature was examined in two ways. Initially the literature was organized by the route of inquiry and this review is detailed below. As such, the literature is organized under the headings of (1) home (2) older women and (3) homecare. This literature review effectively grounds the study within existing knowledge and highlighted the strengths and limitations within the current body of knowledge. However, a second literature review, in this case an evolutionary concept analysis of home, was conducted to facilitate critical reflection of the existing literature (Rodgers 1989, 2000).

Home

Home is an abstract concept that can be conceptualized many ways. The aim of this research is to explore how home has been conceptualized by older women in North Eastern Ontario. That being said, an overview of the ways home has been previously considered, conceptualized and operationalized is warranted. The concept of home has captured the interest of numerous disciplines inside and outside of health research and this means that there has been a great deal of research on home. In an attempt to organize and understand the body of research this section has been organized by the way in which the researchers explored the concept of home. Thus, the concept of home has been considered in the following ways (1) place, (2) relocation, (3) health and home, (4) living alone, (5), aging in place, and (6) housing.

Place

Home was, and continues to be, conceptualized under the exploration of place, place attachment and environmental geography. Place attachment is a "multifaceted concept that characterizes the bonding between individuals and their important places" (Scannell & Gifford, 2010, 1). Prior research on place was explored by non-nursing disciplines and was depicted as a concept with social, spatial, cultural/ ancestral, and symbolic aspects (Cloutier-Fisher & Harvey ,2009; Fried, 2000; Fullilove, 1996; Hay, 1998; Hidalgo & Hernandez, 2001; Lewicka; 2011; Rollero & DePiccoli, 2010; Scannell & Gifford, 2010). People were considered to have profound attachment to place, as profound as attachment to other people (Relph, 1976). This foundational research was extended to the experience of older adults and the idea was introduced that home, as a unique place, may bear a unique significance for those who age. In fact, the importance of home may increase as declining personal abilities, environmental constraints, and place

attachment result in spatial constriction and spatial withdrawal (Gilleard, Hyde, & Higgs, 2007; Rowles, 1978).

Historically, the exploration of health was conducted outside of healthcare research. However, what makes the concept of home relevant to nursing is the phenomenon's application to human health and illness problems (Thorne, 2008). Swenson (1998) took the concepts of home and place and linked them to nursing. Swenson (1998) researched home and place attachment among older women and identified home as important for maintaining a sense of self, as being a place for memories, a home base, and a center for caring. Swenson (1998) confirmed the importance of place attachment and advocated for place as being relevant to health. Thus, when home was explored in relation to older adults, support for place as bearing unique relevance to older adults and their health has garnered support. However, for the most part healthcare research has focused its understanding of home outside of the conceptualization of place, and since the term aging in place has been introduced, this term has been adopted by many in healthcare research.

Relocation

Home has been looked at in the context of relocation. It is through the eye of relocation that strong links between home and health have been made. Transition from home has been powerfully described as exile (Bernoth, Dietsch, & Davis, 2012). An exile which has resulted in fractured families, loss of social support, loneliness, loss of independence and even death (Davies, 2012; Löfqvist et al., 2013; Saunders & Heliku, 2008). However, these relocations were most often transitions to institutionalized settings. There was less research that explored relocation to different types of housing, for example a detached home to an apartment. This is relevant because research has demonstrated that residents living in an institution have a more negative self-concept, lower self-esteem and loss of roles than those who reside at home.

(Antonelli, Rubini, & Fassone; 2000). Residents in institutions represent the minority of older adults while disproportionately representing those with multiple chronic diseases, reduced social supports, cognitive impairment, incontinence, severe mobility restrictions, and advanced age (Banerjee, 2007). Therefore, the predominance of literature looking at relocation to institutions may disproportionately highlight the negative aspects of this type of transition from home.

Although the detrimental consequences of relocation predominated the literature some researcher's explored the positive side of transitioning to a new home and found that autonomy over the decision to move and the new home meeting more of the needs of the older person facilitated the change (Leith, 2006; Vasara, 2015). Further, for those researchers who explored the decision making around relocation, they found that fear of change was a reason people wished to remain in their homes and that the decision to move was often deferred to other people ((Löfqvist et al., 2013; Rioux, 2005). For those participants that did relocate it was important to explain their decision to move in a way that acknowledged the culturally shared understanding that aging at home is expected and accepted as best (Vasara, 2015). An example of this would be stating that the move is involuntary, but required based on a measurable difficulty, such as mobility.

Thus, research on home through the eye of relocation highlights the challenges of leaving home, the ambiguity created when considering relocation, and the losses that are part of separating from home. However, these researchers also bring to the forefront that relocation can be positive and can be initiated based on changing needs.

Health and Home

The concept of health itself is quite complex, however exploring the links of home to health adds great value and justification to healthcare research into home. Health has been explored directly in relation to home and participants have expressed their belief that security,

familiarity, independence, routine, access to neighbourhood and family, solitude, and the creativity of home facilitated health (Fänge & Ivanhoff, 2009; Hayes, 2006). In fact, coming home and resuming activities was defined as part of the recovery of health (Godfrey & Townsend, 2008). Although these researchers have added to the knowledge of home by linking the advantages of home to older adults and health, for the most part they have confirmed the list of advantages detailed by Despres' (1991) critical review. Where the research adds novelty is when researchers highlighted that for those in their eighth and ninth decade, frailties, fatigue and loneliness made the goal of aging at home challenging and often increasingly so (Godfrey & Townsend, 2008). The imbalance frailty represented, and the social and physical losses of advanced age meant a great deal of effort went into maintaining and sustaining themselves in their homes (Godfrey & Townsend, 2008, Nicholson, Meyer, Flatley & Holmes, 2012; Rioux, 2005). Therefore, home required ongoing adaptations and adjustments.

Living Alone

Home has been explored through research into living alone. Hinck (2004) researched the experience of living alone in one's own home, among those older than 85 years, and described how the participants adapted and accepted trade-offs between safety and aging at home. She found that home represented autonomy, comfort and freedom, and that a sense of risk was developed through negative experiences (such as falls) rather than foresight. Hayes (2006) supported Hinck's (2004) finding that older adults lived in the moment, rather than planning for the future.

Other researchers also found that older adults balanced independence and risk as part of their later years (Bornat and Bytheway; 2010). Porter (2007) delved into one example of independence versus risk when she looked at the act of preparing food among frail older women

and found that, with time, this activity became increasingly challenging. She highlighted several challenges; deciding what to make, having trouble getting the food cooked right, and difficulties moving and standing while cooking. Birkeland and Natvig (2009) looked at how older people living alone coped with aging and failing health and found that in their sample, half of which were greater than eighty years, participants used acceptance and adaptability as a means of managing health challenges. Fatigue was identified as a prevalent challenge (Hinck, 2004).

Further investigation into older women's experience of living alone found that the experience ranged from extremely positive to extremely negative and brought forth a tension between privacy versus loneliness (Eshbaugh, 2008, Sixsmith& Sixsmith, 1991). Portacolone (2013; 2015) in her work with older adults living alone found the concept of precariousness of great importance to understanding the experience. She examined the precariousness of individual resources, services provision and societal emphasis on independence (Portacolone (2013). She built on her work to further explore the vulnerabilities that a lack of resources represent and in doing so found that segregated housing was a resource for support (Portacolone; 2015).

Sixsmith et al. (2014) set out to explore how older adults articulate healthy aging within the context of home and how the home environment supports and constrains healthy aging. The researcher's findings support previous research that aging at home is perceived as a way to maintain autonomy, choice and control, but carries the risk of loneliness. In addition, the researchers noted that there were differences in how women experience home. For women familiarity, connectedness, memories and family are very much a part of what is home. Porter (1996) explored living alone among widows in detached homes. For these women, home linked

generations, marked meaningful events and operated as a gallery of these events. Living alone meant holding on and letting go.

Further research exploring the meaning of home among older adults living alone found that they described home as freedom and security (Dahlin-Ivanhoff, Haak, Fänge, & Iwarsson; 2007). Letvak (1997) found that the women asserted their independence by managing their home on their own. Home was important for independence and for maintaining relationships and connectedness to family and friends. Foster and Neville (2010) interviewed women older than 85 years living alone. The researchers describe the women as actively engaged in meaningful activities (such as hobbies, volunteer work, and social engagements), health promoting activities and using home help to facilitate living alone.

Aging in Place

The concept of home has been looked at in relation to aging in place. Aging in place is defined as "older people remain[ing] in the community, either in their family homes, in homes to which they have moved in mid or later life, or in supported accommodation of some type, rather than moving into residential care" (Davey et al. 2004, 20). Wiles, Leibing, Guberman, Reeve, & Allen (2011) explored home and neighbourhoods among older adults and reinforced findings that home represented social, emotional, cultural/ family and symbolic meaning. The researchers concluded that home and community are two separate concepts, but that both comprise aging in place. Home is not necessarily a house, and represents safety, security, familiarity, and a refuge. Home is important as a part of the neighbourhood and the resources the neighbourhood has to offer.

Sixsmith & Sixsmith (1991) found that home represented independence, privacy, and a place for memories and reminiscing. The author's introduced the idea that older adults felt too old to start again in a new home. Roin (2015) found that home meant memories, a resource, and

a connection to family. As well, for Roin (2015) aging in place meant that home and community were not separate concepts. The research on aging in place reinforces the long list of advantages that home represents to older adults and reinforces that women place more emphasis on certain benefits, such as home being a link to family and memories, then their male counterparts. This research also confirms that aging in place extends beyond the home to include the community and neighbourhoods.

Housing

Lastly, home has been looked at through the lens of housing. Researchers that explore housing illuminate their belief in supportive environments, the importance of physical spaces, and meeting the needs of a growing demographic. Weeks and LeBlanc (2010) explored the housing needs of vulnerable older adults and highlighted a number of concerns older adults had. These concerns included the affordability of housing and the possibility of forced relocation because of cost, the ongoing challenge of maintaining their homes, the lack of community and family values in supporting seniors, and a preference to live alone that was not always possible. Others looked at home with the goal of identifying the ways existing housing can be modified to accommodate aging adults and found the needs of older adults varied and individualized (Felix, de Haan, Vaandrager, & Koelen, 2015). Davey (2006) found that a portion of seniors moved, or considered moving to accommodate aging, but most highlighted a smaller version of where they were living within the community as ideal. Oswald et al. (2006) in their multi country study confirmed that participants who found their homes useful had a greater attachment to their home and were more satisfied with it. Waldbrook's (2013) work shed light on the needs of a particularly vulnerable group. She explored the experience of housing through older women who were formerly homeless. For these women, housing meant maintaining physical and mental health. However, this group of women struggled to develop place attachment and make housing

feel secure and like home. Thus, research into housing has begun the process of identifying the housing needs of older adults and again, linking physical spaces to health.

In summary, the literature lends support to the idea that home is a complex, gendered experience with a unique meaning for older adults. Home offers many supports, resources, and benefits for an older woman that makes it easy to understand a desire to age at home. However, this paper takes the position that aging at home is too complex to limit the understanding of home to an understanding of personal preference. One must consider the intricacies of the experience, which include changes in health and functioning, the availability of formal and informal supports, the accessibility of supportive housing and communities, a bias towards assuming older people want to age at home, and individual variation in housing preferences.

Older Women

Older adults are understood to be a growing demographic in which older women outnumber their male counterparts (Statistics Canada, 2011). By looking at the local areas, one realizes that the majority of older adults in Northeastern Ontario are female (Statistics Canada, 2012). This gender difference becomes increasingly marked in the oldest citizens, with women dominating the demographic. This gender gap has been called the feminization of aging and has resulted in a call for a gendered perspective of aging related to increased chronic disease among women, a decrease in personal and financial resources, and female caregivers being left without someone to care for them (Davidson et al., 2011; Kinsella, 2000; Perrig-Chiello & Hutchison, 2010).

As women age, so does their need for assistance to facilitate aging at home. This may reflect findings that increased age and female gender is associated with increased frailty, increased financial vulnerability and increased transportation problems (Dupuis, Weiss, &

Wolfson, 2007; Garre-Olmo, Calvó-Serxas, López-Pousa, Blanco, & Vilalta-Franch, 2013; Woods et al., 2005; Yang & Lee, 2010). In terms of support, the literature suggests most home and community care is provided by family and friends (Keefe, 2011). Informal caregivers provide the bulk of the support for independent activities of daily living as this type of assistance is much needed by those in their eighth and ninth decades (Roe, Wattam, Yound, & Dimon, 2001). As such, there is a role for formal care to support informal caregivers. Informal caregivers may lack some of the abilities to provide care, may be unable to provide regular care, or may need support to protect them against fatigue, emotional strain, competing demands, and the financial challenges of providing care to loved ones (Jo, Braxil, Lohfeld, & Willison, 2007; Keefe, 2011). Formal care has another role to provide care when informal care is not available (Bacsu et al, 2012). At times family is at too great a distance to provide certain kinds of care. This fragmentation of family is more pronounced in Northern and rural environments, as younger people leave their home for education and jobs and do not return (King & Farmer, 2009; McGoey & Goodfellow, 2007). In addition, living alone may limit access to informal care as most informal care is provided by cohabitants (Sigurdardottir & Kåreholt, 2014; Keefe, 2011). At other times, formal home care is preferred by older women to avoid burdening family (Hayes, 2006; Tanner, 2001). For these reasons there is a role for formal care among older women.

Although older women in this phase of their life are often described as vulnerable and frail, there is evidence that they do not view themselves this way. These women view themselves as resourceful and autonomous, and as active participants in their care, whether formal or informal (Foster & Neville, 2010; Hayes, 2006; Petry; 2003; Porter, 2005). Therefore this study has the potential to relate these experiences to an understanding of their care needs.

In addition, there is evidence that women's attachment to home is more pronounced than men's and increases with length of time spent at home (Hay, 1998; Hidalgo & Hernandez, 2001; Rollero & Pilloli, 2010). That being said, there is also evidence that women are disproportionately challenged with the maintenance and renovation requirements of home and the task of adapting their home to meet their changing needs (Davey, 2006). However, research suggests that older women feel capable of identifying their needs to facilitate living alone in their homes, often challenging the provider's view of patients as passive recipients who have their needs dictated by professionals (Hayes, 2006; Porter, 2005; McWilliam, Ward-Griffen, Sweetland, & O'Halloran, 2001). Thus, eliciting the views and experiences of older women is relevant due to the increasing prevalence of this group and the importance of meeting their unique care requirements.

Home and Community Care

Exploring the experience of home among community dwelling older women begs consideration of the home and community care that supports this group. At the same time, the methodology and framework that guide this study emphasise the importance of context (Thorne, 2008). Therefore, the literature on home and community care in Canada will be considered for context and relevance.

In 1999 the Canadian Government defined homecare as ''an array of services which enables clients, incapacitated in whole or in part, to live at home, often with the effect of preventing, delaying, or substituting for long-term care or acute care alternatives'' (Health Canada, 1999, p. 4). More specifically, these services have been designed to substitute for more costly acute care services and care in long-term facilities, and to provide a maintenance and preventive service that allows individuals to remain at home (Shapiro, 2002). With time,

homecare has gone through many transitions and these changes have been criticized for not being strategically planned, for subordinating public policy to business, for not adequately supporting informal caregivers, and for not being cost-effective (Keefe, 2011; Markle-Reid et al., 2008; Office of the Auditor General of Ontario, 2010, 2012, 2015; Ontario Health Coalition, 2015; Shapiro, 2002; Sinha, 2012; Williams, 1996; 2006). Home and community care has also been faulted for focusing on curative physical care, rather than supportive care and mental health (Allan, Ball, & Alston, 2007; Forbes, Stewart, Anderson, Parent, & Janzen, 2003; Markle-Reid et al., 2008). These criticisms are particularly relevant as it has been noted that older women living alone require more non-medical supportive services to maintain functioning (Markle-Reid et al., 2008, Parrott 2002). It is argued that the move away from publicly funded home support has increased the burden on informal caregivers, put the economically vulnerable at greater risk, and disproportionately affected older women (Davidson et al., 2011; Parrott, 2002; Williams, 1996). This view is contrasted with evidence that homecare has the potential to be cost saving and an on-going interest in improving the access, quality and value of home care services (Hollander & Chappell, 2007; MOHLTC, 2015; North East Local Health Integration Network, 2012; Sinha, 2012).

Since 2003, the Ontario government has more than doubled their funding for homecare services, has diversified programs and services, and committed to ongoing evaluation and change (MOHLTC, 2015). In fact, Ontario is currently seeing sweeping structural changes to the way home and community care is being delivered (Punch, 2015). These changes include dismantling Community Care Access Centres, increasing funding to home and community care, bundling care, and increasing nursing services (MOHLTC, 2015; Punch, 2015).

Concurrently, a number of researchers have explored the role of formal care from the perspective of providers and consumers. These researchers have found that a poor fit between consumer and provider is not uncommon (Hayes, 2006; Tanner, 2001). For consumers, poor fit includes care which does not meet expectations or anticipate needs, such as lack of support for personal care and care which feels routine rather than targeted to the individual, and older adults have been found to avoid use of services if they determine it to be a poor fit (Attree, 2001; Forbes et al., 2003; Hayes, 2006; Hupcey et al., 2004; Themessel-Huber, Hubbard, & Munro, 2007).

Canadian researchers Macdonald, Lang, and MacDonald (2011) highlighted this incongruence between care expectations of families and caregivers and the resources available as one of the issues in home and community care services. Other researchers have argued that policies and programs that work in one health care system, culture, or geographic area do not necessarily translate well to a different environment (Frese, Deutsch, Keyser, & Sandholzer, 2012; Hayes, 2006; Hollander & Chappell, 2007; Kitchen, Williams, Pong, & Wilson, 2011). For example, in Ontario home and community care programs have been criticized for being geographically biased as they were modeled and piloted in Southern Ontario and did not translate well to Northern Rural settings (Williams, 1996). Thus, it can be argued that understanding the client's needs is an important link between provision and use of home and community care services particularly in light of the tension that the literature highlights between professional service provision and the client's perceived needs.

From a health care professional perspective, there is ongoing debate about the effectiveness of proactive and preventative care services. However, some authors have suggested primary care based geriatric assessments and community based self-management

programs lowered mortality, kept people at home longer and positively influenced self-perceived health (Faul, Yankeelov, Rowan, & Gillette, 2009; Frese et al., 2012). Although these views support the argument for preventative home based, formal care, knowledge needs to be gathered about the views of older women to ensure the appropriateness.

This review highlights the changing face of home and community care and touches upon the many roles of home and community care that researchers, health professionals, and older adults have considered and advocated for. The current climate of change offers numerous opportunities to reflect on the role of home and community care in the lives of older adults and link this role to older women's experience of home.

Section III: Framework

Within qualitative research the selected framework should be abstract enough to help organize the researcher's thinking without confining the research process to specific variables inherent in the framework (Penrod, 2003). This is an important point, as frameworks can legislate reality and limit the researcher's perspective (DeMarco, Campbell & Wuest, 1993; MacPherson, 1983). At the same time, frameworks deepen understanding by illuminating problems, providing a structure for designing research studies, interpreting data, and drawing conclusions (Bordage, 2009; Lester, 2005).

A conceptual framework has been defined as "a network of interlinked concepts that together provide a comprehensive understanding of a phenomenon" (Jabareen, 2009, p 50). A conceptual framework differs from a theoretical framework in that it is generally less well developed and justifies rather than explains (Connelly, 2015, Lester, 2005). Therefore, a conceptual framework has less capacity to legislate reality, as it requires less rigid adherence than formal theoretical frameworks (Lester, 2005). However, epistemology is inescapable and it

has been argued that it is impossible to engage in knowledge creation without at least tacit assumptions about what knowledge is and how it is constructed (Carter & Little, 2007). Thus, the philosophical foundations of interpretive description (described below) will provide the theoretical underpinnings.

Conceptual frameworks can be developed and constructed through qualitative analysis and are able to provide an interpretive approach to social reality (Jabareen, 2009). An inductive approach to developing a conceptual framework can be found in Rogers' (2000a, 1989) evolutionary method. Thus, Rodgers' (2000a, 1989) evolutionary concept analysis was used to develop a conceptual framework. Concept development is appropriate for synthesizing knowledge about a concept of interest, in this case the concept of home (Rodgers & Knafl, 2000). Rodgers' (2000a, 1989) approach was well suited to the task, as the goal of an evolutionary concept analysis is to provide a foundation for further research (Rodgers, 2000a, 1989).

Concept development itself supports the application of concepts to different situations and contexts, to an exploration of contextual variation and to the discovery of new interrelationships (Rodgers, 2000b). An evolutionary concept analysis provides a natural preliminary step in the research process. In addition, the process facilitated a critical reflection of the literature that best supports a study driven by interpretive description (Thorne, 2008). The conceptual framework can be reviewed in section two of this thesis.

Section IV: The Study Design

The Research Question

The research question represents an important aspect of developing a study, in that it articulates the research project by expressing the facets of study the researcher most wants to

explore, and defining the scope and boundaries of the project (Miles, Huberman & Saladana, 2014; Thorne, 2008). Within interpretive description, the question should be suited to an inductive description and interpretation of a phenomenon (Thorne, 2008). Within qualitative research there is also scope to refine and reformulate the question as field work and data analysis precede (Miles et al., 2014).   Thus, the research question developed for this study is as follows. How do older community dwelling women, who live alone in Sudbury, experience and give meaning to home?

Methodology

Knowledge of older women's understanding of home will be accomplished using interpretive description methodology. Interpretive description develops knowledge using a number of qualitative data collection and analysis strategies from more traditional qualitative methodologies within a naturalistic context (Thorne, 2008). Interpretive description explores questions about clinical problems and populations for the purpose of generating knowledge about clinically derived phenomena (Thorne, 2008; Thorne, Kirkham, & MacDonald-Emes, 1997). Interpretive description's focus on addressing clinical problems makes the approach appropriate for the objectives of this study. Namely, providing effective and efficient care to older people and building the knowledge and skills of practitioners.

Interpretive description was introduced in 1997 by Thorne, Reimer Kirkham, and MacDonald-Emes to address methodological variations from the traditions of phenomenology, grounded theory, and ethnography and to develop a qualitative methodology distinct to nursing knowledge and nursing research. In subsequent publications, Thorne, Reimer Kirkham and O'Flynn-Magee (2004) and Thorne (2008) further clarify the epistemological foundations and methodological consequences of interpretive description and these are expanded on below.

Hunt's (2009) reflection on the experience of using interpretive description, noted that the philosophical underpinnings and logic for designing and implementing an interpretive description research study provided clear guidance.

Thorne (2008) argues that the theorizing traditions of phenomenology, grounded theory, and ethnography are limited in their ability to solve everyday problems of patients that nursing, as an applied health science, often seeks. Thus, the purpose of interpretive description is provide contextual understanding to guide decision making and extend understanding beyond what already exists (Thorne, 2008). Interpretive description does not aim for highly abstract theorizing (Thorne, 2008). The goal of interpretive description is to capture the important elements within a clinical phenomenon and potentially generate new conceptualizations or refinements to existing concepts (Thorne, 2008). Hunt (2009) cautioned that there is a potential challenge in deciding what the most appropriate degree of interpretation is.

On one hand, the introduction of new methodologies is controversial and deviation from tradition have been criticized (Stern, 1994). On the other hand, researchers have argued difficulties arise when methodologies cross disciplines and one must be open to the different perspectives different disciplines legitimately bring to the table (Giorgi, 2000). In the discipline of education, Lincoln and Guba's (1985) naturalistic inquiry borrowed from traditional approaches to develop their own qualitative research method that they felt better addressed their purpose. Barrett (2002) also endorses nursing having its own research methods to develop nursing research. Thorne (2008) upholds this view in providing explanation for the use of interpretive description as a method grounded in our own epistemological foundations. However, the relative obscurity of the method has been highlighted as an obstacle in that time is spent describing and justifying decisions (Hunt, 2009).

Thorne et al (2004) argues that interpretive description avoids the inconsistencies of "method slurring" with a solid philosophic foundation:

1. That multiple constructed realities exist and therefore reality is "complex, contextual, constructed, and subjective" (p.3).

2. The inquirer and the participant influence one another and are inseparable.

3. "No a priori theory could possibly encompass the multiple realities that are likely to be encountered; theory must emerge or be grounded in the data" (p. 3).

Further, exploring interpretive description meant exploring those resources recommended by Thorne, Kirkham, and MacDonald-Emes (1997) and Thorne (2008). Therefore, Lincoln and Guba (1985), Webster (1988), and Giorgi (1985) were reviewed. As well, Miles et al. (2014) were reviewed for their discussion around coding and the development of matrices.

To summarize, interpretive description was chosen because the purpose aligned with the goals of nursing research, the guiding literature was accessible and clear, the challenges detailed by Hunt (2009) were not insurmountable, and the focus on clinical phenomena aligned with the study objectives.

Sample

Sampling within interpretive description involves purposeful sampling of participants whose accounts reveal elements that are shared by others (Thorne, Kirkham, and MacDonald-Emes, 1997). The participants for interviews were recruited through a faith organization. The organization identified potential participants and contacted them to determine their interest. Those that were interested agreed to be contacted by the researcher. Purposeful sampling for maximal variation within emerging themes was accomplished by recruiting participants from various socio-economic, health status, and ethnic backgrounds (Thorne, Kirkham, and

MacDonald-Emes, 1997). As the intent was to explore home among the oldest, old who are increasingly vulnerable and poorly represented in research, the sample group targeted was women greater than 80 years.

Unfortunately, difficulties with recruitment hampered the gathering of participants. The project originally intended accessing participants through formal care organizations as this would facilitate the link between participant's experiences of home, and home and community care. However, despite research requests being sent to ten formal care organizations none were able to support the study. Ultimately, a local church was interested in supporting the study and seven participants were recruited. Recruiting challenges limited the number of participants to seven, and included one participant less than 80 years whom the recruiting organization felt would be appropriate for the study. Additional sample characteristics set were living alone in the Greater City of Sudbury, and English speaking with no diagnosis of dementia.

Design

Although an interpretive description study can use any sample size, Thorne (2008) writes that majority of interpretive description studies are small and cites five to thirty participants as an example. In keeping with the methodology, participants were purposefully selected to ensure appropriate experience with the phenomenon and adequate theme saturation (Thorne, Kirkham, and MacDonald-Emes, 1997). Purposeful sampling occurs when individuals are approached because they represent some angle of the experience being researched (Thorne, 2008).

Although the number of participants was less than projected, there was enough variation in the sample to begin this initial investigation into the phenomenon. Although Thorne (2008) cautions against the use of the notion of saturation, particularly in small studies given the infinite variation of experiences, the sample size does have the potential to provide meaningful

description and bring forth an understanding of this complex problem. The data collected was the participants' thoughts and feelings about their experiences, motives, expectations, beliefs, actions and interactions in the process of experiencing home. The researcher's approach to the study was to ask older women to describe their experiences of home. Observation of home and surroundings was also collected as data and recorded in the field journal.

The primary data collection technique consisted of individual interviews (approximately 60 to 120 minutes in length). The interviews consisted of open-ended questions and a discussion guide is displayed in Appendix A.

Data Analysis

Within interpretive description, the ultimate purpose is to illuminate insight versus theorizing. The conceptual product will not be highly abstract, original, or metaphoric, but will capture the important elements of a phenomenon (Thorne, 2008). Data management is an important step in any qualitative study and interpretive description is no different. Data was organized through verbatim transcription of all interviews. Specialized software was not utilized for organization or analysis; Microsoft Word was used for its capacity to organize data. Data was organized through highlighting, cutting and pasting, marginal memos, and the creation of schematics. Thorne (2008) recommends an audit trail to track thoughts and reflections, and to explore developing relationships and ideas and this was done in the reflective journal, excerpts from this can be found in appendix B.

Interpretive description recommends that collection and analysis occur as a concurrent processes and caution against the use of overly small units of analysis and premature coding (Thorne, Kirkham, and MacDonald-Emes, 1997; Thorne 2008; Lincoln & Guba, 1985). Interpretive description also supports repeated immersion in the data, reading interview

transcriptions and field notes, reading for a sense of the whole, being aware of shifts in meaning,

noting and categorizing sensitizing concepts (i.e., needs, expectations, values, priorities, and

perceived facilitators and barriers associated with service delivery) until themes and patterns

emerge (Giorgi and Giorgi, 2003; Lincoln & Guba, 1985; Thorne, Kirkham, and MacDonald-

Emes, 1997). To facilitate this approach, marginal memos were an initial technique used

(Thorne, 2008). Thorne (2008) recommends a range of ways to organize and explore the data to

avoid premature closure, minimize biases and improve the quality of the product. Therefore, the

next step was informed by Giorgi and Giorgi's (2003) technique of a phenomenological

reduction. Giorgi and Giorgi's (2003) technique involved establishing meaning units,

transforming these meaning units into psychologically sensitive expressions and then using these

transformed meaning units to describe the experience (Giorgi and Giorgi, 2003). These narrative

descriptive reductions supported looking at the data with a greater emphasis on context and

allowed for descriptive summaries of the data and an example can be found in appendix C.

Next, coding was used. Codes were developed from the evolutionary concept analysis,

the phenomenological reduction, and the marginal memos. A copy of the master list can be

found in Appendix D. Coding allowed for greater attention to emerging themes and ideas and a

way to explore the data in a less context dependent manner. Minimizing context allowed for

greater exploration of the relationships between themes. Under emerging themes, larger units of

data were used as codes. The initial focus of coding was to gather data with similar properties

and avoiding excessive precision (Thorne, 2008). From here questions were asked of the data by

using coding and memos in different ways. For example, the data was reviewed using In Vivo

coding, value coding, emotion coding, and causation coding (Miles, Huberman, & Saldana,

2014). Emerging findings were analysed critically to avoid binaries or dichotomies and examine

normatives, simplifications, and idealizations that mask complexity (Arner & Falmagne, 2007; Einstein & Shildrick, 2009). Again, the purpose of this was to look at the data critically and from different angles (Thorne, 2008). Possible relationships were explored using schematics or network diagrams and an example of this can be found in appendix E (Miles et al., 2014). Networks are a collection of points linked by lines that display. Finally, results were taken back to the transcripts to ensure the findings remained true to the participants.

Credibility

Within interpretive description credibility is ensured through a number of measures. First, epistemological integrity is expected. Epistemological integrity occurs when a defensible use of epistemological decisions flows from the research question through interpretation (Thorne, 2008). This was achieved through time spent reviewing the epistemology and analysis goals of interpretive description, critically considering the methodology in relation to the research goals, and consistently returning to the research question during the development and implementation of the study.

Second, representative credibility is achieved through prolonged engagement with the phenomenon and is ensured through triangulation of data sources (Thorne, 2008). This was achieved through sustained and persistent engagement with the data and existing literature. Qualitative studies which explored similar experiences of older adults were integrated into the finding with the purpose of triangulation, rather than comparison.

Analytic logic is the third step in achieving credibility within an interpretive description study. Analytic logic ensures that the findings are indeed a credible production of the research process and are achieved through an audit trail and thick description (Thorne, 2008). In this case, the thesis process acted as an audit trail. In addition, a reflective journal was kept and the

findings below include numerous descriptive accounts in order to support the reader's ability to ground the findings in the data.

Finally, interpretive authority is the fourth requirement. Interpretive authority exists to ensure that the interpretations are trustworthy and not coloured by researcher bias or experience. To guard against bias and ensure trustworthiness the researcher declared the intent of relating the findings to health and health care and spent time critically considering the results and analysing them from numerous perspectives, including giving consideration to avoiding generalizations or dichotomies.

Ethics

Ethical approval was obtained through Laurentian University Research Ethics Board (Appendix F, G, H). The participants received information about the purpose of the interview and the procedures involved by telephone in advance of the interview and then orally and in writing on the day of the interview. Participants were informed that participation was voluntary, that they can stop the interview and withdraw from the study at any time, that their interview content is confidential (unless obvious self-neglect or danger to life), and that any information reported will not enable individual participants to be identified.

The researcher aimed to create a positive and open environment for conversation by disclosing the ethical issues related to the project and conveying appreciation of the older adults' willingness to participate and share their experiences and stories. The intention was that participants would feel their contributions were important. The researcher employed active listening, empathy, flexibility, openness, and respect for the story of every participant. The researcher was sensitive to signs of participant fatigue and remained open to breaks being taken when needed.

Original notes, along with names and addresses of participants were stored in a secured area, separate from interview transcripts. Audio tapes were erased after transcripts were typed and data analysis was completed. Portable data was stripped of any identifying information and a subject/interview code was assigned to protect confidentiality. Paper transcripts, consent forms and original notes were not destroyed, but kept in a secure site.

A possible risk to participants is that the researcher may uncover a situation in which a participant is unable to provide basic self-care, and her life is in danger. Considering that the elderly individual has the right to choose what level risk is acceptable, the researcher will intervene only when there is obvious self-neglect or danger to life. Possible interventions include notifying the participant of the North East CCAC Seniors line, the Seniors Elder Abuse line or as needed the Sudbury Regional Police. As well, due to the intimate nature of the interview there is a risk of emotional distress. Consequently, the interviewer had pamphlets for the Health Sciences North Crisis Intervention Program, The Seniors Mental Health Program and the Warm Line as emergency and longer term support programs.

Lastly, ethical consideration will be given to how the data is analysed and constructed for dissemination. The research is women centered (Campbell & Bunting, 1991). The intent is to identify hidden aspects of women's experiences and give meaning to them without exploitation (Allan, 1993; Campbell & Bunting, 1991; DeMarco, Campbell, & Wuest, 1993; Hall & Stevens, 1991; Maxwell-Young et al., 1998; Pitre, Kushner, Raine, & Hegadoren, 2013).

Closing

This initial section has highlighted the complexity of home among older women in the current climate of home and community care. By employing interpretive description to explore the experiences of this poorly understood group of women, an opportunity for greater knowledge

around the experience of home exists. Chapter II will continue the exploration of home and aging alone through an evolutionary concept analysis. Chapter II is written in an article format. Chapter III, also written in an article format, focuses on the study and the study findings. Finally, Chapter IV, wraps up the project by reflecting on the work completed and avenues for application and further study.

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Appendix A

Table 1 *Discussion Guide*	
In this study, the topic is your meaning and experience of aging and home for older women who live alone in the community. In this interview you can mention everything that you feel is important about home. Before we start, I would like to tell you that if you want to stop this interview for whatever reason, we stop. The interview will be audio taped and I will make notes during the interview. Everything you say will be anonymous. Do you have any questions left before we start?	
(1) Important themes related to home at this moment	
	First I would like to know what home means to you, what is the first thing that you think about when you hear the term home?
	What else is home? Can you tell me why you feel that is important?
	If somebody is aging at home, what does she have?
	What is not home? Could you tell me why it is not?
	Has the meaning of home changed as you have transitioned to living alone?
(2) Appraisal of home	
	Now that we talked about things that are important about home, I would like to know how you value your own home. Could you give an example of how you value your home at this moment?
	Can you tell me why you chose this valuation? What is the reason that you chose... instead of (depending on the valuation good/satisfactory/ unsatisfactory)?
(3) Conditions for maintaining a good home when aging	
	Can you tell me what you feel are important conditions for home?
	What should be present to be able to have a good home for older persons?
	What takes home away for older persons?
	Have these conditions for maintaining a good home changed with aging?
	What can an older person do to maintain a good home?

Then we have reached the end of the interview.
    What do you consider is important to understand about you? Are there aspects of home important to you that we have not discussed today? Are there any questions that I did not ask you but you feel are important for this topic to ask? If something comes up later today or this week that you feel is important for this study, I would really appreciate it if you would call me. Thank you very much for your time and participation in this study.

Appendix B
Field Notes

July 2d

#3. * Interested in results.

∅ family, significant chronic heath : mobility
issues. Single - always ∅ children
However, noted 1st off that not home bound
despite difficulty walking several blocks

Home +++ cluttered & small.
cluttered b/c cupboards redone & difficulty
putting things back → lifting : reaching
Has been 1.5mo

Highlighted Resilience : adaptation to
change

Interesting concept - alone *

Home more fluid - it is where you are
less place attachment than #4 : #1
Although always traveled

Spirituality more pronounced, although
former minister

Important to rely stories of managing illness,
suffering and death as a choice

Sunday 19th
#4

- notably more talkative after the recorder was turned off.
- talked about 'gypsy' heat - 2 homes Germany; Canada
- considered moving back to Germany after retired (+65) @ first husband did not want to, then he did, but then too late.
  ↳ travels 1/year to Germany
    phones
  ★ So although will not leave home
    → will for a different country.
- theme? resilience
  - "getting on with things"

- Home: all informal supports neighbours.
    independent ADL's & IADL's
- Home: saved for a home before a car
  ++ importance of home: success

- c̄ widow: learning to take over Husband did, plumbing, painting

January 31.

Home: success?
#4 cultural orientation
#7 connect to others + quality
others significant @ home

Preciousness
↓
weather →
↓
institutions → health ?

#ugd.
↑
need informal
informal
care
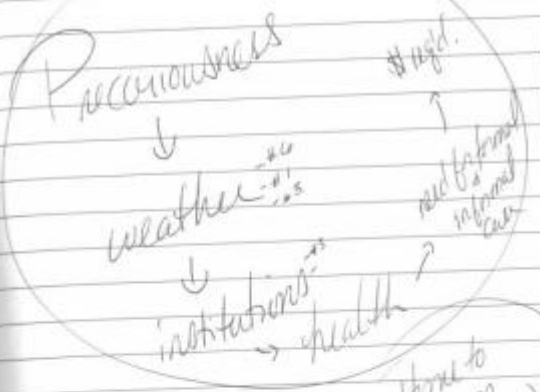
Home is custom
built / developed
to support
ageing in place
(resource)

Feelings of dependency
created in institutions
that are not felt
@ home — even if
formal & informal care

Home to
(pass on
a resource
between)

living alone
is a skill set
developed over
time —
ie early widowhood
user
immigration
self reflection
faith
adventures

Family
Family
Family

Peace
attachment & high
variation
to be assumed.
critical beliefs about
aged place attachment #5

Planning for
the future
is based on
experience on
crisis

Appendix C
Example of Processed Data

could be here along, and do the work, and they helped me with all those tests over at the continuing care, and I passed them so I got home, and I had to change the bathroom because I couldn't get into the tub, so I had a shower put in. And, um, my girls would bring me meals and help me out, and take me shopping- I wasn't driving then. Since then I've improved. I'm now driving, so I'm able to get out and do my own things

A: Nice.

R: But I like to sit in my little lanai, and read, and just watch the boats going by, it's a beautiful view

A: It is! You must get a beautiful view of the trees changing out there!

R: Yes I do—they all change their colors in the fall—and each season is different here. Well everywhere I guess, but more so here, because you see it, the lake changes, and it freezes, and so it's very very pleasant here.

And I don't mind being alone. I am quite happy. I have thoughts, and I'm busy…[laughs]. I use the computer a and I watch a lot of television, especially tennis. But it' you're quiet. Like when I visit my friends in some of the ah…you know, it's very busy there. With the nurses all coming in to see what they're doing, and there's other

---

Prove you could go home & pass tests. Highlights that home can be taken away from the aged and frail. ? Loss of power?

Able to modify the home to continue living there. Had the $$ resources to do so and the informal support for meals and transportation.

Return of function and independence

The esthetic importance of home. Beauty!

Her home is more beautiful than others. Emphasizes specialness

Denies loneliness, memories and thoughts are company. [participant has frequent social encounters and ability to visit, family is close – does this protect against loneliness]

TV and sport prevent loneliness.

Quiet is important [this came up in the literature – something to explore?-]

?Too much stimulation at institutions.

Appendix D

Coding List

Health Challenges

Home as a Cultural Expectation

Home as a Resource

Home as an Attachment

Home as Custom Designed

Informal Care

Formal Care

Loneliness

Precariousness of Home

Relocation

Weather/ Seasons

Appendix E

Schematic
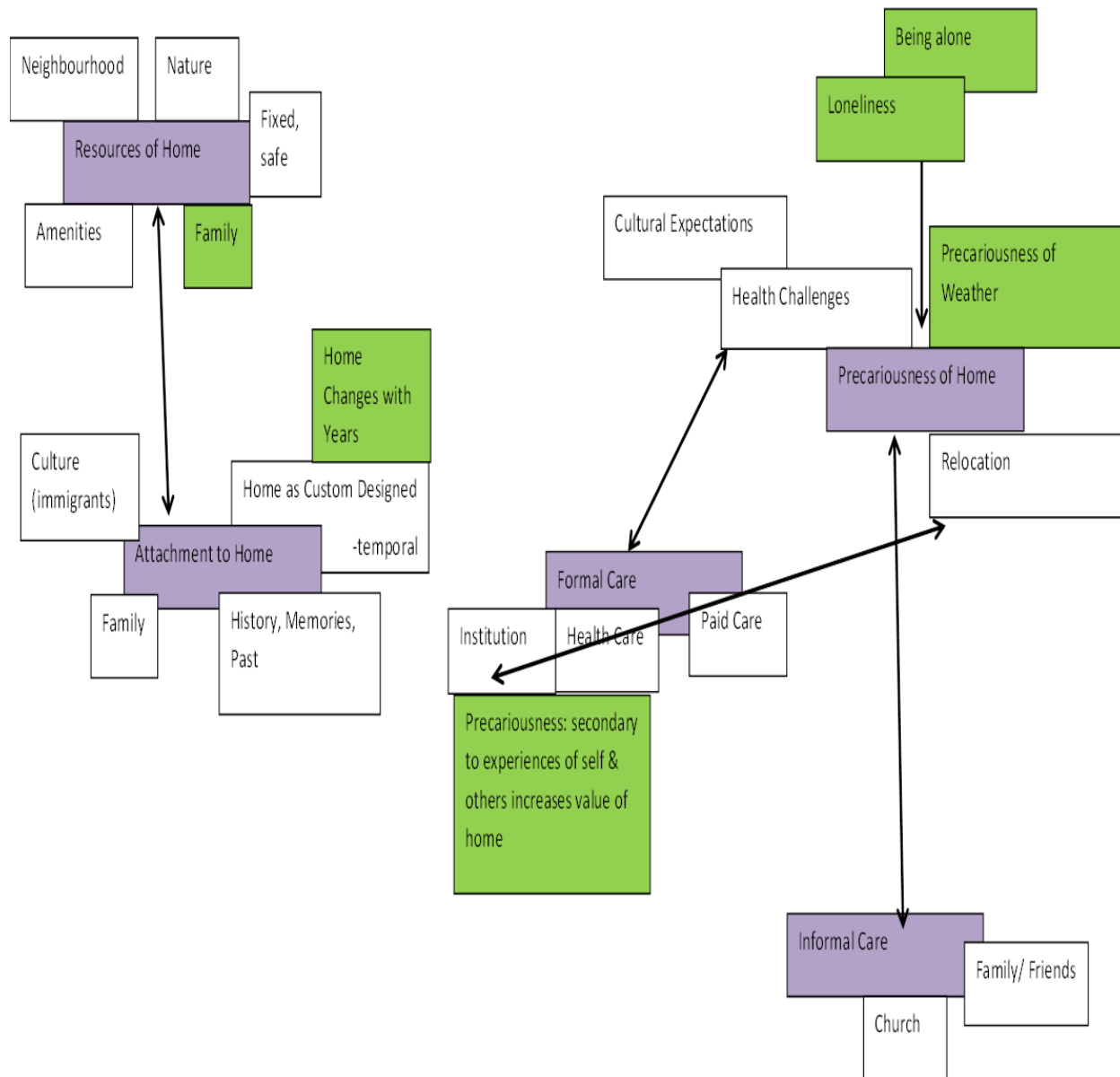
Appendix F

Ethical Approval

APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS
Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL / New X / Modifications to project / Time extension	
Name of Principal Investigator and school/department	Arro Barry (Nursing) Roberta Heale (Supervisor, Nursing)
Title of Project	Aging in Place in North Eastern Ontario
REB file number	2013-11-06
Date of original approval of project	January 2, 2014
Date of approval of project modifications or extension *(if applicable)*	
Final/Interim report due on	January 2, 2015 and annually
Conditions placed on project	Final report due on June 30, 2016

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate REB form.

In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best of luck in conducting your research.

Susan James, Acting chair
Laurentian University Research Ethics Board

Appendix G

LaurentianUniversity
Université**Laurentienne**

**Aging in Place in North Eastern Ontario Study – INFORMATION SHEET FOR
PARTICIPANTS**

My name is Arro Barry and I am a registered nurse who is working on my Masters
of Science in Nursing through Laurentian University. For my area of study I am
interested in older women's stories about home and living alone in Sudbury. For
this reason, I would like to invite you to participate in this Masters research
project. You should only participate if you want to; choosing not to take part will
not disadvantage you in any way or affect your access to care. Before you decide
whether you want to take part, it is important for you to understand why the
research is being done and what your participation will involve. Please take time
to read the following information carefully and discuss it with others if you wish.
Ask us if there is anything that is not clear or if you would like more information.

☐   The reason for doing this study, is that there is not much known about the
views of older women and what home means to you. The hope is that by
understanding your experiences knowledge will be created that will add to the
understanding of aging at home.   Providing good health care to older people
requires specialized knowledge and skills. Creating this knowledge may contribute
to effective and efficient care to older people, as these are important tasks for
health care providers, organizations, and policy makers.

☐   I am looking to speak with English speaking women over 80 years who are
home bound and live alone.

☐   If you choose to take part, I will come to your home and collect your stories
through individual interviews. These interviews will last approximately 60 to 120
minutes and the interview will be audio recorded. You will be interviewed at least
once and perhaps more than once.

☐   Due to the intimate nature of the interview, the content may be emotional.
As a result, the interviewer will have pamphlets for the Health Sciences North

Crisis Intervention Program, The Seniors Mental Health Program and the Warm Line as emergency and longer term support programs. The researcher will also offer to contact a support person if you should desire.

☐   Participants will be offered a follow up briefing about the study results by telephone or in person if interested.

☐   The content of the interview is confidential (unless it reveals self-neglect or danger to life), and any information reported will not enable you to be identified. The information will be stored in a locked cabinet in the researcher's home. Original notes, along with names and addresses of participants will be stored in a secured area, separate from the copies.

☐   For distribution the researcher has intent to publish and/or make the final product available to participating organizations.

If you have any questions or require more information about this study, please contact the researcher using the following contact details Arro Barry, at
Phone: 705-919-2663
Email: ax_barry@laurentian.ca

Or my faculty supervisor
Roberta Heale, Assistant Professor, Laurentian School of Nursing
Telephone: 705-675-1151 ext. 3971

If you have any ethical issues or complaints about the research itself and would like to speak with someone outside of the research team please contact the Research Ethics Officer at the Laurentian University Research Office.
Telephone: 705-675-1151 ext 2436 or toll free at 1-800-461-4030
ethics@laurentian.ca

Appendix H

Aging in Place in North Eastern Ontario Study – Consent to Participate

Dear Participant,

The purpose of this study is to explore the meaning of living at home and aging for older, home bound women in Sudbury. The reason for doing so is that there is not much known about the views of older women and the meaning of home. Providing care to older people requires specialized knowledge and skills. Creating this knowledge may mean improved care to older people.

The information will be collected through individual interviews in your home and these interviews will last approximately 60 to 120 minutes. The interview will be stopped if you become tired or otherwise desire to stop. The interview will be audio recorded. You will be interviewed at least once and perhaps more than once. The researcher will be respectful of your time and energy.

Due to the intimate nature of the interview, the content may be emotional. As a result, the interviewer will have pamphlets for the Health Sciences North Crisis Intervention Program, The Seniors Mental Health Program and the Warm Line as emergency and longer term support programs. The researcher will also offer to contact a support person if you should desire.

Participation is voluntary; you may stop the interview and withdraw from the study at any time. Your participation or lack of participation will have no bearing on your care with-, or any other agencies providing care. The content of the interview is confidential (unless it reveals self-neglect or danger to life), and any information reported will not enable you to be identified. The information will be stored in a locked cabinet in the researcher's home. Original notes, along with names and addresses of participants will be stored in a secured area, separate from copies.

Thank you for your consideration of this initiative, if you have further questions or concerns please contact me, Arro Barry, at
Telephone: 705-919-2663
Email: ax_barry@laurentian.ca

Or my faculty supervisor
Roberta Heale, Assistant Professor, Laurentian School of Nursing
Telephone: 705-675-1151 ext. 3971

If you have any ethical issues or complaints about the research itself and would like to speak with someone outside of the research team please contact the Research Ethics Officer at the Laurentian University Research Office.
Telephone: 705-675-1151 ext 2436 or toll free at 1-800-461-4030
ethics@laurentian.ca

☐   I have read the paragraphs above and I am interested in participating in the Aging in Place in North Eastern Ontario study. I agree to have this interview audio recorded.

I, _____, am interested in participating in the Aging in Place in North Eastern Ontario Study.

Participant Signature: _____

Date: _____

CHAPTER II: ARTICLE ONE - AN EVOLUTIONARY CONCEPT ANALYSIS

Abstract

The following evolutionary concept analysis aims to elicit the meaning and experience of home among older women who are aging at home. The concept of home to women aging at home should be visited in light of ongoing cultural, political, temporal and disciplinary evolutions. In part, to compliment policies increasing focus on supporting older adults to age in place and a growing attention on the home as a place where healthcare is designed and provided. The inductive analysis led to the concept of home among women aging in communities to be defined by four attributes. These attributes are home as (1) a resource (2) an attachment (3) the precariousness of maintaining and sustaining home and (4) a cultural expectation. This analysis of the meaning and experience of home among women aging at home has shed light on the needs for this group of women, while highlighting the need to continue to further clarify and define the concept through research.

Introduction

Home is an abstract concept that has been conceptualized, interpreted and utilized in many ways (Despres, 1991, Oswald et al., 2006; Somerville, 1997). However, it is home, for those aging, which inspired this exploration. Specifically, this concept analysis aims to elicit the meaning and experience of home among older women who are living alone.

Research on home has found home to be a reflection of a person's ideas, a place for continuity, a place that facilitates relationships with family and friends, a center for activities, a refuge from the outside world, an indicator of personal status, a structure, a cultural ideal, and a source of gender oppression (Despres,1991; Gillsjö & Schwartz-Barcott 2010, Mallett, 2004; Roin, 2015; Somerville, 1997). To add to these multiple meanings of home, it has been argued that home takes on new meaning as one ages (Oswald & Wahl, 2005).

Worldwide, older people are growing as a demographic (National Institute of Health[NIH], National Institute on Aging [NIA], & World Health Organization 2011). With this unprecedented demographic shift, numerous guiding documents have been published advocating for comprehensive, appropriate and affordable care for older adults (Canadian Medical Association, 2015; Ministry of Health and Long-Term Care, 2015b; Ontario Seniors' Secretariat, 2013; Sinha, 2012; United Nation's Population Fund [UNFPA] & HelpAge International, 2012; World Health Organization [WHO] 2007). These documents advocate for aging at home and for the supportive communities, policies, and health care systems that accommodate people remaining in their home. Home has specific relevance to nursing because there is an increasing focus on the home as a place where healthcare is designed and provided.

In Ontario, home and community care is becoming increasingly established in the portfolio of health care services and the focus on providing comprehensive formal care is a

growing part of the aging at home initiative (Expert Group on Home & Community Care, 2015; MOHLTC 2015b; Ontario Seniors' Secretariat, 2013). Since 2003, the Ontario government has more than doubled their funding for homecare services, has diversified programs and services, and has committed to ongoing evaluation and change (MOHLTC 2015a, 2105b). Older adults are major recipients of home and community care and one of the main target groups for home and community care policies and programs (Clark, 2007; Kitchen et al., 2011). Older women in Ontario are the most likely to utilize government funded home care (Kitchen et al., 2011). This demographic becomes increasingly relevant when one considers that women over 65 outnumber their male counterparts and it is projected that the population of those over 65 will continue to increase over the next 20 years (Statistics Canada, 2015). Given that providing effective health care to older people requires specialist knowledge and skills and that the lived experience of growing older is a gendered experience, it becomes apparent that a solid nursing knowledge base around the concept of home in relation to older women would ensure the skills and knowledge of practitioners are matched to the needs of patients. (Canadian Gerontological Nursing Association, 2010; Canadian Medical Association, 2015; Carney & Gray, 2015; Sinha, 2012; UNFPA & HelpAge International, 2012). It is this increasing focus on remaining at home, or aging at home, which makes the concept of home among older community dwelling women relevant to nursing.

Background

As the concept of home has developed, it has been explored from numerous perspectives (including homelessness, immigration, migration, and gender) and from numerous disciplines (sociology, psychology, and geography). The concept of home represents a complex phenomenon characterized by physical, social, behavioural, cognitive and emotional aspects

(Oswald & Wahl, 2005). Older adults are considered to have profound attachment to home, as a unique place (Relph, 1976). Foundational research into the meaning of home among older adults introduced the notion that home may bear a unique significance for those who age. In fact, the importance of home may increase as declining personal abilities, environmental constraints, and place attachment result in spatial constriction and spatial withdrawal (Oswald & Wahl, 2005; Rowles, 1978). Spatial constriction results when the older adult experiences some personal restrictions, such as mobility issues and sensory changes, and these are coupled with environmental constraints, such as inadequate snow removal from sidewalks (Rowles, 1978). Spatial withdrawal involves disengagement from the outside world (Rowles, 1978). An example of this occurs when a changing neighbourhood means the older adult feels unsafe leaving the home and engages in less and less activities outside of the home.   As a result, home becomes the centre. This idea of home as central to the older adult becomes more important to aging women when you consider evidence that women's attachment to home is more pronounced than men's and increases with length of time spent at home (Hay 1998; Hidalgo & Hernandez, 2001; Oswald & Wahl, 2005; Rollero & Pilloli, 2010; Somerville, 1997).

For those who question the enthusiasm for aging at home, it has been argued that home in older adulthood has been socially constructed to not allow individuals to consider any other option but aging at home. In fact, it has been put forth that home and the desire to remain at home, have become such an unquestioned dominant idea that to wish to leave one's home is an act of deviance (Vasara, 2015). Carney and Gray (2015) and Weicht (2013) have questioned some of the research, policies and practices around aging, highlighting that older adults are often painted with a homogenous brush in which their diversity is not captured. For example, Weicht

(2013) suggests that the idea that every older adult wants to stay at home is an unquestioned assumption.

Further, support for aging at home must be considered critically in light of evidence that home may confine and constrain when it no longer functions to promote independence and safety (Golant, 2008; Hammerstrom & Tores, 2012; Leith, 2006; Lord, Despres, Ramadier, 2011; Oswald et al. 2010). Michael and Yen (2014) have challenged researchers and policy makers in their review of remaining at home while aging to consider if the advantages for those with financial vulnerabilities or for those who are part of an ethnic or racial minority. Portacolone's (2013, 2015) work has also uncovered the precariousness that lack of resources can have on older adults and Golant (2008) similarly argues that the current view of aging at home does not address the financially vulnerable or the most frail. Where vulnerabilities exist, home is not always the place where the best care is received and may in fact pose a safety risk (Golant, 2008). Human attachments to place are not always beneficial in that the human ability to adapt when options are limited may mean adjusting to what one would, at one point, have found intolerable (Fried, 2000). Thus, exploring the concept of home among older women is relevant due to the ongoing challenge of teasing out the complexities of home and applying them to the healthcare needs of older women who remain in their homes.

A concept analysis assumes the weighty objective of clarifying complex phenomena in order to advance nursing research, theory, practice and policy (Weaver & Mitcham, 2008). This paper intends to clarify the concept of home as viewed/ experienced by older women who are aging at home, using Rodgers' evolutionary method (Rodgers, 1989; 2000). The goal of the evolutionary concept analysis is to identify the attributes of a concept through its common use in order to provide a foundation for further research (Rodgers, 1989; 2000; Tofthagen &

Fagerstrom, 2010; Weaver & Mitcham, 2008). This was a primary reason the method was chosen, as it provided an excellent groundwork for the author's subsequent research. When exploring a concept from the evolutionary perspective, concepts are viewed as developing through time and application, and being unique to a particular context (Rodgers 1989, 2000; Weaver & Mitcham, 2008). The goal is to produce results which can be applied and tested as part of a continuing cycle of concept development (Rodgers, 2000). This is done by collecting and analyzing the literature inductively to create codes and themes with the intent of developing the concept's attributes, antecedents, and consequences (Rodgers, 2000).

The concept of home is perfectly poised to be analysed from an evolutionary perspective as its meaning has changed with time, context and disciplinary perspective (Moore, 2000). This allows for the concept of home among older community dwelling women to be revisited in light of ongoing temporal, cultural, political, and disciplinary evolution. Conducting Rodgers' (2000) evolutionary concept analysis involves six iterative phases that include the following activities:

i.   identifying the name and concept of interest and associated expressions,

ii. identifying and selecting the appropriate setting,

iii. collecting the data to identify:

  a. the attributes of the concept

  b. the contextual basis of the concept

iv. analyzing the data,

v.   identifying an exemplar of the concept,

vi. identifying implications, hypotheses, and implications for further development of the concept

Data Sources

The computerized data bases CINAHL, Proquest Nursing and Allied Health Sources, and psycINFO were used to identify published literature using the keywords "home", "living alone", "place", woman/women", "aging in place", "old", "geriatric", "senior", and "elder". The limit of English language was set for each search. The reference lists of articles included in the final review were also examined in order to locate any articles that might not have been identified electronically. Hand searching relevant journals was also employed. Due to the paucity of literature using only older women in their sample, literature was included that used both men and women, as female participants consistently outnumbered males in the older demographic. The research found was overwhelmingly qualitative as this is the research which addressed older women's experience and meaning of home. Attempts were made to ensure the literature reflected numerous disciplines as outlined in the evolutionary method (Rodgers 1989, 2000). After the research literature was synthesized the author felt that she did not yet have a full understanding of the nature and scope of how home was being conceptualized and thus she returned to the literature to explore some literature reviews, expert opinions, commentaries and classic publications. To summarize, the literature reviewed spanned from 1976 to the present and articles were included if they met the following criteria:

i) research articles, books, literature reviews and expert opinions both historical and current;

ii) addressed the older, community-dwelling adult population unless the focus was entirely male participants;

iii) focused on individuals without dementia;

iv) English speaking;

v) The scope for the literature review included North American, European, New Zealand and Australia.

An evaluation of the quality of the studies was not conducted as the aim was to determine the nature and scope of research being conducted.

Results

Identifying the Concept of Interest

Home and aging inspired this concept analysis. However, central to the evolutionary perspective is the understanding that the meaning of a concept can only be interpreted within its context (Weaver & Micham, 2008). Therefore, the concept of interest is the meaning and experience of home among women who are living alone and aging at home. The purpose of this analysis is to refine the concept of home among community dwelling women based on the literature and within the context of aging at home and the policies and nursing care that accompany this effort.

Surrogate Terms

In an evolutionary concept analysis, surrogate terms say the same thing as the chosen term and/or have something in common with the chosen term (Rodgers, 2000). In the case of home, place is overwhelmingly the surrogate term (Rapoport, 2005). Place was used to describe the experience of home by numerous researchers (Fried, 2000; Fullilove, 1996; Hay, 1998; Hidalgo & Hernandez, 2001; Lewicka, 2011; Roin, 2015; Rollero & DePiccoli, 2010; Scannell & Gifford, 2010). However, it can also act as a related concept in that in can represent a surrogate term for neighbourhood or community. Similarly, 'aging in place' can be used to describe home (Golant, 2008; Hammerstrom & Tores, 2012; Löfqvist et al., 2013; Oswald et al., 2010; Vasara, 2015; Wiles et al., 2011). Lastly, living alone is another surrogate term that

elicited the experience of home among older women who are aging at home (Eshbaugh, 2008; Hinck, 2004; Portacalone, 2013; Portacalone, 2015).

Attributes of Home

Attributes represent characteristics associated with factors that must take place for a concept to occur and assist in the differentiation between similar concepts (Rodgers, 2000). Attributes represent the primary intention of the concept analysis and they are exposed through inductive data analysis (Rodgers, 2000). The attributes were generated by reading each piece of data through several times to gather the sense of the writer's use of the concept and their findings and developing categories which identified the major aspects of the concept (Rodgers, 2000). Based on the literature, four attributes emerged to identify home among older women.

A Resource. When the meaning and experience of home is explored from the perspective of older women, home is repeatedly described as a resource. Oswald et al. (2006) revealed that when older participants found their home useful, they had greater attachment and satisfaction therein. Vasara (2015), Leith (2006), and Davey (2006) found that when home no longer served as a resource, participants considered relocation. Home proved a resource for many needs. Home was a resource for memories, access to the neighbourhood, family, culture and social connections, freedom, autonomy, personal preferences, routine, and security (Dahlin-Ivanhoff et al., 2007; Despres, 1991; Després & Lord, 2005; Eshbaugh, 2008; Felix et al., 2015; Fänge & Ivanhoff, 2009; Foster & Neville, 2010; Hayes, 2006; Letvak, 1997; Löfqvist et al., 2013; Nicholson et al., 2012; Oswald et al., 2006; Roin, 2015; Sixsmith & Sixsmith, 1991; Sixsmith et al., 2014; Vasara, 2015; Wiles et al., 2011). It should be noted that home as a resource for family and memories surfaced as particularly important to women (Letvak, 1997; Porter, 1996; Sixsmith et al., 2014). In addition, for a group of formerly homeless women, home was identified as a resource for health (Waldbrook, 2013). Thus, a primary attribute of home is as a resource.

Attachment. Older adults are considered to have profound attachment to place, as profound as attachments to people (Relph, 1976). There is also evidence that women's attachment to home is more pronounced than men's and increases with length of time spent at home. (Hay, 1998; Hidalgo & Hernandez, 2001; Rollero & Pilloli, 2010). As mentioned, it has been put forth that home becomes increasingly important as one ages and vulnerabilities manifest (Oswald & Wahl 2005; Rowles, 1978). Older adults have noted that they could not relocate, as they couldn't feel 'at home' elsewhere (Löfqvist et al., 2013). Although, Rioux (2009) also highlighted fear of change as a reason older adults wished to remain in their homes. Home has been described as a woman's territory, with well-defined boundaries (Swenson 1998). Hence, attachment is an important attribute of home for older women.

The Precariousness of Maintaining and Sustaining Home. Home among aging women often meant an understanding of increasing vulnerabilities and as a result, increasing effort is required to maintain and sustain home (Nicholson et al., 2012; Porter, 1996; Weeks & LeBlanc, 2010). These vulnerabilities meant that home was a place for adjustment, adaptation and trade-offs (Hinck, 2004; Porter, 1996). For the oldest, health problems, fatigue and loneliness made the goal of aging at home challenging and often increasingly so. Consequently, adaptations and adjustments were ongoing (Godfrey & Townsend, 2008; Nicholson et al., 2012). However, risk and adjustment were considered worth the resources home provided (Birkeland & Natvig, 2009; Bornat &Bytheway, 2010; Porter, 1996). Acceptance and adaptability could mean recreating home in the context of life (Sixsmith et al., 2014). Recreating home may mean adapting to maintain a sense of control and balancing scarce resources (financial, social, coping strategies) to maintain balance (Sixsmith et al., 2014). Thus, remaining at home while aging requires adaptation, adjustment and support.

Home as a Cultural Expectation. It has been contended that aging at home among older adults cannot be differentiated from the dominant cultural messages about home. Thomas and Blanchard (2009) argued that staying home is a powerful and idealized narrative which has been developed to oppose institutionalization in long term care. To this end, Hockey (1999) argued that the ideal of home does not allow for some of the manifestations of aging. Further, staying at home has been described as a way of avoiding entry into aging (Antonelli et al., 2000). Letvak (1997) found that for older women, managing home on their own asserted the women's independence. Swenson (1998) discussed this need to maintain home as a way for women to assure and prove to family and neighbours that she can continue to live independently. In fact, a poorly kept home suggested that the woman is no longer functioning well and relocation may be required (Swenson, 1998). Portacalone (2013) supported this finding when she uncovered that older adults felt the need to prove their abilities to make it alone and emphasize their independence. From a different perspective, Godfrey & Townsend (2008) found that coming home and resuming activities was defined as part of recovery from illness. Finally, for those that choose to not age in their home, leaving home signifies opposing a cultural expectation. As such, Vasara (2015) discerned that older adults felt that they required culturally appropriate reasons to relocate and put forth that to leave home represents an act of deviation. Thus, one of the attributes of home within the context of aging is the culturally dominant meaning ascribed to it.

References, Antecedents and Consequences of Home

Antecedents

Antecedents are situations that must occur prior to the concept happening (Rodgers, 1989). When home among older women is looked at in the context of aging, the first antecedent is aging. As discussed above, it is aging and the changes associated with aging that make the

concept of home unique to this age group and this concept analysis supports the belief that the home bears a unique significance to the older adult (Oswald & Wahl, 2005; Rowles, 1978). Secondly, being a woman is an antecedent. This concept analysis advocates that home is a gendered experience and perhaps increasingly so as women outlive their men and face their older years with a greater burden of chronic disease (Kinsella, 2000; Sixsmith et al., 2014; Somerville, 1997). Place attachment is a third antecedent. Place attachment is a "multifaceted concept that characterizes the bonding between individuals and their important places" (Scannell & Gifford, 2010, p.1). Place attachment is a way of conceptualizing home that is reflected in the attributes of home as an attachment and a resource.

Consequences

Consequences are the phenomena that result from the use of the concept (Rodgers, 1989). There are several consequences that present themselves to those women who age at home. For some women, home facilitates doing what matters in a place adapted to their preferences, routines and needs (Fänge & Ivanhoff, 2009; Hayes, 2006). That being said, the precariousness of aging at home and a desire for the resources home offers may mean accepting risk. Risks include personal safety, loneliness and isolation, challenges with preparing food to meet their needs, and home maintenance (Eshbaugh, 2008; Hayes, 2006; Hinck, 2004; Löfqvist et al., 2013; Porter, 2007; Sixsmith & Sixsmith, 1991; Sixsmith et al., 2014). Becoming increasingly limited to the boundaries of home has been associated with increased age, and increased frailty (Xue et al., 2008). Older community dwelling widowed women have been noted to be at increased risk for physical and social frailty (Garre-Olmo et al., 2013). As well, aging at home has been found to be dependent on the formal and informal support available (Foster & Neville, 2010; Portacalone, 2013; Portacalone, 2015; Roin, 2015). In summary, the consequences of aging at home cannot be labeled as positive or negative, healthy or risky, but as a multifaceted mix of

benefits, challenges, and complex decisions. These consequences give significance to the exploration of home from the perspective of policy makers and formal care providers.

References

References are events, situations and phenomena to which the concept has been applied (Rodgers, 1989). Home in the context of aging at home has been applied to a number of events, situations and phenomena. Based on the literature, four references (1) formal care, (2) home and health, (3) environment, and (4) transition became apparent.

Formal Care. Home has been applied to formal care on an individual and policy level. On an individual level, several researchers have used their findings to advocate for individualized care for those aging at home, given the variability in the meaning and experience of home (Eshbaugh, 2008; Fänge & Ivanhoff, 2009; Godfrey & Townsend, 2008; Hinck, 2004; Sixsmith et al., 2014).

From a macro perspective, researchers have argued that formal care needs to be reconceptualised. Hayes (2006) discussed formal care increasing its capacity to address health promotion and health prevention, Bornat and Bytheway (2010) discussed moving from a focus on prevention and protection to a focus on anticipation and minimising risk, and Hinck (2004) encouraged the development of strategies to promote self-sufficiency. Nicholson et al. (2012) challenged policy makers to avoid binary modes of viewing older adults and instead to reconceptualise aging in terms of transition that can be supported over time. Other researchers have highlighted a need to support older adult's activities and highlighted a need to educate older adults, families, and caregivers about normal aging (Birkeland & Natvig, 2009; Dahlin-Ivanhoff et al., 2007; Hinck, 2004).

On a policy level, researchers have questioned the assumptions surrounding current policies around aging at home and others have supported and endorsed them (Fänge & Ivanhoff, 2009; Hinck, 2004; Portacalone, 2013; Vasara, 2015). Other researchers have used their findings to advocate for those populations that are made vulnerable by economic and mental health variables and may not have the resources to successfully age at home (Portacalone, 2013; Sixsmith et al., 2014; Waldbrook, 2013; Weeks & LeBlanc, 2010).

Home and Health. There has also been an emphasis on home and its links to health. Fänge and Ivanhoff (2009) and Hayes (2006) found home to be a prerequisite for health. Breaking women's attachment to home and displacing them from their home has been linked to loneliness, a yearning for home, and poor health (Bernoth et al., 2012; Prieto-Flores et al., 2010; Saunders & Heliku, 2008; Vasara, 2015). Swenson (1998) suggests that home attachment affects mental and physical health and it is important for care providers to incorporate this understanding into their practice. These authors used the link of health and home to justify aging at home, policy support and formal care.

Environment. The home environment of older adults has also been explored. Home has been used from a geography stand point to understand older adults' relationships with space (Cloutier- Fisher & Harvey, 2009). Weeks and LeBlanc (2010) used their research to publicise the housing challenges vulnerable older adults face. Others have applied their research to suggest exploring multiple housing options and endorsing the need for rural housing options (Blanchard, 2013-14; Davey, 2006; Felix et al., 2015; Leith, 2006; Roin, 2015; Thomas & Blanchard, 2009; Vasara, 2015). For example, Fänge and Ivanhoff (2009) advocated for supportive environments from an occupational therapy stand point and Dahlin-Ivanhoff et al.

(2007) brought to light their concerns about home and community care activities turning a home into a workplace.

Transition. Home has been looked at in the context of transition. Investigations into the meaning of home, aging and transition has brought forth the challenges of leaving home and not aging at home (Bernoth et al., 2012; Löfqvist et al., 2013; Saunders & Heliker, 2008). However, research into transition has also highlighted ways in which transition and relocation can be positive and new homes created (Cloutier- Fisher & Harvey, 2009; Leith, 2006). There is a formal care role of providing counselling tailored to support older adults through the ambivalence around transition (Löfqvist et al., 2013).

Related Concepts

Related concepts are similar concepts, but with different defining characteristics (Rodgers, 2000). Place and aging in place can act as related concepts. Although these terms were highlighted as a surrogate term, they can also act as a related terms, in that they can be used to represent the neighbourhoods and communities for which senior's strategies and care planning are applied (Wiles et al., 2011). Thus, the boundaries of these terms can extend far beyond the home.

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Identify an Exemplar

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The purpose of the exemplar is to enhance the clarity of the concept by serving as an example (Rodgers, 2000). Exemplars are best identified rather than constructed with the goal of enhancing the clarity and application of the concept (Rodgers, 2000). Exemplars are identified through the analytic process. The following exemplar is a composition of women interviewed as part of the author's research into the meaning of home among older women and represent real examples, rather than constructions. The attributes from this exemplar are tabled in Appendix I.

Mrs. S. is an 87 year old woman who has been widowed for 10 years. She has lived in her home

for 50 years and it is filled with mementos, which include pictures of family and pieces she has

collected on her travels. She spoke with pride of her home and made it clear she intends to stay

in her home and there are no other alternatives. She emphasized that she built this home and

raised her family here. She stated she felt safe in her home and valued it for its comfort,

familiarity, and independence. In the beginning of the discussion, Mrs. S. denied any challenges

with living alone. However, as the conversation continued she acknowledged that since she

stopped driving 7 years ago, she had given up a number of social activities she once enjoyed.

She now relies on family members to take her shopping and attend appointments. She also

reported some progressive changes in vision and fine motor skills which have resulted in her

giving up some of her in-home activities, such as knitting and reading. Mrs. S described the

importance of the telephone and television to pass time.

More recently, Mrs. S. has had several health challenges which have required her to

depend on formal care and family for some extended periods of time. Since recovery, she has

decreased contact with formal care, but some persistent mobility difficulties mean she rarely uses

the second floor of her home and avoids going outside in the winter.

Ms. S employs formal services to complete the outside maintenance activities required

for the home. She discusses the challenges of finding someone and the costs involved.

However, she accepts the need for this support since these activities are ones which she can no

longer do or which her husband once did and are outside her skill set.

Implications for Further Research and Development of the Concept

In an evolutionary concept analysis, identifying the implications of the concept analysis

is considered integral, as it is viewed as a basis for further inquiry and development (Rodgers

2000). This concept offers several opportunities for research. Further exploration of the meaning of home among older women in studies specific to this group would ensure the concept of home will continue to be developed free of gender bias which may be present in the mixed gender studies reviewed in this concept analysis. Critical exploration about our cultural expectations and messaging around home and its ramifications for older adults, policies, care providers, and families would continue to develop the concept. Finally, healthcare research into home among older women has often been produced while exploring other concepts such as, quality-of life; living alone, well-being, frailty and formal care. Given that some researchers have presented older women's belief that home equals health, further exploration and development of the phenomena of health and home would be relevant to nursing and healthcare (Fänge & Ivanhoff, 2009; Hayes, 2006).

Discussion

Analysing home among older women aging at home has a number of theoretical implications. Although the focus of this concept analysis was not to develop theory, it has the potential to inform middle-range theory development around the concept of home and older adults by capturing the important elements and allow for further refinement and relation to other concepts which surfaced in this exploration–for example, neighbourhood, community, formal care, and loneliness (Thorne, 2008).

Clarifying the concept of home increases one's capacity to understand the complexities faced by older women living alone as they transition through their seventh, eighth, and ninth decades. It allows one to value the resources and attachments home may offer to the older woman while remaining cognizant of the adjustments and adaptations required. For older adults, risk and benefit may be two sides of the same coin. This concept analysis also asks the reader to

balance their enthusiasm for aging at home with the understanding that remaining at home is not a universally desired or beneficial concluding stage. Remaining at home may be an achievement for those with the financial, informal care, and personal resources in position, but be less accessible and desirable for those who do not. Further, the current enthusiasm for aging at home fosters conformity and prevents alternate ways for older adults, families, formal care providers and policy makers to envision aging and supports.

Limitations

Based on inclusion criteria, a North American/ European bias is a limitation to this sample selection. In addition, with the evolutionary concept analysis, the researcher is challenged to identify and analyse literature from numerous disciplines. However, equally representing disciplines was a challenge. Focusing too heavily on the systematic sampling requirements outlined by Rodgers (2000) method has been argued to limit a full exploration and depiction of the concept (Weaver & Mitcham, 2008). Finally, the identification of a single exemplar has the capacity to limit the richness of the findings and has the potential to not fully illustrate the contextual variation of the concept (Weaver & Mitcham, 2008).

Conclusion

There are a number of implications for nursing that are generated from this concept analysis. From a formal care perspective, understanding that risk is balanced by the benefits of home for many older women and caregiver's acceptance of risk may facilitate a cooperative and shared approach to care and support. Being cognizant that home is framed as a cultural expectation can help put provider and patient values into a different perspective, hopefully allowing for alternate ways of thinking about and working with aging, aging at home, housing and support.

From an education perspective, developing an understanding of aging in nursing students will facilitate a practice that is grounded in theory and will combat bias and ageism. From a management perspective, this concept analysis can support program development, the development of clinical practice guidelines, and care pathways. Understanding the perspective and needs of service users is of great value to those organizing, developing and evaluating formal care. Lastly, research implications were outlined above as part of the steps in the evolutionary concept analysis. The authors further intend to develop the concept through their own research into women and home within the culture of their community. The evolutionary method can provide a solid conceptual framework for further study, particularly in the clarification of cultural differences (Rodgers, 2000). As well, the method advocates interview data to support the literature reviewed.

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Appendix I

Table 2	
Identification of the Attributes of Home Among Aging Women within the Exemplar	
Attributes of Home Among Aging Women	Example from Exemplar
Home as a Resource	• Mrs. S.'s home is a resource for safety, comfort, familiarity, and independence
Home as an Attachment	• Mrs. S.'s home is filled with mementos. • She built her home and raised her family in the home.
The Precariousness of Maintaining and Sustaining Home	• Remaining at home has meant giving up a number of social activities. • Remaining at home has meant relying increasingly on family and formal care to meet her needs and the needs of her home • Mobility challenges have resulted in not using the second floor of her home and going outside in the winter. • Mrs. S acknowledges the cost and difficulties of finding formal care to support home maintenance.
Home as a Cultural Expectation	• In the "beginning of the conversation Ms. S denied any challenges with living alone." However, as the conversation continued she acknowledges several challenges.

CHAPTER III: ARTICLE TWO - THE FINDINGS

Abstract

The experience and meaning of home for older, community dwelling women, who live alone in Sudbury, was investigated. With the older demographic expanding and resources being directed at keeping seniors in their home, a solid knowledge base is required. Interviews were conducted with 7 home dwelling older women. Semi structured questions targeted the meaning of home for the participants. The theme of precariousness dominated the findings, including precariousness of formal and informal care, precariousness of winter and that home is not precarious. The study confirms that home is the preferred location for aging women. Health policy and services should continue to be implemented to accommodate this preference. Future research is needed to confirm the findings with a larger sample, incorporating additional life circumstances and to investigate the impact of factors such as winter weather and financial vulnerability on women's ability to remain at home as they age.

Introduction

It is becoming increasingly common in healthcare literature to discuss older adults as a growing demographic with unique needs. Numerous documents, domestic and international, advocate for supportive communities, policies and health care systems to accommodate those aging in communities (Canadian Medical Association, 2015; Ministry of Health and Long-Term Care, 2015; Ontario Seniors' Secretariat, 2013; Sinha, 2012; United Nation's Population Fund [UNFPA] & HelpAge International, 2012; World Health Organization [WHO] 2007). In step with these discussions around aging in communities, the Ontario government has more than doubled their funding for homecare services, has diversified programs and services, and committed to ongoing evaluation and change (MOHLTC, 2015). In fact, Ontario is currently seeing sweeping structural changes to the way home and community care is being delivered (Punch, 2015). These changes include dismantling Community Care Access Centres, increasing funding to home and community care, bundling care, and increasing nursing services (MOHLTC, 2015; Punch, 2015). These guiding strategies and government initiatives aim to support those aging at home in response to older adults expressing their intent to stay at home longer and evidence that community care is more cost effective than institutional care (Sinha, 2012). While there is great value in these initiatives, there are those that question whether the enthusiasm for aging at home considers those who are financially vulnerable and those who are the most frail (Golant, 2008; Michael & Yen, 2014). In these cases, it has been argued that home is not always the place where the best care is received and may in fact pose a safety risk (Golant, 2008).

The discussion around the role of formal care and risk continues when the focus is shifted to living alone, a social norm, which is becoming increasingly common among young and old

(Klinenberg, 2012). However, the concept of aging and living alone sparks a conversation about vulnerabilities, fear, risk, loneliness, and isolation (Eshbaugh, 2008; Klinenberg, 2012, 2016; Victor, Scambler, Bond, & Bowling, 2000).   Such conversations emphasize that older adults, in particular women and widows, may be at greater risk for isolation and loneliness (Victor et al, 2000). Yet, Klinenberg (2016) cautions us not to equate living alone with loneliness and isolation as these patterns of thinking do not represent the modern reality.

When the focus of aging alone at home is narrowed still further to older women there is an opportunity to focus on a unique group and a gendered experience. As a growing demographic, older women outnumber their male counterparts (Statistics Canada, 2011). By looking at the local areas, one realizes that the majority of older adults in Northeastern Ontario are female (Statistics Canada, 2012). This gender difference becomes increasingly marked in the oldest citizens, with women dominating the demographic. This gender gap has been called the feminization of aging and has resulted in a call for a gendered perspective of aging related to increased chronic disease among women, a decrease in personal and financial resources, and female caregivers being left without someone to care for them (Davidson et al., 2011; Kinsella, 2000; Perrig-Chiello & Hutchison, 2010). While, over the last thirty years, older men can claim an increase in longevity and the postponement of disability, women have not made similar gains and can no longer be said to have a greater number of active years (Freedman, Wolf, & Spillman; 2016). In accordance with the growing focus on the needs and role of healthcare for older women in communities, the aim of the proposed study was to explore the meaning of home for older, community dwelling women who live alone.

Background

Home is a place which bears a unique importance to older women. Older women spend more time in their homes than their younger counterparts and are tied to their dwellings through attachments to memories, family, autonomy, routine, and access to community (Hay 1998, Hidalgo & Hernandez, 2001; Oswald & Wahl, 2005; Roin, 2015; Rowles, 1978; Rollero & Pilloli 2010). Among those aging, home has come to symbolize recovery from illness and is often seen to facilitate health because of the independence and resources home offers (Fänge & Ivanhoff, 2009; Godfrey & Townsend, 2008; Hayes, 2006).

While home offers benefits and resources to those who age within its walls, remaining there requires ongoing adjustment and adaptation. Researchers have highlighted that for those in their eighth and ninth decade, frailties, fatigue, and loneliness make the goal of aging at home challenging and often increasingly more so (Godfrey & Townsend, 2008). The imbalance frailty represents, and the social and physical losses of advanced age mean that a great deal of effort must go into maintaining and sustaining the older adult in her home (Godfrey & Townsend, 2008, Nicholson, Meyer, Flatley & Holmes, 2012; Rioux, 2005). Further, for those who age at home, an element of risk may be introduced. Risks include personal safety, loneliness and isolation, challenges with preparing food, and difficulties with home maintenance (Eshbaugh, 2008; Hayes, 2006; Hinck, 2004; Löfqvist et al., 2013; Porter, 2007; Sixsmith & Sixsmith, 1991; Sixsmith et al., 2014). Yet for those who age at home, risk and adjustment were considered worth the resources home provided (Birkeland & Natvig, 2009; Bornat &Bytheway 2010, Porter, 1996). However, for formal care providers and family members these risks and adjustments trigger concerns about safety and may result in the call for relocation (Golant, 2008; Klinenberg, 2012; Michael & Yen, 2014). In fact, Swenson's (1998) research found that a poorly kept home

suggested to family and neighbours that the woman was no longer functioning well and relocation might be required.

To further complicate the picture, research around relocation often supports the argument for aging at home because, for older adults, relocation is associated with separation from family and community, the loss of independence, and a resulting decline in health and well-being (Bernoth, Dietsch, & Davis, 2012; Davies, 2012; Löfqvist et al., 2013; Saunders & Heliku, 2008). Therefore, Thomas and Blanchard (2009) argued that staying in one's home is a powerful and idealized narrative which has been developed to oppose institutionalization in long term care.

Aging at home, alone, is particularly significant to women. Women are far more likely to age alone because they often outlive their spouses (Klinenberg, 2012). Also, there are many advantages to aging at home. Living alone at home allows for autonomy, personal preference, memories, connections to family, and being where you want to be (Hayes, 2006; Hinck, 2004; Rioux, 2005; Sixsmith et al., 2014). Research into older women's experiences lends support to the argument that living alone is not synonymous with isolation and loneliness (Eshbaugh, 2008; Hayes, 2006; Hinck, 2004). Indeed, women are more likely than men to build and sustain social networks (Klinenberg, 2012). However, there have been criticisms that these positive views of aging focus on those 60-80 years, who have not yet been touched by the increased dysfunction of the oldest women, those greater than 85 years (Baltes & Smith, 2003).

For aging women, maintaining home represents a way for older women to assure and prove to family and neighbours that she can continue to live independently (Swenson, 1998). Conversely this symbolic representation of home can be a burden to older women. Portacalone (2013) uncovered that older women felt the need to prove their abilities to make it alone and

emphasize their independence. What remains constant in these conversations about older women living alone at home is the need for formal public support to meet some of the needs of this group and for this care to be appropriate, relevant, and sustainable (Klinenberg, Torres, & Portacalone, 2013; Sinha 2012).

This study intends to build the body of knowledge around the meaning of home among women in the oldest demographic. The findings have the potential to inform future research, healthcare practice, organizations, and policy.

Methods

This was a qualitative study using interpretive description methodology. Ethical approval for this study was received from Laurentian University's research ethics board

Research Question

What is the meaning and experience of home for older, community dwelling women who live alone in an urban centre in Northeastern Ontario?

Participants

Sampling within interpretive description involves purposeful sampling of participants whose accounts reveal elements that are shared by others (Thorne, Kirkham, and MacDonald-Emes, 1997). The participants for interviews were recruited through a faith organization. The organization identified potential participants and contacted them to determine their interest. Those that were interested agreed to be contacted by the researcher. As the intent was to explore home among aging women who are increasingly vulnerable and poorly represented in research, the sample group targeted was women greater than 80 years. Recruiting challenges limited the number of participants to seven, and included one participant less than 80 years whom the recruiting organization felt would be appropriate for the study. Additional sample characteristics

set were living alone in the Greater City of Sudbury, and English speaking with no diagnosis of dementia. All but one of the participants approached agreed to becoming involved in the study. Further demographic information about the participants can be found in Appendix J.

Data Collection

The primary data collection technique consisted of individual interviews in the participants' homes (approximately 60 to 120 minutes in length). The interviews were guided by semi-structured, open-ended questions (appendix B). Observation of their homes and surroundings was also collected as data. Other resources, such as literature and health policy documents, were also considered data in this study (Thorne, 2008).

Data Analysis

A verbatim transcription was completed for all interviews by a professional transcriptionist within a month of the interviews. A reflective journal was kept to organize ideas, to draft a master list of initial coding ideas as well as to track thoughts, reflections and to explore developing relationships and ideas (Thorne, 2008).

Data collection and analysis occurred concurrently (Thorne, Kirkham, and MacDonald-Emes, 1997; Thorne 2008; Lincoln & Guba, 1985). The data, including interview transcriptions and field notes, were reviewed several times in order to develop a sense of the whole, to become aware of shifts in meaning, and to note and categorize sensitizing concepts (i.e., needs, expectations, values, priorities, and perceived facilitators and barriers associated with service delivery). To facilitate this approach, marginal memos were an initial technique used and through this process themes and patterns emerged (Giorgi and Giorgi, 2003; Lincoln & Guba, 1985; Thorne, 2008; Thorne, Kirkham, and MacDonald-Emes, 1997).

Coding allowed for greater attention to emerging themes and ideas and a way to explore the data in a less context dependent manner. Under emerging themes, larger units of data were used as codes to gather data with similar properties and avoid excessive precision (Thorne, 2008). From here, questions were asked of the data by using coding and memos in different ways (Miles, Huberman, & Saldana, 2014). Emerging findings were analysed critically to avoid binaries or dichotomies and examine normatives, simplifications, and idealizations that mask complexity (Arner & Falmagne, 2007; Einstein & Shildrick, 2009). Possible relationships were explored using schematics or network diagrams (Miles et al., 2014). Finally, results were taken back to the transcripts to ensure the findings remained true to the participants.

Credibility

Credibility was ensured through a number of measures. First, time was spent reviewing the epistemology and analysis goals of interpretive description, critically considering the methodology in relation to the research goals, and consistently returning to the research question during the development and implementation of the study (Thorne, 2008). Second, qualitative studies which explored similar experiences of older adults were integrated into the findings with the purpose of triangulation, rather than comparison (Thorne, 2008). Third, a reflective journal was kept and numerous descriptive accounts were incorporated into the findings to support the reader's ability to ground the findings in the data (Thorne, 2008). Finally, the researchers declared their intent of relating the findings to health and health care and also spent time critically considering and analysing the results and analysing them from numerous perspectives to guard against bias and to ensure trustworthiness (Thorne, 2008).

Findings

Study participants shared their experiences and meaning of home. As the exploration of home among older women proceeded, precariousness became an important way of understanding the experience. The theme of precariousness wove through the stories of home and it is the theme of precariousness which lends itself to the consideration and application of health care researchers and practitioners and as a result informed the analysis.

Precariousness has been defined as "dependent on chance circumstances, unknown conditions, or uncertain developments: characterized by a lack of security or stability that threatens with danger" (Merrian-Webster, n.d.). Precariousness surfaced in gerontological nursing research to describe the precarious balance of decision making around the use of formal care (Forbes & Hoffart, 1998). Later, Portacolone (2013, 2015) found the notion of precariousness of great importance in understanding the experience of aging and living alone. Portacolone (2013) examined the precariousness of individual resources, service provision and societal emphasis on independence. Portacolone (2015) built on her work to further explore the vulnerabilities that a lack of resources represents. Along a similar line, researchers have used precariousness to highlight how financial insecurity affects participants' views of aging (Craciun & Flick, 2014; Craciun, Gellert, & Flick, 2015).

The Precariousness of Formal Institutions

The main finding of this study was that contact with formal healthcare institutions influenced the meaning and experience of home. Narratives brought to light that the precariousness of these institutions shaped the meaning of home for older women living alone. For study participants, changes in health and function experienced by them and their peers resulted in increased involvement with formal institutions. Their encounters with hospitals,

rehabilitation facilities, assisted living facilities, and long term care facilities included unplanned stays (both short and longer term), planned visits, and shared experiences with friends who relocated. It would be unfair and short sighted to state that participants only detailed negative experiences with formal care when in fact their encounters were varied.   However, as analysis proceeded it became clear participants' experiences with formal care shaped their meaning of home. Participants brought to light that the precariousness of formal care often overshadowed the precariousness of home, and any uncertainty or loss, home may represent thus strengthening their attachment to home.

Busyness of Formal Care. Hospitals, assisted living facilities, long term care homes and rehabilitation facilities are institutions abuzz with patients/ residents and staff. The busyness of these institutions was commented on by participants and it was highlighted that these organizations offered overstimulation and no way to avoid it. This busyness and institutional overstimulation has been noted by other researchers and labelled a lack of privacy (Jacelon, 2003).

Although P#1 was a person who sought frequent social interactions, both inside and outside of her home, the institutional environment's constant noise was too much and something she brought up on several occasions during the interview.

"*like when I visit friends in some of the nursing homes…it's very busy…with the nurses all around and people coming in to see what you're doing , and there's other patients. So, it's nice to be [home] where I can be on my own…* (P#1).

"*oh, I could never stay in the hospital. It's just too noisy and too busy…* (P#1).

For P#1, the noise and busyness of these environments increased the value of her home, as a place where peace and quiet existed.

So I was very anxious to get home! It made me realize how much I really like to be in my own house. (P#1).

For P#7 the busyness was visual.

*I have noticed things since I've been here [in the assisted living facility]. That people are, --their rooms are just FULL of furniture. …… (*P#7)
During the interview P#7 brought up the clutter of people's rooms several times. It was

something for her that was important to avoid.

Unmet Needs in Formal Care. The precariousness of formal institutions also surfaced in

terms of participants needs not being met.

 "*knee surgery was fine, the aftercare was not. They left me 3 hours in a chair, sitting,… and that swelled my knee up and I couldn't stand up and I kept buzzing and they didn't come…*"
(P#3)

"The first table I was put at…with 2 Frenchmen. I couldn't … I don't speak French. I asked to be moved to another table…and I wasn't put at that table" (P#7)

I just missed the view and being close to my family—They came every day to see me, but they would only stay 10-15 minutes or something. (P#1)

Although five participants identified reasons to be in these institutions, for three participants

experiences of unmet needs increased a yearning or longing for home. The unmet needs in

formal care institutions increased attachment to home and emphasized the resources home offers.

Home was seen as a place where needs were met and healing occurred.

 "*it's a good feeling to be home, I think you get better a lot faster, because you are in your own surroundings*" (P#3).

In fact, homes were often custom made to meet the needs of participants. Many participants had

built their own homes, and modified them to accommodate their interests, their changing

function, and the needs of their family. For example, home accommodated a love of gardening

and nature, acted as a base for family, and represented a symbol of a lifetime of accomplishments

and independence.

For three participants, experiences with formal institutions went beyond unmet needs and

were interpreted as threats to health and well-being. Threats to health were interpreted as

separation from communities, exposure to dangerous people, isolation, and a lost sense of

independence.

"*stuff [in the institution]became an actual threat to my life. Someone …mistook me for someone else…that drove my blood pressure up. They had to get me out of there."* (P#3)

I know people who go to nursing homes and ah, die within a month… "(P#3)

then when she came back to the assisted living facility, she got very depressed, and she felt really lonely and depressed, her family took her… and had some, ah, some of those caregivers coming in, and got a hospital bed and everything, and she just perked up like everything, you know? She was really happy again (P#1)

For P#7 the transition to an assisted living facility was prompted by mounting functional

impairment; however P#7 experienced the relocation as a threat to her well-being.

Researcher: You mentioned that for you as you aged in your home, you lost your independence…
Participant: When I came here.
Researcher: When you came here, but not when you were in your home.
Participant: No. No, I was very independent.
Researcher: Up until, right until you moved?
Participant: Yeah. (P#7)

These experiences of formal institutions as threatening served to emphasize the value of home.

For participants home was almost universally described as safe and safety. Forbes-Thompson &

Gessert (2006) used their research into long term care to provide two case studies of older

women transitioning to long term care. The women's suffering within these institutions led to

their dissatisfaction and perceived negative effects on health and well-being. These women also

compared their experience within long term care to a more positive experience of home and concluded that they would not recommend these institutions to anyone. These findings support the experiences of study participants.

Threats to Well-Being in Formal Care. Further, formal institutional care could be precarious not just in terms of unmet needs, but as a place which was viewed as taking an active role in keeping participants from their home.

"*So I had to prove I could be [home] alone, and do the work, and they helped me with all those tests…., and I passed them so I got home*" (P#1)

Formal institutions acting as barriers to home adds a high degree of precariousness to the lives of older women. The women were well aware of the benefits of home:

Participant : I'd lose a lot, if I couldn't be here.
Researcher : What would you lose?
Participant: Well, I couldn't get to church without trouble, be involved, you know, more directly, having to talk to people that you know (P#3)

Loneliness in Formal Care. Despite widespread discussion in the literature that loneliness is a risk of aging alone at home, for participants loneliness was another element of precariousness associated with formal care.

"*She went to an [assisted living facility] and she wasn't very happy there, because she found it lonely*" (P#1)

"*I could probably do better if I maybe sat in the lounge [of the assisted living facility] and somebody could maybe come and talk or something,…*" (P#7)

Conversely, many participants denied loneliness at home and for those that did discuss loneliness, they viewed the loneliness as transient. Participants engaged in activities to combat loneliness. A discussion of loneliness and home is reviewed in greater depth in the final section.

Lastly, institutions represented the antithesis of home.

Researcher: Can you tell me a bit about what is NOT home?

Participant: Hospital. Put[ting] me in a nursing home. I don't know… and I think, you know, I've talked to so many people and visited so many people there, I supposed it depends on your state of mind, and you don't realize you're there. But people, even through Alzheimer's, become lucid at times? And they know what's going on. (P#3)

Researcher: What is important to you about staying here?
Participant: What's important? Not to go in a home. And um, that's about it. (P#4)

A number of participants were willing to consider relocation. They discussed it as a future occurrence, but gave consideration or discussed past consideration of moving to apartments, moving to be closer to family, or returning to their country of birth. Therefore it would be hasty to assume home was only where they are now. For many it was the idea that to leave home was equated with institutions and these places were considered to have the least potential to be home.

Precariousness of Informal Care

Informal care is care provided by family, friends, and faith groups. It is unpaid and considered to be where the bulk of caregiving comes from (Keefe, 2011). Informal care was present in the lives of all participants and was a great source of functional and social support. As such, it was valued and appreciated by participants. However, for some there was an element of precariousness between informal support and the experience of home. This precariousness took on several forms.

First, with families being geographically spread out, leaving home to be closer to the informal support of family outside of one's community was thought to be precarious.

[Friends] moved to a different city, and moved to where their children were. But I must say that none of them are very happy. Because they are older, and their children, you know, look after them. In a certain way, they see them every day, or even every week, I don't know, but they say that they just don't have any friends! And it's too hard to meet people. (P#1)

The belief that leaving home to be closer to family was precarious served to increase the value of aging at home and reinforced the precariousness of leaving home.

For others, the lack of informal care to support the women introduced precariousness into aging at home. For #4, the precariousness of informal care promoted a belief in self-reliance to facilitate living alone in her home.

And if you have a family or not, they are not always right next to you. They are at the other end of the country, and so you've got to…make up your mind—if you want to stay alone and struggle, or um…if you make it, that's a fact (P#4)

For, #6, the informal care available to her was contrasted with the lack of such care among her peers.

Other widows, a lot of them don't have their family around; they are in British Columbia or Newfoundland, or the States. They always tell me how lucky I am to have ALL of my family here (P#6)

For others, families' concerns over the participant living alone introduced an element of precariousness.

As I said my daughter wants me to move out, and I don't want to go. (P#2)

For these participants, family's belief that home was no longer appropriate for the women served to reinforce the value of home as the suggestion of relocation prompted the women to consider and articulate their reasons for staying in their home.

Precariousness of Winter

Geography mattered to participants, not just in terms of separation from family, but in terms of weather. Winter added to the precariousness of living alone at home. Winter meant increased isolation, a risk for falls, less activity, and more difficulty with transportation.

"*So, I've been going down [South] for longer because the winters were, you know, they're not easy on older people*" (P#1)

"*It's a little bit harder to do things. In the winter especially.*" *So I'm still planning on going away this winter, because I find the winters are difficult—it's icy, and it's hard to get out and I don't really feel comfortable driving in the snow* (P#1).

"[Falls] always in the winter on ice….And however careful you are on ice, you can't stop yourself" (P#6)

"They do have some apartments that you can rent …for just a short time. And this is what my daughter wants me to look into. To go there for winter." (P#2)

"I didn't want to be having this long drive, especially in the winter, so we decided, if we wanted to be together, here, to move [into town]." (P#5)

One participant expressed her belief that, had she not travelled to the Southern United States after her surgery, she would not have been able to heal so quickly or so well, as the opportunities to build strength did not exist in the winter. Perry's (2014) ethnographic study of season also found winter precarious for activity and socially isolating. Thus, aging alone at home during the winter represents an aspect of precariousness to those in temperate climates.

Living Alone is Not Precarious

Most participants were widows for varying lengths of time and one was always solo dwelling. However, living alone was not experienced as precarious. These women described a lifetime of skill development which gave them the abilities to live alone. As a group they had sought out and lived through many transitions, health challenges, and losses of loved ones. The women identified these events in their lives as giving them the abilities to live alone and manage the changes that accompanied aging at home alone. Active strategies, such as joining new groups, were used to adapt to losses. To accommodate the functional changes, the women accessed formal paid care for the home maintenance that their husbands were responsible for or for which they could no longer do. A number of participants described that it was not being alone that proved challenging and isolating, but the increasing functional changes associated with advanced age.

Researcher: After your husband passed away, and you had to live alone, were there challenges? Changes? Adjustments?
Participant: Well, there were…not right away, but now in the last 5 years (P#6)

Researcher: What was it like after your husband passed away?
Participant: Oh, well… I was quite active at that time. And in fact I was quite active until 2 years ago. …But um… you can't keep on doing that— (P#2)

The strain of accumulating dysfunction has been noted to mount in those who enter their eightieth and ninetieth years and test the boundaries of adaptation (Baltes & Smith, 2003).

A number of participants discussed moments of loneliness, but again, identified active strategies to combat loneliness. Active strategies included focusing on group activities and social engagements and increased support from family and friends during particularly difficult times (such as the death of a spouse).

Discussion

The main finding generated in this study extends the understanding of the concept of home among older women by offering evidence that experiences with healthcare institutions influences the meaning and experience of home. Contact with these institutions strengthens attachments to home by reinforcing and bringing to light the benefits and resources home offers despite potential deconditioning and loss of function at home. The findings further extended the understanding of home and precariousness to include the unique challenges presented by informal care providers or the lack of informal care providers, and the winter conditions which are ever a part of the Canadian climate.

The Precariousness of Formal Care

Concerns that the institutions that care for older adults do not meet the needs of older adults are not new. Dobbs et al (2008) found that the ageism experienced by elders within long term care facilities and assisted livings facilities made living within these institutions difficult, dehumanizing and infantilizing. Kayser-Jones (2002) went further and exposed that facilities do

pose a threat to the health and well-being of older adults. Neglect is real and embedded in LTC facilities and patients/residents are aware of the power formal caregivers can offer or withhold (Band –Winterstein, 2015; Dobbs et al, 2003; Forbes-Thompson & Gessert, 2006; Gustafsson, Heikkilä, Ekman, & Ponzer, 2010). When looking at hospitals, Jacelon's (2003) study of elders' hospital stay highlighted organizational customs which take away dignity from participants and the need to return home to restore dignity. Other research has highlighted that prolonged stays in hospital was characterised by uncertainty (Cressman, Ploeg, Kirkpatrick, Kaasalainen, & McAiney; 2013).

Even concerns about loneliness among older adults living alone are contrasted with findings that social opportunities in assisted living and long term care organizations are problematic. Social hierarchies and cliques exist in these facilities which exempt those with cognitive, physical and socioeconomic vulnerabilities (Dobbs et al, 2003; Nakrem, Vinsnes, & Seim, 2011). Thus, research supports that institutions are often not meeting the needs of older adults and in fact may pose a threat to health and well-being, rather than being the safer alternative to home. Considering this, one has a clearer understanding of why older women value home after experiences with institutional care.

That being said, new models of providing care to elderly have been slow to come to fruition or have not proven themselves better than traditional models of care (Klinenberg, 2012; Petriwsky, Parker, Brown Wilson, & Gibson, 2016). Dobbs et al (2008) highlights policies (i.e. fire regulations, risk management) and ageism among residents, staff, and families that prevent these institutions from achieving their goals of becoming home. As a result, there is a call to consider ageism, policy, and models of care and their effects on health (Chrisler, Barney, & Palatino, 2016). Health organisations must continually plan and develop services to anticipate

and meet the needs of their service populations. Each organisation must foster a culture of quality improvement to make these institutions less precarious and more in line with the need to provide quality care in a home-like environment (King, 2004).

These findings also add support to the enthusiasm for home and community care in the lives of older adults. With the evidence that institutional care is precarious, home and community care may be seen as a more secure alternative. For Ontario residents, current endeavours to restructure and improve quality are an exciting opportunity to meet the needs of older women living alone.

Precariousness of Informal Care

To a lesser degree, informal support added to the precariousness of home. The precariousness of informal care has been described in the literature. At times family is at too great a distance to provide certain kinds of care. This fragmentation of family is more pronounced in Northern and rural environments, as younger people leave their home for education and jobs and do not return (King & Farmer, 2009; McGoey & Goodfellow, 2007). Participants emphasized the need for self-reliance to manage the precariousness of informal care.

However, older women view themselves as resourceful and autonomous, and as active participants in their care, whether formal or informal (Foster & Neville, 2010; Hayes, 2006; Petry; 2003; Porter, 2005). Formal home care has its place, especially when informal care is not available (Bacsu et al, 2012). At other times, formal home care is preferred by older women to avoid burdening family (Hayes, 2006; Tanner, 2001). These findings were supported in the study, as the women actively organized paid formal and informal supports to meet their needs. However, overwhelmingly these women had the financial resources to pay for formal care and it is unlikely all older women are able to do so (Arber, 2006). It is argued that the move away from publicly funded home support has increased the burden on informal caregivers, put the

economically vulnerable at greater risk, and disproportionately affected older women (Davidson et al., 2011; Parrott, 2002; Williams, 1996).

In the 1990's publicly funded home support was targeted and services reduced in response to a rapidly aging population and a looming fiscal crisis (Williams, 1996; 2006). Since then, homecare has been criticized for focusing on curative physical care, rather than supportive care and mental health (Allan, Ball, & Alston, 2007; Forbes, Stewart, Anderson, Parent, & Janzen, 2003; Markle-Reid et al., 2008). This criticism is particularly relevant as it has also been noted that older women living alone require more non-medical supportive services to maintain functioning, as was the case among study participants (Markle-Reid et al., 2008, Parrott 2002). Thus, the current restructuring of home and community care offers an opportunity to reassess the needs of older women in light of ongoing cultural changes such as living solo, remaining at home, changing neighbourhoods, families becoming more transient, and the evidence that the supportive services are necessary to older women and inaccessible to those without financial resources (Klinenberg et al., 2013; Portacalone 2013, 2015).

The Precariousness of Winter

The findings of this study presented that winter adds to the precariousness of home by isolating the women living alone, limiting their activities, and shaping their living arrangements. Consideration of the role of weather in the lives of older adults has stressed the risks of extreme heat and cold among older adults (Klinenberg, 2012). Research has highlighted that fair weather can increase activity and inclement weather can reduce activity among older women (Clark, Yan, Kensh, & Gallagher, 2015; Dunn, Shaw, & Trousdale, 2012; Mondor, Charland, Verma, & Buckeridg, 2015; Smith et al, 2016). Perry (2014) contributed to the knowledge of the role of weather among older adults and linked the precariousness of winter with home in terms of home maintenance, activity, and the increasing concerns of family. It has also been noted that hip

fractures increase in the winter months with women being more affected than men (Mirchandani et al., 2005). Interestingly, these fractures did not occur most often outside, but inside the home. In light of this increased fracture risk and evidence of decreased activity in the winter, it would be interesting to look further into the role of deconditioning that occurs in the winter, as this was a concern raised by participants.

While current research into weather and older adults addresses injury prevention, mobility, morbidity, and mortality further research into how it shapes the health of older women would allow a greater understanding. The knowledge of the precariousness of winter can be used in the development of home and community care programming.

Further Research

The study was able to add to the meaning of home and use this understanding to reflect on current healthcare practices. However there would be value in exploring the findings further. First, the participants studied were overwhelmingly widowed and this reflects the current majority. However, it is projected that with the passing of time there will be an increase in older women who live alone because of divorce or who identify themselves in a romantic relationship while choosing to live alone (Davidson, 2006). Also, this study also had only one participant who was never married and exploring the experience of home with additional women who have lived their lives solo would be valuable. Finally, looking further into the experience of living alone and aging at home among those with financial vulnerabilities would further develop the understanding of home, living alone and formal care (Arber, 2006).

Conclusions

This interpretive description study was undertaken to further explore the phenomenon of home among older women living alone and apply this understanding to health and healthcare.

The main finding of the study is that contact with the institutions developed to care for older women strengthens their attachment to home. The findings from this study have added to the meaning of home and have allowed for a greater understanding of why women age in place and challenge beliefs that institutional care is a better alternative. The study advocates for ongoing change and quality improvement in healthcare institutions, home and community care, and professional practice.

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Appendix J

Table 3

Sample Group

Participant	Age	Status	Children		Housing		Driving	Born Outside of Canada
				Living Locally		Years in Home		
#1	90	Widowed - twice	Yes	Yes	Detached House	38	Yes	No
#2	92	Widowed 14 years	Yes	Yes	Detached house	55	No	Yes
#3	72	Never married	No		Apartment	15	No	No
#4	88	Widowed 13 years	No		Detached house	60	No	Yes
#5	83	Widowed - twice	Yes	No	Detached house	54	Yes	Yes
#6	81	Widowed 18 years	Yes	Yes	Detached house	53	No	Yes
#7	97	Widowed 21 years	Yes	yes	Assisted Living Facility	<2 months	No	No

CHAPTER IV: APPLICATIONS AND FUTURE RESEARCH

The preceding thesis was undertaken to further explore the phenomenon of home among older women and apply this understanding to health and healthcare with the interest in supporting and understanding older women and their care requirements. The study accomplished two things. First, an evolutionary concept analysis was conducted on the concept of home, among aging women, to provide a foundation for further research (Rodgers 1989, 2000). Second, an interpretive description study was conducted to delve into how older, community dwelling women, who live alone in Sudbury, experience and give meaning to home. The main finding of the study was that contact with institutions, developed to care for older women, strengthens their attachment to home. Additional findings included the precariousness of weather for those who age at home and the challenges of informal care when it does not exist, is outside of one's community, or does not support the values of the aging woman. Furthermore, the findings from this study have added to the meaning of home by allowing a greater understanding of why women age in place and challenging beliefs that institutional care is a better alternative. The study advocates for ongoing change and quality improvement for healthcare institutions, home and community care, and professional practice.

Methodological Limitations

Using interpretive description proved beneficial and in line with the goal of producing a refined understanding of the concept of home from the stand point of the patient. The ability to draw on the techniques of a number of methodologies allowed for great flexibility and the ability to keep the focus on nursing practice and clinically derived phenomena (Kahlke, 2014; Thorne, 2008; Thorne, Kirkham, & MacDonald-Emes, 1997). The guidance also facilitated a final manuscript which was logical, complete, and useful. However, the lack of allegiance to a traditional methodology did contribute to some time spent describing and justifying decisions

(Hunt, 2009). A further consideration is that interpretive description does not aim for highly abstract theorizing and health services research has been criticized for not linking findings to theory (Barbour, 2000; Thorne, 2008). It has been argued that an increased focus on qualitative derived theory is important to increase the scope and impact of qualitative research (Morse, 2004).

Study Limitations

The study offers a number of limitations. All participants were collected through a faith organization and it must be considered that their belief system may have influenced their experience of home and living alone. Also, as previously discussed, the participants studied were overwhelmingly widowed and this reflects the current majority. However, it is projected that with the passing of time there will be an increase in older women who live alone because of divorce or who identify themselves in a romantic relationship while choosing to live alone (Davidson, 2006). Furthermore, this study had only one participant who was never married and exploring the experience of home with additional women who have lived their life solo would be valuable. In addition, all participants were Caucasian. Although this is representative of this generation of women, in Sudbury, it certainly limits an understanding of non-Caucasian women. This is particularly relevant when one considers that Sudbury and Ontario are becoming increasingly ethnically diverse (Statistics Canada, 2015). Another point for consideration is childless elders. Two of the study participants were childless and this is expected to increase and represent a group of women with less informal supports and possibly, more financial vulnerability (De Medeiros et al. 2013). Finally, looking further into the experience of living alone and aging at home among those with financial vulnerabilities would further develop the understanding of home, living alone, and formal care (Arber, 2006). The additions of these other

women's experiences would round out the understanding of aging at home alone and allow for the higher level of conceptual development to facilitate a greater scope of application (Morse, 2004).

Implications for Nursing Practice and Health Policy

There is a call to consider ageism, policy, and models of care and their effects on health to meet the growing need of older adults and caregivers (Chrisler, Barney, & Palatino, 2016). It is suspected that there will be a growing need in Canada for home and community care, and long-term care as baby boomers enter their eightieth years and this need will be more pronounced for women (Banerjee, 2007). The study findings, that institutional care is precarious, support current endeavors to restructure and improve quality among home and community care, and the institutions caring for older women (Koren, 2010). However, it has been argued that research is currently skewed towards the knowledge of health providers, quantitative data, and researchers and this limits an understanding of problems and subsequently limits ways to solve problems (O'Grady, 2012). From this perspective, the study findings have the potential to complement the current understanding of aging at home by grounding the understanding of aging at home and institutional care in the everyday experience of the older woman. For example, the concern that long-term facilities do not meet the needs of the people they serve is not a new idea. Concerns over the care provided led to the development of guiding policies and resources, including the *Long-Term Care Homes Act* (2007), the Registered Nurses' Association of Ontario (RNAO) *Long-Term Care Best Practices Toolkit* (2016) (originally launched in 2005) and several models of care delivery designed to improve the experience of long-term care (Koren, 2010; Petriwsky, Parker, Brown Wilson, & Gibson, 2016). These examples advocate for a more resident–centered approach to care. Despite the existence of these resources the study

participants highlighted numerous unmet needs when exposed to these organizations. Therefore, this study has the potential to further define the problem of precariousness in institutional facilities to support problem solving, change and quality improvement.

Additionally, the findings have the potential to strengthen the work being done by the RNAO's *Enhancing Community Care for Ontarians* (ECCO) (2014) report and the *Patients First: Action Plan for Health Care* (2015). As alluded to in other sections, home and community care in Ontario is being restructured with goal of improving care. Again, this study has the potential to round out an understanding of the care needs of older women. Narrowing the focus still further, Sudbury is developing an *Age Friendly Community Plan* for which this study has the potential to inform. The understanding that informal supports and weather are precarious, combined with the desire for older women to stay in their home and communities, has the potential to influence the design and focus of this strategy.

Finally, the results provide evidence that older women have unique care needs and support the ongoing development of gerontology and the education that supports it. The results may increase nurses' understanding of the experiences of older women and be used to increase skill capacity in practicing nurses and nursing students. The need for a large and adequately trained workforce and the lack of appropriate preparation for nurses in gerontology has been identified (King, 2004; Koren, 2010). From an education perspective, developing an understanding of aging in nursing students will facilitate a practice that is grounded in theory and will combat bias and ageism (Canadian Gerontological Nursing Association, 2010; King, 2004). For the individual provider, this focus on the concept of home allows for a greater understanding of a specialized phenomenon (Morse, 2004). In turn, the study can facilitate the provider's

recognition of precariousness around institutions and home and an understanding of how these experiences support and challenge an older women's decision to remain at home.

Implications for Future Research

Considerations for future research are numerous and exciting. First, exploring the phenomenon laterally to include the experiences of more women, as discussed in the limitations section, is one avenue to take. A second path would be to further explore the concept of precariousness. The author was unable to find a comprehensive conceptual understanding of precariousness which suggests the concept is primed for development. Investigating precariousness would support mid and high level theory development, where concepts can be understood relative to each other for a greater understanding of the phenomenon (Morse, 2004; 2012). Third, the evolutionary concept analysis highlighted a need for a critical exploration about our cultural expectations and messaging around home and its ramifications for older adults, policies, care providers, and families. Although such an analysis was beyond the boundaries of the current study, it remains relevant and worthy of further investigation as theoretical development can be limited by theoretical assumptions and home, and aging at home, are laden with dominant ideas and entrenched collective values (Loughlin, Fuller, Bluhm, Buetow, & Borgerson, 2016). From a clinical application stand point, the results could inspire further research into changing institutional cultures and practices to make them less precarious, including intervention research (Duggleby & Williams, 2016; Morse, 2012). Alternative living facilities are not guided by special legislation (despite overlapping clientele with long-term care facilities), long-term care facilities are often limited by legislative protocols, service delivery varies considerably by province, alternate models of community care are few and far between, the impact of models of organizational change are under understudied, and the needs and

expectations of residents and patients are changing (Banerjee, 2007; Fernandes & Spencer, 2010; Grabowski & Stevenson, 2012; Garcia, Harrison, & Goodwin, 2016; Hirdes, 2001; Levenson, 2012; Morgan et al., 2014; Petriwsky et al., 2016). Thus, avenues for quality improvement in clinical settings offer numerous avenues for research.

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