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Published: 01/04/2017

Document Version
Publisher's PDF, also known as Version of record

Link to publication on the UWS Academic Portal

Citation for published version (APA):
MacBride, T., McBride, A., Roddy, E., & Dewar, B. (2017). A qualitative study exploring the experience of living alone as an older adult. University of the West of Scotland.

A QUALITATIVE STUDY EXPLORING THE EXPERIENCE OF LIVING ALONE AS AN OLDER ADULT

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University of the West of Scotland.

"I wish someone would come in"

Foreword

Loneliness is an increasingly important public health priority across the country, with more and more people living alone and with fewer social connections. Although loneliness and/or isolation can be experienced at any age, they are significant issues for older people due to risk factors such as bereavement and poor health.

We wanted to get more information from local older people on what loneliness feels like for them and, importantly, what might alleviate the negative feelings and what could reduce social isolation. We are doing a lot of work as a Health and Social Care Partnership to develop connections between people and community groups, between different community groups and third sector organisatons and between statutory services and the range of community and third sector resources, but we wanted to gain a better understandingof the issues that people have in order to be able to respond to them in a practical way.

Although this study involved a very small number of individuals, the outputs from it and the experiences of the people who took part are valuable and important to us in that they give us something real and local to work with and I'm sure they will resonate with other people reading the report, as they did with me. We may not be able to stop everyone feeling lonely all of the time but we can continue to work together to develop ways for people to come together and for services and partners to really think about what matters and what works.

I would like to thank Tamsin and her colleagues for their work on this study and for their generous support of the community researchers, Nikki and John, for whom this study was a first. I would also like to thank Teresa Lavery and Filoreta Gashi who helped at the outset with the planning of the work, and the members of the steering group who helped to shape it.

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Executive summary

The following report discusses the findings of a project carried out in Renfrewshire that aimed to explore the experience of living alone as an older adult. The project used two methodologies to carry out interviews with six older adults; namely emotional touchpoints and visual inquiry. The interviews were carried out by two researchers from the University of the West of Scotland and two members of the local community who had completed training on community action research with the Scottish Community Development Centre. The interviews were transcribed by the researchers who carried out the interviews.

The interview data was analysed thematically by a lecturer and a researcher from the University of the West of Scotland and three broad themes were identified in relation to the experience of living alone:

- Resilience when feeling vulnerable
- Feeling a part of things and keeping busy
- Maintaining and making positive connections

No names have been used throughout this report to ensure confidentiality of participants. Using emotional touchpoints and visual inquiry enabled participants to tell their story and experience of living alone and the powerful quotations referred to in this report evidence this experience as being full of varying emotions. The findings resonated with the literature published on loneliness and social isolation. However, what was particularly highlighted in the interviews was the power of small acts of support making a big difference to individuals in relieving feelings of loneliness and social isolation. The quotation used as a sub-heading in this report 'I wish someone would come in' reflects the importance of frequent connections with people in maintaining health and well-being in older adults who live alone.

Key messages

- Older adults suggest they greatly benefit from accessing services that seek to reduce social isolation and loneliness. This is attributed to being able to build friendships, make connections and spend time with other people, take part in different activities and getting time out of their house. For some older adults, these services will be their only means of meeting people and socialising.

- Spending long periods of time alone when activities are not accessible or available can result in feelings of disheartenment, being fed-up, depression and low mood.

- Older adults can be aware of what they need to reduce their experience of loneliness and isolation. This can be as simple as having a friend or another person to call into their homes for a chat and ask how they are.

- Engaging local communities and neighbourhoods to be aware of how small gestures of support and friendship can greatly increase an older persons well-being would be benefitial to reduce social isolation and loneliness within all of our communities.

Contents

Acknowledgements

Background

Loneliness and social isolation are key areas that have received priority both nationally and internationally with some authors describing these concepts as a public health issue (Cohen-Mansfield et al., 2016). Additionally, Davidson and Rossall (2015) identify loneliness as a major area of concern for older people themselves. In the UK, the 'Campaign to End Loneliness' was launched in 2011 receiving support by a number of organisations (Bolton, 2012).   Whilst loneliness is reported in any age group (Victor and Yang, 2012), it is more common for older adults, with 1 million older people in the UK stating they often or always feel lonely (Davidson and Rossall, 2015).

Loneliness and social isolation have a tendency to be discussed as one concept but are in fact two different entities (Age UK, 2015, Davidson and Rossall, 2015). Age UK (2015; p.3) describe loneliness as 'an individual's personal, subjective sense of lacking desired affection, closeness, and social interaction with others'. Loneliness can also be described in terms of emotional loneliness – a loss of deep connections to significant others such as a spouse or child; and social or relational loneliness – a lack of social networks (Crewdson, 2016; Ong, Uchino and Wethington, 2016). Social isolation is described as a more objective concept of having a lack of contact with others, e.g. services and communities (Ong, Uchino and Wethington, 2016). Although described as two different concepts, social isolation and loneliness are inextricably linked, with social isolation being a major risk factor for the subjective feeling of loneliness (Davidson and Rossall, 2015).

The health effects of loneliness and social isolation have been widely documented. For example, a scoping review of social isolation, loneliness and health in old age carried out by Courtin and Knapp (2015) found that both loneliness and social isolation had a negative impact on health and well-being. In particular, depression and cardiovascular health were amongst the most commonly researched effects of loneliness and social isolation. Courtin and Knapp (2015) also found that loneliness tended to be more researched than social isolation. Loneliness can impact on

mental health including feelings of low self-worth, low life satisfaction and anxiety (Office of National Statistics [ONS], 2015) and exasperate physical health, including increased risk of cardiovascular disease (Valtorta at al., 2016). Loneliness has also shown to increase the risk of Alzheimer's disease (Wilson et al, 2007). Another review of the literature by Nicholson (2012) focussed more on the health implications of social isolation and highlighted numerous negative health outcomes including health behavioural (such as smoking and drinking); psychological (such as cognitive decline) and physiological (such as cardiovascular disease). Considering the wide and varied health implications of social isolation and loneliness, it is important to identify appropriate interventions to improve the health and well-being of those vulnerable to experiencing loneliness and social isolation. Research in this area largely focuses on the benefits of prevention, and the health impact of experiencing loneliness and isolation rather than the effectiveness of interventions. One systematic review carried out by Dickens et al. (2011) exploring interventions for social isolation found that interventions offering social activity or support in the context of groups were likely to be most effective. However Dickens et al. (2011) concluded that more studies were required to improve the evidence base for interventions for social isolation. Echoing this finding, Courtin and Knapp's (2015) scoping review highlights a paucity in the literature in terms of the area of interventions for individuals experiencing loneliness and isolation.

Group support interventions and social activities go some way to alleviate or reduce the feeling of loneliness and isolation however, evidence about what works is often limited and inconsistent (Dickens et al., 2011). Davidson and Rosshall's (2015) review of the evidence on loneliness in later life suggests a tailored approach to interventions are more likely to be successful (Davidson and Rosshall, 2015). This relates to a comment made in Cohen-Mansfield et al's (2016) literature review exploring predictors of loneliness who stated that 'localised investigation may be needed in order to develop interventions based on the understanding of correlates and causes of loneliness in specific locales' (Cohen-Mansfield et al., 2016; p.574). Interestingly and to the best of the knowledge of the researchers, a search of the literature found very few recent studies that explored the experience of loneliness from a qualitative perspective. Therefore there is scope to explore the experience of loneliness and isolation from the individuals' perspective to find out what matters to older adults who live alone therefore adding to the body of literature in this important area.

Living alone and older age are risk factors for both social isolation and loneliness (Davidson and Roshall, 2015). Hole (2011) and Age UK (2015) highlights that individuals may feel reluctant to describe themselves as lonely due to the stigma attached to loneliness. This project therefore aimed to explore the experience of living alone as an older adult as these are risk factors for loneliness and social

isolation. By understanding the experience of living alone as an older adult from the individuals' perspective, may enable us to consider areas of support that meets their personal needs.

The Project

The aim of the project was to learn about the experiences of living alone as an older adult in Renfrewshire. The Renfrewshire Health and Social Care Partnership (RHSCP) is supporting the development of a comprehensive community capacity building plan which is designed to support the development of local, community-based action on health and well-being. As part of this plan, RHSCP involved the University of the West of Scotland to develop and carry out this project to explore, from a qualitative perspective, the experience of older people living alone who are vulnerable to the effects of loneliness and social isolation.

The specific objectives for the project were:

- To discover the experience of older adults living alone
- To elicit participants' views on services that are provided that aim to reduce social isolation and loneliness
- To identify what is important to participants in relation to maintaining health and well-being

Sampling

The project used purposive sampling (Parahoo, 2014). Individuals who work with the Food Train shopping service (http://www.thefoodtrain.co.uk/our-services/regional-branches/renfrewshire) and the Community Meals service (http://www.renfrewshire.gov.uk/careathome) were identified as those who would be in frequent contact with individuals who live alone and therefore in a position to identify potential participants for this study. This project aimed to identify five older adults living alone in each of the five project areas in Renfrewshire (Linwood, Todholm/Lochfield, Erskine, Bishopton, and Gallowhill). The rationale for this number of participants and range of areas of different socioeconomic status was to gain a range of rich data as is the aim in qualitative research. Older adults are generally described in the literature as adults aged 65 and above (Age UK, 2017) and as such this was the inclusion criteria for the study as well as being a recipient of the Food Train service or Renfrewshire community meals programme. A flyer giving details of the project was given to potential participants by volunteers who worked with the food train and community meals programme (appendix 1). On receipt of

these completed flyers a member of the project team then contacted the potential participants by telephone to make arrangements for the interview to take place.

Although the aim at the beginning of the project was to recruit five participants from each of the five areas within Renfrewshire (25 participants in total), unfortunately only 14 participants were initially recruited and following this, eight participants declined to take part in the project. This was an interesting finding in itself that a number of potential participants declined to take part following indicating initial interest.

 The numbers of participants who took part in relation to the Renfrewshire Localities are shown in table 1:

Table 1: Participants related to Renfrewshire locality

Locality	Number of participants initially identified and interested in taking part	Participants who agreed to take part	Participants who declined to take part
Linwood	1	0	1
Paisley	6	5	1
Erskine	5	1	4
Bishopton	0	0	0
Gallowhill	2	0	1
Total	14	6	7

Each interview was carried out by one researcher and one community researcher (when they were available). In total interviews were carried out with six older adults from four different localities across Renfrewshire between December 2016 and February 2017. All participants were female.

Ethical Considerations

The proposal for the study was submitted to and approved by the University of the West of Scotland, School of Health Nursing and Midwifery Ethics committee in September 2016. An information sheet giving details of the project and a consent form were sent out to those individuals who expressed an interest in taking part in the project (Appendix 2) and written consent (Appendix 3) was provided by all participants. Ethical issues such as informed consent, anonymity, and confidentiality were adhered to. In addition participants were informed that they could stop the interview at any time. Participants were also provided with contact details of the

principal investigator who they could contact if the interview raised any issues they would like to discuss further.

Methodology and methods

The project employed a qualitative approach to explore the experience of living alone from the individual's perspective.

Emotional touchpoints and visual inquiry were the methods used within the interview to learn about the experiences of living alone as an older adult. Emotional touchpoints are a method that helps us learn about an individuals' experience in a structured way (Dewar et al., 2010). It focuses on particular points in the experience journey (touchpoints) and invites participants to select from a range of emotional words, those that sum up what the experience felt like. The participant is then asked to explain why they felt that way and where appropriate further iterative questions may be asked such as what 'how would you like to feel'; 'what might help that'?

Prior to the interviews the principal investigator met with a representative from ROAR - Connections for Life and the project steering group to develop a set of touchpoints that would be appropriate for the study and meet the study aims and objectives. As the timeframe for the interview was one hour it was decided to have three core touch points and then should there be time at the end of the interview, the participants could select additional touchpoints to discuss. The touchpoints used in the interviews are listed below:

Core Touchpoints
My day to day living
My health and well-being
Getting support

Additional touchpoints
Having things to do
My identity
My relationships
The future
Getting out the house

At the end of each interview participants were invited to select an image from a selection of 70 generic images developed by My Home Life Scotland (2017) (available at http://shop.uws.ac.uk/product-catalogue/gifts-merchandise/merchandise/my-home-life-visual-inquiry-cards). Visual inquiry (sometimes described as photo

elicitation) can capture different information than a question alone (Dewar, 2012). The participants were asked to select an image that summed up for them the experience of living alone.

The interviews were carried out in the participant's home and lasted approximately one hour.   Interviews were recorded by Dictaphone and transcribed by the researcher carrying out the interview. The researcher then met with the participant on a further occasion to discuss the transcript with them and discuss if this reflected their account of their experience of living alone and should they want to add anything to the transcript and confirm with the participant if they were satisfied that data could be used anonymously in a report and publications.

Community Researchers

A further aim of this project was to involve members of the local community who had completed training on community action research with the Scottish Community Development to collaboratively explore with older adults their experiences of living alone. Individuals who had undertaken this training were contacted by the RHSP and two individuals – Nikki Mills and John Murning - responded to say they were interested in being involved in this project. A workshop was held with the principal investigator and Nikki and John to provide a background to the methods of emotional touchpoints and visual inquiry, demonstration of these research methods and support in developing the skills of using these methods to interview potential participants in this study.

Data Analysis

A modified version of immersion crystallisation (Borkan, 1999) was used to analyse the data and was carried out by two members of the project team. Immersion crystallisation involves consideration of initial thoughts, feelings and surprises from the data and through open coding and five reads of the data a set of themes (three) and subthemes (eight) were then developed.   The process of immersion crystallisation as it was used in this project is outlined in table 2.

Table 2: The Process of Immersion/Crystallisation as applied in this project

Elements of immersion/crystallisation process	Activity
Initial engagement with the topic/reflexivity	Recognising and reflecting on hunches, prior knowledge and experience. Two of the researchers who conducted the interviews would speak to each other after their separate interviews to discuss their initial thoughts and feelings. This would lead to some initial reflection on whether there were similarities and differences in the described experiences of what each participant's had discussed.
Describing	Two researchers reading the interviews twice. Firstly to get an overview of the data, followed by open coding of the data. This process involved each researcher noting their thoughts and feelings on reading each section of a participant's transcript, what we individually thought the participants were saying and if we had an emotional response to this. The researchers then discussed the separate 'codes' to check for similarities and differences in responses.
Crystallisation	Researchers consciously considering what surprises arise from the data, what stands out and what are people trying to say. What were researchers feeling when they read the data and why did they feel this way? For example reading through a particular section of a participant's transcript evoked a feeling of sadness for two of the researchers. Discussing shared responses to the data helped to dig deeper to understand the experience of

Elements of immersion/crystallisation process	Activity
	the participant and look for other examples of this in the transcripts to begin to develop themes. This involved noticing similar emotional responses to other transcripts and looking at if this was describing a similar situation, i.e. a participant stating that they wished someone would visit them.
Immersion and illumination of emergent insights from collected data and texts	A Thorough review of the data involving a further read and developing themes and subthemes. Subthemes and main themes developed (Table 3).
Explication and creative synthesis	Re-examining initial analysis of data, refining themes and subthemes where appropriate with a focus on relationships between themes and overlap. Once all data were assigned sub-themes and situated under different key themes these were reread to check that each data entry continued to reflect the overall sub-theme and theme.

The analysis of the data derived from the participant's interviews and visual inquiry resulted in the following three broad themes: 'Being resilient when feeling vulnerable', 'Feeling a part of things and keeping busy' and 'Maintaining and making positive connections'. These broad themes related to the objectives developed for the project. The subthemes were mapped to these three broader themes and are shown in Table 3:

Table 3: Themes and Subthemes

Objectives	Themes	Subthemes
To discover the experience of older adults living alone	**Resilience when feeling vulnerable**	• Loss and longing for connection and company • Feeling vulnerable and relying on others • Looking after and taking care of yourself
Elicit participants' views on services that are provided that aim to reduce social isolation and loneliness	**Feeling a part of things and keeping busy**	• Knowing the benefits of accessing services • Having somebody there for you • Feeling respected and listened to
Identify what is important to participants in relation to maintaining health and well-being	**Maintaining and making positive connections**	• Finding ways to stay positive • Somebody to care – the importance of friends

The following section explores and reports on the data that supports each of these themes developed.

Findings

Resilence when feeling vulnerable

The first theme 'Resilence and vulnerability' addressed the first objective which was to use emotional touchpoints to discover the participants feelings in relation to living alone. This themes had three subthemes, 'loss and longing for connection and company', 'Feeling vulnerable and relying on others' and 'Looking after and taking care of yourself'.

Loss and longing for connection and company

Participants spoke of losing loved ones; friends, family and their partners when they were discussing the touch-point 'living alone'. There was a sense of longing for company and also sadness at having experienced the loss of people they loved. When speaking about living alone, some of the participants would discuss how they

came to live alone, which was often as a result of the death of their partner or parents:

> *"My husband, we were planning our retirement and he loved going abroad. We had all of these plans you know and for all that to be taken away. I just felt why, but anyway, im sorry it happened…I'm sorry my husband and I didn't have longer to enjoy, he was only sixty-four when he died. We had just retired when he died so we never got to enjoy our retirement you know. Eighteen years he is gone now"* (Participant 6: Emotional touchpoint interview).

> *"When I lost mum it was terrible and dad died when he was only fifty-two. It was terrible, they are never out of your thoughts but it was terrible when it happened"* (Participants 4: emotional touch-point interview).

> *"I'd two sisters and a brother-in-law when I got here. They all died one after the other"* (Participant 2: emotional touchpoint interview).

One participant spoke about when she had a low mood, she would want to be with her husband who had passed away, however added that being visited by her friends brought her happiness :

> *"I've just given up, I don't bother…Somedays I talk to my mans picture and say to him , 'when are you taking me', because that is just how I feel…I am delighted when any of my three friends come in and especially in the summer and they maybe take me out"* (Participant 1: emotional touchpoint interview).

The longing for company of friends or simply having people to speak with was reported by all participants. The feeling of being 'fed-up' and 'disheartened' at not having company and being on their own for long periods of time was described by participants as causing them to feel low:

> *"I think fed-up, the weekend especially is bad for feeling a bit down. I think it's the fact that you're sitting here on your own all day, you know. I manage to force myself to use the wheelie thing. I maybe manage to trundle across the road to the shop and maybe meet a neighbour and have a blether just to lift my spirits a bit. But it doesn't last for long, you feel a bit sorry for yourself sometimes"* (Participant 3: emotional touch-point interview).

> *"You do get a bit fed-up, … I feel disheartened when I can't do things that I want to do and disheartened that I don't have any close friends"* (Participants 2: emotional touch-point interview).

When using the visual inquiry method, participants were asked to select an image that said something to about their experiences of living alone:
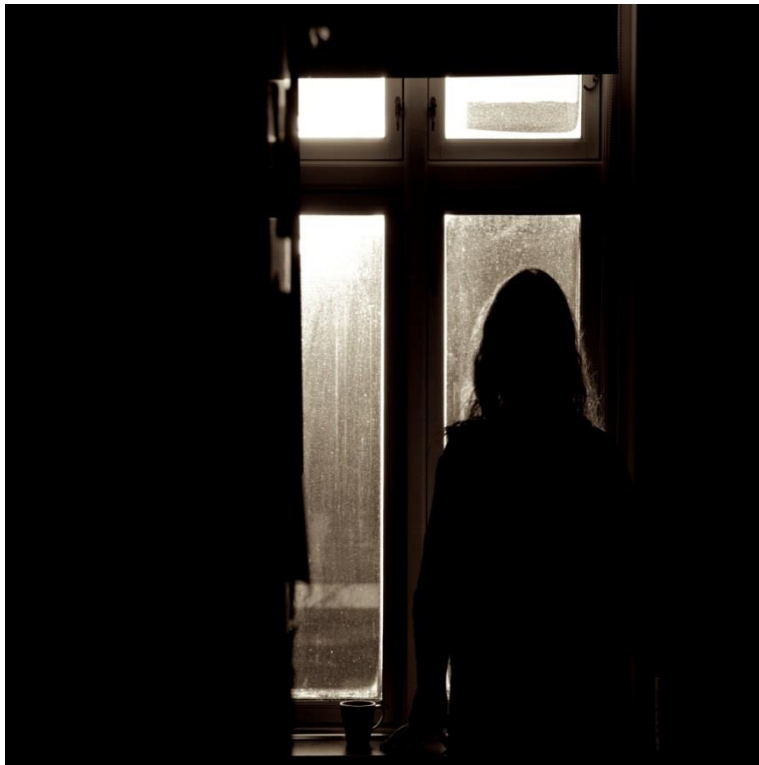
I wish somebody would come in; yes, I would say that.

(Participant 6: visual inquiry)

This 'longing' for a person to visit was reported by other participants, yet at times with an additional comment on why they felt this was not possible for people:

> "All of my neighbours round about are elderly just like me. But somebody coming in, if you knew there would be somebody else coming in …when I am in the house, as I am only out twice a week, I wish that someone would just pop in for five minutes to say 'hello'. I mean everybody has got their own things and you often think, well what problems have they got too? So I know I'm not the only one like that, far from it" (Participant 4: emotional touch-point interview).

Feeling vulnerable and relying on others

Participants spoke of feeling overwhelmed at times when doing tasks that previously would not have worried them, also, feeling nervous at being home alone. Relying on others to explain what is happening and sort out services such as utilities and bills could cause a sense of confusion and frustration for participants if support was not available:

> "I would say I get confused with things at the moment and overwhelmed with things. Like, I went onto BT to renew my Wi-Fi because I can't be bothered with the computer. But I ended up ordering a phone that I didn't want so during the night I wakened and thought, 'oh goodness'. I called up at 8am to

cancel but that day the phone arrived so I said to the courier to please take it back. I haven't heard from them so these things (shows letters) a whole load of things from BT came in; this upsets me now, whereas before I would never have worried about anything like that. This sort of thing, if you haven't got somebody to sit down beside you to say it's alright" (Participant 6: emotional touch-point interview).

Relying on others to explain bills and charges could put potentially vulnerable older adults at risk of being charged for services that they were unaware they had asked for and also potentially fall victim to fraud:

"I never asked for the ones who come in the morning but then I started to get it. But they (residential care company) sent me four statements at once for a support charge. But I didn't know about it for over a year so now the charge has come all at once. So I asked the manager here (manager of sheltered housing) what was it for; but she explained it was for them. But it took two years for them to tell me" (Participant 2: emotional touch-point interview).

Utilising the visual inquiry method again with the same question of their experience of living alone, a participant selected the panic image:

"Sometimes you get panic stricken. I go to my bed every night, except on a Sunday, at 11pm. I always look out of the curtains to see if any of my neighbours have got their lights on because it comforts me… Yesterday I got a phone call. She says, 'did I know that my credit card had been used in shops in London for £500' and I hadn't a clue what she was on about. She asked me how I spell my second name, and suddenly it twigged that she is going to ask for my address, and I said what do you want all this for, and I said no, I'm going to hang up now and call the police and she put the phone down…I called the bank and they said no money had been taken, but I panicked" (Participant 1: visual inquiry)

Looking after and taking care of yourself

Some of the participants were quite pragmatic in how they felt about living alone. A few participants described the necessity of looking after themselves well with the right food and keeping warm and also keeping a positive attitude about life. The importance of having comfortable surroundings was noted as important by one participant:

> *"I think if you were old and you didn't have comfortable things in the house, you'd be miserable"* (Participant 6: emotional touch-point interview).

Another participant discussed how she tries to do the right things for herself, yet stated she can also often feel anxious:

> *"I keep positive and I've got to look after myself with good food and warmth. But I do 'key' up very quickly and I get flustered when I am worrying if I am doing the right thing but everybody has got that I'm sure"* (Participant 4: emotional touch-point interview).

Having a sense of acceptance that they might not be able to manage everything as well as when they were younger, was another means a participant used to look after and care for herself:

> *"I think I feel fortunate in the fact that I can accept things and not worry about them. Because some folk get worried because they can't grasp things that they used to do without thinking about it, but now it's a big effort"* (Participant 3: emotional touch-point interview).

Having neighbours to offer immediate support was necessary for some participants for creating a sense safety and possibly comfort:

> *"Even walking down to that path to the gate; I am wobbly on my feet and I'm afraid I'm going to fall. I was out the back and I reached down to get a toy and give it back to a neighbour's child and I couldn't get back up. It finished up my neighbour and her man and her father helped me up and got me in. And her man asked, 'where were you going with your coat on?' I said I was going across for some milk, so he went and got it for me. After a while I tried to get up the stairs and I was hanging my coat and collapsed again. She came in and says what's wrong. So she had to get her man in to help me up again"* (Participant 1: emotional touch-point interview).

This first theme highlights the vulnerability that can be experienced by older adults when they are living alone. The vulnerability could be as a result of having lost significant loved ones, not having company for long periods of time and also finding managing utilities and bills frustrating and confusing. Yet, many participants also

spoke about really valuing feeling a part of a community of people and getting involved in activities.

Feeling a part of things and keeping busy

Overall the participants spoke very favourably about the services they accessed. Not all services they spoke of were necessarily provided to reduce isolation or loneliness of older adults, with some participants accessing alternative resources such as bowling clubs or going to the leisure centre. This theme also reports on the participants experiences of accessing health and social care services, again often praising the care and attention they received by services. This theme addresses the second objective; eliciting participant's views on services which are provided that may reduce social isolation and loneliness. The subthemes derived from the data were, 'knowing the benefits of accessing services', 'feeling listened to and valued by services' and 'somebody there for you'.

Knowing the benefits of accessing services

The majority of the participants interviewed accessed some form of services aiming to reduce loneliness and isolation. Only one participant did not access any services, however she stipulated this was very much her own choice. This participant suggested she would welcome visitors to her home and would meet a friend twice a week but had no interest in joining activity groups in the area. She discussed that she enjoyed her own company and mostly felt content in her home although would appreciate a visitor from time to time. Those that did get involved in clubs and activities regarded them as beneficial for their sense of well-being.

A few participants described seeking out activities and clubs to join, also that they felt they would benefit from having access to more services for older adults. Accessibility of services and transport could act as a barrier to joining activities:

> "*I joined the seniors thing that I seen in the paper. Somebody picks you up once a month and you go to somebody's house for a tea party. That was nice because it got you out, until I got to the stage where I couldn't get in and out of the car properly*" (Participant 2: emotional-touch-point interview).

> "*If they had more lunch clubs it would be great. Now the one I was going to in XX (local area) I had to stop going because my bus wasn't taking me. A taxi was £9 each way and I thought you could go to a hotel and get something better... I think the council could do more with getting lunch clubs organised, like with ROAR (Reaching Older Adults in Renfrewshire). Now this community that I am in is mainly elderly people. There is not a place they can go and have a coffee/tea and meet people. The school is the nearest big place where things could happen*" (Participant 6: emotional touch-point interview).

A participant spoke about how she had felt her mood had been low for quite a while and attributed this partially to taking part in fewer activities. She described how her mood had dipped which meant she 'couldn't be bothered' to be involved with things yet realised when she did push herself to join activities, her mood improved:

> *"I would like to feel how I felt before, I always felt good, you know, keen to get out and about. Where now I am quite happy sitting in here, watching TV and reading… I am not doing enough now. I was always so busy, places to go, things to do…I went to that club yesterday and I enjoyed it and I am picking up the type of dancing they do which I have never done before. I will need to give myself a bit of a push and start doing more"* (Participant 5: emotional touch-point interview).

For participants without family or friends nearby, being able have somewhere to go and meet people was important for getting out of the house and having social interaction with others:

> *"Going to the club is a great help, because you are meeting people. I have neighbours around me but I'm not in touch with any of them because I'm not out at all…I had nowhere to go really, I have no relatives here, so I was not able to get to do things. When this popped up I was able to go to the cinema club on a Tuesday, lunch club on a Monday and Thursday and now I am going to an exercise class on a Thursday and it's all with ROAR. They are very helpful, very nice"* (Participant 6: emotional touch-point interview).

Feeling respected and listened to by services

Participants spoke about valuing being listened to when accessing services, including health services and support at home. A participant discussed feeling rushed when visiting a doctor, however welcomed the care she had received at a day clinic and a more positive encounter with a different doctor:

> *"One day I was in with the doctor and he pointed to the clock and said your time is up, but going to the likes of the day care centre – they are so nice and helpful…People are great in lots of ways but I was let down with the doctor before, but I was at a different one yesterday and he seemed nice"* (Participant 6: emotional touch-point interview).

Older adults may be more vulnerable and also may require more support when stating what their needs are, feeling able to ask and get what you need was reported as problematic at times for one participant:

> *"I couldn't bend down to be able to wash my feet, I couldn't go for a shower because I was too unsteady, and I still am. But, when I asked her (home support worker) if she would mind washing my feet she said she was not*

supposed to do that. I don't know what they come to the home for. It seemed like a simple thing to ask someone for" (Participant 1; emotional touch-point interview).

Another participant spoke about what she felt when witnessing staff in the day centre speaking with people with a cognitive impairment, reiterating the importance and value in being truly listened to:

"Because sometimes when carers come in, they are inclined to treat you a bit...they are trying to tell you what you are supposed to feel, instead of just getting them to just talk about what they feel" (Participant 3: emotional touch-point interview).

Somebody there for you

Participants spoke of valuing the services they could access and being able to be with and spend time with other people which enabled the potential to make new friends. Additionally, in relation to healthcare services, there could be a sense of feeling supported and cared for by being offered packages of care to be safe at home.

One participant described feeling privileged at being able to access help and support:

"Privileged in getting support, the agencies that are available are really considerable. I mean the care I got when I was in hospital and somebody in the hospital spoke about my situation and what help I might need...this woman came up to see me and she had suggested that somebody come twice a day. I had it for five weeks when I had the plaster on. I feel privileged to be able to get all of these things" (Participant 3: emotional touch-point interview).

Another participant spoke of feeling pleased at the care and attention she had received when she accessed support:

"I phoned up the social people to see if I could get a zimmer for my house and within two days I had a social worker at the door. He was very good and he offered for me to go to the day hospital for all sorts of tests, which is great for anyone living on their own. They did a twenty-four hour heart thing and an ambulance brought me there and back" (Participant 6: emotional touch-point interview).

A participant had moved from her home to sheltered housing within the past two years. She discussed experiencing a sense of relief at having people 'there for you':

"Everything is comfortable, it is a big relief, because where I was before, there were big steps down to the pavement and I was house-bound....but you feel as though here, there is somebody there for you and I didn't have that before.

That makes you feel relieved and fortunate to find this place" (Participant 2: emotional touch-point interview).

Participants regarded the main purpose of attending groups and clubs as that of building friendships and getting to meet people:

"I have made friends at the day centre, not close friends, we just meet there" (Participant 2: emotional touch-point interview)

"At the centre, I would say I feel inspired" (Participant 3: emotional touch-point interview).

One participant suggested that it was the very simple, everyday things that encouraged her to join in on different activities:

"Getting into these things ROAR, Age Concern and once a month I go to this afternoon tea. Its people who volunteer to do this in their own homes…all we are looking for are the company and a scone" (Participant 6: emotional touch-point interview).

The findings from this theme suggest that participants do feel that they benefit from the services provided and for some this might be their only opportunity to get out of the house and meet other people. One participant highlighted the benefit of being involved in activity groups when she noticed how after experiencing low mood, her mood improved when she attended these groups. Overall participants in this study were pleased with the services that were available, with a few reports of a desire for further access to community services and meet up location for older adults to spend time together. This theme also highlighted how important it is for older adult's voices to be heard and that people feel listened to supported and respected by services and carers and practitioners within the community.

Maintaining and making positive connections

The final theme addressed the third objective, identifying what is important to participants in maintaining their health and well-being. The theme 'maintaining and making positive connections' with the subthemes 'findings ways to stay positive' and 'having someone that cares about you – the importance of friends' emerged from the analysis of the interview and visual inquiry data. Overall this theme was concerned with the actions taken by participants to try to stay positive and the value placed on connecting with friends.

Findings ways to stay positive

Many participants spoke of an almost deliberate act of seeking to remain positive in order to enjoy their lives and not dwell on any challenges they experience in their

day-to-day life. There was also a sense of gratitude for the support and comfort that some participants felt they had in their lives:

> *"I have contentment, I am very content in my house and it doesn't bother me if I don't go out for whatever reason… I can get out of the house as and when I need to as I've got my walker so I can get in and out of a taxi and meet my friend"* (Participant 4: emotional touch-point interview).

> *"Just being content, having friends, I still have friends and just having someone to chat with and what else is there in life. I've quite enjoyed my life really, my husband and I had a great life"* (Participant 3: emotional touch-point interview).

> *"So all in all it's not too dull and when I am here I have got my TV and I'm happy so I don't fret about anything"* (Participant 2: emotional touch-point interview).

Some participants spoke of holding a philosophy of being positive and not worrying about small things:

> *"I try to be positive and say, 'you can do this', I used to train my girls in being positive"* (Participant 6: emotional touch-point interview).

> *"I mean certainly if things get you down you need to kind of concentrate on something that can lift your mind from that…If there are things you want to do that you can't do, don't worry about it, someone else will do it for you, why worry if you can't do it"* (Participant 3: emotional touch-point interview).

Some participants selected the additional touch-point 'The future' to discuss. When inquiring into this touch-point some participants spoke of thinking it won't be very long, (their future) so it was not worth thinking about, whilst others stated they wondered what the future might bring and a hope for things to remain as they are:

> *"I don't know what the future holds, but I hope I can carry on the way that I am carrying on just now and hopefully don't go too far down where I would maybe need to go in somewhere to be cared for. I wouldn't like that"* (Participant 4: emotional touch-point interview).

Another participant described her concern of not being able to communicate if she developed a cognitive impairment:

> *"The only thing you worry about is your mental capacity as you get older, you worry about how that would go because you just don't know how people feel. Because people with dementia aren't able to communicate how they are*

feeling – I often wonder how they feel inside themselves" (Participant 3: emotional touch-point interview).

When using visual inquiry method with the participants and inquiring into their experiences of living alone, two of the participants spoke about their thoughts on the future:

	"**It's a path we are all treading on. It looks like a nice peaceful path. It would make me feel quite rested to look at that. That's where I'm going and who knows what might be at the end of the path when you get there**" (Participant 3: visual inquiry)
	I have seen myself sitting thinking like that many a time…she is maybe thinking what will happen – what will the future bring" (Participant 4: visual inquiry).

Having someone that cares about you – the importance of friends

As with the findings from the other themes and subthemes, the things that mattered to the participants were often very simple yet invaluable, such as people and friends calling in to see them and having people to talk to. The participants spoke of being fully aware of their need for company and of the potential to experience loneliness:

> *"I think loneliness is one of the things, somebody coming in is lovely you know – just people to come in if they can"* (participant 6: emotional touch-point interview).

A day could be regarded as good or bad depending on whether there was a visitor calling and/or if the participant had someone to talk to:

> *"It's boring there is nobody to discuss things with. I would feel less frustrated if there was someone to talk to"* (Participant 2: emotional touch-point interview).

> *"A good day is when I get a visitor. My youngest brother has a partner and I get most of my information when she phones me"* (Participant 1: emotional touch-point interview).

The lack of access to the basic human need for company appeared quite poignant when a participant spoke about her experience at Christmas time in her sheltered housing:

> *"On Christmas day one of the residents died in the dining room and I didn't have anyone to talk to about it as there is nobody to talk to… so I sat all day in here on my own. The man that died, he was a real honey and we used to get a laugh with each other so I really missed him"* (Participant 2: emotional touch-point interview).

Similarly, although from an everyday perspective, a participant spoke of her wish for someone to call in to visit and ask how she was:

> *"Obviously being on your own, I don't have any visitors or anything sometimes it would be nice if somebody would pop around for five minutes and say, 'hello, how are you?. But I know everybody has their own things, they have to think about themselves"* (Participants 4: emotional touch-point interview).

As discussed previously within the findings, participants reported having someone that cares about their well-being and someone to talk to, as very significant. This could be from friends that have been known for a long time, friendships from the activities attended or family support.

One participant shared a story of how her friend encourages her to get out and enjoy herself as well as calling in for a coffee and a chat:

> *"On a Tuesday, my friend comes along in the morning and we have a coffee and blether. She says to me, 'come on, we are going shopping, you mentioned you needed a few Christmas presents'. And I said if I can't get them, I can't get them and that's all there is to it. Well, she brought me around the shops and we ended up in Clydebank and I got two presents and we had a right good time"* (Participant 1: emotional touch-point interview).

Another participant spoke about how she regarded it as necessary to make new friends as she did not have any family:

> *"You've got to make friends with people…Just being with people. I don't have any family of my own…The two ladies at the bowling club, they did everything for me, they made the meal for my birthday party, and they really were great.*

They come up maybe once a fortnight or once a month and come and see me"
(Participant 6: emotional touch-point interview).

This theme demonstrated the importance for participants of feeling connected to others and to have people to care about how they are doing and to speak with. Many of the participants spoke of taking a deliberate stance of remaining positive and focusing upon what was good within their life, although still acknowledging the importance of social contact and friendships with others. The 'cure' of social isolation appeared to be as simple and as challenging as building and retaining a sense of community with people and to remain a part of the life that is happening all around the participants in their areas.

Discussion

The findings have demonstrated that older adults living alone in the community do experience a sense of loneliness and social isolation, often seeking activities and services in an effort to reduce this. The analysis of the data for the first objective, discovering the experience of older adults living alone, resulted in the theme, 'resilience when feeling vulnerable'. This theme discussed the significant vulnerability that older adults can experience with the loss of partners, family members and friends alongside the longing for friendships and connections with others. This relates to the literature that discusses the impact of significant life transitions such as bereavement increasing the risk of loneliness (Hole, 2011; Davidson and Rossall, 2015; Age UK, 2015). Participants also described feeling frustrated that they could not manage some things such as bills, as well as they could before and also a gratitude for being offered support from friends and neighbours.

The analysis of the data for the second objective, exploring participants' views on services that aim to reduce loneliness and isolation developed the theme, 'Feeling a part of things and keeping busy'. Participants reported an awareness of the important benefit of engaging with services and could notice a decline in their sense of well-being when they were not engaging in this way. Services could provide participants with a sense of having someone there that cared for them and could support them. Additionally, that participants valued being given time and feeling they were listened to. Raynes et al. (2006) highlighted how older people can be involved in prioritising services with a focus on the small things that can make a big difference to the lives of older people which relates to the findings of this second theme of feeling a part of things and keeping busy.

The final theme, 'maintaining and making positive connections' addressed the third objective, identifying what is important to participants in relation to maintaining their health and well-being. The findings reported friendships, connecting with people and the community and working at keeping a positive mental state supported

the participant's well-being. This resonates with findings of the Neighbourhoods approaches to Loneliness programme (Hole, 2011) where the local community was identified as an important factor in making a difference to peoples' lives. This could be argued as true for the majority of people within a community, regardless of age.

As previously mentioned, a number of potential participants of the study who had initially agreed to take-part, declined to be interviewed when arranging a suitable time. Possibly those that declined when they were invited to be interviewed may have felt nervous or vulnerable about having a stranger in their homes. A concern may be that these older adults may find it more challenging to engage with services than those who did choose to be interviewed. Although, it could also be the case that they had simply decided they were no longer interested in taking part. However, it may also indicate that older adults who are experiencing social isolation may not feel comfortable engaging with people they do not know, which could exasperate their sense of loneliness and isolation.

Conclusion

This project aimed to explore the experience of living alone as an older adult in Renfrewshire to support the development of the RHSCP community capacity building plan. The focus was on older adults living alone as the literature reports these individuals are more vulnerable to experiencing loneliness and social isolation (Davidson and Rossall, 2016; Age UK, 2015). A review of the literature found studies that explored the risks for loneliness and social isolation, the health effects of loneliness and social isolation and to some extent the impact of interventions to address these areas (Dickens et al., 2011; Courtin and Knapp, 2015; Davidson and Rossall, 2015). A search of literature however found very few studies exploring the experience of living alone as an older adult from a qualitative perspective and therefore this project provides valuable insights into this area. This has the potential to inform the development of services to support individuals living alone who are at risk of experiencing social isolation and loneliness.

The participants we interviewed in this project described their experience of living alone as sometimes feeling vulnerable, a feeling of loss and a need to make and maintain connections with people to alleviate these vulnerabilities. Making and maintaining relationships and connections with people was important to participants in maintaining their health and well-being. Using emotional touchpoints to explore the experience of living alone provided an opportunity for participants to explain their experience in depth and tell their story. Participants described feeling disheartened, anxious and fed up but also a focus on feeling positive, hopeful and fortunate.

In terms of support and services to support people living alone, it often seemed to be the simple things that would make the big difference. A challenge perhaps is that what was valued most by participants was having someone who cared and in turn feeling a part of a larger community. Services go some way to create this, however there is also a sense that an engaged neighbourhood and having friends locally of all ages is beneficial. Participants mentioned that often their neighbours may also be elderly which could result in compounding the sense of social isolation due to difficulties with mobility and accessibility.

The majority of the participants lived in areas also surrounded by the younger community. Breaking through this alternative 'glass ceiling' of isolation that can result from living alone as an older adult, is perhaps not straight forward. However, a participant offered the suggestion of accessing schools and perhaps more intergenerational programmes. Inviting the wider community to support, offer friendship and integrate with older adults in their community would be a positive challenge worthy of further exploration.

Next Steps

The project team aim to meet with the community researchers to discuss their experience of being involved in this project and using the methods of emotional touchpoints and visual inquiry.

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Appendices

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Appendix 1 - Flyer

A QUALITATIVE STUDY EXPLORING THE EXPERIENCE OF LIVING ALONE AS AN OLDER ADULT

What is this study about?

The aim of this study is to learn about your experience of living alone. We know that some individuals who live alone can experience feelings of loneliness. Understanding how you feel and what is important to you, can help us understand what matters to people who are living alone and what supports your well being.   To find out about your experience we will be using a method called emotional touchpoints. Emotional touchpoints is a way of interviewing that enables us to find out about a persons' experience in a structured way. The 'touchpoints' refer to particular points in the experience journey e.g. 'being in my house' and you are then asked to select from a range of emotional words that sum up what the experience felt like, then explaining why they felt this way. Taking part in this study well help us understand your experience of living alone which will help us shape services to support your health and well-being.

Who are the researchers?

The research team are Lecturing staff and PhD students in the School of Health Nursing and Midwifery at the University of the West of Scotland and members of the local community who have completed training on community action research with the Scottish Community Development Centre. The Principal Investigator is Tamsin MacBride.

Why are you interested in me taking part in this study?

As an individual who lives alone in Renfrewshire, is over the age of 65, and receives support from the Food Train/Community meals service, we are interested in speaking to you about your experience of living alone and your health and well-being.

What will I have to do if I take part?

You will be asked to discuss a particular aspect of your experience of living alone. Interviews will be recorded by a dictaphone, which will allow the member of the project team to accurately type up the notes. We will meet with you again to discuss the notes from your interview to allow you to verify and/or amend these as appropriate. Your name is <u>not</u> being recorded in this study. This means that neither you, nor anyone else, can be identified in the information provided.

Do I have to take part?

No. Participation in this study is entirely voluntary.

If you choose to take part in the study by agreeing to your data being used in research you can withdraw at any time you wish by informing the principal investigator or the researcher facilitating your interview. You can withdraw from the study after the interview has taken place without giving any reason.

Confidentiality and Anonymity

The study is completely confidential.

The interview will be recorded by dictaphone to allow the researcher to accurately type up the notes. These notes will be discussed with you in another meeting for verification and/or amendments. Any information that would identify you individually (e.g your name) will not be used in any way in the study. All data will be stored safely, for example in password protected computers and in locked filing cabinets in the University.

Data will be analysed by the research team and disseminated as appropriate but you will not be identified in any oral or written reports. You will be assigned non-identifiable pseudonyms and ID numbers and your name will not be written anywhere.

The University of the West of Scotland is registered under the Data protection Act and has an Information Security Policy to safeguard the collection, processing and storage of confidential information.

If you would like to take part in this study or find out more about this study please provide your contact details below and a member of the project team will contact you:

Name_____

Contact Telephone Number_____

Address:_____
_____
_____

Alternatively if you would rather not leave your details but would like to find out more about this research please contact the Principal Investigator:
Tamsin MacBride (Lecturer)
School of Health, Nursing and Midwifery
University of the West of Scotland

High Street
Paisley
PA1 2BE
Tamsin.macbride@uws.ac.uk
0141 849 4281

THANK YOU FOR CONSIDERING TO TAKE PART IN THIS STUDY

Appendix 2 – Information sheet

Participant Information Sheet

UWS UNIVERSITY OF THE WEST *of* SCOTLAND

A qualitative study exploring the experience of living alone as an older adult

What is this study about?

The aim of this study is to learn about your experience of living alone. We know that some individuals who live alone can experience feelings of loneliness. Understanding how you feel and what is important to you, can help us understand what matters to people who are living alone and what supports your well being.   To find out about your experience we will be using a method called emotional touchpoints. Emotional touchpoints is a way of interviewing that enables us to find out about a persons' experience in a structured way. The 'touchpoints' refer to particular points in the experience journey e.g. 'being in my house' and you are then asked to select from a range of emotional words that sum up what the experience felt like, then explaining why they felt this way. Taking part in this study well help us understand your experience of living alone which will help us shape services to support your health and well-being.

Who are the researchers?

The research team are Lecturing staff and PhD students in the School of Health Nursing and Midwifery at the University of the West of Scotland and members of the local community who have completed training on community action research with the Scottish Community Development Centre. The Principal Investigator is Tamsin MacBride.

Why have I been asked to take part?

As an individual who lives alone in Renfrewshire, is over the age of 65, and receives support from the Food Train and/or community meals, you have been invited to be discuss your experience of living alone and your health and well-being.

What will I have to do if I take part?

You will be asked to discuss a particular aspect of your experience of living alone. Interviews will be recorded by a dictaphone, which will allow the member of the project team to accurately type up the notes. We will meet with you again to discuss the notes from your interview to allow you to verify and/or amend these as appropriate. Your name is not being recorded in this study. This means that neither you, nor anyone else, can be identified in the information provided.

Do I have to take part?

No. Participation in this study is entirely voluntary.

If you choose to take part in the study by agreeing to your data being used in research you can withdraw at any time you wish by informing the principal investigator or the researcher facilitating your interview. You can withdraw from the study after the interview has taken place without giving any reason.

Confidentiality and Anonymity

The study is completely confidential.

The interview will be recorded by dictaphone to allow the researcher to accurately type up the notes. These notes will be discussed with you in another meeting for verification and/or amendments. Any information that would identify you individually (e.g your name) will not be used in any way in the study. All data will be stored safely, for example in password protected computers and in locked filing cabinets in the University.

Data will be analysed by the research team and disseminated as appropriate but you will not be identified in any oral or written reports. You will be assigned non-identifiable pseudonyms and ID numbers and your name will not be written anywhere.

The University of the West of Scotland is registered under the Data protection Act and has an Information Security Policy to safeguard the collection, processing and storage of confidential information.

What if I want to find out more or have a complaint about the research?

If you want to find out more about this research or have a complaint about this research, please contact the Principal Investigator:

Tamsin MacBride

Lecturer

School of Health, Nursing and Midwifery

University of the West of Scotland

High Street

Paisley

PA1 2BE

Tamsin.macbride@uws.ac.uk

0141 849 4281

Please keep this sheet for your information.

THANK YOU FOR CONSIDERING TO TAKE PART IN THIS STUDY

Appendix 3 Consent form

UWS | UNIVERSITY OF THE WEST of SCOTLAND

A QUALITATIVE STUDY EXPLORING THE EXPERIENCE OF LIVING ALONE AS AN OLDER ADULT

Participant's name (Block capitals)

_____

You are being asked if you would like to take part in the above study. In line with the principles of ethical research it is important to us that you understand what you are being invited to take part in. Taking part in this interview using emotional touchpoints is purely on a voluntary basis. We would welcome your involvement but you do not have to agree for us to use information from the interview if you do not wish to do so.

You have been given the accompanying participant information sheet to read and keep. We would now like you to read the following statements and sign these if you agree. If you have any questions about any of the statements please ask the lecturer who is facilitating the interview.

I have read and understood the information sheet about the research component of the interview.

Signature of participant in research _____

I understand that the interview will be recorded by dictaphone, which will allow the member of the project team to accurately type up the notes.

Signature of participant in research _____

I understand that the notes arising out of this interview will be shared with me for checking and amending as appropriate.

Signature of participant in research _____

I agree to data gathered throughout the course of the interview to be used in reports, presentations and publications.

Signature of participant in research _____

Signature of researcher taking consent _____

Researcher's name (block capitals) _____

Date   _____

THANK YOU