LEISURE AND SOCIAL CONTINUITY: THE SECRET TO SUCCESSFUL AGING FOR OLDEST-OLD IN LONG-TERM CARE?

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ABSTRACT

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The proportion of oldest-old in the United States, those 85 and over, is expanding more quickly than both the young-old (65-74) and the old-old (75-84). However, many scholars in the fields of Leisure and Gerontology continue to view old age as an umbrella term, lumping everyone over 65 in to the same category. However, it is the oldest-old who are the most likely to experience significant health problems and reside in long-term care (LTC). Thus, many oldest-old could potentially be facing multiple barriers to continued leisure and social participation. Given that there is ample research to support that there is a strong association between leisure and social involvement and successful aging, the current study examined how well one particular LTC community helps five residents above age 85 and two residents above age 80 remain active in leisure and social activity. This study also shed light on individual coping strategies participants use to maintain resilience during transitional periods in their lives, such as health decline, widowhood, and moving to a LTC community.

Working within the framework of the continuity theory of successful aging, life histories were gathered from all seven participants during semi-structured interviews to provide further insight in to the formation and continuity of their hobbies, leisure repertoires, and social relationships. While a couple of participants described barriers to continued leisure and social involvement, all participants were found to have maintained continuity in many of their hobbies and in some ways, became more active in leisure and social involvement since their move to the LTC community. While one participant described being rejected by a grown child and two described fears of being a burden, all three have managed to maintain strong social support
networks. Consistency in coping strategies, such as spirituality and self-reliance, was found to buffer the impact of family related stress, health decline, and moving to a LTC community.
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CHAPTER I. INTRODUCTION

Successful Aging

By 2030, older adults 65 and older are expected to comprise 20.3 percent of the United States population, an increase of nearly eight percent since 2012 (Ortman, Velkoff, & Hogan, 2014). Given this expansion of the older adult population, it is critical we examine how individuals can have a positive, successful experience of aging. While successful aging is an individualized, subjective construct, factors that have been determined to play in to this construct include health status, presence of pain, and one’s level of involvement in exercise and social related leisure activities (Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010). Rowe and Kahn (1997) developed a model of successful aging that contains three major domains: low levels of disease and subsequent functional impairment, high physical and cognitive functioning, and active engagement with life. While Rowe and Kahn (1997) assert that active engagement with life can take many forms, the two most important categories within this domain include interpersonal relations and productive activity. Productive activities are those that have societal value, such as volunteer work (Rowe & Kahn, 1997). Crowther, Parker, Achenbaum, Larimore, and Koenig (2002) proposed the addition of a new component to Rowe and Kahn (1997)’s model of successful aging, positive spirituality. Positive spirituality consists of active engagement with life through religious and community activities, prayer, meditation, and other spiritual practices (Crowther et al., 2002). Involvement in such activities helps individuals cope with stress and the burden of disease (Williams, Larson, Buckler, Heckmann, & Pyle, 1991). Relatedly, altruistic activities like sewing blankets for those in need or volunteering at a church, have been found to provide older adults with a sense of belonging and the ability to impact the lives of others in a positive way (Flatt, Hughes, Documet, & Lingler, et al., 2015).
Leisure and Successful Aging

Retirement provides older adults with increased time to relish in leisure and social activities they have always enjoyed but may have had limited time for due to family and work obligations (Atchley, 1989; MacNeil & Gould, 2012). Leisure and social activities include a wide assortment of activities, such as volunteerism and community service, physical activity, educational experiences, and travel and tourism (MacNeil & Gould, 2012). These activities have been found to bring personal reward and contribute significantly to active engagement with life (Atchley, 1999; Nimrod & Ben-Shem, 2015; MacNeil & Gould, 2012). Leisure and social activities have the potential to bring enjoyment and stimulation on physical, cognitive, and/or social levels (MacNeil & Gould, 2012). Constructive activities such as woodworking and playing sports have been found to contribute to strong social support and good cognitive and physical well-being during later-life (Stevens-Ratchford, 2014). Traveling brings relaxation, exploration, and an escape to a new world while exercise and sport contribute to stress reduction, socialization, and prevention of declines in physical ability (Flatt et al., 2015; Nimrod & Ben-Shem, 2015).

Importance of Leisure for the Oldest-Old

While leisure and social activity have been found to make a significant contribution to successful aging for older adults over 65 (Flatt et al., 2015; Nimrod & Ben-Shem, 2015; Stevens-Ratchford, 2014), many leisure scholars fail to distinguish between the young-old (65-74), old-old (75-84), and oldest-old (85+) (Lee, Chen, & Hewitt, 2011). Current demographic projections predict that it is the oldest-old segment that is actually expanding the most rapidly (Dellinger, 2012). During 2012, there were 5.9 million people 85 and over living in the United States and this number is expected to jump to 8.9 million by 2030 (Ortman et al., 2014). While individuals
in all three segments of later adulthood are considered older adults, there are actually distinct differences between the three segments, such as health status and rates of widowhood (Jopp, Rott, & Oswald, 2008). It is the oldest-old who are the most likely to be widowed (Jopp et al., 2008), the least likely to have travel companions (McCluskey, Thurtell, Clemson, & Kendig, 2011), and the most likely to suffer from disease and functional impairment (Nilsson & Fisher, 2006; Jopp et al., 2008). Thus, health complications and the loss of one’s spouse could potentially make it more difficult for the oldest-old to continue participating in leisure activities. However, finding ways to allow for the oldest-old to continue engaging in leisure activities is critical because leisure has been found to provide social benefits and social support is a major predictor of successful aging for the oldest-old (Tomas, Sancho, Gutierrez, & Galiana, 2014; Rowe & Kahn, 1997). Leisure has also been found to bring cognitive and physical health benefits (Nimrod & Ben-Shem, 2015; Flatt et al., 2015).

Long-Term Care Placement

Since the oldest-old are the most likely to suffer from health complications (Nilsson & Fisher, 2006; Jopp et al., 2008), they are also the most likely to reside in long-term care (LTC) (He & Muenchrath, 2011). The rate of LTC placement rises sharply with age. According to 2010 United States Census data, only one percent of those 65 to 69 and three percent of those 75 to 79 live in LTC settings; however, this number reaches 11.2 percent for those 85 to 89 (He & Muenchrath, 2011). Amongst those 90 to 94, this number jumps to 19.8 percent, and 31 percent for those 95 to 99. For those individuals who have reached age 100 or above, 38.2 percent of them reside in LTC (He & Muenchrath, 2011). A LTC environment has been found to pose certain barriers to residents’ social and leisure participation (Thomas, O’ Connell, & Gaskin, 2013; Boelsma, Baur, Woelders, & Abma, 2014). For example, sometimes there is a lack of
outings to favored local attractions or not enough activity modifications for residents with significant functional impairment (Thomas et al., 2013). Other complaints of residents include short staffing, a lack of social support from staff, and the activities department not offering activities in line with their favorite hobbies or leisure pursuits (Thomas et al., 2013; Boelsma et al., 2014).

Due to the restrictive nature of some facilities, yet another barrier to leisure participation for some LTC residents is not being able to go outside when they please (Thomas et al., 2013). LTC communities that provide recreational programming involving time spent outside have been found to create a more home-like atmosphere and residents in these facilities have experienced gains in psychosocial well-being (Boer et al., 2017). However, whether recreational programming is offered indoors or outdoors, it is critical that LTC communities keep in mind that sometimes low functional capacity, such as low mobility, can complicate residents’ ability to participate in social and recreational endeavors (Kjos & Havig, 2016). It is imperative that LTC facilities provide activities within a shorter walking or wheelchair distance for residents and make modifications to activities so that residents with high functional impairment can enjoy the same activities as residents with less impairment (Thomas et al, 2013).

**Purpose**

Since the oldest-old are expanding at a rapid rate (Ortman et al., 2014; Dellinger, 2012), are the most likely to experience health complications leading to functional impairment (Nilsson & Fisher, 2006; Jopp et al., 2008), and constitute the highest proportion of LTC residents (He & Muenchrath, 2011), it is imperative that leisure scholars stop lumping everyone over age 65 in to the same category. Given that there is a strong correlation between successful aging and leisure and social activity (Flatt et al., 2015; Stevens-Ratchford, 2014; Nimrod & Ben-Shem, 2015), it is
crucial to examine how LTC communities can help the oldest-old potentially burdened with functional impairment continue to participate in cherished leisure and social activities.

The current study seeks to assess, through the voices of LTC residents themselves, how well one particular LTC community promotes leisure and social participation. It will also be assessed if this community allows residents to improve their leisure repertoire and provides them with increased outlets for creativity and social interaction. Contrary to popular belief, oftentimes, older individuals actually become more active in leisure activities as they age, particularly those that are socially based (Silverstein & Parker, 2002). Later-life has been found to bring increased time for older individuals to enjoy hobbies, socialize, and hone skills they use for leisure participation (Atchley, 1989). Therefore, this study seeks to shed light on this positive facet of later-life within a LTC context. The research questions this study aims to answer include what participants’ favored leisure and social activities are, why or why not they have continued participating in them, what role the LTC community plays in facilitating participants’ continued leisure and social participation, and if participants use consistent coping strategies to deal with changes such as health decline and a move to an LTC community. Most importantly, this study will examine the link between leisure and social participation and successful aging on an individual level.
The Importance of Leisure for Successful Aging

Leisure has been found to share a strong link with successful aging for both community dwelling older adults and LTC residents alike (Boelsma et al., 2014; Thomas, et al., 2013; Flatt et al., 2015; Nimrod & Ben-Shem, 2014). For LTC residents, being able to maintain favored hobbies is associated with being able to maintain personal identities and autonomy (Boelsma et al., 2014), which are particularly important to having resilience in the face of such a major life transition (Atchley, 1989). Activities and hobbies that promote continued social support have been found to play a significant role in promoting this resilience (Thomas et al., 2013; Atchley, 1989; 1999). Both community dwellers and LTC residents alike enjoy the social reward that comes from playing games, traveling, or attending special events with other people (Thomas et al., 2013; Stevens-Ratchford, 2014). Lee and Payne (2015) found in their survey research that older adults whose favored leisure activities involve a strong social component are more likely to take their leisure engagement more seriously. Those participants whose favored leisure activities involved both social and cognitive components, such as taking classes or playing board games, were found to have the highest rates of successful aging (Lee & Pain, 2015).

In an 11 year longitudinal study with older individuals who had grown in to the oldest-old category by the last data collection, increased activity participation, especially in socially based leisure activity, was used as a means to cope with increases in functional impairment, widowhood, and decreased contact with family (Silverstein & Parker, 2002). Across the 11 year period, participants also remained active in physical activity that is socially based, such as dancing, and increased their rates of walking, which is suggestive of an increased interest in physical health. Of significant interest is that participation in leisure activities, especially those
that are socially based, actually increased for participants as they grew older (Silverstein & Parker, 2002), which suggests that the oldest-old are a more active group of people than what many may realize.

Of particular importance to older adults is maintaining relationships with friends and family, which further emphasizes the importance of leisure activities that involve social contact (Stevens-Ratchford, 2014; Nimrod & Ben-Shem, 2015; Beggs, Kleparsky, & Hurd, 2014). Participation in craft based hobbies (Stevens-Ratchford, 2014), church activities (Beggs et al. 2014), and sport participation (Lyons & Dionigi, 2007) have all been found to promote resilience in relationships and provide strong social support across the life course. Even sport participation amongst older adults is most valued for its ability to create a sense of comradery, bonding amongst players, and a sense of community (Lyons & Dionigi, 2007). Sport participation is even further related to successful aging in that it brings a sense of purpose through recognition given for one’s accomplishments, identity maintenance, and a sense of achievement. Some participants in Lyons and Dionigi (2007)’s research had also become coaches or volunteers, which helped them feel like they were “giving back” to their communities. The sense of belongingness and bonding created amongst players through sport lends support to the findings of Stevens-Ratchford (2014) and Nimrod & Ben-Shem (2015), who found that older adults enjoy the friendship building and a sense of “fitting in” that comes from hobbies involving a certain degree of cognitive and/or physical skill, such as playing cards, sports, or craft like activities.

Similar to the sense of purpose and positive emotions associated with being able to “give back” to one’s community experienced by coaches and volunteers in Lyons and Dionigi (2007)’s study, participants in Flatt et al. (2015)’s study of social activities in later life said they enjoy
altruistic activities such as volunteering at church functions and making clothing for those in need because of the satisfaction they derive from knowing they are helping others. Those activities associated with helping others like volunteering or church participation contribute to successful aging in that they create a sense of purpose, are conducive of bi-directional social support, and provide an opportunity to “give back” (Lyons & Dionigi, 2007; Stevens-Ratchford, 2014; Nimrod & Ben-Shem, 2015; Beggs et al., 2014). Similarly, group activities involving physical or cognitive skill contribute to not only improved physical and cognitive health, but strengthened friendships and increased social support (Lyons & Dionigi, 2007; Stevens-Ratchford, 2014; Lee & Pain, 2015; Thomas et al., 2013).

**Role of Continuity Theory**

Continuity theory postulates that older adults can experience successful aging if they adjust to changes associated with aging through consistent internal and external patterns (Atchley, 1989). For example, older adults may face the changes associated with aging with internally consistent ideas, temperament, personality, preferences, and skills they have developed and acquired over a life-time (Atchley, 1989). Developing adults form an identity over time through personal experiences, successes, and failures. Once crystallized, this identity tends to remain resilient from middle age onward (Atchley, 1989). Externally, older adults carry with them a structure of social relationships, social roles, activities, and social and physical environments. Performing familiar activities, using familiar skills, being with familiar people, and being in a familiar environment promote resilience in the face of losses or transitions common to later-life, such as retirement, health decline, or widowhood (Agahi, Ahacic, & Parker, 2006; Atchley, 1989). This allows everyday life to be viewed much like a theatrical performance. While different events and actions may take place, the setting, characters, and
personalities of the characters remain stable and act in predictable ways. Thus, changes and life transitions are viewed as “episodes” rather than new plays (Atchley, 1989). Atchley (1989) defines an optimum level of continuity in an individual’s life as that level at which the pace and degree of change is in line with personal preferences, social demands, and coping capacities.

It is of significance to note that even moving from home to LTC has not been found to impact an older adult’s capacity to maintain self-continuity (Lieberman & Tobin, 1983, as ctd. in Atchley, 1989). While such a drastic change in one’s life may be rather challenging, older adults cope with the challenge by dealing with it in familiar ways (Atchley, 1989). Older adults who move to a LTC community may draw on close friends or family for support, participate in familiar activities, or take the time to cultivate cherished hobbies and utilize internal resources such as self-reliance, a sense of humor, and a positive attitude (Atchley, 1989).

**Continuity Theory and Leisure/Social Activity**

Recent research continues to support there is a significant association between former and current cognitive, social, recreational, and productive activities for older adults (Stevens-Ratchford, 2014; Nimrod & Ben-Shem, 2015; Minhat et al., 2013). Oftentimes, individuals remain passionate about hobbies and leisure activities they cherished while they were young late in to life (Stevens-Ratchford, 2014; Thomas et al., 2013). For example, Stevens-Ratchford (2014) interviewed two men in their sixties who participate in model railroading, which includes attending special events and shows associated with this hobby. Both men expressed that they first took up this hobby during childhood and that it has brought immense social benefits due to all of the friends they have made over the years. Both men described the creation of strong social ties that have remained resilient across the life-course through sharing in a continued passion (Stevens-Ratchford, 2014). Similarly, during a 76-year old woman’s discussion of an affinity for
travel that she has maintained across the life-course in Flatt et al. (2015)’s research, she said that her mother told her first husband that “when the stork delivered her, he forgot to unpack the bag” (p. 118). During a 61-year old participant’s discussion of her love for tai chi she reflected, “Throughout my life, my most favorite thing was movement. There was something about me that I could express through movement that I didn’t express any other way. That is pretty huge for me” (Flatt et al., 2015, p. 119).

Maintaining continuity in cognitive, recreational, social, and productive activities allows for some stability and comfort in the midst of transitions such as retirement, bereavement of loved ones, and changes in health (Agahi et al., 2006). Continuity in those aspects of life one has control over can help provide a sense of stability amidst these whirlwinds. Beggs et al. (2014) found in their cross-sectional research that older adults over 65 are most interested in cultivating those hobbies and social relationships most precious to them while young adults 24 and under seek to develop new leisure repertoire and make new friends. Stability and control over one’s leisure pursuits is important to successful aging because leisure provides relaxation, play, and engagement in activities one is not obligated to participate in (Agahi et al., 2006; Tak, Kedia, Tongumpun, & Hong, 2015). Leisure provides a sense of enjoyment and escape from work or activities of daily living. A leisure state results from concentration, stimulation, and active involvement in experiences that are rewarding on a personal level (Flatt et al., 2015; Atchley, 1999; MacNeil & Gould, 2012) and retirement provides older adults with increased time to relish in those endeavors facilitative of cognitive stimulation and positive emotion.

Continuity theory also asserts that due to freedom from work and family obligations, later-life is supportive of increased creativity because it is a time in which older adults can invest more energy in to the arts, music, politics, and socialization (Atchley, 1989). Older adults look to
domains in which they have proficiency in or a preference for, such as sport or art. While activities older adults may develop an interest in might be new, the domains in which these activities fall under tend not to be (Atchley, 1989). For example, in Flatt et al. (2015)’s qualitative study, a 69-year old who has always enjoyed physical activity discussed taking up square dancing three years prior and an 86-year old with a continual thirst for knowledge described how he just recently began attending educational courses to keep his mind “open and active” (p. 122). Participants who had spent their lives as active participants in altruistic activities related their participation to their “purpose in life.” A 78-year old woman reflected that she “would not be here” if there were not still more people for her to help (p. 117). In Lyons & Dionigi (2007)’s study of sport participation amongst older adults, individuals with impeccable strength and agility from remaining physically active across the life-course chose to become involved in competitive sports during their retirement. Many participants also made use of the increased time retirement had provided them with by joining social clubs (Lyons & Dionigi, 2007). One participant discussed her membership in a veteran’s club and how the men in the club are able to enjoy beer at 10:30 am. She reflected that such social gatherings are “needed” during retirement (p. 382).

**Role of Long-Term Care Communities**

Largely as a result of health trouble and subsequent declines in functional capacity (Nilsson & Fisher, 2006; Jopp et al., 2008), it is the oldest-old who are the most likely to reside in LTC (He & Muenchrath, 2011). While only three percent of those 75 to 79 live in LTC, this number jumps to 11.2% for those 85 to 89 and increases to a whopping 38.2 percent for those 100 or above (He & Muenchrath, 2011). While moving to a LTC community is challenging because it is a significant disruption in one’s external environment, older adults cope with this
challenge by dealing with it in familiar ways (Atchley, 1989). For example, they may lean on family or long-term friends for support and navigate the new environment in such a way as to learn how it can be used to help them continue practicing their favorite skills and activities (Atchley, 1989). It is important to keep in mind that continuity theory likens aging to the continuance of a play with a series of scenes. The main character in this play maintains consistency in personality and behaviors (Atchley, 1989). Therefore, while major changes may take place in the character’s life, he or she responds to them in familiar ways, using coping strategies they have learned and acquired over the course of a life time. Common coping strategies include those that can be extracted from an individual’s internal reservoir, such as leisure based hobbies and fine-tuned skills that have been developed previously in life to carry out these hobbies (Atchley, 1989).

Hobbies and leisure pursuits may be such effective mechanisms for coping with change because of their potential to bring a multitude of benefits. Leisure participation is associated with socio-emotional, mental, and physical benefits for both those older adults who reside in the community and in LTC (Nimrod & Ben-Shem, 2015; Flatt et al., 2015; Stevens-Ratchford, 2014). Thus, examining the importance of continuity in leisure and social activities amongst oldest-old living in LTC and how participation in such activities can be maintained is merited. Continuity in hobbies and leisure interests has also been found to contribute to a sense of personal identity and autonomy (Lyons & Dionigi, 2007; Boelsma, et al., 2014), two factors that are particularly important for those living in LTC (Boelsma, et al., 2014). However, sometimes LTC residents are presented with barriers to leisure continuity, which can be explained by factors such as disease, immobility, a lack of meaningful activities, distance residents have to walk to activities, and staff related factors, such as number of staff, motivation, and workload (Ouden et
al., 2015; Thomas, et al., 2013; Boelsma, et al., 2014). However, there are ways to counteract some of these barriers and many older adults find they are able to continue participating in their favorite leisure activities and remain socially active even after a move to a LTC community (Haugland & Giske, 2016; Boer et al., 2017; Thomas et al., 2013).

The key to LTC residents overcoming barriers to leisure participation is often staff making the time to provide personal attention to residents so individual needs and interests can be met (Boelsma et al., 2014; Haugland & Giske, 2016). Sometimes functional limitations are the culprit behind these barriers and can be easily overcome with modifications such as books on audio or in large print, or raised garden beds so residents in wheelchairs can garden (Thomas et al., 2013). Oftentimes, a lack of communication between residents and staff is what is standing in the way of residents being able to experience the leisure and social activity they desire (Thomas et al., 2013; Boelsma et al., 2014; Ouden et al., 2015). This lack of communication can be overcome by LTC communities involving residents in practice improvements, which involves residents forming groups and choosing a topic related to what staff can do to better residents’ lives (Boelsma et al., 2014). Through group solidarity, residents pass on suggestions to staff of what they can do to improve components of care, such as staff to resident attention and access to leisure activities. Residents forming practice improvement groups has been found to strengthen relationships between residents and residents and staff (Boelsma, et al., 2014).

Another approach to overcoming barriers to leisure and social participation that has been found to be effective is involving volunteers or interns in the leisure and social lives of residents (Ploeg, Walker, & O’Connor, 2014; Boelsma, et al., 2014). In an observational study of 36 nursing students who were clinically placed in LTC facilities, students developed personal relationships with residents, which created not only companionship for both students and
residents alike, but opportunities for leisure activities based upon the residents’ personal interests (Haugland & Giske, 2016). Each student spent one on one time with a particular resident and after learning more about the residents, students planned meaningful activities such as taking a former architect on a trip to look at buildings, bringing a shoe to a former shoe repairman so he could examine it, and taking residents out to coffee shops and movie theatres (Haugland & Giske, 2016). In nine LTC communities that matched trained volunteers with individual residents to develop personalized leisure programs, after just three weeks of twice weekly 30 minute sessions, the volunteers found they were able to establish rewarding relationships and involve the residents in activities they had enjoyed across the life-span, such as listening to music from when they were young, cooking, reading, crafts, and spiritual activities (Ploeg et al., 2014). Family members provided valuable background information on the residents, which aided in the volunteers being able to personalize activities.

While sometimes barriers may stand in the way of LTC residents being able to continue enjoying cherished hobbies and activities, one of the largest barriers is simply a lack of communication and personal attention (Boelsma et al., 2014; Ouden et al., 2015). This scholarly support for the importance of the provision of activities that are personalized and tailored to individual interests lends further support to continuity theory (Atchley, 1989). Continuity theory prevents the homogenization of the concept of successful aging through asserting that what brings emotional, spiritual, relational, cognitive, and physical fulfillment is based on personality (Atchley, 1989; McGuire et al., 2013). It is when LTC communities make the effort to both acquire knowledge of residents’ personal needs and interests and create opportunities for participation in activities of personal interest that they find residents are able to continue participating in cherished leisure pursuits and build or strengthen the most rewarding social
relationships (Boelsma et al., 2014; Ploeg et al., 2014; Haugland & Giske, 2014). Through simple measures allowing for the empowerment of residents such as group solidarity amongst residents to make it easier to speak out about interests, needs, or concerns, and staff providing more personalized attention (Boelsma et al., 2014), in combination with the effective utilization of students and volunteers (Ploeg et al., 2014; Haugland & Giske, 2016), LTC communities have the potential to provide residents with a plethora of opportunities for social engagement and outlets for long-standing passions.

In addition to making efforts to be attentive to individualized needs and preferences, some LTC facilities are incorporating leisure related programs that create more of a home-like atmosphere to help promote continuity in the lives of those experiencing a move from home to LTC (Boer et al., 2017). In a study comparing the leisure and social participation of residents in traditional LTC facilities with residents in facilities that have incorporated what is known as a “green care farms” approach, which involves the provision of an environment including animals, plants, and other natural aspects, those living in the facilities taking a green care farms approach participated in significantly more outdoor and nature activities, were more physically active, and had more social interaction (Boer et al., 2017). Similar to when they lived at home, a green care farms environment allows for residents to go outside whenever they please. Residents in these facilities were found to experience increases in their quality of life from reductions in perceived stress and agitation that come from increased independence, sunlight, physical activity, and socialization green care farms offer (Boer et al., 2017). LTC residents who have the opportunity to spend time outside, walk, and engage in physical activity, which are often activities they enjoyed when they were still living at home, tend to have better mental and physical health, and
thus quality of life, than those residents who have less access to such opportunities (Patomella, Sandman, Bergland, & Edvardsson, 2016).

**Summary**

For LTC residents, being able to continue participating in their favorite leisure and social activities constitutes a large part of maintaining identity and autonomy (Boelsma et al., 2014), meaning that leisure and social continuity can provide some stability and control within what may still be an unfamiliar environment. Those who continuously participate in activities with social, physical, and cognitive components have been found to have a successful experience of aging (Boer et al., 2017; Lyons & Dionigi, 2007; Thomas et al., 2013; Stevens-Ratchford, 2014; Lee & Pain, 2015). While a move to a LTC community may be viewed as a challenging transition for some individuals, it is important to keep in mind that within the framework of continuity theory, this change is nothing but a twist in the plot of someone’s story (Atchley, 1989). Thus, an individual can adapt to this twist with coping strategies they have used for other changes they may have encountered in life. Such strategies may include humor, self-reliance, or a positive outlook (Atchley, 1989). Utilizing the same skills for the same leisure and social activities can also provide a sense of continuity within a LTC environment (Atchley, 1989).

Although some LTC residents suffer from a lack of communication between residents and staff (Thomas et al., 2013; Ouden et al., 2015), not enough activities offered that are congruent with their interests and personalities (Thomas et al., 2013; Boelsma et al., 2014), and the offering of activities that have not been modified or are not within an appropriate distance to accommodate for functional limitations (Kjos & Havig, 2016; Ouden et al., 2015), current literature has demonstrated that there are methods of overcoming these barriers. For example, a lack of communication between staff and residents can be overcome by an awareness of the need
for more communication on the part of the staff (Boelsma et al., 2014; Haugland & Giske, 2016) or practice improvements and group solidarity amongst residents (Boelsma et al., 2014). Staff can even employ the help of students or volunteers to aid in meeting the leisure and social needs of residents, which creates one on one attention that makes leisure participation more personalized (Ploeg et al., 2014; Haugland & Giske, 2016). Modifications to activities that make them possible for residents suffering from functional impairment have been found to often be quite simple, such as books on audio or raised garden beds in lieu of traditional gardening (Thomas et al., 2013).

Other facilities are making attempts to create a more home-like environment in order to promote not only internal continuity, but more external continuity within the lives of LTC residents (Boer et al., 2017). Through creating outlets for more home like activities, such as gardening and caring for animals, not only is a more home like atmosphere created, but residents experience leisure that includes cognitive, social, and physical aspects, the type of leisure most conducive to positive, successful aging (Boer et al., 2017; Lyons & Dionigi, 2007; Thomas et al., 2013; Stevens-Ratchford, 2014; Lee & Pain, 2015). Through the employment of modifications, staff acquisition of outside help when needed, recreational programs that promote a home like atmosphere, and efforts to promote staff to resident and resident to resident communication, even LTC environments have the potential to become communities conducive of increased creativity and leisure and social skill building, three crucial ingredients for successful aging (Atchley, 1989; Silverstein & Parker, 2002).

The Present Study

While the current literature has addressed the importance of leisure and social participation for LTC residents and the importance of individuals transitioning to such
environments relying on internal resources such as leisure skills and internal strength (Atchley, 1989), it has not addressed the importance of leisure and social participation and reliance on internal resources for LTC residents of specifically the oldest-old (85+). The oldest-old are not only the most likely to reside in LTC (He & Muenchrath, 2011), but they are also the most likely to suffer from health problems that could complicate their leisure participation (Nilsson & Fisher, 2006; Jopp et al., 2008), and are the most likely to be widowed (Jopp et al. 2008), which means that some oldest-old can potentially have multiple factors working against them when it comes to remaining active in leisure and social activity. While studies such as Stevens-Ratchford (2014)’s with two model-railroaders in their 60s, Boelsma et al. (2014)’s research with LTC residents, Beggs et al. (2014)’s comparison of older adults over 65 with younger adults, and Nimrod & Ben-Shem (2015)’s interviews with older adults 65 to 92 all demonstrate leisure and social continuity across the life-span for those over 65, none of these studies examine continuity in the lives of specifically the oldest-old. Thus, the current study seeks to demonstrate continuity, or a desire for continuity and recommendations for how this continuity can be achieved, in the hobbies, leisure interests, and social lives of those specifically over 85. Given there is a strong link between successful aging and leisure and social participation (Atchley, 1999; Nimrod & Ben-Shem, 2015), it is imperative that continuity in leisure and social participation for oldest-old within a LTC environment be examined.
CHAPTER III. METHOD

Research Design

Semi-structured interviews were used to examine what participants’ favorite leisure and social activities are and why or why not they have continued participating in them. For those participants who discussed discontinuance of enjoyed activities after their move to the LTC community, it was inquired if they discontinued by choice or due to restrictions from health decline and/or the LTC environment. When these activities were not retired by choice, participants were asked what would make it possible for them to begin participating again (i.e. provision of transportation or supplies, or modifications to the activities to accommodate for functional decline). This study also examined continuity in the coping strategies participants employ in dealing with major changes such as widowhood, health decline, and moving to the LTC community.

This study examined the overall role the LTC community plays in participants’ leisure and social continuity through both the provision of socially based leisure activities and ease of access to contact with people, organizations, and recreation in the outside community. These factors were also analyzed to examine how the facility has helped participants to become more active in leisure and social activity than what they may have been if they were still living at home. Looking for increases in leisure and social activity as expressed by participants was seen as relevant because continuity theory supports the idea that later-life can promote increased creativity and dedication to leisure and relationships (Atchley, 1989). Increased leisure and social participation have been found to serve as effective coping mechanisms for dealing with some of the changes associated with later-life, such as widowhood, functional impairment, and decreased contact with family (Silverstein & Parker, 2002), factors which can compound for the oldest-old
(Jopp et al., 2008; Nilsson & Fisher, 2006). Congruent with the subjective nature of successful aging (Pruchno et al., 2010) and continuity theory’s acknowledgement of the personality and unique personhood at play in the relationships, activities, and coping strategies that individuals choose (Atchley, 1999), interviews were used to most importantly, allow each participant to tell their story. Given that each participant possesses their own leisure repertoire, social interaction style, and coping strategies, space is allotted to each individual in the Results section to illuminate the individuality and unique personality of each participant.

A total of seven LTC residents each participated in a semi-structured interview. Five interviews were conducted inside the participants’ apartments or villas and two were conducted in the LTC community’s library. Data collection took place during the first three weeks of February 2017. Written informed consent was obtained from each participant prior to the beginning of each interview. Semi-structured interviews were chosen because they are less rigid and allow the interviewee more control over the direction and flow of the interview (Sparkes & Smith, 2014; Krane & Baird, 2005), which allowed each interview to feel more like a conversation. This style also allowed participants to elaborate and provide descriptive stories to support their answers. While the directional flow of each interview varied depending on the participant, the same semi-structured interview guide was used to guide all seven interviews. For those participants who provided detail rich answers with minimal prompting, this guide was referenced during the middle and toward the end of the interview to ensure all questions had been answered. Each interview was audio recorded and transcribed verbatim. Interviews lasted for an average of 61 minutes but ranged from 20 minutes to two hours and 21 minutes.
Interview Guide

The interview guide (appendix A) used with each participant is based upon the four domains of continuity theory (Atchley 1999). The first domain concerns internal patterns, or one’s mental construct of who they are as an individual. This domain includes self-esteem, self-values, and self-evaluation, which are all influenced by life events, occupation, race, gender, and social roles or health changes (Markus & Herzog, 1991, as ctd. in Atchley, 1999). Interview participants were asked questions about what they did for a living when they were younger and how their life achievements relate to their evaluation of self.

The second domain of continuity theory consists of external patterns, or the priorities and selective investments individuals make in order to receive life-satisfaction (Atchley, 1999). These investments are conditional upon geography, social roles, relationships, activities, and living environments. Continuity in relationships preserves social support late in to life and helps individuals to maintain a positive self-concept and cope with losses such as physical decline and widowhood (Atchley, 1999). During the rapport building phase, participants were asked to describe what location of the LTC community they reside in and if they had ever spent time in any other sections of the living community. They were also asked to describe the places in which they had lived prior to their move to the LTC community. As interviews progressed, participants were asked to describe familial roles, their most important relationships, and how these relationships help them cope with changes such as when they first moved to the LTC community. To examine what role the LTC community might play in continued familial interaction, participants were asked if special events or parties the facility puts on create some of the contact they have with their family members.
The third domain of continuity theory concerns developmental goals. Older adults tend to place high priority on spiritual growth and keeping familial relationships strong (Atchley, 1989; 1999). Specific developmental goals, such as career or membership in a community, are influenced by multiple factors, such as gender, social class, organizational environment, and life experiences (Atchley, 1999). The interview guide contained a question about what accomplishments participants are most proud of and they were asked to elaborate on careers and raising their families. Participants were also asked questions about community membership, spiritual beliefs, and the quantity and quality of contact they have with family members. The fourth domain of continuity theory is adaptive capacity, which refers to the creation of a satisfying external life through selective investments, coping mechanisms such as religiosity or self-reliance, and adaptation strategies that have developed from a life time of learning (Atchley, 1999). The interview guide contained a question about what coping strategies participants have relied on over the life course and participants were provided with choices in answering the question, such as their religiosity, a positive outlook, or self-reliance.

In order to gain significant insight in to the leisure history of each participant and how this history relates to their current leisure participation both within the LTC community and off campus, participants were asked what their favorite leisure activities and/or hobbies are, how long they have been participating, and why or why not they continue to participate. In order to gain a better understanding of why participants may have chosen to no longer participate in certain activities, each participant was also asked to describe their health status. When applicable, a question was asked about the desire to begin participating in an activity the participant had previously given up and what would make this participation possible. This is congruent with literature asserting the importance of LTC communities paying attention to
individual activity preferences, providing modifications for certain activities, and facilitating resident to resident and resident to staff communication (Kjos & Havig, 2016; Ouden et al., 2015; Thomas et al., 2013; Boelsma et al., 2014).

Study Site

The study site was a 200 bed LTC community in the state of Ohio and constitutes one specific type of LTC community. This particular type of LTC facility is known as a continuing care retirement community (CCRC). A CCRC offers care along a continuum, meaning that sections of the facility are divided into different units based on the level of care provided (Ayalon, 2016). A resident may move into the community still capable of performing activities of daily living (ADLs) on their own, which include tasks of basic care such as toileting, dressing, bathing, and transporting oneself, whether by foot or wheelchair (Vorst et al., 2016), but may experience health declines that begin to make these tasks challenging. As a resident’s health declines, he or she can move into a unit in which more hands-on care is provided. CCRCs tend to include an assisted living unit in which minor assistance with ADLs is provided and a skilled nursing unit in which more intensive care is given (Ayalon, 2016).

The CCRC in which this study takes place contains not only assisted living and skilled nursing living areas, but living areas referred to as independent living (IL). Both apartments inside the main building and villas located across the parking lot are offered for those capable of living independently and performing all ADLs on their own. However, while residents in IL are expected to be able to perform ADLs on their own, nurse’s aides are still available for occasional assistance at any time of day. Even for those IL residents who reside in the villas, call buttons are provided in case they are ever in need of assistance.
Like other CCRCs (Ayalon, 2016), an assisted living (AL) and a skilled nursing unit are offered inside the main building for those residents who require daily assistance with ADLs. The AL unit is available for those who need minimal assistance with ADLs. Similar to the IL apartment units, the rooms in the AL section of the facility are also set up like apartments, which provides more of a home-like atmosphere. However, unlike the IL apartments, these living units do not have stoves. For those residents who progress past the point of needing more than minimal assistance, there is a skilled nursing unit in which intensive care with ADLs is provided. However, movement along the continuum is bi-directional, which means that if a resident in skilled nursing becomes capable of performing ADLs on their own again, they can move back to AL, or perhaps even to the IL apartments or villas. Typically when a resident moves in this direction along the continuum, it is because they had received surgery and needed to stay in skilled nursing temporarily until they recovered. The skilled nursing unit also offers housing to individuals from outside the facility who have received surgery and wish to discharge back to home upon recovery.

**Participant Recruitment/Data Collection**

Human Subjects Review Board approval, in addition to permission from the facility’s Executive Director, was obtained prior to any recruitment efforts associated with this study. The Director of Life Enrichment, who organizes and oversees all recreational activities offered to all three levels of care, including villa living independent residents, assisted in recruiting seven of the nine residents that were recruited for this study. Through purposive sampling, a qualitative sampling technique that allows a researcher to choose participants who meet criteria allowing them to provide information rich cases in accordance with the researcher’s interests (Sparkes & Smith, 2014), the director’s help was enlisted to recruit residents who are 85 or older, are capable
of providing their own informed consent, and do not have a diagnosis of dementia. Some of the residents the director helped recruit were also well known by the director for their leisure and social involvement within the LTC community.

While inclusion requirements included that participants be 85 or older, two of the seven residents the director helped recruit for participation were below age 85. Attempts were made to recruit residents from all three levels of care, independent living, assisted living, and skilled nursing, but the Director of Life Enrichment felt that other residents over 85 in all three areas suffer from dementia that could interfere with their ability to answer the interview questions. While no residents from skilled nursing were recruited for this study due to either being below 85 or having a diagnosis of dementia, other residents old enough to participate who live in assisted living or independent living were also ruled out because of dementia even though these units are known to allow for relatively independent living. Both residents below age 85 who the director helped recruit, ages 81 and 83, agreed to participate and allowed for the inclusion of an additional resident from AL and the inclusion of an IL resident who is remarkably socially, recreationally, and physically active.

The director talked to each of the seven residents she helped recruit over the phone to ask if they would be interested in participating in an interview about their leisure and social participation. With each resident’s permission, their phone numbers were then obtained from the director. A total of five residents responded. An additional two residents were recruited through snowball sampling, a technique proven to be effective through a researcher relying on participants to direct them to other individuals meeting a study’s inclusion requirements (Sparkes & Smith, 2014). Phone numbers for these residents were obtained from a resident who had previously participated in an interview. Appointments for interviews were set up over the phone.
and many participants were quite flexible and agreed to participate in an interview the same day.

The final sample consisted of seven residents.
CHAPTER IV. RESULTS

Participant Demographics

The seven study participants ranged in age from 81 to 92 and are all of Caucasian race. Attempts would have been made to create a more diverse sample but all 200 residents living within the LTC community are Caucasian. While study requirements included that participants be both free of dementia and 85 or older, two residents, ages 83 and 81, were included in the sample. This allowed for an extra resident from AL to be included and for the inclusion of a remarkably recreationally and socially active 83 year old, who will move in to the oldest-old category within two years. Three residents from the IL villas were interviewed, ages 87, 83, and 91. Two were interviewed from the IL apartments, ages 90 and 92. Two residents from the AL unit participated in interviews and were ages 81 and 88 at the time of the study. Six participants were female and one male was recruited with the assistance of a female participant who is a friend of his. All participants were widowed at the time of the study. Only one was divorced but her ex-husband is deceased. Each participant has children, all of whom are still living. Each participant had anywhere from two to four children.

Education and Career Patterns. All participants had a high school education. While five did not attend college, one holds a Bachelor’s and one a Master’s degree. All six of the women participants described spending a significant amount of time at home raising their children. Three described quitting work after becoming pregnant with their first child, one never worked, and one did not begin working until she became involved with her grown daughter’s business. However, one woman described moving in to director positions while she had two children at home. Two of the three women who described quitting work after becoming pregnant with their first child hold college degrees and did return to work when their children were older;
however, one only held entry-level jobs and both described it as a struggle to compete in the workforce after losing so many years of work due to child-rearing. The male participant, who did not attend college, did not describe any gaps in his employment.

**Health.** Each of the seven LTC residents described their health status as positive even though six mentioned having at least one chronic condition and two use oxygen while in their rooms. One of the women who uses oxygen did not describe a specific condition but was utilizing oxygen during an interview. Two female participants expressed being healthy enough to still be able to drive, one of whom travels out of state twice a year to visit her daughter. While this participant noted that she suffers from Osteoporosis, she remains physically active, even to the extent of getting down on the floor to participate in yoga the LTC community offers. While the 81-year old AL participant mentioned she suffers from Parkinson’s and uses oxygen when in her room, she described remaining active in most of her favorite activities and enjoys daily contact from her adult children. Two participants suffer from arthritis but feel that it does not interfere significantly with their daily functioning. In fact, one of these women is one of the two participants who still drives. One participant first moved to the LTC community after having a heart attack and being diagnosed with heart disease but said her continued physical activity at the age of 83 is allowing her heart to improve. While three participants utilize a walker, one of whom uses a wheelchair for longer distances, all three expressed they are grateful for the mobility they still have and that they are able to remain active in socially based leisure activities. Table 1 provides an overview of major participant demographics.
Table 1.

Participant Demographics

<table>
<thead>
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<th>Gender</th>
<th>Age</th>
<th>Health</th>
<th>Marital Status</th>
<th>Education</th>
</tr>
</thead>
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<td>High School</td>
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<tr>
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<td>Heart disease</td>
<td>Widowed</td>
<td>Bachelor’s</td>
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<tr>
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<td>Widowed</td>
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</tr>
<tr>
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<td>Widowed</td>
<td>High School</td>
</tr>
<tr>
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<td>91</td>
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<td>Widowed</td>
<td>High School</td>
</tr>
<tr>
<td>Male</td>
<td>92</td>
<td>Heart disease; use of walker</td>
<td>Widowed</td>
<td>High School</td>
</tr>
</tbody>
</table>

Participant Narratives

While the major topics of interest in this study include patterns of leisure and social continuity and how they relate to successful aging, many participants found participating in an interview as an opportunity to share their life story. Thus, the following vignettes have been included to allow the unique stories of each participant to live on. The following section provides a snapshot of the personality, life accomplishments, and interests of each participant. Their names and their children’s names have all been changed to preserve confidentiality.
**Mary Jo.** Mary Jo has lived at the LTC community in which this study takes place for two and a half years. She lives in one of the villas and has never lived in another section of the LTC community. Devoted to education, 87-year old Mary Jo was rather ahead of her time. While she only taught for two years after earning her Bachelor’s degree in Elementary Education before dedicating several years to raising her three wonderful children, Matt, Lisa, and Joanne, she returned to college when her kids were older. Taking one class a semester and driving an hour to school every week, it may have taken her six years, but she earned a Master’s degree in Reading from a local university. After obtaining her graduate degree, she took up teaching for another six years in her lakeside community. For having been born in Flint, MI, Mary Jo got to see more of the Country than some. After settling in an Ohio community alongside Lake Erie with her husband, where they stayed for 23 years, she and her husband moved to Iowa. In Iowa, Mary Jo taught for the 16 years they lived there, became the “Right to Read” Director in her local area, and set up reading programs and clinics for children who scored 40 percent or lower on a standardized reading test. After her retirement, she won an “Outstanding Retiring Teacher” award.

After staying 16 years in Iowa, Mary Jo and her husband moved to a beautiful gated community in Arkansas complete with nine golf courses to enjoy their retirement. While she lost her first husband to cancer after 45 years of marriage and she had to work through tumultuous grief, this motivated her to begin attending a grief recovery group. Although she thought she would never love again, she ended up meeting her second husband in this grief group. While she is living out the rest of her life as a widow, she and her second husband enjoyed inheriting each other’s friends, were a part of a breakfast group that met every Tuesday for several years, joined a dance club they belonged to for many years, traveled Europe, and went on cruises. They
devoted their 13 years of marriage to holding their very own grief recovery groups, where they both helped people to work through the different stages of grief associated with losing a spouse and taught that finding love in later-life is possible.

Mary Jo is close with her three children and her oldest, Matt, is a dentist, who she sees for her regular exams, and lives less than an hour away. Her youngest daughter, Joanne, lives in W. Virginia and her other daughter, Lisa, lives in S. Carolina but she talks to both on the phone regularly and relates her relationship to her daughters to that of female friends. During Christmas time, Lisa rents a house in Columbus and the entire family gets together for five or six days. Mary Jo sees her son twice a month because he lives close and he could not be more caring of a son, calling her every week just to ask her if she is doing okay.

Mary Jo is known as the social butterfly of the LTC community. She has no complaints about the community as she feels it does a marvelous job of encouraging leisure and social involvement. She delivers mail to residents who live inside the main building every Wednesday, attends the Lady’s Breakfast once a month, attends movies the LTC community puts on, and enjoys regular talks offered within the main building of the community, such as presentations from professionals in the local community or Ted Talks. While she may live in the villas, she is well known by residents who live inside the main building. Although she no longer attends aerobics classes like she did when she was younger and suffers from Osteoporosis, which she has begun to reverse through taking calcium and vitamin D, she has continued to remain dedicated to exercise. She attends Yoga classes the LTC has recently started offering, including those classes that involve getting down on the floor.

Mary Jo continues to hold a driver’s license and unless she is out of town visiting her youngest daughter in W. Virginia, who she visits twice a year, she never misses Sunday morning
service at her Episcopalian church. Her Episcopalian faith is something she has carried with her her entire life. Prayer and reading her Bible are part of what helped her overcome the journey of grief she worked through after the death of her first husband. In addition to her faith, she has persevered during difficult times by reminding herself every morning to “strengthen what remains.” When she worries about problems in her grown children’s lives, she reminds herself that her worries are in God’s hands and that he will take care of them. While she has lived in different areas, even states, during her life and has thus belonged to different churches, she has maintained the same faith her entire life and has always enjoyed the social support that comes from being a member of a church. She was involved in a women’s group that met every week for the 20 years she lived in Arkansas and served as lay minister for the church she belonged to there. While she has had to leave friends behind when she moved to different cities, she coped with these changes through maintaining internal continuity with a positive outlook, her strong Episcopalian faith, and being self-reliant.

**Ruth.** Eighty-one year old Ruth was included in this study because she lives in assisted living rather than independent living, uses oxygen off and on, and utilizes a wheelchair when she travels through the main building. Despite suffering from Parkinson’s disease, she remains positive through her reliance on her faith. She has three daughters, Olivia, Hope, and Julia. Julia calls her every morning to read an inspirational quote from the book, *Jesus Calling.* When asked what she uses to cope during hard times, she said it would definitely be her faith and social support from her family. What she likes about living in the LTC community is that it is located in the same town she grew up in, which has allowed her to be close to her daughters and attend the same church her entire life. While one daughter lives two hours away, who she still sees every couple of weeks, her other two daughters live right in town and help transport her to
church since she no longer drives. She has lived at the LTC community for a couple of years but had a short stay in the skilled nursing unit of another LTC community before her move here. She is widowed but celebrated nearly 60 years of marriage before her husband’s passing.

While she did not attend college and devoted a significant portion of her life to raising her three girls, when Ruth reflects back on developmental goals she achieved, she is proud of having raised her family and having been an active member in her church her entire life. She spent some time as an officer in the women’s group and enjoyed altruistic activities such as knotting blankets for those in the military overseas with other women from church. She also spent over 20 years tutoring children at the local library and continues to tutor a child who needs assistance with reading, a girl who comes to see her every Tues afternoon.

Ruth enjoys regular contact from her grown daughters and the LTC community helps facilitate some of that contact by having regular parties for holidays and special events. She was also a member of a Bunco club in the local community for 20 years, which was as long as it was in existence for. She continues to remain in contact with friends from the Bunco club because they sometimes come to visit her at the LTC facility. Ruth has also been able to make a few friends at the LTC community and commented that she enjoys the company of a sociable gentleman during mealtime. Despite suffering from Parkinson’s disease and using a wheelchair to transport herself in the hallways, she said she is satisfied with life because her health does not prevent her from remaining active in leisure and social activity. While the exercise she got when she was younger was associated with gardening and cleaning on both the farm she grew up on and the farm she raised her daughters on, she attends the seated exercise class the facility holds every week (Sit and Fit) and also does some seated exercises in her room. She attends BINGO on a weekly basis, which she said is an activity she did not begin participating in until she had
moved to the LTC community. She likes that it gets her out of her room and provides her with the opportunity to socialize with other people. Having raised her children on a farm, she did a lot of gardening when she was younger and used to can and freeze. When asked if she would like to begin gardening again, she expressed interest but was unsure how the LTC community would facilitate it. Similar to what was used in the LTC facility Thomas et al. (2013)’s study took place in, Ruth may benefit from a raised garden bed she could tend to while sitting in her wheelchair.

Anna. Eighty-eight year old Anna, like Ruth, also lives in the assisted living unit of the LTC community. However, she has spent time in all three levels of care. She has been at this community for between four and five years and first moved here to live in skilled nursing after both losing her husband of 62 years and a week of hospitalization due to illness. She has two children, a son named Mark and a daughter named Beth, who both did not want her living alone. She is thankful to be living at the LTC community rather than at home because her two children still work full-time and felt she would be isolated. While Anna uses oxygen in her room and a walker for when she goes out to travel the halls, she remarked that her health status is good. While she did not exercise at all when she was younger, she does do some seated exercises in her room. Her son only lives 30 minutes away and comes to see her regularly and her daughter lives three and a half hours away, who she sees once a month. While Anna was a little more hesitant to open up than the other interview participants, she did comment that her family and friends have always been there for her to support her during challenging times. However, she remarked that her transition to the LTC community was no difficulty at all because of how friendly the staff and other residents are.

Anna did not attend college but did hold an office job for five years after high school. However, she married during that time and quit after becoming pregnant with her first child and
devoted her life to raising her children, an accomplishment she is very proud of. What she likes most about living at the LTC community is no longer having to cook for herself and that the food is “excellent.” She has no complaints about the community as she feels that they are able to provide her with everything she needs, including entertainment. She attends BINGO regularly, which, like Ruth, is an activity she did not begin participating in until she moved to the LTC facility. Trivia is yet another activity she did not begin participating in until she moved here. While she no longer drives, the facility’s activities dept. provides regular transportation to the dollar store and other places to shop in town, which is yet another perk of living here. Ruth feels that in many ways, she has become increasingly active in socially based leisure activities since she has moved here and is more than grateful to not be living alone.

**Margot.** Ninety-one year old Margot has been living in an IL villa for all ten of the years she has now spent at the LTC community. However, she originally moved to this community with her husband of 65 years, who she lost seven years ago. The two of them met at a Sunday afternoon baseball game when she was just 16 years old. Prior to her husband’s passing she resided in a two bedroom, two bath villa. She has since downsized to a one bedroom, one bath. Like Ruth, moving to this LTC community has allowed her to remain in the same town she spent her entire life in and continue attending the same church, where she once sang in the choir and taught Sunday school.

Margot has a son and a daughter, Dave and Alice, who both live in the area and come see her regularly. She still drives and enjoys family gatherings at her son and daughter in law’s cottage on the lake every summer. The life accomplishments she is most proud of are having raised her two children and her 30 year career at a local university. Although she never attended college, she started out as Administrative Assistant for the school’s marketing program and
worked her way up to Director of the student union. Although a male figure tried to intimidate her out of this position for being female in the 1970s, she fought back by taking another position of high responsibility, that of Budget Coordinator. Her transition to the LTC community ten years ago went quite smoothly because she had already made connections with people within the community by being in charge of the facility’s gift shop for 22 years after having retired from her career at the local university. She continues to belong to a group that has dinner together every Thursday night, a group she has been a part of for over 15 years. Although she lost a very dear friend after 35 years of companionship and said “no one has ever been able to quite fill her shoes,” she has lunch with another resident who lives in one of the villas nearly every day.

Margot survived a tragic car accident back in 1941 that killed two of her friends. While doctors did not expect her to live due to damage to her back, a blood clot going to her lung, and a broken hip, today she is alive and well at the age of 92. She continues to drive and rarely misses church on Sunday. Margot has always been fond of embroidery and craft work and has maintained this hobby by working on a quilt. She is also an avid reader and stays current with technological advances through using a kindle. Her health status is good despite some arthritis in her lower back that is linked to the back injury inflicted upon her from the automobile accident years ago. She enjoyed ballroom and square dancing when her husband was still alive, as the two of them belonged to Western square dancing clubs. She continues to stay active by doing some seated exercises in the comfort of her villa.

Gladys. Eighty-three year old Gladys has been living in one of the villas within the LTC community for nearly five years. Gladys is only two years shy of falling in to the “oldest-old” age category yet she walks with no assistance. While she suffers from heart disease, due to eating well and participating in yoga and seated exercises (Sit and Fit) the LTC community offers, her
doctor says her heart is improving. Gladys has always been physically active and even remarked that she recalls her mom had a difficult time getting her to sit still in her high chair. Inspired by a talented male friend, Gladys began practicing gymnastics at the age of 24. While she fears falling on her head if she were to try some tumbling at the age of 83, she said she has managed to “pick up some old tricks.” At age 50, she began playing tennis and said she would love to continue participating, but lacks anyone to play with. Gladys also remarked that she joined a ceramics club after retiring and did talk the LTC community in to taking her and other residents to a nearby ceramics shop but is having a hard time stirring up enough interest to keep such outings going. However, she enjoys attending the exercise classes the facility offers and continues her hobby of reading, a hobby she has enjoyed ever since she can remember. In fact, she remarked that even reflecting back upon her childhood, she cannot remember a time in which she did not yet know how to read. She considers it an honor to volunteer inside the LTC community’s library and donates books the library does not have room for to a bookstore in a town nearby.

Born and raised in Pennsylvania, Gladys attended the Pennsylvania State University, where she earned her B.S. in Elementary Education. After teaching for three years, she married and moved to Connecticut, where she raised her three boys, John, Michael, and Christopher. However, she divorced after 16 years of marriage and felt the need to return to work. She drove a school bus for four years and also spent some time working in an office. She was downsized out of her office job after 16 years and while she was 61 at that time and struggled to find another full-time job, she did manage to secure two part-time jobs.

Similar to Mary Jo, while Gladys may have lived in different states during her life and said that she lost touch with friends not only from moving, but from being so busy raising her children, she said that she has two best friends she has known since elementary school. While
they did not begin doing things together again until after her kids were older, she said they were able to “pick right back up where they left off.” While Gladys lives out of state from these two friends, they enjoy mailing gifts to each other. In fact, one mailed Gladys a mug that says, “Friends are like stars…you cannot always see them, but you always know they are there.” Recently her sister called her up on her 83rd birthday and she said the two of them talked for over an hour. Gladys also enjoys monthly visits from her middle child, Michael, who lives only 20 minutes away. While her other two sons live out of state, she talks to them on the phone regularly. Although Gladys is grateful for the social support she receives from her friends and family, having experienced a divorce and what it is like to move out of state and lose friends, she said she has learned to be self-reliant and maintain a positive attitude, two forms of internal strength she has used to help her accommodate to twists and turns in her life plot.

Richard. Ninety-two year old Richard was the only man to participate in this study and thus makes a valuable contribution. He first moved to the LTC community nearly eight years ago but his wife had fallen ill and had moved in a year before he did. His wife had moved in to skilled nursing and by the time he moved in, an apartment in assisted living was made available for the two of them. However, she passed away that same year. While Richard moved back home, home just did not feel like home without her and he ended up moving back to the LTC community, this time in to an IL apartment, where he has stayed since.

While Richard described his health as “good” at the age of 92, only suffering from atrial fibrillation of the heart and only using a walker for assistance, he did not expect to experience such longevity. Back in 1953, Richard was working as a carpenter, a profession he held for eight years. One afternoon, a severe storm was on its way and he was unable to get off the roof he was working on in time and suffered just a minor bump to the head, one he did not think much of at
the time. However, a couple of weeks later, a horrendous headache suddenly came on, one that his wife ended up calling the doctor to their home for. Thinking that he would die possibly even on their way to the hospital, the doctor already made arrangements with the funeral home prior to having him taken to the hospital. While quite laughable now, the doctor arranged to have him transported to the hospital in a hearse. Richard ended up surviving the hemorrhage despite being hospitalized for a couple of weeks. He remarked that while doctors thought permanent damage would be done to his brain, no detectable damage was done and he has never suffered from any memory problems. Richard has also had three back operations during his life, triple bypass surgery, and has had four stints put in his heart. He relates his longevity to God still having something left for him to contribute here on earth.

Richard is a strong man of faith and has belonged to the church he currently attends for 35 years. His 96-year old friend of 35 years, who lives in one of the IL villas and still holds a driver’s license, drives him to church every Sunday. While Richard unfortunately had a falling out with his son, who he has not seen in five years despite that he lives local, he remains close with his two daughters. While they both live out of town, he talks to them on the phone regularly and they come to see him when they can. While Richard is close with his daughters, has maintained a close friendship for 35 years, and remarked that his wife was his closest confidant, Richard dedicated his life to offering social support to other people. After working as a carpenter for eight years and suffering from a cerebral hemorrhage, he took a job as a mail carrier. He remarked that the post office was always getting angry with him for lending a helping hand to those on his mail routes. He provided stories of giving stamps to someone who needed them, helping a woman who got pinned up against the wall by a couch she was trying to move, and helping stop a robber who was trying to steal a man’s furniture. After retiring, he spent 15 years
caregiving for four people in his neighborhood, including his own wife. After moving to the LTC community, Richard became the “spiritual leader,” and he remarked that he even lent a compassionate ear to some LTC staff members. While he gave up the position after six years due to a dislike for public speaking, he delivers newspapers to other residents, which allows him to continue to socialize with and befriend people much the same way he did when he was a mail carrier.

Richard said that there was a week during the year of 1974 that is one he wishes he could forget. His father died, his mother in law committed suicide, and a tornado destroyed his in-law’s property all within the same week. His wife, who he met when he was in the Army, was from the South and tornadoes had terrorized much of the South that spring. He and his wife went down to where his wife’s family lived for his mother in law’s funeral services, but that night, a tornado struck that destroyed his in law’s property, along with many other homes in the area. Richard and his son went out to help rescue people, including a family that was trapped underneath the front steps of their home. The tornado had lifted the house off of its foundation and brought it back down on the front steps. A nearby trailer park was entirely destroyed and he recalled seeing children’s cribs and mattresses in the tree tops. While Richard commented that this week of tragedy is one he wishes he could forget, aiding in the tornado recovery efforts was yet another opportunity for Richard to help others, something he has been passionate about doing his entire life

While Richard said he no longer participates in activities the LTC community offers, he reflected upon a hobby he once had of collecting stamps, which he did for 35 years. He said a boy in his local neighborhood got him interested in collecting at the age of 15 and he collected what he would estimate to be between $15,000 and $18,000 worth of stamps. While he has kept
some, others have gone to his son. While he did not play sports at all during his life, he said that at one time, he was walking a 15 mile route delivering mail five days a week, which he feels kept him physically fit. Although Richard no longer collects stamps, he stays occupied by receiving physical therapy, attending church with his friend of 35 years every Sunday, sitting outside on his little patio, where he often reads a good book, and delivering newspapers to other residents.

**Lydia.** Ninety-year old Lydia has lived in an IL apartment for nearly six years and was more than happy to move to the LTC community after her husband’s passing because he had been on the Board for the facility since it opened. The two of them had just celebrated their 59th wedding anniversary before he passed and he had served on the Board at the LTC community for 35 years. She has four children, John, Jim, Carolyn, and Mary, who all live locally. She considers having raised her children on a farm to be her largest accomplishment and said that with a garden and a big lawn to mow she “didn’t have time to work besides.”

Lydia said her transition to the LTC community was simple because “everyone is so friendly and helpful” and she has been able to maintain her long time hobby of playing cards, an activity she once enjoyed with her husband and family. Like Gladys and Ruth, she also attends “Sit and Fit.” She remarked that she has lost a lot of weight from attending this seated exercise class and participating in physical therapy. Knitting is yet another new activity for Lydia, as she said that she did not have time to knit when she still lived on a farm. Like Gladys, she said she used to participate in ceramics but lacks transportation to get needed supplies. She suffers from some arthritis in her fingers and high blood pressure but said she is “thankful for what she’s got” and is the best she can be. While she currently utilizes a walker, she is working on learning how to operate a motorized scooter chair.
Like most of the other participants, Lydia is a strong woman of faith and has belonged to the same church for several years. She said that she has always loved to be around people and volunteered at a hospital and the local senior center before her move to the LTC community. She relies on her faith and a positive attitude to help her cope with transitions in life but also continues to enjoy regular contact from her nearby family members. Her grandson is a coach at a local school and both of his sons are going to be in a school play she will soon be going to see. Lydia also loves that the LTC community puts on special events her grown children come to, such as the Valentine’s Day party her daughter just made a raspberry pie for. She remarked that she is so relieved to no longer have to cook after cooking for her husband and helping hands on their farm for so many years. In all, Lydia reflected that she could not be happier with the care and outlets for socialization this LTC community has provided her with.

Data Analysis

A deductive coding scheme was developed by reflecting upon the four domains of continuity theory (Atchley, 1999), which include internal patterns, external patterns, developmental goals, and adaptive capacity. Hierarchical content analysis, or an analytical method used to systematize data and examine underlying meanings (Sparkes & Smith, 2014), was used to attach meanings to the different themes that arose in the coding process and attach quotes from participants to these specific themes. Six higher order themes were developed, which include the four domains of continuity theory, the role of the LTC community, and successful aging. “Role of LTC community” was included as a higher order theme because previous literature has addressed that LTC communities play an important role in leisure and social participation, one that can be both facilitative, and inhibitive (Thomas et al., 2013; Boelsma et al., 2014; Ploeg et al., 2014; Boer et al., 2017). Therefore, examining the role of the
LTC community in participants’ leisure and social participation was imperative to answering the research questions: why or why not have participants continued participating in their favorite leisure and social activities and have participants become increasingly socially and leisurely active?

Congruent with literature asserting that leisure and social participation, social roles, and health are what encompass the concept of successful aging, (Pruchno et al., 2010; Atchley, 1999; Gibson & Singleton, 2012; Rowe & Kahn, 1997; Crowther et al., 2002) “successful aging” was included as a higher order theme.

One sub theme, “long standing hobbies and leisure activities” fits under “internal continuity” and four sub themes, “social support,” “altruism,” “familial ties,” and “family conflict” fit under the higher order theme of external continuity. The sub theme, “family conflict” was generated through preliminary analysis and two more descriptive themes were included under this theme, “rejection from grown children” and “feeling like a burden.” The sub theme, “as facilitator of social and leisure activity” fits under the higher order theme, “role of LTC community.” Two more descriptive themes, “new activities” and “connection to the outside community” fit underneath “as facilitator of social and leisure activity.” The final sub theme that falls under the higher order theme “role of LTC community” is “LTC community as a barrier to leisure and social activity.”

Under the higher order theme, “adaptive capacity,” two themes, “spirituality” and “internal strength” were developed. Two sub themes, “family” and “career” were included under the higher order theme “developmental goals.” The final higher order theme, “successful aging” encompasses participants’ generalizable statements about their satisfaction with life.
Figure 1 displays the hierarchy of the themes. The six higher order themes run along the top with the sub-themes displayed below. The shaded boxes with italicized font indicate the most descriptive themes. As indicated previously, “family conflict,” which is the fourth sub-theme under the higher order theme, “External Continuity,” contains two more descriptive themes, “rejection from grown children” and “feeling like a burden.” Under the higher order theme, “Role of LTC community” falls the sub-theme, “as facilitator of social and leisure activity,” which also contains two more descriptive themes, “new activities” and “connection to the outside community.”
Figure 1: Hierarchical Tree of Emergent Themes

- Internal Continuity
  - Long-standing hobbies and leisure interests
- External Continuity
  - Social Support
  - As facilitator of social and leisure activity
- Role of LTC Community
  - New activities
  - Connection to the outside community
  - LTC Community as a barrier to leisure and social activity
- Adaptive Capacity
- Developmental Goals
- Successful Aging
  - Family
  - Career
- Internal Strength
  - Altruism
- Spirituality

- Family Conflict
  - Rejection from grown children
- Finance
  - Feeling like a burden
- Internal Strength
- Developmental Goals
- Successful Aging
Internal Continuity

Long-standing hobbies and leisure activities. Nearly all participants expressed that they have been able to continue participating in some of the same hobbies and activities they enjoyed prior to moving to the LTC community. Margot said she enjoyed embroidery work when she was still living at home and is currently working on a quilt. Gladys mentioned that she enjoys knitting and fabric work and when asked if these are activities she has always been interested in she replied, “Yes pretty much. I think I learned them probably early in high school. My mother did those things. She was not a teacher but I must have watched her enough to learn.” Lydia, who plays cards with other residents, mentioned during her discussion of this hobby, “My husband and my family, we always played cards.”

Reading was a common hobby that participants said they have enjoyed for a long time. Gladys remarked, “I could read incessantly. I can’t remember not being able to read.” Margot said that she also enjoyed reading and has used technological advances to help her maintain this hobby…

I have a kindle so I also get books loaded on to my kindle and that’s nice to take with me if I’m going somewhere, like to a doctor’s office or something and you have to sit and wait, you know, you can read while you’re waiting.

It was an unusually warm day when Richard was interviewed and he said he really enjoys spending time on the patio outside his IL apartment. When his nice patio was mentioned during an interview he said, “I like to sit out there and read. I didn’t sit out there yesterday but I did sit out on the main porch for about 45 minutes.” Like Gladys, Margot, and Richard, Anna said she
has always enjoyed reading and still does so to keep herself occupied in her AL apartment. She also continues to enjoy her favorite television programs.

While he no longer collects, Richard discussed a hobby he had of collecting stamps, a hobby he maintained for 30 years. While he no longer collects, he has kept some of the stamps and others will be passed down through his family…

I had a hobby collecting stamps. I had done that for 30 years. When I was ohhh, 15 or so, there was a fella in the neighborhood who collected stamps and he’s the one who got me started. That was probably between $15,000 and $18,000 worth of stamps I collected and I remember when stamps were only three cents. Don’t ask me where they are all at. I’ve got some in here yet but I think my son took the rest of them. I don’t know.

External Continuity

Social Support. When Richard was asked if he has had any friendships that have lasted a long time, ironically, a friend he has had for 35 years lives in one of the IL villas…

I got a friend who lives in one of the courts back here. He just turned 96 and he and I are pretty close friends. I think he’s about the closest friend that I’ve got here. We’ve been going to church together for 35 years.

Similarly, Gladys discussed how she has a couple of “oldest best friends,” women she has stayed friends with since childhood…
I have a couple of oldest best friends. One that I grew up with who lived beside me in grade school and we have a pact that if one of us is gonna die we tell the other one so it’s not an awful jolt, you know?

Even though Gladys and her friends had become disconnected over the years due to Gladys moving to different states and both she and her friends being busy raising children, she described how easy it was for her and one of her friends to “pick up where they left off” and how it is still comforting to know that she is always there. She discussed how easy it was to reunite and how they send each other friendship tokens to remind each other how much they still care…

When we got married and started having children we were busy. I was in Connecticut and she was here and we kinda lost each other for a while. And when the kids were grown up enough we hooked up again. We picked up as if we had not spent years apart. That kinda thing, you know? Currently we talk on the phone but mostly we send each other little friendship cards. She gave me a mug one time that said, “A friend is like stars, you don’t always see them but you know they’re always there.” And I had gotten her a mug from Wyoming. As teenagers we were gonna move to Wyoming and teach the Indians…laughter. So when I finally got to Wyoming I bought both of us a mug.

Mary Jo discussed being a member of multiple groups centered on social support during her lifetime. During her discussion of being a member of a support group for widowed people and helping run such groups herself for over ten years, she discussed the power of listening…

It’s a skill that very few people have I think…to be a good listener. And do you know how wonderful it is to think of all the friends that I have… that maybe the
reason why some people are friends of the heart is because they really do listen.

You know they really care about what you are going through.

After Mary Jo married her second husband, who she met in one of the support groups she was involved in for widowed persons, she “inherited his friends” and the two of them belonged to a breakfast club for the 13 years they were married. She now belongs to a Women’s breakfast club the LTC community offers that meets once a month.

Margot discussed her membership within a group of people that have been going out to dinner for more than 15 years. They carpool in a van to simplify transportation. She mentioned during her discussion of her social life…

I go out to dinner with friends and family. In fact, I’m with a group that’s been together for over 15 years and we go out every Thursday night for dinner. We leave at 5 o’clock and there are six of us. They are couples. And we go to a lot of Mexican restaurants.

Richard spent significant time during his interview discussing the job he held at the Post Office for over 30 years and how close he became with those on his routes. He reflected…

When I was a mail carrier I enjoyed people. I was always visiting with people…and helping them when I could. And the Post Office used to get mad at me for it. Oh I even used to have people say, “Hey if you’re cold the back door is unlocked, coffee pot’s on the stove.” But I never…I’d never go in. I was in trouble enough at the Post Office as it was. I don’t know if it’s just me or what but I’ve always liked to be around people. I never liked to be lonesome.
Richard has been able to continue socializing with people since his move to the LTC community much the same way he had as a mailman by delivering the newspaper to 11 other residents every evening. When asked if he has made friends with other residents he replied, “Oh yes, there are a lot of good friends here. We really don’t visit with each other that much but we know if we need help from somebody or need to talk to somebody that they’re there.”

Similar to Richard, Mary Jo, who lives in one of the villas, delivers mail to residents inside the main building every Wednesday. In fact, Richard commented that he “knows her quite well.”

When Margot was asked if she has been able to make friends with other residents she replied, “Oh yes, yes. I have lots of friends here. One of them is one of my neighbors down in this section. I’m on this end and she’s on the other end. She and I have lunch together almost every day.”

**Altruism.** Social support was viewed as reciprocal by many participants so many discussed social support that they themselves provide. Many said that “helping people” is something they have enjoyed doing their entire lives. When Mary Jo talked about providing support to widowed individuals in the support groups she was in charge of, she reminisced about a time she hosted Christmas for men who had lost their wives…

We had an open house at Christmas at my house, well, I did, John wasn’t involved then. It was the first Christmas since my first husband had died, maybe the second, and I decided to have a Christmas open house because I knew men wouldn’t decorate. And you know…? They came between 3 and 5 o’clock and what was marvelous is all the members of Widowed Person Services came over
and I got all the stuff out of the attic and we decorated my house. So they did it all. And what was great…is the men…just tears would come because their homes were not decorated and they said it was just so nice…it was really, it really worked out well.

Ruth discussed her passion for tutoring children who struggle with reading during her interview. She tutored children at the local library for over 20 years and now tutors a child who comes to see her at the LTC community. When discussing her activity involvement she said, “I do tutoring every Tues afternoon. I can’t remember her name but I tutor a young girl who has trouble reading.”

Lydia said she was always active in her community and that she used to volunteer at the hospital, her church that she still attends, and the senior center. She said she used to serve food at the senior center before she moved to the LTC community and would love to continue volunteering but is too busy playing cards with other residents and attending physical therapy. However, she mentioned that her daughter has followed in her footsteps… “They have meals at the Methodist church once a month and my daughter is in charge of that. She helps with the meal.”

Richard reflected on his memory of caregiving for four different people, including his wife, for 15 years…

At one time I had four people I was taking care of, that was including my wife. My neighbor right next door to me, after he lost his wife, if there was something he needed he’d call me. He fell out of bed a couple times and couldn’t get up. And he’d call me and I’d go over there and help him back in bed. My second
daughter, she lost her husband…he had 22 strokes, 21 of them were mini but the 22nd one was the fatal one. And I was the one who took care of him until he died. The lady up at the corner, she lost her husband five years before she passed so I took care of her. I had the keys to all the houses…chuckles…This lady up in the corner, she called me one night crying and she was 96. So I jumped in the car and went up there. She was setting on the couch and I didn’t know what was wrong. She told me she fell the day before in the driveway coming in from getting the mail. So I called a rescue squad and I went with her to the hospital. Come to find out she broke her hip. She ended up in a nursing home and I became executor of the property…chuckles… I was a caregiver for 15 years and at times I didn’t know if I was coming or going…

**Familial Ties.** Many participants discussed the social support they receive from family members, especially their adult children. Even those adult children who do not live locally still tend to play an active role in their parents’ lives. Mary Jo said that her son, who lives local, calls every Thursday and that one of her daughters, who lives out of town, calls nearly every night. When talking about her conversations with her son Matt she said…

Matt’s conversation is wondering about me. What have I been doing, what am I doing this weekend? I think he thinks that if I wasn’t doing anything that he would make sure that either he stopped by or would say, “You know, come over for a while, or come to dinner.” So that’s Matt.

Mary Jo related the relationship she has with one of her daughters to that of “two friends” and discussed how grateful she is to have as much contact with her grown children as she does…
It’s wonderful at this age to be a part of their life. Because gosh…how isolating it would be if the kids were just ignoring me. And oftentimes kids want to be protective and don’t tell you what’s going on. I know most everything that’s going on with my children. Laughter…And I don’t even ask, I just hear it. But I am soooo pleased that they feel that they can do that.

Ruth enjoys that two of her daughters live local but said that even her daughter who lives two hours away still comes to see her every couple weeks. In fact, she moved to this LTC community from the one she was at previously because “her girls wanted her closer.” During an interview with Anna, Anna said that despite her daughter living over three hours away, she still comes to see her once a month. Lydia mentioned that her grandson is a basketball coach at a local school and that her grown children drive her to basketball games. She also has two great-grandsons who attend the same school and are going to be in a play she plans to attend.

Although all participants were widowed at the time of the study, when asked if his wife was his closest confidant, Richard responded, “Yes, yes, yes.” However, he said that he remains close with his two daughters who live out of state even if they can only visit a couple times a year. Gladys, who just celebrated her 83rd birthday, said that her sister from out of state called her up and the two of them talked for over an hour.

Margot is grateful that both of her children live local and said she and her son attend church together every Sunday and that they then “go out to brunch.” When asked if she has been provided with social support during her life to help her through difficult times she replied…

My son and my daughter…I’m really blessed…um, in fact, sometimes I think they are breathing down my neck too much. Laughter…But then when I talk to
some of the other residents, whose family is some distance away, I think I am pretty blessed to have them as close as they are.

Family Conflict. Rejection from grown children. While most participants enjoy strong relationships with their grown children, one participant unfortunately had a falling out with his grown son. While Richard said he remains close to his two daughters who live out of state, his discussion of his son who lives only a couple miles from the LTC community was less positive…

It was Sept. of 09’ when I moved in here and I heard later that my son was going to have me declared incompetent. And the CEO here heard about that and he looked at me and said, “Richard, that’ll never happen. They gotta go through us.”

When Richard was asked how often his son comes to visit he responded…

My son only lives a couple miles away and I haven’t seen him in five and a half years. His whole family got mad at me. My grandson, he came around Thanksgiving and that was the first I had seen him.

Feeling like a burden. Even for those who have positive relationships with all of their children, a couple participants expressed concern over feeling as if they are a “burden.”

While Mary Jo enjoys being a “part of her children’s lives” she reflected…

The thing I worry about the most with Matt is a busy, busy life, a time of life when there is all kinds of things going on with his children and I just never wanted to be another problem. But you know you are. Even though they don’t think so, it’s adding another dimension to their life… “Mom’s here. Oh my gosh, I haven’t called mom in a week. It’s been four days…oh my gosh…I haven’t been
over there. It’s been three weeks…maybe we’d better invite mom to dinner.” I would be the same way. And you are bound to be.

Gladys remarked that she is glad to have developed such a strong sense of inner strength because she does not want to overwhelm her kids with her struggles. When asked what resources she relies on when the “going gets tough,” she responded…

I talk to my kids about it but they have the unhappy feeling that they have to fix things if I make complaints. If I say I’m having trouble with something they feel they have to fix it so oftentimes I don’t say anything.

Role of LTC Community

As facilitator of social and leisure activity. New activities. Many participants expressed that they have actually become more active in leisure and social activity since their move to the LTC community. While Lydia has always been an avid card player, she recently decided to try knitting because it is an activity the LTC offers. She mentioned during an interview, “I had to give up playing cards that day but I decided, well, I wanna do something else. Something different, you know?” Anna commented during her discussion of leisure activities she participates in that she did not begin playing BINGO and trivia until after moving away from home. She said one of her grown children gladly would have taken her in but “they both work all day, so you know, I would have been alone if I would have gone to live with one of them. This was a much better idea.” Ruth also did not begin playing BINGO until she moved to the LTC community and said that she “enjoys company at meals.” She also attends “Sit and Fit,” the community’s seated exercise program. She commented that having grown up and raised her own
children on a farm, whatever exercise she got was associated with housework and upkeep on the farm.

Similar to Ruth, Lydia also raised her children on a farm and the physical activity she once participated in was associated with farm and housework. She now attends “Sit and Fit” as well. Like Ruth and Lydia, while Gladys was once a gymnast and tennis player, she said “Sit and Fit” introduced her to a new form of exercise.

Mary Jo’s discussion of activities she likes to attend also included physical activity and she discussed how she is busy every day because the LTC community offers so many varied activities and makes it so easy to make friends. She marveled during an interview…

It is really easy to make friends here because there are so many varied activities during the week. There’s something for everybody. Have you seen the weekly activities calendar they have? Every weekend we get a new one for the week and there is something I go to every day. I go to the movie on Saturday once a month, I deliver mail on Wednesdays, I go to chair yoga but they have also started regular yoga on Fridays with mats. And I can do it and I can get up off a mat. It’s not like it used to be but I can get up. It just takes a few minutes. I also go to Lady’s Breakfast…..I just go to whatever…

*Connection to the outside community.* Just because participants no longer reside within their own homes does not mean they have lost contact with people, organizations, and forms of recreation outside of the LTC community. When Ruth was asked about events the LTC community puts on that family members are invited to she remarked, “Hmm…what did they call it? They had a special night where they invited family to come and I think all three of my girls
came. Every once in a while there’s something.” During an interview with Lydia, she remarked that she had just returned from a Valentine’s Day party her daughter made a raspberry pie for.

Gladys particularly enjoys events during Christmas time. When asked about her favorite special events she replied…

My family has, in the past, come to the Christmas show. And we have a group of people who kinda dance to music when we give a little show. Sometimes we give a little show to the rest of the people here. We get together and do this little thing called “rockers.” Rock, rock, rock, rock, rock. And I enjoy that a great deal.

Gladys also discussed how she has become more active in volunteer work since she moved to the LTC community. She discussed the role she plays in donating books from the LTC community’s library to the outside community…”I help donate books because we cannot make the bookcase any bigger. I take some to the library in town, some to the senior center, and some to a nearby bookstore.” She said the local bookstore also gives her the opportunity to donate books for store credit. The LTC community transports her and her friends via bus to the senior center, town library, and nearby bookstore.

It is easy for Gladys to donate books to the senior center because the LTC community provides transportation to the senior center once a week. When Gladys was asked if she has been able to make friends within the LTC community, she actually mentioned the friends she has made at the senior center…

I’ve been going down to the senior center in town for lunch once a week and I’ve gotten to meet and know a number of people. And I enjoy that because I don’t come from this area and I was thinking there must be some meals that are
different from the ones I grew up with. I grew up in the East and spent all my time out there until now. But the only new thing I’ve come across is paprikash.

Mary Jo said the LTC community recently took her and some other residents on an outing she particularly enjoyed, a trip to a nearby Opera house to watch high school fiddlers perform. Living in the villas, she commented that she lives in an “active court,” which she said helped her adjust when she first moved here…

There are one, two, three, four other women I do a lot with. And we all go on bus trips and we all get out. When I first moved here, they wanted to know who would be on the bus for the fair downtown. So I signed up for it. Turns out, we were going to be riding in the ladybug mobile for the parade! There were six of us who showed up and we were all in the free fair, in the float division. We threw out candy and they must have been used to us coming every year because the kids were yelling, “Here comes the old folk!” I emailed everyone I knew in Arkansas and told them about it!

**LTC community as a barrier to leisure and social activity.** While the LTC community has largely helped participants become increasingly active in leisure and social activity that fits with their interests, three participants did express having to give up activities they once enjoyed. Gladys expressed that when she still lived on the East Coast she took up ceramics at her local senior center after she retired and wishes she could stir up interest in the activity within the LTC community...

After I retired I started doing things with the senior center at home and I joined a ceramics club. And we made pots and we had a kiln and everything. There were
about seven or eight of us that did that and we became quite good friends. I have been trying to talk them in to it here. It’s a big deal…you know, you have to get a kiln, a teacher, you have to get someone. And you have to buy the glazes and stuff. There’s a lady about ten miles from here who has a little storefront place and she teaches it. We did an outing there. I was kinda wondering if we could get several people who would be interested so they could drive us up once a week but nothing has happened yet.

Interestingly, Lydia also expressed that she used to do ceramics. However, she has had to retire the activity due to the same reasons as Gladys. When asked if she thought she would ever take up the activity again she responded, “I don’t think so. Cuz you know, I don’t have a car or anything.” When asked if it is a matter of getting supplies she said, “Yeah, right, right.” She also expressed that her children had bought her a set of “beautiful ivory dominoes” but “there’s not enough people here that are interested in playing with me right now.”

While Gladys attends exercise classes offered by the LTC community, she said, “I really am not playing tennis anymore. I don’t have anyone to play with. I’ve got a couple people who say they wanna play but don’t.”

Ruth mentioned that she used to garden when she still lived on a farm and even spent time helping her daughter with her urban edible flower business. When asked if the LTC community offers any kind of gardening activities she shook her head “no” and said, “I don’t know how they would do that here.”
Adaptive Capacity

**Spirituality.** When asked what helps them cope when the going gets tough or when they experience crises in life, or perhaps just twists in their life plot they were not expecting, five out of seven participants discussed the importance of their faith. While Mary Jo experienced what it was like to leave friends and familiar surroundings behind multiple times during her life when she moved state to state, her Episcopalian faith is something she carried with her. When she lived in Arkansas, she was lay minister at her church and belonged to a women’s group for 20 years. She said that when she cannot stop worrying about something she says to herself, “God, I trust that you will take care of this.” She understands that sometimes tragedy makes it difficult for people to understand “where is God” but used an example from 911 to describe that God is omnipresent… “When people ask, “Where was God during 911 when the firemen were running up those steps and were going to be killed?” The answer is, God ran up the steps with them. And I love that.” Mary Jo also knew a minister whose son was killed in a tragic automobile accident and to illustrate to the congregation that even during such times, God still has compassion, the pastor said, “This was not God’s will. When my son went in that bar, took that last beer, got in his car in a blinding blizzard, and went over that mountain, God shed the first tear.” Mary Jo said that remembering this pastor’s words helped her cope after she lost her first husband.

Margot and Ruth have enjoyed belonging to the same church their entire life. They are pleased that the LTC community in which they now reside is within the same town they grew up in. Margot commented…

I’ve been a member at the Lutheran church all my life and was always very active…sang in the choir, taught Sunday school, I had the little preschoolers. That
was fun. So you know…and I still go very regularly. I very rarely miss church unless I’m really not feeling well.

Ruth also played an active role in the church she continues to attend and said she used to “knot blankets at church for men overseas” and was “an officer in the women’s group.” Although her daughters visit often, to help her cope with the progression of her Parkinson’s disease and being away from her family, she said, “My daughter calls me, usually every morning, and reads from a book called Jesus Calling.”

Richard commented that after returning home from WWII, his wife, who was a Baptist, encouraged him to give up his habit of drinking he had developed while he was in the war…

My wife, she was a Baptist when I married her..........And she’s the one who changed my life. I’ll tell ya, when I left Germany, I don’t remember because I was passed out from alcohol and I was next door to being a drunkard.

Richard has been a member at the church he currently attends for 35 years and belonged to another church before that for 30 years. He served as a spiritual leader within the LTC community for six years and while he declined to maintain the position due to a fear of public speaking, he continues to maintain a reputation for helping people cope during difficult times. During his discussion of the role of faith in his life he said…

You’d be surprised…it hasn’t happened now for a couple of months but I’ve even had nurse’s aides come in here and sit down because they had something to talk about and they just had to talk to somebody. So I was the guy. So I’d just sit here and listen to them. It happened several times.
**Internal Strength.** Both those participants who discussed spirituality as a coping mechanism and those few who did not discussed the importance of self-reliance and having a positive outlook, this was particularly true for Mary Jo and Gladys because they had become accustomed to leaving friends and familiar environments behind when they would move to different cities and states. During Mary Jo’s discussion of what it was like to lose her first husband she said…

> When everything seems lost, or everything seems broken…however you want to describe whatever it is that you are feeling…strengthen what remains. There’s always a part of you that you carry on. That little bit of strength. And I think that that’s really helped me…to just strengthen what remains because there has been a lot that I’ve lost.

When Gladys was asked what helps her get through hard times she replied…

> Pretty much I can rely on myself, yeah. I talk to other people but I don’t like to talk to too many. I don’t want my kids to have the unhappy feeling that they have to fix things. I’m kind of self-reliant really. Always have been. Of course when my husband left home and I had three kids and a dog….laughter…

Lydia mentioned the importance of remaining positive despite the fact that she is living in an LTC community rather than at home. She compared her attitude to that of other residents...”Oh I’ve definitely got a positive attitude. A lot of them aren’t happy with the food or are always complaining. I’m just so happy that people are preparing the food for me!”
Developmental Goals.

**Family.** Many participants expressed pride in having raised their children and having watched them become successful adults. Margot said she is proud of the careers her son and daughter have established for themselves and reflected during her interview, “My son had an administrative position and my daughter worked for a lawyer for 25 years.” Lydia is proud that the children she raised have grown up and had their own children. She remarked, “I am proud of my family. I have four children, ten grandchildren, and 18 great-grandchildren. Three grandchildren each had four children. Boy that added up fast. But they are all healthy.” Gladys commented, “I think I am proud of having raised three very good sons…and they grew up, they are adults.” One of Gladys’s sons is a professor at the same university she attended to earn her B.S. in Elementary Education. Mary Jo’s son became a dentist, who she conveniently sees for her own examinations.

**Career.** For those participants who also had a career or a job they were proud of during their lifetime, this was also an accomplishment they take much pride in. Richard said that as a mail carrier he enjoyed always being able to help people, such as when he helped stop a burglar from stealing furniture from someone on his route and helped a woman crying for help who became pinned against the wall by a couch when she was trying to move it. Margot takes pride in having worked up to administrative roles despite never attending college. She said during her interview, “I think one of my accomplishments, because I did not go to college, was the fact that I did work up to being director of the student union, and that was a pretty responsible job.”

While she said she regretted not attending graduate school long enough to earn a Counseling degree, Mary Jo is proud of having earned a Master’s degree in Reading, a degree that took her six years to complete because she was a mom who drove one hour to school each
week, taking just one class a semester. She set up reading clinics for children after earning this degree and said this was a “very rewarding” occupation for her. Mary Jo feels accomplished for having balanced work and family life and admires that her youngest daughter has followed in her footsteps…

So yeah, I had a good career. I was very successful. It was hard for me to even think of going back to work and it’s amazing to me how a woman can balance work…..and……can do it. Joanne is a single mom working for non-profit and does a fabulous job. She is just an amazing woman to me.

**Successful Aging**

In addition to expressing pride over jobs held, children they had raised, or careers their adult children have established for themselves, many participants made generalizable statements about how satisfied they are with the life they have lived, how fortunate they are to be in good health, and their acceptance of having moved to an LTC community as simply being another chapter of their lives. Margot reflected…

Well…you know, I feel like I’ve had a really good life. I had a good marriage, two children that turned out well, lots of good friends, and my church has always been really important to me. So yeah…I really am very, very satisfied with my life. I guess all things considered I wouldn’t do anything any different.

Chuckles…

Margot also expressed gratefulness over having a sound mind at the age of 91. She said during her interview, “We were talking about someone a little bit ago that had memory issues. And that’s one thing I’ve been really, really thankful for.”
In Mary Jo’s reflection upon her interview with a radio host after moving to the LTC community she discussed what it means to be at peace…

He then asked me, “Are you happy?” I had been here six months and I could see the radio thing because there was space and I knew I had to answer. And I said, “You know, I can’t say that I’m happy, it’s not like moving with your husband to a house on the golf course or moving while still being in the same area that all your friends are. But…I can say I know I’ve made the right decision.” And there was another little silence as he was digesting that and he said, “I can tell you exactly what you are…you are at peace.” And oh my gosh…that was wonderful. I thought, “Okay, now I gotta remember that every morning I wake up and if I ever have kinda an empty feeling….that I’m at peace.”

When it was mentioned during Mary Jo’s interview that some individuals ten years younger than her utilize wheelchairs and have given up their driver’s licenses, she said, “Oh I know, I know, they are a lot younger. And I mean, you feel…not guilty, but just so blessed!”

When asked about what helps her cope when the goings get tough or if there is anything about living within the LTC community that she does not like, more than anything else, Anna just kept saying that she is “happy,” “I am really happy here.” When asked about her opinion of the LTC community, Lydia had the same response, “Oh yes. I’m real happy here.” Discussing what her life is like in general she said, “I love to be around people and I’m just happy that I’m well and everything else. And I enjoy this place…it’s great.” During Richard’s discussion of how he built his own house and how his wife and children started moving all of their stuff in to it before it was finished while he was away at work he reflected, “But it’s been a great life….and I’ve enjoyed it here.”
Discussion

Leisure and Social Continuity. Spiritual and Altruistic Involvement. One of the research questions this study aimed to answer is why or why not participants have continued participating in their favorite leisure and social activities. Despite having moved to a LTC community, it was found that participants have been able to maintain continuity in many social roles and activities, which have been found to promote resilience in the face of other major losses or transitions, such as health decline, widowhood, and retirement (Atchley, 1989). Like the findings of Lyons & Dionigi (2007), Stevens-Ratchford (2014), Nimrod & Ben-Shem (2015), and Beggs et al. (2014), participants described finding meaning and purpose in spiritual and altruistic activities. Most participants discussed participation in such activities across their entire life-course. Ruth and Margot have belonged to the same church their entire lives. Margot once taught Sunday school and sang in the choir at her church but continues to attend every Sunday unless she is sick or out of town at her grown son’s for a holiday weekend.

Like Margot, Ruth expressed that she was also very active in the church she continues to attend. She discussed how she once knotted blankets for men overseas and was an officer in the women’s group. While volunteering at her church may now be complicated by having Parkinson’s disease and having to rely on others for transportation, she has continued to tutor children who struggle with reading, an activity she has participated in for more than 20 years. Having once developed close relationships with those who he delivered mail to as a postal carrier and having served as a caregiver for four people for 15 years, Richard has continued to help people since his move to the LTC community. While he only served as spiritual leader for six years due to a fear of public speaking, he commented that it was only a couple months ago that nurse’s aides were reaching out to him as a confidant in times of need. Similarly, Flatt et al.
found in their research with older adults between the ages of 61 and 86 that participants enjoyed volunteering and church membership because such activities provided them with a sense of belonging and allowed them to impact the lives of others in a positive way.

**Hobbies.** Continued participation in long-standing hobbies after a move to a LTC community has been found to contribute to identity maintenance and a sense of autonomy (Boelsma, 2014). Older adults who are active in activities containing not only social but also cognitive components tend to experience successful aging from a combination of social support and good cognitive health (Lee and Pain 2015; Lyons & Dionigi 2007; Thomas et al., 2013; Stevens-Ratchford, 2014). Lydia enjoys playing cards with other residents, a hobby she once enjoyed with her family when she still lived at home. Anna, Richard, and Margot all expressed that reading is a hobby they have enjoyed for many years and continue to participate in. Margot uses technological advances to aid in her maintenance of this hobby. She enjoys being able to download books to a kindle and takes her kindle with her to doctor’s appointments so she can read in the waiting room. Richard commented that he enjoys reading on his patio on warm days and Anna listed reading as an activity that keeps her occupied in her room. Gladys continues to enjoy knitting and fabric work, activities she said she learned by watching her mother as a child. Similarly, Margot said she has always enjoyed embroidery and is currently working on a quilt. While he no longer participates, Richard reflected upon his hobby of collecting stamps, one he participated in for 30 years. Despite no longer collecting, he said he brought some of these stamps with him when he moved to the LTC community.

While Gladys may no longer participate in gymnastics and Mary Jo no longer dances like she did when her husband was alive, they both continue to enjoy the sense of community and bonding that group based exercise has been found to bring (Lyons & Diogini, 2007; Gibson &
Singleton, 2012; Nimrod & Ben-Shem, 2015). This is consistent with continuity theory’s assertion that while older adults may begin participating in new activities, the domains encompassing these activities remain the same (Atchley, 1989). Participants who have always enjoyed sports and physical activity have remained physically active, but since moving to the LTC community, have taken up an interest in new forms of physical activity. Mary Jo has started challenging herself to get down on a mat to participate in traditional yoga, a new activity the LTC community has started offering, and Gladys enjoys the seated exercise program, “Sit and Fit, which she had just returned from prior to participating in an interview. Previous literature has found that older adults who are active in activities containing social, physical, and cognitive components tend to experience successful aging from social support and good physical and cognitive health (Lyons & Dionigi 2007; Thomas et al., 2013; Stevens-Ratchford, 2014).

**Long-Standing Social Ties.** Ruth belonged to a Bunco club in the local community for 20 years and the only reason why she had stopped participating is because the club was discontinued. However, similar to the two model railroaders in Stevens-Ratchford (2014)’s study, Ruth continues to enjoy social benefits from her membership in this organization. During her discussion of social support, she said that friends from the Bunco club come to visit her from time to time. Like Ruth, having lived in the same town in which the LTC community is located her entire life, Margot reflected that she still has connections in the community. She has belonged to a Thursday night dinner group for more than 15 years. Being blessed to still have a driver’s license at the age of 91, she also still attends family gatherings on holiday weekends at her son and daughter in law’s lake. She said what a blessing it is to have her children local and that she enjoys so much contact from them that in fact sometimes she feels like they are “breathing down her neck” too much.
Ruth enjoys both regular visits and phone calls from her three grown daughters and Lydia has a grandson who is a coach at a local school. She enjoys regular transportation from her family to attend the basketball games he coaches and is looking forward to the play her great-grandsons are going to be in. Her daughter recently attended the LTC community’s Valentine’s Day party and made a raspberry pie for the occasion. Similarly, Gladys remarked that her family has come to the Christmas show the LTC community puts on every year. These findings are congruent with literature asserting that involvement in socially based leisure activity has been found to be serve as a mechanism for remaining close with family members and long-time friends (Nimrod and Ben-Shem (2015), Stevens-Ratchford, 2014), and Beggs et al. (2014).

Even for those participants whose friends or family are not local, distance has not ended these relationships. Just like moving from state to state did not diminish the contact Gladys has had with her best friends from elementary school, neither did moving to a LTC community. She provided an excellent description of genuine friendship when she mentioned the mug she received from one of her best friends that said, “A friend is like stars, you can’t always see them, but you know they’re always there.” Mary Jo has two children who live out of state yet she talks to them on the phone regularly and still having a driver’s license, she drives to W. Virginia to see her daughter on occasion. Maintaining closeness with family and friends participants have had for many years lends support to the findings of Beggs et al. (2014), who found in their cross-sectional research that compared to young people 24 and younger, individuals over 65 are more likely to strive to strengthen existing relationships.

**LTC Community as Facilitator of Increased Leisure and Social Participation.** This study also sought to examine what role the LTC community plays in participants’ leisure and social lives. Participants were asked in what ways the LTC community has helped them to
become increasingly active in leisure and social activity. Congruent with Lyons & Dionigi (2007)’s research with older sport participants, Flatt et al. (2015)’s research on the importance of social activities during later-life, and Silverstein & Parker (2002)’s research with widowed oldest-old, in many ways, all participants, all of whom were widowed at the time of this study, described becoming more active in socially based leisure activity. Lydia recently began attending a knitting group, an activity she did not have time for when she still lived on a farm. Anna said that moving to the LTC community was a “much better idea” than moving in to one of the homes of her adult children who are away at work all day. Both Anna and Ruth said that they did not begin playing BINGO until they moved to the facility. Anna also enjoys trivia and Ruth expressed that she enjoys attending the seated exercise class, which is a new form of exercise to her because she stayed physically active with house and farm work prior to her move to the LTC community.

Being new to the local area, moving to this LTC community has allowed Gladys and Mary Jo to make social connections in the surrounding town. Mary Jo described how when she first moved here, she rode the facility’s lady bug mobile to the local fair, where she found herself in one of the float divisions. Having once belonged to a breakfast club with her husband when they lived in Arkansas, Mary Jo now belongs to a Ladies Breakfast Club offered through the LTC community. Gladys has been having lunch at the senior center every week and was introduced to parikash, which was a new meal to her having grown up in the East. She also enjoys volunteering in the LTC community’s library and utilizes the transportation the activities dept. provides to donate books to a local bookstore. The increased activity levels of study participants is consistent with the research behind Atchley (1989)’s development of continuity theory, which asserts that later-life is a time in which individuals can invest more time in leisure,
the arts, and socialization (Atchley, 1989). Moving to a LTC community was particularly facilitative of socially based leisure activity for participants in the current study because being widowed, it prevented them from being home alone and has helped them to make new friends after losing social networks they had inherited from their marriages.

**LTC Community as a Barrier.** The other major component of what role the LTC community plays in the leisure and social lives of participants is its role as an inhibitor. While in many ways participants have been able to maintain continuity in their cherished leisure and social activities and in some ways, many have even become increasingly active, nonetheless, some barriers to participation were mentioned. Ruth, who once enjoyed gardening while living on a farm and helping her daughter with her flower business, expressed that she did not know how the LTC community would be able to incorporate such an activity. It is possible that Ruth could benefit from a “green care farms approach,” the approach taken to some of the LTC communities studied in Boer et al. (2017)’s research. Those facilities that incorporate a “green care farms” approach to facilitate a more home like atmosphere include plant and animal life and significant time spent outside with other residents as a part of their recreational programming (Boer et al., 2017). Although she did not actively express a desire for continued contact with plant and animal life, being that she too raised her children on a farm, such an environment may resonate with Lydia as well. Given that Ruth suffers from Parkinson’s disease and uses a wheelchair and Lydia is learning how to use a motorized chair, they may also benefit from plant life they can tend to while sitting, similar to the raised garden beds that helped LTC residents be able to continue their hobby of gardening in Thomas et al. (2013)’s study.

For other participants, unlike what was found in the studies of Thomas et al. (2013) and Boelsma et al. (2014), it was not LTC staff, activities programming, or a lack of modifications
that was standing in between them and their favorite activities. Gladys and Lydia expressed that the culprit behind having to retire their cherished leisure activities was a lack of interest amongst other residents. Lydia said that she enjoys dominoes and has a “beautiful ivory set” one of her grown children gave her but cannot find other residents to play with her. While Gladys talked the activities dept. and a couple of other residents in to taking an outing to a nearby ceramics shop, she said she is disappointed that there is not enough interest amongst other residents to keep the trips going. Similar to participants in Lyons and Dionigi (2007)’s study, Gladys also enjoys sports but remarked that she had to give up playing tennis since her move to the LTC community because she cannot get any other residents to play with her.

It is possible that the barriers to participation Gladys and Lydia are experiencing could be alleviated through the assistance of volunteers or interns like in the facilities in Ploeg et al. (2014), Boelsma et al., (2014), or Haugland and Giske (2016)’s studies. Like those students who were assigned to individual residents to design personalized leisure programs in Haugland and Giske (2016)’s study, volunteers or interns could be utilized within this LTC community to make it possible for residents to be able to take up participation in activities they have had to discontinue. Such a resource also has the potential to eliminate transportation barriers such as those preventing Gladys or Lydia from continuing to practice ceramics. Students in Haugland & Giske (2016)’s study transported residents to coffee shops and movie theatres. Volunteers or interns may lessen the transportation responsibilities of activities staff, making it easier for the LTC community to meet the off campus recreational desires of more of its residents.

**Family Conflict.** A finding that was not implicitly sought after during the course of this research that emerged when participants were asked about social support and their relations with family members was conflict with adult children. While only three participants discussed a
negative aspect of the relationships they have with their grown children, one of these three
participants, Richard, discussed outright rejection from his grown son. Richard described having
not seen his son in over five years even though he only lives a couple of miles away. Having
learned that his son wanted to have him declared incompetent, he experienced some anxiety
when he first moved to the LTC community. To his relief, the CEO of the living community
assured him that they would prevent this injustice from happening. However, he has now not
heard from his son in over five years and remarked that his son’s entire family is “mad” at him.

While Mary Jo and Gladys described having positive relations with all of their adult
children, they did discuss fears of being a burden. Mary Jo said that her 62 year old son is at a
time of life that is “very busy” and has a lot of things going on with his own kids. While she
enjoys how much contact she receives from him, she fears that part of this frequent contact may
result from him feeling obligated. She described her fears of him having thoughts such as, “It’s
been four days….oh my gosh….I haven’t been over there.” “It’s been three weeks…maybe we’d
better invite mom to dinner.” She said that she would be the same way if it was her mother.
Gladys, having learned to be self-reliant from being a single mom of three boys and moving to
different states, expressed that she hesitates to discuss her problems with her kids because she
does not want them to have the “unhappy feeling that they have to fix things.”

**Consistency in Coping Strategies.** One of the major research questions examined in this
study was whether or not participants use consistent coping strategies to deal with changes they
have experienced across the life course, such as health decline and moving to a LTC community.
Consistent with continuity theory (Atchley, 1989), participants were found to deal with twists
and turns in their life plots in familiar ways, including familial stress, health decline, and most
importantly, their move to the LTC community. Five participants devoted great attention during
interviews to how their spirituality has helped them cope with changes or losses they have experienced across the life-course. Having lived in different parts of the country, while Mary Jo has experienced what it is like to leave churches, friends, and familiar surroundings behind, her Episcopalian faith is something she has carried with her the entire time. She prays to God to help lessen the burden of worrying about her grown children’s life struggles and this same faith is part of what helped her through the grief she experienced when she lost her first husband. To remind her of the Lord’s compassion, she carries with her the memory of her pastor at the church she attended in Arkansas who said that “God shed the first tear” when his son died in a tragic automobile accident. While she no longer belongs to a women’s group, she attends a church nearby the LTC community. Richard has been attending the same church with the same close friend for the past 35 years. He expressed that he has remained a man of faith ever since he began a life with his wife after returning home from WWII. To help her cope with being away from her family and the progression of her Parkinson’s disease, Ruth has a grown daughter who calls her every morning to read an inspirational quote from the book, *Jesus Calling*. This is consistent with literature that has found that spiritual practices used to cope with living with a disease serve as a buffer between physical decline and psychological distress (Williams, et al., 1991).

While they may live states away, Gladys continues to receive social support from the same close friends she had in elementary school. While they may not get to see each other, they talk over the phone and send each other tokens of their friendship in the mail. It is comforting to Gladys to know that she has friends who care that are always there for her to reach out to. Similarly, Richard, who became close with individuals on his mail route as a postal carrier has become close with residents at the LTC community by delivering newspapers. He reflected that
despite that they do not visit with each other too much, he knows that people are there who he can reach out to, which provides him with a sense of comfort and security.

Consistent with continuity theory (Atchley, 1989), participants expressed that coping mechanisms they have developed over a lifetime, such as self-reliance and a positive outlook, also helped them cope with their transition to the LTC community. Self-reliance is an adaptive strategy that Gladys and Mary Jo have spent years developing because having moved to different cities and states, they have had to adjust to leaving people behind. Mary Jo reflected that even if small, there is always that part of herself she “carries on” and that even though she may not be “happy,” she is at “peace.” Gladys described how she had no other choice but to learn to be self-reliant when she became divorced from her husband and was left with three kids and a dog to care for. Lydia described how important it is to maintain a positive outlook and to not fall in to the trap of complaining as other LTC residents have. When she discussed what a relief it is to no longer have to cook she said, “I’m just so happy that people are preparing the food for me!” Similarly, Anna’s positive outlook was reflected throughout her interview by the multiple times she would describe being “happy” and the fact that she said she had nothing but positive things to say about the LTC community despite that moving here meant having to leave home.

**Physical Resiliency.** Remarkably, despite that previous literature has found the oldest-old are the most likely to suffer from health problems and subsequent functional decline (Nilsson & Fisher, 2006; Jopp et al., 2008), participants in the current study devoted little time to discussing how their health status impacts their leisure and social participation and not one remarked that they are dissatisfied with their health. Furthermore, participants’ discussions of how they are beginning to reverse some of their chronic diseases suggests that even after age 85, practicing healthy habits, such as regular physical activity, may allow individuals to reverse
severe health conditions. This lends much credibility to the findings of Lyons and Diongi (2007), Stevens-Ratchford (2014), Lee and Pain (2015), and Thomas et al. (2013), who all found that physical activity contributes to successful aging in that it brings health benefits. While Mary Jo was diagnosed with Osteoporosis, her doctor said she is beginning to reverse this through physical activity and taking vitamin D. Despite still having a mild form of this condition, it does not impact Mary Jo’s leisure and physical activity involvement at all. She continues to hold a driver’s license at the age of 87, delivers mail to residents inside the main building, and participates in traditional yoga.

Gladys, who at age 83 is only two years shy of becoming oldest-old, said that she has heart disease but similar to how Mary Jo is beginning to reverse her Osteoporosis, she said her doctor told her that her heart is improving because she is physically active. While Richard suffered a cerebral hemorrhage back in 1953, it did not cause any damage to his brain like doctors had previously thought and he has since endured three back operations, triple by-pass surgery, and has four stints in his heart. However, he only uses a walker for mobility assistance and remains active by delivering newspapers to other residents, serving as a confidant for even LTC staff, and attending church every Sunday with his friend of 35 years. Similarly, Margot also suffered a tragic event when she found herself in a car accident back in 1941 that doctors did not expect her to survive. While she has some arthritis in her lower back from the accident, she continues to drive at the age of 92 and remains an active member of the local community. While Lydia did mention having arthritis in her hands, she recently began knitting, continues to remain an avid card player, and participates in both physical therapy and “Sit and Fit.” When asked to describe her health status she replied, that she is “the best she can be.” Similar to participants in Silverstein and Parker (2002)’s eleven year longitudinal study, participants in the current study
have remained physically active and were found to have developed an increased interest in preserving their health.

CHAPTER V. CONCLUSION

The most important goal of this research was to examine if leisure and social continuity in conjunction with consistent, effective coping mechanisms have led to a successful experience of aging for participants. Congruent with the subjective nature of the phenomenon of successful aging (Pruchno, et al., 2010), the leisure and social patterns and interests varied between participants. However, not one participant did not remain active in leisure and social involvement, which have both been found to share a strong association with the construct of successful aging (Rowe & Kahn. 1997; Atchley, 1999; Nimrod & Ben-Shem, 2015; Pruchno et al., 2010). Although a few participants mentioned rejection from a grown child or fears of being a burden, these participants remain active in social activities and have retained certain levels of social support across the life course. Richard, who was rejected from his grown son, remains close with his two daughters out of state, attends church every Sunday with his friend of 35 years, and says that while he does not visit often with other residents, he does have friends here and knows “they are there” if he is ever in need of help or someone to talk to. Similarly, while Gladys fears discussing her problems with her grown children, she still has her two best friends she can talk to over the phone or through the mail and she remains socially active by volunteering in the LTC community’s library and having lunch at the local senior center each week.

Sharing a strong association with personal identity, autonomy, and resilience (Atchley, 1989; Lyons & Dionigi, 2007; Boelsma et al., 2014), continued participation in the same hobbies despite major changes such as health decline, widowhood, and a move to a LTC community is
particularly important to successful aging (Atchley, 1999; Nimrod & Ben-Shem, 2015; Pruchno et al., 2010). While it may have taken on different forms, Gladys, Mary Jo, and Margot have all continued to participate in physical activity. Mary Jo, Richard, Margot, and Anna continue to read and both Margot and Gladys still enjoy knitting or embroidery. Lydia plays cards with residents like she once did at home with her family and while he no longer collects, Richard collected between $15,000 and $18,000 worth of stamps over the course of 30 years and brought some of these stamps with him to the LTC community.

Although Ruth said she had to retire her hobby of gardening and Gladys and Lydia said they have not been able to drum up enough interest amongst other residents to gain regular transportation to a nearby ceramics shop, previous research has found simple solutions to such barriers to leisure activity. Ruth may be able to continue to garden if the activities department were to acquire raised garden beds like the facility in Thomas et al. (2013)’s study had. Gladys and Lydia may be able to gain transportation to a ceramics shop or have supplies brought to them if the LTC community were to acquire the assistance of volunteers or students to help them meet the recreational and social needs of their residents, like what facilities in the studies of Boelsma et al. (2014), Ploeg et al., (2014), and Haugland and Giske (2016) had done. However, consistent with continuity theory’s argument that later-life is conducive of increased creativity (Atchley, 1989), although these three participants have had to retire a cherished hobby, all three have continued participating in other hobbies and have even begun participating in new activities. Ruth continues to tutor a child who struggles with reading, an activity she has participated in for over 20 years and has begun participating in BINGO and seated exercise. Similarly, Gladys continues to read, volunteers in the library, and also participates in seated exercise. Lydia continues to play cards and recently took up knitting.
In addition to social and leisure involvement, health status and presence of pain have also been found to play a major role in successful aging (Rowe & Kahn, 1997; Pruchno et al., 2010). No participants discussed pain as being something they struggle with and while some suffer from chronic conditions such as heart disease, this does not prevent them from being active in leisure and social activity. Lydia has recently taken up knitting despite having some arthritis in her fingers and while Anna uses a walker, she did not mention having any difficulties transporting herself to scheduled activities. In fact, she remarked that she is more active in leisure activity than what she would have been if she would have remained at home. Ruth, who suffers from Parkinson’s disease and at times uses a wheelchair, copes with the progression of her disease through her faith in God and social support from both her daughters and friends in the surrounding community. Other participants, such as Gladys and Mary Jo, are beginning to reverse their chronic health conditions through physical activity.

Participants’ perceptions of having experienced successful aging were reflected in statements associated with their satisfaction with the life they have lived and having nothing but positive things to say about living out their later years in a LTC community. Margot and Richard, who both expressed satisfaction with their careers, their marriages, and their church membership, made statements that are illustrative of their satisfaction with the lives they have lived. Margot stated, “All things considered I wouldn’t do anything any different” and Richard reflected, “It’s been a great life and I’ve enjoyed it here.” While Mary Jo said that moving to a LTC community did not provide her with the same happy feeling she had when her husband was still alive and they moved to a home on a golf course, she said she knows she made the “right decision” and that it is such a wonderful feeling to know she is at “peace.” She also mentioned feeling so “blessed” to be in such good health and to still have her driver’s license at the age of 87. Both
Lydia and Anna said they are “happy” at the LTC community and Anna remarked that moving here instead of moving in with one of her grown children was “a much better idea.” Lydia said that despite having arthritis in her fingers, she is “the best she can be” and likes that having moved to a LTC community has allowed her to remain socially active.

**Implications and Directions for Future Research**

The results of this study shed light on the positive side of living in LTC. Not one participant in this study said they are dissatisfied with living in a LTC setting or that they regretted moving in to such a community. Indeed, consistent with previous literature, a LTC community has the potential to be an environment that enriches the social and leisure lives of its residents when plenty of leisure activities are offered and communication is strong between residents and staff and amongst residents (Boelsma et al., 2014; Ploeg et al., 2014; Haugland & Giske, 2016; Boer et al., 2017). However, three participants did identify barriers to leisure activity. While previous literature has found potential solutions to such barriers, such as modifications for residents with health problems (Thomas et al., 2013) and increased communication between residents, residents and staff, or the use of volunteers or students (Boelsma et al., 2014; & Haugland & Giske, 2016), this signifies a need for more research exploring potential modifications to activities and measures that will prevent or resolve such barriers.

Additionally, it is fortunate that participants in this study who either experienced rejection from a grown child or fears of being a burden to their children have been able to prevent this conflict from having a deleterious impact on their emotional well-being through remaining active in spiritual activities and/or continued support from friends or other residents at the LTC community. However, the presence of this conflict in the lives of some older adults
further illuminates the need for LTC communities to offer recreational opportunities both on and off campus that help residents make friends and receive ongoing social support. Future studies should examine how leisure and social involvement facilitated by LTC communities may have a protective effect on the well-being of residents who either do not have positive relationships with their families or who have grown children who may have limited time to spend with them due to their own obligations to family and career.

Not only did this study provide some positive insight into the leisure and social lives of residents living in one particular LTC community, but it also provides some hope that even for those of the oldest-old, improvement of chronic health conditions and continued participation in cherished leisure and social activities is possible. More research is needed to examine the role that physical activity, and perhaps even socially or cognitively based leisure activity, might play in preventing and reversing chronic health conditions common to oldest-old age.
REFERENCES


APPENDIX A: SEMI-STRUCTURED INTERVIEW GUIDE

“So how about we start out by letting you tell me a little bit about yourself….”

How old are you?

Are you currently married?

*If “no”*
- Were you married?
- For how long?

Do you have children?

*If “yes”*
- How often do they (or he/she) come visit?

Did you have a career or did you hold down a job(s) when you were younger?

*If “yes”*
- What did you do?
- For how long

How long have you lived at this facility?
- Why did you move here?
- What do you like about it here?
- Is there anything you don’t like?

What resources did you use to help you cope when you moved to this facility?
- Do you have friends or family you have been close with for a long time?
- Do you have hobbies or leisure activities you continue to participate in?

**Leisure Participation**

What are your favorite leisure activities or hobbies?
- How long have you been participating in them?
- Are there any activities or hobbies you have stopped participating in?

*If “no”*

What makes it possible for you to still be able to participate?
(i.e. good health, modifications, the facility offers it)

*If “yes” (stopped participating)*

Why?
-Do you suffer from any health problems that make it difficult for you to participate in leisure activity?

If “yes”
- Are there any modifications that you could make that may make it possible for you to begin participating again?
- Is there anything the facility could do to help you begin participating again?

Do you currently participate in any kind of exercise or physical activity?

If “yes”
- How long have you been participating?
- What motivates you to remain physically active?
- What benefits do you receive from participating in this activity(s)?

If “no”
- Did you used to exercise or participate in some kind of physical activity?

If “yes”
- Why do you no longer participate?
- Is there anything that you believe may help you or motivate you to begin participating again?
- Is there anything the facility could do to make it easier for you to participate?

Social Support

Do you have any social relationships that you have maintained for a very long time or continue to maintain?
- How have these helped you cope with changes and potential challenges you have experienced during your life?

Have you been able to stay in contact with friends and family who live outside of the facility?
- Do they come visit?
- Are there special events or parties the facility puts on that these individuals attend?

Have you made any friends with other residents here?
- How long have you been friends?
- In what ways do you offer support to each other? (this support could be in the form of companionship, emotional support, or being there to engage in activities with one another)

Coping Strategies

In addition to leisure pursuits, hobbies, and social relationships…are there any other resources that help you to cope with difficulties or losses?
- Perhaps resources that you rely on to help you stay positive?
- These resources may include things such as your religion or spirituality, a positive outlook, or internal strength
Developmental Goals

What are some major life goals you have accomplished?
- Some examples include career, raising a family, or involvement in a community or a group

Looking back upon your life, are you proud of what you have achieved?
- Have you become the person that you hoped to become?
APPENDIX B: INFORMED CONSENT LETTER

Informed Consent Form

Title of Project: Facilitating Leisure Continuity amongst Long-Term Care Residents over 85: The Secret to Successful Aging for the Oldest-Old?

Purpose:

The purpose of this study is to look at the relationship between leisure and social activity and well-being for those 85 and older living within long-term care (LTC). My hope is that you will find it an interesting and enjoyable experience to be given the opportunity to express your leisure interests and share your leisure life with me.

Procedure:

The interview is expected to last at least 30 minutes, but no longer than 90 minutes. It will focus on your leisure and social activities and how the facility helps you to continue participating in these activities. It is possible you may be contacted for a brief follow-up interview that would last approximately 15 minutes.

Voluntary Nature:

Your participation in this study is entirely voluntary and you reserve the right to stop the interview at any time or to decline to answer any questions you do not wish to answer without any consequence.

Protection of Confidentiality:

While your interview will be audio recorded, the recording will be stored in a locked cabinet that only my faculty advisor, Dr. Lee, and I,
444 Education Building
Bowling Green, OH 43403

BGSU IRB - APPROVED FOR USE
IRBNet ID # 977685
EFFECTIVE 02/01/2017
EXPIRES 01/31/2018
will have access to. I will transcribe your words and the recording will be destroyed within one year. Your name will be replaced with a number or a fake name in any written documents. No reference will be made in oral or written reports that could link you to the study.

Anticipated Risks:

If you choose to participate, there are no foreseeable risks or discomforts that would be any greater than what you may encounter in everyday life.

Contact Information:

If you have any questions or concerns about this research or your participation in it, please feel free to contact me at (419)-349-7605 or sbowes@bgsu.edu

You may also contact my faculty advisor, Dr. Bob Lee, at (419)-372-2396 or bdlee@bgsu.edu

If you have any questions about your rights as a participant, also feel free to contact the Chair, BGSU’s Human Subjects Review Board (HSRB) at (419)-372-7716 or hsrb@bgsu.edu. Thank-you kindly for your time.

I have been informed of the purposes of this study and my role in it. I have had the opportunity to have all my questions answered and I have been informed that my participation is completely voluntary. I agree to participate in this research.

Participant Signature Date

________________________________________________________________________
APPENDIX C: HUMAN SUBJECTS REVIEW BOARD APPROVAL LETTER

DATE: February 2, 2017

TO: Sarah Bowes, B.S. Gerontology, M.Ed.
FROM: Bowling Green State University Institutional Review Board

PROJECT TITLE: [977685-2] Facilitating Leisure Continuity Amongst Long-Term Care Residents over 85: The Secret to Successful Aging for the Oldest-Old?

SUBMISSION TYPE: Revision

ACTION: APPROVED

APPROVAL DATE: February 1, 2017
EXPIRATION DATE: January 31, 2018
REVIEW TYPE: Full Committee Review

Thank you for your submission of Revision materials for this project. The Bowling Green State University Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

The final approved version of the consent document(s) is available as a published Board Document in the Review Details page. You must use the approved version of the consent document when obtaining consent from participants. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that you are responsible to conduct the study as approved by the IRB. If you seek to make any changes in your project activities or procedures, those modifications must be approved by this committee prior to initiation. Please use the modification request form for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. All NON-COMPLIANCE issues or COMPLAINTS regarding this project must also be reported promptly to this office.

This approval expires on January 31, 2018. You will receive a continuing review notice before your project expires. If you wish to continue your work after the expiration date, your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date.

Good luck with your work. If you have any questions, please contact the Office of Research Compliance at 419-372-7716 or orc@bgsu.edu. Please include your project title and reference number in all correspondence regarding this project.
This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Bowling Green State University Institutional Review Board’s records.