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UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
DOCTOR OF PHILOSOPHY IN NURSING

OLDER SINGLE WOMEN IN TRANSITION:
MOVING TO A SUPPORTIVE RETIREMENT COMMUNITY

by

Linda L. Hansen-Kyle

A dissertation presented to the
FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
UNIVERSITY OF SAN DIEGO

In partial fulfillment of the
Requirements for the degree
DOCTOR OF PHILOSOPHY IN NURSING

June/ 2006

Dissertation Committee

Patricia Roth, EdD, Chair

Jane Georges, PhD

Mary Scherr, PhD

Abstract

This study explored role changes, resilience, social, and health challenges encountered by older women who transitioned to a retirement community that provided social, health, and safety support structures. The aim of this study was to analyze and describe the transition from the viewpoint of the participants. Although previous research has shown transitions lead to psychosocial, emotional, physical, and health changes, the importance of this study stems from the lack of research on older women moving to supportive communities and their unique challenges.

A convenience sample of 39 women, aged 70-94, who had been living alone before moving to a church supported or private retirement community were recruited. In-depth, semi-structured interviews were conducted and analyzed using Grounded Theory methodology.

Grounded Theory was the selected method of research as it focuses on social processes grounded in individual experiences, and searches for common experiences, common meanings, and common behaviors which lead to a broad knowledge base for theory development. Audio-recorded, transcribed data was analyzed and coded; major dimensions were identified; themes and linkages examined; and a theoretical model was developed. Dimensional analysis and a feminist perspective of power, social reality and reflexivity completed the development of a theoretical model.

Data analysis revealed themes of “time for change”, “gathering resources”, “letting go”, and “a sense of home” from the perspective of “maintaining control” throughout the transition process. The women made decisions supporting control and independence; and they took time to explore and discuss changes. The transition involved

both letting go and balancing the familiar with the new; and required resilience and adaptability. The transition was complete when the women felt at “home” in their new surroundings.

This study provides an understanding of the experiences of older women during a period of transition and leads to a theoretical model of transition. Psychosocial, health, and economic challenges faced by the older women in this study informs the knowledge base of healthcare providers. This study indicated the need for further gender sensitive and age sensitive research. Additionally, this study suggests that future health policy must address the needs of this expanding senior population.

DEDICATION

This study is dedicated to the two women who most
influenced my philosophy and
my personal identity—

My Mother, Mary Hansen

And

My Aunt and Godmother, Arpen Ohanesian

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Acknowledgements

The process of a doctoral dissertation is at once both a private journey and a research project that could not be complete without the cooperation and support of many individuals. I could not have completed this journey without the support and help I received.

First, the enthusiastic support of the women I interviewed and their willingness to share their stories made the research a reality. These busy women readjusted their schedules and spent countless hours with me as I gathered information on transitions. Each and every story told was unique and provided additional information which resulted in the development of the transition theoretical model. Additionally, the supportive retirement communities where these women lived aided the research through their support of the project.

Without my dissertation committee, this research could not have been completed. My chair, Dr. Patricia Roth, and my committee, Dr. Jane Georges and Dr. Mary Scherr helped me to organize the voluminous data. Their suggestions and input added to the depth and strength of the study. The financial support I received through the Hahn School of Nursing (University of San Diego) via fellowships and scholarships were a great aid in completing my education; and support of my study through a small grant award from Sigma Theta Tau International/Western Institute of Nursing was greatly appreciated.

Throughout this journey, my friends (too numerous to list) and family have been there for me. They acted as my cheerleaders and support structures. Each one supported me in his or her unique way as the need arose. This was especially true of my husband, Kent. Without his love and support I could not have completed this journey.

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Chapter I: Focus of the Study

The population of the United States is rapidly aging. An aging population has enormous implications for public spending on health care. Individuals, aged 70, with no functional limitations can expect to live another 14.3 years and can expect to spend \$136,000, on average, for health care (Lubitz *et al.*, 2003). Single women, who live alone make up approximately 60% of the over age 65 senior population (US-Government, 2000). These women are at the highest risk for health and safety problems. By the year 2050, the average life expectancy for females will be 84 years (Day, 1996).

Even though the economic status of older individuals is generally improving in the United States, the economic status of the older women is not (Stone, 1997; White, 1997). Stone stated that poverty in older adults is concentrated among single, older women, many of whom lack social power. The roles assigned to older women, societal expectations, and their limited choices all contribute to the lower economic status of women (Browne, 1998). The growing, older population has caused health care providers to focus on the unique needs of this group. Promotion of health and prevention of illness is a primary concern for health care providers (Lubitz *et al.*, 2003).

One of the basic needs for maintaining health and preventing illness is a safe, supportive housing environment. Finding safe, supportive housing in a community setting has become an increasingly important goal of many older individuals (Marek & Rantz, 2000). According to healthy people 2010, 6.2 percent of occupied U.S. housing units have moderate or severe physical problems (US-Government, 1998) and many of these residences are inhabited by single older women. In fact, 80% of all the older individuals over age 65 who live alone are female (White, 1997). Older women, living in single

family homes or in small apartments, in urban or suburban settings often are isolated and go unheard, or unheeded in their health needs. Spouses have died and children often live far away, leaving these women to fend for themselves. Thirty percent of the single women have never been married and have no family living in close proximity (Beckingham & DuGas, 1993; Boyle & Counts, 1988; Prigerson *et al.*, 2000; Wang, 1999).

However, older individuals who remain socially connected have decreased morbidity (Laditka & Laditka, 2003; Potts, 1997). Some single women, despite a lack of resources, have an inner strength and commitment to health which helps them to maintain an optimistic outlook and healthy lifestyle (Shenk, 1998). Women who see themselves as having power are able to maintain and enrich their lives as they age (Bartlett, 2001; Deeg & Kriegsman, 2003; Efrainsson *et al.*, 2003; Gustafsson *et al.*, 2003). However, social support and social interactions are important for this optimistic outlook and sense of power.

Out of the body of research has come the realization that social support structures help older individuals successfully navigate stressful situations (Arlington, 1987; Hays *et al.*, 1997; Hockey & James, 1993; House *et al.*, 1988; Laditka & Laditka, 2003; Potts, 1997). One way of achieving social support is through the development of safe and supportive cooperative community environments (Marek & Rantz, 2000). Instrumental support structures such as housekeeping services, meal services, transportation services, and health services are an integral part of supportive community environments. Social support structures such as activities; close contact with other individuals; and a sense of

shared responsibility while maintaining autonomy or independence; is also an integral part of the supportive community environment.

Cooperative community environments for older individuals are not a new development. These cooperative living environments include age specific apartment complexes, mobile home parks, and entire communities. European communities have led the way in the development of cooperative senior living environments and the more affluent socioeconomic older population has utilized retirement communities in the United States (Giarchi, 2002; Longino & Lipman, 1981; Potts, 1997; Sviden *et al.*, 2002).

However, in the United States and in Britain, individuals fiercely protect their independence and independent living. The need for controlling one's life and remaining independent often acts as a barrier to exploration of supportive living arrangements. This fear of loss of independence causes many older individuals to resist moves to what they consider institutionalized settings (Hockey & James, 1993). Skilled nursing facilities, often the only option that older individuals and their family members discuss, is associated with loss of control, loss of independence, and loss of physical capabilities (Marek & Rantz, 2000).

As alternatives to single-family homes have become available to more socioeconomic groups of older individuals there have been increases in the number of older individuals taking advantage of these cooperative retirement community environments. A large percentage of residents in the community retirement living environments are single women (Potts, 1997). In her study of 99 individuals living alone in southern California retirement communities, Potts noted that 80.8% were women and that her percentages corresponded with earlier studies. Although these single women

transitioned to retirement living environments from community settings, Potts observed that support was found both within the retirement community and outside of the retirement community. However, changes in social interactions and support occurred with the move to a retirement community.

Changes that occur during transitions influence how an individual adapts to new situations and environments (Meleis *et al.*, 2000; Schumacher & Meleis, 1994). Transitions create changes in relationships and perceived abilities, and are associated with stress, upheaval and disruption (Ashforth & Saks, 1995; Meleis *et al.*, 2000; Schumacher & Meleis, 1994). It is the individual's subjective appraisal of an anticipated or actual transition and the likely effect on lifestyle that determines the successful or unsuccessful negotiation of the transition. There have been many studies involving transitional periods of life for individuals. Stages and ages associated with Erickson's theory of development are the focus of most studies on the transition experience. The research with older individuals has focused on transition to assisted-living dwellings, to skilled nursing environments, or to adult children's homes. However, there have been few studies which focus on the transition of older women to cooperative living environments by choice.

Purpose of the Study

The purpose of this study was to explore the transition experience of older single women, who moved to a supportive retirement community from a single family home, condominium, or apartment in a mixed age community. Single women were defined as those women who were living alone, on their own. This group included never married, widowed, or divorced women. The supportive retirement community was defined as a

retirement community in which an individual could live independently, but which provided a variety of optional services such as housekeeping; meal preparation; a health center or healthcare personnel; social and transportation services; and the potential to move to an environment that provided increasing health care services such as an assisted living or skilled nursing. As the individual continues to age or becomes physically or cognitively weaker, the need for structured health care may increase. Easy accessibility to additional supportive services, either within or close to the retirement community was integral. Moving to a supportive retirement community was a major transition that influences physical and psychosocial health in a variety of ways.

Aims

This study explored the experience of transition in women, aged 70 and above, through interviews and discussion designed to solicit their beliefs, values, feelings, and perceptions regarding transitions to a structured retirement community. The aims of the study were:

1. Analyze the process leading to the decision to move to a supportive retirement community
2. Describe the process of adjusting to a new living environment
3. Describe perceived changes in role and identity
4. Analyze perceived need for and sources of support during the transition
5. Describe the effect on health perceptions and well-being during the transition

Method

Little research has been done in the area of older women and their transition to a structured retirement community. Because of the lack of research, a grounded theory method, which examines lived social and psychological processes was chosen for this study. The grounded theory approach, based on the philosophy of symbolic interactionism, starts with social phenomena. Through the study of social interactions and linkages grounded theory methodology strives to develop or add to theory (Hutchinson & Wilson, 2001). Grounded theory provides a set of guidelines and methodologies which help strengthen the validity of theory derived from social research (Strauss & Corbin, 1990, 1998).

This research uses dimensional analysis as a framework for discussion of the data collected, interactions and concepts. It is this dimensionality that allows individuals to derive meaning from their experiences (Kools *et al.*, 1996; Schatzman, 1991). These derived meanings or perceptions of the process drive development of theory and expansion of the knowledge base.

Philosophical Underpinnings

Symbolic Interactionism

Symbolic Interactionism has its roots in the works of Herbert Blumer. Meaning arises out of the “process of interaction between people or groups of people”(Blumer, 1969). It is the process of the interaction that gives meaning to individuals or objects that have no inherent meaning without the interaction. Meaning is dynamic and changing as a result of the interactions. Thus, interpretations of individuals or groups define the

structures of organizations or events and interactions among individuals become the foundation for social conduct through mutually agreed upon symbols (Blumer, 1969).

Blumer based his work on the earlier work of George H. Mead and John Dewey, both of whom put the individual at the center of reality. Mead, a behaviorist, stated that people need to be understood in terms of what they do (Charon, 2001). Both Mead and Dewey indicated reality and meaning are results of development of a sense of self (Blumer, 1969). Blumer concluded that the empirical world in which we live and interact is best studied through understanding and interpretation of the interactions of individuals at differing points with each other and with the environment. Social interaction and interpretation of the interaction define the meaning differently for each individual. Socialization and tacit agreement lead to generalized meanings of specific symbols. Symbolic Interactionism is a perspective that guides research through understanding interactions and agreed upon interpretations. Concepts are defined through symbolic interactionism and are grounded in experience (Blumer, 1969).

Glaser and Strauss (1967) developed grounded theory methodology in the 1960's. They were influenced by Symbolic Interactionism and the works of Mead and Blumer on this subject (Blumer, 1969; Charon, 2001; Strauss, 1952). Blumer (1969) had stated that humans interact with others and with things based on the meaning these others or objects have for that individual. In order to study the phenomena, an understanding of the concepts involved in the phenomena needs to be discovered.

Grounded theory method is predicated on the belief that theory is derived from experiential phenomena. Grounded theorists stated there was no fundamental difference between qualitative and quantitative data, but rather that the difference lay in the method

of verification and theory generation (B. Glaser & Strauss, 1967). Qualitative data, like quantitative data is obtained systematically. The approach in qualitative research, however, is through social research and observation rather than through laboratory experimentation. The researcher becomes the main tool used in grounded theory. As the research moves between induction and deduction, patterns emerge and theory is generated (Bowers, 1988).

Generation of theory based on social interactions is the goal of grounded theory. Based on symbolic interaction, grounded theory is a method of discovering an individual's or society's reality through social interactions and social symbols (Hutchinson & Wilson, 2001). The resultant theory is developed through systematic collection and analysis of data from social processes that are occurring within a specific context. Continual analysis, as data is collected, drives the development of the theory and the direction of continued data collection.

The process of data analysis can be done in several ways once coding of the data begins to occur. Schatzman used dimensional analysis for theory development. It is an extension and refinement of analysis of data collected via grounded theory (Schatzman, 1991). Dimensional analysis uses a matrix to provide structure by which the data is understood. The data is woven into a story or matrix which becomes the context for understanding the data (Schatzman, 1991).

From Schatzman's (1991) matrix, the researcher can then go back to the data source for more dimensions and sub-dimensions and continually update the matrix so that the interactions are seen. Eventually key core categories will emerge which are the

realities of the researcher and the participants and a pattern of social processes is identified (Schatzman, 1991; Schatzman & Strauss, 1973).

The perspective of the researcher is important when analyzing data. Although qualitative research comes from the perspective of a neutral researcher, the researcher's assumptions frame the type and direction of the research (Munhall, 2001). The process in grounded theory is dependent on the interaction of the data with the creative interpretation of the researcher (Hutchinson & Wilson, 2001). The social and psychological viewpoints and cognitive understanding of the researcher necessarily become a part of the data collection and interpretation (Hutchinson & Wilson, 2001).

Feminist Perspectives

A feminist research perspective focuses on the challenges of subjective and social aspects of reality. The emphasis is on goals and values of women and lived experience as a basis for knowledge (Hutchinson & Wilson, 2001). A feminist perspective is based on "truths" that are continually shifting and reflecting the present social construction of individual realities. Research, using a feminist lens, must necessarily focus on the experiences of the individual participants from their perspectives.

Feminist philosophy has its early roots in Habermas' critical theory and the writings of Derrida and Foucault on culture and constraint (Derrida, 1978; Fillingham, 1983; Habermas, 1992). It was out of this framework of cultural constructs and the marginalization of women that feminist philosophy was developed. The ideas of power, social position, and education in relationship to women were discussed by such feminist philosophers as Beauvoir, Kruks, and Friedman (Jagger & Young, 1998). This position of

powerlessness lead to alternative ways of thinking about the world which became the foundations of feminist thought (Robinson, 1999).

As feminist philosophy developed and matured, discussions turned to the nuances of language and meaning in relationship to women's culture. Feminist philosophy, rather than strictly focusing on women, became a way of thinking which allowed for multiple social relationships and interactions (Flax, 1993). Positionality and perspective formed the basis of this new direction in feminist philosophy (Naples, 2003). Thus, it was through narratives and personal experiences that women gained understanding of themselves and their gender (Becker, 1997). It was from women's experiences that themes of power and a sense of self emerged. These themes included connectedness, nurturing, family and community roles, and social responsibilities (Aptheker, 1989; Gilligan, 1982). Interactions with others through connectedness, inclusion and individual perspectives is the basis of the feminist global movement (Robinson, 1999).

This lens of feminist thought and women's experiences can be a philosophical position from which to do research. In grounded theory, theory development must be based on relevant social and political environments (Hutchinson & Wilson, 2001). A feminist perspective which values description and understanding, cultural and social roles, and connectedness and inclusiveness is a good philosophical basis for researching women's transitions.

Significance of the Study

Since 80 % or more of the residents in supportive retirement communities are single women (Potts, 1997), understanding the process of transition to retirement communities will help develop a theory of transition for this population. Transitions have

been discussed by Schumacher and Meleis (1994) as central themes of nursing care. Their middle range theory of transitions focused on the patient-client relationship and were found to be influenced by prior experiences, knowledge, and skills (Meleis *et al.*, 2000; Schumacher & Meleis, 1994).

Studies have been done on various types of transitions in adulthood, including the transition to parenthood (Meleis & Swendsen, 1978), the transition to chronic illness (Dracup *et al.*, 1984), and the transition into institutions (Schumacher *et al.*, 1999; Wilmoth, 2000; Wilmoth & Chen, 2003). However, little is known regarding older women's experiences of transition to supportive retirement communities.

In contrast to transitions to institutions such as skilled nursing facilities where there is often little input from the older individual, transitions to supportive retirement communities is a result of active involvement of the older individual in the process. How the health and well-being of older women is affected by this transition to a retirement community is unknown, as studies have not been done which focus on the perceptions of the older women in the midst of this transition. Women's prior experiences may be insufficient to meet the demands of a new living situation, creating feelings of uncertainty; or women's prior experiences may create a sense of freedom and safety in the new environment leading to active community participation. The perspective of support and interconnectedness that women consider important in social situations also needs to be explored in relationship to transitions to new living environments.

The significance of this research is the focus on an increased understanding of the intervening processes contributing to perceptions and behaviors resulting from a period of transition. Perceptions of health related to these transitions are especially important for

nurses. Understanding the points in the transition which most affect older women physically, emotionally, and psychosocially will inform theory development and create a knowledge base. This knowledge base can then be explored in further depth with the focus on nursing practice guidelines and delivery of care.

Conclusions

The older population is increasing and becoming a larger segment of the general population. The focus of this group of individuals is to age with health and safety. Single women make up the largest percentage of this older population. The needs and disparities of this older group of women are of critical concern to nursing and health care delivery. One identified need is a safe, healthy living environment. As older women choose to move to retirement communities that provide this safe and healthy environment they face the physical and psychosocial stress of a transition. This transition influences social relationships, health, and self-esteem of the women who experience moving to a new environment. The experience of the transition process for older women had not been studied and these influences not been identified.

This study developed the foundation for a better theoretical understanding of transition for older women to a supportive retirement community. It is through discussion of the process of transition with older women and their perceptions associated with this transition that nurses gain understanding. The feminist lens of a qualitative research method helped uncover the stories and experiences of these women and the social processes which influenced their decisions. The theory developed from this study can serve as a basis for further knowledge development in the area of older women's transitions and the effects of the transitions on health, safety, and social connectedness.

Chapter II: Context of the Study

Where individuals live as they age is important. Living arrangements for older individuals serve many functions and fill many needs (Wahl, 2003). The place an older individual lives, whether by choice or not, affects social bonding; feelings of permanence or impermanence; being at home or being a stranger in a strange environment; and feelings of independence or dependence (Wahl, 2003). The choice of living environments plays a different role for the older individuals. The choice is based on the health, social circumstances, and financial circumstances of the individual. Where an individual chooses to live is not only affects the present health of the individual; but the choice can impact the future health of an individual. Wahl's (2003) meta research of aging and living environment indicated that healthy aging and environment go hand in hand; that choice of environment for older individuals affects health; and that one of the major phases of transition between adulthood and old age is the "physical and spatial environmental opportunities and constraints" (Wahl, p.4). Since women make up a majority of the older population, part of this physical and spatial environment often includes learning to live alone as a widow.

Healthy Aging

Living arrangements in older individuals impact health or is impacted by health. Healthy aging allows for more choices and easier transitions to new environments. The adaptability, independence, and autonomy associated with healthy aging promote a sense of power in the older individual. Healthy aging is a combination of adaptation and compensation which leads to resilience. Resilience manifests itself as optimal functioning and social participation (Hansen-Kyle, 2005).

Perspectives of Healthy Aging

Healthy aging from a medical or gerontological perspective focuses on continued ability to function physiologically. The level of physical functioning and measurement of physical abilities is often the benchmark for healthy aging from this perspective (Guralnik & Kaplan, 1989). Activities of daily living (ADL's) and instrumental activities of daily living (IADL's) scales are the common measurements of physical functioning. These scales measure ability to perform physical tasks associated with self-care and are used by the medical community as standards (Gama *et al.*, 2000; Hilleras *et al.*, 1999)

Psychosocial interpretations of healthy aging focus on attitudes, resilience, personal definitions, social interaction and social support structures. Thus the definition of healthy aging from a psychosocial perspective is one of personal accommodation, attitude, and support (Ford *et al.*, 2000; Tyler & Schuller, 1991). Tyler and Schuller related healthy aging to openness to change; whereas Ford *et al.* focused on individual autonomy and equated autonomy with healthy, successful aging. Other researchers have focused on mental stability, social support, social interaction, and cultural roles as keys to healthy aging (Carpenter *et al.*, 2000; Peake, 1998; Tirrito *et al.*, 1996; Westerhoff *et al.*, 2001).

Nursing research has attempted to combine the medical and psychosocial models of healthy aging. Nursing however, adds the paradigms of caring, health maintenance, and health promotion to the processes of aging (Congdon & Magilvy, 2001; Ellingson & Conn, 2000; Phillips *et al.*, 2001; Roe *et al.*, 2001a, 2001b). Additionally, nurse researchers have examined what healthy aging means to older individuals (Miller, 1991). Miller's ethnographic research of six individuals (3 male and 3 female) in Dade county,

aged 70-81, focused on resilience, involvement, and physical factors in what the researcher termed “meta-aging”. Miller’s 3 to 4 taped interviews with each individual over a six week period, along with observation of social interactions in the community and within their families, revealed that activities and engagement were important for healthy aging. The older individuals described a balance between mind, body, and spirit. Along these same lines of inquiry, the grounded theory study of Boyle and Counts (1988) of 108 Appalachian older individuals led to a definition of healthy aging that encompassed belief, knowledge, values and customs in physical care; involvement with others in the community; and maintenance of independence. Multi-taped interviews and observations with each of the older individuals in this community underlined the importance of social connectedness (Boyle & Counts, 1988). Additional research has identified thriving and failure to thrive as opposite ends on the continuum of healthy aging (Haight *et al.*, 2002). To achieve healthy aging and thrive, accommodations of person, human environment, and non-human environment must be made. Thriving is remaining connected to community, social interaction, and belief in one’s own ability to accommodate to the changes related with aging (Haight *et al.*, 2002).

Older Women and Healthy Aging

Acceptance of the slowing down of body processes as a natural event and planning around this event lead to healthy psychosocial functioning (Boyle & Counts, 1988; Bryant *et al.*, 2001; Miller, 1991; Tyler & Schuller, 1991). The older individuals interviewed in the above studies indicated that remaining an active member of the community was important. The majority of the participants were older women. Boyle and Counts (1988) defined this active participation as being active in volunteer organizations,

memberships in political or social organizations, or taking an active role in family or community care giving. The ability to continually assess strengths, modify lifestyles, and redefine oneself was identified by these researchers as the core of healthy aging.

Additionally, internal and external support structures such as the environment, family, and community were identified as strong indicators of healthy aging (Beckingham & DuGas, 1993; Boyle & Counts, 1988; Clark & Dellasega, 1998; Ebersole & Hess, 1994; Lieberman, 2001; Siegal, 2001). The role the older adult envisions is the culmination of social and cultural perspectives (Becker, 1997; Boyle & Counts, 1988; Bryant et al., 2001; Carpenter et al., 2000; Miller, 1991; Peake, 1998; Perrig-Chiello *et al.*, 1999; Phillips et al., 2001; Roe et al., 2001a, 2001b). If the older individual perceives aging as an isolated existence, the individual will isolate herself and begin to fail: however, if the older individual perceives aging as an integral part of the social structure in which she lives, she will thrive. Social support and perception have a very powerful influence on adaptation to physical, cognitive, emotional and environmental change.

Social connectedness, community involvement, and perceived roles can have a profound impact on the adverse health effects brought on by widowhood, loneliness, and isolation (Laditka & Laditka, 2003). Health and living environments for widowed or divorced older women are connected. In England and Wales, there has been a decrease in the percentage of older women living alone or with adult children and an increase in the percentage of older women living in a supported community “institutional” environment (K. Glaser *et al.*, 2003). Higher numbers of women moving to supportive communities in the United States was also noted. Social support and connectedness are two reasons cited for moving to these supportive environments (Wolfe & Soldo, 1988). Becker (1997)

found that as older individuals transition to a new environment, independence was maintained through resilience, adaptation, and compensation. Older women begin to focus their relationships and social networks (S. T. Michael *et al.*, 2003; Y. L. Michael *et al.*, 1999). Giving and receiving support during times of stress become important. Living in a social and physical environment which supports individual autonomy and power is increasingly more important for older single women.

Older Women and Power

Women who see themselves as having power are able to maintain and enrich their lives as they age. Women exercise their power through positive self-concepts and nurturing social relationships (Gilligan, 1982; hooks, 2000). Their life experiences and changes in roles and social interactions are seen as positive, power-enhancing forces for these older women (Bartlett, 2001; Deeg & Kriegsman, 2003; Efrainsson *et al.*, 2003; Gustafsson *et al.*, 2003).

Research has shown that socio-economic, cultural, and physical circumstances often lead to feelings of powerlessness, resignation, and low self-esteem (Copper, 1997; Lee & Powers, 2002; Mishra *et al.*, 2002; Sarton, 1997). However, in many circumstances older women have a sense of power and control over their own lives. They are able to step outside the conventions of social order and create meaningful worlds for themselves. This power to create a new social situation emanates from networks of personal and social relationships (Robinson, 1999).

Choices are an important aspect of power and self-worth. In the Efrainsson *et al.* (2003) phenomenological study of power and powerlessness in discharge planning, both positions of power and powerlessness were noted in the participant's narrative. The older

woman studied in this research stated she had power in asserting her goals and objectives, even though how those objectives may be reached would be decided by others. She chose to retain some of her ability to make decisions, and give up some of those abilities to others. Whereas some of the staff saw her as powerless to make decisions, she saw herself as having the power to grant decision making responsibilities to members of her family.

In a study on a community health campaign, it became evident to the researchers that community role and support were important (Mailbach *et al.*, 1991). This study, although focused on self-efficacy, included information about social and family roles and revealed that these roles were important for adopting the suggestions regarding health care maintenance. Participation in the community campaign was fostered by social participation in the community (Mailbach *et al.*, 1991). Women tended to form communities and social alliances, regardless of the social or economic setting.

Relationships are of great importance in the lives of older women. Living arrangements are important for the health promotion life-styles of older women (Pullen *et al.*, 2001). Pullen's quantitative study of 102 community-dwelling women, 65 and older, found that women who were in supportive living arrangements remained healthy and active in communities. These women were more self-reliant, and felt they had a sense of power and meaning in their lives.

Subjective well-being, a sense of power, self-reliance, or self-efficacy was also found to be important in the study conducted by Inglehart (2003). Inglehart studied happiness, well-being, and age using a data base of 150,000 respondents to 60 surveys from 6 countries. The findings indicated that women show higher levels of subjective

well-being than men (Inglehart, 2003). Inglehart's findings are important because they indicated that lower income, lower social status, and lower power of women did not necessarily indicate lower level of well-being. In cultures where strong support by family, friends, and community were evident, older women maintained their sense of self-reliance, power, happiness, and subjective well-being (Inglehart, 2003).

Women develop and maintain wide ranging social and personal relationships (Tilburg, 1994). As they age, women have the social support and power to redefine their roles in life; to achieve self-defined goals; and to mentor the younger generation (Le Guin, 1997; Tilburg, 1994). Economic circumstances are often determining factors for those women who live distances from family (Tilburg, 1994), however the self-esteem and a sense of power are more important. Tilburg found that different types of social relationships helped to support older individuals. Church affiliation, support from friends for emotional and social relationships, supporting others through care giving or emotional support, and instrumental support from health agencies are different types of social relationships important for older individuals. Women are most adept at this social support process and their own health and power is maintained through this support structure (Le Guin, 1997; Lee & Powers, 2002; Tilburg, 1994). They are not diminished by social or health related circumstances. Instead, the notion of power as connectedness, self-satisfaction, and self-reliance leads to better health outcomes (Becker, 1997; Inglehart, 2003).

Health and continued self-reliance in older women are dependent on women's inclusion in the social fabric in meaningful ways. Connection with peers, family and the community drive the health of older women. Social constructs and health care

interventions which promote older women's definitions of power and self-esteem are effective approaches to health maintenance (Browne, 1998; Efrainsson et al., 2003; Naples, 2003). Participation, inclusion, and contribution through caring for others in social relationships form the basis of self-esteem and power in older women. Women who are in environmental living situations which can incorporate and promote continued social interaction remain happier and healthier. Transitions to these environments may initially increase stress, but may result in healthy, happy lifestyles.

Women and Transitions

Women have made numerous transitions throughout their adult lives. Many have transitioned to motherhood. Women transition in and out of the workforce throughout their lives as the demands of motherhood and family care issues emerge. Eventually most women transition to retirement, and still others to widowhood. Additionally, older women are transitioning to multiple types of cooperative living environments for those aged 55 and older (Brenton, 1999). Each transition involves change and adaptation to new situations and environments (Meleis et al., 2000; Schumacher & Meleis, 1994).

Transitions create changes in relationships and perceived abilities, and are associated with stress, upheaval and disruption (Ashforth & Saks, 1995; Meleis et al., 2000; Schumacher & Meleis, 1994). An individual's subjective appraisal of an anticipated or actual transition and the likely effect on her life results in successful or unsuccessful negotiation of the transition. Support is an important aspect of a successful transition (Harrison *et al.*, 1995). How support is defined depends on the type of transition, the age of the woman, and the expected outcome.

Harrison et al. (1995) found in her study of 17 women experiencing one of three types of transitions that there were similarities in the type of support and the length of the transition. Women who were first time mothers, returning to work after an absence, and retiring from the workforce were interviewed. The types of support they indicated were important included someone who had a similar experience or shared commitment; someone that would listen; and someone who could offer specialized support. The presence of these support structures added to the successful transition experience and overall well-being of the participants. Although Harrison et al (1995) worked with participants aged 24-65, the same types of support may be identified for older women who transition to a supportive community environment.

Social support for older women in the form of physical support, social connectedness, health promotion efforts, and caring concern account for better physical and mental health (Cohen, 2004; Resnick, 2001). Not only is the support structure important in the living environment, it is equally important while transitioning to a new living environment. Research indicates that women who live in a supportive community environment are more fit physically and mentally than their counterparts who live in isolation (J. M. Armer, 1996a, 1996b; Cohen, 2004; House et al., 1988).

There have been many studies involving transitional periods of life for adults. The research with older individuals has focused on transition to assisted-living dwellings, skilled nursing environments, or into older children's homes (Johnson, 1999; Wilmoth, 2000; Wilmoth & Chen, 2003). There have been few studies done which focus on the transition of older women to supportive retirement communities by choice. However, there are studies which show that health and social support are linked. This literature

review will focus on areas that affect transitions in older women. These components include (a) transition theory, (b) social support and connectedness, (c) social support and health and (d) health and living situations.

Transition Theory

Transition and nursing care are closely linked (Meleis & Rogers, 1987; Meleis et al., 2000; Schumacher & Meleis, 1994). Nurses have been concerned with transitions throughout the life span. Meleis and colleagues identified four types of transitions encountered by nurses. Nurses have been interested in developmental transitions such as Erickson's stages or motherhood. Additionally, nurses have focused on health-illness transitions as chronic or acute illness impacts individuals or families. Situational transitions, such as widowhood and homelessness, and organizational transitions such as nursing roles and responsibilities complete the four types of transitions encountered by nurses (Ashforth & Saks, 1995; Meleis et al., 2000; Meleis & Trangenstein, 1994; Schumacher et al., 1999; Schumacher & Meleis, 1994).

The importance of transition in nursing care led Meleis and colleagues to develop a theory of transition (Meleis & Rogers, 1987; Meleis et al., 2000; Meleis & Trangenstein, 1994; Schumacher & Meleis, 1994). Meleis and colleagues (1987) initially stated transitions involved disconnectedness, loss of familiar reference points, development of new reference points, and reconnection in new ways. Transitions involve awareness, engagement, change and difference, time span, and critical points and events which are all interconnected and interwoven (Meleis et al., 2000).

Research has indicated that the universal properties involved in transition include: (a) a process that occurs over time, (b) involves movement from one state of

psychosocial, emotional or physical status to another, and (c) involves changes in identity, role, relationship, ability, or patterns of behavior (Meleis et al., 2000).

Kock and Kralik (2001) found that individuals with chronic illness are in constant transitions as their disease changes and they must incorporate changes in their lives. Their participatory research focus group of eight women with a diagnosis MS found that one important factor in the transition experience was the group itself (Koch & Kralik, 2001). Sharing strategies, stories, and experiences developed a supportive environment which continued to help the women as they transitioned to life with illness.

Very few studies exist which involve the transition to cooperative living environments for older adults. Armer (1996), Mastrian (2001), Heisler et al. (2004) and Wilson (1997) have explored transitions in living situations of older adults. Transitions to nursing homes whether planned or unplanned proved traumatic (Wilson, 1997). Wilson, using a grounded theory approach indicated the process of transition to a nursing home was initially associated with a threat to quality of life and loss of independence. This was true even when the decision was a planned one. However, planned transition led to a shorter adjustment period and acceptance. When the older adult made the decision to move, preplanning made the adjustment easier and the transition period shorter. The choice to move by the individual was important for a smooth transition.

Often it is the children of older adults who make the decision for their parents (Mastrian, 2001). Safety and health are the key issues. Older adults judge safety from a different perspective than their children or healthcare providers. In many cases the discussion regarding a move surprises older parents who have different perceptions of their health and safety. When they make their own decisions regarding living

arrangements, research (K. Glaser et al., 2003) indicates older adults will choose environments which preserve independence and protect safety. Often the decision is delayed until the health of the older adult requires placement in a facility that can provide care. The transition is difficult in these situations (Mastrian, 2001; Wilson, 1997).

A study by Heisler, Evans, and Moen (2004) investigated health and social support of older individuals who moved to continuing care communities. These were age-restricted communities that provided social support and healthcare support to community members. This study examined data gathered from 88 respondents. Most of the respondents were married (61%). Additionally, the respondents were mainly female (62%), college graduates (80%) and had incomes of between \$75,000-100,000 (Heisler *et al.*, 2004). These individuals were asked to complete questionnaires before and after the moves to the retirement communities occurred. There were no evaluations or questionnaires given during the transition period. However, Heisler et al. found that, generally, social support and health were maintained by moves to these communities. They divided the movers into local movers and migratory movers. The migratory movers did experience some decline in their health, but it was minimal. The researchers also found that the moves were proactive on the part of the participants. Because these were voluntary, planned moves, the researchers hypothesized that this mitigated the potential negative health effects that moving may impose. However, it was found that the migrating movers may be at a higher risk of negative health outcomes than those individuals who moved locally. This study is important for the information gathered on social support and health outcomes of individuals who choose to move to supportive retirement communities. Most of the participants in this study were married and had

social support from spouses. Little is known concerning older women who are living alone who decide to move to a retirement community.

The study by Armer (1996) of 34 rural older adults who relocated to age-separated planned urban housing found that the transition was affected by prior life satisfaction, social interaction and support, predictability, and recency of losses. Armer's study population demographics included 22 widowed individuals, 26 women, and 26 individuals who had been living independently before their move. For many individuals, the relocation to a cooperative living environment that was age segregated brought a sense of over all well-being and confidence (J. M. Armer, 1996a). However, as identified in earlier studies, the transition itself was stressful. Since this was a move predicated by choice, the transition and adjustment period tended to be shorter. However, the key elements of disconnectedness, loss of familiar reference points, development of new reference points, and reconnection in new ways were present (J. M. Armer, 1996a, 1996b; Meleis et al., 2000; Meleis & Trangenstein, 1994).

Although much research in transitions has validated the points made by Meleis et al. (2000), none was conducted on single older women moving from single family homes in mixed neighborhoods to cooperative living environments. Only Armer's research touched on the subject. Research in this area clearly needs to be done, using Meleis as a ground work.

Social Support and Connectedness

Connectedness of the social environment is instrumental in helping older women to maintain their sense of worth and self-reliance, as shown in Margraff's (1986) unique study of women in religious orders. The study indicated that religious women were

“significantly more educated . . . healthier, better cared for, and have fewer monetary worries” (p. 37) than older women in the general population (Margraff, 1986). Margraff stated that this phenomenon was due to the self-worth achieved through continued productivity and achievement as an integral part of the community in which the religious women dwelled. Although an older study, the work by Margraff is important as a first look at single women and support structures.

Furman’s ethnological study of older women in beauty parlors is an example of this evolutionary nature of power as seen through relationships. Although they may have had little power or worth in some social circles, in the beauty parlor these older women had relationships which fostered care, support, and self-worth (Furman, 1997). Furman labeled this an “unintentional, alternative community” (p.42) that nurtures and develops power in older women. Furman noted that these older women had purpose, stature, and connections in their lives through their “beauty parlor” social circle.

Older individuals who remained socially connected had decreased morbidity (Laditka & Laditka, 2003; Potts, 1997; Walter-Ginzberg *et al.*, 2002). The findings of Walter-Ginzberg *et al.* (2002) study of 1820 individuals supported their theory that individuals who have higher levels of social engagement have reduced risk of mortality. Potts (1997) study of 151 respondents in southern California indicated that social support networks are important for the physical and psychological well-being of older individuals, especially if this support is from friends within a retirement community.

The previous studies point to the importance of social interaction and connectedness in the lives of older women. Several studies (Johnson, 1999; Johnson & Tripp-Reimer, 2001; Litwin, 2001; Potts, 1997) indicated that social support for older

women added to health and well-being. Social support can be both formal and informal (Johnson & Tripp-Reimer, 2001). Informal social support appears to be the choice of most women. These informal social support networks include family friends, and neighbors who have undergone similar experiences. Support from family (including nuclear, extended family, and kin), unrelated people accepted as family members, supportive neighbors, friends, and other community members (for example, clergy, church or other volunteers, youth, grocers, farm cooperative workers) helped older individuals to maintain independent living situations (Johnson & Tripp-Reimer, 2001; Magilvy *et al.*, 1994). These are often the women who do not want to move to another environment. However, as support structures began to deteriorate through losses, some women turned to the support offered through retirement communities. In some instances, groups of long-time friends moved to the same retirement community.

In times of stress and change, women turn to social support structures to help them deal with the stress. In retirement community environments, women often receive high levels of social support (Potts, 1997). Community living can involve new roles and relationships to replace the roles that older women have lost. These new roles, relationships, and resultant social support networks may play an important role in the transition experience (Johnson & Tripp-Reimer, 2001; Potts, 1997).

Social Support and Health

A study of the oldest old (Wondolowski & Davis, 1991) found that social support to and from others was one factor in maintaining vitality into old age. The 108 individuals, aged 80-102 were interviewed about their perceptions of health and vitality. One of the common themes throughout the interviews was that of “generating

fulfillment” of human-human or human-world interactions which they described as helping others, keeping a pulse on the world, or being in touch with others (Wondolowski & Davis, 1991). The support structures they maintained were an integral and important part of their life.

In their research on age, disability, and self-esteem, Schieman and Campbell (2001) found that social interaction played an important part in health status and healthy activities in older adults. Their study examined a variety of factors related to disability in a community sample of 1549 individuals from varying age groups (Schieman & Campbell, 2001). Their research indicated that social integration and social support were positively correlated (.299 and .268) with health status in the older population, which is at risk for age-related health problems. If individuals felt they were supported, valued, loved, and included, this tended to increase their own expectations, self-esteem, and health outcomes. Supportive retirement communities are one avenue of such social support.

Social support was also found to be a significant factor associated with maintaining physical functioning (Hays et al., 1997). In their research with 3,240 community-dwelling older adults, Hays et al. predicted that social support would have an impact on depression and on physical functioning of older individuals. This research found that individuals who had little or no social support structures, social networks, or social interaction had increased depressive symptoms and increased functional impairment when compared with individuals who had social support structures, social networks and routine social interactions (Hays et al., 1997). However, one key finding was that the type of social support and social network was important. Older individuals

who were given instrumental or physical support for activities of daily living continued to decline in function, whereas individuals who were encouraged to remain independent and who modified tasks to maintain this independence were found to have maintained their physical functioning. This study emphasizes the importance of social support networks and maintenance of independence on the health of older individuals. This study did not distinguish between men and women, nor did it look at married or single individuals and their health outcomes. Thus it is difficult to determine what effect living alone may have had on the population studied.

However, one study indicated that the location of the retirement community is very important for women (Waldron *et al.*, 2005). Their study of 255 older individuals who had migrated to the southwest, to an age-restricted community, found that women had some difficulty adjusting. Developing entirely new support structures was difficult for these women over long distances. The women indicated they were not as happy and the research indicated they experienced more negative health impacts. The study found a significant positive correlation between long-distance contact via e-mail and sources of social support (Waldron *et al.*, 2005). The implications of this study are important for social support and connectedness of women. Those women who were able to maintain a social support structure had a much more positive health outcome than women who were unable to maintain this social structure. The study also gave insight into how important social interaction with long-time friends and family is to women.

Social support was also recognized as an important factor in a study on self-reported morbidity in 1,943 elderly (Cairney & Arnold, 1996). In addition to social class and socioeconomic status, social support was included in the lifestyle variables studied.

The researchers found a positive correlation between higher self-reported levels of health and social support. Lifestyle variables such as social support had a mediating effect on the variable of social class in both a positive and negative direction. Negative lifestyles, defined as “risky lifestyles” of drinking, drug use, and smoking affected self-reported health status in a more negative way than accounted for by just social class. Conversely, social supportive life styles, such as memberships in churches or other social groups or social living situations, affected health status in a more positive way than accounted for by just social class.

Health and Living Arrangements

Longer life spans put older women at risk for chronic illness and disability (Dimond *et al.*, 1987; LaCroix *et al.*, 1997). Subjective well-being, a sense of power, self-reliance, or self-efficacy was also found to be important (Inglehart, 2003). In a study of 102 community dwelling older rural women and their health practices, it was found that the two major demographics of age and living arrangement were keys to health promotion lifestyles (Pullen *et al.*, 2001). Similar results were reported by Inglehart (2003) in a study of 150,000 men and women from six countries. In cultures and family structures where there are strong family ties, specified roles for older women, and social connectedness, older women maintained their sense of self-reliance, power, happiness, and subjective well-being. These findings were replicated by some women who lived in age-segregated retirement communities where they had strong social contacts (Potts, 1997).

In her work on older individuals living in supportive communities, Kontos (1998) found that having their own “home space” was an important factor to maintaining

independence in an older population. Through initial interviews with 35 tenants and in-depth interviews with 10 tenants of a supportive community housing projects, support and independence were found to be of extreme importance (Kontos, 1998). Kontos found that although circumstances and health conditions varied from individual to individual, managing one's own care and supporting friends and neighbors was integral to their continued feelings of control and independence. Social and emotional support was as important as physical support and safety for this community of elders, many of whom lived alone. New tenants who moved in were welcomed and made a part of the community. Daily telephone calls, cards, and monitoring of each other for physical and emotional states provided an atmosphere of inclusion, caring, and interdependence (Kontos, 1998).

Older women who were in living arrangements that included family, significant others, or active community involvement, were more likely to maintain healthy habits than older women who did not have the same environment. These older women were more self-reliant, and felt they had a sense of power or meaning to their lives (Barrett, 1993; Inglehart, 2003; Pullen et al., 2001). Pullen, et al.'s study, although focused on health behaviors, brings out the importance of social, family, and community ties as a source of power and well-being in women. Pott's (1997) study shows how this well-being carries over into cooperative community living environments. Thus transition to a cooperative living environment could help promote health and well-being in older women.

Critical Analysis and Gaps in Research

Environment plays an important role in the health of older women. Living in a supportive situation can lead to empowerment and continued health maintenance. The impact of social support in health care is well documented. However, older single women must make the difficult choice to move to a supportive community.

There are many studies which support the experience of transition: however, few studies focus on transitions of older women to supportive retirement communities. Additionally, numerous studies on the topic of independence in older adults have been done. These studies suggest that older adults see a choice between community living and nursing homes with few options in between. The resistance to move to nursing homes is well documented. However, as more supportive communities are becoming available, there are more older individuals choosing to move to these communities. Waiting lists are often formed; groups of friends move to a community together; and individuals see these communities as safe, comfortable environments.

Studies show that women who are in supportive environments experience feelings of connectedness and power and remain healthier and happier. Supportive retirement communities have stated aims of independence, connectedness, and supportive services. Adjustment to new living situations, however, brings stress as well as support to the individual. How older women perceive the process of transition will add to the knowledge base regarding transition and will help with the development of a theory which focuses on the needs of this group during transition.

Chapter III: Method

Since little is known regarding the process of transition for older women to a structured retirement community, the qualitative method of grounded theory, including dimensional analysis was selected for the methodological approach to this study. This research used the grounded theory methodology of Strauss and Corbin which includes data collection through semi-structured interviews; field notes and memos; and simultaneous analysis. Leonard Schatzman's dimensional analysis approach was utilized to provide the methodological framework to analyze data for building a grounded theory of older women in transition.

Inductive, rather than deductive methodology is implicit in the aims of the study. The grounded theory method provides multidimensional understanding of social and psychological processes of the phenomena of transitions (Strauss & Corbin, 1998). The emphasis of the grounded theory method of Strauss and Corbin on structural, as well as contextual, influences on phenomena provides a broad base for theory development (Corbin & Strauss, 1990).

Method

Grounded Theory

Grounded theory examines the social processes that occur within the realm of human experience through analytical evaluations of communication and behavior (Hutchinson & Wilson, 2001). Grounded theory focuses on social processes that are grounded in individual experiences and specific moments in time (Charmaz, 2000; Strauss, 2001). The assumption of grounded theory is that people who share experiences will also share some common meanings and behaviors. These shared experiences and

behaviors can then be used as a predictive tool which can lead the development of interventions which recognize the behaviors and support the individual who is new to the experience (Hutchinson & Wilson, 2001; Strauss, 2001; Strauss & Corbin, 1998; Weis & Hutchinson, 2001). Grounded theory dictates that the researcher get close to the people whom he studies and gather information through direct observation and interviews (Schatzman & Strauss, 1973). A grounded theory approach to research provides an important link between theory and practice. It brings experience, situations and social processes into the realm of theory development (Charmaz, 2000). Grounded theory helps define phenomena that is important in nursing education, nursing practice, nursing administration, and further nursing research (Streubert & Carpenter, 1995).

Because of this bottom up approach to theory development, grounded theory naturally lends itself to nursing research. Nursing focuses on practice and application. The use of everyday phenomena to describe patterns and develop theoretical explanations is an approach which nurses understand and embrace (Hutchinson & Wilson, 2001).

Grounded theory utilizes coding, field notes, and memoing as tools in collecting and analyzing data. Coding consists of line by line searching for bits of data, a word or phrase, which would convey a complete idea. Each idea is assigned a label which is indicative of the idea conveyed (Strauss & Corbin, 1998). Field notes consist of the thoughts, reflections, observations, and hunches of the researcher as data is collected or interviews are conducted. The field notes act as guides for the researcher, interjecting questions, areas needing clarification, or “ah-hah” moments into the ongoing data collection and analysis. Memoing, although similar to field notes, focuses on operational

functions as well as thoughts or observations relating directly to the development of theory. Memoing often is the first step in tying the bits of data together (Strauss, 2001). As the data collection continues, coding, field notes, and memoing set the foundation for a more formal analysis of the data.

The method of data collection through interviews was chosen because of the nature of the research question and the aims of the study. Interviews allowed participants to tell the story in their own words, bringing situational and contextual viewpoints to the data. Strauss and Corbin (1998) indicated that building theory inductively is based on representative concepts and their dimensions. A sampling technique, which involved data collection from where the phenomenon exists set the direction for further sampling as dimensions and theory began to emerge. Thus, the sampling requires simultaneous collection of data and analysis so that categories began to emerge. The more data collected through interviews, observations, and documents, the more the variations and similarities were defined (Strauss & Corbin, 1998). Data collection continued until saturation was reached and no new information was forthcoming.

Dimensional Analysis

Dimensional Analysis is a way to organize data collected using qualitative methods (Schatzman, 1991). Schatzman stated there was a gap in the grounded theory data gathering and the analysis of this data which needed more definition. Schatzman proposed a way of looking beyond just the data to the larger question of “what is really going on here?” He stated that a natural analytic process which focused on this larger question was the key to managing data. Not only would we ask questions regarding the phenomenon, but we would also consider the action taken in relationship to the context,

the environment, and the possible consequences (Robrecht, 1995). The coding process includes development of themes or dimensions. Schatzman felt that these dimensions could then be interconnected through a matrix of relationships. A dimension was defined as an abstract concept with associated properties that could provide the qualitative parameters or modifiers needed for descriptive purposes (Kools et al., 1996). The aim was to discover meanings of human interaction rather than just focus on the social processes.

Schatzman (1991) proposed the development of a matrix which would show the interconnections of the dimensions and salient human interactions. Thus the multiple interactions and interconnections could be identified. The dimensionalizing of data involves naming bits of data and defining the attributes of the named data. The phenomenon or story informs us of the interaction between context, conditions, actions or reactions, and the consequences. The researcher is the interpreter of the data and should study the data from multiple perspectives and interpretations. The perspective chosen by the researcher should be the one which best makes the phenomenon understandable. This perspective is based on the data already available, but remains fluid to further interpretations. The perspective should reflect the general perspective of the participants.

This process of data analysis is an extension and refinement of analysis of data collected via grounded theory (Schatzman, 1991). Dimensional analysis weaves the data into a story or matrix which is the context for understanding the data. Relevant dimensions are placed into the matrix based on context, conditions, processes, and consequence. The dimensional explanatory matrix moves the data from descriptive to

explanative. The matrix becomes the framework and context for explanation and theory development (Kools et al., 1996).

Dimensional analysis further enhances the plausibility and consistency of the findings by considering the location and sequence of each dimension. From this matrix, the researcher can then go back to the data source for more refinement of the dimensions and continually update the matrix so that the interactions are seen. Integration and reintegration of the dimensions in new ways which support the emerging organizational perspective and theory is the final step in the analysis (Kools et al., 1996; Schatzman, 1991).

As additional data are collected, inductive and deductive reasoning further define the perspectives or changes until a dense theoretical explanation becomes evident. The symbolic interaction of the participants and the researcher influences the choice of salient dimensions (Robrecht, 1995). Thus the explanatory matrix is the building block of the analytic process and provides the framework that moves the analysis beyond data collection to explanation (Kools et al., 1996).

Designation begins at the initial phase of data collection and continues until saturation occurs. Designation begins with the development of a working vocabulary of terms (Kools et al., 1996). This is the open coding phase of analysis where data are evaluated for similarities, themes, meanings. This stage is where the dimensionalizing of the data occurs. Dimensions begin to emerge as coding continues. The vocabulary or naming of this data is the most important aspect of this stage. Order begins to emerge as the dimensions are scrutinized and clearly defined. This stage continues throughout the

data collection until critical mass or saturation occurs and no new data or dimensions emerge.

In the designation stage data are collected and dimensions are established. It is in the next stage that condensing of the data occurs. This stage is the differentiation stage. This stage focuses on the strength of the different dimensions outlined in the first phase of dimensional analysis (Kools et al., 1996). An evaluation of the dimensions will discover those which are central to the phenomenon to be studied. This evaluation includes addressing context, conditions, actions, and processes. Once the most salient dimension is designated, this dimension becomes the center of the dimensional matrix or the core dimension. All other dimensions become linked to this dimension and a narrative begins to emerge (Kools et al., 1996; Schatzman, 1991; Schatzman & Strauss, 1973).

The final phase of dimensional analysis, called the Integration/reintegration phase, focuses on the development of a narrative to explain the phenomena (Kools et al., 1996; Schatzman, 1991; Schatzman & Strauss, 1973). This important stage helps to build the explanatory matrix and helps the narrative become theory (see Figure III-a). Data gathered from personal inquiries and discussions enrich the explanatory matrix. The relationship among context, condition, processes and consequences becomes clearer as additional data is added. A story of the phenomenon slowly emerges.

Adapted from Schatzman (1991) and Kools et al. (1996)
Figure III-a Dimensional Analysis Explanatory Matrix

Data Collection

Participants and Inclusion Criteria

A convenience sample of 39 women aged 70-94, were recruited. All of the women were volunteers from one of three local supportive retirement communities. The women had been living alone prior to moving to the supportive retirement community. The study was explained and a participant consent form was signed by each volunteer for the study. Although data saturation was reached after 20 interviews, additional interviews were conducted with all the women who had volunteered and met the participant guidelines. This was done in an effort to include all the women who had stories to tell. The additional data collected added further strength to the findings.

The women in this study required no major medical assistance and were living independently. The women had no major cognitive problems. Data for two of the

volunteers were not included in the study. One was not used because the participant had been married when she moved into the supportive retirement community. The other was not used because the individual interviewed had difficulty with short term and long term memory and had difficulty recalling her transition experience. No specific attempt to include or exclude minorities in this study was undertaken, however no minority women volunteered for the study. Contact with key personnel (retired faculty), social planners, or directors of the retirement community was done with the purpose of explaining the proposed research. Once the participant was chosen, the study was explained, and all participant questions were answered. Each participant was asked to sign a consent form (Appendix B).

The women ranged in age from 70 to 94 years of age. The Average age was 79 and the median age was 85. The women who were interviewed had lived in a supportive retirement community from 3 months to 9 years. The average length of time in the retirement community was 3.6 years and the median was 2.5 years. Only 6 of the participants had lived in a retirement community 7 or more years, whereas 12 participants had lived in a retirement community a year or less. All of the women interviewed had at least a high school education. Many had college educations. Occupations ranged from house wife to professor. Over half of the women had been married and had children. All of the women had been living alone in the community for a minimum of 1 year prior to the move to a retirement community.

Recruitment Strategies

Entrée was gained through the use of flyers, discussions, and recommendations (see Appendix D). The study was explained via community meetings to which all

interested women were invited. These meetings provided a forum for questions and answers and for solicitation of volunteers (Appendix E). Additional volunteers were gained through a snow-ball effect from those already a part of the research project. A small token of appreciation was presented to each volunteer.

Setting

This study was conducted in three supportive retirement communities. These retirement communities were all located in Southern California and had a variety of internal social, health and safety support and departments which provided services such as meal preparation, maid service, and transportation. In addition, these communities offered on-site ability to transition to assisted living or skilled nursing accommodations if they were needed. One of the retirement communities was a church supported community. One retirement community required an initial investment in a “condominium unit”. The third retirement community was privately owned and operated. The cost of living reported by the women varied from approximately \$1050/month to \$3500/month. The cost varied from individual to individual depending on services and meal plan. The church supported retirement community was the least expensive of the three facilities.

Interview Process

After contact with an individual and screening for inclusion in the research, an in-depth, semi-structured interview was conducted (Appendix A). Each woman was interviewed at least once, and additional data were obtained from later individual informal conversations or short interview sessions. Privacy was maintained through location of the interview. The choice of interview location was determined by the participant. Interview questions were designed to elicit information in each of the areas

identified in the aims. Each question was explored in detail with the researcher asking respondents for examples or more information. Questions asked during the interview followed the lines of inquiry, but also allowed for individuals to tell their stories.

Interviews lasted approximately one hour, depending on the client's desire to talk with the researcher and were audio-taped and transcribed. Contingencies were made to allow the interview to be stopped and reconvened if the participant became tired. This however, proved to be not necessary.

Study Limitations

Theoretical sampling focuses on saturation of the categories identified so that a well integrated theory emerges. The integrated theory which does emerge may not be generalizable to the wider population. However, grounded theory is intended to look at specific populations and phenomena. The findings could support or challenge existing theories of transition that have been used with other populations. The very nature of this setting dictated, to some degree, the participants included in the study. Those individuals who lived in a retirement community had specific socioeconomic backgrounds or social status not present in the general community of older individuals. The cost of living in a supportive retirement community made it prohibitive for individuals with lower socioeconomic backgrounds.

Human Subjects Considerations

Institutional Review Board

Approval for the study was obtained from the University of San Diego Institutional Review Board (Appendix G). Since subjects were volunteers from the community at large, no additional approvals from agencies were required. However,

letters of support from the two major participating retirement communities were obtained (Appendix F). Participants in this research were asked to sign an informed consent form prior to their interviews and were given a copy of this consent form (Appendix B). Participation in the interview process was completely voluntary. Each participant was assigned a code. This code and the participant consent form were locked in a box separate from other data.

Potential Risks, Benefits, and Ethical Considerations

There are few risks associated with this research. A potential breach of confidentiality is always a risk with research of this nature. Identifying each participant with a coded ID and pseudonym reduced this risk. Additionally, demographic information which would specifically identify the participant was not utilized. The Transcriptionist also signed a pledge of confidentiality (Appendix C).

Invasion of privacy is another potential risk. However, in consenting to do the interview, the participant was given full disclosure of the nature of the interview and the distribution of the findings. The participant was instructed that she would have the right at any time to stop the interview or not answer a specific question or discuss a particular area. Privacy was maintained further by conducting the interview in a private location, free from interruptions.

Fatigue is always a concern when interviewing an older adult. The following contingency plan was explained to the participant. If fatigue occurred during the interview process, the interviewer would terminate the interview and resume the interview at a later time. This later time would be mutually convenient to participant and researcher. All of the participants completed the interview without tiring. In some

instances, the participant called the interviewer to add additional information or to clarify the information she had given previously.

The benefits for the participants included adding to the body of knowledge regarding the experience of transition and the opportunity to talk with someone regarding her personal experience. Telling their stories in their own words was an enhancing experience for many of the women. Seeing their stories as a necessary and important part of the knowledge base was a powerful image for many women. Their stories were a way of giving to and supporting the generations of women who follow. The women were very excited about the project and eager to read or hear about the conclusions of the study.

Ethical considerations for this study were recognized. The researcher explained to the participants that if instances of elder abuse, unsafe living environments, financial fraud, or other situations which put an older individual at risk were uncovered, the researcher would be required to report these situations to the appropriate individuals or authorities. A section in the consent form addressed this issue. No such situations were uncovered by the researcher.

Data Analysis

Interview data was audio-taped and transcribed. Transcriptions and field notes were coded line-by-line and analyzed using the grounded theory methods of Strauss and Corbin (1998) and dimensional analysis as discussed by Schatzman (1991). The coding process and analysis occurred simultaneously along with continued data collection and interviews. As data were coded, important dimensions in the data were identified and their salience examined. Memoing provided an additional way of thinking about the data.

As the interviews continued, changes in the depth and breadth of questions on the interview guide occurred. These changes were made in order to differentiate and organize the data (Kools et al., 1996). Further analysis of the data led to the development of a specific framework or matrix. As various dimensions proved theoretically relevant, these dimensions were pursued with additional respondents to further differentiate the data. Each dimension and its properties eventually became resistant to further combination with other dimensions and became definable. Thus, the interview guide became grounded in the data and focused on areas that had theoretical relevance. A pattern of social processes and interconnections, based on the realities of the researcher and participants, was developed. From this matrix analysis a theory of how these women perceived the process of transition and how they managed this process emerged.

Methodological Reliability, Rigor, Credibility, and Validity

Lincoln and Guba (1985) indicated there were four factors which are necessary to make a qualitative study trustworthy. These factors are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility parallels reliability and validity concepts of quantitative research and is established through cross checking the descriptions and explanations to see if there is a fit. Continual observation and return contact availability allowed for discovery of typical and atypical situations.

Transferability or generalizability to other populations is limited with qualitative research because of the contextual nature of the research. However, the knowledge obtained adds to the body of knowledge and theory development (Lincoln & Guba, 1985).

Dependability is associated with traceability. This is established through saved taped recordings and transcriptions which can be reviewed by the research committee to affirm the consistency of interpretations.

Reflexive examination, commentaries, and an audit trail are components of confirmability for qualitative research (Lincoln & Guba, 1985). The importance of integrity and maintenance of methodological pathways are important for qualitative research. Carefully done rigorous research uncovers meanings of events in individual life narratives or interviews (Janesick, 2000).

Credibility of the data was established by using the technique of debriefing. Debriefing consisted of presenting analysis and conceptual abstractions of the data to an expert qualitative researcher, so that researcher biases were probed, meanings explored, and the basis for interpretations clarified. Reviewing the analytical process ensured that conceptual dimensions stayed grounded and came from the data rather than from research bias or non-reflective a priori theory.

Reflexivity

Feminist research involves the researcher in the research. The choice of methodology, type of data and analysis are inseparable from the social, political, and cultural ideologies that the researcher brings to the study. The feminist researcher is also open to inquiry and must recognize that the research findings are presented within this framework (Addison & McGee, 1999; Letherby, 2003). Thus, the interpretations of the data that are presented by the researcher are one view among many.

With this reflexivity in mind, this researcher drew upon her own life experiences as well as those of the participants to understand the data collected. This research was

raised in a familial environment in which the women were healthy, long-lived, vibrant, and resilient. Position and power defined by the larger social structure were not necessarily what these women strove to achieve. The women in this environment had power through their connectedness with family and community. Education and wealth were not the only measures of success. This researcher took that view of women and women's work into her personal philosophy of nursing and career.

The work of the researcher as a case manager who has seen and worked with women in many different situations has also helped shape the perspective from which she does research. Women in research can not be defined in any one way. However, the social and political forces which shape and change all individuals can be examined. As a case manager and nurse, this researcher has been exposed to the resilience and adaptability of women on a personal and professional level who are often under enormous social and political burdens.

Data were analyzed from this perspective. It could not be otherwise. Researchers are individuals with their own responses, beliefs and prejudices and this affects how data is observed, categorized and analyzed (Letherby, 2003). The selection or rejection of data as important was done on the preponderance of responses, however, the viewpoint of the researcher does have an influence on this selection process.

Chapter IV: Findings

In depth interviews with 37 women revealed similar experiences in the transition from a house, condominium, or apartment to a retirement community. These experiences identified the journey women take as they transition from living alone in the general community to living in an interactive retirement community. The retirement communities they chose included planned activities, dining services, and transportation services, and some social support services. The themes or dimensions that emerged from the process of this journey were similar for all women interviewed; however, the length of time it took each woman to move through the process varied (see Table IV-a).

These women's perceptions of the process of transition from a living situation in which they were alone, although not necessarily lonely, to one in which there was usually a minimum of a once daily social contact were multifaceted. Many different life experiences, life outlooks, and beliefs helped to form the unique experience of these women. The findings of this study reflect the resilience, flexibility and independent spirit which form the foundations of their lives. These women were determined to continue to make the decisions which affected their lives and to maintain control of their lives and lifestyle, even if it meant modifying that lifestyle.

Core Dimension: Maintaining Control of My Life

The primary dimension which emerged as an underlying structure in the transition process for the women interviewed was the ability to maintain control. The women indicated throughout the interviews that maintaining the identity of who they were and what defined them was a key aspect of their lives. This was achieved by maintaining a sense of control over the direction their lives took. Some women voiced the concern that

Core Transition Dimension: Maintaining Control of my Life

Independence

Dignity

Health

Social Connectedness

KEY DIMENSIONS

Context:

(in)

Time for change **(Sentinel event)**

Death of Spouse
Illness/ actual or
Anticipation
Overwhelming
Responsibilities

Conditions:

(under)

Gathering Resources

My Children were worried
Friends are doing it
Location is important
I can afford a retirement
community
The time is right to move

Processes:

(strategies/actions)

Starting Over

Letting Go

Talking with others
Letting go of the old/past
possessions and habits

Embracing the new

Intuition/what feels right
Engagement in the community
Making New Friends
Fitting In

Consequences:

(with)

Finding a sense of “home”

Becoming a part of community

Familiarity/comfort
Relief of stress
Stable/improved health
I feel safer now
Improving the community environment

Accepting Aging

It's okay to get older

Search goes on

I'm still not sure about living here
It's not what I expected

Table IV-a *Dimensional Matrix*: Transition Process (Core Dimension, Key Dimensions, and components)

moving to a retirement community might fundamentally change them. The biggest fear was loss of control over their daily lives. Thus, finding the right community meant finding a community in which minimal change would occur, where they would be able to make day to day decisions. One woman, in searching for a retirement community, stated the reason she didn't choose one very nice facility was not only location, but the appearance of lack of control over living choices.

In the units they showed me there I didn't like as well, I mean the arrangement of the living conditions, one was in a building with three other people and also I didn't like the location as well. It's isolated and at that time I was still doing a lot of things downtown and in Mission Valley....But, you know it just didn't fit my lifestyle...

Another important aspect of maintaining a sense of control of one's life was the ability to adapt or the flexibility these women exhibited. A change in their living environment meant they had to change their impression of what it meant to maintain control. One woman discussed how she chose to handle the changes and still maintain control of her life and decision making ability.

I'm amazed at how happy I am alone...I can spend a couple of hours each day in my office. I never had any free time (before)...I moved from a different church, to a closer church... You just live it a day at a time, and it's over. I've gotten that philosophy.

Important in maintaining a sense of control for these women were: the ability to maintain independence; being treated with dignity; maintaining their health; and remaining socially connected. These four sub-dimensions added to the sense of self that each of the women interviewed strived to maintain through control of their choices, not only of their living environment, but also in all other areas of their lives. If any of these sub-dimensions mentioned above became compromised, the individuals had to

restructure and redefine the meaning of being in control. This was apparent in the conversion in which one woman indicated how she had changed and redefined herself.

I've been a widow for several years. I have grown a great deal from being a widow, and you know, tragedies happen in your life but you keep growing.... I'm here in another phase now. So I enjoy it.

These women maintained an independent spirit, a sense of self, which allowed them to become flexible in their choices in order to maintain control of their lives.

Independence

One of the most important dimensions in maintaining a sense of control over one's life as the women moved through the transition experience was to maintain their independence. Although independence was often defined differently by women, the key component of independence was the ability to "do for" and "care for" oneself to the best of one's ability.

I'm very independent. Very independent. . . I did the whole thing myself (move). I had to decide what I was getting rid of and so forth and so on. . . I didn't want anybody to do that, 'cause I have a certain way I wanted to do it and think it through... (People) think that you lose your independence, that's what they think. I don't think you lose any independence. You just...it's easier. Otherwise, you get rid of all the excess baggage is what I call it.

The women fiercely defended their sense of independence when discussing their move with peers, associates, and families. The new environment in which they chose to live underscored this independent spirit. The women were quick to point out that they were still in control and continued to make choices. The women stated they were able to determine their daily routines and they were not surrounded by "old, sick people" who couldn't take care of themselves.

So many people, they're so scared that they will not be independent. This is independent living. It's not a skilled nursing facility. You're not walking around with wheelchairs and all that.

If not physically able to do everything by themselves, the women indicated they were the decision makers. The importance of independent decision making was very apparent in the discussions of making the choice to move to a retirement community and the choice of the retirement community. In many instances, the decision making process involved the collaboration of children, siblings, or friends. However, most of the women interviewed made the final choices themselves, weighing the input of others in the process.

I have (children) who live in the area. Our home was in the Los Angeles area. So when I just didn't feel like living and keeping house on my own and I knew this area and with (children) down here, it seemed logical to go down into this area... I never really considered one up there because I felt I was too much alone.

Some individuals stated they were determined not become a burden to their children. Having raised the children to be independent; the women, too, were going to remain independent. Some women did not want to be tied to the whims and needs of a family that would interfere with their own lifestyles. Although they loved their children, they did not want to be smothered by them or confined by the needs of the family. They wanted to be the visiting grandmothers, not the live in grandmothers.

Well, I didn't like the life I was living and you know the kids, they get so involved with working and then their own Children...So they are busy. (*Question "What did they think about your choosing to move?"*) I don't know what they thought. I didn't ask them. It's my life and my decision.

Independence was not only manifested in the process of deciding to move to a retirement community, but in the day to day activities and atmosphere of the community

in which they chose to live. They could make the choices they wanted, and the choice of community was a reflection of their desire to maintain independence and control.

I didn't want nursing care, a nursing home. . . I didn't want assisted living, I wanted apartment-hotel type living. This is independent living, that's what I wanted... independent living with services. You live in them (condominiums) and have valet service, and you have maintenance. I don't have to cook if I don't want to.

The women exhibited a strong independent spirit. They were embarking on a journey which brought them a new living environment, new friends, and new decisions. However, they were not about to be pushed into a corner where they were forgotten or taken care of in ways which did not enhance their sense of self.

Dignity

The women interviewed were looking for a community where needs would be met but dignity of self was maintained. Concern about dignity stemmed from the observations and discussions surrounding treatment older individuals receive as their health begins to fail. Loss of physical ability was equated with loss of dignity for many of the women interviewed. The women did not want to become a member of the "lost souls club" of the nursing home. They did not want to move into a community or facility where the residents visually displayed a decline in physical health. A decline in health and total dependence on others went hand in hand with the loss being treated with dignity.

Dignity for these women included being in a community that they felt was vibrant. They definitely did not want to be a part of an "assisted living" community at this point in their lives, although they voiced that this might eventually be the situation. They did not want to move to a place that had a lot of "walkers, wheelchairs, or attendants". These were the visual signs of loss of control, loss of self, and loss of

dignity. Old people in gowns, with walkers, shuffling the aisles was not the ideal they had in mind for themselves. The physical environment was often the first indication that these women had that this may not be the community they had in mind.

I went to (one retirement community) and it had an awful smell. I didn't care for that (community) for other reasons also.

One respondent, in looking at different retirement communities, made the following observations about a retirement community where she felt she would be just another "old person" who was faceless and nameless. She indicated that the lack of dignity she received as a guest would carry over and be magnified if she became a resident.

When I went to the front desk... two of the staff were talking. It was like I was less important than what they were talking about, and it seemed more like they were just chatting. I felt ignored....I didn't see people doing much of anything. At lunch I saw people come in with walkers and attendants. And the attendants just stood around, sort of waiting for people so they could take them back... it seemed more assisted living than independent living.

Dignity to be treated as an individual is very important to these women. These women were articulate and interested in many different activities and aspects of life. To be pushed aside as less important or unimportant were assaults on their sensibilities and dignity of person. One individual felt that money was a factor in dignity and being treated as an individual. She indicated that for profit ventures are more interested in "bodies" and bottom line "numbers" than in individual people.

I think not-for-profit makes a difference in the whole philosophy of the organization and the way things are handled... the way they hire and who they hire...some of these people are really wonderful to you and they're so caring.

Another respondent spoke of the staff where she was a resident owner as being concerned with her as an individual and meeting her specific needs. She felt she was treated with respect and dignity. In addition to always being addressed by proper last name and title, her requests were fulfilled and she was not forgotten.

What can I say? I'll tell you they were wonderful here... This young man who was helping get things in order said he would come back in a few days to hang the pictures, once I figured out where I wanted them. And he came and he put up the pictures where suggested. It turned out wonderful...Everybody is so kind and good here to us...

It was important to these women that all the staff knew them by first and last name and addressed them as Ms. or Mrs. This recognition extended to individual differences and preferences of each of the women. The staff always asked about family, hobbies, etc. The women felt that they were a part of a community, not a number or name.

Health

The ability to maintain one's health or to be in a situation where health does not become an overarching concern was an important factor in the transition process. Maintenance of health for many of these women equated with the ability to maintain control over their lives and the ability to make choices. Women spoke of declining health as they aged in terms of what might happen in the future. The women interviewed generally felt their health was good or better than many individuals in their specific age group. All voiced concern at being in a community which was attune to potential changes in health, were readily accessible, and had a plan for additional care. Emergency plans close proximity to hospitals, and readily available equipment, as well as 24 hour personnel were important considerations.

The respondents from one of the retirement communities were concerned that the assisted living facility was never completed. They stated that although the skilled nursing facility was readily available next door, it did not have an easy plan of access for them.

Most of the residents were reticent to discuss what might happen in the future in terms of their living environments and health. They all “knew” that someday they may end up in another facility, but felt that the time was still in the distant future. Their present health and lifestyle attested to that observation. This reticence to discuss the possibility of declining health was directly linked to their concern to maintain control of their lives. They spoke of moving to a living environment with more services in abstract terms or in discussions of other individuals.

Well, you know, again you know it's gonna happen. And when you get older, it's one of those things you think about and you realize it's the next step. Maybe not always the next step, but if your still able to move around...My sister and a friend just recently moved into assisted living...the two that close together has kinda moved me a little bit...

However, future health was a factor in choosing to move to a retirement community. The thought of living alone, needing help and not being able to reach someone was brought out in most of the interviews. The respondents carefully weighed the need for independence with the idea of someone who was available if you needed them.

There's a support system here. If I fell, if I could get to the call bell, I have that. We have checks and balances so that if we didn't put the “good morning” card on the door they would come checking on us.

The ability to have the health and safety checks as non-intrusive as possible was an important aspect of the living environment. The women felt that their retirement community had found a way to insure that every individual was in good health without

interfering with the everyday life of the individual. Additionally, individual residents within the community would check on each other and often watch out for each other.

I think friends would check on me, but they have one thing here....they all have to...they have in our mailbox, each one has an individual mailbox, a red cube. And if that cube isn't removed by a certain time of the early evening, they call and if they don't get you, they come by and check. That's why it's a must to get that cube out of your mailbox. So that's one thing, and... there's a group that go out and visit any of the people from here that are temporarily brought out of the hospital...these are resident volunteers...who visit someone who is confined to their room.

Respondents were also concerned about maintaining health through exercise. Most either had either a formal or informal exercise routine of their own or participated in exercise programs in the residential community in which they resided. The exercise ranged from daily walks, to yoga, to water aerobics, and Tai Chi. Exercise routines ranged from daily to one to two times per week. Most women indicated the exercise helped to maintain health or improve health. One individual even had exercise equipment in her living quarters.

I have always played tennis, since I was 12 years old...when I moved here I started playing tennis again, I hadn't played for 3 years... this is not exercise half as much as I always did, but it's better than nothing.

The resilience that these women displayed was especially evident in their health routines. Regular exercise, either formal or informal added to their sense of well-being. One of the communities allowed pets and this was an added source of exercise and health focused interactions. Not only did the pets require routine outings, they served as a focal point for conversations with others.

I take aquacize 3 times a week and then we have armchair yoga, actually it's given twice a week but I just don't have time for it twice a week...I'm up at 6:30 with her (pet) because at 7:00 she is ready to go

out. And every 4 hours, whether we need it or not we take her out on a walk...I don't do as much other exercising as I could or should but I am too busy doing thing around here.

Some women indicated that they did not like an exercise regime. However, they felt they got exercise through their daily activities. Some made concerted efforts to define their own exercise rituals. An important aspect of exercise for these women was the ability to maintain the control of when, where, and what type of exercise they would get.

I walk a mile a day. I don't care for exercises. They do it (exercise) early in the morning and I'm not an early morning person...so I walk a mile before dinner.

One individual who no longer drove was sad to have to give up her swimming routine at the Pacific Beach Plunge. She however, replaced it with daily walking and other exercise routines. This woman displayed an example of the flexibility the group of women interviewed displayed. She maintained control over her choices and made new choices that were dependent on her present circumstances.

Well, I've lost going swimming...I've been swimming in the same pool, The Plunge, in Pacific Beach for as long as I've been in California...I was going twice a week, and staying in 45 minutes and moving that whole time so that I didn't take time to rest. I did a lot of exercising at the side of the pool and around the pool... now I started the exercise class up here, and that's 3 mornings a week. And it's very good, I didn't know it was going to be that good but it is...

The women interviewed indicated that eventually they may not be able to do all they were able to do in the past, or what they are able to do at present. The women felt, however, that continued exercise of some type helped maintain health and that healthy functioning was important for continued independence and control over their own lives.

I don't worry much ahead of time and fret about things... when it's time for the next move, there we are.

I think living among people is healthier. Yeah, you pass the germs around and... but we do... people are much more concerned about you here...

Resilience and an inner independent spirit drove the women to these conclusions. These women also saw a time, in the distant future, when they may be wheelchair bound, but it was not something that readily concerned them. Presently, they saw themselves as independent and in pretty good health.

Social Connectedness

One of the main reasons for moving into a retirement community voiced by these women was the social interactions that were available. The level of social interaction varied among the respondents. Some women were very socially active; other women wanted the close presence of individuals who were similar to them in age and situation.

I wanted a community feeling. I wanted to be where there were...where the residents were involved... also, opportunity outside the facility...City living is where it's at.

Many women were active in the community into which they moved. These women were social through their activities. The activities provided interaction with others in a way which allowed for making friends in a community setting. These casual friendships might or might not develop into a deeper one on one friendship. However, the activity involvement was an entrée into the community.

I'm on the executive committee, the core group, which is planning all the activities for the year. I help in chapel once a week. What else do I do? Hospitality... and then some other outside activities.

Many women were lonely in their previous living circumstances and craved the human interaction that occurs when living in a more communal setting. The ability to socialize in a community environment was reassuring and safe for these women. They

often had not made new friends for many years and the community meals and activities were a way to take these first tentative steps. The result was that these women thrived in many ways. The socialization process highlighted the resilience and sense of self that these women possessed.

I just have more social life than I had for a long time after my husband died...So, companionship, and I do more with people. See, when I lived in a house I had a neighbor, and we'd get together and have a drink sometimes but other than that I didn't do much in the evening.... Now I know enough people that I can have somebody compatible to have (supper) with...

Along with social interaction was the need for privacy of space and area. The women that were interviewed stressed how important it was to respect the privacy of others in such a close setting. They stated that they wanted to be able to maintain some privacy, to have control of when they would socialize and when they would not.

The neighbors here, you just don't have your neighbor knocking at your door to borrow a cup of coffee or to borrow something. Everyone is very much to themselves and we are friendly but, I think we respect each others privacy.

At the same time, having people around when you did want to socialize was important for these women. Social community is an important aspect of women's lives. Sharing and caring define who we are as women. The need to share and care is pervasive throughout the lives of most women; the ability to continue this sharing and caring as they aged was very important to these women. The flexibility of sharing and caring in new ways, with new individuals, came through in the interviews.

I think here, you can be with people if you want to. They're here, and they're kind of like sisters and brothers to me...Some you like better than others...I feel more secure in some ways, just because there are people here if I want them and yet I love my room. And I love being outside and doing what I do.

All of the retirement facilities where these women resided had planned social activities. These included outings with transportation provided as well as on-site social and recreational activities. The women interviewed felt no pressure to participate in any particular activity, but many women were involved in one or more of the social activities. This involvement insured social connectedness.

I saw the schedule of events that they had and I thought that was great because they have a lot of things going on. There's lots of activities, and you can choose... yesterday we had joy of music which is a community college course...today at 11:00 there was a little concert downstairs. At 1:00 is the joy of opera. Monday, Wednesday, and Friday is the beach walk...and there's the 4:00 social hour, which I help to set up.

The women interviewed felt that the organized social events enriched their lives. The interviews were often conducted around the women's busy social calendars. Other women, who were not regular participants in activities, still liked the option of attending certain functions from time to time and the special occasion events. These women did not want to be defined by the events they attended or become part of a group that only focused on certain activities, such as Bridge.

I'm blasé about the activities...I've gone out on the buses for certain things... Bridge I can't stand. ..

I'm very active about going to theatre and opera and symphonies and all that. I don't play bridge but...I am on different committees.

Social connectedness outside of the retirement facility was also important to many of the women. The women who still drove stated they had very full lives outside of the retirement community. The women, who did not drive, indicated that this loss had led to a decline of social activities and connectedness outside of the retirement community. For most women, driving was an important factor in remaining active in the larger

community outside of the retirement community. The women who still drove stated they knew there would be a time, in the future, when this would not be possible. Many women who stopped driving did so when friends began to pass away or move into retirement communities themselves.

I'm still driving... what's so strange, here I made these big plans 'cause I thought, once I'm 80 I won't be driving but I still drive....I don't go anyplace that I'm not familiar with...I'm leading the same type of life... in fact, my friends who are in their own homes, love coming here (for lunch).

Some women expressed an intense desire of belonging. Although friends and family were still in the community at large, the women indicated they wanted more contact with the individuals in the retirement community. Many women acknowledged that the friendships they made in the retirement communities were not like friendships prior to moving into a community. These new friendships were less intense and less demanding.

I didn't feel, at my age (90) that I could live alone and I didn't like the idea of having a companion and I felt that moving into a retirement place, where there were people, other women who had lost...who were widowed, that it would be a place for me to fraternize with people...people in my own position....

This socialization brought with it a sense of security and safety. Not only were the women no longer on their own in the community, a sense of having someone next door or down the hall was very comforting. The women maintained independent living, but had the comfort of an acquaintance that had the same concerns living just down the hall. They now lived in a community where the residents looked out for one another.

You're kinda private and yet you're with people. But you have both, you see. You're assigned to a table (at dinner) and if you didn't show up somebody at our table would check...

I kept the Sunday paper. When I have finished with it, I leave it outside and one of the other people living here gets it. Sometimes she doesn't come up for it until after 2:00. One of the neighbors on my floor saw the New York Times about a week or two ago hadn't been picked up yet and thought maybe something happened to me and called downstairs. ... which is great.

The women interviewed indicated that the transition to a retirement community was a journey that took time, involved change, and required new ways of looking at themselves and their world. Most stated they were glad to make the change, although parts of the transition were difficult. Many stated they felt they made the decision to move at the right time. A few women felt they were still adjusting to the new living situation. One woman stated the idea was not hers originally, but she was glad she chose to make the change.

I think it was an ideal move at an ideal time, even though I hadn't dreaded it, hadn't explored it, but I was aware when the time was there...

It's the best move I ever made. It's convenient, I like the people here. If you want something, or you want to talk with somebody....I like the privacy that is available to each and every one of us

One woman was very unhappy and had moved to several different living environments within the past 2 years and was still searching for the right place. For her, the loss of husband was the loss of her security and safety. She felt completely alone in the world and was searching for the safety and security she had felt as a married woman. Additionally, she stated she did not want to live anywhere which felt like an institution. This was because of early childhood experiences in institutionalized living. She brought those memories with her to all her recent living experiences.

(When talking about moving from 3 previous facilities)...I thought it would be a...I don't know, something over there I didn't have....Something here (that wasn't) over there but... Well, I'm looking

for activity, friendships...I don't like negative people around... I'm ready to go (move out) now (after 2 months). I can't keep... I feel like ... you know, it's a funny thing to say, but I feel like I wish I could be rescued by somebody...this is too much like an institution. I know about institutions, my two sisters, we were in one when we were children. It brings back things....

The women interviewed indicated that maintaining a sense of self was important throughout the entire transition process. Some women stated that the fact that they had made the decision helped them to adjust to their new surroundings more easily than those individuals who had not made their own decisions. This sense of self manifested through independence, dignity, health and social connectedness was apparent in each of the phases of the transition process. The properties of each of these phases and how the women reacted to and with each of the transition phases, including moving between the various phases is underscored by the dimension of maintaining a sense of self.

Context: Time for a Change

In the interviews with women, the context was a sentinel event which prompted the initial search for and eventual move to a retirement community. The most common sentinel events cited in the interviews were death of a spouse, actual or anticipated illness of self or another, and overwhelming responsibilities.

Death of a Spouse

Death of a spouse was cited by a few of the women interviewed as an event which prompted them to move to a retirement community. This was especially true for women who decided to move into a retirement community within 1 year of the death. The death of the spouse led to a feeling of loneliness that was uncomfortable.

My husband had just passed away...I was lonesome. I was alone and I had nobody...well I had many many friends, but during the daytime I could be very lonesome.

The death of the spouse for other respondents was coupled with other factors which eventually led to a decision to move. Not only were they alone, but they were also overwhelmed with responsibilities. They realized that continuing to live alone had a lot of negative qualities as well as the positive ones. As these negative qualities began to dominate their lives, they thought about moving somewhere where life would be simpler and more positive.

Well, that decision was made because I didn't want to stay in the condominium alone and take care of it...

A few weeks after my husband passed away...8 years ago, my health started failing and I realized how wiped out I was emotionally and physically. This is when I first thought about moving into a retirement community

Nearly all of the widowed women interviewed lived independently in the community for a few years; and usually an additional event was the impetus for the move. These women would often spend 5-10 years living alone in the community. At that point, additional factors such as health or increased responsibilities, coupled with loneliness, would be the catalyst for considering a move to a retirement community.

What I was really looking for was not friends and friendship and activities because I have lived in the community many years and I have a good solid network of friends and groups that I belong to and activities I choose to participate in. And so this was not lacking in my life, I just wasn't able to get to it. But I needed the care facilities, the staff...and also not the isolation, knowing I could open up the front door and see people, or go down to the lobby, or call someone I know who could just drop in and keep me company or whatever, in the building...I need to be surrounded by people, some of whom at least I could have enjoyable contact with.

Illness Actual or Anticipated

Over half of the women interviewed indicated either their health had begun to fail, the health of someone in their age group and social circle had begun to fail, or they anticipated that this would occur. The focus on failing health was not something the women wanted to consider, but it was always there in the back of their mind.

I've seen what happens to you when you get older. Basically I know what's going to be happening... no matter how well you take care of yourself, things basically are going to be changing. And you kind of get prepared for it...

Since the women were living alone prior to their move into the retirement community, these health concerns prompted them to explore the possibility of retirement living. As a possible future move, most of the women didn't begin to look for a retirement community until a specific event spurred them to action.

Well, I'll tell you what. I've always been well all my life and I was (on a trip) and returning home on the plane...about 3 or 4 days after I returned home, I came down with a tough pneumonia and I was there, all alone, my neighbors hardly...were hardly ever there...and the thought occurred to me, I could die here and nobody would know...So...that's when I decided I should look around....

One of the main reasons for choosing a particular retirement residence was tiered services and/or proximity to healthcare providers. The presence of immediate help in case of a health crisis or a tiered environment where progressively more health care was needed was an important feature of the retirement community. The retirement center had to meet present and future needs of the respondents.

Well, you know, I'd always had it in the back of my mind cause I thought, well, as I get older, you know, you have to face up to changes...

I thought I was going to decline much more rapidly, so I happily moved down here and at the time... my daughter and I thought the hospital

(skilled nursing next door) was available...you know, if you didn't feel well they would take you to the hospital and take care of you, which of course is not true...but it's pretty easy (to get into) if your doctor recommends it...

The concern over health and future health and wellness was always tempered by the need to maintain a sense of control over their situations. Not only was health a concern, but how one was treated was equally important. Dignity, along with the ability to make one's own choices played a part in the decision to move or not move into a particular retirement community.

Well the bottom line, basically was a health issue (why she moved in). I was in an apartment upstairs, I had about 8 steps up 8 steps down everyday that I had to climb. And I had an injury, a serious back injury previous to my move here...living alone, it was a little bit scary when I woke up in the middle of the night and had to go to the ER...I thought, I've got to plan for the future and think of something where I'm going to be with some other people. I know that if I get sick in the middle of the night here, I can call the desk...I looked at another facility before moving here...it seemed more of an assisted living type of facility, more than an independent living which I really wanted and what meant a lot to me...

Once the women had moved into the retirement community, some had to use the services. Those women who used the services stated that knowing someone was close to take care of them as they recovered was particularly important. They indicated that had they remained where they were living, the support and care may not have been forthcoming. The support they received from the staff at the retirement community in which they resided as they recovered or dealt with their new diagnosis was important to these women.

I moved in (to the retirement community) in April and July I was in the hospital...it was a lot to deal with...The doctor made sure I had a visiting nurse for the drains and everything. And the woman that really gave me support here was the executive director....

Support, yet independence with the knowledge that when it was time additional help would be available was the balance most of the women were looking for in a retirement facility. They wanted to remain independent in self care and their daily activities as long as possible. The women realized, however, that this might not be possible. Moving to a retirement community not only extended the possibility of independent living, it also provided an easier avenue for receiving more services as they aged and the need arose.

I don't think there was any key thing...but when I was 87 I began to think about the fact that anything could happen anytime; and I better make plans for where I needed to be ... somewhere where I'd have some care. And I wanted someplace where I could have all levels of care...because I don't have anybody, any family around.

Overwhelming Responsibilities

By far, the most common reason for deciding to move to a retirement community was the feeling that living alone required more and more energy. Nearly all of the women interviewed indicated that they were tired of the maintenance and upkeep of an apartment, condominium, or single family home led to the consideration of moving to a retirement community.

Well, my house was new when I moved into it, but after 45 years it needed a new roof, it needed this and it needed that, and I thought, well do I want to take (money out of) my savings or do I want to sell my house at a profit and move to a retirement home? So here I am.

I had a big home and it was...it was getting to be a lot of trouble for me to take care of it. Also, it was beginning to need some repairs and I thought to myself, you know, I'd rather just move than bothering about repair...

Overwhelming responsibilities combined with health concerns and being alone led to the decision to move. The women became overwhelmed with repairs on a home

that was several years old. Additionally, their own physical condition often did not allow for them to continue to do small maintenance, such as gardening or weeding. Oftentimes a short illness was the event which underscored the need to move. The combination of caretaking a home and illness became too much to handle.

The maintenance was a big part of it. Trying to get a gardener who spoke English instead of Spanish...it was hard finding somebody. And then I had constant problems with termites...So then I got done with that and...then I had the furnace checked and they're telling me it's getting old and needing to be replaced and the air conditioning is getting old and I said "ugh". It was a constant battle, you know, keeping the house up...oh and one weekend I was so sick and all I wanted was a cold washcloth, that's all I wanted, and there was nobody there to get me a cold washcloth. That's when I really found out how alone it can be. So I was sick the whole weekend...so I think that weekend I decided I didn't want to live alone anymore.

For a few women, overwhelming responsibility, coupled with rapidly raising rents led them to look for something that was more financially stable and less physically demanding. They felt overwhelmed not only with upkeep, but also with financial uncertainty. The women expressed concern at continuing to be able to live in an apartment and some even stated they were uncertain what the future would hold for them if rents continued to rise. Finding a retirement community with a monthly rent or fee that would remain affordable was important.

The apartment I was in was raising my rent so much, so frequently, that I decided what the heck, I'm paying all this money just to live here, and I have to do the cleaning and fussing around myself and I have to do all the grocery shopping, and it's simpler maybe, to look at something...

Many of the women interviewed had considered moving to a retirement community in the future. Some, who were married, stated they had discussed the option with their spouses. However, it was an event of some type which prompted these women to begin to plan the move. For a majority of the married women, it was the death of their

spouse which prompted them to seriously consider the move to a retirement community. For others, it was an accumulation of several small events which led to the decision to move. The women indicated that the event or events signaled to them that it was time to make a change.

Conditions: Gathering Resources

The interviews revealed that the contexts had broader underlying conditions which included concern of children; examples of friends and siblings; desired living locations; financial status; and time constraints. Although not directly the event which triggered the start of the transition process, these conditions added to the context of the sentinel event and were important in maintaining the key dimension of a sense of self. These conditions led to the strategies that were chosen in making the transition.

My Children were Worried

Those women who had children or step children indicated that the concern of their children or step children was one of the factors which prompted them to make the move to a retirement community. They may or may not have been contemplating a move; but the concern expressed by the children after an incident often prompted action.

I wasn't looking for it (retirement community) at all, but my children... I'd been robbed three times... I didn't tell them about all of the times... but they were beginning to get really worried about me (after the first robbery)... so I moved down here because my daughter really wanted me to move.

The concerns of the children were seen by the respondents as one of several general reasons to consider moving to a retirement community and not the main or most important reason for moving. Although the concerns of the children were important, it was not because of insistence from children that these women chose to move into a

retirement community. Some women indicated that they had not spoken to their children regarding the move directly, but felt that the children were relieved.

She (daughter) likes that I am here. I think she feels that I'm safe and in a safe environment and that she doesn't have to worry about...I think she thinks...it's sort of a relief to her.

I imagine they're (step sons) relieved. They didn't say a heck of a lot because they knew it was my decision, but I imagine they're relieved.

Women who had children in the area stated that their children actively help them search for the right retirement community and helped with the actual move to the retirement community. The women stated their children offered suggestions and offered to help them locate a retirement community once the women had made a decision to move. The children were instrumental in helping to make the decision to move a smooth one.

My daughter had been the one who got my apartment together for me...she was here quite often and she called me one night to say, mother, everyone is (just like) you.

Sometimes the children actively initiated the search for a retirement community, although the women stated that they did not feel pushed into moving. Honest conversations between the women and their children uncovered fears and concerns of both parties. None of the women interviewed felt she was placed in a retirement community by her children; however, the women did state that they knew one or two individuals who felt that they were pushed into the retirement communities by their families. The women felt that those in the retirement community were there because they chose to move into the community.

I was living in Northern California...when I came down here for Thanksgiving one year, she (my daughter) would casually drive me around and show me some of these places...then, I didn't think I was

old enough to be in these places...so it was against me moving here...I wasn't looking for it, but my children...I had been robbed 3 times...so when I moved...I really feel safe here...absolutely safe...I loved Southern California and I thought I was moving into a place with active seniors...and have followed that with my living here.

In some instances, the women were caregivers for ailing spouses. The children, worried about both parents, would suggest a move to the area where the children could be close and help as needed. This included initial moves to apartments and, in some cases, suggestions to move the ailing spouse to high level nursing care facility. In many cases, the women suggested that they move to a retirement community rather than to an apartment, even though the apartment might be closer to the children. The women wanted to expand their interactions with others and felt a retirement community was more conducive to this goal.

I have a son who lives (in the area) and when they saw that (my husband) was getting worse (with the Alzheimer's) they suggested that I move here...and with my husband getting worse, I knew he needed to go into a facility...I felt very harassed...It was a relief when my son suggested we move here...Well, I agreed with it. We had visited San Diego before, we liked it, so when they suggested it I said ok. I came, I looked at different retirement places. I also looked at apartments, but decided...that I would probably be better off in a retirement place...we located a place for him (my husband) and then we (my daughter-in-law and I) started to look around for me...

The concern of children was an important consideration for these women. They stated they made the choice to move to a retirement community because their children became more and more worried at the possibility of something happening to them. The children voiced concern at the inability to get help quickly. Rather than suggest the women move, the children would ask that the women call them several times a day. The women felt that this was an intrusion on both their lives and lives of their children.

I realized that my daughters were concerned and wanted me to call everyday. And I decided this is a burden on them, I'm just going to look into moving into (retirement community).

My friends are Doing It

Some respondents indicated friends or siblings had moved into a retirement community or had been discussing the possibility. Individuals in the peer group with which these women identified themselves were considering a move or had moved to a retirement facility. As their friends moved into the retirement communities and discussed the move, the women interviewed saw many examples of the positive benefits of living in a retirement community. The example of others made it easy for the women to picture themselves with friends in a community environment.

I actually didn't look anyplace else...this one very dear friend, told me one day that she was going to visit _____ (retirement community). She had already made arrangements elsewhere but decided that she'd like to stay here...she overheard friends talking about coming down here, so she asked them if she could come with them. She did and she liked it and came back and told me about it. And I decided I'd like to visit 'cause I hadn't done anything else...so, I asked her to make an appointment for us. I talked with a friend of mine...about it, and she was interested, we were the same age... In the meantime this other friend had moved in and liked it very much...then my friend moved in and then I moved in...

A few of the women stated that they started thinking about the transition to a retirement community when discussing living situations with acquaintances of a similar age or circumstance. Often these were casual conversations at churches or similar gatherings with individuals who had moved to a retirement community or were contemplating a move. Sometimes, formal presentations at community centers or churches by social workers, or by retirement community representatives sparked initial

interest. The initial interest was usually followed up by visits to various retirement communities.

Friends from my church moved here, three other ladies, and we all played bridge...

Some women also indicated that initially their impressions of retirement communities may have been less than favorable. But discussions with friends who had moved into a supportive retirement community and were happy caused these women to rethink their original concepts. Several women stated they really did not know much about retirement communities and initially confused independent living retirement communities with assisted living communities. It wasn't until they visited the communities with friends that they understood the difference.

I was shocked and surprised (when a friend decided to move into a retirement community). She's a very vital, involved person who is about 8 years younger than I am when she was at the place where she was considering giving up a house that she felt was becoming a burden to her and doing this, it surprised me. She had made appointments and I just went to listen...

Sometimes, a group consensus led to the move. In one instance, a group of women who were friends and lived in close proximity all decided to move together. It was a way of bringing their support system and social interaction group with them. One or two women moved in, described the environment to their friends, and many more women followed.

I moved here from... an apartment...A whole bunch of us moved in here...I had a friend that had come here...and so when she came here I put my name on the waiting list.

Siblings and circumstances also influenced the decision to move into a retirement community. Single or widowed women without children or whose children did not live in

the area found themselves relying on siblings and friends. The women found this to be an uncomfortable and unacceptable situation. The women indicated that they wanted to maintain an equal friendship, not develop a dependent one.

I have a brother and his wife who live in San Diego...when I had to go to ER in the middle of the night...(he came and got me). Fortunately, I did have my brother...but at any rate, I thought, I've got to plan for the future...The family is delighted (I have moved here)...because they know I'm being cared for. And friends, too, they're all happy about it too.

Having a built in social structure with old friends who lived in the same community seemed to make the transition easier and gave a feeling of comfort. Additionally, the women expressed the atmosphere of the retirement community was conducive to social interaction both within and outside of the physical retirement community setting. Many of the women who contemplated a move to a retirement community wanted to maintain friendships outside of the retirement community.

I had been planning to move, and I didn't see anything I really liked. And then I know a couple of women who live here, and I had been in their apartments and I thought this might be a good place for me because, you know, you feel secure here and life would be simpler...I lived downtown and I decided I wanted to live in this area because most of my friends were here.

Location is Important

Location was important in the transition process. Women weighed the options and advantages of living in a particular retirement facility. Shopping, theater, personal interests and lifestyle were taken into consideration when choosing a retirement community. Convenience and close proximity to areas the women listed as important to their lifestyle influenced the decision to move to a particular community.

Location was very important. I can walk to four different shopping malls here, ... that was a big plus for me... that I could get out

everyday... and also the proximity to the University because there is a kind of synergism here between the University and us...

The majority of women interviewed chose the retirement community because of it's proximity to friends, family, health facilities, religious facilities, or transportation. Although the women were making major changes in their lives, they wanted to keep parts of their routine in tact. This could be accomplished by staying in a community which was familiar.

I was looking for independence, community, and location...I know how to take the bus...although I can still drive...I am close to the Cathedral downtown and the one in North Park...we went to the Prado last week...

Transportation was not the most important issue as there was transportation provided at the communities, but this transportation was limited in distance and schedule. Because of the limited transportation schedule provided by the retirement community, women wanted to live close to the services they used most. They also wanted to be close to a public transportation system. The women expressed they wanted the security of knowing they could easily get to their doctors and other health care providers.

(Medical clinic) was what I used, quite a trip. I think it was 34 miles round trip. I felt when I could no longer drive that was going to become a problem and I just felt I should be near a medical situation. And also I have the advantage of being taken to the doctors if I could no longer drive.

This location was closer to downtown and shopping than (others I looked at). Also it is close to doctors and dentists and there's a limo that will take you.

Familiarity was important to many women. The women wanted to retire in a location in which they had lived for many years. They wanted a community which had familiar surroundings, businesses, and individuals. Additionally, they wanted to be able

to do business with individuals who recognized them by face and name and whom they recognized. The familiarity brought security and a sense of being home for these women.

I know the neighborhood. I wouldn't want to live anywhere else...I'm close to the park, I can walk to the park...

I really never felt that there was any other place I wanted to go...I lived just a little south of here.

Children's input as to location was also considered important by many women.

They actively engaged their children and asked for their opinions. The input was evaluated and weighed with the desires of the women. However, in addition to being near children, the women also wanted to be near the areas which had the conveniences they sought. When moving to the San Diego area from other parts of the country, the women still looked primarily for specific conveniences and locations they felt were important and secondarily proximity to children. The women felt their children were often busy with careers and their own lives; the women did not want the isolation that living in close proximity to their children might bring. The children usually agreed with this assessment.

I knew my daughter wanted me here (in San Diego). I liked it (this retirement community), the location, the convenience...and my daughter thought it was a good situation; I'm very respectful of her opinion. She was right.

Location to friends, familiar surroundings, and easily accessible resources helped the respondents narrow the choices. Some of the women had difficult choices. The women may have thought initially about moving to one particular area. However, desires for specific resources and conveniences helped to narrow the choices. One woman who was interested in a facility other than the one she finally chose stated:

There was an opportunity (for living) outside of the city. I thought I wanted that quiet country theme, which somehow seems what you look for and I realized when I got there, that's putting yourself out to

pasture. I don't want that. City living is where it's at. I wanted to be where the residents were involved in (the community)...

The women interviewed wanted a location that would help them to remain vital and a part of the larger community. The women interviewed did not want to be put somewhere and forgotten. The women felt that this was tantamount to losing their identity and sense of self. One woman summed it up by saying she did not want to be put somewhere where she would fade away and be forgotten.

One (person) told me he just put his father up north someplace and you can sit by this lake and watch the ducks...that did not appeal to me, to sit by the lake and watch the ducks. I didn't like that at all...

I can afford a Retirement Community

The women interviewed were concerned with finances and financial security for the rest of their lives. The choice of retirement community reflected their concern for financial security. The cost of the retirement communities necessarily restricted choices for about half of the women interviewed. The church supported retirement communities were the only choices for these women. The women looked for a living situation which they would be able to afford for years to come. Because of this concern for future living arrangements, finances influenced final decision making in the choice of retirement communities.

I didn't look anyplace else (because) I knew that the cost already exceeded my ability to pay (in other facilities) ...

Some women chose a community in which they owned the apartment and could deed it to children. They did not want to give up "owning" their new home, but wanted the amenities which a retirement community could offer to them. The women had always owned a house, condominium, or flat; and a retirement community where the resident

was an owner appealed these women. Monthly fees in this type of retirement community are charged in addition to the initial buy-in cost.

I came here and liked this and I liked the idea of owning because at my age I don't want that letter saying your rent's doubling starting next month or we're converting to condos and you will have to be out by (a specific date)..I wanted the idea of permanency, that'd it would be my choice to stay or leave...

Other women chose a facility which had moderate monthly payments. These women often had a retirement pension and social security in addition to savings; they wanted to stay within the financial limits of their monthly income and continue to save for a rainy day. The size of the particular apartment or unit in which the women chose to live was a financial consideration. Some women chose a unit based on the monthly payment; others chose a unit based on the meal plan; and other women chose the unit based on the items they decided they wanted to bring with them.

(When I was looking to move) each time it seemed too small, or too expensive, something... (I looked at one place) where they said it was very reasonable and it wasn't reasonable in my mind...but when I saw this room, I thought, I want that to be mine.

Whether or not cooking facilities, a kitchen or kitchenette, were available was a financial consideration. Meals were either mandatory or optional depending on the retirement community. Cooking facilities and the number of meals per month affected the monthly living costs. Many women preferred to have the ability to prepare one or two meals per day. They stated that they were eating too much if they ate all three meals in the retirement dining room. Other women preferred to be in complete retirement and this meant absolutely no cooking. They even went down to the lobby for their morning coffee.

Well I get three meals a day, cause when I moved in here I didn't want to cook or buy groceries or anything...I didn't want to cook and I didn't want to clean and do all those things...so this (affects) my monthly rent.

The women often used financial planners or family members whom the women felt were savvy financially to help them decide what they could afford. These individuals often helped the women to decide whether or not the particular retirement community they were considering would fit into the long-range financial plan that had been developed. Discussions with the administrators helped to facilitate this financial planning. The women were conservative with their savings. Many realized that future health care needs could erode their financial status and tried to plan accordingly.

I had a champagne appetite on a beer income...my financial planner advised me...she said there are retirement communities, and you can look at those...so I called several prominent retirement communities and they're all for profit and pretty darn expensive...then I found out about the non-profit places...I looked here and it had everything I wanted... plus the rent isn't too bad ... it appears to me to be equal to or even better than a lot of other places that cost a lot more...

Additionally, the women wanted the most value for their financial dollars. They did not just want an apartment. They wanted a guarantee on reasonable rent or fees, services, and easy access to health care. These types of requirements were not available in a general community setting. The women gravitated towards the retirement communities because of these future considerations. They did not want to face an uncertain future. Moving to a retirement community added financial stability and security to these women's lives.

I think we're lucky to be here, as far as just being affordable. The other places I did look at... were \$3000 and up with no guarantee of when you got sick...you know, no next level of service...

The Time is Right to Move

Most of the women took time to make the decision to move to a retirement community. The women indicated that making the initial decision to move was the hardest. The initial decision period could take as little as 6 months or could be many years. In either case, the women needed to feel comfortable about the decision to move.

I told her (friend) it took me 9 years to make this move...

About (6 months) before I moved in here I had surgery and I decided I didn't want to be a burden on them (children)...So I came and had lunch one day with a friend and I filled out my application.

Women often changed their minds several times, or felt the time was not just right. Sometimes they would be ready to make a move and something would happen that would change their minds about moving. Later, they would come back and revisit the idea of moving to a retirement community. It was not an easy decision to move from a house or apartment that had been their home for several years to someplace new. Just the thought of moving was often overwhelming for the women, regardless of the type of residence. The women constantly weighed the pros and cons of a move to a retirement community. When the reasons for moving outweighed the reasons for staying, the women made the move.

Well, about 11 years ago I put my house on the market and (I) thought I sold it, and (I) would move (to a retirement community); but I hadn't...so I stayed (where I was) and about 2 years ago, I finally decided the house was far more burden than it was a pleasure. I've been here about a year and a little more.

It was important for the women to explore their options and to feel comfortable with whatever decision they made. This meant looking at condominiums, apartments, and a variety of living arrangements. The decision to move to a retirement community

oftentimes was one of many options they considered and weighed carefully. Once the women decided to move to a retirement community, the choice of which community was right for them had to be made.

I looked at several places...for about a year and a half before I decided I rather liked the layout and the facilities and the people here...and I was not pressured...if people pressure me it turns me off completely

Some of the women stated they needed the time to picture themselves in the retirement community. Many of the women were just discovering what living in a retirement community would mean. The women also needed to explain to themselves and to others how a retirement community differed from assisted living or skilled nursing. The women would mentally plan the move, think through how it would be to live in the retirement community, and begin to prepare for the move.

I saw this when it was brand new in 1990 and I thought, well I never would go to a retirement home, but if I did, this would certainly be the place...I used to drive by and look up and wondered if I moved in, what floor would I be on...then; I started saving things that I thought might be useful in a place like this...(now) I've been here about 3 ½ years.

Other women had always known that they would one day move into a retirement community. Although they did not have a specific age or date slated for a move, these women pictured themselves in a retirement community at some point in their lives. Some of the women knew which one they had wanted to move into for years and had planned around that eventuality. The women even began to socialize more at their future home. Once they had decided it was time to move into a retirement community, they knew exactly what they wanted to do and how they wanted to do it.

I remember the ground breaking in 1964...and I always said I wanted to come here when the time came. In 1988 I sold my car and would come here for activities with friends...I got to know everybody here.

Then, about 3 years ago a very good friend I've known for (a long time) moved in... I moved 4 months after her.

The time between the decision to move to a specific retirement community and actually moving varied from 6 months to 1.5 years. This varied length of time was based on the wait list or availability to move to a particular retirement community. Sometimes it was easy for a woman to make the choice and move in immediately. Most of the time, however, there were extenuating circumstances surrounding the move.

I had a lot of time to think about it. Man, it must have taken 3 months.

Almost all of the women indicated that once the decision was made, they were ready to move. However, many women had not moved in years. Not knowing exactly how to go about the transition some sold their homes and then looked for retirement communities. Others gave up leases before securing a firm commitment to a retirement community for a move in date.

I talked to the (administrator) and she said 'you can't come in here on the spur of moment...you have to let us know because we have a waiting list'. I said, 'oh, my goodness, I said, my escrow is almost over'. She said she would let me know as soon as there was an opening. I had only 2 weeks left on my escrow when she call and said 'we have one apartment, I'll show you'...and I had only 2 weeks to move.

Other women waited until they knew that there was an opening for them. Women who had others to help them were able to prepare for a future move more easily. They would develop contingency plans to move in with children or friends if they needed; or they would not put their homes on the market or give up leases until something firm was decided. Often, the women wanted a specific apartment or condominium or were not quite sure what they wanted.

I had to wait a while to move...at the time there weren't any vacancies. And I started out wanting a one-bedroom, then I wanted a large studio... one of the problems was I kept changing my mind. I was on the waiting list 9 months or something like that, it was a long time.

Once the decision was made to move, the women wanted to move as quickly as possible, even though the initial move would not be to a unit that would have been their first choice. They knew a second move within the retirement community might be a possibility. Once in the retirement community, many women decided against a second move. The first move was very tiring and they had settled into a new routine which they did not want to upset. There were some women who did choose to move a second time and were happy that they had made this decision. Some women felt this was the only way they would get the size and type of unit that they really wanted.

Well, the way it works here, is if you move in, then you have first choice of other units as they become available...then you can move into a unit you like...

However, once the decision to move was made and the process was started, the time frame was much shorter. Those who had to sell homes often had a 45-90 day escrow from the time the home was sold to move and those in apartments had from 30-60 days. One respondent made the call from her hospital bed and needed to move on discharge.

I made an appointment with a realtor and he had nothing to show me at the time. A few weeks later, I went into the hospital and then a skilled nursing facility...I called him from my nursing care bed a few days after I was admitted and asked if any apartments had become available...he said yes...and they wheeled me over for a look... I made an immediate gut-level decision and 3 days later I bought it...

Some of the women were surprised at the short time it took for the entire process of marketing and selling their previous residence. These women were not aware of the housing market in the San Diego area which has had a short turn around time for several

years. Additionally, many women priced the homes to sell quickly, and were pleasantly surprised when it sold more quickly than they anticipated. Once the decision had been made, the women looked forward to living in new surroundings, although not to the actual move itself.

I had an open house and within a week my house sold...My son helped me pick out this unit...and everything flowed so quickly

It took me about 2 months to pack and another 2 months to unpack...deciding what to keep was the hardest thing.

A few of the women interviewed indicated that the process seemed too quick. They felt the process was rushed and added more strain to their lives. These women wanted to have a little more control over the process and felt they needed more time to think things through. The women expressed the desire to have the process go a little longer, so they would have time to adjust to the idea of moving to a new environment. They felt if the process had been a little slower, it would not have been so overwhelming.

When I sold my house, the man wanted a shorter escrow. In retrospect I would tell him go to heck if I can't have three or four months...we worked like fools...the selling of the house and the closing of escrow was a little too fast...it made a lot more tension for me..

I had to move very fast because of selling my apartment. It was a question of timing on the contracts...I got out of my apartment I think in about three weeks...

Some of the women expressed they were glad to have the time to think about a move to a residential retirement community and were not rushed in the initial decision. Once the initial decision was made, things began to move quickly. This quickened pace often proved to be a little hectic for some of the women.

I advise anybody to think about it well ahead of time, not wait till they are in need of moving in... If you wait too long, you may only be here

a short time before you have to move to assisted living...I wouldn't have minded if I moved in earlier...

I would say, take your time, stay overnight (in the retirement community) if you can. Dine with the residents without the salesperson, and think about it...think about what it's going to be like...

There were several conditions that had an effect on the decision to move to a retirement community. In order to make the decision to move to a retirement community, the women examined their relationships with friends and with family. Discussions with children and other family members were important. The women were also concerned with the burden they might become to their children or siblings. In some cases, there was no family with whom to discuss a move to a retirement community. Friends often were important in making the decision to move to a retirement community. The examples of friends who had moved to such a community or discussions with friends and peers who were contemplating a move were an important part of the process.

Before a final decision could be made to move, many women wanted to make sure that a move was financially feasible now and also in the future. Their financial status was important, as well, in choosing the retirement community. However, financial status was only one of several factors in choosing the right retirement community for a particular woman. Location; familiarity; friendships; and proximity to family, friends, church, or social groups were all equally important in the decision making process.

One additional factor was important in choosing to move to a retirement community was timing. Although most of the women had made a decision to move at some point in their lives to a retirement community, they had not set a particular age or time frame for this move. It was the conjunction of several factors or one sentinel event which started the transition process.

Processes: Starting Over

One of the most stressful parts of the transition to a new living environment was just starting over. This meant sorting through years of collections of items, many of which had sentimental value. Additionally, the move was physically and mentally exhausting. However, many stated that they felt a renewed and invigorated after going through the process

Letting Go

The most difficult part of the transition for the women interviewed was letting go of the old and adjusting to the new. This included the letting go of physical property; moving to a new area; changing the composition of old friendships; forming new friendships; and finding new and challenging experiences. Making difficult choices was a part of the transition process. The women used skills they had learned and utilized successfully all of their lives to make the transitions smoother. However, all of the women stated the move was stressful in some way. Many women accepted help and advice from friends, family members, and professionals. Having others involved in the process often helped to reduce the stress of the move.

Talking with Others

Some of the women interviewed indicated that before and during the move, they had discussions with others who had undergone the move. These discussions not only supported the decision to move, but also gave the interviewees some helpful tips on the actual moving process. This allowed the women to do some prior planning and have some control over the transition. Talking with others in the retirement community helped the women make decisions on what they might or might not need in the future. The

women who were able to preplan a large part of the move appeared to have a less stressful move than those women who did very little preplanning.

Someone (a friend) suggested to me that I hire somebody to come in and move me... and I did

I'd been volunteering in the Health Center for a couple of years and got to know the place from that perspective. Talking to others helped me...I knew what it would be like (moving into the apartments).

Many of the women indicated that they had the ability to spend some time at the retirement community before actually moving and this helped to allay concerns about the process. They had the opportunity to ask other individuals what the move was like and what the process might entail. The women who were already living in the retirement community gave them very helpful tips about planning the move. The women were able to decide what might fit and what might have to go. They were also able to make contact with movers and services that specialized in this type of move.

I knew what it would be like...I had lunch here several times and talked with lots of people (about moving in).

Former neighbors, at least 3-4 former neighbors from the community were already living here and they told me about (moving in) and I knew I had to find services and I did...

Nearly all the women did have help with the actual move; however a couple of women who did it totally by themselves wished they had hired someone to help. This help consisted of family, friends, or professional services. Many found out about professional services from other individuals who had used the services. Word of mouth references were the most common way to find movers or professional relocation specialists. The retirement communities also offered resource lists to individuals who would be moving into the retirement community.

So I asked around, and found out that there are professional people that come in and they help you to move...

The women stated that it would have been impossible to move without the help they received. The thought of planning a move was often overwhelming. All of the women who used professional services were quick to recommend them to other individuals. The professional services included planners, movers, and organizers. Often the first contact with these professionals was through presentations sponsored by the retirement communities.

I was fortunate enough to attend a presentation ... and discovered there were companies that specialized in working with people who were downsizing...these services were fabulous...I had a company who supervised the move, the packing, and the unpacking...I walked into an apartment that was (all set up)...just like I wanted. Now I am a resource for all my friends.

There were women, however, who did not rely on these services. They either could not afford a service, or they felt uncomfortable with a stranger helping them to move. They would rely on family or friends to help plan the move. Often the children insisted on doing the move rather than have an outsider come in to do it. The women stated that their children were often protective. They were concerned that the women would lose valuable possessions in the move if a professional was not cautious or careful. The children also often felt that there was no need to spend money on the move when they were able to help.

My daughter helped me to clean out the garage, and pack and a good friend helped me to unpack what I had moved.

My son helped me move...I didn't have anyone else help...everything he moved.

Letting Go of Possessions and Old Habits

The hardest part of the transition for a majority of the women interviewed was letting go of the past. Once the decision to move was made, an even bigger decision, what to keep and what to let go, awaited the women. Possessions are very personal and no one could help the women with this decision. The disbursement of possessions meant an end to a particular lifestyle and letting go of some things was filled with emotion.

It's a big ... my decision, my decision was nothing. I had already made that, you know, the worst part was getting rid of stuff... too much excess baggage...

Years of collectibles, memories, and household items had to be gone through and decisions had to be made. Some women had kept items because they belonged to a spouse or reminded them of a different time. Other women stated that they had just collected things over the years. Sometimes, the amount of possessions these women had accrued was overwhelming. For them, the reduction of the "stuff" collected over many years was a relief. The move was an excuse to get rid of things others had given or saved which held little value for these women.

I mean stuff...things that I didn't even know I had, I just put them all in garbage bags and gave them to charity...I just brought what I wanted and just left stuff sitting there.

Well, I decided if it wasn't absolutely essential or I didn't just have to have it, I'd get rid of it...I had all sorts of... you know, you have a lifetime's accumulation...

For others, letting go of possessions was a difficult decision. The women wanted the things that had been collected over the years to end up where the memories could be preserved. Although they no longer had the room for the possessions they had collected,

they wanted to have access to these possessions and see them once in a while. It was the memories that were associated with the possessions that these women did not want to lose.

The biggest problem I think for everybody moving is getting rid of their stuff, that's the big problem...the furniture is in all of my daughters' houses...the furniture that I had and so I get to see it... all the beautiful furniture I bought (overseas).

Most of women took time to plan for what they would take with them. They measured the size of their new surroundings, drew diagrams, and made plans accordingly. Measurements and floor plans helped the women to decide on the furniture they would need. Things that could not fit were given away or sold, except for special pieces. New pieces of furniture, which would fit better into their new surroundings, were bought to replace the older, bigger pieces.

I went and looked at my friends apartments to see what would fit in...(I gave away pieces and bought others) and it worked out beautifully...(I have) the same arrangement I had (when I moved in)...I haven't changed a thing...I don't miss one thing I got rid of.

Taking time and thinking things through helped these women adapt to the new situation. The process of going through one's life by going through one's possessions was difficult for some of the women, and exhilarating for other women. Although entering a new phase of their lives, some women desperately wanted to keep bits of the old life with them. Other women were able to say to themselves, that was then and this is now. Some women took a pragmatic approach to possessions; if it did not mean a lot or they could not think of a use of it, the item was discarded.

It's hard, it is hard. 'Cause as you get older, you cling onto things, you collect more things, you treasure more things. I'm a sentimentalist, so most of my things are kind of older things or things somebody gave me... you have to whittle down there a bit or you start holding on to

everything...you have to be very careful that you don't keep pulling back again...

I went through it all pretty slowly and thoroughly...some of the things that I was going to keep, they (children) asked "well, where are you gonna put it or what are you gonna do with it?"... that helped me to whittle things down... it's a matter of taking you time and doing it I think, bit by bit...I had to get rid of an awful lot of books...that was hard...that was one of the hardest things, parting with books...

Some of the women had help in deciding what items to keep and what items they would not keep. For the women who had children, the children helped their mothers in making the decisions of what to keep and what to get rid off. The children asked their mothers the hard questions. Sometimes the children encouraged the women to keep items they may have otherwise disposed of; and sometimes the children would go through the things themselves. Usually, however, it was a joint decision between children and their mothers.

When I was in the hospital my daughters helped me get rid of a lot of stuff. They bought me some new stuff and got rid of a lot of stuff and things I probably didn't need. We gave away a lot of stuff.

Deciding what to take is a problem. And when I wanted to...not really wanted to, but I thought maybe I should get rid of a wonderful piece of furniture...my daughter said, no mom, you've got all the family treasures in there, those should be with you...so we worked it out...

Sometimes the women started all over with newly decorated apartments. They felt a new period of their life needed a new setting. Rather than try to fit the old in, they decided to start over. These women would save a few small items which held special meaning. Starting over for these women often helped to bring closure to earlier issues. Some women stated that the process of finding themselves in the redecoration process acted as a catharsis.

This all had to be new because I had large furniture, and my daughter helped me...I was able to really do it up (nicely)... It took us 4 months to clean the (other) place out...it was a relief

Even with the help of others, the decisions were emotionally difficult. The financial cost of the move also had to be considered. What the women could actually afford to have moved played a part in what was kept. This was particularly true when the women moved from a different area to San Diego. The cost of a moving van, loading, packing, and unpacking increased with distance. Some women felt the costs to move some items were not worth it. Much thought went into what to move and how to move it.

I lived there for 30 years...what to take...that drove me crazy...my daughter helped...she said she would pay for the move if she got some of the (larger furniture)...so we had to figure out a lot...separate my things from her things. So we put her things in the big van first, things that would go to her place... and then my things, cause they (van) was to come here first and get my things out...there was some mix-up... but I did all the supervising myself...I was so exhausted that day that I couldn't finish the last bit of a room, so my manager did it for me.

The women who hired a person or an agency to help them with the downsizing and the move felt that having someone come in was a great relief and eased the entire process. These professionals or outsiders helped them look at different ways of making the difficult decisions on what to keep. Because the professionals had no emotional attachment to items, they asked the women to think about the reasons for keeping an item and helped them to evaluate and rank items of importance. The professionals also acted as a means of giving permission to many women to part with items or send the items on to other family members.

I hired this woman to help...a real go-getter...she was terrific at packing up things and sorting them out and organizing garage sales...I divided up the heirloom antiques among (my children)...they had put dibs on them some years before and I kept the list and shipped it to them...getting rid of stuff was difficult...I tend to be a hoarder..

Having a profession help them to design a living space that would be uniquely theirs was a wonderful experience for the women who chose this option. These women were ready to embrace fully the new life that lay before them. They wanted something that was uniquely theirs; a living environment that was imbued with their personalities.

First of all I had to figure out what would fit in here and what I couldn't bring; so, I hired a designer and we had a ball... she was so much fun...she helped me go through the whole place and arrange furniture and see what was needed and what I didn't need.

Other women welcomed help as a way of relieving the stress of moving that they were feeling. They were overwhelmed with it all, and having someone come in and arrange things made the move much easier. Many women were overwhelmed with years of accumulation of items and did not know where or how to start. A professional organizer helped the women find a place for their possessions and offered alternative designs and placement of furniture that enhanced space and light.

I'd heard of an agency which would take care of the physical moving. It was wonderful; everything was put in place, utilizing my kitchen better than I would know how. They were professionals.

I was apprehensive about where to place everything, because it's smaller and cramming all this stuff in... my daughter found on the internet an outfit that comes in and arranges your furniture...so this lady came in and spent an hour...she told us (my daughter and I) to go and have a cup of coffee and when we came back...she did a very nice job...

Some women indicated that their children or family were not interested in items they had planned on handing down to the next generation. This was frustrating for them. The women had carefully saved things to hand down to their children and were dismayed that the children were not interested in the collections. However, the women often found unique ways of preserving the collections. If the children or other family members did

not want or cherish the collections, the women were able to find museums or community settings that were delighted to receive them.

I was a collector of ...folk art and I had a lot of it. I just kept a few pieces and donated the rest to a museum... I put a lot of my furniture on consignment...when I originally moved in I brought quite a few dishes with me. Well, after I moved in I had to go through my dishes and eliminate quite a few pieces...

Actually, there weren't too many things that I disposed of that I thought had a lot of family value or background...I asked my children to "just keep it, lets not dispose of it" and they did...they didn't want antiques and I've got practically all antiques here and they've been in the family for a long long time... I sold some to antique dealers and gave the rest to Good will... just to get rid of things that I didn't want to bring down here.

Once the decision was made, the women did not regret parting with most things. However, they may have kept one or two items they dispersed elsewhere had they had the chance to do it over. Many continued to downsize after they moved as well. Once they actually moved into their new surroundings, the women realized there were things that they had brought with them that they were not using. These items were usually household items that the women realized they did not need any longer. Additionally, some of the women added items to what they had taken with them.

This was smaller and I had to downsize everything...and I found I downsized (some) of the wrong things...some of the clothing and everyday things.

One woman chose the unit she lives in now by how her furniture would fit in the unit. She wanted to keep certain pieces and waited until a unit that could handle these pieces became available. The pieces of furniture were a part of her life she wanted to keep. The comfort of having these familiar pieces around her was important. She wanted

to keep pieces of furniture that she had worked hard to acquire; she felt these pieces helped to define her.

The furniture which I have in the front room I have had for quite some while and that controlled the size and location of which (unit) I would take...so I had my furniture mentally located before I moved it in.

The hardest item to part with was the automobile for many women. The automobile was a symbol for the women of independence and the freedom to come and go as they pleased. It was not so much the automobile itself, but rather what the automobile symbolized that made it such a difficult item with which to part. The acknowledgement that this part of their life would be gone and that the women would now be more dependent on others was a difficult adjustment. They did not want to rely on children for transportation and were somewhat disappointed with the transportation services offered by the retirement community.

Transportation's my problem...because I don't have a car and my daughter's so involved with her things... If I go (to visit friends) I have to take three buses to get over there, it'd take me all day to get over there and all day to get home...so it makes it hard.

For many women the loss of driving occurred just prior to moving into a retirement community and was one of the reasons for the move. Illness or changing health made driving no longer an option. They knew that they would be in a situation where dependence on others for transportation might just be the beginning of the loss of independence. The emotions related to the loss of driving complicated the transition process. It was this loss of independence that the women dreaded.

I couldn't drive anymore which was terribly devastating for me. I had driven everywhere constantly... then I woke up one morning and couldn't see...that sort of changed my whole life.

For others loss of driving occurred after moving into the retirement community. A variety of factors led to the decision to get rid of their automobile. Those women who gave up driving or gave up their automobiles after moving into the retirement community felt more comfortable about the decision initially than their counterparts who had given up driving prior to moving in. For the women who lived in the retirement community, it was just one more worry that they were glad was gone. They redefined independence in a way that did not include the use of a private automobile.

I got rid of my car (after) I had been here about 2 years. I had trouble turning my head to the left... it was making me nervous; I thought I might cause an accident. I decided... I had 4 years left on my license, it's time... so I sold it...

For some women, finances led to the decision to give up driving. Just as the expense of upkeep of a house prompted the initial move, the expense of upkeep on a car prompted the women to give up driving. They felt it was a financial burden and often more trouble than it was worth to keep the automobile. Parking fees, insurance, liability, and upkeep were considerations they weighed against the convenience and sense of independence that the automobile afforded. When given the time to think about the decision and the time to formulate alternatives to private transportation, the women felt that giving up a private vehicle was not a major concern.

The one thing I didn't do is bring a car with me...I could have... but I don't really see much point in it...keeping the expense up...keeping insurance and so on...it's no big deal.

I don't drive anymore. I stopped about 3 years ago. I sold my car...it's too expensive...

Some women continued to drive on a limited basis, others used the bus system; and others relied on friends, family, or the services provided by the retirement

community. These women were in the midst of adjusting to a different kind of independence and were searching for a way to redefine how they approached maintaining control of their lives and circumstances. Since the decision was not one they were able to think about, but rather was imposed on them, it took these women additional time to redefine themselves as independent.

Only recently, the doctor told me I shouldn't drive anymore...can you picture from the time I was 16 I drove...but he said if you were to be involved in an accident, at your age, you'd become guilty...I thought, oh no, that was the worst thing...I was kind of sorry that I had a visit with him...but (now) I accept it...the bus will take us so it's not so inconvenient...

That's the worst thing, losing the driving. Losing that independence... I like to get up in the morning and go and get shopping done and find a parking spot and then come home and start the day...here you have to wait until 1:30 to get out...

Although some women still drove, they knew there would be a time when that would be gone. Many were not looking forward to that loss of independence and of control. These women felt that they would give up driving sometime in the future and would not worry about transportation until that time was upon them. Some of the women were still very active outside of the retirement community and felt it was not yet time to give up driving. They had not yet reached the point in their lives where there were more friends and social actions within the retirement community than outside of the retirement community.

I play bridge and go to church and things like that so long as I can drive, I'm quite flexible. I'll be a lot less flexible when I can't drive...I have to think about it and plan my life accordingly

A few women actually chose to get rid of their automobiles when they moved to the retirement community. They looked forward to not having to worry about driving.

They were stressed by the driving conditions that are inherent in living in a large city in California. They did not like the freeways, the fast drivers, and the large numbers of cars on the roadways. These women wanted uncluttered and uncomplicated lives. They wanted to move on to the next phase of their lives and the challenges this phase would bring. They did voice concern over the lack of public transport in a city the size of San Diego.

I was a good driver... I gave up driving and took it as a challenge and studied the maps and studied the things on the bus and the cost... it was an adventure to me... I think that's the way you have to feel... you have to get over things... that's part of life.

All of the women had to let go of many things. The women had to disperse of physical household items that had been bought or collected over many years. Even harder was letting go of the memories that lie buried within the possessions. How to keep the most precious memories without keeping the clutter was a challenge for most of the women. The dispersal of possessions and memories also brought with it the change in definitions of independence and control. Defining being in control of one's life changed from being able to come and go at will to being able to make the decisions of where one would go and how she would get to the destination. Along with sorrow and some depression, there was elation for these women and a sense of a great weight being lifted as they freed themselves of the physical and psychosocial burdens they carried. As they transitioned to a new lifestyle and a new community the women were still able to keep and cherish memories. They also developed new friendships and new memories.

Embracing the New

The women indicated that once they had moved, they made efforts to embrace their new lives. This included becoming more social than perhaps they had been in their

previous living situation. The transition to a supportive community also offered opportunities for development of new friendships and new skills. The women learned to balance their old lives with their new lives, combining old and new friendships, routines, and habits.

Intuition/What feels Right

Part of the process of transition for these women consisted of doing those things or making those choices that just felt right. The women relied on their inner voices for some of the transition decisions. They felt that something or someone was helping them to make the choices that were right for them. Intuition was used in choosing where to live. Many women discussed the feelings of everything just falling into place easily or of feeling they were where they needed to be at this point in their lives.

It just seemed like the next step and I was just being guided...
Everything felt right...

I had been out several times...the director called me and said I have some rooms available and I came out and looked at them...and each time it seemed too small, or too expensive, something...but when I saw this room, I thought...I want that to be mine... I belong here.

Seeing friends and acquaintances in a retirement community helped these women to see themselves in a similar setting. The successful transition of these friends to a retirement community was the strongest indication to the women that they too could be happy in a similar setting. Frank discussions about the challenges and advantages of moving to a retirement community with someone the women trusted proved to be important in not only making the decision to move, but also in making the move to a retirement community smoother.

It was about the simplest thing in the world...when I saw my friend here, I thought, this is where I belong...I'm ready for this next stage.

It's kind of fascinating, getting older. I never thought about age and it never bothered me when I reached one more year...I could have lived in an apartment for a few more years, but it (moving here) just seemed the right thing to do

What to bring, and how to put it all together was as much a matter of what felt right and what seemed to just be right. As the women became emotionally attached to the idea of moving to a retirement community, the more right it seemed. As they unburdened themselves of possessions the women began to see the decision to move as part of a natural evolution. Although the decision of what items to keep and what items to dispose of was at times painful, most of the women stated that there was not anything they could think of that they wish they had kept. The women stated that those things which carried the most memories for them had been kept.

Engagement in the Community

The women interviewed embraced the new life style, friends, and living arrangement. The majority of women indicated that socialization was one of the main reasons for moving. The women were tired of living in an isolated situation. They wanted the contact of other individuals, especially if those individuals were similar in age and circumstance. Most of the women embraced the new lifestyle through engagement in community activities, making new friends, changing old habits, and finding a way to fit the old with the new.

Companionship...I do more with people...at least two or three times a week I go down to dinner...I know enough people that I can have somebody compatible to have dinner with...and some couples too...and I go to a lot of programs..

The women would blend old friends and habits with new friends and activities.

This gradual change led them to feel more and more comfortable in their new

surroundings. It is inevitable with this age group to begin to lose friends. The women mentioned that although sad to lose lifelong friends, it was comforting to have new acquaintances. Although these new friends would not be the same as the old friends, it was nice to have the social interaction. Age also played an important role in the closeness of these new friends.

I still see my friends, besides what I'm doing here, I still do some outside activities...I've cut down on those and (am) concentrating more here...

When I was driving a little bit, I was going out for lunch and meeting people for other things that I don't do (now)...in other words, I replaced what I used to do with other things...

Eventually, the women stated, the activities and friendships centered around the retirement community filled more of their time than activities and friendships separate from the retirement community. This change in focus was caused by the loss of contact with friends outside the community due to failing health, the moves of those friends to retirement communities, or loss through death. It was easier to keep in contact with and do things with someone who was in very close proximity.

It's all here...every opportunity is here and I take every opportunity to use all the positive things here.

Some women found that moving to the retirement community opened doors that may not have been thought of before. The new surroundings, decrease in responsibilities such as upkeep of house or property or caring for others, and interaction with a new set of individuals, led many women to pursue new skills and knowledge. The women explored areas of interest that they felt they had not had time for before moving to the retirement community.

I knew I wanted to write, there had to be a writers group. I just became chairman...and now I am also on the newsletter staff...it's the only retirement community where the newsletter is put out by the residents rather than the staff... and it's very successful

Making New Friends

The women interviewed indicated they had met other individuals in the retirement community in a variety of ways. Making friends was important for a transition to the retirement community. Friendships and social interaction was an important aspect in the lives of these women. In all of the retirement communities, there was some type of formal introduction process, to help the women feel more comfortable.

Each person who moves in here has a host or hostess who goes to meals with you for, I think, 3 meals... so I met quite a few people that way...she (hostess) and I have become good friends and we've gone several places together.

Through the introduction process, and other social activities, women got to know other individuals in the retirement community. The informal process of making friends was just as important to these women. Knowing your neighbors increased the level of comfort and trust. The atmosphere of being able to be friendly to other people in the hallway was something special for many women.

I (couldn't get over) how friendly everybody was, I mean I was... people would stop me in the elevator... "you're new here, aren't you?"... and they would introduce themselves...It was really great.

However, many women indicated that although they were friendly with most of the other individuals living in the community, they felt that they had a select group of friends. The previous losses of spouses and friends that these women had encountered led to a cautious approach when making new friends. The women stated they had many

acquaintances, but few friends. The friends they did have were chosen because of common interests and experiences.

I pick and chose my friends, I like friends that I can respect and admire and enjoy being with... the others, I just sort of... you know, I'm friendly with them, but I mean, I'm not close to them.

Other women felt that the companionship they found at the retirement community supplemented the friendships they continued to have outside of the retirement community. The bridge between old and new friendships helped the women to transition to the retirement community. The ability to have the social interaction without having to plan outings pleased many women. There was a lot less planning involved with going somewhere or doing something with someone who lived just down the hall.

If I want company I have all the company anybody would ever want; and I enjoy my outside activities with my friends ... and I'm very fortunate.

The women indicated that the retirement community became an integral part of their lives. They were involved in activities and were a part of a community. However, as in the community at large, not everyone they interacted with was a friend. The women chose carefully those individuals with whom they cultivated a deeper friendship. The women had friends and acquaintances.

I go to the activities... I know everybody's name and they all know me, but it's not a friendship... You know what I mean... they're nice people, but we're not friend friends, if you know what I mean.

However, most of the women did indeed make some new friends in the retirement community. These were other individuals, usually women, who had similar interests and with whom they felt they could do activities. The women did not want to become

caregivers or caretakers full time. They wanted relationships which were more or less equal and were not demanding of time or emotion.

Well, I've made some good friends...I have a good friend down the hall that took me on the walk... showed me where to walk...if you're a friendly type person I think, somebody does include you in whatever's happening... and she got me in the bridge group... and then they get you involved in all the committees.

In turn, the women did reach out to others. As the women lived for longer periods of time in the retirement communities, they would help newer residents adjust to the change in environment. Easy entree to social interaction with other residents, to the extent that one desired, was important. The women stated that they had developed a sense of community and belonging. The women expressed pleasure at helping others to enjoy life and to become a part of the retirement community.

I had a birthday party for her (resident)... she got a lot more birthday cards and then we took her out to lunch... she's never had this much attention...I think that's very rewarding for her...from having friends...and I think it is for everybody...doing that for your psyche does reverberate on physical health as well...

Fitting In

The women found ways of fitting in to their new surroundings by finding areas of interest and pursuing those interests. The women became involved in committees or in social activities. The women were involved in the retirement community in a variety of ways; they would help to plan parties or events, be responsible for bulletin boards, or visit ill residents. The women would be active in the local bridge club, reading group, or current activities discussion group. As one women noted "I'm involved, I want to help, I want to do as much as I can..."

Additionally, the women would gravitate towards individuals who were like them. They found it easier to make friends and become a part of the community if there was a common experience or common interest. This common bond was a way of connecting through past experiences. These initial contacts often bloomed into more enduring friendships. The women continued to share experiences and interests. They would often introduce their new found friends to others living in the retirement community. The daily interaction and friendship developed into a communal family.

I like the type of people that are living here...it's more like a family than (another retirement facility). There are a lot of professionals, nurses living here, and they (residents) are not cliquish.

One aspect of living in the retirement community was that the women could and would talk with other individuals who were in similar circumstances. The retirement community was an environment that included many single women. The women stated that in the living environment that they had come from, they were often alone or only one or two other single women were in their social group. The retirement community which consisted of a large number of single women fostered a sense of community, a sense of sharing, and a sense of mutual understanding.

I have my down periods just like I think everybody else does. But see, I only thought it was me until I talked to the other women... most of the women here will say they have (times) they feel down too... it's quite a change from the life you've lived... we help each other

The women established new routines and habits. Although they continued some of the familiar habits and routines they had before, these routines were modified and were now performed in new surroundings. The most important new routine was the choice of activities and companions. Most of the women had been active prior to the decision to move and they wanted to continue with activities. Some of these were new activities to

which the women did not have previous access. The women also tended to gravitate towards other individuals who either liked similar activities or had similar levels of active involvement.

I gravitate more to those who are really active and so on, and it would be nice to develop some special friends here...aside from the friendships of being a part of the overall group... I've got one friend now, 20 years younger, and she like to do (all sorts of) things.

Most important was how the women now socialized. Social interaction was one of the stated goals for moving to the retirement community. Many women made an effort daily to interact with other individuals who lived in the retirement community. One of the most common ways was to go to the community social areas for coffee and a chat. This was a way for the women to easily socialize without the requirement of any commitments or prearrangements or planning.

I do socialize... I go down...I don't make my coffee anymore, so I usually go downstairs around 12:30 and there is always somebody there to visit with... I feel that, I don't know, that I've found a niche here and I enjoy it.

The women went through the process of starting over in a new community with grace and excitement. Although early in their lives they had not thought about moving to a retirement community, as they aged and lost friends and life partners, they began to think of new and different ways to meet their social, psychological, and health needs. The choice of a retirement community for these women was a choice in maintaining control and a sense of self. They made decisions on what felt right to do. They embraced those experiences which were new and different. The women made new friends and found ways of fitting in that were comfortable for them. They emerged from the initial moving experience with an added support system and social interactions.

Consequences: Finding a Sense of "Home"

The women interviewed felt settled in their new surroundings once they had established a familiarity and comfort with the location; made new friends; and had new routines. They became active participants in their new world and were a part of a community. This marked the completion of the transition period. This feeling of comfort and familiarity took awhile to establish for some of the women. If this assimilation of the new self and new environment did not occur, the women continued with exploration of different contexts and processes.

Becoming a Part of the Community

Becoming a part of the community within which they lived was important to these women. Part of choosing the right community meant choosing a community where the women felt they could become active participants. Their search for this community was not undertaken lightly. The women first had to give up the community from which they had come in order to fully embrace their new community. They did bring with them the memories and social connections from their prior living situation. Part of the reason for choosing a particular supportive retirement community for many women was the proximity to medical services, churches, or shopping areas which these women frequent.

Familiarity/Comfort

Many women stated they felt they fit in well and would not consider moving anywhere else. Some women felt immediately at home. These women were often familiar with the retirement community before they had made the move. Other women stated that it took a while, but they were feeling comfortable in their surroundings. Others were still going through the process of making the retirement community their new home. Most

stated they had not regretted the move and some stated they should have moved to a retirement community sooner.

I moved out of a (large) home into this...and the first time I was here I felt at home. That's how quick it was for me 'cause I had my paintings and my furniture around, and it just seemed like home.

Most of the women interviewed stated that although there were some things they did not like about living in the new surroundings; overall, they liked the experience and were glad they moved. The women focused on the positives of living in a retirement community and compared the move to other moves they had made in their lives. The women felt that because they were ready for a change, they were more prepared for the move.

Well, everyplace you live is different, and everyplace that you live has advantages and disadvantages. And I guess what I do, is I sort of catalogue the things about the place that I like, and I think that helps you to be acclimated within this community.

The women emphasized throughout the interview that the decision was theirs to make and that they felt comfortable making that decision. They did see some individuals whom they felt were unhappy with the move to the retirement community. When asked about this, the women indicated that those individuals probably had not made the choice to move. The women who were in control of their move, even if the initial suggestion had come from other family members, felt that the move was a good decision.

It seems to me that the people who, they chose to come here, you know, I'm gonna go live at (this retirement community), and they tell their children that, have entirely different attitudes than those who come because my son/daughter put me here to die...

Nearly all of the women interviewed, referred often to the retirement community as their new home. They had left their old home and this was their new home. It was

important for these women to feel at home in their new surroundings rather than a temporary resident. For some women, this was “home” the first time they saw the community. For other women, once their special belongings were in place was when it became home. Once this sense of “home” was felt, the transition was complete.

This is really a little home for me... I feel that I'm in the right place and the best place.

Relief of Stress

The women interviewed stated that the relief of stress was one of the greatest benefits of moving to a retirement community. These women stated that their previous living environments were stressful. This stress was linked to many things. For some women, the stress was related to the upkeep of a large house, garden, or other property. For others, the stress was linked to living in a neighborhood that was less than desirable. Failing health and being in an isolated situation was also stressful. The women who lived in apartments felt the stress of rising rent rates. Although there were some regrets about moving to a retirement community, the relief of this stress was more important.

I don't have the stress and responsibility (living here)...sometimes I miss my big apartment with all the nice furniture and nice yard and garden and all that... but I had no one to help me with physical things... things that need fixing and whatnot.

The women who had sold their homes felt they could use the time they gained, by moving into a retirement community that did not have the built in responsibilities, in ways they enjoyed rather than worrying about repairs or daily activities. The women began to become involved in social activities and take up long forgotten hobbies. They did not feel every day was filled with finding someone to help with the upkeep of a home or condominium or trying to do it all themselves.

Now, well I don't have to worry about my house and repairs that it take and getting someone to do it. Being relieved of all those responsibilities...and it's nice not to have to cook so much.

The women were also relieved at having gotten rid of the "stuff" that cluttered their lives. Having collected for most of their lifetimes, the women were initially overwhelmed by going through it all. However, with others to help and the prospect of a smaller living area, the women began to go through the years of memories. For some women, the move gave them permission to get rid of the things that caused them stress and worry.

Now, I have peace of mind. I know where things are and I know what I can do, how I can arrange things...

The women expressed happiness at having a place that was truly their home, with belongings that they wanted. Many women stated that disposing of the years of collections of things was like lifting a burden from their shoulders. Many were brought up to save and use anything and everything. They strove to not be wasteful, but ended up keeping things that they never used or didn't want. Once they moved however, the women felt they were surrounded by the possessions that meant the most to them and defined them as individuals.

I'm not worried about the future, I have my apartment, I'm happy here... this is my home.

Stable or Improved Health

The women did not talk of health a lot in their interviews. Discussing health and future health was something they did not want to do. The women understood that they were closer to death everyday and did not want to dwell on the prospect. One of the goals of moving to the retirement community was the ability to not have to think about what

would come next. This was part of being taken care of by the retirement community. However, some women noted that very few of the residents had ever moved to an assisted living or skilled nursing facility. These women saw this as a plus to living in a supportive retirement community. When asked about health in general, the women felt they were in a healthier environment and that they would be healthier for a long time to come.

I think it's (health) is much better. Not having a car, I had quite a walk to the grocery store, so I wouldn't go because I would get tired...I had a cart to lug...

The women indicated that a big part of being in a healthier environment was the scheduled meal plans. The women admitted that prior to the move into the retirement community they often did not feel like preparing a meal. Most of the women ate at least one meal in the dining room. The fact that they did not have to prepare the meal was important as well as the fact that they felt they were getting a nutritious balanced meal.

Living by myself, I really was not eating as well as I should...I could get a better diet here...I would go in spurts...I would eat well for a while and have salad and all that kind of stuff...then I'd just eat junk, or TV dinners, or what have you...now, at my evening meal, I always make a point of eating salads and vegetables... I exercise (Tai Chi) 3 days a week... I think I'm much healthier than a lot of people in my age group (86).

Some women felt that overall their health was not much different. They felt that living in a retirement community may slow down the deterioration of their health. However, they stated that relief of stress added to their well-being. They felt that living in the retirement community was easier than where they had been living. They no longer had the burdens of cleaning and cooking. This, the women felt, added to their sense of well-being.

I think my health would have been about the same (in my apartment)...but it just made living easier (moving here). If I had to keep up an apartment now, I don't know if I could do it...

Overall, the women acknowledged that with age, changes in health are inevitable. However, they felt living in a retirement community had added good "healthy" years to their lives. The combination of activity, relief of stress, nutritious meals, and social interaction were important factors which contributed to these healthy years. The improvement in the quality of their lives and having resources nearby were the pluses that living in a retirement community had for these women.

No matter how well you take care of yourself, things basically are going to be changing... and you get kind of prepared for it...I think I have very good care and a good doctor... I have a hospital and doctors 10 minutes away and they know me...
I feel (living here) will extend my life and it certainly improved the quality of life greatly...

Feeling Safe and Secure

One of the most important consequences for these women was the feeling of security and safety. They felt the community they now lived in was very secure and that there were others watching out for them. This had not necessarily been the case where they had previously lived. Many of the women had lived in the same communities for years and years. As time passed, some of these communities had higher crime rates and vandalism. Others had lived in apartments that had changing occupants. A low rent often meant the apartments were not kept up physically. They felt that these apartments often attracted vagrants and others that tended to prey on the older population.

I do feel very safe here. They watch you (visitors) and make you sign in and out.

There was no security where I was...that's another reason I moved from there...there were people breaking into people's apartments off

the street...it was kind of frightening...one night this man knocked on my door to buy a vacuum cleaner I had for sale. Then he came back and wanted some of the money back...I gave him some money and said I think you are taking advantage of an old lady. That upset him, and during the night he came and slashed my screen door...So, it was time to move...

The women discussed sometimes being scared where they had lived before.

Others felt the neighborhood was fairly safe, but being alone if something should happen was a scary thought for them. Being ill with no one readily available was a recurring theme when discussing the move to a retirement community. Although they may live in a safe neighborhood, the women often did not know their neighbors; or the women were the only individuals who were home midday.

It's nice that it's less scary...also a big factor is security... You know, secure parking and I feel safe here... every place I've lived before I had to worry about... I feel safe here.

The women felt like they were free to choose the type of living environment that they wanted. Living in a general community setting had given these women many reasons to be fearful. They would read about robberies in their neighborhoods, or hear of older individuals being attacked in their own homes. The women lived with this fear daily. They often hid behind multiple locks and barred windows. In the retirement community, the women felt they were not constrained behind bars or locks.

This was the first place that I considered a terrace because it was safe for me... I don't even lock these (terrace) doors, whereas before that was the big thing, how many locks you have on the door.

In addition to the personal safety, the security of having someone available twenty-four hours a day in case of illness or emergency was important for these women. This availability added to the relief of stress that many women had felt prior to moving into a retirement community.

Well, it's just that you feel more secure in a community like this and there's somebody at the desk at all times. I've had a couple of incidents where I had to go to urgent care and it was just good have them here...

Here, I just don't worry... there's peace of mind, somebody's (always) here.

Additionally, some women indicated that although they did not think about it a lot, they were glad that there was an easy avenue to a greater level of care. They indicated that, when the time came in the future, they knew there was a place or procedure that was already in place. This allowed them to think about today and not about what would happen to them in the future or how they would have to handle it. The women felt that this important life change was now planned.

It (having different levels of care) makes me feel a lot more secure. They might be full, but if we're already here we have a chance to get in.

Improving the Community Environment

As much as they liked the move to a retirement community, the women voiced some concerns and complaints. These focused on the institutional rules that were in place. Most felt that although they could live with most of these rules, the women often felt restricted by the regimentation.

There is a certain amount of regimentation, that you feel restricted. You know, it's sort of like living in a barracks or something... They have rules and regulations about almost everything... it doesn't bother me too much though.

The women felt overwhelmed by some of the rules and regulations. Getting used to a situation where they were asked to conform to certain regimentation was difficult for these women. The women were used to their own schedules and routines and they were suddenly asked to rearrange these schedules and to develop new routines. This was not

something most of the women had thought about before moving into a retirement community. However, the women felt they could create new routines without much of a problem. Also, many of the women became involved in the community boards so that they could influence decisions that would be made regarding the lifestyle of the retirement community.

When I first came here it was very overwhelming...getting used to everything...we'd go to the dining room and they'd say "you don't have a reservation"... it was just so confusing and bewildering... it just wasn't what I thought it would be... we finally got the hang of it... now when I see someone (new), I take them under my wing.

Some of the women expressed concern at loss of some of the amenities that they had when they first moved into the retirement community. The loss felt most keenly was the decrease in transportation. Increasing gas prices curtailed the transportation program. Shorter distances for routine medical appointments and shopping and loss of evening activities were of most concern. However, the women stated that there could be ways to fix the system. Some of the local taxi services had reduced senior rates and many women indicated they would gladly pay for a trip which may take them a short distance out of the range of the transportation supplied by the retirement community. However, the changes were frustrating.

They keep changing things, making things less possible for us... they're saving money...

A few of the women suggested that they would like to have more professional help available and on staff. Although the women agreed that the staff was really good and very caring, they felt it would be nice to have someone who understood older individuals and their concerns. These women wanted someone who had either expertise or experience working with the unique needs of older individuals, especially woman who

were living on their own. The women thought it would have been helpful to have a professional to talk with during the hard periods in their lives such as the loss of a spouse, sibling or close friend.

Sometimes, I really feel what we need here is a psychiatric or geriatric nurse, to help people...someone who understands older people sometimes... the employees are very sensitive to people's needs, but many of them are very young and really have no experience.

Acceptance of Aging

One of the consequences of moving to a supportive retirement community was the acceptance by the women interviewed that they were getting older. The women were comfortable with this aging process, but were not comfortable with becoming frail and weak. Although they were older, the women worked at maintaining health and activity. The acceptance of aging led the women to plan for their future in ways that would secure support if and when they were not able to care for themselves. Although they did not look forward to or like to discuss when they may need additional support, the women had planned for this eventuality.

It's Okay to get Older

Overall, the women in this study indicated they were glad to have made the move. Although for many women this was one of the hardest moves of their lives, it was also one of the most rewarding. Many women felt that making a move to a retirement community was the best thing they had done for themselves. The women felt that as they aged, moving to a retirement community was an acceptance of the physical part of aging and was their way of responding to and planning for the physical changes that were anticipated.

It seems to me that step 1 is you have to come to terms with the fact of where you are in the lifecycle and the lifespan at that time and assess your strengths and weaknesses and your needs. And that's probably the most difficult thing to do. To be realistic about this and that's what I see in my friends, denial... It's the first reaction... because a change into a place like this... means that you have accepted the fact that you're an older person...

The women felt that the move to a retirement community was a part of their focus on planning for the future. They indicated that this planning, although more complicated in some ways, was similar to planning for many of the major life changes in their lives. The difference for many women was that this planning was done alone and with the realization of their own mortality.

At some time in your life you have to plan for the future...and I did...after I was alone, I thought it best to get settled for the future, protect myself, just in general... to be in a building where I would have services.

The women felt that the most difficult part of the move was the lack of retirement communities from which to choose. This was especially true for the women who had a low fixed income or retirement. Women who had been teachers or nurses or other professions had too low of an income to even consider many of the retirement communities. The women felt that moving to a retirement community for them was a natural next step, but were disappointed in the lack of choice. The women voiced that there was a real need for retirement communities for all income groups.

We definitely need more of these...for people 65 and up or 60 and up, who want to live independently but like to get away from living alone in a home...in a house where they may have lived for years...

The women also indicated that they wished they had known more about retirement communities before the need arose. They felt there should be more mainstream education available and that it needs to be incorporated as one of many

choices for older individuals. The women felt that married, widowed, or single men and women benefited from living in a retirement community. However, they felt that the more physically fit and active the individual was, the easier the move may have been.

I advise anybody to think about it well ahead of time, not to wait till they are in need of moving in. Best to think about it when they would like to move in, make friends while they're still in good health, able to move around and take part in things, make lots of friends...60's, 70's. I was 80, but I wouldn't have minded if I moved earlier.

The women interviewed indicated that the greatest benefit of moving to the retirement community was the social aspect. The women were able to maintain independence and control and be socially active. The circle of peers and the friendships that these women formed were important catalysts for maintaining health, balance, and dignity in their lives. They felt the social interaction, the support from peers, and the looking out for one another added to the sense of security and helped them maintain their health. The new family they formed did not replace the family of children, grandchildren, siblings, and other relatives; instead, this new family extended the interaction the women had with others.

I'm a great supporter of it (retirement communities). I think that we all need... a tribe. We need an extended family and I think in a way, the fact that we have a family here, of people our own age... we've been through some of the same experiences, so we have things in common... how different we may be.

The Search Goes On

One woman indicated she was not happy in her surroundings. There may have been more women who felt similar, but these women did not volunteer for the study. However, the insights from this one woman indicate that not all moves to retirement communities are smooth; nor are all moves to a retirement community positive.

I'm still not sure about living here

This woman indicated that she felt the move to a retirement community was a move to an institution in which she was surrounded by "old thinking" people. She felt that her thinking was much younger and she needed to be surrounded by people who thought and felt more like she thought and felt. She wanted to be surrounded by people who were physically active. She was contemplating a move to another location.

Yes, I think I might move out...I'm ready to go now. I can't keep...I feel like...you know, it's a funny thing to say, but I feel like I wish I could be rescued by somebody who would take me to a place with younger people...physically and young at heart.

It's not what I expected

The move was often not what the women thought it would be initially. However, most were able to assimilate into the new environment once they began to make friends and take part in the activities. One woman had moved several times over the past two years and was still searching for the perfect place to live. The moves had been from mixed age complexes, senior citizen complexes, and retirement communities. None of the previous living arrangements had met her specific needs.

I thought it would be a... I don't know, something over there I didn't have... something here I didn't have over there but... well I'm looking for activity, friendships...and (I've not) really made any friends here.

The fear of not fitting into a retirement community lifestyle was a consideration that many women explored when making the decision to move. However, there were enough compelling reasons for the move to a retirement community, that this fear did not loom large. If there were already friends who had moved to a retirement community, the fear dissipated completely or was never really present. Once friendships had been

established and new activities and routines replaced old ones, the women were comfortable in their new surroundings and felt at home.

I lived like a hermit for so long, you know, and I was thinking it would be difficult for me to go into a community where I was surrounded by people all the time...It's not bad...I'm not a social person, I don't think. For the last 20 years I've been living alone and it's not easy for me to get out and do a group... but I do it.... At dinner you sit down in one place and then the people around you, you meet different people and talk to different people. And I guess, this is interesting... and it's part of what I need to do...

The consequences of a transition by definition must be the formation and acceptance of a new environment. Until this occurs, the transition is not complete and the individual continues to explore strategies which will help to conclude the transition process. This is especially true if the transition was thrust upon the woman because of an unexpected death, a change in financial situation, or family concerns. In this study, few of those women were interviewed.

The women who were interviewed indicated that they felt at home and comfortable with where they were in their life cycle. An acceptance of the fact that they were physically aging freed them to remain active and engaged within this context. The supportive retirement community allowed them to focus on their growth and not concentrate on "what if" issues regarding health, finances, and home maintenance. Living in a supportive retirement community has allowed these women the freedom to pursue interests and activities that may not have been possible in their previous living environments. The women have become a part of a community which shares similar experiences and concerns.

Theoretical Transitional Model

The transition journey can not be described as linear, but is rather circular with overlaps, turns, and twists (Figure IV-a). As the individual moves through transitioning, a sense of self and control is foremost. This sense of control is manifested through maintaining independence, dignity, health, and social connectedness. Although specific contexts and conditions influence the strategies or actions taken, the consequences always reflect the presence of maintaining a sense of self and maintaining control over one's life. The satisfactory resolution of the transition is a finding a sense of "home".

At times, maintaining independence, dignity, health, or social connectedness means going back and forth between strategies as new conditions or contexts become apparent. Long periods of time may occur between context and action; and until the individual asks "why did I choose this action" does the context or condition become clear. For some women the transition experience is very short. In others, the transition experience continues as that sense of home has not yet been realized.

Health concerns in older women are juxtaposed with a need to maintain independence and dignity. They must critically evaluate their present and future health status. The women interviewed were very concerned about maintaining or improving their present health status. At the same time, they were aware of the changes to health that are present with aging and cautiously prepared for a future they were not quite ready to accept.

The need for social connectedness within a framework of family, friends, church, and community can often act as boundaries or guidelines for the strategies that are chosen or excluded. Importance of this social network within easy access and the development of

a new social network were very important in establishing a sense of home. Being with other individuals of similar ages and similar interests played an important role in choosing the right supportive retirement community.

Strategies which maintain the sense of self are chosen over those which dilute this sense of self; and those choices or strategies which compromise this sense of self are used only as a last resort. An ability to maintain control of their lives and make their own decisions was fundamental in the decision to move to a supportive retirement community. Adaptation to the new environments and flexibility were tools which these women used to foster continued sense of control.

Finally, a new comfortable community environment which was safe and provided a means of access to additional health care as needed helped the women assimilate into their new homes. Having neighbors next door or other individuals who would be available was important. Yet, maintaining privacy in a secure setting is equally important. The knowledge that they are in a safe, secure environment decreases stress and increases a sense of well-being in the women who moved to supportive retirement communities. The reduction of stress and increase in social interactions were most cited reasons for moving to a retirement community. The transition, although causing some stress, was successful for these women when they felt they were part of a community which nurtured their individualism and reduced their life stresses. They felt then, that they were "home".

Figure IV-a Theoretical Transitional Model

Chapter V- Discussion

The findings of this study discussed in Chapter IV, have implications for those individuals who work with older women as they transition to independent living retirement communities offering supportive services. The women themselves identified several key dimensions that are interwoven throughout the process of the transition (Table IVa). Although these dimensions are artificially defined within a linear dimensional matrix (Schatzman, 1991), the transition itself is fluid. Additionally, research with other populations indicates there are similarities. However, older women in transition have their own unique components and processes. This study gives insight into those personal dimensions that the women interviewed felt were relevant in the transition to a supportive retirement community.

As described in the work of Meleis, Sawyer, Im, Hilfinger, & Schumaker (2000), transitions are stressful experiences and can lead to changes in health status. The transitions to which Meleis, et al, refer include wellness to illness transitions; developmental and lifespan transitions; and social and cultural transitions. Their discussion focuses on discrete populations of young mothers, African American women, middle age menopausal women, families with ill children and migratory women. Older individuals, especially older women are not addressed in Meleis, et al, theoretical model. The authors acknowledge the need for further research in transitions and nursing practice related to transitions. Most of the recent research focuses on transitions to nursing homes or assisted living.

However, there are studies which indicate that voluntary and planned transitions prove less stressful than transitions which come suddenly (J. M. Armer, 1996a, 1996b;

J.M. Armer, 1996c). This is particularly true for older individuals who choose to make a transition or change. Maintaining control of the decisions is cited by individuals as a way of reducing stress to a manageable level. This reduction of stress was evident through the discussions with the women in this study. The women felt that maintaining control throughout the move and maintaining control over their life choices were important considerations in a smooth transition process. Power and choice were important factors in the lives of these women.

This study of older women in transition expands the knowledge base regarding transitions and proposes a theoretical model of transition for older women. Meleis, et al (2000) identifies the properties of the transition experience as awareness, engagement, change and difference, time span, and critical points and events. The grounded theory approach used in the research on older women identifies those same properties but in a dimensional framework that describes the experience of the older women as they move through the transition. The discovery of “what all is involved” (Schatzman, 1991) in the phenomenon of transition to a supportive retirement community was the focus of this study. Key dimensions which further explain the transition phenomena include context, condition, process, and context (Table IVa).

Maintaining Control of My Life

The core dimension of this study was the perspective from which the participants of the phenomenon under observation operated. The older women moved through the transition process from the perspective of maintaining control over their lives and their decisions. This perspective was guided by the women’s desire to maintain independence, dignity, health, and social connectedness. The findings in this study are similar to those in

the study by Armer (1996a) who found that the most important factors in relocation to an age segregated community included perceived choice, social interaction, support, and prior life satisfaction. Armer also found that satisfaction with prior lifestyle was an important factor in whether or not the participants would be satisfied in new situations. The women in this study were very happy with the lives they had led prior to moving into the retirement community. This prior satisfaction probably led to satisfaction with their present living environment. Brenton (1999) found that the need for independence and freedom was what kept many women from moving into institutionalized settings which they feared would rob them of their privacy, freedom, and independence. The women in this study also voiced concern over the loss of privacy that might occur in other settings.

Other studies (Hays et al., 1997; Inglehart, 2003) found that social support and health were closely connected. The women in this study indicated that they wanted maintain a healthy lifestyle and felt that moving to a supportive community environment would help them to maintain this lifestyle. Just as Gilligan (1982) and hooks (2000) suggested, the women in this study indicated making the choice to move gave them power over their lives through a positive self-concept and through positive nurturing relationships. The women were able to create a new social situation for themselves, based on powerful networks of personal and social relationships, as predicted by Robinson (1999). As seen in the studies of Becker (1997) and Inglehart (2003), the women in this study felt they had better health because of their connectedness to community and their own self-reliance.

Further control over their lives was evidenced by the women's ability to choose to prepare or not prepare meals. Most of the women wanted to have at least one meal

prepared for them. Many stated that when they lived alone they often would not prepare meals or would eat lots of fast food which they felt had less nutritious value.

Additionally, having someone with whom they could converse or do activities with a minimal amount of effort was also important. The women felt that inclusion in a community setting, especially for meals, helped them to feel vibrant and healthy. Pullen et al. (2001) also found that older individuals in supportive living arrangements remained healthy and active.

Time for a Change

The present study found that it was usually a sentinel event which caused the older women to consider moving to a retirement community. As the study indicated, the context or sentinel events included death of a spouse, change in health, or an increasing feeling of overwhelming responsibility. For women who were married, the death of their spouse was the most common sentinel event which led to the beginning of a transition. For those who were divorced or had never married, the overwhelming responsibilities as they aged was the sentinel event. This is similar to the critical point or event outlined by Meleis, et al. (2000) that marks the beginning of a transition period.

Many of the women had lived alone in homes or apartments prior to moving into the supportive retirement communities. These women did not want or have to live with children. Concern for independence and control of their living environments led many women to continue to live in their homes. This increase in the older population living alone and not moving in with children has been well documented (White, 1997).

Research has also shown that older individuals would rather live in closer proximity to or with their siblings or peer age group than with their children (White, 1997). The women

in this study indicated that supportive retirement communities allowed them to continue to live independently, yet have supportive services at hand.

Meleis, et al. (2000) stated that critical points marking the beginning of transitions heightened the vulnerability of the populations studied. The present study, however, found that the critical or sentinel event rather than heightening vulnerability in older women, lead instead to an awareness that a change was indeed needed. In this study, the women although uncertain and in some instances anxious, were aware that the time had come to make a major life change. This difference in response may be due to the fact that the women in this study were not thrust into a transition. Rather, the women made conscious decisions and focused on maintaining control of self and independent functioning throughout the transition period.

Gathering Resources

Meleis et al. (2000) also discussed facilitators or inhibitors to the transition. The author identified personal, community, and social factors that could enhance or block the transition experience. However, the Meleis study was focusing on an outcome of health and those factors which directly impacted health.

The resources utilized by the women in this study included a variety of personal, community, and social factors. Support of children, discussions with friends, and information provided by retirement communities were a part of this resource pool. Financial, social and psychological factors were also involved in the transition experience.

This study with older women looked at the conditions related to the decision to move and the ultimate move to a supportive retirement community. It was underlying

conditions which supported the sentinel event that triggered the transition to a retirement community. Women in this study identified conditions which informed the decision to make the transition to a supportive retirement community. The conditions were many and varied from woman to woman and included concerns of children, actions of others, location of a specific facility, finances and timing.

This study found that concerns and support of children was often instrumental in the decision to move to a retirement community. Armer (1996a) also noted that support of family members was important for a smooth transition to the age segregated community. The family members, often children, may have first suggested a move to their mothers. Concern for the health and welfare of the women as expressed by the children triggered an initial search for somewhere else to live. The women were most adamant about finding a place that would continue to support their need for independence. Most definitely, the women did not want to move in with their children. They felt that the adjustment would be too great for everyone involved.

Contrary to studies of transitions to assisted living situations or skilled nursing facilities where decisions were made under stress and with urgency (Cheek & Ballantyne, 2001), the choice to move to a supportive retirement community was one which took time and thought and discovery. The women in this study had often discussed the move with other individuals. As in Harrison et al (1995) support from those who shared the experience of transition was important. The women indicated that discussing the transition with those who had undergone the move to supportive retirement community allowed the women to have an idea of what moving to a supportive retirement community would involve. The discussion was often with friends they trusted and with

whom they had a shared interest; these friends had already moved to a supportive retirement community. Additionally, the women often visited several retirement communities. Armer (1996a) found that the participants in her study indicated that they had attended open houses or had visited with acquaintances that had moved to the community. In this present study, as in Armer's (1996a) study, the predictability of the move added to the ease of the move.

Maintaining social connectedness in the community through continued contact with long-time friends, close proximity to churches or shopping, and familiarity were important in choice of the supportive retirement community. Just as Miller (1991) had found in her studies, the women in this study indicated that activities and social engagement were important in maintaining their health. Waldren et al. (2005) also found that maintaining these connections were important to the psychosocial and physical health of the women. Women who had moved to the San Diego area from another area did so because of the strong interpersonal connections with children or friends in this area, coupled with decreasing social support in the area where they lived previously.

Starting Over

Meleis et al., (2000) indicated there were specific patterns of response that could be detected in the transition experience. These patterns would act as indicators of health and wellness. The authors further identified the indicators as process and outcome indicators. Process indicators included connectedness, interaction with others, location and situation, and the development of confidence and coping. The outcome indicators included mastery of the new skill or role and an identity reformation. These were all measured through quality of life scales and health scales.

In this study of older women, the processes which were discussed by the women fell into two broad categories of letting go and embracing the new. In letting go, women focused on actions which included discussions with others and choosing items to keep and items to give away or sell. When the women discussed embracing the new, they referred to actions including intuition, engaging in the community, making new friends, and fitting in. This was the part of the transition which required the most time and the most effort for the women. Working through this point in the transition required flexibility and resilience on the part of the women involved. Resilience was a component of the Miller (1991) and Boyle and Count (1988) studies of older individuals as well as this present study; and resilience or the ability to be flexible or bounce back was seen as an important component of moving to a new environment and starting over.

The women in this study indicated that it was important to remain socially connected. This was possible when they moved to a supportive retirement community which encouraged planned social interactions. Boyles and Counts (1998) indicated that active participation lay at the core of healthy aging. Social interaction from new neighbors was also seen by Armer (1996a) as supporting adjustment to a new living environment; and Wolfe and Soldo (1988) found that reasons cited for moving to supportive community environment by widows in Wales and England included social support and connectedness.

Finding a Sense of "Home"

The consequences are the outcomes that are realized as the individual moves through the processes (Kools et al., 1996). Rather than being a finality however, the consequences may lead to additional processes until an equilibrium is eventually found.

The interviews with women in this study revealed that this equilibrium may take many years to achieve.

Rather than being measured objectively as described by Meleis et al. (2000), transitions by older women to supportive communities looked at consequences in terms of finding a sense of home. Finding a sense of home meant becoming a part of a community and accepting aging. The women stated that accepting aging for them meant embracing who they had become at this stage in their lives and the inevitability of the physical aging process. The women defined successful transition to retirement communities through redefining themselves. This adaptation and resilience were keys to successful completion of the transition phenomena. The sense of home and community was evidenced by the personal items the women had chosen to keep as decoration for their new residences. The personalization made the apartments and condominiums into homes for the women.

Johnson & Tripp-Reimer (2001) and Potts (1997) indicated that moving to supportive communities resulted in new roles, new relationships, and supportive networks. The women in this study felt that part of achieving a sense of "home" was the development of a new "family" structure in which the members were very much like siblings and peers. Just like any family, the women indicated there were times of discord, and times of great strength and support. Unrelated people were accepted as "family" in a broad sense. These informal networks of support were equally important to the women. Informal support networks fostered self-worth and power in older women (Furman, 1997). The "unintentional, alternative community" that Furman found existed in a

neighborhood beauty parlor also existed in the supportive retirement community in tandem with the formal structure.

One woman interviewed indicated she was still in the process of transition and was continuing to search for the perfect fit. She had very little in the way of personal items as decoration, but rather had basic necessities. Armer (1996c) also indicated that lack of personalization corresponded with discontentment with the new living environment.

The overarching perspective of maintaining control through independence, dignity, health, and social connectedness helped the women to combine the old with the new. According to sociological research (Sachmann & Wogens, 2003), this combining of the old with the new leads to a smooth transition process, reduces ambivalence, and fosters continued successful adaptation and flexibility. Quality, meaning, and function are defined by the individual (Sachmann & Wogens, 2003). The women in this study continued to redefine themselves through shaping their experiences within the context of maintaining control over their lives.

Chapter VI: Critique and Implications

Critique of Study

This study explored the lived transition experiences of older women who chose to move to a supportive retirement community. The women in this study shared personal insights into the transition experience of moving to a supportive retirement community. The unifying theme throughout the transition process was maintaining control over one's life. The women interviewed defined maintaining control over one's life as remaining independent, being treated with dignity, having control over one's health, and having a social support network.

Strengths of the Study

This study developed a model of transition for older women who moved to a supportive community and added to the development of a theory of transition. Women were asked to tell their stories about the decision to move; the adjustment to the new living situation; the roles they held before and after the move; the support they received before, during, and after the move; and any changes in their health status. The information shared by these women led to the identification of common themes in the transition experience.

This study also supported previous studies which indicated that older individuals who have a supportive network tend to have better health outcomes. The participants in this study, older women living alone who chose to move to a supportive retirement community had not been studied as an independent group. The women in this study underscored the importance of personal supportive networks of family, long-time friends, and new peers and friends in moving to a new environment. The women indicated that

their move to the supportive community had a positive impact on their health. This occurred through the reduction of stress, the availability of structured exercise programs, and the opportunities for social interaction.

Limitations and Areas for Expansion

The group studied consisted of women living alone who had socioeconomic backgrounds which placed them in a middle or upper class situation. The cost of living in a retirement community with supportive services limited the socioeconomic diversity of the participants. Additionally, these women were self identified as not of any minority group. Studies with lower socioeconomic classes or ethnically diverse women are needed.

Transitions for men may differ significantly from transitions for women. Studies which include both men and women tend to show that men have a different perspective on moving to age-specific retirement communities. Being married may also have an affect on the transition process. The findings of this study can not be generalized to other groups.

Because this study was based on volunteer participation, those who volunteered for the study may only have consisted of women who were satisfied with their transition to a supportive retirement community. Only one volunteer indicated she was not satisfied with her present living situation. Additional studies which focus on women who are not satisfied with the transition are needed. This may expand or define more clearly the barriers that exist to moving to a supportive retirement community.

Implications

Research

Findings from other studies can inform and further define the theoretical model.

Testing of this model with other groups would add to the strength of the model.

Refinement of dimensions through further research can lead to development of instruments to measure these dimensions.

In addition to qualitative studies, additional research using quantitative tools is necessary. Instrument development and testing based on the key dimensions identified in the Dimensional Matrix (Table IV-a) would be a future step in moving studies in this area forward. The information gathered through grounded theory lends itself to instrument development. Instruments that are already in use and have been tested with other groups could also be modified and tested with this group of women. Quality of life instruments, perception of health instruments and other psychometrically sound instruments can lend themselves to modification for this particular population. Results of quantitative studies with this population will give additional strength to the theoretical model.

This study underscores the need for more gender-sensitive and age sensitive studies. There are very few research studies which focus on the needs of older women. This research allowed women to give voice to their experiences of moving to a supportive retirement community. Gender sensitive research focuses on the gender issues that are a part of women's health and illness. This study is an exemplar of a woman's perspective regarding independence, dignity, health, and social connectedness as she transitions to a new environment.

Only a small segment of the population of older women was explored in this study. Other cultures and socioeconomic groups need to be studied in depth in relationship to transitions to supportive retirement communities. Research with several different socioeconomic and cultural groups can lead to further refinement of the transition model. Situation specific research results can also help nurses develop healthcare perspectives which respect diversity.

Qualitative inquiry into the experiences of other groups in transition to a supportive community environment is necessary. This study focuses on one specific well defined group in Southern California. Groups of single women who choose to move into supportive retirement communities in other locals should be studied. Generalization can only come from comparisons across many groups experiencing the same phenomena. Additionally, a variety of cultural and socioeconomic groups and a variety of living configurations also needs to be studied.

In order to better understand the process of transition to a supportive retirement community, research also needs to be conducted with older women who are living alone who choose not to move to a supportive retirement community. The lived experiences and concerns from this group will add depth to the knowledge and understanding of the transition process. Reasons for not moving to a supportive retirement community may also uncover social, political, and economic inequities which may prevent such a move.

This study lays the groundwork for further research into the topic of aging, health, housing and independence for older women. Additional research is necessary to meet the needs of the changing population demographics, particularly the increasing numbers of single older women and their unique needs. Results of further research can lead to

nursing and healthcare interventions that support and nurture the unique experiences of this population.

Clinical Practice

The participants of this study felt there were not enough professionals trained in the specific area of gerontology available. They felt a nurse with expertise in this area could have helped them make the transition from living in a general community to living in a supportive retirement community. The retirement communities did not have an advanced practice nurse readily available for the participants. The participants felt there was a definite need for this type of service and indicated that having such expertise available could have helped them with some of the more difficult aspects of their transitions.

Advanced practice nurses have a perspective which focuses on health, caring, holism, dialogue, and lived experiences and work in a context of social policies, laws, regulations that affect the healthcare of their clients. It is through this perspective that an advanced practice nurse is able to help diverse populations. The inclusion of access on a regular basis to an advanced practice nurse familiar with the transition process could greatly help the women who have chosen to begin the transition journey. The advanced practice nurse would be a valuable resource in the reconstruction or co-construction of the retirement community. A recommendation for supportive retirement communities would be to have an advanced practice nurse available for the residents. Perhaps, several retirement communities could share the expense and expertise of an advance practice nurse.

The ability to work with older individuals through the process of transition is one of the challenges that face nursing and other healthcare professionals today as society begins to expand congregate living environments. Most advanced practice nurses have little experience in the retirement community setting, but bring a wealth of experience from other situations that can be easily adapted. The interviews with older women in this study can help nurses and other healthcare professionals to understand the strengths and challenges of single women who choose to move to a supportive retirement community. It is important to offer additional nurse training in the area of the unique needs of the healthy older individual. How to access these individuals must also be addressed.

By maintaining control of their environment, the women in this study made a smoother transition to the supportive community. They gathered information from the sources available to them. Knowing what to expect through discussions with an advanced practice nurse could have been another way in which the women gathered information and made decisions. However, this option was not available.

The advanced practice nurse should be an integral part of decision making for women who are considering moving to a supportive retirement community. Rather than making the decision for these individuals, the advanced practice nurse facilitates the decision making process. The challenge in doing this resides in the education of the healthcare professional as to what is available and what the transition will entail. Additionally, the advanced practice nurses who work with women considering a move to a supportive community environment must remember that these women must be able to make the decision. Power and independence is a central issue. Empowering women to

evaluate all of the issues which may have an effect on their decision allows them to take ownership.

Most healthcare professionals today may have little experience with supportive retirement communities. Nursing often focuses on the ill older adult who must be placed in an assisted living facility or a nursing home because of health or safety concerns.

Although nurses strive to support families in making these difficult decisions, often the issue of power resides with someone other than the individual who will be making the transition. In a supportive retirement community, the nurses are interacting with older individuals who are still relatively healthy and can care for themselves. The nurse must learn the role of facilitator and educator. Empowerment of older women comes from helping them to remain connected, helping them to find their own sense of purpose, and to help them make the modifications necessary to remain self-reliant. It is important for older individuals to have professional input as a part of their decision making journey.

Advance practice nurses are well positioned to assume this supportive role.

Unfortunately, most older women have limited exposure to an advanced practice nurse in today's health care environment. It is only when an individual accesses the health care system because of acute or chronic illness that contact is made. This needs to be changed.

Advance practice nurses can prevent many of the health problems older women encounter through early contact and interventions. Having an advanced practice nurse available in retirement communities is a first step.

Social and Political

Research with older individuals is important for social and political policy determinations. The cost of healthcare for the older population is a growing concern for

most social agencies. This study with older women who chose to move to retirement communities outlined the benefits that can be achieved in a communal environment. Not only is independence and privacy maintained, but the women remained active members of the community. In general, the women interviewed indicated their health remained stable or improved. The study indicates a growing need for supportive retirement communities and the potential for decreased healthcare costs.

This study did not directly explore the eventual need for assisted living or skilled nursing facilities by the participants; however, in indirect conversations about friends, the women indicated that several of their friends within the retirement community died without ever being transferred to another facility, or being transferred for only a short time. The cost of nursing homes is steadily rising and the resistance to be placed in a nursing home remains strong. Although more research is needed, the incidental conversations with the women in this study indicate better health outcomes and decreased healthcare dollar expenditure by women living in supportive retirement communities.

The women interviewed in this study, who chose to transition to a supportive retirement community indicated they wanted to maintain control, secure their independence, remain healthy, and remain socially connected. However, the women interviewed felt there were not many choices available to them. The most prohibitive barrier to moving to a supportive retirement community was cost.

There were very few community/church supported retirement settings from which to choose for the women in this study. Most of the supportive retirement communities were private enterprises and catered to upper socioeconomic classes. Even the church supported supportive retirement communities required incomes capable of supporting

average monthly rents of \$1100. Many older women do not have the economic means to even consider moving into supportive retirement communities. Thus the issues of gender, ethnicity, and class continue to dominate the social and political environment. The needs of women, especially older single women who make up the majority of the lower socioeconomic strata have not been addressed.

The women who participated in this study were retired professionals with pensions or were women who had a strong middle or upper class economic situations. This study was limited in the respect that there were no minority or lower socioeconomic women included. However, the cost of moving to a supportive retirement community precluded the inclusion of a lower socioeconomic group. The cost barrier of living in a supportive retirement community may later be a cause for the increased cost of caring for an individual whose health has deteriorated to the point that a great deal of care is needed.

What is needed is more of a focus on congregate living communities for all socioeconomic levels of seniors. Presently, most federal and state funds go to skilled nursing facilities. The research has shown that older individuals living in congregate communities often never have the need to move to a skilled nursing facility. These individuals tend to remain healthier and more vital. Presently, most congregate living facilities such as supportive retirement communities are beyond the economic scope of the majority of older women. The social and economic realities of poverty among this group are a contributing factor.

Health policy needs to address issues of poverty, living environments, and health care for the older, single female population. Women are socially and economically

disadvantaged and this is especially of older, single women. Many are unable to afford long-term healthcare insurance, or any type of retirement facility which may offer supportive services. Thus, medicaid and medicare costs for this group of women are rapidly rising. These costs could be curbed if the women had better access to preventative health care and the formal and informal supportive services offered by many retirement facilities.

Concluding Remarks

This study identified the process of transition to a supportive retirement community as experienced by single older women who had been living alone in the community at large. By sharing their personal experiences of transitioning to a new supportive retirement community, these women identified unique needs and concerns. A transition model, grounded in the data gradually emerged which indicated the core dimension in transitioning to a supportive retirement community by older single women is the ability to maintain control of choice. The choices the women made were not always easy ones. Data indicated the women first needed to make the choice to move to a supportive community.

Considering a move to a retirement community was usually triggered by a sentinel event which led the women to decide that it was time for a change. Next, the women gathered the resources they needed to make the move. These resources included both social and economic resources. Letting go required balancing the old and familiar with the new and was accomplished through adaptation and flexibility of character. The women gathered power and maintained independence through relationships and social

connectedness. The women showed strength, confidence, and resilience through the transition process. A new sense of “home” marked the end of the transition process.

Issues of gender, culture, economics, and societal expectations impact the health and welfare of older women. Healthcare concerns of older women must be addressed and plans made to support optimum outcomes. This study sets the groundwork for additional studies focusing on single older women. Research needs to be done to uncover the needs of this unique group.

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APPENDICES

Appendix A
Interview Guide

Interview Guide

Code _____

Demographic Data:

Name _____

Age _____ DOB _____

Years/months living in a supportive retirement community _____

Prior Living situation _____

Educational level _____

Ethnicity _____

Rent/Housing costs/month _____

Family members in the area _____

Interview Guide:

1. Tell me about your decision to move here.
(Probes—feelings about move? Apprehensions? Expectations? Changes in role?)
2. How have things been since your moved?
(Probes—contact with friends? Change of shopping regime? Church? Adjustment?)
3. Were there any persons or agencies which helped you with this transition/move?
(Probes—Who? What did they do? Did it help or hinder? Were decisions made those of participant or another?)
4. How has your overall health been?
(Probes...do you feel better? Do you feel worse? What kinds of things affect have affected health?)
5. What do you remember most about your move?
(Probes—who, what, when, why?, positive experiences?, negative experiences?)

Appendix B

USD Research Participant Consent Form

University of San Diego
Research Participant Consent Form

Women in Transition:
Moving to a supportive retirement community

Linda Hansen-Kyle is a doctoral student in nursing at the Hahn School of Nursing and Health Science at the University of San Diego. She is exploring the transition process to a supportive retirement community from a general community setting. You are invited to participate in this research project for the purpose of exploring the perspective of women who have transitioned to a supportive community.

The project will involve one interview lasting approximately 60 minutes. Additionally, a second interview or phone call may be necessary to clarify the interview information or ask additional

information. You will be asked questions about your thoughts and feelings associated with moving to a retirement community. The interview will be in a location that is convenient for you.

The interviews will be audio-recorded, written, coded, and studied in a manner which will protect your identity. Any information that you provide will remain confidential. A transcriptionist who has signed a pledge of confidentiality will type you're your interviews. The information will be kept in a locked fireproof file.

The results of the research project may be made public and information quoted, but all individual data will remain confidential.

The interviews are entirely voluntary and even after the interview begins, you can refuse to answer any question and/or quit at any time.

If you tell me during the interview that someone is hurting you, I am legally required to report this.

There may be a risk that you will become tired during the interview. If this occurs, we can resume the interview at a later date that is convenient for you.

The benefit to participating will be in knowing that you have talked with someone about your experience and have the satisfaction of contributing to nursing knowledge.

If you have any questions about this research, please contact Linda Hansen-Kyle at (858) 538-6411. or Linda Hansen-Kyle's research advisor, Dr. Patricia Roth at (619) 260-4572.

I have read and understood this form, and consent to my voluntary participation in this research project. I have received a copy of this consent form for my records.

Signature of Participant

Date

Signature of Principle Investigator

Date

Appendix C

Transcriber's Pledge of Confidentiality

Transcriber's Pledge of Confidentiality

I will be participating in the dissertation research project entitled:

Women in Transition: Moving to a supportive retirement community

I will be transcribing audio-recorded interviews into text. I will not know the names of the informants, but if I should recognize information that enables me to identify any of the participants I agree to maintain their confidentiality. By signing this agreement I pledge to keep all information strictly confidential. I will not discuss the information I transcribe with any person for any reason. I understand that to violate this agreement would constitute a serious and unethical infringement on the informant's right to privacy.

Signature of Transcriptionist

Date

Signature of Principle Investigator

Date

Appendix D

Example of Recruitment Flyer

Attention Single Women

ould you like to be a part of a study that looks at life in a retirement community?

I am a doctoral nursing student at the University of San Diego who is doing research on the experience of moving to a retirement community and am looking for volunteers to interview.

If you are a female, living alone, and over the age of 70, who is willing to share your story and experiences of moving to a retirement community please contact me to learn more:

Linda Hansen-Kyle, RN, PhD (c) 858-538-6411

ATTEND THE OPEN MEETING IN THE "LUV LOUNGE" FOR INFORMATION & DISCUSSION

Friday, October 14, 2005 3-4 pm

Wine, punch, cheese & cookies

Appendix E

Example of Information Sheet

WOMEN IN TRANSITION: SUPPORTIVE RETIREMENT COMMUNITY

Barbara K. Kelle, RN, MA, PhD(c), CCM

Theta Tau and Western Institute of Nursing

Background/ Rationale

- ❖ The rapidly aging U.S. population has many implications for healthcare
- ❖ One implication, the basic need for safe supportive housing, is particularly important for the older population, 60% of whom are single or widowed women
- ❖ However, moving to a supportive retirement community is a transition that influences physical and psychosocial health
- ❖ Research indicates transitions may lead to psychosocial, emotional or physical changes that influence the health of an individual
- ❖ Few research studies have focused on transitions of older women to a supportive retirement community
- ❖ Transitions, health, and nursing are closely linked

Theoretical Underpinnings

- ❖ Symbolic Interactionism: philosophical and theoretical background
- ❖ Grounded theory:
 - Social processes grounded in individual experiences
 - Assumes people who share experiences also share common meanings and behaviors
- ❖ Information regarding common experiences leads to a broader knowledge base and theory development

Aims

- ❖ Explore the transition experience of women, aged 70 and older, to a retirement community that provides
 - Independent living accommodations
 - Network of social, health and safety support structures
 - Option to transition to assisted living or skilled nursing accommodations
- ❖ Develop a theory of transition for older women who move to a supportive retirement community

Lines of Inquiry

- ❖ Analyze the process leading to a decision to move to a supportive retirement community
- ❖ Describe the process of adjusting to a new living environment
- ❖ Describe perceived change in role and identity
- ❖ Analyze perceived need for and source of support during a transition
- ❖ Describe effect on health perception and well-being during a transition

Method

- ❖ Grounded theory: Strauss and Corbin (1990)
- ❖ Feminist perspective of respect and reflexivity
- ❖ Convenience sample of 25-30 women, aged 70 and older
- ❖ In-depth, semi-structured interviews which are digital voice recorded and transcribed

Analysis

- ❖ Code transcriptions and field notes using Grounded theory method (Strauss and Corbin, 1990)
- ❖ Dimensional Analysis to further to identify themes and linkages (Schatzman, 1991)

Implication

Promote understanding of physical and psychosocial health perceptions of older women during a period of transition

Appendix F
Letters of Support

PACIFIC REGENT
LA JOLLA
A FOUNTAINS COMMUNITY

August 1, 2005

University of San Diego Institutional Review Board
c/o
Mrs. Linda Hanson-Kyle R.N.
12794 Adolphia Ct.
San Diego, CA 92129

Dear Review Board,

I am writing this letter on behalf of Mrs. Linda Hanson -Kyle, R.N and PhD candidate in Nursing. As the Executive Director of Pacific Regent La Jolla Residential Retirement Community in San Diego, it is my understanding that Mrs. Hanson-Kyle has chosen our retirement community to conduct her PhD research studies on older women in transition. We are not only excited but also very pleased to provide our full cooperation and support to this worthwhile research, as the findings would be most helpful to our future planning of a possible wellness program. Please use this as an acceptance letter by our community to support Mrs. Hanson-Kyle's research efforts.

Sincerely,

Raj D'Souza
Executive Director

Fountains Retirement Communities of California, Inc.

San Diego, California 92122 • (858) 452-1800 • Fax (858) 597-8040

St. Paul's Senior Homes & Services

A Full Service Retirement Community

St. Paul's Home Offices

Administration
328 Maple Street
San Diego, CA 92103
619-239-6900
FAX 619-239-1256
E-mail:
stpauls@silverhe.net
Website:
paulseniorhomes.org

**Manor and Tower
Independent Living**
2635 Second Avenue
San Diego, CA 92103
619-239-2097
FAX 619-236-0034
Lic # 370800558

**Villa
Independent Living
Assisted Living**
2340 Fourth Avenue
San Diego, CA 92101
619-232-2996
FAX 619-232-0451
Lic # 370804823

**John A. McCall Family
Health Center
Skilled Nursing Care**
235 Nutmeg Street
San Diego, CA 92103
619-239-8687
FAX 619-239-1201
Lic.# 080000181

**Community
Care Center
Senior Day Care
Child Day Care
Home Care**
328 Maple Street
San Diego, CA 92103
619-239-6900
FAX 619-239-1256

**St. Paul's Retirement
Homes Foundation**
328 Maple Street
San Diego, CA 92103
619-239-6900
FAX 619-239-1256

**Community Eldercare
of San Diego
Program of All Inclusive
Care for the Elderly**
328 Maple Street
San Diego, CA 92103
619-239-6900
FAX 619-239-1256

July 26, 2005

Institutional Review Board
University of San Diego
5998 Alcalá Park
San Diego, CA 92110

Dear Institutional Review Board Members:

I have spoken with Linda Hansen-Kyle, a doctoral candidate from the Hahn School of Nursing and Health Science, regarding her dissertation topic "Older women in transition: Moving to a supportive retirement community". Her topic is of great interest to St. Paul's Senior Homes & Services. The focus of her study is timely and will add to the body of knowledge regarding the transition to living in a supportive community environment.

Ms. Hansen-Kyle has proposed an invited interview approach to gathering information from older women who are living alone within our community. This least invasive approach recognizes and protects the privacy of our residents.

As the director for St. Paul's Senior Homes & Services, I support Ms. Hansen-Kyle's research.

Sincerely

Cheryl A. Wilson, RN, MA, LNHA
Chief Executive Officer

St. Paul's Episcopal Home, Inc. Founded 1960