Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
Living at home after 95 years.

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Philosophy

in

Nursing

at Massey University, Albany,

New Zealand.

Julia May Russell

2013
Abstract

Globally the number of older people is increasing with the largest increases occurring in those aged over 85 years. Historically little has been written about this group and because of increasing numbers more information is needed to inform the development of future services. The question was how people live in their own home independently after 95 years? This work was informed by narrative gerontology overlaid with a critical gerontological lens to give voice to this group. Through a purposive sampling strategy ten narrators were identified and were interviewed using a semi-structured format.

Data analysis was undertaken using thematic analysis with three themes; staying socially connected, managing the physical environment and keeping and ageing well emerging. Further to this, there were associated subthemes, which support and further illuminate the detail of the theme itself. These findings also unsettled the ageist, biomedical view of the oldest-old and what we think we know about them. In this study the narrators gave voice to their lives and what contributed to them living at home independently. Not everyone will live to 95+ years and how this was achieved by this group was the result of their entire lives and showed itself in the resilient characters of these narrators. All of whom considered the benefits of social connectedness, hard work and keeping well as reasons for living independently at home. As well as this, the need to stay mobile and the current contribution of help and support from both family were contributing factors. This research provides considerations for changes in not only the way we view those over 95 years but also the way we consult and provide services to them. There is an urgent need to promote achieving resilience, eliminate ageism and promote a more balanced view of the oldest-old.
ACKNOWLEDGEMENTS

Few human endeavours, including this one, occur in isolation with most requiring the help and support of many people that contribute to their completion. Contributions to this thesis have both been on personal and professional levels. No doubt, the greatest acknowledgement is to my mother, Jean who has always unconditionally, quietly and lovingly supported everything I have done. My interest and passion for older people comes from her and her encouragement to support the older people in our family and to work hard in my employment. I anticipate she will become one of the oldest of the old as she demonstrates the attributes of the narrators. A sincere and loving thank you to my wonderful family who allowed me the personal time and gave their support to complete this. In particular, my sister Jacque who provided love and practical skill. The next most important acknowledgment is to my supervisor Dr Stephen Neville, he has the singular ability to make everything seem interesting and has truly made this journey full of learning and interest.

The other most significant acknowledgments are to the narrators. I felt truly honoured as people took the time to be interested in this work and thank you to those who were so welcoming as I visited heard your stories, I have enjoyed meeting you all. I have appreciated the time this has given me to reflect on the work that we do with people and hope that this new knowledge makes me a better person and advocate for these people.
Table of Contents

Abstract ii
Acknowledgements iii
List of Tables viii
List of Figures viii

Chapter 1. Introduction to thesis 2
1.0 Introduction 2
1.1 My position 2
1.2 Reflexivity 4
1.3 Research question 6
1.4 Overview of thesis chapters. 6
1.5 Conclusion 7

Chapter 2. Key definitions and concepts 9
2.0 Introduction 9
2.1 Key concepts 9
2.1.1 Ageing 9
2.1.1.2 The third and fourth age 11
2.1.2 The study of ageing 12
2.1.3 Independence or interdependence? 13
2.2 Socio-demographic characteristics 16
2.2.1 International trends 16
2.2.2 New Zealand 17
2.2.2 Māori and other ethnic groups 19
2.2.3 The Southern District Health Board (SDHB) and older people 19
2.3 Theories of Ageing 21
2.3.1 Life course perspective 22
2.3.2 Disengagement Theory 23
2.3.3 Activity theory 24
2.3.4 Continuity Theory 24
2.3.5 Successful ageing 25
2.3.6 The Free Radical Theory 25
4.1 Methodology
   4.1.1 Qualitative research
   4.1.2 Narrative
   4.1.3 Critical Gerontology

4.2 Methods
   4.2.1 Sampling
   4.2.2 Informed consent

4.3 Recruiting

4.4 Interviews

4.5 Confidentiality and information storage

4.6 Ethical Issues

4.7 Ethical approval

4.8 Thematic Analysis

4.9 Maintaining rigor and trustworthiness
   i) Credibility
   ii) Fittingness
   iii) Auditability

4.10 Conclusion

Chapter 5. Narratives

5.0 Introduction

5.1 Alice (99)

5.2 Esther (96)

5.3 Heather (98)

5.4 Lily (100)

5.5 Beatrice (100)

5.6 Madge (96)

5.7 Lena (99)

5.8 Sarah (100)

5.9 Bob (98)

5.10 Tim (97)

5.11 Conclusion
Chapter 6  Findings

6.0  Introduction

6.1  Summary of themes

6.1.2  Socially connected
   Subtheme i)  Family and friends
   Subtheme ii)  Help - paid/unpaid help
   Subtheme iii)  Keeping busy

6.1.3  Managing the physical environment
   Subtheme i)  Use of aids - hearing aids, walkers, glasses
   Subtheme ii)  Appliances and technology
   Subtheme iii)  Changing how and where I live

6.1.4  Keeping well/ageing well
   Subtheme i)  Health and eating well
   Subtheme ii)  Medications
   Subtheme iii)  Keeping mobile
   Subtheme iv)  There’s nothing I’ve done
   Subtheme v)  Not worrying

6.5  Conclusion

Chapter 7.  Discussion

7.0  Introduction

7.1  Summary of findings

7.2  Being the oldest-old
   7.2.1  Successful Ageing
   7.2.2  Ageism

7.3  Resilience

7.4  Implications and opportunities
   7.4.1  Health professionals and the community
   7.4.2  Nursing education
   7.4.3  Research

7.5  Strengths of the current study

7.6  Limitations of the current study

7.7  Conclusion
References 161

Appendix A. Participant information sheet 198

Appendix B. Advertisement for participants 201

Appendix C. Participant Consent Form 202

Appendix D. Transcript release authority 203

Appendix E. Interview Schedule 204

LIST OF TABLES
Table 1 Spread of oldest-old across the SDHB 20
Table 2 Increase in number of 95-99 year olds and 100+ 20
Table 3 Increase in number of 95-99 year olds and the 100+ year olds 1995 – 1999 21
Table 4 Phases of Thematic Analysis 83
Table 5 Profile of narrators 100
Table 6 Themes and subthemes 101

LIST OF FIGURES
Figure 1 Global population aged 80+ years 1950-2050 16
Figure 2 Population aged over 80+ years in New Zealand 17
Figure 3 Ageing of the aged in New Zealand 18