# The Social Experiences of Older Adults in Serviced Apartments

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## Abstract

The focus of this study was to understand the social lives of older adults living in serviced apartments. As an increasingly available housing option within the growing retirement village lifestyle market, serviced apartments are an unexplored area for social research in New Zealand.

To support this inquiry participants were recruited from two retirement villages providing serviced apartment in the Nelson/Tasman region. Seven participants responded, including four females and three males. Individual semi-structured interviews were conducted asking participants about their social lives and how shifting into a serviced apartment had impacted on their social worlds.

Three themes emerged relating to social networks, participation in activities, and dependency. Participants talked of their meaningful interactions with old friends and regular contact with family members, who are important areas of practical and emotional support. Residents often visited their friends outside their home, while their apartments were used as a place to rest and be alone. The activities offered by the retirement villages are multiple and cater to the interest of participants, who resorted to these options when community activities were no longer accessible. The impact of physical decline and loss of transport increased dependency on the retirement villages to provide assistance and access to the community.

These findings were supported by the literature and provided support for two major theories of adaptation to ageing. The implications of this research suggest a risk for loneliness among new serviced apartment residents without previous connections to residents within the retirement villages, and a loss of in-person contact with friends as physical decline limits residents' ability to participate.

The thesis concludes that, overall, participants are satisfied with their social lives and are able to adapt to changes in their physical abilities in ways that aim to maintain meaningful social interaction and participation.

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# Introduction

## The Older New Zealander

The proportion of the population aged 65 years and older have been rapidly increasing withing the developed world, with New Zealand demographics following these trends. Statistics New Zealand website data (2020) report that in the year of 2020, the number of those aged 65 years and older is roughly 15% with this figure projected to rise by 2034 to 21%. This increase in ageing and longevity has resulted from better standards of living and advances in medicine that enabled reductions in the spread of infectious diseases and more effective treatment of common age-related illness, such as chronic heart disease (Wilmoth, 2000). Additionally, birth rates have reduced decade on decade since the end of the second World War, except for the 1970's (Pool, & Du Plessis, 2021), leading to an increasingly aged population, with the largest birth rate cohort, those born between 1946 and 1964, currently entering their retirement years.

Life expectancy for New Zealanders as of 2019 is an average of 80 years of Males and 83.5 years for females, which make up an increased longevity of 2 and 1.3 years, respectively (Statistics New Zealand, 2021). It is important to note however that increases in life expectancy are not representative of all groups of New Zealanders, and while all ethnic groups have increase in life expectancy, Māori and Pasifika groups continue to experience lower life expectancies in comparison to citizens of European descent. Māori male and female have life expectancies of 73.4 and 77.1 years respectively, while Pasifika rates are 73.4 and 79 years for men and woman (Statistics New Zealand, 2021). These differences have gradually been staling over the years, yet they do reflect ongoing discrepancies relating to health, poverty, and ongoing equitable access to public healthcare and supports (Blakely, et al., 2007).

An ageing population carries consequences for government and individuals, with the increased life expectancy and a general retirement age of 65 years, there is a large proportion of time in which older adults are potentially out of employment. Following retirement, some individuals might spend a large proportion of time out of work relative to years worked (Davey & Davies, 2006), this creates a financial load upon those governments that provide fiscal assistance to retired workers and public health care services, such as New Zealand's government offers. Additional pressures imposed upon countries with higher proportions of an out of work and ageing population include ensuring adequate housing and living standards is available to facilitate ageing in place (Davey et al., 2004), healthcare resources are available to meet age-related illness (Flett et al., 1999), and communities designed to facilitate the daily activities of older adults in inclusive ways that promote health and independence (Neville et al., 2021).

**Policies**

With the recognition that additional resources and infrastructure will be needed to accommodate an ageing population, local and international policies are concerned with mediating the additional resources that an ageing population require (Glasgow, 2014; Stenner et al., 2011). To moderate these burdens, policies have sought to shift perspectives of older adults as autonomous, independent, and healthy agents as opposed to the dependent, declining and care requiring persons that had prevailed among western societies prior to turn of the century (Makita et al., 2021; & Stephens, 2017). These shifts to more positive perspectives of ageing orientate to active policies of ageing.

The World Health Organisations Active Ageing (2002) framework promotes enhanced quality of life for older adults and the enablement of participation in their preferred social, spiritual, economic, cultural, and civics roles activities. Important within this framework is the positive role older adults have within society and the recognition of the

continued contribution older adults have as active members of their communities, whilst acknowledging the need to facilitate ongoing and meaningful connection to important others in the lives of older adults.

Policies in New Zealand have focused on the uptake of health promoting behaviours, with the Better Later Life strategy (Martin, 2019) and the Healthy Aging strategy (2016) being examples of initiatives that recognise the positive outcomes that are desired for older adults. Important elements within both strategies includes understanding of the importance of social participation and connection with others. The New Zealand Disability Strategy (2019) is also an important part of New Zealand's policies for older adults, as they do have higher rates of disability across age demographics, particularly for Māori elders (Ministry of Health, 2018).

Government policies on positive ageing focus on the multidimensional nature what positive ageing entails, this includes such factors as financial security, autonomy and independence, health, safety and security, attitudes to ageing, and the physical environment (Dalziel, 2001; Glasgow, 2013). Risks created by deficits any one of these areas is the increase of social exclusion and reduced participation (Dahan-Oliel et al., 2008) which can diminish quality of life. The current Labour government introduced the Better Later Life strategy in 2019 to replace the former Positive Ageing strategy, with the latter focused on preparation for an ageing population and the former outlining the steps for the recognised demographic changes (Martin, 2019). Within the Better Later Life Strategy key focal points are financial security and ongoing economic participation through upskilling and flexible work times, the promotion of healthy ageing through positive media and combating ageist discourses, providing adequate and secure housing choices, enhancing opportunities for participation through use of technologies as a means for social connection, and creating environments that are accessible and safe for older peoples (Martin, 2019).

The Better Later Life Strategy works along other government strategies to ensure that the diverse needs of older adults are catered to, within their cultural spheres (Martin, 2019). The Health Ageing Strategy (Ministry of Health, 2016) recognises that older adults often experience health concerns greater to other age demographics and sets about the plan to address the reported concerns of older adults within the community.

While New Zealand has no official age of retirement, the majority of citizens chose to leave paid employment around the time they qualify for the New Zealand Superannuation scheme (Statistics New Zealand, 2020). Currently entitlement sets in at age 65, although some do continue to remain employed beyond this time, with roughly 6% of the paid labour force comprised of those aged 65 years and older (Statistics New Zealand, 2020). The New Zealand superannuation provides a fortnightly guaranteed income that allows entitled individuals to continue to meet living costs and is designed to supplement other forms of retirement income.

As is apparent, those aged 65 years and older represent a vast age span, and as such are not homogenous as a group (Flett et al., 1999). As with any population of peoples, great variability exists in terms of functioning and health amongst individuals, with same aged individuals having vastly different functionally ability to one another (World Health Organisation, 2002). These functional variations, along with differences in ethnicity and social economic factors results in greatly different health outcomes and mortality (House, 2002; Stephens et al., 2010; Bassuk et al., 2002). The successful ageing narrative, championed by Rowe and Kahn (1987) promoted the notion that while psychosocial factors contribute to the health profiles and functionality of older adults, the onus on outcome is mostly individually determined.

Within the successful aging narrative, those who experience decline in relation to health and functionality can experience guilt and a sense of failure for their poorer outcomes

(Cole, 1992). The successful ageing narrative has helped to reduce aged stigma related to decline, however it has been accused of ignoring micro-macro life span factors which contribute to ageing 'successfully' (Stowe & Cooney, 2015). Stephens (2017) argues for taking a more capability-based approach to ageing and health with focus on achieving valued functioning through focused social policies over individual-orientated frameworks and policies which set generalised definitions of successful ageing. Likewise, income discrepancies and lower living standards that create inequality of access to healthcare and resources for different economically placed older adults (Falkingham & Johnson, 1992), however as revealed in longitudinal research conducted by Szabó et al. (2019) health and wealth prior to retirement is not a guarantee of continued health post retirement.

## Health and Wellbeing Among Older Adults

### *Physical Health*

The current generation of older adults are experiencing greater longevity and increased health compared to prior aged cohorts, which is resultant of better access to medical care, nutrition, and economic improvements (Cutler & Meara, 2001). While recognising the strides made in health and longevity, it is important to note the variability in the health status and well-being among older adults. When considering the role health and wellness in the older adult population recognition of the multi-faceted nature of internal factors and external influences on health is important in making sense of how one can function within their surroundings. The international classification of functioning, disability and health offers a framework through which to understand the limitations that a person faces in their body, their ability to participate and their choice of activities due to their individual health conditions, while also recognising contextual factors on an environmental and personal level (Martins et al., 2012). Health conditions for older adults are multi ranging, with common morbidities including arthritis, heart disease, stroke, chronic pain, and diabetes

(Ministry of Health, 2016) with these generally higher among older age groups then younger cohorts. Falls are a particular issue for older adults (ACC New Zealand, 2021), with greater rates of hospitalisation for women over men (Stevens & Sogolow, 2005) and greater impacts on the independence, mobility, and quality of life (Weeks & Roberto, 2003; Roe et al., 2008).

While many older adults maintain relatively good health for longer, the incident of illness grows with age (Bowling, 1993), with diminished sight, hearing and immune functioning tending to worsen with age (Jaul & Barron, 2017). In looking into how physical disability impacts quality of life for older adults, Grist (2010) showed that factors such as age of onset of disability factored in the adaptation and quality of life for older adults. Being able to successfully navigate life with increased limitations of physicality requires adjustment of self and environment to enable continued access and engagement. Having communities developed in ways that support engagement is important, as accessibility to buildings without appropriate ramps or elevators, uneven sidewalk and poor public transport are known factors that make social participation difficult for older adults with physical limitation (Caman et al., 2014).

***Mental Health***

Mental illness is an important area of concern across all age groups. For older adults the lifetime risk of having or having been diagnosed with a mental illness sits around 47% for those aged 75 years and older (Oakley Browne, 2006). While rates of mental illness are greater among younger aged populations, mental illnesses are a concern for many older adults, having significant effects on quality of life and wellbeing. Oakley Browne (2006) identified sex-based differences in experiences of psychological disorders, with older females experiencing depression and anxiety, while older men had higher rates of substance use disorders. Suicide is lower among older adults but as with younger cohorts, older men have higher rates of suicides then women, with mood disorders often associated with suicidality

(Barak et al., 2020; Beautrais, 2002). This suggests that while mood disorders are more common among older females, the risk of suicide for older males with mood disorders is higher.

Experiences that accompany older age are risk factors can increase incidence of mental illness for older adults. With older age often associated with some form of physical decline and loss of loved ones, the grief that can accompany these losses can increase the risk of mental illness (Kennedy et al., 1990; Ostir et al., 2007; Shear et al., 2013). Additionally, low levels of social support from family or feelings of social isolation increased incidence of mental illness (Singer, 2018; Kwag et al., 2011). The causality dilemma is important to bring up in relation to functionality, mental illness and maintaining individual quality of life standards (Singer, 2018). There are greater incidents of mental illness among those with sudden onset physical disability (Turner et al., 2006), likewise the opposite is true with physical disability increased among those with mental illnesses (Osborn, 2001). Age-related functional decline and mental illness can contribute to reductions in the participation of older adults in the community, a limiting of engagement in social activities (Patterson, 1996), as well as cause difficulties in remaining in the home and community (Bekhet et al., 2009).

***Cognitive Health***

Understanding cognitive functions for older adults is not as simple as comparing current abilities with younger age abilities as cognitive functioning changes throughout the lifespan are normal (Craik & Bialystok, 2006). However, for non-normative changes in cognitive abilities for older adults, common causes for impairment are stroke (McDonnell et al., 2011) and dementia, of which the most common form is Alzheimer's disease (Sadock et al., 2014). Alzheimer's and other forms of dementia, including Lewy's bodies, Parkinsonian dementia and vascular dementia affect brain regions resulting in often progressive and devastating declines in functioning and cognition (Sadock et al., 2014).

Examination of the effects of changing functional abilities on the social participation of older adults and conversely the impact of social participation on functional ability and mental well-being helps create understanding of the contextual factors on health and wellbeing is desired. Tomioka et al. (2018) examined how different forms of social participation related to incidence of cognitive decline among cognitively intact older adults. They found increased participation in local events within neighbourhoods appeared to be preventative of cognitive decline for men, while volunteering and hobby activities were related to lower cognitive decline for women after three years.

Many older adults remain cognitively capable of making decisions and engaging autonomously in their chosen lifestyles. Yet the presence of cognitive decline leads to challenges in performing activities of daily activities (Luo et al., 2019). This can be distressing for individuals and can be further stigmatising with social labels of older adults as senile, from within age (Krendl & Wolford, 2013) and across age groups (Bai, 2014). Continued engagement with community settings and activities is limited for those with dementia, with anxiety and confusion increasingly making out of home excursion difficult for these individuals (Ciofi et al., 2022). The need for support in social engagement and activities varies with the degree of cognitive decline, however the ability to continue to participate in meaningful activities on an independent level and with assistance from others is recognised as important to the health and wellbeing of older adults with dementia (Struge et al., 2021; Ciofi et al., 2022). The role of insight the individual has in relation to their changing cognitive abilities has been shown to factor into quality of life for those with dementias (Trigg et al., 2011).

***Social Health***

Humans are group-oriented creatures (Ferguson & Oz-Salzberger, 1995). Throughout the lifespan relationships with others is a fundamental element of healthy growth

and development (Santrock, 2015). As has been discussed, difficulties in physical, mental, and cognitive functioning can have significant impact on the quality of life for older adults (Caman et al., 2014; Patterson, 1996; Luo et al., 2019). Research has documented the relationship of social engagement to health and mental health. Reported beneficial effects of social engagement on health and psychological well-being include decreased rates of mortality (Berkman, & Syme, 2007: Rozzini, et al., 1991), slowing of functional decline (Mendes de Leon et al., 2003), higher levels of happiness and quality of life (Thompson & Heller, 1990), fewer depressive symptoms (Cacioppo & Cacioppo, 2014), and decreased risk for cognitive impairment (Bassuk et al., 1999). However, Levasseur et al. (2004) found a weak relationship between quality of life and social participation, with the role a person plays in their social world being of more importance than total number of daily activities.

As the connection between physical, mental, and cognitive health is tied to the social experiences and quality of life for older adults. Examining the social participation of older adults and the various biopsychosocial elements that impact upon health and wellbeing outcomes helps to understand what wider factors influence positive ageing.

**Social Participation Among Older Adults**

Social participation can roughly be defined as "the person's involvement in activities providing interactions with others in society or the community" (Levasseur et al., 2010, p2.). Yet, social participation is notoriously ill defined within the literature, with concepts of social activities, social engagement and social networks often being used with social participation interchangeably (Levasseur, et al., 2010). Social participation is increasingly conceptualised as contingent upon the personal satisfaction obtained with participation (Aroogh & Shahboulaghi, 2020; Levasseur et al., 2010). While personal satisfaction and meaningful participation are important aspects in quality of life (Levasseur et al., 2010), focusing only on subjective satisfaction through social participation limits the scope of what social

participation is and diminishes the impacts of functional decline and mood disorders on satisfying participation (Goll et al., 2015). Likewise, feelings of accomplishment related to social participation is not comparable to feelings of personal satisfaction obtained (Levasseur et al., 2010), thus it is important the diversity of experiences that make up social participation is acknowledged, alongside the individuals' gains from participation. The forms of social participation older adults undertake, as well as the meanings older adults assign to participation across biopsychosocial dimensions helps to guide the following investigation on social participation among older adults.

***Social Networks***

Older adult's social networks involve communal and interpersonal connections nurtured throughout the life course, and which impact upon the psychosocial wellbeing of individuals (Espinosa-Alarcón et al., 2010). The social convoy model describes the differing levels of closeness in the personal networks of individuals as they move throughout their life and are demarcated by the differences in attachment to and roles within different social networks (Fiori et al., 2007). Therefore, the structure, function, and quality of social network have subjective levels of meaning and impact upon on a person. Examples of networks include marriage and family, friendships, religious and community forms, and can be supportive, unsupportive or have a shifting dynamic across the life course (Fiori et al., 2007). The extent to which individuals interact and sustain social networks is influenced by multiple factors including attachment style (Ainsworth & Bowlby, 1991; Andersson & Stevens, 1993), functional ability and health (Ertel et al., 2009). In terms of interactions and friendship, there are different degrees to which one might experience closeness and companionship from others; Johnson and Troll (1994) identify four types of friends, close, casual, club and helpers, these various relational types are helpful to acknowledge that, while an individual may be considered close in one sphere of a person's life, they may lack closeness in other

domains. Different social networks often provide varying forms of support for older adults. Friends and family both offer support albeit different ways, with family often providing more intimate forms of care, such as physical cares while friends often supported through companionships and practical services, such as transport and assistance with shopping and housework (Potts, 1997).

How contact is maintained with social networks varies as a person ages, i.e., adult children might move away, siblings living elsewhere and visiting friends complicated by physical decline. Keeping in contact with social networks can take various forms, face to face, email, and phone, etc. Research conducted by Teo et al. (2015) examined how various forms of contact related to incidence of depression among older adults. They found that frequency of face-to-face contact decreased depressive symptoms over a two year follow up period. However, they caveat their results with the recognition that not all personal interactions are positive, with interpersonal conflict impacting upon wellbeing (Teo at al., 2015). Family and friend relationships form a major part of older adult social participation, particularly among the widowed (Kang & Ahn, 2018); yet these dynamics are experienced differently. Life satisfaction appears tied to the quality friendships and those positive family relationships (O'Connor, 1995), with friendships built on shared interest and compatible personality (Huxhold et al., 2014). Given the complexities of familial relationships, the importance of maintaining connections with supportive family members appears to influence wellbeing. While older adults often utilise family members as areas of support, the degree to which they act as supporters themselves for their own family is important to recognise, with older adults often supporting adult children with care of grandchildren (Hughes et al., 2007). The importance of reciprocity in familial support and positive interactions with family members was noted as an important factor in social relationships for older adults, particularly as a means of reducing feelings of burden (Morgan et al., 2021).

Older adults are noted as having smaller social networks in comparison to younger age groups (Cummings & Henry, 1961; Hochschild, 1975), often as the result of the death of friends and spouses. While some research has indicated that death of loved ones and living alone can increase loneliness among older adults (d'Epinay et al., 2003), satisfaction among social networks in older adults is greater than younger cohorts (Ferreira-Alves, et al., 2014). Social network size decreases are not synonymous with perceptions of declined social support for older adults, with subjective reports of support increasing with age (Schnittker, 2007; Lang & Carstensen, 1994). The perception of social support and satisfaction within a social network can be influenced by personality types, with traits of extraversions and conscientiousness being linked to satisfying social relationships even among depressed older adults (Cukrowicz et al., 2007), although others have found no significant link between personality traits and reported emotional satisfaction among social networks (Lang et al., 1998).

Additionally, social comparison (Buunk et al., 2007), attachment style (Andersson & Stevens, 1993), functional and cognitive decline (Hajek et.al., 2021), and living alone (Djundeva et al., 2019) have been identified as determinates of satisfying social relationship within networks and wellbeing for older adults. Consequently, unsupportive or lack of integration into social networks are attributed to increased mortality and poorer rehabilitation, particularly post injury (Berkman, 2000), and increases in experiences of social isolation and loneliness **(**Ferreira-Alves et al., 2014; Nicholson, 2012).

Social network composition and personal factors have been shown to influence the extent to which positive interactions and subjective satisfaction from social interactions is obtained. The importance of supportive social networks and social participation increases wellbeing and helps moderate the impact of grief and shrinking social networks. Even though social circles are smaller in older adults, support and satisfaction is high, with family and

friends being chief providers of supports. Given this, it is important to further examine the factors that influence social participation for older adults.

### *Factors Influencing Social Participation*

Facilitators of social participation for older adults relate to those factors that help to promote new and ongoing opportunities for social participation within the sphere of the older adults' abilities and environments. Facilitators include family and friends who live close by, maintaining an active driver's license or good public transportation, and elder-friendly sidewalks and building access (Herron et al., 2020). Familiarity with surroundings is also an important factor in social participation, with local knowledge and years of residence relating to better environmental fit and participation in social activities (Levasseur et al., 2015).

As social participation relates to the extent that one engages in activities with others, the decision to leave the workforce is a major influence in social participation. Although New Zealand has no official age of retirement, leaving employment generally occurs when eligibility for the superannuation is met at age 65 (New Zealand Government, 2020). Census data showed that roughly 22 percent of older adults remained in some form of part-time employment (Statistics New Zealand, 2013). Following retirement there is generally an uptake in leisure pursuits, while some chose to spend their extra time volunteering or caring for grandchildren (Statistics New Zealand, 2015). Retirement has a major impact upon a person's life (Van Tilburg, 2003) and is an important transition period, with employment having taken up a significant portion of adults' life. For many, employment is a major part of social participation, with co-workers being major social contact (Nahum-Shani & Bamberger, 2011), as such, the sudden loss of this social engagement can lead to adjustment and depressive issuess. Shiba et al. (2017) found that among Japanese males, those who retired completely from work at age 65 reported higher levels of depressive symptoms when compared to those who maintained some form of employment or who engaged in recreational

social activities. Post-retirement wellbeing is informed by expectations of what life post-work will look like (Taylor et al., 2008), with retirement planning, the amount identity is tied to work-status, and the successful substitutions of meaningful activities following retirement (Ungvarsky, 2021) impacting on wellbeing post retirement.

Cultural membership also informs social participation among older adults. Morgan et al. (2021) showed that older adults tend to associate with culturally familiar others. Social participation for indigenous elders is beneficial for the continuation of cultural knowledge and practices through the generations, with elders able to share their expertise and wisdom with younger generations. The importance of sharing cultural knowledge for older indigenous individuals is shown to have positive impacts on the mental health and well-being (Viscogliosi et al., 2020). However, barriers at the societal level for cultural minorities or migrants can result in limited access to care and support services (Verhagen et al., 2013) and less social integration resulting in poorer health outcomes and social isolation (Nyqvist et al., 2021).

Socioeconomic status (SES) relates to the standards of living and social standing of an individual in relation to others within society. Housing standards, educational status, and income factor into socioeconomic status, however the extent to which this impacts upon satisfaction with social networks is varied, with older adults reporting SES having less of an impact on subjective wellbeing, and SES being less of a concern for older adults then younger cohorts (Pinquart & Sorensen, 2001). However, Stephens et al. (2011) found social network access and subsequent health and wellbeing was determined largely through socioeconomic resource access, such as healthcare and opportunities for participation. Socioeconomic access create space in which inclusion and exclusionary behaviours are enforced among individuals, Nielson et al. (2019) found that among retirement village residents, access to preferred activities were often permitted based on group membership and

those on the fringes often feeling shunned and stigmatised, with declines in health perpetuating amplifying social exclusion. This concept of inclusion and exclusion based on access to resources reflects social class relationships, or the benefits ones gives and receives through social integration and participation in both formal and leisure pursuits, such as church, charity affiliations and sporting groups (Berkman, 2000; Robison et al., 2002; Lindström et al., 2001). Access to capital and successful integration into social groups is often determined by adherence to the behavioural norms of the groups (Reimer et al., 2008). The importance of conforming to group norms can facilitate access to activities but may also exclude one from other pursuits out of the acceptable group norms (Nielson et al., 2019) while exclusion or limited access is often due to minority status (Li, 2004), and disability (Goll et al., 2015). While subjective reports of wellbeing might not be directly determined by SES, older adults' resources and ability to integrate into different social classes has an influence on their ability to participate in desired activities.

The roles a person occupies shapes satisfaction with social relations (Levasseur et al., 2004) and the expectation of personal position within society factors into how social engagements are decided upon. For example, kaumatua are Māori elders who are held in high esteem within their iwi (tribe), hapu (sub-tribe) and whanau (family) and serve important roles on their marae (courtyards) (Keelan et al., 2021). Levasseur et al. (2004) found that a person's role within their social world was of more importance to quality of life over number of daily activities, showing that a person's evaluation of their status is more important than how they occupy their time. Individuals' roles help to shape their social identity and as such shape how they are perceived and perceive themselves within social spheres. Social roles include family (Hossain et al., 2018), religious affiliation (Greenfield & Marks, 2007), civil engagement (Martinson & Minkler, 2006) and leisure activities (Goll et al., 2015), with some gendered differences (Clarke & Bennetts, 2013).

The loss of role and reverence in society can have consequences on health and wellbeing. Older adults have often been defined by ageist stereotypes, being perceived as ill, senile, lonely, and frail (Makita et al., 2021: Levy, 1996). Ageism is defined by Butler (1968) as '… a process of systematic stereotyping of and discrimination against people because they are old…' (p.243). In the mid-20th century, conceptualisations of older adults' place in society was an expectation for older adults to withdraw and isolate from society as they await approaching death (Cumming & Henry, 1961). While this perspective has fallen largely out of favour; stigma, and stereotypes of older adults as senile and invalid do continue and if internalised can lead to unfavourable health expectations and outcomes (Sargent-Cox & Anstey, 2014), and exclusion, or othering, of peers who personify these age-related stereotypes (Hubbard et al., 2003).

Noting how physical, cultural, economic, and relational environment impact on the extent to which one can participate in their preferred social roles, leads into the examination of what the activities that older adults tend to participate in and how these are conceptualised as meaningful and preferred by the individual.

***Activities, Participation, and Engagement***

Two types of social participation are formal and informal. Formal forms of social participation relate to civil forms of engagement in which one is servicing community members or government organisations and often involve higher levels of engagement, while informal forms refer to individual social pursuits of leisure or personal pleasure (van Groenou & Deeg, 2010) and are more casual in nature. Remaining active in older age is said to convey social and psychological benefits to conception of self through social approval and ongoing engagement (Reitzes et al., 1995; Longino & Kart, 1982). Levasseur et al. (2010) organise social participation into various levels depending upon the goals of the individual and the extent to which one is engaged, with less formal social participation more proximal to the

individual concerning personal relationship, while formal forms are more distal to the person having more impact upon the community or wider society. Some classifications specify that social participation is set within the boundaries of interaction with or alongside others (Goll et al., 2015). Other classifications include preparatory activities, such as keeping up with current affairs and readying oneself for social interaction with others (Levasseur et al., 2010). For the current purpose, the former definition is used.

Formal forms of participation include volunteering for charities, organisations, or community groups. To volunteer predominantly involves the free giving of time or skill to help others (Wilson, 2000). In exploring the motivators for volunteering in older Australians, Same et al. (2020) report themes relating to belonging, living within value systems, personal development, as well as time flexibility as topical reasons for volunteering. Similar themes were described among volunteering elders with dementia (Han et al., 2019). Volunteering has been linked to lower incidence mortality and depression, (Filges et al., 2020; Van Willigen, 2000). These benefits appear linked to the sense of purpose that is obtained from volunteering along with investment in the cause, the frequency in which one participates, as well as the social interactions obtained in volunteerism (Warburton et al., 2001; & Jirovec & Hyduk, 1999; Musick et al., 1999). While lower educated and economically resourced individuals are less likely to volunteer then those better resourced (Jirovec & Hyduk, 1999), skills development and accessibility to volunteer opportunities reduces the effects of social capital on participation (Tang & Morrow-Howell, 2008).

Informal forms of social participation relate to leisure activities. Given the increased free time available following retirement, opportunities for leisure pursuits are increased. Forms of informal social participation include sports, travel, outings with family and friends, and utilising community run events (Vaughan et al., 2016). Research has indicated that choices of social activities post-retirement are often the same as those older adults enjoyed in

their youths, suggesting that participation is largely based around meaningful activities gained throughout the lifespan and the ability of older adults to continue engaging in these activities (Minhat et al., 2013; Atchley, 1971). The degree to which having family members and friends living close and continued engagement in community participation is variable, with research showing insignificant associations between proximity to family and friends and participation rates (Vaughan et al., 2016), while others posit that family and friends are valuable resources that enable continued engagement with the wider community, chiefly through assistance with transport (Dabelko-Schoeny et al., 2021).

As remaining active in older age and continuing to engage in social activities forms the basis to successful and positive ageing (Rowe & Kahn, 1987; Simpson & Cheney, 2007), the benefits derived from engaging in and maintaining informal means of social participation are multiple. Remaining active in older age is linked to many areas of wellbeing, including better resilience to stressors (Pressman et al., 2009), better adaptation to changes related to grief (Utz et al., 2002; Gallagher et al., 1982), functional ability (Tomioka et al., 2017; Lövden et al., 2005), and access to social and physical resources through increased social capital (Nielson et al., 2019). However, participation in leisure activities is variable across the lifespan and among the sexes (Janke et al., 2006), with health factors relating to physical capacity having a greater impact on the ability to engage in leisure then the impact of age in itself. Given the increasing impact of physical limitations among older adults, ongoing participation requires a continuous process of adaptation in order to remain engaged and maintain quality of life (Grist, 2012; Baltes & Carstensen, 2003). The motivation to remain engaged in leisure activities has revealed multiple reasons for participation, with skills acquisition, pleasure, social connections and as a means for escape common reasons for participation (Lazar & Nguyen, 2017).

Regardless of the means and motivations for social participation, being socially active and participating with others has been shown to benefit the well-being of older adults (Warburton et al., 2001). Given social participations benefits in improving quality of life, instances of functional decline and loss of independence can impact upon social participation and access activities (Caman et al., 2014; Kerr, 2016). The consequences of low participation and the potential for exclusion from activities may contribute to loneliness and social isolation.

**Loneliness and Social Isolation**

Loneliness is the perception of a lack of satisfying social relationships or a discrepancy in actual and desired social relationships (Peplau, & Perlman, 1985). Loneliness is a considered to be a public health issue (Gerst-Emerson & Jayawardhana, 2015; Holt-Lunstad, 2017; Leigh-Hunt et al., 2017). Strong correlational links exist between loneliness and physical disability, mortality, and poor mental health including depression (Kerr, 2016; Pinquant, & Sorensen, 2001; Statistics New Zealand, 2013)**.** However, Matthews (2015) cautions against overemphasising the prevalence and impact of loneliness among older adults, highlighting self-reported loneliness for older adult is lower compared to younger adults. Although less prevalent, loneliness remains a concern among elder health care researchers and a target of change for policy makers (Martin, 2019). For those experiencing loneliness, life quality is impacted upon with lonely individuals experiencing earlier mortality (Henriksen et al., 2017).

Paradoxically, while loneliness in western countries is often attributed with the individualistic ideals of society (Lykes & Kemmelmeier, 2014), members of collectivistic cultures, associated with more co-residence and culture-boundness, report higher levels of loneliness (Sundström et al., 2009; Dykstra, 2009). In New Zealand, Pasifika and Asian older adults report higher subjective loneliness then Māori and European New Zealanders, even when

receiving support or residing with others (Jamieson et al., 2018). These findings suggest that the context and quality of interactions are of more importance than quantity of contact in influencing an individual's evaluation of their connection with others. Carstensen (1995) purports that loneliness is lower among older adults due to their selectiveness in investing time and energy in emotionally satisfying relationships. As such, the converse could suggest unsatisfying relationships and social interactions increase feelings of loneliness and social isolation.

Social isolation is the withdrawal, either voluntarily or otherwise, of the individual from society or the lack of meaningful and fulfilling social contacts and relationships (Nicholson, 2012). Although isolating oneself is not always negative or unhealthy, such as instances of isolation for respite and rest from busy lifestyles (Biordi & Nicholson, 2013) and taking time away from others is often a health form of self-care. Factors that make older adults more vulnerable to social isolation are hearing loss, chronic illness, functional problems, cognitive decline, rural living, living alone or having family live away, and increasing age (Mick, Kawachi & Lin, 2014; Iliffe et al., 2007; Havens et al., 2004). Social exclusion can result in social isolation among older adults also, with rejection from participation and barriers-imposed by cliques inhibiting the ability for individuals to form social connections in new spaces, such as retirement villages (Nielson et al., 2019).

The death of a spouse is a major life event. Older adults who lose their spouse report feelings of isolation and loneliness initially, but this often does not turn into prolonged grief, particularly for those who were chief carers of their spouse (Burton et al., 2006). The protective influence of friends and family support may offer protection from social isolation for the grieved (d'Epinay et al., 2010), however, reports of loneliness among widows are often higher to never married counterparts, suggesting that the close attachment with a spouse is hard to replace in older age (Boyd et al., 2021)**.** For those who are socially isolated from

support networks, negative health effects can occur. Nicholson (2012) showed that isolated individuals often had poorer adherence to medical treatment and engaged in less health promoting behaviours, with the risk of nutritional deficits and lower recovery rates being present for these individuals.

Those who perceive themselves as socially isolated have an increased risk of earlier mortality and morbidity among older adults (Cacioppo & Cacioppo, 2014). While the use of substances is an issue among older adults, Kuerbis et al. (2014) found older adults often drank more when in the company of others, while those who were more isolated used prescription medicines more than their non-isolated counterparts. Additionally, being socially isolated has been associated with greater decline in cognitive functioning (Lara et al., 2019).

A more novel cause of social isolation is the SARS-CoV-2 (COVID-19) viral pandemic, which has led to public policies requiring isolation, particularly of older adults, through the limiting of interacts among individuals and the closing of services that deemed unessential (Jefferies et al., 2020). Initial research reveals older adults' loneliness and social isolation has increased during the pandemic (Wu, 2020). Explanations for these increases include, government ordinates limiting interactions among people, lockdowns of retirement villages, and self-isolation to protect oneself from the virus (Wu, 2020). However, these results are preliminary in the context of an ongoing pandemic and the long-term impact on older adults will be better understood in the future.

Given that loneliness and social isolation are related to subjective and objective experiences of a lack of meaningful or desired social contact and access, the extent to which the environment enables or limits access to opportunities to participate is an important consideration (Levasseur et al., 2015). With recognition that older adults increasingly prefer to remain living in their homes, understanding the impact of home and location and how these contribute to social participation and wellbeing is necessary in enabling successful

implementation of the ageing in place plans of governments and developing resources to encourage social participation.

**The Location of Housing on Social Participation**

Housing composition for those aged 65 years and older in New Zealand indicate that around 80% of people lived in private dwellings, of which 28.8% lived alone, with the reminder of the population chiefly comprising older adults housed in residential care (Statistics New Zealand, 2013). Residents in private dwellings decreases with age, with 31% of 75 years and older and only 9.7% of those 85 years and up remaining in their private dwelling (Statistics New Zealand, 2013).

The cost and effort of home maintenance becomes increasingly challenging for many older adults, with physical decline often meaning that outside assistance with upkeep is required, or necessitates the shifting into a smaller residence (Davey, 2006). Older individuals who rent face the double burden of community dwelling, with many homes in New Zealand not being suitable to the needs of older adults or not meeting healthy standards (Gillespie-Bennett et al., 2013). Renting is also a precariousness form of housing, often with regular rent increases and risk of termination of tenancy. Renters also tend to be economically more deprived and are predominantly represented by females and minority group members, as such these groups are vulnerable to precarious and inadequate standard housing (Davey et al., 1999). Health status is linked to housing quality in New Zealand, with older renters living in poor housing conditions reporting poorer mental and physical health than home owner-occupiers (Pledger et al., 2019).

Along with appropriate housing in maintaining quality of life, neighbouring environment also has an impact on older adults' social participation. Length of residence in a neighbourhood, as well as the extent to which residents are familiar with and interacted with their neighbours has been shown to influence wellbeing reports and social cohesion among

those aged 60 years and older adults (Elliot et al., 2014). Having good relationships with neighbours has the benefit of improving perceptions of safety and increases social participation (Elliot et al., 2014). Knowing neighbours appears to create a sense of stability and familiarity which increases older adults' sense of safety in their location, enabling them to feel secure in venturing out. Connections made throughout tenure and the increases in sense of personal safety allows older adults some security in participating in their community. Hand et al. (2012) noted the importance of social cohesion and safety as factors that determine levels of social participation, with relocation to safer environments in close proximity to social supports promoting participation. Additionally, part of the importance of belonging and social cohesion within a neighbourhood is the ability for identity and attachment to their home and community that develop over the length of residence. Wiles et al. (2009) noted that attachment to place for older adults was complex, with symbolic, physical, and social aspects of their environments influencing the sense of home. While security and tenure appear to have an influence on feeling enabled to participate, practical aspects of participation in relation to age and age friendly environments impact on the degree to which older adults socially participate within their neighbourhoods (Richard, 2009).

The accessibility of local amenities and trust in neighbours is related to quality of life. Stephens et al. (2020) examined the impacts on personal capacity and neighbourhood accessibility on physical health quality of life measures, revealing that poor neighbourhood facilities enabling access impacted on physical health. Environmental features that facilitate neighbourhood participation include having adequate seating and well-designed outside spaces and disabled friendly sidewalks and crossings (Chaudhury et al., 2016). Contributing to the wellbeing of older adults is neighbourhood aesthetics, with subjective perception of neighbourhoods influencing wellbeing (Stephens et al., 2019). While subjective evaluation of the home is important to quality of life (Stephens & Allen, 2022), objective evaluations of the

local environment have the benefit of removing implicit bias that comes with familiarity of a neighbourhood, Wen et al. (2006) found that there was a greater relationship between objective neighbourhood status and self-rated health over subjective evaluations.

Regarding safety, Strobl et al. (2016) noted some older adults felt unsafe using public transport, particularly at night, reducing venturing out of the home in the later hours. Safety includes both the physical design of the environment and the infrastructure that supports safe use, it also relates to the personal sense of security regarding a location. Research has shown that higher ratings of neighbourhood safety results in greater social participation through easier accessibility to participation opportunities such as volunteering (Grinshteyn & Sugar, 2021). Conversely, greater levels of social deprivation in a neighbourhood and higher rates of crime results in higher safety fears and increased social isolation among older adults (Scharf et al., 2005). When Kearns et al. (2015) examined the relationship between location and loneliness, they found deprived areas had greater rates of loneliness and social isolation. Deprivation in a neighbourhoods can influence the accessibility to resources and fears for personal safety, reducing opportunities for social participation.

Additionally, the sharing of the home with others also impacts upon the experience of loneliness and isolation for older adults, Sundström et al. (2009) noted that living alone was associated with greater rates of loneliness, with poor health exasperating these feelings. Although Perissinotto and Covinsky (2014) remind us that, while living alone is not synonymous with low levels of social support or interactions, there remains increased risk of loneliness for those living alone. Research demonstrates that shared accommodation; with spouses, family, or in a residential setting can alleviate loneliness (de Jong et al., 2012), albeit to varying degrees. As Matthews (2015) puts succinctly, '...The homes older adults inhabit can be socially enhancing by encouraging the formation and maintenance of social networks and interactions with others, or socially detrimental by fostering isolation and loneliness…'

(p.9). The impact of housing and accommodation appears to influence experience of loneliness and isolation particularly for those in unsuitable living environments and who are socially disconnected from those around them, with health and age influencing capacity to participate.

Housing and attachment to space have been shown to hold special importance to older adults, however older adults often have to relocate to new homes. Reasons for relocation include unsuitable housing conditions, driving status, functional decline, moving closer to friends and family and advanced age (Weeks et al., 2012). When Bekhet et al. (2009) examined the reasons leading to relocation and the factors encouraging relocation to retirement communities, they uncovered failing health, loneliness, and lack of support in the community as reasons leading to relocation; while closeness to resources, familiarity of residents and residence location as encouragers towards shifting. Given houses hold a special attachment to older adults, for those relocating in later life the process of moving can be trialling and can often impact on older adults' wellbeing (Walker et al., 2007). The degree to which the decision to relocate is made by the individual or the result of external pressures impacts upon the individual's well-being and the ability to settle into their new location. Bekhet et.al (2009) spoke of the importance of relocation controllability as the degree to which personal control is used relating to the move. They noted that control and autonomy in relation to relocation is beneficial to psychological adjustment, while having little or no controllability is related to higher incident of depression, feeling hurt, abandoned, anger, or punished. Agency in relocation is an important factor in quality of life and social participation, with the degree of agency in choosing to relocate impacting upon experiences of the new residence. Stephens and Allen (2022) found that agency was related to greater satisfaction following neighbourhood relocation, irrespective of mental and physical changes in the individuals studied. For those who are involuntarily relocated, due to family pressures

or health decline can cause grief and symptoms of depression (Dimond, McCance & King, 1987).

Taken together, older adults' ability to participate socially within their communities is impacted upon by various factors, including safety, familiarity, and infrastructure. Changes in functional ability and neighbourhoods' populations over time can impact older adults' capacity to socially participate. Relocation may also factor into opportunities for participation as well as contribute to wellbeing and satisfaction within neighbourhoods. Autonomy, or sense of control and involvement in the relocation process can contribute to psychological wellbeing, while coercion or forced shifts can cause distress and resentment.

From what has been shown, the factors contributing to older adults' ability to continue to engage with others and participate in activities relate to the physical, emotional, psychological, economic, and environmental resources available to older adults. While these are valuable in determining facilitators and barriers to social participation, they lack the theoretical rationale for why older adults participate in the ways they do and how these are explicated as processes of human behaviour. It is therefore necessary to examine theories of ageing in relation to social participation, related to theories of ageing, and how lifespan changes contribute to social participation realties for older adults.

**Theories of Ageing**

Theories of ageing relate to psychosocial and developmental processes that make attempts in understanding and explaining late life developments in behaviours, cognitive functions, sociality, and relationships (Wadensten, 2006). This section will outline some of the most prominent and influential theories relating to social behaviour among older adults.

Two early theories of ageing, activity theory and disengagement theory are highly influential in psychosocial constructions of ageing. Activity theory was initially proposed in 1948 by Havinghurst in which it was proposed that to achieve satisfaction in older life,

maintaining valued, social interactions and high activity levels is necessary for wellbeing in later life (Havinghurst, 1957; Wadensten, 2006). This contrasts with disengagement theory, which proposes that along with physical decline and approaching death, older adults withdraw from social interaction and activities to become more isolated and introspective (Cummings & Henry, 1961). This process of withdrawal is considered a natural and desirable process of ageing both for the individual and society (Hochschild, 1975; Wadensten, 2006). Disengagement theory has been criticised as promoting views of ageing as times of decline and isolation and therefore reinforcing negative ageing stereotypes and promoting normalised ostracization of older adults from society (Rose, 1964; Wadensten, 2006). This theory has largely fallen into disuse in gerontology research. Activity theory however has flourished and come to represent the political goals of international and local governing bodies in the promotion of positive and active ageing (World Health Organisation, 2002; Martin, 2019). Active ageing has been faced criticism on its age denialism (Wadensten, 2006), and its emphases on maintaining social roles and relationships for satisfaction in later life, often neglecting the need to adapt and change activities when age-related health issues make continuing these activities difficult (Ungvarsky, 2021).

The above represents theories of ageing around the forms of social engagement considered important to the promotion of satisfaction in later life. However, they don't offer much in explaining the decision-making processes and patterns of social behaviours in older adults (Burnett-Wolle & Godbey, 2007). Later theories have focused more on making predictions of social and leisure behaviour in older adults, two of these theories beung selection, optimisation, and compensation theory and socioemotional selectivity theory. Although not age-specific theories, they are useful in that they propose the measures undertaken by determining how social participation is conceived of and measured by older adults (Baltes & Carstensen, 2003). These theories are life-span developmental theories that

recognises changes are multi-directional and abilities fluctuate over time requiring adaptation to participate socially in activities.

Selection, optimisation, and compensation is a theory in which participation is based on time, abilities, and resource available over the life-course and the ways in which individuals adapt to the changes in the functioning and resources (Freund, & Baltes, 2002). Because a person is not able to pursue all desired activities due to limitations in resources, i.e., time, energy, they are required to select which activities they are able to pursue within their social, physical, and economic capabilities. The individual is then required to adapt to changes they encounter to either maintain these activities or shift focus to another activity (Freund, & Baltes, 2002). Selection, optimisation, and compensation is an important conceptualisation of social participation as it acknowledges the real-world limitations that restrict participation in the vast array of available activities, as well as recognising how adaption and deliberate allocation of resources is required to the pursuit of chosen activities and interactions with others. This theory has an explicit acknowledgment of the intentional action undertaken by individuals in relation their social networks and leisure pursuits, with careful consideration on the person's ability to achieve their social goals (Burnett-Wolle & Godbey, 2007).

***Socioemotional Selectivity Theory***

Socioemotional selectivity theory takes a different perspective on social behaviour suggesting that the selection of social partners and activities narrows when perceptions of life's time horizon as nearing an end. This perception of limited time motivates individuals to base their social spheres around the emotional satisfaction that is gained from activities and individuals (Carstensen, 1992). This theory arose with the recognition that older adults, while having smaller social networks, often report higher levels of emotional wellbeing and satisfaction with their social partners then younger cohorts (Huxhold et al., 2013; Carstensen,

1995). Socioemotional emotional selectivity posits that social networks and engagement in activities reduces as a person ages, with relationship 'pruning' of less meaningful others, or careful selection of new relations with others based the degree to which emotionally meaningful benefits are gained through these interactions (Carstensen et al., 2003). The motivation behind this is the goal to achieve personal fulfilment through emotional satisfaction and gratification (Lansford et al., 1998).

The chief mechanism that motivates this refinement of social networks is related to the awareness of the limited time left in life. The differences in perceptions of the time horizon among individuals may be based on changes in physical health and or functionality or increasing awareness of the nearing the end of the human lifespan (Löckenhoff, & Carstensen, 2004). The refinement of social circles and those only that provide positive emotional experiences has been suggested in participation in activities (Hendricks & Cutler, 2004), the narrowing of social circles is suggested to a deliberate action on the part of the individual (Burnett-Wolle & Godbey, 2007). Indication for socioemotional selectiveness among older adults has shown relation between the context and status of the relationships over personal factors, such as personality (Lang et al., 1998). Evidence from Park et al. (2012) showed that among older adults living in assisted living facilities, perspectives on time meant that forming newer relationships with coresidents was of less importance over those valued more important, such as long-established friends and family.

Regarding preferential contact, increasing age is accompanied by a greater amount of contact with family members and close friends, while contact with acquaintances decreases (Carstensen, 1992). In assessing friendship styles and talk using a socio emotional selective framework Wright and Patterson (2006) found that older adults were more discerning of their social circles then younger cohorts. While more selective of their social partners, the quality of the interactions and depth of talk in relation to emotional support and length of friendships

is greater for older adults, with greater emphasis on already established relationships (Wright & Patterson, 2006).

The emphasis of personal satisfaction with participation over feelings of obligation or boredom motivating participation has been shown to be of greater benefit to wellbeing (Aroogh & Shahboulaghi, 2020; Levasseur et al., 2010). These results appear to give credibility to the tenets of socioemotional selectivity theory in the importance of the attributions made in relation to participation. Having positive emotional experiences with social participation would suggest that older adults would experience some benefit in relation to mental wellbeing, given that positive interactions are tied to wellbeing (Ferreira-Alves et al., 2014). It is reasonable to suggest that deliberate interaction with valued activities and others would relate to less negative affect and greater mental health, and by degrees this appears to be the case for older adults. As a population, older adults generally have lower incidence of mental illness in comparison to younger cohorts (Westerhof & Keyes, 2010; Löckenhoff & Carstensen, 2004). While these results are impressive, Huxhold et al. (2013) warns against the simple assumption that reduced social networks is an adaptive response that facilitates emotional wellbeing as purported within socioemotional selectivity theory. They suggest that emotional wellbeing requires a balancing of social networks according both activity and emotional support which both helps to support successful ageing, functional health, and general wellbeing (Huxhold et al., 2013).

How social isolation and loneliness might be understood within socioemotional selectivity theory would suggest that a lack of closeness and positive interactions with important others in social gatherings might lead to reduced participation, withdrawal, and subsequently loneliness. While it may appear obvious that people would prefer to spend time with and participate in activities that bring greater joy, the premise of socioemotional selectivity theory holds that participation in less meaningful activities reduces. As such it

could be expected that those who do not have access to their desired networks and activities would suffer greater emotional pain and report higher levels of loneliness and isolation. Support for this premise appears in research that investigated loneliness and depression in older adults living independently in a retirement community, a shared complex that provides proximity to others and in many instances a range of activities to participate in. Researchers found that smaller social networks resulted in increased loneliness but not depression, although depression was more closely linked to lower social participation (Adams et al., 2004). Adams et al. (2004) suggest that the degree to which older adults can control the size and access to their preferred social network is limited for various reasons, including health, location, and schedules of network members, emphasising that without meaningful social relationships risk of loneliness is increased. The importance of social networks and the positive meanings attributed to the relationship is a factor in reduced risk for loneliness and social Isolation (Ferreira-Alves et al., 2014).

As shown, there is great variability in the explanations and motivations behind social engagement for older adults, with much focus on personal ability and access to resources. What socioemotional selectivity theory provides researchers with is an emphasis on the emotional attribution towards social networks and participation, as well the extent to which positive associations are made in relation to social networks and activities within their ability to access.

Given the importance of location and access in neighbourhoods and communities in influencing positive emotions and fulfilment of social participation, further examination of the impact of location on wellbeing is useful with increased relocation among older adults. One form of housing that that provides options to participate and proximity to similar others is retirement villages and this makes them an ideal situation in which to examine socioemotional selectivity theory.

**Retirement Villages**

Residential options for older adults who needed additional help began as institutions offering board and care options for older adults with chronic health needs whose families were unable to meet their needs at home (Dodd, 2018). Once the area of non-profit providers, residential housing for older adults emphasised the medical model-based treatment of older adults, often to the exclusion of consideration towards life satisfaction and psychosocial needs (Dodd, 2018). This led to the development of aged communities, promoting more independence and age restricted neighbourhoods began to develop in North America during the 1950s (McHugh & Fletchall, 2009) leading to the current form of retirement villages in Western nations and globally with emphasis on positive and active ageing (Simpson & Cheney, 2007). With the rise of new perspectives relating to aged capacity and retaining independence, the modern retirement village promotes these qualities and aims to provide a dynamic environment for retired individuals of various capabilities to age in place (Grant, 2006).

Retirement Villages are often corporate owned entities, purpose-built premises for the accommodation of retired persons and their spouses or partners, with housing options for an array individual needs (Law Commission, 1999). Older adults who buy into retirement village housing generally have the option of housing and support depending on level of support needed, from fully independent villas and serviced apartments, to rest home, dementia, palliative, and respite level care (Yeung et al., 2017). This offers the potential for residents to move through the different residential options as needs dictate (Dodds, 2018), providing a pseudo form of ageing in place where a person can remain in the same complex for the remainder of their life (Boyd et al., 2021). The marketing materials for retirement villages present mobile, lively older adults enjoying a social and leisurely lifestyle within a modern and secure facility (Grant, 2006; Simpson & Cheney, 2007). Yet, where some view

retirement villages as resort like accommodation to spend ones remaining years in comfort and pursuing active, positive ageing (Simpson & Cheney, 2007), others provide harsher critiques. Criticisms of retirement villages are based around the idea that older adults are being segregated from the wider community, referring to these premises as aged ghettos (Bernard et al., 2012; Goldhaber & Donaldson, 2012).

Research has sought to understand how older adults make the decision to move into a retirement village. Push and pull frameworks look at what factors 'push' older adults into retirement villages, as well as those factors that draw, or 'pull' individuals to shifting into retirement villages (Dodds, 2018), although there can be overlap between the two factors. Thematic analysis from volunteer relocators to retirement villages revealed the health of oneself or spouse, releasing responsibility burdens, loneliness, and lack of support as 'pushing' factors towards relocation; while 'pulling' factors included the village of location, knowledge of the facility, having friends already living in retirement village and enhanced security of housing into later life (Bekhet et al., 2009; Gardner, 1994; Graham & Tuffin, 2004). Other researchers have also found that the possibility of continuing care provision, and lifestyle maintenance were factors influencing relocation (Groger & Kinney, 2006). The decision to relocate appears to be based on various physical, social, and psychological considerations, with older adults assessing how retirement villages might offer an optimal lifestyle in relation to their needs and wants.

Given the different residential options for the various support and accommodation needs of older adults, retirement villages also offer a broad range of activities and services to entertain and encourage active living (Grant, 2006)**.** Often providing group outings, movie nights, performances, crafts, sports, games and social clubs, retirement villages aim to give residents a wide range of social activities and chances to participate (Potts, 1997). The

provision of activities and village organised events can be seen as methods to enhance social participation and increase a sense of community for residents (Nielson et al., 2019).

Of the cultural groups that choose to live in retirement villages, it mostly individuals of New Zealand European/ European descent who this living option appeals to (Broad et al., 2020; Nielson et al., 2019). Given the relative generational homogeneity of those living in retirement villages, there are grounds to suggest that there are similar preferences in leisure activities among residents (Graham, 2002). Most retirement village residents are women (Broad et al., 2020) reflecting the differences in lifespans. As many retirement villages are based around a middle-class western model of housing and lifestyle (Dodds, 2018), the ability of retirement villages to fulfil the cultural needs of other ethnic populations is up for debate. Dodds (2018) notes 'Retirement villages are located within New Zealand Pākehā cultural ideals and therefore may be perceived and experienced differently by Māori who have maintained their connection to Māori culture' (p.133). Unsurprisingly, much of the cultural practices in retirement villages are Eurocentric, and promote western values of age-denial, independence, and autonomy (Dodds, 2018; Graham, 2002). As a result, it can be expected that many residents are able to find community and companionship amongst those of similar social and cultural backgrounds (Graham & Tuffin, 2004).

Retirement villages promote themselves as a lifestyle option for quality of life, companionship, and independence (Grant, 2006; Gardner, 1994), examination of how this translates to residents lived experiences is necessary. The differences in fitness and frailty of older adults within retirement villages has the potential to lead to exclusion of some from activities and subsequent loneliness despite the retirement village emphasis on community (Bernard et al., 2012). This leads to a need to examine how different residents experience their social worlds based on their housing location within retirement villages. Given that modern retirement villages provide accommodation options catered to needs of older adults,

be they fully independent to palliative and dementia care, the range of care needs is vast (Grant, 2006). As reported by Nielson et al. (2019) some residents noted that for village friends who had to relocate to assisted living area of the retirement village, contact with independent friends was reduced, particularly if both friends were experiencing physical decline, and many felt less included in participation opportunities, such as boules. As the range of morbidities is vast, one might expect that needing increasing support, but not enough to require full time assistance such as residential care provides, could lead to some dynamic changes in social experiences. Others have indicated that the degree to which the community of the village, SES, and commonalities in shared experiences among retirement village residents influences the degree to which residents are able to integrate into social circles and form friendships (Sefcik & Abbott, 2014: Bernard et al. , 2012).

***Serviced Apartments***

A housing option that is relatively new in the scope of older adult accommodation is the serviced apartment (SA), often referred to in the international literature as assisted living (AL). For the current purposes, the abbreviation SA/AL will be used to describe this accommodation option throughout the remainder of this introduction. Karen Brown Wilson is a major pioneer of SA/AL living, having witnessed her mother's unhappiness with the hospital style, high dependency model of residential care following a stroke, Wilson sought to devise a better, more enabling alternative (Wilson, 2007). This model, which served as the basis for modern SA/AL's aimed to maintain independence for the individual, promote autonomy over daily life and enhance privacy, all which are largely lost in rest home environments due to demands on staff, space limitations and scheduling of meals and cares (Hardie, 2014). SA/AL's allow residents to have control of their daily lives, with care staff on hand if needed to help with medication, housekeeping or meal provision available at an extra charge (Dodds, 2018; Grant, 2006). The number of SA/AL's in New Zealand is difficult to

approximate, however, Saville-Smith and Fraser (2014) reported that around 45% of retirements villages surveyed reported offering serviced apartments. It could be assumed that with increasing growth in retirement village development and the ageing population, demand and supply for SA/AL's will increase for those seeking some assistance with daily living whilst desiring to maintain their independence. As a long-term housing option, SA/AL's provide a bridge between older adults who are fully independent and those requiring higher levels of support, such as rest home level care (Dodds, 2018; Saville-Smith & Fraser, 2014). Generally provided in the form of studio apartments, with kitchen, bathroom and living room available to enable individuals the opportunity to reside in their own 'home', this 'homely' environment often being more appealing than the smaller spaces offered in rest home accommodation (Golant, 2004). Cutchin et al. (2003) also noted that 'home-ness' in these locations was attributable to personal judgements on the aesthetics and quality of amenities, as well as the longevity and quality of nonfamilial support individuals recieve both in the facility and surrounding community.

For older adults, deciding to relocate to a serviced apartments encompasses a variety of reasons, including a medical event, seeking assistance for a spouse, and voluntary relocation based on increased impairment from physical, functional, cognitive, and social decline (Chen et al., 2008). SA/AL are spaces that comprise of communal dining and recreational rooms for resident to interact and participate in the activities provided. Although SA/AL's provide support for residents in activities of daily living, many residents still utilise their established social networks when needing support. Family members often aided with practical affairs, such as travel for appointments, although the extent of this support varied among residents, with some studies indicating that friends were chief support providers (Bennet et al., 2017; Dabelko-Schoeny et al., 2021).

The design of these spaces mean that residents live in close proximity to one another, enabling opportunities for interactions among residents. In their study on the social relationships and wellbeing for AL residents, Street et al. (2007) found that higher measures of wellbeing were reported for those with close friendship within the SA/AL, the effects of these relationships on wellbeing were found to be greater to those among family and friends out of the facility. However, Perkins et al. (2013) suggest that family ties were more aligned to wellbeing, with coresidential relationships, while important, were superficial in form. The relational importance of others in SA/AL facilities are often renegotiated throughout tenure in the facility, and while close friendships were formed in SA/AL's, the degree to which these meet the relational importance of long-term friends and close family appears is difficult to explicate, with some research indicating that friendships are forged through circumstance and convenience (Kemp et al., 2012; Park et al., 2012). In their study on the sociality of SA/AL residents, Kemp et al., (2012) sought to understand how social relations were constructed, finding that many interactions were 'neighbourly' in construction and while although some close friendships were formed, resident tensions also existed. It can be seen that relationships within SA/AL's are variable, with some able to deeper connections to others, however the majority of residents appear to conceive of others as coresidents who just reside there also. Sefcik and Abbott (2014) qualitatively examined the facilitators and barriers to the formation of friendships in SA/AL's. Their results showed the importance of early connections, either knowing people prior to the shift or having early interactions with other residents soon after shifting. Other facilitators included shared experiences in relation to physical impairment, the community of the shared living environments, and a positive attitude in relation to their need to shift and personal evaluations of the new environment (Sefcik & Abbott, 2014). Barriers to friendships included transient relationships that are not maintained due to the effects ageing

of friends in the facility resulting in relocation, and death (Sefcik & Abbott, 2014; Perkins et al., 2013; Park et al., 2012).

Understanding the health profiles of SA/AL's residents is challenging as the needs of residents are varied, hence the arrangement of assistance determined by needs (Wilson, 2007). Given that SA/AL's residents often have lower need for support compared to rest home residents, rates of decline or a medical event could mean transfer to higher level care occurs quickly for these individuals (Golant, 2004). Sloane et al. (2005) examined outcomes for dementia sufferers in SA/AL versus residential care residents, and whilst they noted no significant difference in health and functionality, they caveated these results noting that only half of those with mild dementia and a third with moderate dementia in SA/AL's area remained in these facilities, the rest having passed away or transfer to higher level care.

Important in the ethos of modern retirement villages in New Zealand is the promotion of remaining active and engaged with others (Grant, 2006), with villages providing different facilities and activities for resident to participate in with each other and visitors. Examining what activities and the promise of inclusion means for residents is critical in understanding how access is utilised by residents, and how their expectations of retirement village lifestyles are met given the promises made in village marketing.

### *Social Participation in Retirement Villages*

The literature on social participation within retirement villages and how it influences wellbeing produced some contradictory findings. The shift to retirement villages appears to result in increased social interactions via the closer proximity to others in an environment more suited for social participation (Graham, 2002; Potts, 1997). How this transfers to increased social participation and expansion of social networks is, however, rather complicated. Higher reports on quality of life in SA/AL facilities in the United States have highlighted the importance of friendliness among fellow residents and the staff in improving

quality of life among residents (Park, 2009). Additionally, Potts (1997) found that there were lower rates of depression for those retirement village residents who maintained relationships with those outside over those who reported receiving most of their social support and friendships within the village, including older friends living in retirement villages. The quality of older friendships over newly formed ones, was higher in terms of feelings of closeness and affections (Shea et al., 1998). These findings appear to support the idea that relationship quality over frequency of contact is of greater benefit to wellbeing to older adults (Potts, 1997; Carstensen, 1992), as well as the continuation of previously valued activities and relationships (Atchley, 1971).

With the emphasis on leading a life of leisure, socialisation, and community, it is reasonable to suggest that retirement villages market themselves as spaces in which older adults might experience less loneliness and social isolation, and experience an active, participatory lifestyle (Graham & Tuffin, 2004), thus offering an improved quality of life. The increased availability of others in proximity to oneself and the provision of facilities and activities increases opportunities for social participation for older adults. Evidence suggests that loneliness is less prevalent in retirement villages (Broad et al., 2020; Yeung et al., 2017). For those older adults who relocated from socially isolated community living, transition appears to reduce social isolation for retirement village residents over care home residents (Yeung et al., 2017). Higher levels of social participation are reported post relocation (Broad et al., 2020), with a greater array of opportunities provided to engage with others in various activities suggesting retirement villages offer support and inclusive environments for new residents (Grant, 2007, Yeung et al., 2017). However, not everyone experiences the transition or participation positively. According to Nielson et al. (2019), who conducted a qualitative study of social exclusion in retirement villages, lower health status on arrival to retirement villages factored into higher reports of social exclusion, as did barriers relating to social class

appearing to limit access to certain activities or making friends. Boyd et al. (2021) also observed around a third of residents in their study reported feeling lonely having relocated seeking social connections, with the highest levels of loneliness experienced among widowed residents over divorced or never wed individuals.

Research into the levels of physicality of the activities involved in the activities offered to older adults revealed that many are sedentary or observational, such as card games and watching performances. Kotlarczyk et al. (2020) examined different contributions to sedentary behaviour in independent and SA/AL, reporting that higher levels of sedentariness resulted from motivation, physical health, and safety concerns as reasons which residents were increasingly sedentary since shifting into SA/AL. Lower levels of physical activity have been reported in for SA/AL residents in relation to fully independent others (Park et al., 2017) although this is unsurprising given that functional decline often prompts relocation to SA/AL. While individuals with dementia often need to transfer to accommodation providing higher levels of support as their cognitive abilities decline, those living in SA/AL's still engage with and participate in a wide variety of activities, however they often need to continuously negotiate and adapt to their social worlds. Ciofi et al. (2022) examined the social participation of SA/AL residents with dementia, revealing that continued engagement with meaningful, external activities and spaces, such as parks, can contribute to quality of life. Also of note was the impact confusion and anxiety can have on these residents' enjoyment of activities, particularly those outside of the SA/AL. Support of family and staff is often needed to help these residents navigate different environments and feel comfortable in new situations (Ciofi et al., 2022).

While examining the literature on the older adult's social lives and their participation in social activities, there was limited research surrounding how individuals in serviced apartments in New Zealand socially participate both within retirement villages and wider

community. Although there is commonality among village residents regarding generation and ethnicity (Graham, 2002), this does not follow that everyone will have the same social experiences, or that the expectations of lifestyle within serviced apartments will be shared across all residents. Individual experiences across the life course give rise to preferences in certain forms of social activities (Rüber, 2020) and differences in preferences and functional ability impact on the ability to engage socially. Given the wide range of potential impairments and participation options in serviced apartments, along with the paucity of any research in a New Zealand context, understanding serviced apartments resident's experiences of social participation in retirement villages and the wider community will bring valuable insight into this unexplored area.

Therefore, the purpose of this research is to contribute to understanding the social lives of serviced apartment residents.

# Theoretical Perspective and Methodology

## Ontology and Epistemology

The current research takes an idealist ontological position, seeing reality as relative to the subjective position of the observer, and appreciating the idea that within this relative stance there can exist multiple realities, with the acknowledgement that, while a singular universal truth might exist, it is unknowable outside of the observer (Raskin, 2002; Slevitch, 2011).

This study takes an interpretivist epistemological orientation, keeping with the objective of the research in understanding the social experiences of older adults through the interpretation of the meaning making and understanding of older adults' social worlds. Within an interpretivist paradigm, the researcher and object are linked through the interactions between the two, as such the findings are co-constructed within the context of the environment in which the research takes place (Khan, 2014) and dependent upon the individual interpretations of both parties. Research undertaken using an interpretivist orientation understands reality as not existing outside of the mind and that the process and outcome of any research is impacted by and impacts upon the investigator (Slevitch, 2011).

With the ontological position of reality being subject and not independent of the observer and the epistemological orientations of interpreting the subjects' social worlds, this study will use an interpretivist phenomenological methodology due to its appropriateness relating to the research objective. With the aim of the research being to understand the social lives of older adults, within a particular form of housing that is in located within a particular social, cultural, and historical context, interpretation of experiences is suitable. Acknowledging this populations relative, subjective social experiences will enable an in-depth and thorough interpretation of the experiences and the meanings they assign to these events. The use of qualitative epistemologies and methodologies are useful in the beginning

stages of understanding a phenomenon that is otherwise minimally examined (Braun & Clarke, 2013), as is the case with this project.

## Methodological Approach

### *Interpretative Phenomenological Analysis*

Interpretative phenomenological analysis (IPA) is a methodological approach to idiographic research that seeks to examine and understand the lived experiences of research participants (Tuffour, 2017). To gain this understanding, IPA takes a detailed approach to data analysis, with an emphasis on the ways that experiences converge and diverge for the individual. This is accomplished via thorough examination of the experiences recounted by a small number of participants (Tuffour, 2017).

Drawing on the philosophical school of phenomenology which propounds the idea that phenomena are understood from the account of the person experiencing them, and that different individuals can have different experiences of the same event (Day, 2004). The ways that individuals interpret their experiences is through self-reflection over time (Braun & Clarke, 2013), as such events are malleable to re-examination and reinterpretation across instances in which they are recounted and made sense of by the individual (Braun & Clarke, 2013). An important factor in the conduction of IPA research is the recognition of the double hermeneutics, which acknowledges the researcher's position in the interpretation process. As a researcher is gathering and searching for meaning within the accounts of the participants, which themselves are interpretations, results in a two-factor interpretation of the subject (Peat et al., 2019).

With its emphasis on accounts of participant experience, IPA allows sense to be made of these experiences and helps to draw out the meanings applied to these experiences (Smith & Osborne, 2003). IPA recognises the embodied and embedded-ness of the person within their social, historical, and cultural context, acknowledging the way that meaning and sense

making are influenced by the context in which an experience occurs, creating different meaning making of the phenomenon over time and location (Shinebourne, 2011). It is important to acknowledge that the meaning made is contextual and fluid in that experience can be revised, reinterpreted and open to change (Tuffour, 2017). Lending itself well to inductive research, IPA is helpful when the aim is to understand phenomena within the context they occurred (Peat et al., 2019). Tuffour (2017) reminds us that meanings, being contextual, are open to change through self-reflection and reinterpretation highlighting those accounts can shift over time and across instances.

IPA involves case study examination and interpretation of singular cases or small samples, with each case examined in detail individually prior to the extracting of participants narratives and the formation of more general claims about the phenomenon (Osborn & Smith, 2008). After closely examining and interpreting the participants accounts of events, the researcher then critically examines these accounts to uncover the meanings and assumptions the individual is making in relation to the events (Braun & Clarke, 2013). The phenomenon that is the focus of the present study is the experience of social relationships and activities with a focus on how the participants experience might be impacted upon through serviced apartment living. This research does not seek to make any claims about causal mechanisms, nor does it seek to uncover facts in any objective way (Clarke, 2009) as such the experiential and interpretive focus of IPA is well suited here.

## Method

### *Data Collection*

The data set comprised written transcripts taken from audio recordings of seven, semi-structured, one-on-one interviews with serviced apartment residents from two retirement villages in the Nelson/Tasman region of New Zealand. The Nelson/Tasman region has a large population of people aged 65 years and up, at 17.9% in 2015 (Statistics New

Zealand, 2015). All seven villages offering serviced apartments were approached, with two consenting to the researcher approaching residents. The villages in this study, R.V 1 and R.V 2 offered townhouse villas and apartment style dwellings and had common spaces for residents to interact and participate in village-run activities. Both retirement villages offered residential care and hospital level care, while one included secure facility for residents with dementias.

The study used mailbox information sheets (see Appendix A and C) to recruit participants. The different villages used different mail systems, R.V 1 had a communal mailing system, while R.V 2 had mail slots outside resident apartments.

The researcher was put in touch with the activities coordinators to help advertise and meet residents, as well as assist in identifying which residents were suitable for participation. To be eligible, it was required possessed the mental capacity to understand and consent to participation in the research. Another round of information sheets was left in common spaces two months later to recruit more participants, this resulted in two additional volunteers. Invitations provided a dedicated phone number that interested persons could call to inquire for more information and leave contact information. The invitations also included email details of the researcher and supervisor.

***Participants***

In total, seven individuals volunteered to participate in the study, three from R.V 1 and four from R.V 2. Participants consisted of four females and three males. All participants were of European/New Zealand European ethnicity. The age range of participants was between 80 and 97 years old, with length of residence in serviced apartments ranging between 5 months and 4 and a half years, with some relocating from out of town while others lived in the independent villas and townhouses prior to shifting. All but one participant had children or stepchildren, and only one was still married with another having never wed. Table

1., presents data on participants ages, and location prior to move into serviced apartments, as well as the pseudonym used throughout the study.

Table 1.
*Participant pseudonyms, ages, and residence prior to shift*

| Name | Age | Residence prior to shift |
|---|---|---|
| Charles | Early 90s | Villa in village |
| Detta | Late 80s | Villa in village |
| Frank | Early 80s | Outside of village |
| Jean | Early 90s | Villa in village |
| Norma | Mid 80s | Outside of village |
| Estelle | Early 80s | Outside of village |
| Lionel | Late 90s | Outside of village |

Individual interviews were held in a private location agreed upon between the participant and resident. Six were held in participant's apartments and one in a meeting room booked out for the purpose. Interviewing individually enabled open discussions of experiences, by attempting to limit social pressures of presenting oneself in an ideal light in front of others. One interview was held for each participant and all interviews, except for two, took place within the week of agreeing to participate and at the time and location that best suited the participant. The two interviews that had to be delayed were due to the COVID-19 lockdown. Participants were approached after restrictions had eased to reassess their interest in being interviewed and organise a time to meet. Prior to the commencement of the interviews, participants were required to fill out a consent form (see Appendix B) and offered to have a copy of the interview transcript given to them. Only two participants requested their transcript returned.

Time was spent during the interviews asking how participants spent their time with others, who those individuals were and how the participants gave meaning to their social activities. A semi-structured allowed greater flexibility throughout our conversation to explore in greater details topics relating to participants social then might otherwise be

uncovered through structured, closed styled interviewing, with three open questions, which are as follows:

- What do you do socially?
- Has your social life changed since moving here?
- Do you want to change anything about your social life?

There were prompts included to assist participants in understanding the questions if needed (See Appendix D). Some closed questions were asked for background and some basic demographic data (See Appendix D). Included at the start of the interview was the modified Older Adults Capacity to Consent to Research (OACCR) scale (Smith et al., 2019), which is designed to establish cognitive capacity for the participants, establishing their awareness of the nature of the research and their rights as participants (See Appendix D).

***Ethical Considerations***

Ethical approval for this research project was gained from Massey University Human Ethics Committee. For approval to be granted, several important considerations were navigated regarding this study, including permission to enter the villages, obtaining informed consent of participants, reimbursement for participant time, reducing harm potential, practising cultural safety, confidentiality, and storage of data.

Access to the retirement villages as the locations of this study was one of the initial ethical concerns. Retirement villages, as privately owned establishments, have the right to limit or refuse entry into the facility. Although they can't stop residents from participating in the study, not having their cooperation would make recruiting and interviewing difficult. Managers of all retirement villages offering serviced apartments were approached with the research outline and asked for their permission, of the three who requested a copy of the information sheets, two went on to give their consent and passed researchers details onto activities coordinators to liaise with. The activities coordinators are the individuals within the

villages who help to organise and run activities for the residents, meaning they have close contact with residents and were able to guide the researcher in identifying suitable participants.

Important to using participants in research is informed consent, which is the ability to understand and consent to the research process with adequate personal capabilities to choose independently to participate in the research. Exclusion criteria for participation was significant cognitive decline, as these individuals are vulnerable and may not possess the necessary mental capacity and awareness to consent to participate. The activities coordinator was able to assist in identifying those who were eligible to participate and additional screening with Smith's et al. (2019) modified Older Adults Capacity to Consent to Research (OACCR) Scale was included prior to the interview commencing to ensure participants could accurately describe what they were volunteering for (see Appendix D). Before the interviews began, informed consent was gained from the participants. Within the information sheet handed out inviting participants to the research was all the information pertaining to their rights as participants, the nature of the research, what they can expect from the research, their privacy in relation to their identities and the storage of data relating to the research (see Appendix A and C). Participants were provided several chances to raise any questions they had prior to the interview; they were required to call an 0800 number to leave their information for the researcher to then get in touch. They were also made aware of their rights to pause the interview, remove statements, or withdraw from the interview at any stage prior to analysis. Following reviews of these rights and passing eligibility criteria, participants signed a consent form (see Appendix B).

Participant wellbeing was of a major concern throughout the research process. Participants were made aware that they could stop the interview at any stage or withdraw from the research, and the interviewer ensured that sensitive topics that might arise were

handled delicately to avoid causing emotional distress to participants. The questions used in the interviews were chosen as they were considered neutral. No participants showed signs of becoming distressed an one requested the recorder be turned off or withdrew from the research process.

The researcher wanted to express her gratitude to the participants for the time and the sharing of their experience and gave each participant a $25 Prezzy card at the conclusion of the interview. This offer was not included on the first round of information sheets (see Appendix A) but was included on the second set handed out (see Appendix C). Although a minor change in advertising, it is important to recognise that this inclusion might have induced participation, although some argue that offering payment cannot be coercive if it is beneficial to both parties (Wertheimer & Miller, 2008). The extent to which this offer swayed anyone's decision to participation could be considered low as the second round only produced two additional volunteers.

Confidentiality and the rights to privacy are major ethical issues when conducting research. Ensuring participants could not be identified required alteration and removal of specific details from the data. Pseudonyms were given to each participant to be used whenever their interview extracts are used, these are given in Table 1. Pseudonym identities are known only to the researcher and are not attached to other identifying information. All interviews were transcribed using the pseudonyms, with names of places and people altered or removed to limit identification of the participant or the village. Serviced apartments comprise a relatively small area within retirement villages, and therefore there is a risk that participants may identify one another. This could result in harm if someone describes experiences or personal information that causes offence to others or harm to the resident. Only regional names are included as it is known that the research is located within the Nelson/Tasman district. Due to the limited number of serviced apartment villages in the

Nelson/Tasman region, the identity of the villages themselves, their location in the region, and the name of their owner-operators were removed to reduce potential harm to the villages reputation and further protect participants. There is potential for participants to reveal themselves to each other and co-residents in the villages. While the researcher made it known that participation was confidential, the decision to keep their anonymity in relation to participation is ultimately the individual's choice.

Cultural differences of participants are important to recognise and accommodate to ensure that participants are respected and comfortable during the data collection process. New Zealand seeks to honour its commitment to the principles outlined in Ti Tiriti O Waitangi (The Treaty of Waitangi) by providing culturally sensitive processes to interactions with the indigenous peoples, Māori. The researcher, who identifies as New Zealand European, aimed to provide culturally sensitive processes to the recruitment and use of data. Given that there are unique methods in which to engage different cultural members ensuring that their values, beliefs, and customs are upheld, the researcher sought ethnicity information from the villages prior to recruitment. This was done to determine the need for engaging with cultural supervision and ensure culturally safe practices. The residents of both villages serviced apartments identified as European/ New Zealand European, so no cultural guidance was sought.

Data was stored securely. Consent forms were stored securely in a locked compartment in the researcher's study space and transcripts with identifying information removed were kept separate from these. Audio-recordings of the interviews were kept in locked files on the researcher's computer and digital copies of the transcripts were contained in password encrypted folders on the personal and private computer of the researcher. Only one other had any access to raw data, the research supervisor Christine Stephens. This information will be securely stored for five years and then disposed of appropriately.

## Data Analysis

### *Transcription*

The interviews were audio recorded, and then transcribed by the researcher. Transcriptions included all dialogue related to the subject matter, excluding instances when conversation shifted to off-topic subjects, such as childhood homes and school, as these do not relate to current social experiences. The process of transcription was done by listening to short portions of audio, then pausing and typing out what was spoken. Transcription presented verbatim written accounts of participants speech; performed at a basic level, transcription included utterances, such as 'ahh' and nonverbal actions that provided emphasis to the participants statements as they occurred. While other transcription methods, such as Jeffersonian notation include deeper levels of information, such as laughter and length of pauses (Braun & Clarke, 2013), the level of transcription chosen for this study is adequate as the aim is to interpret that meaning of the experiences as conveyed in the spoken words. This is in contrast to other methods that required deeper analysis of the text itself, such as discourse analysis (Braun & Clarke, 2013).

### *Coding and Analysis*

Interpretative phenomenological analysis has its own procedures for the analysing of data (Braun & Clarke, 2013). As such, the steps taken in analysis was taken from those outlined by Larkin and Thompson (2012).

Initially the researcher went over the cases and wrote down initial thoughts, feelings, and assumptions about the data. This process of 'free coding' helps to explicitly reflect on the data prior to the more systematised coding and analysis of the data.

Examining a new copy of one transcript at a time, the researcher went line-by-line and noted down objects of concerns, including people, places and events of importance and the experiential meanings, that is, the linguistic processes used to assign meaning to experiences.

These annotations formed the initial codes of the data and enabled the researcher to engage with the data more deeply. Initial codes were then organised and summarised to create clusters of objects and meanings. These formed tentative themes, or related units of content and patterns of meaning that recur in the data. This process was then repeated for the other transcripts with the researcher also noting down some initial interpretations of the data as these arose throughout the process of analysis.

Next, more critical questioning of the data and initial interpretations began through evaluating what the accounts of participants were revealing about their social experiences and the meanings that are attributed to these experiences. Themes were then clustered around patterns of meaning and experiences that recurred in the data. These included both convergent and divergent meanings related to the theme, reflecting that not all participant experiences would be the same. Analysis involved reading and rereading of transcripts and the questioning and discussion of codes and themes before the establishment of thematic labels to coherently convey the interpretation of the meanings within the theme and the relationships between themes.

## Research Rigour

The rigorousness of any research project relates to the ability of the chosen research tools to appropriately investigate the research objective. Qualitative research is often accused of lacking in the rigour required to reproduce the research should such an attempt be made (Mays & Pope, 1995). Two important aspects of rigour are reliability and validity.

### *Reliability*

To ensure reliability, careful outlining of the methods used in recruiting, collecting, transcription and analysis of the raw data was done so that it is explicitly stated what steps were undertaken to conduct this research project.

### *Validity*

To increase the validity of the findings, the researcher ensured to closely examine the data for instances of divergent accounts of a phenomenon to present an accurate reflection of the experiences. Doing so provides greater nuance and gives validation to the nuanced and often different phenomenological experiences of peoples (Mays & Pope, 1995).

***Researchers' reflections***

The researcher's influence is indistinguishable from the research outcomes, as Finlay (2002 reminds us, "Our behaviour will always affect participants' responses … influencing the direction of findings" (p.531). By reflecting on oneself within the research process, the researcher can explicate their biases, positions, and experiences in relation to the research subject and subsequent analysis (Braun & Clarke, 2013).

My interest in older adults follows from my early employment in working in retirement villages at the age of 18. Having no prior experience with the older population outside of my grandparents and causal interactions in the community, being able to interact with and assist older adults was both a revelation and a confronting. Being so young, I came into retirement villages with many ageist stereotypes of older adults as senile, frail, and isolated, and at the time my role affirmed these stereotypes. I was employed to work in dementia and continuing care, and as such was caring for those with high levels of both physical and cognitive decline. This did confirm many of my prior assumptions about the reality of being 'old'.

What I observed for the residents I assisted was limited visits from family and friends and most visits occurring within the retirement village. Most of the interaction residents had occurred among themselves or with staff, and activities involved watching performances or participating in indoor boules. As a care giver, I did not offer services to those living in the independent areas of the retirement villages and only occasionally would I communicate with these individuals due to the pace of the work. Later in my career I had the opportunity to

assist in the serviced apartments for a brief time. As a caregiver my role was to aide and enable these occupants, so I had limited chances to see how they participated in the village environment or learn about their wider social worlds. Seeing the differences in lifestyle and ability, however, began to dramatically change some of my assumptions about what it meant to live in retirement villages.

My interest in the social lives of older adult in the serviced apartments came from interaction with these individuals, which contrasted with my interaction with older adults with higher needs. I carried this interest with me over the years and was eventually able to examine these as I came into my graduate studies.

My position in the research is as an outsider. I make these definitions due to my outside position as a 33-year-old university student not meeting the characteristics of the participants in this study. While I have some understanding of retirement village living and the opportunities for participation in these facilities through my employment within, I have not experienced this as a resident and service user of retirement villages. I have also not been employed at either of the retirement villages in this study and given differences in size, services, and activities across retirement villages, I am unfamiliar with operations of the villages. Given my outsider position, it is likely the participants considered my age, the subject of my inquiry, and potentially a response bias leading them to appear in a favourable light through making light of negative experiences or avoiding discussing problems. This along with the disclosure of my caregiving past may have shaped the accounts of their social lives in a way that would be different were they talking with family and friends, general acquaintances or even a researcher closer to their own age.

## Analysis

Through analysis of the data, three themes appeared that described the social experiences of the participants in this study. These themes were labelled: contact, participation and, dependency and decline. Within each theme are subthemes that describe how social participation is experienced within the lifestyle enabled through serviced apartments residence, how different social networks are composed, and the facilitators and barriers to participation for the serviced apartment residents interviewed. The themes and subthemes are described in turn below.

### Theme: Contact

The theme of contact includes the interactions that participants have with those in their circle and the ways they experience their social worlds. The important relationships with friends, family and among their neighbour residents provides valuable insight into the different means in which participants interacted and the support obtained through their social networks. Ageing and circumstance also had an impact on the degree of sociality for participants.

#### *Subtheme: Friendships*

Friendships are ongoing and endearing social connections for participants. Efforts to visit friends, keeping in contact and visiting old friends, both within and without the village environment, as well as the support and companionship offered through friendships were spoken of by participants.

**Friends Within the Retirement Village.** Many participants had shifted into the serviced apartments from the independent areas of the village. Previous years of residence meant that friendships were often formed among their neighbours within the village, after shifting into the serviced apartments, participants reported a preference for these prior friendships over serviced apartment residents:

> ‘Oh, probably not an awful lot probably just mixing around here with friends . . . Mainly the independent cause I came from there and ahh they’re more active really then the people from the serviced apartments.’ (Charles)

This account of greater activity of independent residents suggests that they are more often maintaining social engagement with independent friends then their serviced apartment neighbours. Relationships made prior to shift and the physical ability of serviced apartment residents to visit their friends facilitated the continuation of these relationships:

> ‘Occasionally (friends visit) but a lot of them err suffer old age worse than I do and coming up, even with the lift, is a thing for them so I, because I, am pretty mobile. I go and visit them far more often than they visit me.’ (Detta)

Being more mobile than their friends in other areas of the retirement village enabled ongoing contact with friends within the retirement villages, with difficulty in accessing serviced apartments creating barriers to having friends visit them in their apartments.

Given the continuously changing condition of residents within retirement villages, the desire to provide support and companionship to friends who are unwell motivated participants to visit friends:

> ‘Yes, there are two or three of them that aren’t very well, and I go and see them. . . But umm ah yes, I visit quite a few especially if I know anyone is sick, I've got empathy for them because I'm so well in myself that I think they can’t get out and umm.’ (Norma)

It can be seen that continuing contact with friends in different parts of the retirement village were important for participants, who endeavoured to visit their friends regularly. While serviced apartments are occupied by individuals with assistance requirements, those who remain in the independent areas of the retirement village can also experience physical decline that inhibits their ability to visit. Even so, the onus on visiting often appears to be on

the serviced apartment residents:

‘No, I ahh mostly go to them.’ (Estelle)

‘Mostly go myself.’ (Jean)

These accounts show that participants often visited their friends rather than receive their friends in their serviced apartments.

Maintaining connection with friends within the village are important parts of serviced apartments social networks, with these relationships providing fulfilling interactions:

‘Ehh, I very much enjoy and take part a great deal in visiting various friends I've made so that I can have one on one conversations.’ (Detta)

The participants appear to show preference for friends made in the village prior to their relocation into the serviced apartments. These relationships appeared to be maintained mostly by participants efforts to visit others over receiving guests, this was due to differing factors such accessibility and illness among the friends. While many friendships were maintained, some of these relationships have changed for participants since relocating to the serviced apartments:

‘I still visit most of them although some of them have changed since then (shifting into apartment) I don’t really know why.’ (Detta)

Detta’s experience with changing relationships since she relocated to the serviced apartment suggests that some friendships are more relationships of convenience or proximity and subject to change as age-related changes cause individuals to relocate. Changeability in relationships with others suggests a difference in the estimation of the value of some friends over others and this is reflected in the efforts of participants to maintain contact as well as how others engage with them when ease of contact is changed.

**Old Friends Out of the Village.** While proximity enables in-person interactions with friends, not all participants friends lived locally. Many have maintained decades long

friendships and remain in contact with these important persons:

> ‘I've got one very dear old friend. . . We are pretty much the same age and she’s also in a village and poor darling, she's a lot more handicapped than I am. Yet we've known each other since we were at varsity together - I still ring several of my friends from [out of town]. . . and people ring.’ (Detta)
>
> ‘Some of them on the phone yeap.’ (Lionel)

Although separated by distant, remaining in contact with friends appears to be a meaningful engagement for participants, the emotional satisfaction from these connections motivated the effort to get in contact. This motivation appears to prompt reconnection even when contact has not been made for many years:

> ‘I've got some old ones due to ring me up I haven’t heard from for years, but I heard they wanted to get in touch.’ (Charles)
>
> ‘I do still hear from someone that I knew in the '30s at school when I started school. Ah I never heard from her for ages, simply ages and ah I've forgotten how it happened umm I think I sent her a Christmas card.’ (Jean)

Re-establishing connection after many years shows that positive memories and associations are meaningful enough to motivate people to seek out old friends and open links of communication to reconnect. Seeking out others in one’s former social circles could also be a response to the inevitable shrinking of friends, as age often brings about physical limitations, and with friends passing away, older adults social circles inevitably experience changes over time:

> ‘Of course, my best friends are always getting older, and they are getting older and so they don’t get about as much.’ (Estelle)
>
> ‘Ummm yes, I used to go over. . . and visit some school friends over there from eighty odd years ago but they died, as I say, a couple of months ago.’ (Charles)

These examples show the different impacts that ageing, mortality and relational changes have on friendships. However, friendships adapt to the changes imposed upon them through the ageing process with the importance of these enduring relationships comprising important parts of participants social networks.

**The Support and Companionship of Friends.** Friendship benefits extended beyond visitations and conversational partners for participants, with many reporting the different forms of support that their friends provided to them. In practical terms, friends enabled serviced apartment residents to retain control of their schedules and reduce dependence on the retirement village:

> ‘Ah, one of my friends in the independent apartments he picks me up on Monday mornings at about ten to eight and we go shopping.’ (Charles)

Charles’s friend retainment of their license and vehicle allowed him to do his grocery shopping independently. The benefits of having friends with vehicles were further revealed by other participants:

> ‘Well, I get a taxi to church there are people here who go but I prefer to go when I want to go and then it’s very nice if someone gives me a lift home.’ (Jean)

> ‘Another friend from here who is still driving, she and I put out and judge the horses from the side-line.’ (Detta)

Independence and continued engagement with valued activities were facilitated with the support of friends who share interests and are able to assist in access. The ability to have a degree of control over one’s schedule allowed Jean to arrive and leave when she is ready, and for Detta, friends enable her to continue an activity that would likely be lost to her should she not have her friend’s assistance in going to see the horses.

Beyond assistance with transportation, friends were able to support participants in other ways. Having recently undergone an operation, Estelle had her friend able to come and stay with her in her apartment:

> ‘Friends came down from Napier and spent a week and by that time I was pretty well independent again.’ (Estelle)

Having her friend able to stay meant that Estelle had continued support on hand to take the pressure of daily living so she could focus on regaining her independence. It can be seen that friends are able to facilitate ongoing engagement in activities and enable independence for serviced apartment residents.

Another way that friends provided support was on a more sympathetic and emotional level:

> ‘We can both weep on each other’s shoulders. We've both been very annoyed at becoming older.’ (Detta)

Here Detta describes being able to give and receive support with her friend, highlighting the importance of having contact with others with whom participants can confide in and empathise with the ongoing changes that ageing brings.

This subtheme presented the accounts of participants in relation to their friendships, both within and outside of the retirement villages. As can be seen, many participants had established relationships with independent residents formed when they resided in the area, with the maintenance of these friendships given a greater priority over forming new one’s with other serviced apartment residents. In terms of interactions, visiting friends was more common than receiving them, while remaining in contact and reconnecting with older friends via phone calls helps maintain important emotional connections with valued others.

***Subtheme: Family***

This subtheme represents the connections participants reported with family members. Family relationships include the role that family play in the social lives of serviced apartments residents, the degree of contact between family members and the location of family visits are explored in participants talk.

**Relocation for the Younger Generation.** Participants who sifted to the Nelson/Tasman region appeared to base this decision on the closeness to their children:

> ‘Well, our daughter lives down here. . . she’s the baby of the family.’ (Lionel)

> ‘No ah Son lives in Christchurch he’s the oldest Daughter lives. . . in the Far North and the younger one lives here only four kilometres away.’ (Norma)

Relocation meant that participants were able to be closer to some of their children, having family members living locally appears to be a determining factor to the choice of residence for participants. This is further emphasised by Jean’s choice to relocate:

> ‘With my nephew living in (Nelson/Tasman). . . I stayed on I ahh like the area and I like the dry climate.’ (Jean)

Having no children of her own, the closeness of her nephew was one of the reasons on which the shift to the area was based. Proximity to family is a consideration to residence for serviced apartment residents.

**Frequency of Contact.** Given that family appear to have some influence on the choice to live in the Nelson/Tasman region, the amount of in-person contact that participants have with family is variable:

> ‘She comes here once a week and we phone each other regularly.’ (Frank)

> ‘Ahh couple times a week . . . . during the winter its harder for her because it’s so cold when she’s finished but, in the summer she'll often pop in.’ (Norma)

Children often visit their parents within the serviced apartments, although this changes in response to their children's schedules. This shows that contact with family members are important elements of serviced apartment residents' social networks.

While family are important contacts for participants, there were indications that the amount of in-person contact is not to degree that participants would like:

'I think we [children] spend as much time together oh they're busy too so yea.' (Estelle)

Here Estelle appears to report that contact with her children is adequate yet also suggests that their being 'busy' is an inhibiting factor to greater contact. This indicates that for some participants, contact with children could be less frequent then desired.

As noted, some participants find themselves without children, while Jean has her nephew living locally who she often connects with, Detta has been able to make her own family. Her relationship with her daughters is similar to those reported by others in terms of contact:

'One of my sorta daughters. . . comes nearly every Thursday umm to have lunch. She comes in tears up the stairs bolts her lunch and tears down the stairs again.' (Detta)

The distinction of these individuals to the rank of daughters, emphasises the importance and closeness of the relationship and while rushed, the connection between Detta and her 'daughters' is close and valued. As with other participants, contact is regular, however like Estelle, Detta account suggests that the amount of time spent together is not enough.

**The Value of Family.** The importance and appreciation for members of their family were frequently noted by participants:

'Oh, they do I I'm blessed with them I really am.' (Jean)

'She's (daughter) been absolutely wonderful, especially since I stuffed when I had my

hip done at the end of July and she went with me over to Blenheim where I had it done and then spent four nights with me here.' (Estelle)

These positive relationships and appreciation of family are recognised by participants. The support afforded by family living close offers some security for participants when they are faced with health problems.

Family being present during times of need extended to enabling participants to manage their own affairs outside of relying on the retirement village for supports:

'If I need to do other shopping, I go ummm my daughter will take me.' (Norma)

'And during the lockdown my daughter. She's in a certain job that she could get my groceries in, and I could collect them.' (Frank)

These extracts show that support is mostly for extra forms of supports, such as gathering groceries when residents were unable to leave the village or 'other shopping' that is required by participants through giving a lift to the shops.

While participants appeared to base their residence on proximity to younger family members and these relatives were often the major familial supports in the lives of serviced apartment residents. Many participants also had surviving siblings or various health profiles to whom they regularly connected with:

'My sister has been, my ah young sister. . . has been ill for a very long time so I spend umm time with her umm Tuesday afternoon and Saturday afternoon are taken up with her.' (Estelle)

Estelle has a vehicle meaning that she can visit her sister often, the consistency in which these visits occur and the dedication she has in being there for her ill sibling emphasises the meaningfulness of this relationship to Estelle and the importance of being there for her sister. Other participants, who do not have vehicles can't visit siblings as often but also report regular contact, mostly through the phone:

> ‘Well, I know there’s two ah cousins. . . and I phone my brother. . . ah semi-regularly.’ (Frank)
>
> ‘I had four, I’ve got three were all in contact every day. . . Ones ah two are in [up north] the other [is overseas] and we text everyday just about and if we don’t text, we ring.’ (Norma)

Regular contact with siblings living further away highlights the need for participants to interact with their family and keep in touch about what is happening in the lives of siblings. The importance of contact with family in the face of illness (Estelle’s sister) and sibling death (Norma) indicates that increased value is placed on these connections and the interest participants have in treasuring these relationships.

**Outings with Family.** Although family represents important parts of participants social lives, the degree to which participants reported socialising with their children out of the retirement village was limited:

> ‘She's offered too but Ehh I'm not very happy Ehh with my son-in-law. I like him and we get along very well together but on the other hand I don’t feel comfortable in his presence. . . I don’t I haven't got the same habits that he’s got. He likes drinking and I don’t ah drink. . . and when I'm in his house I feel like I'm interfering with what he would be doing with himself.’ (Frank)
>
> ‘No not really my daughter said to me the other day 'we could go for a drive somewhere mum', and I said, 'Well I don’t really need that dear cause I'm really happy here.’ (Norma)

For Frank, his preference to receive his daughter within the village rather than visit hers results from an uneasiness he feels in the presence of his son-in-law, feeling as though he is ‘interfering’ with what his son-in-law might rather be doing. Norma prefers to remain in the village over opportunities to get out and explore the region through her daughters offers

to take her out because of being ‘really happy’ within the village compound. These reports suggest that participants positive associations with one aspect of their lives (village), and the desire to avoid uncomfortable environments (son-in-law) makes participants willing to reduce opportunities to be social in favour of feeling happy. However, expectation of visitations and outings with family could influence the decision to venture out of the village:

> ‘I went to the movies with my daughter. We took her daughter and my granddaughter, and we went to see Peter Rabbit. Oh, that was fun, and we were in the front seat and that was lovely but that’s the only time I've been out really.’ (Norma)

The decision of Norma to go to the movies but not on a drive with her daughter highlight selectiveness in outings based upon expectations of enjoyment, suggesting Norma gets more pleasure out of going to see a film with her family then she would get going for a drive with her daughter.

To summarise this subtheme, the role of family is an important one for serviced apartment residents, with regular contact taking place and families playing an important role in ongoing support, both practically and emotionally for participants. The importance of contact with family appears to be more valued than the contact of friends, despite the former often appearing to occur less then would be preferred. However, interactions with family appear to occur mostly within the service apartments, with some participants preferring family come to visit or circumstances rendering this necessary.

***Subtheme: Relationships within the Serviced Apartments***

This subtheme was revealed as another important part of participants social networks, given the proximity to each other and the daily interactions that occur with provided lunches and group activities, serviced apartment residents by far made up the majority of social contact for participants. In this subtheme, the interactions and conceptualisation of these relations are explored.

**Serviced Apartment Residents as Neighbours not Friends.** It has already been noted that most participants reported friends with the independent residents, however those reports were most common among those residents who had lived in the region for many years before shifting into the serviced apartments. For those who shifted to the region, forming friendships among the serviced apartment has not really occurred, with superficial or detached social relationships composing the interactions between residents. Lionel had no local connections outside of family when he came into the serviced apartment, his description of friendships with other residents highlights the superficiality of resident relationships:

> ‘The jokers I play snooker with and bowls I see them around the place, and everyone knows everyone here and we're all 'friends' but its limited.’ (Lionel)

The casualness of this statement and the infers that ‘friends’ is a platitudinous term to refer to those he sees when engaging in an activity with. Frank further expounds the casualness of resident relationships but instead caveats the difficulty in forming friendships as related to age:

> ‘I think acquaintances better then friends I think once you get to a certain age you don’t form friendships very easily. . . You just get along. You don’t ahh I don’t, there's no body in particular that I do dislike and there nobody in particular that I like.’ (Frank)

Frank expressed no difficulty in his ability to ‘get along’ with others suggesting that his has good but not deep interactions with others in the serviced apartments. However, Norma also shifted from outside of the region into her serviced apartment and has reported that she has made many friends within the village:

> ‘Yes, I've got a lot of friends.’ (Norma)

These experiences of making friends show that newer residents within the serviced apartments expressed shallow and casual relations with fellow residents, while the local

participants reporting of friendships being kept mostly with independent residents. While this is not shared among all new serviced apartment residents, the accounts of friendship formation as difficult suggests that serviced apartments are restrictive in ways that inhibit the formation of friendships among participants.

**The Sociality of the Group Meals.** The lunchtime meal is held communally in the main dining room for serviced apartment residents and is a part of the service package given to residents who shift into the serviced apartments. Lunchtime is therefore a time when residents have the opportunity to interact with one another during a common social activity: meal sharing. The socialness of the lunchtime meal is of more importance to some participants then it is to others:

> 'We sit at the same table I have a lovely table.' (Estelle)
>
> 'You see yes, I'm often not hungry. . . we always have a lot of fun telling stories and I tell them silly things.' (Norma)

Estelle enjoys the company of the others at her table. Norma reports feeling unhungry at mealtimes often, but still goes down to lunch to socialise with her friends and this means more to her then the meal itself. For these participants mealtime offers a chance to sit with their friends and enjoy their company, indicating that mealtime is as much a social activity as it is a means of nourishment.

Although mealtimes offer an opportunity for social interaction, other participants take a more pragmatic view of the provided lunchtime meal:

> 'It's an activity to keep us alive.' (Lionel)
>
> 'Ummm no that's just where it is I guess.' (Charles)

These participants perceive mealtimes as an obligations and a means of survival over opportunities for social interaction. Further expanding upon this idea of the shared lunch having little importance, Lionel presents it as often a burden:

> ‘It ruins the whole day because if you want to go out in the morning you've got to be back for lunch and if you’re going out in the afternoon you've got to wait. . . They don’t, you don’t get your money back. . . In their conversation when we’re having morning tea all the guys are talking about different things out Motueka and Tapawera and whose truck they have and whose farm this was and its very parochial.’ (Lionel)

For Lionel, mealtimes are an obligation to attend, given the inclusion of the meal in the village fees. With the desire to get the value for money means that Lionel finds his day revolves around the lunchtime schedule, which in his experience is at times inefficient and often interfering with other plans. It can be seen that differences exist in the conception of mealtime as being social or necessary interactions for participants. While some report positive rapport with their table fellows, others do not find much pleasure in the conversations that take place, which appear to require local knowledge to participate in.

**Living with Others and Clashing Personalities.** When people are made to live closely with one another, it is unlikely they will get along with each other all the time. Although participant interactions with fellow residents were mostly positive there are some resident’s participants do not get along with:

> ‘Yes, I think so. There’s nobody I feel [don’t get along with], ahh yes there’s one. . . There are several other women I've met who also feel as I do.’ (Detta)

> ‘Not so much although (name redacted) who lives sort of at the other end of my block comes and visits me every day whether I need it or not. . . No but that one I mean she has been so good to me ever since I've arrived.’ (Estelle)

Detta and Estelle have experiences of having fellow residents of whom they are not fond. Detta reports having a difficult coresident  while Estelle has a coresident that she feels cumbersome, yet her visits are tolerated because this person helps Estelle on occasion. While Estelle prefers to remain civil with resident who is overbearing, others are able to be avoided:

‘It’s big enough that if you’re not compatible that you don’t have to mix.’ (Jean)

The spaciousness of the village enables residents to keep to their preferred social circles and avoid those they are not ‘compatible’ with. Avoiding others make the serviced apartments more pleasant to live within, although at times general conversations with others can be meet with stern replies:

> ‘I was going down somewhere, and I said, 'oh we've got a lovely day here haven't we, it’s snowing in (redacted),' and he said, ‘I don’t care!’ just like just like that I thought oh well I'll avoid him.’ (Norma)

Despite unpleasant interactions, the pleasure gained by interacting with other residents overrides the potential for critical remarks from others:

> ‘No, I just leave them because they’ve probably got problems, I talk to everybody and if they don’t want to talk then. . .’ (Norma)

These differences in dealing with negative others appear to be dealt with in ways that promote the positive outcomes for participants. For Estelle, tolerating her overbearing neighbour allows her to benefit from the support provided to her from this resident, for Jean the best response is to avoid people she doesn’t get along with, while Norma finds the chance for pleasant conversations more motivating than the risk of rudeness.

**Relations with Staff.** The need for supports or services are the purpose of shifting into the serviced apartments, as such residents within have a lot of interactions with the staff. Staff can encompass a wide range of roles within the retirement villages and provide different services for residents. Participants accounts of staff relationships as positive:

> ‘I have wonderful friends among the staff. . . I enjoy her company enormously, presumably she does enjoy my company too. So ahh we're friends.’ (Detta)
>
> ‘With the staff ? Oh yes, they’re a cheeky lot we bounce of one another quite abit.’ (Charles)

Given the generational differences and age gaps between residents and staff, the pleasure of interactions and experiential companionship provided by these interactions are important positive social relationships for serviced apartment residents.

Others note the support and service the staff facilitate as valued aspects of the lifestyle provided within the serviced apartment:

> ‘The staff they are just wonderful they will do anything like if you want something done and they’re going past your door, and you ask them they will just do it for you.’ (Norma)

> ‘Oh, I couldn't say enough for them, they're great’. (Frank)

These accounts of staff relationships and interactions highlight that participants greatly appreciated and valued the assistance provided by the workers in the serviced apartments areas.

**The Use of the Serviced Apartments.** It was mentioned above that participants often visited their retirement village friends rather than receiving guests in their apartments. Participants noted that the serviced apartments are places where they can have some quiet time and retreat, rather than receiving guests:

> ‘By the time I do my other things its, oh I'd just like a little time a little me time.’ (Estelle)

> ‘I get tired I get very, very, tired some days I come here and about four o’clock in the afternoon. I'm just no good at all I just have to sit here and let myself go.’ (Norma)

Serviced apartments are used by participants as a space to be alone and rest, Estelle attributes her as a space for ‘a little me time’, given that serviced apartment blocks within retirement villages often have communal spaces for interactions and activities, participant apartments could represent a personal space just for them. While these participants see their serviced apartments as places to recuperate from a busy day, Lionel perceives them as

isolating spaces in which fellow residents hide away in:

> ‘Here you’re living in an apartment and you’re like a chook farm if you like and you walk down the passage and you open a door and you come in and you shut the door and there’s no one around. . . Here the only way you socialise is the to up in the main lounge up there. . . Oh well the people I play bowls with and what not I see them and all but they’re like birds. . . they all disappear and like the people who are there’s like thirty-five who are in the dining room at lunch time and as soon as lunch is over [claps quickly].’ (Lionel)

Lionel’s account of the apartments as ‘chook farms’ symbolises for him that the serviced apartments are isolating places. While others use the apartments to rest and recuperate, Lionel’s perception is one in which residents only want to socialise when an activity is happening, before leaving to isolate themselves in their rooms. This limits the opportunities for informal, casual interactions to occur, and appears to limit the chance for some residents to form more endearing social connections.

In summary, social interactions with other serviced apartment residents for the most part appear to be formal in nature, e.g., during mealtimes, in a village organised manner and scheduled in advance. For those who shifted into the serviced apartments from out of the region, making friends with fellow residents has not really occurred, and while interactions are positive, they are also shallow. Participants noting informal instances of banter were scarce, save for Norma, with many participants also reporting friends within the independent areas of the village or failing to make significant relationships with other residents. This could be interpreted to suggest that serviced apartments do not facilitate the establishment or enhancement of friendships for residents, while they do provide several opportunities for residents to interact and socialise, this does not appear to facilitate deeper connection. While interactions with fellow residents were mostly positive, clashes do occur, but these are

avoidable with little impact on resident experience. Staff interactions are important social interactions for participants, with friendships forming between residents and staff.

Contact as a theme showed that serviced apartment residents remain in contact with many different social partners, particularly among friends and family. Friendships were becoming more difficult to maintain due to the effects of ageing and physical decline, however friends are valued supports and companions. Family, often younger relatives, visit regularly however the duration of these visits is lacking for participants. Participants contact with fellow residents and staff are mostly pleasant, however the interactions among residents are often shallow and based around planned activities, with people often staying in their rooms outside of formal activities. Overall, contact with others occurred within the village with participants increasingly receiving visitors within the village over going out to visit others.

**Theme: Participation in Social Activities**

This theme highlights the type of social activities that are available to participants and their experiences of these opportunities. Village social opportunities, invitations to participate, and changes in activity level are all elements that influence the choices of activities for participants.

***Subtheme: Location of Activities***

This subtheme came as participants spoke of what activities they engaged in and where. Given the emphasis in retirement village marketing aimed at the promotion and continuation of independence and fulfilling social engagement, this theme reveals the types of activities serviced apartments residents engaged in and, where.

**Village Activities.** The activity coordinators from the two retirement villages arrange a multitude of activities for residents to join, as well the villages providing sporting and recreational facilities for residents to participate in. Residents are provided a schedule at the

beginning of the month outlining events and activities. While there are various forms of entertainment provided, participants appear to mostly stick to regular activities of their preference:

> ‘Well, I play indoor boules twice a week play snooker every other day of the week and that’s about it.’ (Lionel)

> ‘I love craft I love to go to craft I love to listen to music, memory stories.’ (Norma)

The activities described by participants above show the differences in activities participants join in. Many participants note the days and times in which they participate in their activities:

> ‘Oh, basically it’s in the village. As you'll see in the programme on Tuesdays there’s a drive to Motueka. And Friday this week there’s a film on and on Saturday there’s Rummikjen.’ (Frank)

This shows how participants rely on the activities organised by the retirement village activities. Utilising the village activities for their activities allows participants the ability to continue participation in activities that they might otherwise be denied due to difficulties in accessing these activities in the community, as noted by Frank most of his activities were located within the retirement village and organised by the retirement village,

**Community Opportunities.** The reliance on the retirement village to organise activities both within and out of the village recognises that participants are often without transport and the physicality that allows them to participate in community activities on their own volition. One participant who is still able to drive makes the most of her ability to engage in community activities:

> ‘I figure that if I don’t keep up with my outside activities that I become so institutionalised that I don’t want to do that yet. . . I will probably do more as I can do less out in the community.’ (Estelle)

Wanting to remain engaged in her social activities within the community suggest that given the opportunity and ability, individuals within the serviced apartments might desire to avoid a reliance on the retirement village for provision of entertainment and social engagement. Further evidence of the desire to retain community access is described by Jean in relation to attending church services:

> 'When I shifted in here, I was just so exhausted that I ahh couldn't get up early enough for the nine o'clock church service on the Sunday, so I now go to church on Wednesday. . . When I feel like I can't get up to the service then I will look at what they do here.' (Jean)

While the retirement villages offer chapel services, it is clear that Jean prefers to retain her connection to her local church, even changing the day she attends when she became tired. The accounts given above highlight the importance of serviced apartments connections to community activities, while retaining the retirement village offerings as a last resort when community engagement is reduced.

To summarise this subtheme, serviced apartment residents take part in a variety of activities throughout the week. Most of these activities appear to be retirement village organised, showing the capacity of the retirement village to cater to a range of interests. The need to use the retirement villages activities appears related to the loss of ability to participate within the community, with those activities that individuals can access being maintained for as long as able. In selecting what to participate in, the expectation of enjoyment appears to be a deciding factor.

***Subtheme: Social Engagement and Lifestyle***

Living in serviced apartments provides a different environment then residents have perhaps known when living in the community. This theme explores the accounts of changes

in social engagement for participants since shifting into the serviced apartments and how they evaluate these changing experiences.

**New Activities and People.** Participants discussed changes in their levels of social engagement since shifting into the serviced apartments. Some participants discovered new activities to participate in:

> ‘There’s Rummikjen. . . I ah I didn’t I'd never seen a game before I came, and I sat beside them one day and I know it after two hours of watching.’ (Frank)
>
> ‘I've taken up the boules.’ (Lionel)

The benefits of the retirement village offering different events and activities means participants interests to be catered to in many ways, as well as provide options to learn and participate in new activities. For other participants, the retirement village has enabled them to continue to participate in activities they formally enjoyed in the community. However, having the retirement village has enabled changes in the way the activities are experienced:

> ‘I could always do knitting and stitching but I was also on my own when I finished with the with the stitching group but here, I've got people all the time.’ (Norma)

Increased proximity and interaction with others are a notable change for Norma since moving to the serviced apartments, increasing the social aspect of the activities, and reducing feelings of social isolation and loneliness. For Norma, being less socially isolated is a notable positive change. Norma did experience periods of loneliness prior to shifting into the retirement village:

> ‘I was ten years on my own and I sometimes I got abit lonely, so I used to get into the car and go down to the supermarket just even if I didn’t buy anything. . . once I was with people, I was fine.’ (Norma)

The social contact that living within the retirement village provides for Norma allows her to better enjoy her daily life through the proximity to fellow residents. Having people

around who share in interests and provide a feeling social connection, decreasing feelings of loneliness.

**Satisfaction with Social Activities.** When discussing how satisfied participants were with their social lives in the serviced apartments participants overwhelmingly were complimentary:

‘We have everything. . . my social life is fine I'm very happy you know I'm lucky.’ (Norma)

‘I'm very happy this is an ideal place for me.’ (Charles)

‘I’m very satisfied and comfortable with the life I'm leading now.’ (Detta)

Participant’s report that they are satisfied with the lifestyle provided them within the serviced apartments, both socially and in relation to the activities offered. Retirement villages promotion of a lifestyle appear to be meeting the needs of serviced apartment residents.

In summarising this theme, it can be seen that serviced apartment residents remain engaged in social activities within the retirement village, while these are mostly organised by the activity co-ordinators, participants found varied activities to suit their preferences. However, some activities are off unable to be undertaken due to physical limitations. The retirement villages could make up the totality of serviced apartment activities however, those who are able to remain engaged with their community activities and services make a concerted effort to do so, with the comfort of the retirement village resources when needed recognised. Most participants reported their level of activity as sufficient for them and the retirement villages provision of activity as satisfactory, feeling happy in their social lives and company serviced apartment living offers. Others were inclined to remain active in their community activities in resistance to becoming ‘institutionalised’, however they acknowledged that in the future they will use the retirement village more as needed in the future

**Theme: Dependency**

This theme reviews the participants experiences of the impact of age-related decline or injury on continuation of activities and participation on an independent level. This also highlights the degree to which participants are dependent on others for practical and social assistance.

***Subtheme: Age and Decline Impacts Participation***

This subtheme notes the impact that ageing, and decline has on serviced apartments residents' ability to participate in activities, both within and without of the retirement village. It was revealed as an important subtheme when talk from participants converged on how the barriers that physical decline and age had on their ability to participate.

**Physical Decline Shrinking Environments.** The effects of ageing on the ability to participate in activities meant that serviced apartment residents could manage only shorter distances and tried easily:

> 'I used to walk through there (a park) quite often. For me just to walk now I find just a circle of the village is quite far enough.' (Detta)

The restrictions that walking problems can cause are further isolating to the degree that participants cannot manage as much physical activity. Physical limitations reduce the proximity in which individuals can walk, causing them to become confined to the retirement village setting:

> 'If I go down every day like I do for lunch by the time I walk back I'm knackered.' (Frank)
>
> 'No, unfortunately from your standpoint because of my physical problems I have to rely on, I'm basically confined to the village.' (Frank)

Here the ability to participate out of the retirement village is directly related to Franks physical problems, feeling very tired with short physical activity causes confinement and a

shrinking of the environment that can be participated in. How an individual feels in their ability to walk outside of the retirement village is influenced upon their sense of safety:

> ‘I walk around here but ah at the moment I haven’t got the confidence to walk outside because I'm just so unsteady but if I someone hold my arm, I can walk there’s no problem to walk it’s just the unsteadiness. . . If I had a tumble out there who would see me?’ (Norma)

It can be seen that fear of not being seen or helped should an attempt to venture out too far from the retirement village is a reason to stay close to home for Norma. This passages points out how the retirement village provides a sense of security in relation to physical limitations, with staff and services around to assist serviced apartment residents should the need arise.

**Physical Limitations on Participation.** All participants reported some form of decline, with these issues causing reduction or cessation of activities altogether. Reductions of activities have an impact on socialising through the need to restrict certain event or manage the extent to which engagement can occur. In demonstrating how hearing impacts upon social participation, Detta reports:

> ‘In that my deafness makes me, of course I've got a hearing aid. . . but all sorts of things like that they were having a concert down there with beautiful. . . I believe it was beautiful, the singing.’ (Detta)
>
> ‘Umm because of my hearing I just cannot tolerate groups of voices. Ah I very much enjoy and take part a great deal in visiting various friends I've made so that I can have one on one conversations.’ (Detta)

This example illustrates the limitations that hearing problems have on residents’ participation in things they want to join in, such as concerts. Having to miss out on activities

and an intolerance for groups due to hearing problems results in a reduction of social interactions to those that can occur one on one.

Physical limitations mean that serviced apartment residents are unable to participate in activities of interest:

> 'I tried out for boules, but it wasn't any good for my back and I like walking, but I can't do much of that at the moment.' (Estelle)

This passage shows that the desire to participate in activities is present among serviced apartment residents however due to physical problems, many activities are now inaccessible to them. Issues resultant from physical limitations also impact upon less physical forms of activities for participants:

> 'I would love to be able to go and sit and play the pokies… No but I can't. I would have to go in a taxi, and I'd be - I'm just too wobbly even on that (walker) but that's one of the things I like to do just for fun.' (Norma)

This highlights how need for assistance and issues related to access result in participants having to relinquish enjoyable activities. These examples show how the burden of decline can be seen to significantly impact upon serviced apartments residents to engage in activities they enjoy, and while some are able to adapt to this changes and find ways in which to remain engaged with others, the loss of ability and restrictions imposed by these limitations have made activities undoable.

***Subtheme: Transport***

With age come a loss of license for many older adults. This subtheme came to be an important aspect of decline and age for participants, with many speaking on transport, and speaking on the ability of access transportation facilitating or inhibiting social participation out of the retirement village.

**Transport Maintaining Community Integration.** Only two participants still held

their licenses and cars. The use of a personal vehicle enables ongoing community participation:

> ‘Yea I'm probably not typical because I have my car here and I still have my various things that I do out in the community.’ (Estelle)

This passage recognises the novelty of owning a vehicle and the access that it enables Estelle to maintain with the community. Having the independence of one’s own schedule and participate in activities out of the retirement village. Vehicles facilitate this independence and community participation as is further exemplified with the next passage:

> ‘Yes, I've got the scooter and I got into that about two three months ago and that helps too … I go into [town] every now and again and around about locally.’ (Charles)
>
> ‘Yea the other friends are just this side of (town).’ (Charles)

The use of a mobility enables Charles to venture out of the retirement village and pay visits to his friends within the community. These passage emphasise how the use of vehicles enable participants to remain active within their communities, visiting friends and participating in activities of interest to them.

**Reliance on Others for Transport.** The use of the retirement villages transportation has been demonstrated above as the major way in which serviced apartment residents access the community for outing. Another way in which a lack of transport cause increased dependence on the retirement villages is the use of supplied transport to get groceries:

> ‘Well, I go down to [supermarket] in the van now because I no longer drive’. (Detta)
>
> ‘The bus goes up the road for shopping for an hour and that’s when I buy my food.’ (Jean)

The use of the retirement village vehicles to enable residents to do their groceries is beneficial for allowing participants access to the shops, however it appears that the provided transport does not do enough to provide assistance for residents with greater physical needs:

‘I go with Miss Daisy's and do grocery shopping.’ (Norma)

Miss Daisy is a local transport and assistance service that individuals can book to help them get to and from places and assist them in performing activities. There are costs related to the use of this service, but it allows users the additional support of having someone by them throughout the shopping trip, which is difficult for retirement villages transport to provide.

The value of transport is the independence and autonomy it allows older adults, however retaining a license is rare for those living in serviced apartments. For those with a vehicle, either a car or a mobility scooter, it can be seen that they have more autonomy in engaging with others and activities out of the retirement village. For those without a license, their community excursions are reliant on the retirement village and other services to perform necessary tasks such as groceries.

On top outings to the supermarkets, the retirement villages in this study offer social excursions to different areas of the district, such as cinemas or cafes around. These van rides provide an option for serviced apartment residents to get out of the village for a time, although the available locations for these outings are often the same place, as Frank reports:

> ‘Recently err we’ve had a lot of going to the same places because there aren't many places that can have two vans … And you have to get parking for two vans and places inside the place for walkers and there aren't many places you can go.’ (Frank)
>
> ‘I haven’t been I've only been on one trip so at the meetings I've had to ask if there’s any possibility that they could on another day so that I could go.’ (Norma)

Transportation is a double burden in relation to these retirement village arranged outings, Frank reported that the need for two van parking and the requirement for accessibility for those going with mobility issues meaning that often the trips are repeated visits to location. While joining in retirement village run community outings is in high

demand, there are limits in the ability for local businesses to accommodate the vans parking or provide appropriate accessibility of the building for more physical impaired individuals.

This subtheme shows how, without a license, serviced apartment residents are largely dependent on the retirement village to provide community access. Community engagement is therefore limited for serviced apartment residents who rely upon the retirement village to organise excursion, with barriers imposed by inadequate public access designed to accommodate vans and those with mobility issues. While an important facilitator for community access, reliance on the retirement village to access the community limits choice and does not offer as much assistance as some residents require, meaning they must arrange outside services for support with transport.

To summarise the theme of dependency and decline, it can be seen that serviced apartment residents are increasingly finding their social worlds shrinking as a result of physical limitations necessitating remaining within the parameter of the retirement village more for fear of safety and weakness. Physical limitations also mean that activities must be stopped or adapted to changing abilities or difficulties associated with accessing activities. Having a vehicle is one means in which some participants can reach the community, but this is minority among participants, who rely on the retirement villages or paid transport to reach the community for shopping, and while the retirement village does provide community outings for entertainment, these have become routine due to limits in accessibility within the community to facilitate those with physical limitations.

**A Brief Discussion on Covid 19**

Due to the Covid-19 pandemic response measures adopted by the retirement villages, residents were separated at mealtimes, with limits on numbers at a table. With the extended lockdowns enforced by the New Zealand government and the focus on protection for susceptible older adults, restrictions within retirement villages were greater than those for

community residents and the length of these restrictions were greater for residents within retirement villages and rest homes. The result of these health measures, participants were discouraged from leaving the village, with guests unable to visit.

***Confined to the Retirement Village***

Participants spoke about how these restrictions bore out in their experience:

> ‘No one was allowed in from outside into us apart from the helpers.’ (Frank)

In discussing their experiences of lockdown participants reported that it was not too difficult for them to manage.

Given the confinement within the retirement village parameter, participants were unable to receive or visit friends and relative on the outside, while this might impact upon feelings of loneliness or isolation from loved ones, the participant reports suggest otherwise:

> ‘Not really because you could text, I've got a phone you can text, and you can see people here.’ (Norma)

The ability to maintain contact with loved ones during lockdown helped participants feel connected to those on the outside, and the interactions that residents had within the retirement village helped to stave off loneliness for some participants.

Overall participants reported that the lockdown experience was not too difficult:

> ‘It wasn’t too stressed. . . No, we seemed to get on very well.’ (Charles)

Although retirement village responses to the pandemic meant residents were to remain within the retirement village and not accept visitors, participants reported being able to manage well, maintaining contact with family and friends on the outside.

***Activities.***

During the lockdown period all retirement village organised activities had to be cancelled to maintain social distancing, this meant that participants were unable to participate in the activities that they relied on for their entertainment. While residents were encouraged

to maintain a distance among themselves and staff, some were able to exclusively socialise if they kept these 'bubbles' small:

> 'Ah [townhouse friend] just over the other side there she gets around in a scooter and she loves playing cards so ah during lockdown it was great, we were a bubble.' (Estelle)

Having a friend within the independent areas enabled Estelle a place to go to socialise and participate in activities that helped pass the time. The ability to continue in valued activities and interactions with close friends helped to pass the time and made the lockdown experience more pleasant. For others, passing the day meant becoming more physical:

> 'Not a problem I just walked around the village every day and did lots of walking.' (Charles)

Serviced apartment residents were able to spend their times engaging in activities that they were able to perform within the retirement village guidelines for the Covid-19 response.

***Mealtime***

Social restrictions meant changes to regular seating and mealtime adjustments for residents:

> 'Oh no we had we were given meals up here alternatively one day upstairs one day and downstairs . . . . we shared the dining down below half the time.' (Charles)

> 'Well, there was a change in a certain things that we weren't allowed to do. Ah like at lunch for example they separated us at the tables.' (Frank)

Serviced apartment residents noted the adjustment at mealtimes as one of the major changes to village lifestyle.

To summarise participant experience of the Covid-19 lockdown response; while isolated from the outside world serviced apartment residents were able to maintain connections with loved ones in ways that they already were doing outside of lockdown.

Given that participants are increasingly constrained to the retirement village anyway, the lack of access to the outside did not provide much difference to their experience as it usually is. The major difference reported by participants was the changes to the mealtime seating which meant only two to a table and alternating use of the dining hall for meals, however participants appear to adjust to these changes well. Overall, participants reporting doing well with the necessary changes, with many able to find ways to engage in activities of pleasure, either alone or in intra-village bubbles.

## Discussion

In this study, the social experiences of older adults living in serviced apartments was examined. The purpose of this investigation was to discover themes related to the participants experiences of their social worlds as influenced by their living environment. Using interpretative phenomenological analysis this study was conducted for the purpose of examining the meanings of the social experiences recounted by the participants in the interviews. The themes related to the social contact of participants which comprised chiefly of friends, family and coresidents within the serviced apartments, the social engagement with various activities offered within the retirement village and in the wider community, the impacts of decline and the increased dependency that this wrought through loss of mobility and transportation.

The following discusses the research findings in two parts. The first part focuses on the social lives as experienced by participants in this study, examining the themes in relation to the wider literature. In the second part, results will be examined through a theoretical perspective to assess how participants social experiences might be understood in theoretical terms.

### Part One: The Social Lives of Older Adults in Serviced Apartments

Participant accounts of their friendships revealed that the length of residence and location prior to shifting into serviced apartments appeared to influence the degree to which participants reported having friends with the retirement village. Those who relocated from the independent living village areas, knew residents prior to shifting or lived in the region prior to shifting reported friendships within the retirement village, chiefly among the fully independent residents. While those who shifted into the serviced apartments directly from out of the region and with no prior social contacts within the village reported positive interactions with fellow residents but did not label them friends.

The theme of contact showed how social networks were maintained with others established prior to shifting into the serviced apartments. Regarding friends, the participants preference to interact with established friendships within and outside of the retirement village area aligned with prior research on the importance of old connections over efforts to create newer friendships (Park et al., 2017). Access to serviced apartments was a barrier for some participants friends, who lack the physical capacity to come into their apartments and thus placed the onus of maintaining contact on those residents who were able enough to walk to the independent areas. Increasing frailty has been noted by Nielson et al. (2019) as making continued contact among retirement village friends difficult to maintain.

Friendships formed over extended time periods were given greater importance, with participants reporting friends from the independent areas, as well as old friends from their younger years making up most of their friendships. The accounts of these friendships suggested emotional depth and companionship among older friendships, e.g., '*we can weep on each other's shoulders'.* Potts (1997) spoke of the important role of friends in offering support by way of assisting in transportation and shopping from within retirement villages and neighbourhood settings. Although retirement villages offered transport to supermarkets for residents to do their grocery shopping, the ability of some residents to rely upon their own support networks within the retirement village in accessing community facilities is preferred, with contact and social networks important in facilitating this. Reliance on friends for transport is noted as an important means of community engagement (Dabelko-Schoeny et al., 2021), and the decision to use friends to go shopping with when the retirement villages offer this service could reflect a desire for continued independence. Given that serviced apartments were originally designed to offer additional assistance on an as needed, individual basis (Dodd, 2018), those able to continue to manage their schedules independent from the village might prefer to do so.

Other participants reported having no friendships among other residents. Two participants in this study were unconnected to the region prior to their shift into the serviced apartments, having only family living locally. These participants were also the only two that reported not having made friends, labelling local relationships in superficial terms or as acquaintances. This superficiality of relationships among serviced apartment residents was noted by Kemp et al. (2012), with the preference for family and closer friends taking precedence over forming newer friendships. This creates difficulty for those new to the facility, which accords with the experiences of these participants. Additionally, the lack of shared experience and local knowledge could create relational divides, with the importance of common histories and shared experiences being noted by other researchers as important to the establishment of friendships and community among residents in assisted living (Sefcik & Abbott, 2014: Bernard et al., 2012). However, relational experiences and willingness to engage with others might be influenced by personal characteristics, such as friendship styles and personality traits (Wright & Abbott, 2006: Lang et al., 1998).

Family connections and contact were drivers which led many participants to initially relocate to the region, with three participants choosing serviced apartments in retirement villages that were close to their children in the region. The importance of locality to younger family in residential choice reflects the positive associations that participants have in relation to their family members and the desire to be live in closer proximity to these important social networks is acknowledged in the literature (Weeks et al., 2012). Contact with family members was regular among participants, with family members often coming in visit serviced apartment residents.

Regarding activities, participants relied upon the retirement village to organise their social activities. Only one participant, who had many community engagements prior to relocation and continued to engage with these, preferring community-based activities over

retirement village organised activities. Participants reported a wide array of activities they liked to participate in, with many of these activities relating to their interest prior to shifting into the serviced apartments. Other participants noted that they were unable to continue in former activities because of the barriers caused by physical decline and transport issues.

Interestingly, the social component related to the activities was not mentioned by participants. This is notable for two reason. First, many of the activities, such as boules, snooker and card games often require multiple players to participate. Secondly, the regularity in which participants engaged in their chosen activities suggests that it is often the same people performing activities on a regular basis. While social factors could be influencing the decision to participate for residents, the accounts given suggest that enjoyment of the activity itself is a greater motivator for participation to residents.

Although physical decline inhibited certain activities, participants reported being satisfied with their level of engagement. The ability to find satisfaction in light of changing abilities shows that participants are accepting of their current conditions. Participants emphasised this willingness to adjust as their needs change by noting plans to relinquish community activities, such as church, in favour of those options offered within the retirement village when they are no longer able to go out. Grist (2010) noted the importance of adapting to capabilities as an important part of maintaining wellbeing, and our participants' willingness and acceptance of likely future need to rely more on village activities shows adaptability and acceptance. This also highlights the ability of the retirement villages to provide activities of importance to residents, promoting participation and engagement for serviced apartment residents.

Participants often spoke of friends being a means by which they accessed the community, either for pleasure or shopping. Access to transport is an important way that participants are able to continue engaging in activities of interest to them that are not

available to them through the village, such as watching horses at the track. These results are in line with those of Potts (1997) who emphasised the support of friends. Research by Vaughan et al. (2016) looked at factors conducive to community participation for older adults, finding no strong relationship between closeness to family and community engagement. Similarly, participants in this study had help from family members to do extra shopping but family was not noted as a means by which participants accessed the community for activities of interest. Two participants reported declining opportunities from children to get out of the retirement village for a time, instead preferring to remain within the village and receive guests due to the comfort they felt within the village. While other research has reported family members providing practical support (Bennett et al., 2017), participants appeared to rely on others before asking family for help.

Ongoing physical decline was noted by participants, resulting in them becoming increasingly insulated within the retirement village. Participants spoke of being *'basically confined to the village*' as a result of their physical limitations. Physical limitations meant some participants could only manage walking short distances, while safety concerns meant others were afraid of leaving the retirement village premises unaccompanied. Other forms of disability, such as hearing loss, reduced the ability for participants to tolerate large groups, meaning they had to avoid groups of people in order to interact with others. The impact of disability, such as hearing loss has the potential to isolate residents (Mick et al., 2014), with one participant noting they cannot listen to the various entertainers the village brings in. Whilst limiting in some areas, hearing loss means that participants can enjoy more intimate conversations with friends.

The major form of dependency for participants resulted from the loss of their license and cars. As such, participants without mobility scooters required others to take them to and from the supermarket and other community activities. Most relied on the retirement village to

provide this transport while others had friends who could take them. The retirement village was the other main form of community access for participants, with the villages providing transport to and from the supermarket and planned social excursions into the community. The outings into the community are popular among participants, with residents often vying for spot and missing out and desiring additional trips. The popularity of these excursions suggests that older adults do seek novel experiences and community access, particularly among those with limited ability to leave the retirement village on their own volition. Loss of independence and isolation from the community as a result of physical decline is known to limit the degree to which older adults can participate (Goll et al., 2015), having the village offer this services provides an important service in enabling residents to feel more connected to the outside world. However, the availability of appropriate locations for the retirement villages to take residents is limited by environmental factors, such as limited parking or a lack of disability friendly access for those who need walkers. The lack of accessible buildings and other environmental features such as uneven ground are known impacts upon participation (Caman et al., 2014), and limit the destinations retirement villages are able to other residents.

Part of this research sought to understand how loneliness and isolation factored into the experiences of participants. Given the loss of transport, increased difficulties in visiting friends due to decline and distance, and the lack of the establishment of close relations among serviced apartment residents without prior relationships, the capacity for loneliness and isolation is apparent. Interestingly, no participant reported feeling lonely within the serviced apartments. One participant reported that loneliness was experienced prior to their shift into the retirement village but has not felt lonely since moving into the serviced apartments, attributing this to the constant presence of others around her. With loneliness often associated with a perceived lack of meaningful social connectedness to others (Adams et al., 2004), the availability of social contacts and friends within the serviced apartments and retirement

village as a whole appears to provide sufficient emotionally meaningful contact for residents. Although two participants noted an absence of friendships among coresidents, they did report feeling lonely suggesting that the social contact they have with fellow residents and their family members is sufficient to stave off loneliness. Shared accommodation has been shown to decrease incidence of loneliness among adults (de Jong Gierveld et al., 2012), with these findings appearing to be corroborated by the accounts of participants in this study.

**Part Two: Theoretical Explanations**

Participants experiences suggest that elements of emotional based social selection may explain the findings. As a lifespan theory, socioemotional selectivity theory focuses on social networks and these are adjusted to consist of emotionally fulfilling partners and the discarding more casual others when an individual's perception of their time horizon is limited, such as with advanced age (Carstensen, 1992).

If emotional satisfaction and preference for established relationships were chief motivators in the construction of social networks, then forming friendships for older adults shifting into serviced apartments with no prior connections to coresident should be more difficult because of the preference of others to their own social networks. According to socioemotional selectivity theory, the lack of investment into the development of new friendships is motivated by the desire to engage with others with whom an individual receives positive emotional experiences (Carstensen, 1992). This appears to describe the tendency of older adults to have smaller, more intimate social networks with those they've known longer, while having little interest in forming new friendships. Participants noted friends as important resources of emotional support. Consistent with the socioemotional selectivity theory premise of discerning friendships that are able to be emotionally open and deeper than casual interactions (Wright & Patterson, 2006), participants friends fulfilled an important emotional function.

One participant's preference to have his daughter come to visit reflected his desire to maintain emotional satisfaction through ongoing interactions with his daughter while removing himself from the emotionally discomforting experiences he reports when in her home.

Participants experiences showed a deliberate decision to omit activities and interactions that they find unpleasant and uncomfortable. The adjustment of social interactions and the avoidance of perceived unpleasant environments are aligned with the premise of socioemotional selectivity theory (Carstensen, 1992). The location of social participation impacted on the decision making for participants, suggesting that while social partners are selected in regard to the emotional satisfaction obtained through these interactions, the context in which interactions appeared to be determined by affective considerations on residents' part (Carstensen et al., 2003).

Another theory that could describe the selection of social partners and activities reported by participants is selection, optimisation, and compensation theory. Selection, optimisation, and compensation theory recognises that individuals have limited resources, such as time and energy, that they can allocate to activities and people (Burnett-Wolle & Gobey, 2007).

Participants noted needing to retire to their apartments to rest and the issues caused by physical decline indicating the need to conserve energy due to tiredness. Due to the lower energy levels, participants must be selective about the types of activities they choose to participate in. The decision to prioritise certain activities over others and the efforts to retain important social connections can be seen as a conservation of energy to enable participation more personally meaningful pursuits. Reductions in physical capacity has meant that participants have had to adapt to changes in their ability, such as one-on-one conversations with friends due to difficulties hearing in crowds. Adapting to changes in functioning and

resources is an important mechanism relating to participation within selection, optimisation, and compensation theory (Baltes & Carstensen, 2003).

**Implications**

Implications arose through the analysis of the data that might impact upon serviced apartments residents having meaningful social connections.

One implication from this research is the increased impact of physical decline on diminished social contact. As participants spoke of chiefly visiting their friends in the village due to the physical disabilities that stopped their friends coming to their home, any incident that effects participants physicality could make maintaining contact difficult, confining them more to their apartments.

Another area of interest that arose was the apparent difficulties that new residents to the serviced apartments did not have friendships with their coresidents. How a lack of meaningful social connection in their immediate environment might impact upon newly relocated residents is an area of concern. Although retirement village operators provide many opportunities for residents to interact and connect, there is a risk that some residents might experience loneliness resultant from the lack of close relations with fellow residents

**Future Directions**

This study was, as far as the researcher was able to locate, the first of its kind in New Zealand to examine the social lives of serviced apartment residents and apply socioemotional selectivity to examine the social networks of these individuals. Future research might extend this research by directly assessing motivations for residents in their selection of social partners and activities, as well as assess how these relationships and activities might change over the length of stay within the serviced apartments. While the researcher asked participants how their social lives had changed since relocating into the serviced apartments, the parameters of this study meant that comparison between former community activities and

serviced apartment activities was not undertaken, how might the extent of participation be related to individuals' general behaviour trends over time?

Participant's descriptions of the types of activities they engage in noted the types of activities they engaged in, many of which required other participants. However, the social aspects of the activities were not disclosed as a motivating factor to participation, which has been found in other studies as reasons for engagement (Lazar & Nyugen, 2017; Janke et al., 2006). Further research could look more explicitly at the motivators for participation among older adults in serviced apartments.

This study focused on a small participant sample, within one region of New Zealand, so that the research could obtain a greater depth of participant experiences. While the social experiences of serviced apartments residents contained similar findings to those obtained overseas in assisted facilities, the limited amount of research on individuals within this increasingly offered living environment in New Zealand creates the opportunity for future research to examine an increasingly important form of living for older adults. As mentioned, this study took place within two retirement villages, however serviced apartments are offered in purpose-built facilities for older adults to live in. How living within serviced apartment villages has the potential to influence the sociality of residents not observed in retirement villages, which cater to older adults from independent to end of life care, creating opportunities for longer associations.

Further research might also focus on the social experiences of older adults from more diverse cultural background. While unintentional, this study contained participants who are of New Zealand European/European descent reflecting the general common ethnic makeup of retirement villages in New Zealand (Nielson et al., 2019). Examining how residents of different ethnicities using these facilities will help to gain greater understanding of the social lives of all older New Zealanders using utilising this lifestyle option.

**Limitations of the Current Study**

There are a number of limitations associated with this research.

One limitation of this study was that all participants required a sufficient level of cognitive capacity and functionality to able to participate in this study. Although this was restricted for ethical reasons, this limited the ability of this research to understand sociality among serviced apartment residents with more severe forms of frailty.

Another limitation is the lack of cultural diversity within the sample of participants. Being all of European or New Zealand European means that the sample is relatively homogenous in terms of cultural identity. The lack of diverse cultural representation means that these results cannot be applied outside of cultural sphere within which the participants identify.

Using interpretative phenomenological analysis as the methodology, the current study was able to gain personal accounts of the social experiences of serviced apartments residents. However, as a qualitative epistemology, the use of interpretative phenomenological analysis has an impact on what can be garnered from the findings of this research. Firstly, no two participant experiences were the same, which while providing richer accounts of experiences that might be gained through the use of surveys or scales, means that any attempts at generalisation of the results to other populations is not advised.

The small number of participants, whilst appropriate within qualitative methods, limits the extent to which this particular sample might be representative of the wider population of serviced apartment residents. Although social experiences were unique for participants, the response rate of interested parties in relation to the number of invitations distributed could suggest that they are motivated to participate based on personality factors or past experiences as research participants, and the potential for vastly different experiences might have been

revealed by other residents, who may have hesitated to be interviewed out of concern for being identified.

Analysis was also conducted by one researcher, which results in interpretations and the themes I observed from the data are influenced by the viewpoint of the researcher and their own knowledge and experiences (Mays & Pope, 1995). My own subjective experiences with the research subject matter have been noted, as I have had interactions with serviced apartment residents as it occurred casually during my caregiving in retirement village. I have attempted to not let my personal experiences of older adults influence my interpretation of the experiences of participants, by remaining open to the validity of all participant experiences and giving every account equal chance of becoming a theme. The final themes were constructed from the overarching accounts of sociality among the participants, and it is hoped that they represent the commonality of experiences as reflected in the lived experiences of these participants.

Validity of the research could be an issue. As the results are based on interpretation of participants interpretations of their social experiences, and data was collected via interviews, there is a potential for the researcher to prime participants to respond in ways that confirmed researchers. Attempts to limit researcher interference involved using the same three open questions for each participant and reminding participants in the invitation and outset of the interview that I was interested in their social experiences. However, it should be noted that subsequent prompts for interview questions were influenced by previous participants responses that the researcher had not considered, or suggested questions participants made at the conclusion of the interview.

## Conclusion

This research hoped to gain an increased understanding of serviced apartments residents' social lives. Using interviews obtained from seven participants within two larger scale retirement villages, interpretative phenomenological analysis revealed three themes to sociality: contact, participation, and dependency.

Key findings from this research reveal that serviced apartment residents are provided a variety of participation options, which they participate in when access to community activities is no longer possible. While residents have mostly positive interactions with one another, forming meaningful relationships is uncommon with residents prioritising contact with older friends they had before shifting into the apartments, and family. The village helps with access to the community, although the preference for participants is to maintain independence as much as possible, with support sought from friends or family before utilising the village services. This research had several implications relating to forming friendships for out-of-town relocators and the difficulties of maintaining contact with increased disability. Overall, serviced apartment resident appear to be satisfied with their social lives within the village, adapting to changes in their physicality and engaging in meaningful interactions with important others.

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## Appendix A

## Information Sheet One


UNIVERSITY OF NEW ZEALAND

The Social Experiences of Older Adults in Serviced Apartments.

Hello,

My name is Jodie Hajdu. I am a Master's student at Massey University and would like to invite you to participate in my research on the social participation opportunities for people living in the Serviced Apartments in Retirement Villages.

**About my study**

I am interested in the social worlds of residents in Serviced Apartments. For this research, your experiences of social activities both in your village and outside will be an important contribution.

Through examining social experiences, more can be done to support and enable meaningful social opportunities for yourselves. I am interested in all perspectives and experiences of social life for people living in Serviced Apartments.

**Your role in the study**

I am asking for you to take part in an interview (about 1 hour). I will ask you about your experience of the opportunities for socialising and your participation in any activities with others (e.g., friends, fellow residents, family, club members).

**How the information will be used**

Our interview will be recorded digitally with your permission. The recording will be transcribed and analysed to search for similar ideas across all the interviews.

Your name and the name of your Retirement Village will remain anonymous to ensure your own and other participants' privacy. The transcription, audio files, consent forms, and notes will be kept in locked files and folders. All participants will be provided a pseudonym.

The results of the analysis will be used in my Master's thesis, a summary will be provided to you if desired, shared with Retirement Village managers, and will become a part of the academic research literature.

**Are you eligible?**

To take part in this study you will be living in a Serviced Apartment in your Village and be able to be interviewed in English.

**Your rights as a participant**

If you agree to be interviewed, you have the right to:

- Withdraw from the study at any time prior to analysis of the data.
- Refuse to answer any questions at any time.
- Ask any questions relating to the study at any time.
- Expect confidentiality around your identity in all aspects relating to this research and the published report.
- Ask for the recorder to be turned off at any stage during the interview.
- Ask to have another person present during the interview (they may be required to sign a confidentiality and consent form).
- Be given a copy of their interview transcript, if desired.
- Be given a summary of the findings at the completion of the study, if desired.

**What can you expect from the researcher?**

- To uphold your rights;

- To be treated with respect, and dignity at all times;
- To maintain high ethical standards;
- To work hard to increase awareness of social participation experiences for older adults to the wider community.

**How do you participate?**

If you are interested in taking part, please contact me. I will answer any questions you have and arrange an interview time at a place that suits you.

**Jodie Hajdu**

- **Phone: 0800 100134**
- **Email: Jodie.Hajdu.1@uni.massey.ac.nz**

If you wish to contact my supervisor, the contact details are as follows:

**Professor Christine Stephens**

- **Phone:** 06 951 8059
- **Email:** C.V.Stephens@massey.ac.nz,

Thank you for time.

Regards

Jodie Hajdu

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 21/31. If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicsoutha@massey.ac.nz.*

## Appendix B

## Consent Form for Participants


UNIVERSITY OF NEW ZEALAND

***The Social Experiences of Older Adults Living in Serviced Apartments***

**PARTICIPANT CONSENT FORM**

I declare that I have had read or been read the Information Sheet attached. I understand the details of the study and have volunteered myself to participate in the research. I understand that I may withdraw from the study at any time up to the analysis of the data. I understand that by signing this consent form, I agree to the conditions of the research as set out in the Information Sheet.

1. I agree to the interview being recorded.
2. I agree to participate in this study under the conditions set out in the Information Sheet.
3. I would like/not like a copy of my interview transcript*****.

**Declaration by Participant:**

I _____ hereby consent to take part in this study.

(Full name)

**Signature: _____ Date: _____**

***If you would like a copy of your transcript, please include address here:**

**Residential number: _____**

**Address:**

_____

## Appendix C

## Information Sheet Two


UNIVERSITY OF NEW ZEALAND

The Social Experiences of Older Adults in Serviced Apartments.

Hello,

My name is Jodie Hajdu. I am a Master's student at Massey University and would like to invite you to participate in my research on the social participation opportunities for people living in the Serviced Apartments in Retirement Villages.

**About my study**

I am interested in the social worlds of residents in Serviced Apartments. For this research, your experiences of social activities both in your village and outside will be an important contribution.

Through examining social experiences, more can be done to support and enable meaningful social opportunities for yourselves. I am interested in all perspectives and experiences of social life for people living in Serviced Apartments.

**Your role in the study**

I am asking for you to take part in an interview (about 1 hour). I will ask you about your experience of the opportunities for socialising and your participation in any activities with others (e.g., friends, fellow residents, family, club members).

**To thank you for your time and help you will be given a Prezzie gift card worth $25.00**

**How the information will be used**

Our interview will be recorded digitally with your permission. The recording will be transcribed and analysed to search for similar ideas across all the interviews.

Your name and the name of your Retirement Village will remain anonymous to ensure your own and other participants' privacy. The transcription, audio files, consent forms, and notes will be kept in locked files and folders. All participants will be provided a pseudonym.

The results of the analysis will be used in my Master's thesis, a summary will be provided to you if desired, shared with Retirement Village managers, and will become a part of the academic research literature.

**Are you eligible?**

To take part in this study you will be living in a Serviced Apartment in your Village and be able to be interviewed in English.

**Your rights as a participant**

If you agree to be interviewed, you have the right to:

- Withdraw from the study at any time prior to analysis of the data.
- Refuse to answer any questions at any time.
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**What can you expect from the researcher?**

- To uphold your rights;
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**How do you participate?**

If you are interested in taking part, please contact me. I will answer any questions you have and arrange an interview time at a place that suits you.

**Jodie Hajdu**

- **Phone: 0800 100134**
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**Professor Christine Stephens**

- **Phone:** 06 951 8059
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Thank you for time.

Regards

Jodie Hajdu

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 21/31. If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey University Human Ethics*

*Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicsoutha@massey.ac.nz.*

## Appendix D

## Interview schedule

***Greetings and opening banter.***

**Preamble:**

Permission to record and signed consent form.

(Modified) Older Adults Capacity to Consent to Research (OACCR) scale (Smith, Thompson, Grootveld & Lamb- Yorski, 2019) What is the purpose of the research?

1. Tell me some things you may be asked about?
2. What are the things that might worry you about taking part in the research?
3. If you don't want to, do you have to take part in the research?

**Background questions**

Age

Length of residence

Marital Status

Number of children

**Interview questions**

I am wanting to know about your social life, can you tell me…

- What you do socially?

  *prompts*

  - *In the village?*
  - *Out of the village?*
  - *Who with?*

- Has your social life changed since moving here?

  *Prompts*

- *New friends*
- *Old friends*
- *Activities (were you sporty? Did you volunteer? Crafts? Wood work?)*
- *Level*
- *Satisfaction*
- *Location (community, or retirement village, visiting family)*

- Do you want to change anything about your social life?

*Prompts*

- *More time with family, friends*
- *Opportunities to participate.*
- *Accessible activities (within and outside the village)*
- *Relation to staff*
- *Options*
- *Co-residents (cliques, privacy)*

***Conclusion, thanks, and parting information***

***Give the gift to participants with thanks***