What's the point? Ageing with purpose

by

Justine Irving

Master of Applied Gerontology, Flinders University

Bachelor of Psychology, Honours, University of South Australia

A thesis submitted to Flinders University for the degree of

Doctor of Philosophy

College of Nursing and Health Sciences

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Principal Supervisor

Associate Professor Sandra (Sam) Davis

Associate Supervisors

Associate Professor Ruth Walker and Dr Aileen Collier

8 August 2022

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed 

Date 22 February 2022

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Irving, J, Davis, S, & Collier, A. (2017). Aging with Purpose. *The International Journal of Aging and Human Development, 85(4),* 403–437. Copyright © 2017 (SAGE). DOI: https://doi.org/10.1177/0091415017702900 (cover page provided in Appendix A).

ACKNOWLEDGEMENTS

It has been challenging to identify all who have contributed in a meaningful way to the production of my thesis and to appropriately articulate my gratitude. Firstly, it is important to acknowledge and thank the sixty men and women who so kindly afforded me their time and willingness to share their experience of purpose. I hope that I do justice to your contributions. I also thank the management and staff of Eldercare who were so supportive of my research and enabled me to meet with older people across their aged care services. Your assistance was pivotal to the effectiveness of my study.

Not all people will benefit from the presence of mentors in their lives, whether professional or personal. I am fortunate in that I have had a small number of people in my life who have acted in such a role. Of the most significant in recent years is my primary supervisor, Associate Professor Sandra (Sam) Davis, who has continued to advise, guide, encourage and advocate for me, both as a student and professional in gerontology. I sincerely thank you for sharing your time and expertise across my doctoral study. I also thank you for granting me independence and trusting me to get the work done. I thank Associate Professor Ruth Walker, Dr Aileen Collier and Associate Professor Tim Windsor for their input and constructive feedback at varying stages of the project. I thank Delia Thornton for her efficiency and attention to detail when proofreading my work.

I must also acknowledge and thank my dear parents in law, Don and Lorraine Hawking, who were amongst my most avid supporters and shared recruitment material with their friends, social groups and other community networks. Your effort in these early stages was invaluable. Finally, to my darling husband Andrew and three children Cooper, Arabella and Harry, who have given such love and encouragement, and graciously endured my distraction and the ubiquity of my thesis in your lives. I look forward to weekends as a family again. Until the next project that is…

ABSTRACT

Increasing longevity is a collective global achievement. To maximise the opportunities associated with an ageing population requires greater understanding of how older adults can be supported to optimise not only good health and wellbeing but also their ability to meaningfully contribute to the society in which they age. Contemporary research suggests a sense of purpose may sustain, predict and promote better psychological and physical health in older age. Purpose can be derived from relationships, societal, work or familial roles, pursuit of personal goals, maintaining independence, community engagement or participation in activities that are individually meaningful. Although the varied benefits of purpose are increasingly recognised, there is more to learn about the how and why of purpose in later life. Older adults can have difficulty maintaining purpose as age related loss of social roles, relations, and cognitive, sensory or physical function may prevent older adults from engaging in activities that have traditionally made life purposeful. The intent of this study was to further existing understanding of how purpose is experienced by older adults living in residential aged care and the community. This included exploration of how purpose can differ across settings and the mechanisms through which it may be supported. Applying a phenomenographical approach, sixty older adults living within the South Australian community or aged care residential setting were interviewed. Study design, analysis and discussion were informed by a model of successful ageing: selective optimisation with compensation. The outcomes of this study build upon the limited body of evidence defining "purpose" from the perspectives of older adults themselves. Furthermore, this study contributes to the sparse qualitative evidence examining the application of selective optimisation and compensation strategies relevant to the maintenance of purpose. Implications of study findings are discussed.

PREFACE

I remember vividly the moment I became interested in the study of ageing and older adults, even if admittedly some of the details of the occasion and key characters remain less clear. I was watching a video in a fourth-year undergraduate psychology class during which the stories of older caregivers were presented. Although unable to bring to mind the name of the documentary itself, I can recall the face of an older man smiling with pride at the care he took of his wife with Alzheimer's disease. He described the task-based approach he undertook to support his wife with her activities of daily living and his determination to care for her within their family home for as long as he was able to do so. Why this couple's story touched me so deeply I cannot say but from that moment the "gerontological seed" was planted. With encouragement from my lecturer at that time I went on to pursue my honours research exploring the experiences of older spousal caregivers and I am so pleased to say I continue to enjoy the challenge and satisfaction of work, research and study in gerontology.

As per the appropriate application of any qualitative methodology, including phenomenography adopted for this study, the need to understand one's subjectivity when analysing data is necessary. My foundation of academic study is in psychology and journalism, through which the rigorous pursuit of objectivity in research and writing was taught to be paramount. My subsequent professional work within government, academia and management consulting further concreted the importance of minimising or downplaying subjectivity wherever possible. Therefore, it felt an unfamiliar exercise for me to consider and reflect upon how my perspectives, attitudes and values may influence this piece of work.

I recognise that my views are based on my childhood, life, family, education, working and personal experiences and therefore not the reality of others. My understanding of how people age has been largely informed by education, research, and personal experience. I am not a clinician and apart

from a weekend job as a 16 year old in a small residential aged care service making beds, helping with lunches and assisting with other miscellaneous tasks, I have never worked long term in the residential aged care setting.

In a demonstration of further transparency, I also consider myself, in the words of Italian philosopher Noberto Bobbio, to be a “happy gerontologist” by which I am more likely to focus on the positives and opportunities associated with ageing. Whilst I neither regret nor am willing to apologise for such disposition, I do acknowledge that this attitudinal trait influences what I pursue to study and how I interpret the outcomes to some degree. For me, purpose in life is paramount and therefore in part the contemporary research purporting the positive physical and psychosocial effects of purposeful living further strengthens this conviction. Once again though, not everybody develops, seeks to create, nor wishes to maintain a strong sense of purpose in youth nor in older age, and this difference I acknowledge and respect without judgement. Apart from my own personal belief in the value of purpose, I held no firm views on what the research outcomes should or would be. I entered this study without an agenda or point to prove to others, but rather a genuine interest in better understanding what purpose means to older people in the hope that in some way this work could make a positive contribution to the ageing experience of adults regardless of setting.

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1. INTRODUCTION AND RESEARCH RATIONALE

He who has a 'why' for which to live, can bear with almost any 'how'

Friedrich Nietzsche

Chapter overview

This first chapter provides a summary of the present study, including background and rationale. The research aim and objectives are articulated and methodology stated. This chapter concludes with an outline of the structure of this thesis.

Why the need for this study?

Populations around the world continue to age at a faster pace than in the past and this demographic shift impacts all aspects of society, policy, systems, services and communities. The number and proportion of adults aged 60 years and older continue to increase and by 2050, the global population of older people will have more than doubled to approximately 2.1 billion. Between 1999 and 2019, the proportion of the Australian population aged 65 years and over increased from 12% to 16%. Further to this, the number of people aged 85 years and over increased by 117%, compared with a total population growth of 35% during this same time period (ABS, 2019). Whilst attention is more often diverted to how we can effectively respond to specific system or economic challenges associated with an ageing population, it is important to acknowledge that living longer is a collective achievement and with it brings a range of opportunities for individuals and society (WHO, 2020b). True realisation of the benefits associated with increased longevity requires further understanding of how the quality of these additional years can be maximised.

Quality of later life encompasses more than good physical health. Indeed, there is little evidence that older people today are in better physical health than previous generations (WHO, 2015). Our quality of life is also influenced by the organisational, community and political environments in

which we age (Richard et al., 2005). Whilst subjective and overlapping, quality of life from the perspective of older adults may be represented by good health, autonomy and independence, meaningful roles and activity, high quality relationships, a positive attitude towards life, emotional comfort, spirituality, and environmental and financial security (van Leeuwen et al., 2019). Wellbeing in later life is also supported by conditions that enable older people to do what they value, to retain the ability to make decisions, and to preserve their purpose, identity and independence (WHO, 2020b).

"Successful ageing" as a concept has been developed in response to increases in life expectancy and the desire to support optimal physical and mental health in later life. Concurrently, successful ageing is appealing to governments and policy makers who seek to "contain" the economic implications of an ageing population; primarily through promotion of activities that may support successful ageing and encouragement of individuals to assume responsibility for their own success. Biomedical (health) approaches or criteria continue to dominate successful ageing literature. However, broader definitions incorporate diversity in constructs such as social activity, engagement and functioning, psychological resources such as self-efficacy and purpose, and economic or environmental indicators such as household income and personal safety (Bowling & Iliffe, 2006).

Whilst operationalisation or demonstration of successful ageing may differ between theorists, most propose pre-defined outcomes or methods of achievement. Some researchers have determined what it means to successfully age on behalf of those to whom it applies and without sufficient regard to the subjective nature of "success". Successful ageing theories can also oversimplify or generalise the individual processes an adult may undergo through their transition from middle adulthood to older age (McCann Mortimer, 2010). Despite these short comings, successful ageing as a concept plays a critical role in how we think and talk about ageing. Optimism about older age "influences research and personal action by directing it toward the search for positive aspects of aging" (Baltes

& Baltes, 1990, p. 2). Whilst a "work in progress" in many ways, successful ageing represents an important shift from a predominantly deficit or loss-based perspective of ageing to that which considers what is desirable and possible in later life.

How do we define and measure successful ageing?

Efforts to define and measure successful ageing as a construct are ongoing. More contemporary models or theories of successful ageing are often informed by Rowe and Kahn's functional orientated outcome model of successful ageing (Rowe & Kahn, 1997) and Baltes and Baltes' process model of selective optimisation and compensation (SOC) (Baltes & Baltes, 1990). According to Rowe and Kahn's foundation studies, in contrast to "usual" agers (non-pathologic but high risk), "successful agers" (low risk and high function) demonstrate avoidance of disease and disability, high physical and cognitive function, and sustained engagement in social and productive activities (Rowe & Kahn, 1997). As an outcome and point in time measure of successful ageing, older adults may move "in and out of success" at varying stages. Rowe and Kahn (1997) suggest that many of the risk factors for both function and activity are potentially modifiable, either through individual efforts, personality traits (such as resilience) or changes in one's immediate environment.

Described as a psychological perspective of successful ageing, Baltes and Baltes' (1990) SOC provides a general theory to explain the behaviours associated with successful development and response to ageing (Li & Freund, 2005). SOC describes a general process of adaptation that individuals may introduce across the life span to maintain or accomplish desired levels of functioning, particularly in later life (Baltes & Baltes, 1990). According to SOC, to age successfully requires the introduction of strategies and adjustment of priorities in response to the loss of biological, mental and social reserves associated with ageing. Through the application of SOC, individuals will seek to maximise potential gains whilst minimising loss across the life span (Baltes & Baltes, 1990). SOC is based on the premise that older age is accompanied by a steady decline in

finite resources, whether they be physical, financial or social. In response to these losses, older adults will adopt a number of adaptive strategies, whilst evaluating or reprioritising their personal goals as to maximise function and wellbeing (Freund, 2008).

Successful adaptive behaviour involves three specific processes. *Selection* refers to an individual actively focusing attention on fewer, more important goals or reconstructing existing goals. *Optimisation* involves engaging in goal-directed actions and means such as increasing skills through practice or the acquisition of new skills or resources. Optimisation processes seek to maximise internal and external resources and may be anticipatory in nature (Joly-Burra et al., 2020). Through *Compensation* an individual will seek to maintain existing level of functioning, in the face of age-related loss and decline in resources by introducing compensatory mechanisms. Compensation strategies involve activation of unused or alternative goal-relevant means (this may include the use of external aids or assistive devices to maintain functional aspects) or increased use of previously used resources and goal-relevant means (such as greater planning). SOC can occur at various levels ranging from the macro-level (societies) to the micro-level (biological cells) (Freund & Baltes, 2002). Older adults will apply SOC strategies simultaneously and as needed to varying degrees dependent on available intrinsic and other resources.

Successful ageing and selective optimisation with compensation are discussed further in Chapter 4 of this thesis.

Why does purpose matter?

A prevailing focus on the losses associated with ageing have not only promoted a largely negative view of ageing but also slowed the progress of efforts designed to support wellbeing in later life. Ryff's (1989;1995) enduring model of psychological wellbeing includes six constructs, of which purpose in life is one; the others being self-acceptance, environmental mastery, autonomy, personal growth and positive relationships. Underpinned by the theoretical work of Victor Frankl, an

Austrian neurologist, psychiatrist and Holocaust survivor, purpose in life represents the extent to which adults maintain goals in life, a sense of directedness, feel there is meaning to present and past life, hold beliefs that give life purpose, and possess aims and objectives for living (Ryff, 1989; Ryff, 1995). Subsequent studies exploring age associated differences in these six constructs, suggest that aspects of wellbeing, such as environmental mastery and autonomy, may increase with age, whilst personal growth and purpose in life decreases, especially from midlife to older age.

Ongoing interest in purpose in life as a construct is underpinned by increasing evidence pointing to its potential to support, predict and promote better psychological and physical health in older age (Kim, Sun, Park, Kubzansky, et al., 2013). Contemporary theoretical and empirical perspectives exploring successful adaptation in later life "have identified a sense of purpose in life as a key unifying cognitive process that underlies motivation and guides the allocation of resources in responding to changing life contexts" (Pearson et al., 2013, p. 327). Many models or measures of successful ageing encompass purpose as a primary psychosocial domain (Reker, 2001; Troutman, Nies, & Seo, 2010; Troutman, Nies, & Bentley, 2010). Australian studies involving older adults have suggested that a life with purpose and meaning also contributes to the ability to age "well" (Robertson, 2020) or age "successfully" (McCann Mortimer, 2010).

Purpose may act as a source of resilience and enable sustained focus on short or long-term goals (Burrow et al., 2014; Heidrich & Wells, 2004; Mak, 2011). Research over time has suggested that purpose in life can provide a sense of intentionality and goal directedness that may guide behaviour toward personal aims and objectives for living and influence daily decisions regarding the use of personal resources (Boyle, Buchman, Barnes, et al., 2010; Ryff, 1989; White, 2004; Wong & Fry, 1998). Longevity research also indicates that a sense of intentionality and goal directedness can contribute to overall life satisfaction and successful ageing (Boyle et al., 2009; Reker, 2001; Troutman, Nies, & Seo, 2010; Troutman, Nies, & Bentley, 2010).

What is purpose?

Purpose can be derived from relationships, societal, work or familial roles, pursuit of personal goals, maintaining independence, generativity, community engagement or participation in activities that are individually meaningful and relevant. Kashdan and McKnight (2009) propose that purpose fosters resilience against life obstacles and stresses and may offer insight into how and why certain people maintain good health and wellbeing over time. Those individuals with a heightened sense of purpose may also be relatively better equipped to select goals, manage the process of their attainment, and adapt effectively through changing environmental and personal life conditions (Hill et al., 2015; Windsor et al., 2015).

Maintaining a consistent sense of purpose may support quality of life in later life; a time that can be associated with loss of social roles (such as employee or spouse) and change in physical or cognitive function (Pinquart, 2002). Increasingly, researchers support the concept that whilst purpose is considered a reasonably stable trait, it is in itself potentially modifiable and can therefore be enhanced at all stages of life, including older age (Bonnewyn et al., 2014; Boyle et al., 2009; Yu et al., 2015). Purpose in life may be enhanced through interventions that support older adults to identify personally meaningful activities and engage in goal directed behaviours (Boyle et al., 2009). Even small behavioural strategies and modifications may generate an increased sense of intentionality, usefulness and relevance for older adults (Boyle, Buchman, Barnes, et al., 2010).

The role, definition and measurement of purpose are explored in Chapters 2 and 3 of this thesis.

What does this study seek to understand?

Although benefits of purpose specific to a range of outcomes are increasingly recognised, there is more to learn about the "how and why" of purpose in later life (Pfund & Lewis, 2020). Older adults can have difficulty maintaining purpose in life as age related losses of social roles, relations, and cognitive, sensory or physical function may prevent older adults from engaging in activities or tasks

that have traditionally made life purposeful (Bronk, 2014; Pinquart, 2002; Ryff, 1995). A 2017 review of the literature pertaining to older adults and purpose has identified a dearth of research on how purpose is experienced in the residential aged care setting in particular (Irving et al., 2017). The intent of this study was to further contemporary understanding of how purpose is experienced by older adults living in the community and residential aged care. This included exploration of how the experience of purpose can differ across settings and the mechanisms through which purpose may be fostered.

How is purpose understood and experienced in later life?

In consideration of the largely exploratory aims of the research, an interpretivist or qualitative methodology was selected. This approach is well suited to understanding *how* purpose is experienced by individuals, and in what ways it can manifest, rather than the degree to which it may be present. Applying a phenomenographical methodology, sixty older adults living within the community or aged care residential setting participated in face to face interviews. The design of the research tools and analysis of subsequent data were informed by SOC principles. The aim of this research was to explore the mechanisms and enablers of purpose to gain insights into the ways in which older people in society can be provided opportunities to develop and maintain purpose in later life. To meet this aim the following lines of inquiry were pursued:

- How is purpose understood and experienced by older adults in residential aged care and living within the community?
- In what ways do these experiences differ?
- What enables the pursuit and maintenance of purpose for older adults?

Chapter 5 outlines the methodological approach for this study. Chapters 6 to 9 present findings from the interviews.

How does this study contribute?

Contemporary research into purpose and older adults specifically has been undertaken to explore the health and wellbeing benefits and potential for modification. Additional quantitative and qualitative research may further determine how purpose can be engendered for older men and women, taking into consideration their environmental context and stage of life. The intended application of study findings is to further bolster the limited research into how purpose is understood or experienced by older adults, whilst concurrently informing the design or implementation of efforts that can be undertaken to foster and support purpose in older age. This study also contributes to the limited qualitative evidence examining the application of selective optimisation and compensation strategies relevant to the maintenance of purpose. Chapter 10 discusses the outcomes of this study and potential implications for enabling purpose in later life.

How is this thesis structured?

A summary of the thesis structure is as follows:

Chapter 2: What do we know about purpose? This chapter provides a summary of key literature pertaining to purpose and older adults. The chapter commences with a description of purpose as a construct, then continues to discuss purpose and wellbeing and factors affecting the strength of purpose in later life. The chapter concludes with reference to the literature, exploring the pathways through which purpose affects the experience of ageing for older adults within both the community and residential aged care setting.

Chapter 3: How is purpose defined and measured? Chapter 3 provides an overview of how purpose is commonly defined. The development and maintenance of purpose is discussed, as well as its relationship with roles in later life. The chapter concludes with an overview of strength and limitations associated with existing instruments designed to measure purpose as a psychological construct, including those applied within the residential aged care setting.

Chapter 4: "Successful Ageing": What does purpose have to do with it? The design of the data collection items, analysis and write up have been underpinned by a proto-theoretical model of successful ageing: selective optimisation with compensation (SOC). This chapter provides an overview of key theories or models of successful ageing, explores the relevance of SOC to purpose, and concludes with further detail on how SOC has informed key aspects of the present project.

Chapter 5: Research methodology and design: The plan and the process: This chapter presents an overview of this methodology and how it applied to the data collection and analysis. This chapter also describes considerations particular to research with older adults, the project method, instruments of data collection and the recruitment strategy. Reference to how purpose is defined for this study is provided.

Chapter 6: Results Part One —Study participants: Who are they and do they have purpose? The results of this study are presented across four chapters. Chapter 6 commences with description of the sample, followed by outcomes of the Life Engagement Test, and concludes with discussion of key themes or categories derived from the interview data with regard to the experience of purpose.

Chapter 7: Results Part Two — What is purpose to older adults living in the community? Chapter 7 explores the interview outcomes specific to older adults living in the community. It includes an overview of how purpose is defined and pursued through high level themes or categories. The final section explores factors that enable or impede maintenance of purposeful activities.

Chapter 8: Results Part Three — Purpose in residential aged care: What does it look like? This chapter summarises the interview findings into key themes or categories of purpose for older adults living in the residential aged care setting. The chapter concludes with discussion specific to the transition to residential aged care.

Chapter 9: Results Part Four —Selection, optimisation and compensation strategies: How do they support the pursuit of purpose? Through Chapter 9 the interview outcomes are discussed with regard to loss-based selection, elective-based selection, optimisation, and compensation (SOC) behaviours. Strategies to adapt to change and maintain functioning necessary for individual sense of purpose are presented for the community and residential based older adults in combination, and particular aspects of differences drawn out where noteworthy.

Chapter 10: The what, how and why of purpose in later life. What have we learnt? Within this chapter the study results are considered and discussed. The chapter is structured with an introduction to how purpose is defined, followed by exploration of purpose as experienced by older adults living in the community and aged care setting, how these experiences appear to differ, and the factors impacting purpose maintenance or fulfilment in later life as identified in the study. The chapter continues with a discussion of purpose as a construct of "successful ageing" through the lens of selective optimisation and compensation. Implications for the outcomes of the study are proposed.

Chapter 11: Final thoughts on purpose in later life: The concluding chapter provides a recap of the entire thesis, including reflection on the initial research question and how the outcomes of this study contribute to the current body of evidence specific to purpose in later life. Avenues for future research are also proposed.

2. WHAT DO WE KNOW ABOUT PURPOSE?

Chapter overview

The Literature Review chapter provides a summary of key literature pertaining to purpose and older adults. The chapter commences with a description of purpose as a construct, then continues to discuss purpose and wellbeing and factors affecting the strength of purpose in later life. The chapter concludes with reference to the literature, exploring the pathways through which purpose affects the experience of ageing for older adults within both the community and residential aged care setting.

What is purpose?

Purpose can be characterised as a "central, self-organising life aim that organises and stimulates goals, manages behaviours and provides a sense of meaning" (McKnight & Kashdan, 2009, p. 242). Considered central, in that purpose may act as a dominant theme of a person's identity, and self-organising in that it supports systematic patterns of everyday behaviour. Purpose may reflect the belief that one's life has worth and support intentionality and goal directedness; to guide behaviour and inform decisions regarding the use available resources (Boyle, Buchman, Barnes, et al., 2010; McKnight & Kashdan, 2009; Ryff, 1989; White, 2004; Wong & Fry, 1998). Purpose may also align with self-identity and provide a conceptual link between past and future selves (Burd & Burrow, 2017).

Frankl argued that a sense of purpose is created through a "will to meaning": a motivation to make one's life meaningful (Frankl, 1984). Requiring a higher level of cognitive processing, purpose is distinct from more primal human motivations such as seeking food, safety and pleasure. Pursuing a sense of purpose will require the allocation of resources towards particular goals or directions and at the cost of others (McKnight & Kashdan, 2009). Purpose can also reflect a general life orientation, the pursuit of which is ongoing rather than an outcome to be achieved (Pfund & Lewis, 2020). Across the life span, higher levels of purpose may influence desirable mental, emotional and

physical health outcomes (Pfund & Lewis, 2020). Kashdan and McKnight (2009) propose that purpose fosters resilience against life obstacles, stress and strain, and may offer insight into how and why certain people remain healthy over time. Persistence during times of challenge is more likely to occur in the presence of enduring aims in life and purpose.

Purpose and older adult wellbeing

Research continues to demonstrate a relationship between purpose and a range of physical, mental, social, economic and cognitive outcomes for older adults. Greater purpose has been associated with a reduced risk of all-cause mortality or incident death (Alimujiang et al., 2019; Boyle et al., 2009; Hill & Turiano, 2014; Zaslavsky et al., 2014) and increased survival probability (Windsor et al., 2015). Biologically, purpose has been associated with greater immune system functioning (Bower et al., 2003), lower levels of one of the inflammatory markers implicated in age related disorders (Friedman et al., 2007), faster cortisol recovery after social stressors (Fogelman & Canli, 2015) and lower nocturnal blood pressure (Mezick et al., 2010). Purpose in life has also been positively correlated with HDL cholesterol (considered the "good" cholesterol), and negatively associated with waist–hip ratio and levels of salivary cortisol (Ryff et al., 2004).

A large Japanese study exploring "ikigai", or sense of life worth living, and cause-specific mortality found the risk of mortality was significantly higher for those with a poorer sense of ikigai, specifically cardiovascular disease and external cause mortality (Sone et al., 2008). Other studies have demonstrated similar associations between higher purpose and reduced risk for cardiovascular specific mortality (Alimujiang et al., 2019), myocardial infarction (E. S. Kim, Sun, Park, Kubzansky, et al., 2013), cerebral infarcts (Yu et al., 2015), likelihood of stroke (E. S. Kim, Sun, Park, & Peterson, 2013), prevalence of mobility disability and disease (Zaslavsky et al., 2014), and reduced health condition symptom severity, such as dyspnoea and insomnia (Haugan, 2014a). Purpose has also been suggested to promote faster recovery to prestress baseline levels following

exposure to an acute social laboratory stressor (Fogelman & Canli, 2015). Purpose may promote sleep quality through reduced incidence of sleep apnoea, sleep disturbance and restless leg syndrome (Kim et al., 2015; Turner et al., 2017).

Greater purpose has been linked with increased movement and physical activity (Barnes et al., 2007; Holahan et al., 2008; Sutin et al., 2021a), maintenance of functional status, reduced risk of disability affecting basic and instrumental activities of daily living and mobility (Boyle, Buchman, & Bennett, 2010), and functional disability, cognition, self-rated health, and depressive symptoms (Windsor et al., 2015). Those with medium and high purpose in life may have significantly lower health care utilisation and expenditure, increased compliance with preventive services and screening (E. S. Kim et al., 2014; Musich et al., 2018; Yu et al., 2015), and fewer nights of hospitalisation (E. S. Kim et al., 2014). Purpose may support greater subjective wellbeing and physical health, and reduce fear of death and death avoidance (Ardelt, 2003; Ardelt & Koenig, 2006; Missler et al., 2011). A study of older psychiatric and somatic ward inpatients reported the association of purposelessness with a greater wish to die, the interaction of which was stronger for older males than females in this setting (Bonnewyn et al., 2014).

Studies exploring the relationship of purpose with Alzheimer's disease (AD) and cognitive function for older adults suggest greater purpose to be associated with a reduced risk of AD and mild cognitive impairment (Boyle, Buchman, Barnes, et al., 2010). Contemporary research has also suggested that a sense of purpose may be protective against cognitive decline for older adults and contribute to cognitive reserve and abilities (Boyle et al., 2012; Lewis et al., 2017). Older adults with greater purpose in life have demonstrated slower trajectories of cognitive decline over time (G. Kim et al., 2019). Correlational analyses suggest that purpose in life is associated with higher scores for memory, executive functioning, perceptual speed and/or overall cognition (Boyle, Buchman, Barnes, et al., 2010; Lewis et al., 2017).

Analysis of the relationship between global measures of AD pathologic changes and cognition indicated a protective effect of purpose in that older adults who reported higher levels of purpose exhibited better cognitive function despite the presence of AD (Boyle et al., 2012). One study of community dwelling adults with dementia suggested that greater purpose was associated with reduced dementia severity or impairment (Mak, 2011). Data from a national longitudinal study found that self-reported purpose in life was associated with fewer proxy reported behavioural and psychological symptoms of dementia, specifically, less depressive symptoms, confusion and uncontrolled temper (Sutin et al., 2021b).

Dimensions of social and emotional wellbeing positively associated with purpose include optimism, positive affect (Kim, Sun, Park, Kubzansky, et al., 2013; Pinquart, 2002), sexual enjoyment (Prairie et al., 2011), proactive coping, personal growth, life satisfaction (Prairie et al., 2011; Sougleris & Ranzijn, 2011), subjective wellbeing (Ardelt, 2003; Yeung et al., 2019), higher self-esteem, psychological wellbeing (Bigler et al., 2001; Missler et al., 2011), and more mature coping strategies (Whitty, 2003). Purpose may also lessen the likelihood or effects of depression for older adults (Boyle et al., 2009; Chow & Ho, 2012; Dixon, 2007; Ferrand et al., 2014; Hedberg, Gustafson, & Brulin, 2010; Kim, Sun, Park, Kubzansky, et al., 2013; Kim, Sun, Park, & Peterson, 2013; S. Kim et al., 2014; Koenig et al., 2014; Pinquart, 2002). Purpose may moderate loneliness (Ardelt, 2003; Bondevik & Skogstad, 2000), anxiety and negative affect (E. S. Kim, Sun, Park, & Peterson, 2013), whilst concurrently support the sense of mattering to others (Dixon, 2007) and self-transcendence for older adults (S. Kim et al., 2014). Within the residential aged care setting, lower levels of purpose may better predict self-rated depression than other more established risk factors such as poor health and disability (Davison et al., 2012).

Factors influencing purpose

With few exceptions, available literature suggests that purpose declines with age (Boyle et al., 2009; Boyle, Buchman, & Bennett, 2010; Cohen-Louck & Aviad, 2020; Francis et al., 2010; Hill et al., 2015; Hill & Weston, 2019; Jewell, 2010; Lewis & Hill, 2020; Pinquart, 2002; Sougleris & Ranzijn, 2011; Wilson et al., 2013; Windsor et al., 2015). Men tend to record higher levels of purpose than do women and a slower rate of decline as they age (Boyle et al., 2009; Boyle, Buchman, Barnes, et al., 2010; Francis et al., 2010; Hedberg et al., 2011; Hedberg, Gustafson, & Brulin, 2010; Jewell, 2010; S. Kim et al., 2014; Nygren et al., 2005; Pinquart, 2002; Wilson et al., 2013). Protective factors for purpose reported include higher everyday competence, socioeconomic status, activity, employment, good health and/or marriage (Hill & Weston, 2019; S. Kim et al., 2014; Koren & Lowenstein, 2008; Pinquart, 2002). Additional correlates associated with purpose include positive attitude toward one's own ageing, existing social and family networks, having somebody to "talk to" (Hedberg, Gustafson, & Brulin, 2010; Pinquart, 2002), volunteering (Greenfield & Marks, 2004), religiousness (Bondevik & Skogstad, 2000), extraversion, intrinsic religiosity (Francis et al., 2010; Hill et al., 2015), goal pursuit (Mak, 2011), income or disability levels (Boyle et al., 2009), openness to experience (Hill et al., 2015), lower scores of neuroticism (Francis et al., 2010), quality of social support relationships, greater levels of daily activity (Koren & Lowenstein, 2008) and good health (Barnes et al., 2007; Koren & Lowenstein, 2008; Pinquart, 2002; Sougleris & Ranzijn, 2011). Within the residential aged care setting experiences of purpose may also be influenced by the quality of the nurse and resident interaction (Haugan, 2014b).

At varying levels of strengths, higher reported purpose has been associated with greater education (Boyle et al., 2009; Boyle, Buchman, Barnes, et al., 2010; Cohen-Louck & Aviad, 2020; Hill & Weston, 2019; Ibrahim & Dahlan, 2015; S. Kim et al., 2014; Koren & Lowenstein, 2008; Sougleris & Ranzijn, 2011; Wilson et al., 2013) and cognitive function (Wilson et al., 2013). To understand this link it has been proposed that educated older adults are likely to benefit from access to a

broader range of activity opportunities which in turn may contribute to a sense of purposefulness in later life (Hill & Weston, 2019). Further to this is the relationship demonstrated between higher purpose and greater household income (Hill et al., 2016), which in itself may enable adults to participate in particular activities that may be less attainable by others with fewer resources.

How does purpose affect the experience of ageing?

Purpose in life is associated with healthy ageing but it is not known whether this association is causal nor the exact mechanisms through which the benefits are realised. It has been suggested that the effects of individual purpose may be accumulative across multiple pathways including biological, psychological, behavioural and social (Kim, Sun, Park, Kubzansky, et al., 2013). For example, accumulating evidence suggests that having a higher sense of purpose might reduce the risk of cardiovascular disease through direct effects on biological pathways, enhancement of other psychological and social resources that buffer against the cardiotoxic effects of stress, and additional indirect effects gained through the enactment of healthy behaviours (E. S. Kim et al., 2019). People with a higher sense of purpose may perceive and respond to stressors in a manner that results in less cardiotoxicity (produced in response to activation of the sympathetic adrenal medullary system and hypothalamic, pituitary, adrenocortical axis, or dampening of the parasympathetic nervous system) (E. S. Kim et al., 2019). Studies have also linked purpose with lower aortic calcification in healthy women (Matthews et al., 2006).

Purpose may act as a higher order source of resilience, or moderate negative effects or perceptions of age-related change. Therefore cultivation of purpose may be an important component of positive ageing (Burrow et al., 2014). As a higher order construct, purpose may act as a psychological buffer against stress by directing the efficient allocation of personal resources in response to stress thereby optimising an individual's resilience, flexibility and coping tools (McKnight & Kashdan, 2009). Purpose may also enhance wellbeing by promoting emotional and behavioural consistency in

response to unpredictable or uncontrollable events (Burrow et al., 2014; McKnight & Kashdan, 2009). Furthermore, purpose may act as a buffer against risk factors for poorer health outcomes. Having a greater sense of meaning and value attached to one's daily activities is likely to result in the desire to maintain the capacity necessary to continue with those activities. The pursuit of positive health behaviours could be one means by which those with a higher sense of purpose endeavour to preserve an existence they consider to be meaningful (Ryff & Singer, 1998).

Purpose in life enhances the likelihood that people engage in restorative health behaviours whilst decreasing the likelihood that people engage in harmful behaviours (such as smoking) (E. S. Kim et al., 2019). Indeed, purpose in life has been associated with health positive behaviours including greater physical activity (Holahan & Suzuki, 2006; Kim et al., 2020; Yu et al., 2015), motivation to engage with physical activity (Sutin et al., 2021a) and increased interactions with preventative health care services and screening (Holahan & Suzuki, 2006; E. S. Kim et al., 2014; Musich et al., 2018). Adherence to health protective behaviour requires the ability to enact healthier choices even whilst in the midst of competing options (E. S. Kim et al., 2019). Individuals with a strong sense of purpose may be less likely to experience conflict-related regulatory burden whilst making health based decisions. Furthermore, it is suggested that particular brain activity involved in conflict-related processing during health based decision-making may be lesser for those with greater purpose (Kang et al., 2019).

Aged care residents and purpose

Perceived purpose in life has been positively associated with physical, emotional, functional and social wellbeing for people living in long-term residential aged care (Haugan, 2014c). However, the limited study evidence available suggests the presence of purpose differs between settings, with aged care residents reporting less purpose than do community dwelling older adults (Bondevik & Skogstad, 2000; Cohen-Louck & Aviad, 2020; Haugan, 2014c; Hedberg et al., 2011; Ibrahim &

Dahlan, 2015). Higher levels of purpose experienced by older adults in the community have been attributed to a range of factors, such as of the continuation of home and work routines, ongoing community involvement and maintenance of independence, all of which may engender a sense of personal purpose. Applying this rationale, removal from former routines and a familiar home environment into residential aged care can inhibit the ability to pursue concrete, autonomous and personally meaningful activity, thereby likely to negatively impact an older person's experience of individual purpose (Ibrahim & Dahlan, 2015).

Older adults living in residential aged care will often experience physical disability, frailty, powerlessness and dependency which impacts their ability to partake in meaningful activity within this setting (Haugan, 2014b). Insufficient purposeful activity or occupation for older adults in residential aged care has been attributed to both individual and organisational factors. At an organisational level, residents rely frequently on staff to engage them in daily occupations, whose abilities are in turn affected by time constraints, organisational routines and priority placed on the provision of direct resident care (Harmer & Orrell, 2008; Holthe et al., 2007; James et al., 2014; Owen, 2006). In addition, many older residents are confined to the residential facility environment to mitigate risk and therefore not able to attend external activities unaccompanied or engage in activities they may have had more ready access to within the community. Such factors in turn contribute to the lack of personal autonomy to initiate and undertake personally meaningful occupational activity (Ibrahim & Dahlan, 2015).

Removed from former work tasks, routines and a familiar home environment and dependence on staff to assist with activities of daily living, pursuing concrete and meaningful tasks than can imbue a sense of individual purpose can be more difficult in this setting (Bondevik & Skogstad, 2000). A study exploring occupational engagement and purpose in life for older adults living in the community and within residential aged care demonstrated a higher level of engagement in

occupational activities and purpose in life for those living within the community in comparison to older adults residing in residential aged care facilities. Specifically, there was a negative relationship reported between purpose in life and time spent in rest and sleep, which is important when considering patterns of occupational behaviour for older people in residential aged care reported in the literature. The authors concluded that due to the demonstrated positive relationship between purpose in life and time spent undertaking occupational activity for older people across settings, engagement in such activity may in itself facilitate a sense of purpose (Ibrahim & Dahlan, 2015).

Purpose specific and similar interventions with older adults

Fostering sense of purpose for older adults is an important but often underappreciated aim, especially in health and residential aged care contexts. Whilst working with older adults, staff may feel obligated to focus their efforts towards supporting adults with activities of daily living, rather than activities of meaningful living (Ryff & Singer, 1998). Despite the vital role that purpose in life may play in enabling older adults to prosper, evidence of interventions introduced to sustain, introduce or improve sense of purpose for older adults is limited. However, some examples of work that has been undertaken in this setting, focusing on older people and purpose or including a construct similar to purpose, are presented in this section.

Chippendale and Boltz (2015) undertook a multi-method randomised controlled trial that investigated the effect on *sense of purpose and meaning in life* resulting from participation in the "Living Legends" program. A small sample of community dwelling older adults (23 participants) was allocated to a case group through which they participated in an eight week life review writing workshop and a four week intergenerational program. This intergenerational activity provided the group with the opportunity to read a piece of their work to undergraduate occupational therapy students, followed by a guided discussion of the content of the writing with the students. At the

final workshop, the students in turn shared their reactions to the life reviews with the group. The remaining older adults (16 participants) were allocated to the control group through which they participated in the eight week life review workshop only. The researchers reported that for participants of the writing workshop and intergenerational exchange activity, sense of purpose and meaning in life increased significantly, compared with those in the writing workshop alone (as defined by scores of the Meaning in Life Questionnaire-Presence) (Chippendale & Boltz, 2015). The results suggested that the broader program was particularly beneficial for older adults who had low initial scores at commencement.

A study targeting older adults with mild to moderate dementia demonstrated a strong and positive association between *goal pursuit and purpose in life*, which was not moderated by dementia severity (Mak, 2011). This study compared the outcomes of two group activities for community dwelling older adults with dementia. Half of the participants were assigned to engage in a goal-directed activity that involved creating a card for a sick child or a soldier away from home, and the other half of the sample was assigned to a goal-undirected activity through which the art activity was self-initiated and reliant on own creative design (Mak, 2011). The author reported that those adults who had completed a goal-directed activity perceived a greater sense of purpose than those who completed the activity that was undirected (Mak, 2011). Therefore, the author concluded it may be possible to enhance a person's sense of purpose through a simple goal-directed activity, irrespective of dementia status (Mak, 2011).

Although not specific to purpose, Cohen-Mansfield and colleagues (2006) introduced a short intervention into a residential aged care facility to engage participants in interactions related to their *role identities* and to determine the effect of these interactions on their *wellbeing (affect and behaviour)* and *awareness of identity*. Roles were categorised as family/social role, professional role (activities that aligned with former professional activity), leisure time and hobbies, and

achievements and traits (somebody who may have a great sense of professional or other accomplishments during their lives) (Cohen-Mansfield et al., 2006). Prior to this study, the activities for persons with dementia were designed to address a particular person's needs or preferences without considering the person's self-identity. Through this intervention, one group of older adults was assigned to activity that aligned with their self and family reported role identity, and the second (control) group to regular aged care facility activities. The study found that people within the role-aligned activity group were reported to demonstrate less agitation and disorientation and increased positive emotional responses and level of involvement in the activity. In addition, the intervention was reported to have enhanced self-identity awareness for this group (Cohen-Mansfield et al., 2006).

Cohen-Mansfield and colleagues (2010) undertook a multi-method study of 193 aged care residents with dementia that examined the *level of engagement associated with personal meaning of activities or stimulus* for this group. The study results demonstrated that the meaning of the stimuli influenced engagement, and interventions involving objects or tasks with meaning specific to the person with dementia were more likely to be completed (Cohen-Mansfield et al., 2010). The study also found that work related activity (stimuli), associated with office or household work, resulted in significantly longer engagement duration and greater attention than the non-work related activity. Willingness to assist in a project, and fulfill an altruistic role, may have also contributed to higher levels of engagement in work related interventions involving a specific task and clearly defined end time. Furthermore, the authors observed that the desire to make oneself useful in itself appeared to be an important aspect of engagement in the work stimulus (Cohen-Mansfield et al., 2010).

Summary

The literature specific to purpose in later life continues to evolve. What is known to date suggests a broad range of positive physical, mental, social, cognitive and economic outcomes associated with

the presence and strength of purpose in the lives of older people. Evidence consistently demonstrates declines of purpose with age; the relationship itself complex and multifaceted. Contemporary knowledge of *how* purpose is experienced and enabled for older adults, particularly in residential or long-term care settings, remains limited. As too are evidence-based outcomes demonstrating translation of these findings to inform meaningful interventions to promote purpose in later life.

3. HOW IS PURPOSE DEFINED AND MEASURED?

Chapter overview

Chapter 3 provides an overview of how purpose is commonly defined, including reference to the term "meaning" often used interchangeably with purpose within the literature. The development and maintenance of purpose is discussed, as well as its relationship with roles in later life. The chapter concludes with an overview of strength and limitations associated with existing instruments designed to measure purpose as a psychological construct, including those applied within the residential aged care setting.

Purpose defined

Purpose in life has been, and continues to be, defined in various terms and interchanged with other constructs such as meaning in life within the research literature. However, the literature pertaining to older adults and purpose is often based on definitions underpinned by the theories of Victor Frankl, an Austrian neurologist, psychiatrist and survivor of the Holocaust, who considered purpose in life to be necessary for a fulfilling life and a fundamental component of psychological wellbeing. Frankl suggests that human existence is characterised by seeking purpose in life and the will to purpose is a driving force in the human experience. Frankl is commonly regarded as the first individual to purport the pursuit of a personally meaningful purpose to be fundamental to human motivation whilst purposelessness can result in psychological ill health, boredom, hopelessness, depression and the loss of a will to live (Frankl, 2004). Furthermore, Frankl argued that all individuals are capable of finding and maintaining purpose in their lives, even in the midst of seemingly meaningless situations and following negative life events. Frankl maintained that purpose and meaning can always exist and individuals need only to discover it (Bronk, 2014).

As a preliminary researcher of purpose, Frankl's predominant focus was on negative consequences resulting from purposelessness. However, subsequent researchers have been more likely to explore

the positive and beneficial effects and associations of purpose (Bronk, 2014). Frankl's definition of purpose assumes that although people cannot always control *what* happens to them, they can always control *how* they respond to events in their lives. That is, that life is inherently meaningful under all circumstances, even those involving great suffering (Crumbaugh 1971; Frankl 1984; Melton and Schulenberg 2008).

Purpose can offer a person a sense of meaning that may not always be recognisable nor easily articulated. Purpose stimulates behavioural consistency to overcome obstacles, seek alternative means as necessary and to maintain focus on short or long-term goals regardless of changing environmental conditions. McKnight and Kashdan (2009) argue that purpose does not necessitate a designated outcome to be attained but it must motivate the person to be goal oriented. In addition, they suggest that a sense of purpose is intrinsically motivating and activities that align with one's sense of purpose are easier to engage with. It is important to note that for some people a life purpose may appear irrelevant, whilst for others awareness of their purpose is fundamental in understanding their thoughts and behaviours (Kashdan & McKnight, 2009).

Bronk (2014) argues that although varied definitions for purpose are proposed, almost all such constructs comprise three key elements of commitment, goal-directedness and personal meaningfulness. A purpose in life consistently orients and motivates an individual toward a personally significant aim and individuals will consequently alter their behaviour, align their resources, and direct their efforts to make progress toward their individual purpose or purposes (Bronk, 2014). Furthermore, Bronk (2014) suggests there exists an additional component of purpose that focuses on engagement with the broader world. That is, that a life purpose can represent working towards an aim that is both personally meaningful and impactful on the world beyond the self. This could include doing activity for one's family, the community, their country or as part of religious devotion to one's God. In support of this notion Damon (2008) proposed that "a purpose

in life is a stable and generalised intention that is at once meaningful to the self and at the same time leads to productive engagement with some aspect of the world beyond-the-self*"* (Damon, 2009, p. 22).

"Purpose" or "meaning"?

Within much of the literature specific to purpose, the terms meaning in life and purpose in life are used interchangeably. Indeed, some of the studies discussed in this thesis have described their primary research construct as meaning in life, although measured by a tool developed to measure a construct representative of purpose in life (for example Haugan, 2013; Hupkens et al., 2021; Koren & Lowenstein, 2008). Alternatively, authors such as Krause (2004; 2009) suggest that purpose in life to be a dimension of meaning (in addition to other dimensions such as having values, goals and the ability to reconcile things that have happened in the past). Wong (2011) theorises that meaning comprises four essential constructs: purpose, understanding, responsible action and evaluation or enjoyment. Of these constructs, he further suggests that purpose is the most important as it provides goals, directions, incentives, values and aspirations (Wong, 2012). Other authors consider purpose in life as a domain or measure of psychological wellbeing (Heidrich & Wells, 2004; Ryff, 1995).

Purpose and meaning have been interpreted and discussed as a single, interchangeable construct by some authors, and distinct constructs by others (George & Park, 2013). Despite correlation, studies exploring measures of meaning and purpose have found them to represent distinct constructs with different predictors and relationships with wellbeing (George & Park, 2013). It is argued that meaning may refer to an overall life coherence; the perspective that one's life experiences make sense, and are fulfilling or significant. Alternatively, purpose can represent an intention toward achievement of personal aims, goals, functions or directed activity (George & Park, 2013; Hedberg, Gustafson, & Brulin, 2010; White, 2004). McKnight and Kashdan (2009) suggest purpose to be related to motivated planning and action, and can be one such element of a greater concept of

"meaning" for an individual (McKnight & Kashdan, 2009). Purposeful individuals may possess a more positive attitude towards their future, through which their actions can lead to promising outcomes (George & Park, 2013).

George and Park (2013) emphasise that meaning and purpose are distinct conceptions and as such their differentiation is not merely a matter of semantics. Furthermore, the role of meaning and purpose in one's life and the pathways through which they influence variables such as wellbeing are likely different (George & Park, 2013). Construct analysis offers some evidence that meaning and purpose may not be interchangeable. Morgan and Farsides (2009) applied factor analysis through which they described a multidimensional measure of meaning consisting of five domains or factors, only one of which is purpose. Of these five factors, the purpose subscale encapsulates variables referring to personal goals, aims, mission and direction. The other subscales consist of items more closely aligned with having a sense of significance regarding one's life (Morgan & Farsides, 2009).

The development and maintenance of purpose

Purpose can be fulfilled through the pursuit of values, ideals, altruism, personal growth, traditions and culture, social or political causes, relationships, creativity, success or mastery, leisure and maintaining the basic needs of living (Reker, 2000). During midlife, individuals will also often find purpose in their roles as parents, caregivers, workers and volunteers (Bronk, 2014). Research suggests that the development of purpose will commence during childhood, become intentional during adolescence and emerging adulthood, and continue to evolve throughout midlife and later adulthood (Hedberg et al. 2010). Kashdan and McKnight (2009) proposed three broad pathways to purpose attainment or development. The first process is proactive, requiring effort expended over time and only resulting in a purpose after refinement and clarification. The second process is reactive, often involving a significant transformative life event where purpose may provide clarity and direction in response. The third process is a social learning, which entails purpose formation

through observation, imitation and modelling of others over time. Keyes (1998) argued for a conception of human functioning that recognises adult lives are lived with, and often for, other people and communities (Keyes, 1998). Thus, purpose is more than the pursuit of one's own life direction and considers whether individual lives are useful and contribute to collective wellbeing. This dimension suggests that individuals are compelled to create lives in which they can and do engage in activities that provide something valuable to society. This additional dimension is important as it suggests that purpose is fulfilled by influences beyond individual and self-serving drives (Keyes, 1998).

Through cross tabulation of Ryff's (1989) scale of purpose in life and Keye's (1998) scale of social contribution, Keyes (2011) proposed that purpose can be operationalised as four types (see Figure 3-1). Individuals with *authentic purpose* perceive themselves to have a sense of direction in life complemented by social contribution or usefulness. However, for others they may have a strong sense of life direction without a sense of social contribution, or conversely a high sense of social contribution or usefulness but with a life direction (Keyes, 2011). The remaining type is that experienced by individuals with low psychological purpose and low social contribution.

Keyes further cites that adults appear to have greater direction or purpose in life than a sense of social usefulness, but both psychological purpose and social contribution decline steadily with age, which suggests that authentic purpose does not "age well" (Keyes, 2011). This is attributed in part to what has been described in the literature as "structural lag" by which society norms and institutions lag behind ageing adults who are not provided with sufficient opportunity to meaningfully contribute to the society in which they age (Riley, 1994; Ryff & Singer, 2008).

Figure 3-1

Four Types of Purpose, Based on Ryff's 1989 Social Contribution Work (Keyes, 2011)

Aimless but Useful Low psychological purpose but high social contribution	**Authentic Purpose** High psychological purpose and high social contribution
Aimless and Useless Low psychological purpose and low social contribution	**Directed but Useless** High psychological purpose but low social contribution

McKnight and Kashdan (2009) suggest that purpose may lay along a three dimensional continuum of scope, strength and awareness. *Scope* refers to how pervasive purpose is in one's life and will determine the extent to which purpose influences action under different contexts and conditions. *Strength* represents the tendency of purpose to drive actions, thoughts and emotions in the relevant domains. A strong purpose is one that exerts a powerful influence over purpose relevant behaviours. *Awareness* reflects the extent to which a person is aware of and able to articulate their purpose. The authors suggest that of the three dimensions, scope and strength most strongly affect longevity, health and wellbeing (McKnight & Kashdan, 2009).

It is less understood the extent to which purpose is subject to short term fluctuations (intraindividual variability) and/or longer term developmental influences and changes (Windsor et al., 2015). In part this is due to issues in measurement of purpose itself, but also due to predominance of cross-sectional studies through which purpose is measured at a single point in time (Hill et al., 2015). Although some researchers have suggested that purpose represents a chronic trait or disposition, data from longitudinal studies have suggested that sense of purpose can fluctuate, even over a short timeframe, and that such change differs between individuals (Hill et al., 2015; Hill & Weston,

2019). Specifically, for some a decrease in purpose over time may be considerable whereas for others less so. In recognition of this fluctuation and potential for intervention, Hill and colleagues (2015) emphasise the importance of viewing purpose through a life span developmental lens rather than as a static marker of wellbeing.

Purpose and roles in later life

Research suggests that older adults can have difficulty maintaining purpose in life as age related losses in social relations, roles and cognitive, sensory or physical function may affect opportunities to pursue activities that make one's like meaningful or that have traditionally provided a source of personal life purpose (Ryff, 1995). Lower rates of purpose for older adults have also been attributed to decreased opportunities for *purposeful engagement or roles* in society (Bronk, 2014; Hedberg, Gustafson, & Brulin, 2010). Age related or other environment changes can result in role loss, which in turn can lead to social disengagement and reduced life satisfaction, particularly for those older adults who experience the loss of multiple roles (McKenna et al., 2007). For example, the role of worker or spouse may be important sources of an individual's purpose in life and the loss of these roles due to retirement or widowhood may lead to declines in this aspect of purpose (Pinquart, 2002). Indeed a large longitudinal study found that relative to working individuals, retired participants reported less purposefulness at baseline and those who retired during the study period had diminished sense of purpose on occasions after retirement, relative to occasions when they were still working (Lewis & Hill, 2020).

Roles can include student, professional, volunteer, caregiver, family member, friend, hobbyist, or participant in a religious or other organisation (McKenna et al., 2007). *Social roles* can be defined structurally as positions within a group (such as husband, mother or provider). Associated with these social roles are normative expectations about behaviours which therefore may provide a sense of direction and purpose and an opportunity for self-evaluation (Krause, 2004). Roles are adopted or

relinquished across the life span, often in response to internal factors, such as developmental stage, resources, preferences and interests, and external factors including physical, social, cultural and environmental. Some roles are more salient or important to an individual than others and loss of these roles can erode a person's sense of meaning. Through ageing, a person may find it necessary to prioritise their goals and only participate in roles of intrinsic value (McKenna et al., 2007).

It has been suggested in the literature that older adults have been devalued through the absence of role expectations and assigned a "roleless role" within contemporary society (Kahn, 1994). One of the major impediments to the realisation of productive potential for older people is the negative perception of ageing, through which older adults are considered irredeemably diminished in cognitive and physical ability. The absence of responsibility and task expectations in later life is experienced as a burden rather than a blessing for many older adults (Kahn, 1994). Conversely, it is argued that by providing opportunities for older adults to assume meaningful and contributing roles, such opportunities may increase their sense of relevance and perceived social value (Dabelko-Schoeny et al., 2010).

Purpose measured

To support his patients through the process of logotherapy ("meaning" centred psychotherapy), Frankl designed the *Frankl Questionnaire*, a set of 13 questions that explored Frankl's will to meaning assumption and to evaluate the degree of purpose present in his patients. The questionnaire was intended for clinical use, rather than for research conduct, and included questions such as "Do you feel that your life is without purpose?" (Crumbaugh & Maholick, 1967). Based on Frankl's concept of noogenic neurosis, a pathological condition arising from the failure to find meaning or sense of responsibility in one's existence, Crumbaugh and Maholick (1964) developed the *Purpose in Life Test* (the PIL Test) to measure and define the construct of purpose (Crumbaugh & Maholick, 1964). Considered to be one of the most widely applied measures of purpose to date, the PIL test

comprises 20 items, including statements accompanied by seven-point response scales. The PIL has been subjected to broad psychometric testing and as such is generally considered to be a reliable measure of the degree of personal meaning present among both adult and adolescent samples (Bronk, 2014).

In response to a perceived lack of theoretical grounding in existing measures of psychological wellbeing, Ryff (1989) developed the *Ryff Scales of Psychological Wellbeing*. She suggests in her literature that positive function definitions were guided by short-term constructs such as happiness, rather than more long-term and persistent human experiences such as a sense of purpose and direction. She further argued that traditional operationalisation of wellbeing has considered goals and life purposes as antecedents rather than central in themselves to psychological wellbeing (Ryff, 1989). Ryff and Keyes (1995) later refined and tested a theoretical model of psychological wellbeing that comprises six dimensions, of which pursuit of meaningful goals and a sense of purpose in life is one (in addition to autonomy, environmental mastery, personal growth, positive relations with others and self-acceptance). These six dimensions were developed following review of the theoretical literature in mental health, self-actualisation, optimal functioning, maturity and life span development (Ryff & Keyes, 1995). The *Ryff Scales of Psychological Wellbeing: Purpose Subscale* is considered another of the most applied and tested measures of purpose in the research literature. Other less commonly applied and reported measures of purpose have included: *Existence Subscale of Purpose in Life Test* (Law, 2012), *Life Purpose Questionnaire* (Hablas & Hutzell, 1982), *Life Engagement Test* (Scheier et al., 2006) and *The Purpose In Life Scale* (Robbins & Francis, 2000). In addition, Antonovsky's widely administered *Sense of Coherence Scale* (Antonovsky, 1993) measures a construct similar to purpose.

There is great diversity in the measurement tools currently available to assess purpose and closely related constructs. However, none of the existing survey measures appear able to capture the

complexity and multiple dimensions of purpose (Bronk, 2014). The relative absence of measurement mechanisms to study purpose creates a reliance on indirect research to speculate on the causes, correlates and consequences of purpose (Kashdan & McKnight, 2009). Most research into purpose has been informed by global self-report questionnaires and although applied within studies involving older adults, almost all of these tools and scales have been developed and tested amongst younger people (Hedberg, Gustafson, Alex, et al., 2010).

Purpose in life measured within residential aged care

At time of writing, only a small number of studies had explored or measured purpose in life with older adults in residential aged care, applying a validated tool. Of these, where applied the two tools most commonly used were the PIL Test and the PIL Scale (a sub-component of Ryff's Psychological Wellbeing Scale) (Irving et al., 2017). Review of the discussion with regard to the psychometric properties of these scales has produced limited information on their appropriateness for older adults in residential aged care nor how they were accepted by the residents participating. Studies that have applied the PIL Tool to measure purpose for older adults in residential aged care have almost exclusively targeted those deemed to be "cognitively intact" and able to be interviewed, often as determined by the nursing or medical staff. As such, people with moderate to advanced dementia are consistently excluded from this research. Even for those adults considered able to partake in measures of purpose, the tool is often facilitated by an appropriately trained researcher or health professional rather than self-completed (Haugan & Moksnes, 2013). Despite recognition that people age differently, and level of cognition varies within the residential setting, it is not unreasonable to consider the length and complexity of some of the existing tools designed to measure purpose may limit those able to effectively participate and impair the relevance of responses obtained. Indeed, Haugan and Moksnes (2013) reported that the PIL Test had not been validated in the residential aged care setting at the time of their study.

Summary

Efforts to define and measure purpose as a construct continue. Pivotal work has been undertaken to understand how purpose may develop and the ways in which purpose can guide individual behaviours across the lifespan. Research outcomes demonstrate the significant influence of intrinsic and external factors by which one's purpose may flourish or decline at any point in time. The dearth of meaningful roles for older people in contemporary society significantly impedes opportunities for purpose in later life. Measures of purpose continue to be predominantly quantitative, applying tools that may or may not have been developed specifically for use with older adults. Within the residential or aged care setting, studies seeking to measure and understand purpose are few.

4. SUCCESSFUL AGEING: WHAT DOES PURPOSE HAVE TO DO WITH IT?

Chapter overview

Theoretical assumptions influence development of the research questions and the methods used to address them. For the present study the design of the data collection items, analysis and writeup have been underpinned by a proto-theoretical model of successful ageing: selective optimisation with compensation (SOC). This chapter provides an overview of successful ageing as a concept, focusing on SOC as a process model of successful ageing. The rationale for the choice of SOC with regard to the experience of purpose for older adults is provided and the chapter concludes with further detail on how SOC has informed key aspects of the present project.

Introduction

A theoretical framework can provide a lens, focus or perspective to guide the study, develop the method, undertake the analysis and interpret the findings (Anfara, 2008; Cheek, 2008). Theoretical assumptions can inform a research question and the method by which the answers to this question are pursued. It has been suggested that without theory, researchers lack the necessary foundation from which to formulate and test hypotheses, interpret findings or generate further questions to advance knowledge. Although not generally guided by hypotheses, qualitative studies may still utilise theory in the development of research questions and inductive interpretation of results (Alley et al., 2010).

A limitation in gerontology research to date has been attributed to the tendency to "identify, classify and describe" rather than to understand and theorise the experience of ageing (Victor, 2005). Although over time there has been greater reference to theory in published gerontological studies, these are often those derived from non-discipline specific social and behavioural sciences. Alley and colleagues (2010) further observe that the terms model and theory are used interchangeably in

gerontological research and as such models are being used to generate hypotheses and explain findings. Policy and funding priorities have continued to influence research agendas through which the "burden" of ageing can be addressed (Victor, 2005). Therefore the tendency for researchers to undertake investigations of a largely atheoretical nature is likely influenced by the intended outcome of the findings; often designed to be applied to address the individual and social "problems" of an ageing population (Alley et al., 2010).

What is successful ageing and why does it matter?

Increasing longevity, greater expectations for older age and concerns of escalating health and social care costs associated with an ageing population have spurred efforts encouraging older adults to age "successfully" (Bowling & Dieppe, 2005). Researchers continue to explore the nature and mechanisms of successful ageing as a construct, and the conditions necessary to achieve such success. Successful ageing models and composite constructs can be discipline specific but are commonly based on a biomedical, psychosocial or combination of both approaches (Bowling & Dieppe, 2005). Biomedical approaches view successful ageing as optimisation of life expectancy and minimisation of disability or functional decline. Such models will define success as the maintenance of good health and high levels of physical function, mobility and cognition (the MacArthur model of successful ageing discussed further in this chapter is an example of a predominantly biomedical approach). Socio-psychological models will place greater emphasis on constructs such as life satisfaction, social participation and individual psychological resources such as a positive outlook, self-efficacy and sense of control over life (Bowling & Dieppe, 2005).

Through a review of 28 quantitative studies significant variability in definition, measurement and achievement of successful ageing was identified. However, measures of disability and physical functioning, including activities of daily living, were components in almost all definitions of successful ageing reviewed. Approximately one-third of the participants across the studies met the

researchers' criteria for successful ageing. The ability to meet such criteria appeared influenced by younger age, not smoking, physical activity, better self-rated health, and not having diabetes, arthritis or cognitive impairment (Depp & Jeste, 2006). A 2014 systematic review of operational definitions suggested the most common quantitative constructs included physiological (such as physical function or disability), engagement (such as voluntary work or social activity), wellbeing (such as life satisfaction), personal (such as adaptability, coping, resilience and independence) and extrinsic (such as financial stability or environment) in order of prevalence (Cosco et al., 2014). Of the studies included for which a researcher defined successful ager "cut off" was applied, an average of 29% of older adults were identified as such. This is in stark comparison to the small number of studies capturing self-reported successful ageing, within which 71% of older adults considered themselves to be ageing successfully.

Without clear consensus of what successful ageing represents and how it can be measured, practical interventions at an individual and broader level are difficult to design and evaluate. Havighurst (1961) attributed the challenge of defining successful ageing to diversity amongst individual personalities, characteristics, behaviours, preferences and drivers of life satisfaction. Any theory or understanding of successful ageing is in part an affirmation on one's own values and as such, definitions and theories of what constitutes successful ageing will be underpinned by these values (Havighurst, 1961). An Australian study exploring perspectives of older women suggests that autonomy, personal agency, social value, including quality relationships and generativity contribute to their concept of successful ageing (McCann Mortimer, 2010). A systematic review of qualitative studies of "layperson" perspectives of successful ageing found that of the articles reviewed all studies included psychosocial components (including adjustment, spirituality, social roles and quality of life), over three quarters included biomedical components (such as cognitive and mental health, longevity and functioning), and over half made reference to components such as finances and environment. Across these studies older adults were more likely to identify psychosocial

constructs (such as social engagement) and personal resources (such as positive attitude) as important aspects of successful ageing, more so than more physiological indicators such as longevity or physical functioning (Cosco et al., 2013).

An earlier British study of older adults found that over two thirds of the sample defined successful ageing in terms of health and functioning (including good health and lack of disability) and almost half considered it to encompass psychological aspects (such as life satisfaction or having an active mind). Additional themes included maintenance of social roles and activities, financial security, quality relationships, work, independence and supportive neighbourhoods (community facilities and safety). Interestingly those who reported themselves to be in good health were more likely to focus on aspects not related to health specifically, such as relationships, social activity and psychological factors, than were those who considered themselves to "not" be in good health (Bowling, 2006). Whilst weak to modest, perceptions of successful ageing were associated with self-reported positive health, no limiting long-term illness and a greater quality of life (Bowling, 2006). When asked to explain why individuals believed they were successfully ageing, it was commonly attributed to having good health and function, followed by psychological factors.

A 2006 cross-sectional study of almost one thousand older adults sought to explore the outcomes and associated factors of five models of successful ageing: biomedical, broader biomedical, social, psychological and lay. The authors concluded that the *lay-based multidimensional model* of successful ageing, including biomedical, social engagement and functioning, psychological, annual income, and perceived social capital, neighbourhood quality and safety, was most likely to predict quality of life for participants (although each model was able to independently predict quality of life to varying degrees). Lay theories can draw from both biomedical and psychosocial concepts, whilst concurrently exploring the experience of the individual, including context or values. Married or cohabiting respondents had significantly higher scores across all models, whilst men and those from

higher socio-economic groups reported higher mean scores within the biological, broader biological and lay models. The ability to demonstrate successful ageing also appeared to decline with age for all but the psychological model, with adults aged 65–80 years more likely to achieve the necessary score than older respondents (Bowling & Iliffe, 2006). Furthermore, at 7–8 years follow up of this same cohort, of these five models only baseline *psychological* measures of successful ageing (perceived self-efficacy and optimism) continued to significantly predict quality of life over time (Bowling & Iliffe, 2011).

Despite divergence in definitions, compositions, measurements and inclusionary criteria, successful ageing models persist within gerontological discourse (Cosco et al., 2014; Martinson & Berridge, 2014; Pruchno et al., 2010). Whilst most medical or behavioural sciences restrict the use of terms such as "successful" in their lexicon, often due to challenges identifying a generally accepted criteria for such success, these terms are likely to be considered appropriate, if not important, for discussion specific to older adults and the process of ageing (Wahl et al., 2017). However, notwithstanding criticisms of terminology or scope, endeavours to understand and pursue successful ageing as a construct have value and potential. Adjectives such as "successful", "healthy", "productive" or "positive" may help influence dialogue associated with ageing and older adults and encourage discussion and reflection on what is possible and desirable in later life. Baltes and Baltes (1990 p. 4) describe the potential for successful ageing as the following:

> We are asked to not only reflect upon but to participate in the creation of aging, instead of passively experiencing it as a given reality that is "natural" only for the reason that it exists. In this sense, the concept of successful ageing suggests a vigorous examination of what might in principle be possible.

Contemporary efforts to prescribe what it means to age successfully are often underpinned by an aspiration to determine how a positive experience of ageing is understood by older adults and

ultimately supported. Subjective and objective measures of successful ageing, encompassing a broader social and environmental perspective, have the potential to inspire and motivate younger and older adults, address negative stereotypes of ageing, inform policy and program design and determine change over time. Whilst individual "tools" applied to determine successful ageing amongst older people may be narrow in scope, in themselves the composite indicators may provide important information to inform targeted health or psychosocial interventions. Not necessarily able to meet all needs of all, they can nevertheless meet particular needs for some. Directing effort towards understanding how older adults can sustain good health, wellbeing and opportunities to contribute to the society in which they age may also influence social priorities and inherent value placed on optimising the experience of later life.

How is successful ageing explained or measured?

The term "successful ageing" was referred to in a presidential address given to the American Psychological Association prepared by Havighurst and published in 1961 in which he refers to "… the conditions of individual and social life under which the individual person gets a maximum of satisfaction and happiness and society maintains a balance among satisfactions for the various groups which make it up …" (Havighurst, 1961, p. 8). This early definition introducing the relationship between the self and the other necessary for the achievement of success in later life. Havighurst emphasised the importance of the "greatest good for the greatest number" by which no one group within society should achieve satisfaction at the cost of another. Very early dominant models of successful ageing include *Disengagement Theory* through which it is proposed withdrawal from social life may be normative and desirable (Cumming, 1961) and *Activity Theory* through which it is posited that adults will maintain activity and continued action in an effort to achieve successful ageing (Havighurst, 1961).

Through the perspective of disengagement theory "… ageing is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to" (Cumming & Henry, 1961, p. 227). Through this theoretical lens, successful ageing is viewed as a steady reduction in activity, whether employment or social, with the intent of complete withdrawal and ultimate death (Victor, 2005). Disengagement theory is based on the principle that a person ageing successfully would *wish* to progressively disengage from an active life and expectations to interact with or contribute to society in a meaningful manner (Martin et al., 2014). Whilst Cumming and Henry (1961) suggest this disengagement to be intrinsic and even desirable to an older adult, critics have suggested that such disengagement is in fact reactive and reflects society's withdrawal from the older adult, through loss of social roles including spouse or worker, rather than a choice made by the individual themselves (Havighurst, 1961; Marshall & Clarke, 2007).

In contrast, *Activity Theory* is based on the premise that adults wish to maintain activities and attitudes of middle age for as long as possible in later life. Informed by the theory of symbolic interactionism, activity theory considers a person's identity or self-concept to be defined in part by interactions with others and their environment. Such interactions influencing behaviour, attitudes and the process of ageing itself (Diggs, 2008). Social withdrawal is considered contrary to the needs of an older person and sustaining the level and range of activities enjoyed as a younger adult is assumed to be the standard by which successful ageing is determined. Faced with role loss, through events such as retirement or death of a spouse, an older person may experience a decline in sense of identity and well-being. In the event that an older adult is compelled to relinquish particular activities or roles of "middle age", they are encouraged to seek their substitutes as to ensure ongoing activity is successfully maintained (Havighurst, 1961).

Productive roles may be sought through volunteer work, civic duties or participation in social activities (Diggs, 2008). However, activity theory can disregard factors that influence the ability to participate in activity in later life and the heterogeneity of older adults in that the value of the type and frequency activity will differ between individuals. Taking part in activity, whilst generally considered to be of benefit, is even more so if such activity is individually meaningful. Engagement in activity that is less or of no meaning to the participant can in fact produce negative outcomes. The ability to remain active in later life and to substitute for loss of roles and social position can also be impeded by lack of opportunity, declining intrinsic capacity, ageism or limited resources (Diggs, 2008).

More recent conceptualisations of successful ageing are often informed by the work of Rowe and Kahn on "usual" versus "better than usual" agers (the MacArthur model of successful ageing). Whilst informed by a multidisciplinary group tasked with developing a conceptual basis for a "new gerontology", the MacArthur model of successful ageing is a predominantly biomedical theory through which successful ageing is defined in terms of optimisation of life expectancy and minimisation of physical and mental deterioration (Bowling & Dieppe, 2005; Rowe & Kahn, 2015). The MacArthur model encompassed three principal components: low risk of disease and disease-related disability, maintenance of high mental and physical function, and continued engagement with life and productive activity (Rowe & Kahn, 1997). The influence of this early model on more contemporary successful ageing measures is enduring. Many studies of successful ageing continue to encapsulate biomedical indicators to some degree as representative of success in later life (Depp & Jeste, 2006). However, the MacArthur model has received much criticism since its publication, most commonly with regard to narrowness of scope of indicators and lack of regard for factors beyond the individual. Rowe and Kahn (2015 p. 593) themselves have recognised the "important influence of social factors on the capacity of individuals to age successfully was not explicit in the initial formulation of the MacArthur model". Such factors include those specific to personal

characteristics, interpersonal environment (including family and friendships), and macrosocial context (such as economic conditions and access to high quality health care). Subsequent models of successful ageing are also more likely to consider a more subjective definition of the concept of successful ageing itself and greater attention to individuals' perceptions of their own ageing (Rowe & Kahn, 2015).

Factors affecting the "success" of successful ageing

To maximise the potential of successful ageing it is important to identify and address ongoing limitations with how it is understood, measured and applied. Informed by a review of 28 studies of successful ageing, Depp and Jeste (2006) described a "disconnect" between operational definitions, life span developmental theories, and how older adults themselves defined successful ageing. To broaden the scope of successful ageing the authors suggested greater integration of developmental theories, findings from qualitative research undertaken with older adults, and consideration of psychosocial factors identified through studies of centenarians (Depp & Jeste, 2006). Persistent criticisms of successful ageing are predominantly focused on how it is defined, the emphasis on individual responsibility, the separation of subjective and objective experience, and potential for marketisation. The underlying assumption that successful ageing in itself is able to be determined and manipulated in order to meet the minimum of necessary criteria for such success has also been challenged (Timonen, 2016).

Despite efforts to develop a more holistic and subjectively relevant construct of successful ageing, a primary emphasis continues to be on the maintenance of optimal health and avoidance of disability in later life. Given that a sizeable proportion of older adults will experience issues with health or disability in later life, the domination of physical health and functional ability measures may unfairly limit the number of older adults deemed to be ageing successfully (Timonen, 2016). Applying a "hard" empirical criteria of successful ageing will also exclude large sections of the

population, such as the oldest-old or those with a disability or functional impairment; many of whom continue to experience satisfaction and joy in their lives regardless of chronic health or other conditions (Villar, 2012).

Depending on how defined or point of score cut-off (often dichotomous), individuals can be classified as successfully ageing or not. Objective criteria considered indicative of successful ageing include length of life, and good biological, mental and cognitive health. Subjective criteria are more likely to encompass affective wellbeing, control and mastery, and quality of social relationships. Baltes and Baltes (1990) argue that there is value in the inclusion of both objective and subjective measures, including health, to inform a meaningful and multidimensional indicator of successful ageing amongst older adults. A more holistic conceptualisation of successful ageing is best served by multidimensional measures, including objective and subjective components (Cosco et al., 2014). Wahl and colleagues (2017) suggest that whilst there is some consensus on the range and content of objective and subjective measures representing successful ageing, there is less agreement on the relative weight and importance of these criteria (Wahl et al., 2017). Further to this are how characteristics of the sample population itself may influence achievement of and value placed on set criteria.

A key criticism of earlier models of successful ageing in particular is the insufficient acknowledgment of contextual influences including individual characteristics (such as gender, culture or socioeconomic status), interpersonal environment, economic conditions, structural disadvantage, and disparity in individual capacities and available resources and infrastructure (Martinson & Berridge, 2014; Rotarou & Sakellariou, 2019; Rowe & Kahn, 2015). An onus on achievement of set criteria may fail to account for biology, gender, culture, long-term disability, chronic illness, cognitive impairment or dementia, environment or access to resources; all of which directly or indirectly affect health and wellbeing in later life (Wahl et al., 2017). In this sense

dominant successful ageing models appear better suited to younger older adults than to the oldest old. This is because much of the criteria to achieve success relies on fulfilment of objective functional and physical health status and/or access to the necessary intrinsic and external resources to maintain good health and wellbeing.

Furthermore, the responsibility to achieve a state of successful ageing is largely designated to older adults themselves. Often presented as a mechanism for self-empowerment, control and choice, individuals are asked to meet pre-defined standards (sometimes unrealistic) of ageing and bear sole responsibility for the process and consequences of their own ageing whilst concurrently discounting the social, cultural, environmental and political context within which such success can be supported or impeded. Through policy and other efforts promoting successful ageing, individual obligation is implied by which the older adult is asked to assume primary responsibility for the process and outcomes of their ageing and to minimise their "impact" on the society in which they age.

Baltes and Baltes (1990 p. 4) suggest that the notion of successful ageing to some can represent a "latent vestige of social Darwinism" or reflect a Western pursuit of competitiveness and individualism. Whilst early notions of successful ageing are often suggested to have been initiated by the desire to counter negative stereotypes and ageism, in itself successful ageing can act as a source of tension for older adults themselves. Those older adults who may be ageing "less-successfully" can feel responsible for this failure. A study of middle-aged men and women suggested a perceived obligation to age successfully induced fears of ageing and blame directed towards themselves or others not able to achieve this success. The authors suggest that successful ageing narratives that focus on indicators of physical health in particular may not sufficiently acknowledge change associated with an ageing body, whilst burdening older adults themselves with the primary responsibility to "fix" the problem of their own ageing (Calasanti, 2016).

Subjectivity in what it means to age successfully further exacerbates the challenges of defining and applying a generic definition. Rather than avoidance of ill health or functional impairment, older adults can attribute their own successful ageing to the maintenance of optimism, effective coping, remaining active and socially engaged, learning and cognitive stimulation (Reichstadt et al., 2007; Timonen, 2016). Applying less weight to, or omitting entirely, subjective criteria when defining successful ageing discounts the person's perceptions and evaluations of their own lives (Villar, 2012). Self-report studies suggest that the majority of older adults describe themselves as ageing successfully, regardless of applied criteria (Bowling & Dieppe, 2005). Further to this is the discrepancy between researcher and self-determined successful ageing, with subjective ratings of successful ageing reported to be higher than that based on objective measures (Cosco et al., 2014; Plugge, 2021). Such divergence speaks to the profound heterogeneity of older adults and what they consider to be the main constituents of successful ageing in later life. In addition is the dynamic nature of subjective successful ageing by which an older adult may adjust their expectations or priorities based on changing individual or environmental circumstances. In this light, successful ageing may be better understood as an ongoing process of living rather than an outcome to be met.

An additional, perhaps more recent criticism of successful ageing theories or models is the limited evidence of how such theories can inform real life interventions, models of care or redress the risk for those who appear less likely to achieve and benefit from successful ageing (Timonen, 2016). It is also the case that the translation of successful ageing theories more broadly into applied practice or guidelines for care or programs involving older adults appears poorly undertaken (Wadensten, 2006). Interventions associated with successful ageing will often focus on a single or small selection of health and wellbeing aspects, such as physical activity, diet, resilience, health management or social engagement, rather than adopting and pursuing a multidimensional and multidisciplinary approach (Hsu et al., 2018). The specific type, frequency and "dose" of individual

strategies designed to support older adults to age well continues to remain elusive based on the strength of available evidence (Harmell et al., 2014).

As a "commodity", successful ageing is appealing and lucrative. Fuelled by fears of ageing, the market for books, articles, podcasts and programs delivering insight into how to prevent or minimise the less desirable aspects of ageing is prolific. For example, books continue to be published that describe how individuals can age well, stave off dementia, remain vital in later life, extend longevity, stop the "clock" and even "cure" ageing. The marketisation of successful ageing can promote unrealistic outcomes and foster opportunities for exploitation. It can also perpetuate the notion that if one tries hard enough, physical and mental conditions of ageing may be avoided altogether. In itself, ready access to evidence-based information on what is known about risk and protective factors associated with physical, mental and cognitive health and ageing is important. However, when availability to such knowledge is restricted by gatekeeping mechanisms, including cost, inequity is further compounded by which those who lack the necessary resources, to both interpret and implement, are excluded from any potential benefits.

Successful Ageing: Selective Optimisation with Compensation

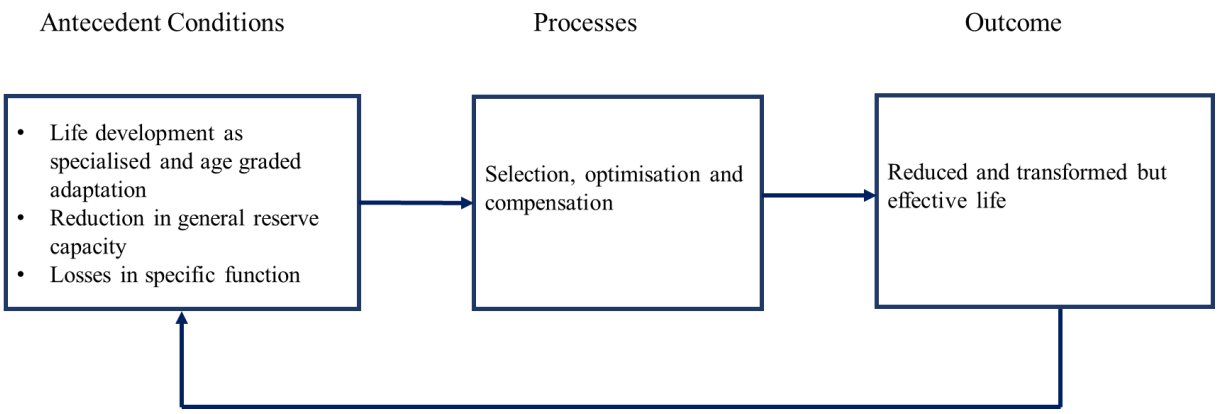
Selective Optimisation with Compensation (SOC) is a meta-model that describes the processes involved in *the successful adaption to ageing* (Freund, 2008; Marsiske et al., 1995). First presented by Baltes and Baltes (1990; 1997), SOC provides a general life span theory for conceptualising processes of successful development in general and for ageing in particular. Informed by a psychology-based life course perspective, SOC emphasises the "how" of successful ageing whereas the foundation MacArthur model of successful ageing was more focused on defining those aspects representing successful ageing itself (Rowe & Kahn, 2015). SOC focuses on how individuals continue to respond and adapt to changing life circumstances. According to SOC, developmental gains and losses are the result of the interaction between the individual and their environment over

time, in itself influenced by available resources. Resources in this context can be defined as actual or potential means that help one achieve one's goals (Li & Freund, 2005). Such resources are seen as mutually dependent and can include internal (such as intelligence, health or personality traits) and external (resources, social roles or environment).

Baltes and Baltes (1993; 1997) describe general principles to support successful ageing which include engagement in a healthy lifestyle, individual and societal flexibility, strengthening of one's reserve capacity, compensatory support when adaptive capacity is reduced, and the application of effective strategies in response to changing goals. As a life span theory, the SOC model posits that throughout one's life successful development involves the orchestration of three processes: selection, optimisation and compensation. Through the application of these processes, successful development may be achieved through the active management of both gain maximisation and loss minimisation over time (Li & Freund, 2005). In contrast to an optimal outcome or stage defined by specific criteria, successful ageing through SOC is a process incorporating individual self-regulation and adaptation over time. However, there is great variability in both adaptational processes and their outcomes among older adults who experience developmental losses. Whilst some adults are capable of maximising available internal and external resources to optimise the "person-environment" fit, others are less successful (Horowitz, 2006). Figure 4−1 presents a visual representation of SOC interplay and outcome.

Figure 4–1

SOC Ongoing Dynamics (Baltes and Baltes, 1990)



The development of the SOC proto-theoretical model was informed with consideration to seven propositions considered fundamental to successful ageing. There is a *distinction between normal, optimal and pathological ageing* by which normal ageing is that without biological or mental pathologies, optimal ageing referring to that which is possible within certain contexts, and sick or pathological ageing encompassing serious illness or disease (Proposition One). *Interindividual heterogeneity* reflects the individual experience of ageing influenced in part by genetics, environmental conditions, individual life course, and course of ageing (as per normal, optimal or pathological). The third proposition, *latent reserve capacity*, refers to one's reserve that can be activated by learning, exercise or training. With age continues the opportunity for new learning and in turn the ability to produce new forms of adaptive capacity. Proposition Four is that ageing associated loss at the limits of performance cannot be completely eliminated. Cognitive reserve capacity is reduced in older age and is more apparent when testing performance limits and developmental reserve. Whilst propositions three and four are contradictory in part, Proposition Five seeks to explain the processes associated with both. This proposition highlights the role of knowledge-based pragmatics and technology and other support to offset predicted loss in reserve capacity. In line with the view that development across the life span involves a dynamic interplay between gains and losses, Proposition Six suggests that with age the negative balance in gains-loss

ration increases. The *self as resilient* is the final proposition (Proposition Seven) through which a sense of "selfhood", including life satisfaction, personal control or self-efficacy, does not experience significant decline with age (Baltes & Baltes, 1993).

The SOC approach is underpinned by the premise that successful, individual development and ageing is a process involving directed behaviours (Baltes & Baltes, 1993; Freund, 2008). It is reasoned that individual resources are naturally limited, and as such the allocation of such resources requires deliberate choice. Furthermore, the more finite individual resources are, the greater the usefulness of SOC strategies may be in response to developmental change or challenges (Young et al., 2007). Baltes' (1997) SOC suggests successful development is represented by ongoing selection of goals, optimisation of resources needed for their attainment, and initiation of alternative means of goal attainment where necessary (compensatory strategies). Through application of SOC strategies people select activities, still deemed to be important, and modify or adapt their behaviour to accommodate any physical or mental changes they may be experiencing (Luoh & Herzog, 2002). Further to this, Freund and Baltes (1998) discussed the value of self-reported processes of SOC to predict subjective indicators of successful ageing. In their study people who reported applying SOC life management strategies achieved higher scores on measures of successful ageing including subjective wellbeing, positive emotions, and absence of social and emotional loneliness (Freund & Baltes, 1998).

Selection comprises both elective and loss-based behaviours, with the primary focus on the setting of particular goals. The process of selection implies that expectations are adjusted to support both subjective satisfaction and personal control (Baltes & Baltes, 1993). *Elective selection* occurs when goal selection is based primarily on individual preferences or outside guidance and is focused on desired states (e.g. committing oneself to focus on one's career instead of one's hobbies until a certain professional level is achieved). *Loss-based selection* occurs when a loss of some internal

(e.g. decrease in level of physical activity possible) or external (e.g. loss of finances) resource induces pressure for an individual to change his or her goals. Loss-based selection can include the development of new goals, or prioritisation, modification or restructuring of existing goals taking into account existing resources. A commitment to goals can drive behaviour over time and may contribute to the feeling that one's life has purpose and meaning (Freund & Baltes, 2002). Loss-based selection can indicate a sense of life mastery through intentional focus or adaptive redirection of individual resources when compensatory means are not available, or would be invested at the expense of other, more promising goals.

Optimisation reflects the view that people engage in behaviours to enrich and augment their available reserves and to maximise the quality and quantity of life activity (Baltes & Baltes, 1993). Optimisation can also refer to the management of resources available to achieve individual goals. How one realises their own goals is dependent on the goals themselves, individual characteristics (such as age) and the sociocultural context (such as opportunity). As a strategy, optimisation is orientated toward the achievement of high levels of functioning with the assumption that one has sufficient levels of individual resources to support this pursuit. Through optimisation an individual will aim to maximise goal relevant means to increase function efficiency (through training or acquiring new goal-related means for example). This can involve optimising available resources and preparing for potential difficulties to minimise their impact or prevent them entirely (Joly-Burra et al., 2020).

Compensation is in response to restrictions in adaptive or plasticity capacity (Baltes & Baltes, 1993). Compensation entails the use of alternative or complementary means to support the attainment of personal goals and/or to maintain a desired level of functioning in the face of internal or external loss or decline, be they temporary or permanent. Such functional loss or decline can be compensated for through the refinement of existing means or the acquisition of new means. An

example would be wearing glasses when sight is impaired or seeking assistance to complete an activity. Compensation is orientated toward maintenance of current functioning and avoidance of losses. As such, introduction of compensatory strategies may prevent the risk of goal abandonment entirely (Joly-Burra et al., 2020).

Table 4−1 presents SOC and elements of each behavioural category. For an older person wishing to grow vegetables in their garden despite a back injury limiting their movement, SOC strategies could entail continuing to walk regularly to stay in shape (optimisation), reducing the size and diversity of the garden (selection) and installing raised garden beds for ease of access (compensation). The alternate approach, or non-introduction of SOC strategies, may be demonstrated through an acceptance of functional limitations and cessation of the activity entirely or seeking to "ignore" or push through associated discomfort to maintain a valued pursuit (Joly-Burra et al., 2020).

Table 4 −1

Selection, Optimisation and Compensation Embedded in an Action-Theoretical Framework (Freund & Baltes, 2002)

Selection (goals/preferences)	**Optimisation (goal-relevant means)**	**Compensation (means for counteracting loss in/blockage of goal-relevant means)**
Elective-based Selection • Specification of goals • Goal system (hierarchy) • Contextualisation of goals • Goal commitment Loss-based Selection • Focusing on most important goals • Reconstruction of goal hierarchy • Adaption of standards • Search for new goals	• Attentional focus • Seizing the right moment • Persistence • Acquiring new skills/resources • Practice of skills • Resource allocation (effort/time) • Modelling successful others	• Substitution of means • Use of external aids/help of others • Use of therapeutic intervention • Acquiring new skills/resources • Activation of unused skills/resources • Changes in resource allocation (effort/time) • Modelling successful other who compensate • Neglect of optimising other means

Baltes (1997) suggests individuals who report using SOC behaviours are more "successful" in their lives in general (Baltes, 1997). Older people who engage in high levels of SOC talk have demonstrated greater wellbeing, despite low physical function, than those who engage in minimal SOC talk and who may have poorer wellbeing despite higher physical function (Carpentieri et al., 2016a). However, the SOC model is not without its limitations. As a process rather than outcome model of successful ageing, for success to be achieved particular processes must occur. According to SOC, successful ageing can be maintained as long as the necessary capabilities are also maintained. Effective enactment of SOC strategies is reliant on high functioning and adaptive capacity in later life (McCann Mortimer, 2010).

Furthermore, it is suggested that SOC presents a rather pessimistic view of later life, in particular the fourth age (or oldest old). Baltes and Smith (2003) put forward that the fourth age is not a simple continuation of the third and successful ageing in itself has "its age limits" (p. 135). The SOC model outlines the processes through which older people actively cope with the many changes associated with ageing. Through this perspective successful ageing is demonstrated by the extent to which one is able to effectively respond to the inevitable "negative changes" rather than their absence entirely (Ouwehand et al., 2007). Heckhausen (1997) referred to the use of selection and compensation processes in later life more broadly as a form of "failure compensation" for increasing loss associated with age. Such focus reflects an enduring association of older age with inevitable loss and decline, rather than gains and potential for growth (Ranzijn, 2002).

What influences enactment or strength of SOC?

It has been purported that the SOC model may help to understand developmental change and resilience across the life span. SOC has been described as a "process" rather than the more common "outcome" focused model of successful ageing through which success is demonstrated by specific adaptive strategies introduced in order to maintain development, function and growth in later life, despite potential decline in intrinsic and extrinsic resources (Carpentieri et al., 2016b). Regarding

the relationship between age and application of SOC there are two different hypotheses. One suggests that with age adults will improve and increase their use of SOC because of their accumulating life experience. Alternatively, it is suggested that the biological and physical effects of ageing may actually impede the application of SOC strategies, which in themselves are resource dependent and effortful (Baltes & Baltes, 1990). Some researchers have suggested that self-reported use of SOC strategies declines with age and increased resources required to implement these strategies (Donnellan, 2015; Freund, 2008; Gignac et al., 2002). However alternate research demonstrates an increase in the use of SOC strategies amongst older adults with arthritis and multimorbidity for example (Zhang et al., 2021).

Studies have demonstrated that middle-aged adults tend to exercise greater SOC strategies than younger and older adults (Robinson et al., 2016). Younger adults may use SOC less than middle-aged adults because they have not yet cultivated expertise in using SOC strategies, nor have sufficient need for their use. In principle, as adults move towards middle-age they will acquire and refine their SOC-related behaviours (Freund & Baltes, 2002). Successful ageing scores, as measured by the SOC short form scale, have correlated with variables such as age, level of education, marital status and number of children (Giti et al., 2020). A systematic review and meta-analysis of the empirical literature on SOC strategy use in the workplace context identified a positive yet weak association between age and SOC strategy use. They further documented a positive relationship of SOC with individual antecedence characteristics of conscientiousness, extraversion, emotional stability, self-esteem and self-efficacy, internal control beliefs, positive affectivity, emotional balance and emotional intelligence (Moghimi et al., 2017). Wiese et al. (2000) demonstrated that conscientiousness in particular predicted the use of elective selection, optimisation and compensatory behaviours (Wiese et al., 2000).

Other factors influencing greater use of SOC strategies specific to health based self-regulation by older adults include age, symptom type (pain, fatigue and cognitive symptoms), health care provider communication quality (Zhang et al., 2021) and degree of disability (Yuen & Vogtle, 2016). A Canadian study of older community dwelling adults demonstrated increased use of overall SOC amongst females, and adults who were unmarried, with less income, requiring mobility assistance, experiencing poorer self-reported health, and greater chronic conditions, degree of disability and incidence of falls in the preceding 12 months (Yuen & Vogtle, 2016).

Optimisation and compensation differ from selection in that both optimisation and compensation can support the attainment of goals, whilst selection strategies are more often employed in their management (Freund, 2008). Optimisation may be introduced to enhance existing function, while compensation will generally encompass strategies specific to loss management (Freund & Baltes, 1998). The anticipatory nature of optimisation makes it distinct from other SOC strategies that are more often a response to difficulties or stressors (Gignac et al., 2002). Optimisation strategies may primarily seek to conserve existing functional reserves, rather than enrich or build upon these reserves. Older adults may allocate more time to an activity, schedule sufficient rest periods and plan ahead to avoid potential issues (Rozario et al., 2011). Although optimisation is often exercised to support the retention or improvement of an existing individual resource, it can also be introduced to develop a new skill entirely.

Factors associated with *individual* SOC strategies have been explored amongst older adults. Higher levels of physical function have been associated with elective-based selection and optimisation whilst lower physical function has been linked with increased employment of compensation (Carpentieri et al., 2016a). One study suggested greater use of optimisation and compensation than elective or loss-based selection for older adults with arthritis and multimorbidity (Zhang et al., 2021). *Selection* has been positively associated with having fewer social resources, greater

perceptions of changed capacity and personal care disability, and negatively associated with age, with older respondents reporting less selection (Gignac et al., 2002). Selection may also be more likely applied with advancing age (Jopp & Smith, 2006) and by older adults with greater education levels (Giti et al., 2020).

Optimisation strategies may be more likely to be introduced by older adults who have completed university-based education (Giti et al., 2020). Poor mobility has also been associated with greater use of optimisation in that adults who report more mobility difficulties also report increased exercise, planning and pacing of their behaviours. Age has also been linked with optimisation, with younger adults reporting greater use of this particular SOC strategy. Rozario and colleagues (2011) suggest lesser use of optimisation as a strategy by some older adults may be in part a result of insufficient internal or external resources necessary to achieve higher levels of functioning in a particular activity.

Greater disability and perceptions of changes in one's own capacity have both been correlated with increased use of *compensatory* strategies (Gignac et al., 2002). Other studies have demonstrated greater frequency of compensation amongst study participants and fewer selection-based adaptations more generally (Carpentieri et al., 2016a; Gignac et al., 2000, 2002; Yuen & Vogtle, 2016). Compensatory strategies may be particularly relevant for individuals with low physical function and will often comprise the use of devices such as walking or sensory aids or home adaptation (Carpentieri et al., 2016a). Poorer self-rated health and worse cognitive performance may predict increased use of compensation as a goal management strategy, even when controlling for age, depression, apathy, selection and optimisation (Joly-Burra et al., 2020).

Successful ageing and purpose

Successful ageing includes multiple dimensions of which purpose in life has been recognised as a main constituent (Bowling & Dieppe, 2005; Fisher, 1995; Troutman, Nies, & Bentley, 2010). A

study of centenarians found those who considered themselves successful agers reported higher values of self-efficacy, hope and purpose in life (Araújo et al., 2016). A coherent sense of purpose can guide the pursuit of personally meaningful goals and the efficient use of resources to maximise the likelihood of meeting these goals (McKnight & Kashdan, 2009). Conversely, goals may themselves provide a purpose for living and the mechanism through which a person can remain behaviourally engaged with life (Scheier et al., 2006). Developmental regulation will often entail goal engagement, goal disengagement and meta regulation. Goal engagement involves actively pursuing a goal and trying to accomplish it. Goal engagement relates to all subdomains of SOC, wherein one specifies and commits to certain goals (elective selection), chooses to focus on the most important goals (loss-based selection), applies persistence and resource allocation to achieve certain goals (optimisation), and uses alternative means or external help to achieve a goal (compensation) (Robinson et al., 2016).

Boyle and colleagues (2009) suggest that older persons who derive purpose through daily life, and who set and seek the achievement of goals may function better in older age despite age related negative affect. Those individuals with a high sense of purpose may also be relatively better equipped to select goals, manage the process of their attainment, and adapt effectively through changing environmental and life conditions (Hill et al., 2015; Windsor et al., 2015). Purpose can facilitate ‘‘efficiency of action’’ by which individuals with clear life aims may alter their behaviours, align their available resources and direct effort to the pursuit of such aims (Bronk, 2014; McKnight & Kashdan, 2009). Considering purpose together with life span theories of self-regulation may provide useful insight into inter-individual differences in later-life development (Windsor et al., 2015). Self-regulatory strategies in themselves may help ameliorate the impact of declining intrinsic capacity (Freund & Baltes, 2002).

Qualitative and quantitative study outcomes have suggested that application of SOC strategies may result in greater exercise maintenance, positive orthopaedic outcomes, subjective wellbeing (Ziegelmann & Lippke, 2007), wellbeing for people with declining physical functioning (Carpentieri et al., 2016a), enhanced ability to cope with pain and symptoms (Janke et al., 2012) and increased self-reported happiness for adults in poorer health (Teshale & Lachman, 2016). SOC life management strategies have also been suggested to play a protective role in ageing through balancing constrained resources, optimising the use of restricted resources, improving overall age related life satisfaction and wellbeing (Jopp & Smith, 2006), and minimising negative effects of declines in working memory (Hahn & Lachman, 2015). A 2017 meta-analysis of 26 studies suggested that SOC strategy use is positively associated with both self-reported and non-self-reported job performance, job satisfaction and job engagement (Moghimi et al., 2017).

The role of SOC in the present study

Through application of SOC strategies, people select activities still deemed important and modify or adapt their behaviour to accommodate any physical or mental changes they may be experiencing (Luoh & Herzog, 2002). Through events such as the onset of a health condition, older individuals may adapt to derive purpose from other pursuits (Pfund & Lewis, 2020). Maintenance of purpose in life will often require ongoing adjustments in response to individual or environmental change over time (Hupkens et al., 2021). When a person is no longer able to undertake desired activities, alternative meaningful activities can be sought to support an individual's sense of purpose and wellbeing (Hupkens et al., 2021; Wrosch et al., 2003). Process-oriented models of successful ageing recognise that older adults will continue to review and reformulate goals in the context of changing resources and demands. Optimal adaptation and success in goal attainment are more likely when goals align with available resources (Au et al., 2015). People will engage in selection strategies when faced with competing priorities and dwindling resources. This may require an adjustment in

expectations or standards to better ensure that the selected goals remain achievable (Rozario et al., 2011).

Studies have applied SOC to their interpretation and discussion of phenomena such as older adult workplace adaptation (Ng & Law, 2014), career change (Unson & Richardson, 2013), ability to identify workplace opportunities (Zacher & Frese, 2011), compensating losses in bridge employment (Müller et al., 2013) and daily work engagement (Zacher, 2015). SOC has also been considered through studies into the use of adaptation strategies by older adults with a disability or multi-morbidity (Yuen & Vogtle, 2016), within health based rehabilitation interventions (Donnellan & O'Neill, 2014), to support recovery after an acute health event (Hutchinson & Warner, 2014), to maintain activity by people with chronic health conditions (Janke et al., 2012), to promote preventative health behavioural change (Ireland & Arthur, 2006), or within respite service settings designed for people with dementia and their caregivers (Lund et al., 2014).

As a process rather than outcome model of ageing, SOC aligns with the construct of purpose as defined in the present study; that is an intentional, often goal directed and personally meaningful pursuit of activities or experiences that support one's sense of purpose. With a foundation in developmental theories, SOC reflects the dynamic and adaptive process of purpose across the life span, including that in later life. SOC also accommodates non-normative and individual trajectories of successful development in older age (Ouwehand et al., 2007). Finally, in line with limited research specific to purpose, there is some evidence that SOC behaviours can be modified through targeted intervention involving goal setting and action planning (Müller et al., 2018).

For the present study the design of the data collection items, analysis and write up have been underpinned by SOC. That is, an intentional, often goal-driven and personally meaningful pursuit of activities or experiences that support one's sense of purpose. For this research, the SOC model was applied to the development of the interview schedule (reference has been made to the SOC

questionnaire specifically) (Freund & Baltes, 2002), analysis of data and discussion. In recognition of criticisms in relation to the application of successful ageing models to interventions designed to support older adults age well, implications of this research are influenced by this process model of ageing. Whilst Baltes and Baltes (1990) make reference to the role of environment or available resources necessary to enable individuals to effectively select and apply SOC strategies, emphasis on individual effort appears more pronounced in studies specific to SOC and older adults. Therefore, the implications of this study give consideration to how older adults may be better supported to implement SOC strategies to pursue purposeful activity. Finally, whilst often interpreted as a "reactive" process of successful ageing, examples of SOC strategy application intended to proactively maintain or fulfil purpose amongst older adults were sought.

Summary

The appeal of "successful ageing" to researchers, theorists and policy makers endures. Not least due to its very premise providing a meaningful alternative to traditional decline and deficit-based perspectives of ageing. Successful ageing represents what is possible, even though consensus remains lacking as to how such success can be demonstrated or achieved. As a psychological construct, purpose is often included in criteria used to measure successful ageing. Selective optimisation with compensation, a process model of successful ageing, has been applied to studies with older people specific to employment, rehabilitation and disability management. Potentially modifiable, dynamic and intentional, SOC as a theoretical perspective can contribute to a more complete understanding of the mechanisms or fulfilment of purpose in particular (the "how" of purpose in this case). Ergo, for the present study SOC has been applied to the development of the data collection tools and interpretation of the findings.

5. RESEARCH METHODOLOGY AND DESIGN: THE PLAN AND THE PROCESS

Chapter overview

This study has been informed by a qualitative methodology: phenomenography. This chapter presents an overview of this methodology and how it applied to the data collection and analysis. This chapter also describes considerations particular to research with older adults, the project method, instruments of data collection and the recruitment strategy. Reference to how purpose is defined for this study is provided.

Research design

The research design refers to and encompasses decisions about how the research itself is conceptualised, conducted and its intended contribution to existing knowledge in a particular area (Cheek, 2008). The research design requires logical consistency between the theoretical framework, methodology (form of inquiry or way of thinking about research), and method (how data will be collected). Choosing a particular form of inquiry involves determining what is to be investigated and which methodological design may best meet the objectives of the proposed study. In consideration of the largely exploratory aims of the research, an interpretivist or qualitative methodology was selected. A qualitative methodology enables greater exploration of the meaning an individual assigns to human experiences and to produce rich description of such experiences (Whitehead et al., 2016).

Studies seeking to *measure* purpose in older adults have more likely applied quantitative approaches and data collection methods. Such studies have endeavoured to determine the degree of purpose a person may feel at a particular time to produce a discrete score ranging from low to high. A numerical representation of purpose is often compared with other quantified variables to identify factors that may predict or influence the degree of purpose a person may experience. Through this

research the intent is to better understand *how* purpose is experienced by individuals, and in what ways it can manifest, rather than the degree to which it may be present. It is also hoped that the findings from this study not only contribute to the body of knowledge with regard to purpose and ageing, but that these same findings are able to be applied to inform action.

The present study was enacted through the qualitative methodology *phenomenography.* Phenomenography, (with the suffix -graph), is the empirical research approach intended to describe the different ways a group of people understand a particular phenomenon (Marton, 1981), unlike phenomenology (with the suffix -logos) through which researchers attempt to clarify the structure and meaning of a phenomenon (Giorgi, 1999). Grounded in empirical research conducted within education during the 1970s, the application of phenomenography has subsequently expanded to other areas of research including health and social sciences (Limberg, 2008). Through phenomenography the researcher seeks to discover the qualitatively different ways in which people experience, conceptualise, realise and understand aspects of phenomena in the world around them (Bowden et al., 1992; Marton, 1981). Building on these individual interpretations, data are then collated to develop a collective awareness and variation in how a phenomenon is experienced (Yates et al., 2012).

Through a phenomenographical approach, the researcher studies *how* people experience a given phenomenon rather than the phenomenon itself. Further to this the principles of phenomenography are sympathetic to the challenges of defining complex psychological constructs, such as purpose, through a quantitative approach alone. This methodology applies a second-order perspective in which the world is described as it is understood, meaning that phenomenon and person are not separate and independent of each other (Ornkek, 2008). Phenomenographers seek to identify the varied conceptions people may have with regard to a particular phenomenon. An important element of phenomenography is that the researcher aims to focus on reflection of the study participants

rather than one's own. Through "bracketing", the researcher will approach both the interview conduct and data interpretation with neutrality, and without regard to personal opinion or perspectives (Ornkek, 2008). An enduring criticism of phenomenography has been the lack of context consideration and interviews about concepts separated from a particular situation. This current research project is very much focused on context or lived setting by which older adults were interviewed in a real life setting, be it in their homes (community or residential) or in the community.

Approval to undertake this research project was sought and provided by the Flinders University Social and Behavioural Human Research Committee.

Study design and conduct considerations

As with other potentially vulnerable populations, there are some special considerations for research undertaken with older adults. Older adults may be unjustifiably excluded from research due to ageism, perceived lack of competence or capacity, complex consent processes and recruitment challenges (Jacelon, 2007). People with cognitive impairment are frequently excluded from research, often without sufficient rationale or discussion of the potential effect of this persistent exclusion on the ageing related research evidence. In addition, studies may inadvertently exclude people with cognitive impairment through use of particular recruitment or study methods that reduce participation of this group (Dewing, 2002; Taylor et al., 2012). Despite these exclusions, findings from studies conducted with a narrow group of selected older people continue to be extrapolated to form conclusions regarding all older people, and obtaining a representative sample is a persistent problem in gerontological research (Suhonen et al., 2013).

Within the residential aged care setting in particular there are additional challenges to address in order to conduct research with residents. These include issues surrounding recruitment, informed consent, sample attrition, opportunities and spaces to conduct interviews, involvement of care staff

and residents' families, time taken to collect data, and the maintenance of privacy during the interviews (Hall et al., 2009; Higgins, 1998; Jacelon, 2007). Residential aged care facility management and administrators will often hold concerns about the benefits of the research, the welfare of the residents involved, and the impact of the research on care routines and staff time (Cleary, 2004). It is also important to acknowledge there may be an existing tension between academics and staff who may feel that researchers lack understanding of the reality of care in this setting and may unfairly form judgements about the practices observed. In addition, the staff may be sceptical about the ability of the research to meaningfully impact the lives of the oldest old and particularly frail residents (Cleary, 2004). Family members may hesitate to give consent for research involving their next of kin due to concerns regarding burden for their family member or a lack of direct benefit. Successful engagement with residents, staff and family is greater when the researcher has established a positive, trusting and respectful relationship with all groups (Maas et al., 2002). Due to these and other perceived barriers, there is a tendency to avoid research in residential aged care. The result being that many older adults in this setting remain under-represented in studies and issues specific to this group, understudied (Jacelon, 2007; Maas et al., 2002).

Research conducted within the residential age care setting must be sufficiently robust to meet the strict ethical standards which govern equity of participant selection, informed consent, confidentiality, protection of rights, and the appropriate balance of risk and benefit associated with participation (Hall et al., 2009; Maas et al., 2002). Taking into account potential imbalances in power, it is also important that residents do not feel obligated or compelled to participate by staff or researchers themselves (Lingler et al., 2009). Gaining informed consent from older adults in long-term care can be difficult and require more time because of the characteristics of residents (Maas et al., 2002). However, it is important that the difficulties of consent and other challenges do not prevent the unique views of residents from being heard and prevent important research occurring

that takes into account the context of their daily lives (Cleary, 2004; Tinney, 2008). In addition, many older adults in residential aged care enjoy participation in research and may do so for diversion, an opportunity for socialisation, to express their viewpoints, or to contribute to a greater good (Hall et al., 2009; Jacelon, 2007; Maas et al., 2002).

Capacity for making decisions specific to research participation requires the ability of the person to understand the purpose of the research, what their role may be and any associated risks and benefits (Appelbaum & Roth, 1982). It is also important that the person is able to communicate this understanding and the nature of their participation more generally (Lingler et al., 2009). Cognitive impairment does not necessarily illustrate a lack of capacity to provide informed consent, and as such exclusion from research of otherwise eligible persons for the reason of cognitive impairment alone is discriminatory (Alzheimer's Association, 2004). In many studies measures of cognition (including diagnosis of dementia or memory disorders) or capacity to respond to questions are used to determine the sample composition (as exclusion or inclusion criteria). However, determining competence to take part in a study for older adults is often more complicated than administering a formal test. Capacity to consent can fluctuate at different points in time and the level of competence necessary must always be proportionate with benefits and risks associated with participation (Suhonen et al., 2013).

In circumstances where older adults are deemed incapable of providing informed consent, consent must be obtained from a proxy, but a full explanation of the study should still be provided to the older adult and assent obtained if possible (Jacelon, 2007; Maas et al., 2002). Proxy decision makers are generally encouraged to promote the autonomy of the person for whom they are representing by using their knowledge of the person’s values, wishes and preferences to guide this decision-making process regarding their consent in research (Lingler et al., 2009; Sugarman et al., 2007). To ensure an *inclusionary* approach to consent, such processes must include face to face

interactions with a person with dementia or cognitive impairment to seek and/or maintain permission to participate in research. Importantly, assent should be judged on an ongoing basis through an assessment of behaviour and degree of the participant's cooperation, and consistent dissent should be considered as the basis for study withdrawal (Alzheimer's Association, 2004; Cleary, 2004; Dewing, 2002).

Consent for the present study

At all times I was responsible for ensuring initial and ongoing consent. Capacity to consent to take part in an interview was assumed for all participants, unless faced with evidence to the contrary. Within the residential aged care settings I was reliant on the residential staff and their judgement regarding who was appropriate to approach for participation. As a non-clinician it was not my role to make formal determinations of a person's capacity to participate in research. However, I did accept and respect the responsibility to ensure the participant appeared able to understand what was being asked of them prior to commencement and demonstrated willingness to take part in an interview. Even once initial consent had been obtained, I remained alert to behaviour or comments throughout the interview that may have suggested discomfort, disinterest, distress or the desire to withdraw their consent for participation. Consent was sought in written form primarily. However, within the aged care setting consent for many adults was obtained through reading aloud the necessary information and audio recording verbal consent to participate. I remained alert to signs that a potential interviewee may not understand their involvement, comprehend the voluntary nature of their participation and ability to withdraw at any stage prior to commencement. On one occasion only, the interview did not commence due to concerns regarding appropriate capacity to provide informed consent for this purpose.

Purpose defined for the present study

Purpose has been, and continues to be, defined by various terms within the research literature, dependent on author preference or particular measure applied. Drawing from the literature pertaining to purpose and in recognition of the settings of the current study and participant stage of life, sense of purpose was focused on that experienced or gained through *purposeful activity*. Purpose as a more immediate lived experience, which is context (i.e. aged care residential or community setting) and stage of life relevant. Purposeful activity as that which provides meaning to the older adult through pursuit of goals, completion of concrete tasks, realisation of self-identity or roles, maintenance of independence, engagement with some aspect of the broader community, or participation in activity that aligns with past or present interests.

In this sense purpose aligned with Bronk's (2014) definition of *purposeful engagement* through which purpose is attained. Bronk describes purpose as the personally meaningful aim one is working towards, and purposeful engagement the means through which this aim is pursued. The present definition of purpose activity is also informed by the three elements Bronk considers essential components of purpose in life, being commitment, goal directedness and personal meaningfulness.

Study method

Based on the proposed methodological paradigms and the reported appropriateness of interviews for older people in residential aged care (Fetterman, 2010; Suhonen et al., 2013), the aims of the research were pursued through semi-structured interviews with older adults living within the community or residential aged care setting. Structured face to face interviews are also a dominant phenomenographic data collection method (Marton, 1988; Stenfors-Hayes et al., 2013) through which the relationship between the participant and the phenomenon is explored (Bruce, 1997; Yates et al., 2012).

Interviews were conducted face to face individually or with two adults present, in a range of settings such as the participant's home, library, café, residential aged care communal spaces or resident's room. Informed consent was obtained in writing or provided verbally and audio recorded (in the aged care setting only). Interviews ranged from 15 minutes to 90 minutes in length. Brief notes were captured during these conversations, supported by audio recording of all interviews. Semi-structured interview guides supported the conduct of the interviews. These are provided for reference in Appendix B. The interview questions were informed by the relevant literature and Freund and Baltes' (2002) SOC Questionnaire: a self-report quantitative measure of selective optimisation and compensatory behaviours (Freund & Baltes, 2002).

All interviews concluded with the *Life Engagement Test* (LET). The LET is a brief six-item scale designed to provide an index of purpose in life by assessing the extent to which a person considers their activities to be valuable and important. Three of the six items are framed positively (e.g. "I value my activities a lot"), and the remaining three are framed negatively (e.g. "There is not enough purpose in my life"). Respondents are asked to indicate the extent of their agreement to each statement using a 5-point scale (1= Strongly Disagree to 5= Strongly Agree). The index score ranges between 6–30; a higher score indicative of greater perceived purpose.

The LET was developed based on theoretical frameworks provided by contemporary models of self-regulation (Scheier et al., 2006). Validation studies have found positive and significant correlations between scores on the LET and the Purpose in Life Scale (r=.73*)* (Scheier et al., 2006). The LET has been applied in studies with diverse samples (Scheier et al., 2006) and older adults in the community setting (Etezadi & Pushkar, 2013; Mezick et al., 2010; Pearson et al., 2013; Phinney et al., 2014; Sheridan, 2013). The inclusion of the LET was to complement the qualitative data captured through the interviews and to enable a method of comparison, albeit simplistic, between adults across settings.

As with most scales designed to measure a psychosocial construct, there is lack of consensus regarding the most appropriate tool to capture degree of individual purpose, particularly in later life. Although the Crumbaugh and Maholick's Purpose in Life Test and the Purpose in Life Subscale of Ryff and Keye's Psychological Wellbeing Scale have been widely used in the research to date (Irving et al., 2017; Pinquart, 2002), these tools contain predominantly "retrospective scale items" which are suggested to confound an individual's sense of *present* purpose with their perception of how well goals of the past were attained, or measure other constructs of psychological wellbeing beyond purpose concurrently (Pearson et al., 2013). The LET was selected for this study as it is brief, easily undertaken independently or with assistance, and contains data items (statements) that felt appropriate and relevant for both community and residential aged care dwelling older adults. The data items are worded to explore purpose as experienced in the present (Scheier et al., 2006) and focus on a measure of purpose specifically, rather than one construct within a suite of others such as life satisfaction or meaning. It was also felt that the LET sought to measure a construct of purpose that aligns with that defined in the present project (purposeful engagement with daily life). Perspectives on the appropriateness of the LET with older adults across settings is further discussed in Chapter 10 of this thesis.

Participants and recruitment

In line with a phenomenographic approach, purposive or judgement sampling was applied (Marton, 1988). The study participants comprised adults aged 65 years and older living in the community or residential aged care setting. Within Australia, aged care services can be accessed within the home, community and residential or long-term care settings (formerly called nursing homes). Residential aged care facilities provide accommodation and personal care 24 hours a day, as well as access to nursing and general health care services for those adults who are no longer able to live within the community independently.

Residents were sought through three South Australian residential aged care facilities. The chief executive officer of a large South Australian aged care and retirement living provider was approached for support with recruitment and selection of sites. The nominated representatives of each site, including service directors or lifestyle staff, identified residents whom they believed would be willing to participate in interviews and provided these residents with participant information sheets and consent forms for their consideration at least one week prior to site visits. A list of interested participants was prepared prior to commencement of data collection. At each visit I approached those elected and introduced myself and the research, and sought audio recorded verbal or written consent to take part in the interview.

Older adults living within the community were recruited through community organisation and council newsletters and notice boards, Legacy SA newsletter, War Widows newsletters and community events (such as local council run health classes and social lunches). Snowballing techniques were also applied with a number of participants voluntarily sharing information about the research with other adults on the researcher's behalf. Older adults contacted the researcher using the details outlined in the flyers and other recruitment materials and were provided with a participant information sheet and consent form prior to the interview (by email or in hard copy). Interviewees based in the community were sent a reminder by email or telephone one day prior to the scheduled interview. The original intent was to seek a reasonable balance of interviews conducted across settings to better support thematic comparison and meaningful analysis of the LET data. However, data collection with adults living in residential aged care was brought to a premature conclusion due to strict visitation restrictions introduced in response to COVID-19 in early 2020.

Analysis method

To meet the aims of the research project, and in line with a phenomenographic approach, the qualitative findings were thematically analysed. Thematic analysis is a data reduction and analysis strategy by which qualitative data are segmented, categorised and summarised to identify recurrent themes or patterns of experience. This type of analysis can enable the researcher to explore participant experiences, meanings and perceptions of reality (Braun & Clarke, 2006). A primary aim of phenomenographic data analysis is to identify a set of qualitatively different "categories" representing variations in the individual experience of a phenomenon (Han & Ellis, 2019; Limberg, 2008). Individual and collective themes, categories or meanings are not pre-determined but rather emerge from the data itself (Åkerlind, 2012). The validity of the outcomes was assessed in line with mechanisms proposed by phenomenographic researchers. Specifically, three factors were considered. Firstly, the logic and delineation of the categories that emerged through analysis. Secondly, the degree to which the results reflect similar research outcomes. Thirdly, the plausibility of the themes or categories identified and the extent to which they appeared to reflect the human experience (Dahlin, 1999).

Thematic analysis and data categorisation were undertaken across three phases of the project. Immediately following individual interviews, key themes or observations were highlighted or noted. At set intervals during data collection, audio interviews were selectively transcribed, considered in conjunction with hand written notes, and themes were summarised. At conclusion of the data collection stage, all interview notes and audio interview transcripts were reviewed and themes were compared, confirmed or contrasted. Themes and categories were developed at a group level (community or residential aged care setting). Quotations from interviews were selected to illustrate a critical feature of a theme or category and to clarify the difference between one category and another.

For the data gathered through the LET, descriptive and simple inferential statistical analysis (as feasible) was undertaken using Microsoft Excel and IBM SPSS Statistical Package for the Social Services Version 25.

Summary

Through this study the experience of purpose in later life was explored. Applying a qualitative methodological approach, specifically phenomenography, sixty older adults were interviewed within the community or residential aged care setting. Thematic analysis was undertaken to identify patterns in the qualitative data and inform the development of categories or domains of purpose specific to each setting. To obtain a complementary quantitative index of purpose, all interviews concluded with the Life Engagement Test.

6. RESULTS PART ONE—STUDY PARTICIPANTS: WHO ARE THEY AND DO THEY HAVE PURPOSE?

Chapter overview

To support ease of reading and delineation of key themes, the results of this study are presented across chapters (Part One to Part Four). Part One, this chapter, commences with description of the sample, followed by outcomes of the Life Engagement Test, and concludes with discussion of key themes or categories derived from the interview data with regard to the experience of purpose. In recognition of difference in outcomes, the interview findings for older adults living in the community or residential aged care setting are presented separately and conclude with reference to themes unique to each group. Specifically, for older adults living in the community the final section explores factors that enable or impede maintenance of purposeful activities. For older adults living in residential aged care, the experience of transition to residential aged care is described. Quotes are provided to illustrate particular observations where appropriate. Strategies related to loss or elective based selection, optimisation and compensation (SOC) to adapt to change and maintain functioning necessary for their individual sense of purpose are presented in Part Four.

Participant demographic information

Sixty men and women participated in interviews with the researcher; 40 adults (67%) were based in the community and 20 adults (33%) resided in one of three residential aged care facilities. Women comprised 72 per cent of the group and men 28 per cent. Participants ranged in age from 62–96

years (*M*=80.5, *SD*=8.8).[1] The average age for men and women in the residential aged care setting was slightly higher than that for the community participants (82.6 years compared with 79.4 years). Within the community setting, over half of interviewees lived with another person, most commonly their spouse (23 adults or 58%). Demographic information is provided in Table 6 −1.

Table 6−1

Participant Demographic Information

Variable	Community (*n*=40)		Residential Aged Care (*n*=20)		Total Sample (*n*=60)	
Age	68–96 *M*=79.4 *SD*= 7.7		62–96 *M* = 82.6 *SD=10.5*		62–96* *M*=80.5 *SD* = 8.8	
	n	(%)	n	(%)	n	(%)
Gender						
Male	12	30.0%	5	25.0%	17	28.3%
Female	28	70.0%	15	75.0%	43	71.7%
Relationship Status						
Married/Relationship	23	57.5%	5	25.0%	28	246.7%
Single	3	7.5%	7	35.0%	10	16.7%
Widowed/Divorced/Separated	14	35.0%	8	40.0%	22	36.7%
Length of residence in aged care (self-reported)	-	-	1–204 months *M* = 28 months		-	-

[1] Participants aged 65 years and older were sought. However, one participant within the residential aged care setting was 62 years of age and their data are included in the analysis. * Age for one participant is missing.

Across the sample, most participants were married or in a relationship (47%) or widowed, divorced or separated (37%). Within the residential aged care setting, adults were more likely to be widowed, divorced or separated (40%) or single (35%). Self-reported length of residence ranged from 1 to 204 months within the aged care setting. A summary of participant characteristics is provided in Appendix C.

Life Engagement Test Outcomes

All 60 interviewees completed the LET. Reliability analysis of the LET (comprising six items) supported good internal consistency for this study (Cronbach's α = .797). This study was not intended, nor adequately powered, to conduct robust inferential statistical analysis based on the quantitative data collected, predominantly that of the Life Engagement Test (LET). However, the information captured through the LET does provide some indicative patterns of interest between groups. Table 6 −2 presents total LET scores across the sample.

Table 6 −2

Total LET Scores

	Community (*n*=40)	Residential Aged Care (*n*=20)	Total Sample (*n*=60)
LET	Range= 14–30 *M*=28.0 *SD*= 2.9	Range= 14–30 *M* = 24.1 SD=4.5	Range= 14–30 *M*=26.65 *SD* = 4.0
Gender			
Male	-	-	Range= 18–30 *M*=27.1 *SD* = 3.1
Female	-	-	Range= 14–30 *M*=26.5 *SD* = 4.3

The LET scores ranged from 14–30 (*M*= 26.7, SD= 4.0). An independent sample t-test showed a statistically significant difference in mean scores between adults living in the community (*M*= 28.0, *SD*= 2.9) and those living in residential aged care (*M*= 24.1, *SD*= 4.5), *t*(27) = 3.51, *p* =.002. Men

reported a slightly higher average LET score than did women, but the difference was not statistically significant. Older adults living alone in the community reported slightly lower average LET scores (*M*= 27.2) than did people living with another person (*M*= 28.5), but once again this was not statistically significant. Across the sample the average LET score was greater for adults married or in a relationship than for those adults not in relationship (*M*= 27.5 compared with *M*= 25.9) but this difference was not statistically significant.

A Pearson product-moment correlation was run to determine the relationship between age and total LET score (Table 6 −3). Across the sample there was a small negative correlation between age and LET score, but this relationship was not significant. However, for community dwelling adults there was a moderate statistically significant negative correlation found between age and LET total scores ($r(39) = -.366$, $p = 0.02$). Conversely, for adults living in residential aged care, there was a small positive correlation between age and LET scores, but this relationship was not statistically significant. The small number in this group (n=20) has limited the ability to explore the direction and strength of this relationship further.

Table 6 −3

LET and Age Correlation

Measure	1
1. LET Total Scores	-
2. Age (Full sample)	-.136
3. Age (Residential aged care)	.221
4. Age (Community)	-.366*

*Correlation is significant at the 0.02 level (2-tailed).

A Pearson product-moment correlation analysis indicated that for older adults living in residential aged care there was a moderately strong statistically significant negative relationship between total LET score and self-reported length of residence ($r(19) = -.508$, $p = 0.03$). Although the very small case numbers and subjectivity of self-report length of residence warrant this finding to be interpreted with caution.

Summary

This chapter presents the demographic characteristics of the participants interviewed as well as outcomes specific to the Life Engagement Test. As a quantitative index, older adults in the community reported greater strength of purpose than did those living in residential aged care settings. For community based older people, purpose declined with age.

7. RESULTS: PART TWO—WHAT IS PURPOSE TO OLDER ADULTS LIVING IN THE COMMUNITY?

Chapter overview

Chapter 7 Results: Part Two explores the interview outcomes specific to older adults living in the community. It includes an overview of how purpose is defined and pursued through high level themes or categories. The final section explores factors that enable or impede maintenance of purposeful activities. Quotes from older adults are provided to illustrate particular observations where appropriate.

Purpose defined

Amongst older adults interviewed there was no single understanding, definition or experience of purpose. Purpose was described as helping others, being with family and friends, a commitment to spiritual or religious practice and activities, or maintaining one's independence and autonomy. Some considered purpose with respect to tangible activities of contribution such as employment, volunteering or care of grandchildren or through the lens of spirituality, such as purpose imbued by participation in church activities. For others purpose represented being "busy" or socially engaged with family, friends and the broader community. The degree to which purpose was valued also differed between interviewees as did conscious thought about purpose more generally.

> *I've never really thought about it [purpose]. Life is there to be lived. It is a recognition of a desire to do things. It's probably being critical of people who don't do things … who just seem to veg. Intermittent vegging I'm happy to do but if that's your whole lifestyle … The concept of lifelong learning … there's so much more to know. As you get older you realise how much you don't know … There's no shortage of purpose in my life. Male, 69, Community*

> *There's a lot of purpose in my life … I don't have time to die. I love what I do. I love my life. I have not regretted one minute of my retirement … not a minute. I loved my job but I said to myself, "look if I ever get up in the morning and I'm not looking forward to work I'll quit". And I did. I've never ever got up in the morning and said I want to get another job. I love retirement. You get to do what you want to do. Male, 68, Community*

> *I feel I've got heaps of purpose and heaps of reasons to get up in the morning. I feel very blessed with my family and my friends and my writing. I am very blessed. Female, 76, Community*

I think I'm here for something and I haven't found what it is I am supposed to do. People say, "Oh you're not too bad at your age" and I say "no, God has put me on this earth to do something and he will leave me here until I find out what it is". I don't know what "it" is but I will find out. Female, age not known, Community

An onus on the individual to seek and maintain purpose in later life was expressed by interviewees. As was the need to create reasons to rise out of bed each day. In this sense there was a personal responsibility to ensure one's live retained activity and meaning.

I think I've got a big life and I think I've got a lot of purpose … I've definitely got reasons to get up in the morning, they are not all reasons I would choose, but I'm motivated by I suppose a sense of responsibility for others, but also myself I guess. Female, 79, Community

Always something to look forward to. You've got to make things to look forward to. If you give yourself a project … To get out of bed you need something you've either got to do, or you look forward to or you create. Even if you have to create a reason for living, it is up to the individual. Female, 79, Community

I don't want to die as I'm having too much fun. I think if I had nothing to do, I'd most probably just lie down and die. Which is what some people do. When you get to our age you have to keep yourself busy. You need a reason to get up. Male, 68, Community

Conversely, not all older adults spoken with felt a need for purpose as such or were more likely to associate a sense of purpose with a higher level meaning or that which is enacted at a "grander" scale than did others. For this group purpose was something that was important for other people but less so for themselves.

I admire it [purpose] in others but I have sort of bowed out of thinking I need a sense of purpose. I don't need a purpose very much anymore. I can sit back. I've retired. I have not retired from life exactly but I don't feel I need to achieve anything more in my life expect stay upright and look after [husband]. Female, 83, Community

Well, you don't need a lot of purpose at 93… just getting through a day and waiting for the next day is a good purpose. Male, 93, Community

Although routines of varying complexity appeared to provide structure and guidance to interviewees' days and weeks, the desire to set goals or make longer term plans was assigned lesser priority.

I'm way more relaxed about setting goals than I was in the past … I'm much more inclined to read a feature article over the morning coffee … to stop and have my coffee rather than drinking it at the desk like I used to before … I'm not in a hurry. I'm enjoying the journey. I'm always directing my focus toward the future … but there is lot of good stuff happening here and now. Male, 69, Community

I don't set a lot of goals now because I'm up to my neck in stuff. I'm not doing that anymore. I am pleased when I have a day at home now … I get tired. That's my main problem—I get tired now. Female, 79, Community

For those who continued to develop and pursue goals, the focus or extent of these varied.

Yes, I do set goals but they are fleeting goals. They come and they go [laughs]. Female, 84, Community

You should look ahead. You should always plan something for the future. It can be a holiday or visiting your sister or something like that. Female, 90, Community

There are more things that I want to do than I do … I am just not doing enough … not getting there … thinking about it is one thing—doing it is another. Male, 93, Community

Purpose experienced

As with how purpose is defined, how purpose is experienced or fulfilled can also differ significantly between older adults. For some, a sense of purpose was met through a dominant aspect of their life such as caregiving or faith; for others it was experienced through a culmination of multiple drivers. Based on thematic analysis of interview findings, four categories of purpose were determined. These categories or domains are not necessarily disparate in that some adults reported the fulfillment of purpose across more than one. Table 7 −1 presents an overview of these domains, explored in detail in the subsequent text.

Table 7 −1

Domains of Purpose and Illustrative Quote

Domain or category	Illustrative quote
Drive for life	*I guess I've always been a person who focuses on something, some project, getting something done. I hate doing things just for the sake of it … I don't like doing something with no purpose. Female, 70, Community*
Roles and responsibilities	*My life is very purposeful … Being useful to others. Your hands are not painted on. You have to be useful. What a gift life is. Female, 68, Community*
Routine, activity and independence	*I am used to routine. I will also break them and start a new routine … but there is always some form of routine in there. Female, 74, Community*
Faith or spirituality	*We are driven by a calling … call it what you will … Male, 85, Community*

Drive for life

For some, purpose represented a drive to live, identity of self, personal values, and the embodiment of lifelong personality characteristics or behavioural traits. Some adults rose each day propelled by the sense they ought to. To remain in bed and not engage with daily life was to go against their longstanding disposition. There were always things to do, jobs to be done and the act of engaging with life each day through the pursuit of activities of daily living was a way of maintaining independence, mental health, wellbeing and purpose.

> *I have always liked tasks. Having been a working person most of my life. That shapes you. I have always been a busy person … A working person has a different attitude I think. Female, 84, Community*

> *Necessity gets you out of bed each day. You could just say oh well I'll stay in bed today. but you don't because nobody is going to get my breakfast, feed the cat. Nobody's going to sweep up the leaves, do my washing and put out the rubbish bin. You've got to do these things. I think you slow down. Often in the afternoons … unless I've got something to motivate me, you're inclined to sit down and nap off. But if you've got something to do you go do it. Female, 90, Community*

I am aware I need to exercise in the morning even though I don't hugely enjoy it. That's what gets me out of bed … I go because I need to go. Male, 77, Community

I want to stay as healthy as I can for as long as I can … to keep mobile as much as I can. To stay out of care. My purpose is to not be in the death notices in the paper I guess [Laughs]. Everything I am doing is kind of purpose to me. Female, 73, Community

I enjoy every day. I never have a day that I'm miserable. I think my health has been good and that's a big thing. I might force myself … I get aches and pains … but will just take a couple of [pain killers] and just keep going … I've got to the stage now that there's nothing I want and I've done so many things I think I'm satisfied you know. Female, 88, Community

A general love of life, curiosity and gratefulness for each day provided purpose for many.

There are things to do. You've got to get on with life. Just get up and get on. What gets me up every morning? Life. It's interesting, it's challenging, its new, anything can happen. Keeping on fostering that curiosity I suppose. You never know who is going to come in the door. Female, 85, Community

I think the greatest thing in the whole world, and reason to get out of bed, is a sense of humour. If you haven't got a sense of humour you may as well be dead. Female, 79 Community

I am just curious about life and people … they are just as interesting to me as they have always been … I am always fascinated about not just people but all forms of life. Female, 74, Community

Others experienced purpose through pursuit of goals, stimulation and challenges.

Using my brain … to me that is important. Behind it all is that thing, I'm coming up to 70 in a year and there's another 20 years perhaps … if I look after myself now then the really negative things that happen when you get old then perhaps I can defer those things … I can put those off. That's important. What's important is not quite the same thing that makes me happy. Male, 69, Community

[Learning a new instrument] It stimulates the old brain matter … the old brain thinks in three different directions … you really have to concentrate. If you are brave enough you can do a solo … if we make a mistake, so what, so does everybody else. You don't feel embarrassed. At our age it takes me a lot to get embarrassed. Male, 74, Community.

To find and be myself is a lifelong project … I'm the learner and future orientated … If I'm not doing something that ticks these items then there is probably a bit of disquiet there … Male, 69, Community

A small number of older adults were participating in formal education such as tertiary study. Others engaged with less formal opportunities for learning and education such as courses or events offered by local council and community services or adult community education organisations (such as the Workers' Educational Association Adult Learning program). The choice of particular activities could also represent the continuation of lifelong behaviours such as physical activity or preparing regular meals for the family.

Many older adults continued to feel defined or influenced by their former professional or community roles and undertook activities influenced by their prior work and that which contributed to their ongoing sense of purpose. For example, a former teacher continued to tutor in her home, a professional astrologer mentored others, a former engineer contributed to consulting work on an adhoc basis, a former Master of The Ship repaired naval compasses part time, an accountant engaged in financial counselling for people in need, and a former nurse continued to do community based presentations for a not for profit health based organisation. A retired electrical engineer described the sense of purpose and satisfaction he derived from preserving working order in his home, including maintenance of machinery and electrical appliances.

> *We both have a very strong sense of purpose … I greet each day that I come up to. It is so wonderful … I am grateful seeing any machines working properly and if they don't work properly, I am trying to work out how to fix them … I am working through my shed … that is my aim … I have always got things that I want to do but I can't do but I keep trying [laughs]. I keep trying. Male, 82, Community*

Roles and responsibilities

Purpose was also imbued through roles and responsibilities. For some this was a role such as grandparent, parent, caregiver, committee member, employee or volunteer. Socialising with family and friends provided a source of purpose and fulfilment of a valued social role. Remaining healthy, active and in sound mental health was important for older adults so they were "available" for their family and to minimise any sense of burden or worry experienced by those close to them. The desire to remain "useful" was quite profound for some adults.

> *I think of it [purpose] in terms of enjoyment … in terms of doing what you can. To make your life, not just your life but the life of others, happy. To be of use I guess. I think it is very important as we get older to still feel useful … to ask "what can I do?" Female, 85, Community*

Some older adults provided informal care to an adult child, spouse or parent on an ongoing basis towards which they described a strong sense of responsibility. It felt important that they maintained oversight over their loved one's wellbeing. The fulfilment of this care in itself provided daily purpose and meaning in life. For others, pets represented both a source of pleasure and companionship as well as an obligation for care that needed to be met each day. One interviewee

walked daily with her dog and met up with different friends during the week to combine pet walking, exercise and socialisation.

> *To get up in the morning … I've so many things I have to do. I have to do them. I have to care for a house, family. I have to take care of myself … I get up because I always have something to do … Sometimes absolutely no choice, you either do it or you give up. Female, 79, Community*

Caregiving in itself provided some adults with a sense of purpose and impeded the ability of others to take part in activity traditionally a source of meaning and purpose. Regardless of intent or impact, the sense of responsibility for those within a relationship was very strong. Some adults described a sense of purpose that was based on the need to care for their spouse or partner. A small number of interviewees suggested that changes in the health of their spouse had required adjustment in their traditional roles within the home. For example, they may have assumed a greater share of housework or home or garden maintenance activities (such as mowing the lawn or pruning trees), formerly the responsibility of their spouse. One interviewee described the physical strain of full-time caregiving whilst remaining determined to support her husband until his death in the home. She would regularly organise friends to attend the home for meals or drinks to maintain social interaction and sense of normalcy in his life.

> *You have to try and keep positive. Try not to let your aches and pains get you down. It would be very easy to become depressed sometimes. But you do need to set a goal in that I do need to take care of [husband]. I do need to take care of him. Female, 83, Community.*

A number of adults spoke of activities that contributed to lives of other people or their involvement in local or broader organisations. Some provided free mentoring, justice of the peace (JP) services, drove community buses or vans, volunteered in local op shops and libraries, facilitated library-based activities, cultural festivals, provided advocacy and information services and supported community lunches. Some older adults described a strong sense of civic duty and would undertake short term roles such as ABS Census collection and election staffing. One interviewee continued to publish books and contribute to blogs specific to environmental and social activism.

Getting involved in environment activism … I go to rallies … do writing … That's what drives me. I don't want to leave the world in a bad place for my grandchildren. I worry about them. I worry about them all the time. What sort of world will they come into? That's my driver. Male, 77, Community

I've got to keep making sure that I feel worthwhile and that I'm not here on this earth not doing anything for anybody … I don't ever lie in bed and think "what is life worth?" It just doesn't happen … I'm not here to just fill up space. Female, 85, Community

The motivation of my life is [party] politics and I'm still motivated by it now. Some people they haven't got an interest that lasts all their life. They work and that is their main interest but when they give up work they can't find anything else that is stimulating or that motivates them to keep going. Female, 90, Community

A small number of older adults interviewed continued to work full time or part time. One older female worked one day a week in a local library, which gave her purpose and also social stimulation.

I do all of the jobs that don't like doing or don't have time to do! They all love you so much and they want you there because you are doing all of these jobs for them. And they are all young. I love it. Female, 76, Community

Routine, activity and independence

Although intensity and adherence varied between older adults interviewed, almost all described routine that guided daily activity and focus. This could include the time they went to bed, arose in the morning or how they structured their day: individual behaviours based on lifelong patterns, habits, preferences and choice.

We are on a bit of a treadmill because of our routine … the weeks just fly by. There are things that we still want to do … We have a really full life. Male, 93, Community

It is great to have a structure … I wonder if I had no structure at all … I would probably be bored sick. Female, 68, Community

Interestingly whilst many suggested routine imbued a sense of meaning, stability and function to their day, the ability to disrupt this routine was important. For routine to be positive it must be within their ability to adjust or ignore at will. Maintaining control over what one did and when they did it provided a sense of both empowerment and comfort. It is therefore questionable that the imposition of a routine by others would serve the same degree of purpose. Although the volume and type of activity varied between older adults in the community, almost all stated they were comfortable with their weekly level of activity.

I like a routine because if I don't do a routine I get a bit anxious … I have to do it to the best of my abilities. Get up- that is the first difficulty. Often I don't want to get up … But I give myself permission not to bother with the shower at all some days because I like the variety. I like to feel I've got the autonomy over it all. Female, 84, Community

When I was working there was far, far, far more routine than there is now. That doesn't mean I am not as busy but it means that it varies considerably what I do … the diary becomes more important in terms of keeping a check on what activities you have put your hand up for; whereas when you were working there was more a routine week to week. Male, 77, Community

Group activities, such as exercise classes, provided further motivation to participate based on a sense of commitment to their fellow group members.

I like group activities because there is a set structure and schedule … it is a reason to get out of bed. I like being part of a group because it motivates me to go. Female, 79, Community

Conversely, some older adults embraced the lack of rigid structure in their lives and experienced purpose through emancipation from former obligations or responsibility associated with work or family. Following years of regimented work and activities, they felt liberated by the ability to follow their own pace in life. There was a sense of this being "their time" and they were able to focus on their own happiness and prioritise what and who was important to them.

I just don't like being structured. For the last 30 years I had a job that I was regimented to a timeframe and towards the end of it, it drove me absolutely crazy and I thought when I retire I am not going to get myself involved in anything that requires a timeframe or anything like that. I just sit back and relax now. If I get bored I sit down and read a book which I never used to. Male, 74, Community

But there's the perception that you've earned time for yourself. Just reading doing a jigsaw … I can do this. I am not distressed that I've spent this time that I'm not doing something that is overtly productive … I can potter around. Male, 69, Community

I'm at the stage of my life that I'm here to enjoy every day and by God I do. I can't remember the last time I went to bed and thought I haven't had a good day. That's what I'm here for—to enjoy myself. I've done my bit. I've done my bit. Male, 83, Community

For others, maintaining independence, including health and wellbeing and an organised home environment, provided ongoing purpose.

My sense of purpose is keeping the house nice, keeping the garden nice, doing any repairs that need doing, helping anybody else … Generally, from day to day just keeping the machine going, keeping everything nice and neat. Male, 93, Community

Some adults considered themselves to be fiercely independent and reluctant to seek help with any aspect of their lives. Others recognised the need to seek a degree of formal or informal support to

maintain activities of daily living, home maintenance and assistance to attend events or activities outside of the home.

> *I don't like to ask for help no. I made up my mind that if I have to ask my family to come and do for me then I'll move out. I don't want to, not that they wouldn't do it, I don't want to be an obligation. I don't want them to worry about me. I can look after myself. Female, 88, Community*

Faith or spirituality

A small group of interviewees described a strong sense of purpose imbued by faith or spirituality. This was particularly salient for those holding long-term affiliations with a religious denomination or congregation.

> *My purpose each day is to know the will of God for that day … to do what he gives me to do … My family is my church family. Female, 70, Community*

For those who had held a professional or formal role within a religious organisation, such as a minister or missionary, the drive to continue this work, albeit in a reduced role, was fundamental to their sense of purpose, responsibility and joy. Participation in faith-based activities also provided a source of social interaction and an opportunity to take part in activities they felt were valuable and contributed to the wellbeing of others.

> *My main driver in life is my Christian faith. That is my most important activity … that is also an ongoing learning experience. Female, 84, Community*

> *Having purpose now is important. I guess we both love Jesus and want people to know Jesus which motivates us a lot. Even now I am sure God wants to use us in some way … I guess it is more of a friendship. Being friends with people give us purpose now. Female, 83, Community*

> *Probably my belief in God … That is my purpose, to learn to love God more. It's not like a person without faith, a secular person, would see purpose. It's not that. I have the joy and grace of not having to achieve anything in particular and God will still love me extraordinarily. That is the most freeing and wonderful thing. Female, 84, Community*

Factors affecting purpose fulfilment or maintenance

Although most interviewees were able to identify some aspect of life that brought them purpose or compelled them to rise each morning, others clearly lamented its absence. Lack of purpose could be a brought about from an adjusted "role" in society by which a significant component of their identify had been reduced. For those well educated or who had previously been engaged in

challenging professional or civic roles, the lack of opportunities to contribute meaningfully to society and apply their intelligence and experience to activity of value resulted in a sense of frustration and boredom. For many, the impetus to "contribute" to do something valuable is powerful whilst conversely a source of frustration due to insufficient opportunities.

> *I've got to say that I feel I'm not achieving anything. Most of my life I've felt that I have achieved something but I feel that I am not achieving anything now … I just feel I am not really contributing anything to life … when you get to my age when you've achieved something in your life, you feel like you are not achieving anything. You've still got a good brain—and I feel I have—but I can't use it. There's no way you can. What can you contribute? Nobody wants you to go to work or anything like that. All of my life I have been on some committee as secretary or president … and that passes you … younger people take your place. Female, 90, Community*

One participant described an acceptance of changes in her life that had negatively impacted her ability to participate in activities formerly meaningful and enjoyable.

> *I feel I have purpose but I also feel that I have lived my life. If someone came to me and said "here's a pill that will kill you" I think I'd take it. Because there is nothing much left now. I know I live for my family and I love my family and I would be more than happy to go now. I've had a wonderful life and I'm very thankful for that. I've always loved being involved in all sorts of things but my limitations are such that I can't be involved in a lot of things now and I think that's what I miss. I miss the energy and the physical ability to be able to be involved as much as I'd like to be. I feel I'm a positive person but I feel I could positively face death now. I've lived my life. Female, 86, Community*

Purpose fulfilment and maintenance are supported and impeded by a range of individual and external factors. Individual factors include perception of self, own attitude towards ageing, sufficient interests or activities, desire to contribute and mental or physical health. External influences on the ability to engage in purposeful activity include opportunities, quality of relationships, social or family networks, financial resources, location, mobility, technology and environment.

Perception of self and personality

The impetus to seek out and maintain purposeful activity is influenced by personality, lifelong behaviours and perspectives on life more generally. Deeply engrained values underpinned attitudes towards life and subsequent behaviour. A number of older adults described projects they planned to complete or travel they wished to undertake into the future. This group maintained the belief that

one should engage with life, contribute and maintain purposeful activity. People differed with regard to the degree of activity they undertook each week and their tolerance for being "busy".

> *Why sleep your life away? … You've got to get up in the morning. If the sun's up, you're up. When I was a kid if the sun was up, I was up, if the sun was down, I was in bed. Female, age not known, Community*

> *I'm a very positive person. I don't think I have a minute in the day to lose because I will never get it back again. I've just got that many things I want to do and need to do and that's enough. I suppose because I am positive, I don't need a lot of motivation [to get out of bed] … I love life with a passion. Female, 69, Community*

> *There's not enough days in the week. I get so concerned with some of my friends who phone and say "I've got nothing to do". I can't understand why there's not some motivation at this stage in our lives. It's all we've got left so why not make the most of your time? Female, 85, Community*

One interviewee stated she enjoyed voluntary counselling as she enjoyed providing people with advice and it reflected parts of her personality.

> *It is part of my bossiness I suppose … I like telling people what to do. I do like that [laughs]. Female, 84, Community*

Almost all interviewees exercised control over the types of activities they would pursue or take part in. The meaningfulness of the particular activity was very important for some. It was necessary that even social interactions comprised some type of purpose or task achievement.

> *I enjoy the gardening and the company. They are blokes who have a common interest. We work on projects together … We are not socially friendly we are garden friendly. Male, 77, Community*

Attitudes toward ageing

Further to perceptions of life and the need for purpose, attitudes toward ageing itself appeared to influence motivation to seek out purposeful activity or the value ascribed to its maintenance. Interviewees were asked about the thought given to ageing. Many adults suggested that they were less likely to think about age in itself, but rather the physical, cognitive and social changes that may accompany their experience of ageing and how this may impact their independence.

> *I am conscious of it and there are probably a growing number of times when I allow myself to think how many more years do I have left to live roughly and therefore what are the consequences of that? I don't think I have an issue with death, a fear of it which I see around the place a lot, but it's like the end is closer than it was ten years ago—ten years ago it was not an issue. Turning 70, even just that number … we are brought up to think in terms of those sorts of numbers. Just that thing of … mmm actually it is closer and the probability of ill health increases and there's a lot of consequences that*

come from that but I don't panic about it. It's not a stress thing. Probably it's a desire to be realistic … and not pretend that I'm not ageing and not to be in denial. Male, 69, Community

It doesn't worry me [getting older]. I can't do anything about it … I'm probably older than most of my friends. I hope I have a lot more birthdays and enjoy them. To me there is no such thing as old age, just old thinking. Female, 69, Community

I don't think about getting older. I had to work out the other day when my birthday was. I thought I was older than I was … I don't think you can sit down and just think "Oh I'm getting old what am I going to do?" because you can't change that. You're not Dorian Gray. Male, 72, Community

A few interviewees described the importance of attitude and how one's perspective can influence the experience of ageing. As such it was a conscious decision to focus attention on the positives in life rather than any loss associated with older age.

Old age or what gets you up in the morning this is interesting to me … I'm finding myself questioning whether things are worth doing. I sometimes think it is sort of too late to do some things … but then I thought "no don't be like that" but I could see it creeping into my psyche. A sort of an "old age" moment and I think it's a number. I'm obviously wondering about that number. I have sort of breezed through pretty well thinking there's no time to be old … I've haven't had time. But just recently I've found myself sort of just thinking about it [the number] and it comes in a bit frequently and it is reminder of mortality. I'm thinking well all of these things you do in your life and it just abruptly ends. What's the point in a lot of things? But then it is about motivating yourself as it is very short and lovely so be positive. I can understand people very easily saying that well I'm going to be old now. I'm going to start being old. Because I believe you have a choice. Probably the same with anything else in your life … Female, 79, Community

I sometimes sit in my chair and bemoan the fact that I can't sing, and I can't drive and I can't see. But you know it is just the way life goes. You just have to deal with it. I do get a bit downcast at times, a bit depressed but mostly I tend to get over it as my family are very caring and the kids make sure that we go out for morning tea on Saturday or Sunday … They make sure that I am well catered for. Female, 86, Community

There was a heightened awareness amongst many of how their physical health and function had, or may, affect their ability to remain independent, mobile and pursue enjoyable and purposeful activities. Subtle signs could bring to mind that one was indeed ageing.

It's [age] not something I think about … but it's something that sort of jumps at you. When all of a sudden you find yourself going to pick up a bag of potting mix and all of a sudden you realise "I can't do this—it's too bloody heavy". That's one thing telling you, "Yeah you're getting older". Balance. I've had one fall. That brings it home to you that you are getting older … I look in the mirror and really I see the same face I've always seen. Going right back to when I was 25 or 30, I see the same bloke. Maybe not as much hair as I used to have [laughs] but still the same bloke. Male, 83, Community

I do and I don't [think about getting older]. I never feel old but my legs feel quite painful at times. I have good days and bad days with my legs … I don't really feel old. No, I don't. But then sometimes I think come on I'm 68 how long until I drop dead? … I guess I think about death more than age. I don't want to go into a home. They will carry me out my house in a pine box. I am fiercely independent and I'm doggedly stubborn. Male, 68, Community

I don't give [getting older] a great deal of thought. I'm not afraid of dying in the least … everybody does it … I sort of passingly think of what it would be like if I was totally bed ridden and I'm not prepared really for that. But then I don't know how you could be. I don't want to live with my children. If I can't drive … or if I got seriously ill I would have to think again [about living alone].
Female, 86, Community

Opportunity for purposeful activity and roles

One's role in life has a profound effect on self-perception as well as sense of usefulness to others. A number of interviewees would refer to themselves as their former professional role or pepper the conversation with reference to the work they undertook in the past. Some described an acute loss of identity and diminished sense of purpose following retirement from paid employment or involuntary cessation of a role that had mattered to them. Ageist attitudes appeared to further impede new or alternative opportunities to engage with or contribute to meaningful activity beyond the home. Others felt the ability to exercise their brain was "frustrated" and they were no longer needed despite a lifetime of professional, social, familial and civic involvement.

Well, there's not a lot of purpose because at this age you are not really needed anywhere or by anybody. And that's the main thing, when you get older you are not needed. I used to do a lot of grandma things … but once they get to a car driving age they don't need you to pick them up or take them anywhere. You do lose that. Once the grandchildren don't need you, you do lose that role completely. I think a lot of elderly people will tell you that, especially women and maybe widows.
Female, 79, Community

One interviewee suggested with age comes loss in self-identity and "invisibility" within society.

Some mornings when I get up I think, "What am I really doing? Nothing". You lose a sense of identity … I mean you could get to a stage when you think why bother to get up out of bed? I mean you had to be at [work] there was a reason for it. You were part of a community … When you get older and I watched it with my own mum and [husband's] mum. They became invisible to some extent … Your opinion is not asked so much because you might not know the answer these days because you are old. There is a real thing about being old and feeling less, less of a citizen or something. Some people go and play golf all day or play bridge and I think "how boring". What is that doing for anybody? We've both been trained from children to be useful and that feeling of loss of usefulness is quite huge.
Female, 78, Community

At a logistical level, the availability of council and other local community-based services influenced activities older adults chose to take part in. Many of the adults spoken with described the critical role council and community groups played in their daily lives. Such bodies provided not only a range of opportunities but tangible support to participate, including transportation and subsidised events. One interviewee expressed frustration at the need to rely on others to enable her to

participate in activities outside of the home. The loss of a driver's licence impacted people's mobility and independence and introduced an unfamiliar, and often unwelcome, reliance on others for transport.

Social relationships

Happy hours, group lunches, family meals and other regular social events provided structure, purpose and pleasure for many older adults. Frequency and intensity of social interaction appeared to be based on long-term personality characteristics or patterns of socialisation. Whilst some adults were continuing to maintain their lifelong behaviour of regular social interaction, others felt driven to take part in social and other activities to prevent loneliness, or through a sense it was necessary to support their mental health and wellbeing. One interviewee suggested that although she participated in weekly lunches through a council facilitated social group, she did so because she intuitively felt it was "healthy" to do so, rather than because she found the company of those she dined with particularly satisfying.

> *I do get depressed from time to time. I do get lonely. But you can get lonely in a crowd … I know it sounds silly but there are no men [in social groups attended] and the ones that are there don't talk. I have always got along better with men. Female, age not known, Community*

A few men and women spoke of missing stimulating conversations that did not focus on one's health, ageing or what was "lacking" in their life.

> *We're at the age when everybody's talking about nursing homes. I do think about getting older. When you get to my age everybody starts talking about illness and whose going into a nursing home … it's a big part of your life. You try to make a time to see someone and you all have doctor's appointments. It's brought up all of the time … and I'll say "that's it no, more talking about sickness and that". Female, 80, Community*

Health and physical environment

Health significantly influences ability (and choice) to take part in purposeful activities. The quality of health affects energy levels, mobility, resources and choice of activity. A few older adults suggested they would like to do more but their ability to leave the home independently dictated the type and frequency of activity. Conversely, some were motivated to engage with activities as a

mechanism to support health and function. In general, interviewees described their health as good, particularly in comparison to the perceived health of others.

> *I understand them [age related changes]. I may not like them but they're reality. They are there so you have to follow it, you have to give into it. And you know it's not all terrible … All my big organs are wonderful; around the edges I am fraying away. I am externally fraying … the skin is dreadful. But it is all surface. Female, 84, Community*

Decisions regarding where to go were profoundly impacted by environment or location; or more specifically ready access to public toilets, adequate seating for rest breaks, quality of footpaths, or distances needed to walk. Further to this, a fear of falling presented as a consistent theme for a number of older adults and that which directly influenced their decisions or behaviours. Some men and women reported that they no longer walked in certain areas, travelled beyond their local area, caught public transport or ventured into sections of their own garden/property for fear of falling. This fear affected the confidence of older adults who had or had not experienced a fall prior.

Mobility and transport

Assistance with mobility or transportation, often provided by family, friends and council or community-based services, was critical to enable older adults to engage in activities beyond the home. Loss of licence and reliance on others for transport significantly impacted an older adult's choice and regularity of activities. One interviewee spoke of her recent relinquishment of driver's licence and how she felt her world had effectively reduced. Another described a sense of loss due to decline in vision that increased her reliance on others to leave the home.

> *Meeting and mixing with people have become increasingly difficult. I think because my life has become so compressed, I often feel I have nothing to talk about. I've had lots of experiences in my life … there's lot of things I've done in my life but I just feel as if my life has been squeezed in so much now … in a sense it's another loss. My daughter says, "There's a lot of people who are a hell of lot worse off than you". I know that and I feel for those people but this is my life and I really get upset sometimes. I've got to acknowledge that. Female, 86, Community*

Ready access to public transport was variable due to location or confidence in navigating the distance required to local stops and stations as well as comfortability and perceived safety of the modes of transport themselves (specifically buses, trams and trains).

Financial security

Financial security had a significant impact on the opportunity to pursue activities, hobbies, or endeavours that would bring purpose or joy to one's life. For example, whilst some adults possessed sufficient funds to travel on a regular basis, others described the need to budget each fortnight and prioritise which social activities they could participate in based on their remaining disposable income. For the latter group particularly, the role of local council and other community based organisations was pivotal through provision of low cost or free activities such as meals, day trips, films, theatre performances or group activities. However, despite what appeared to be significant divergence in household assets or income, very few older adults described concern or anxiety regarding their financial security. Even for those who did need to budget and plan their spending, a reduced income or limited resources in themselves were not reported to be an overwhelming cause of worry.

Technology

The use of technology, such as iPads or laptops, supported planning and management of activities, as well as providing a source of cognitive stimulation, information, pleasure and social connection. Online interaction was particularly important for those who find independent travel challenging. Some spoke of regular participation in forums and online interest groups and valued the ability to communicate with people all around the world. One older adult experiencing mobility issues found purpose and joy through the provision of online mentorship to fellow professionals in her industry across a range of countries. For those with vision impairment or difficulty handling hard copy books, the use of e-readers, such as Kindles, enabled them to continue to read.

> *I'm up at 7.30 am, I feed the cat, watch the morning show, shower, dress then start my tutoring online … I love the internet. I'm very reliant on that for connection. I like the challenge and diversity of interaction [within online forums]. Female, 74, Community*

Personal relationships and living arrangements

Although some adults described missing spouses who had passed away, living alone in itself did not equate to loneliness or social isolation. It was the preference of many to live alone as long as they retained choice and control over the type and frequency of social interaction in which they took part. However, this differed amongst the group and appeared influenced in part by long-term personality characteristics or patterns of socialisation. A small group of adults did indeed express loneliness.

> *I didn't want to go into a nursing home and I was fortunate that I had enough money to be able to live independently. But there are times when I get very lonely. I miss not having my husband around. We didn't always get on but I miss not having him around … I realise now that when I was ill he was quite ill, but he had to look after me. Female, 86, Community*

Personal relationships can both facilitate and impede social interaction and activity participation. Some men and women felt they would like to go out more but that their partner was less able or interested in leaving the house.

> *I'd like to do a lot more, I'd like to go on holidays, but [husband] doesn't want to anymore so that is something that I've had to give up at this stage. We've had some nice holidays but he just likes his routine now. He's quite deaf and I think he doesn't want to go mixing with people … I don't particularly like going out at night by myself. I'd like to do more things with him than we do … but he does not want to be out of his comfort zone. Female, 80, Community*

Others discussed how they had needed to push themselves to socialise with unfamiliar people and adopt new hobbies or interests following the death of their spouse or their transition into residential aged care. A small number of females suggested they felt more able to pursue what they enjoyed once no longer needed to provide day to day care for their spouse.

Summary

The experience and understanding of purpose differed amongst older adults interviewed in the community. Perceived relevance and efforts applied to the pursuit of purpose were also variable. However, across the group four themes specific to the fulfilment of purpose emerged. These included: a drive for life; roles and responsibilities; routine, activity and independence; and faith or spirituality. Salience of purpose, as well as the ability to pursue purposeful activity, were influenced

by a range of individual and external factors. Individual factors included perception of self, personality characteristics, attitudes toward ageing, motivation, interest and mental and physical health. External factors comprised sufficient opportunity, social and family relationships and responsibilities, mobility, available resources and environment.

8. RESULTS: PART THREE—PURPOSE IN RESIDENTIAL AGED CARE: WHAT DOES IT LOOK LIKE?

Chapter overview

This chapter summarises the interview findings into key themes or categories of purpose for older adults living in the residential aged care setting. The chapter concludes with discussion specific to the experience of transition to residential aged care. Quotes from older adults are provided to illustrate particular observations where appropriate.

Purpose defined

The definition of purpose and degree of importance ascribed to its presence were nuanced for older adults living in residential aged care. Some interviewees appeared to struggle to describe purpose in their daily lives or were quick to dismiss its relevance. A number of adults suggested they preferred to take each day as it comes and that purpose in itself was no longer a driving force in their lives. Why some felt less inclined to seek out or maintain purpose was harder to determine through these conversations. However, necessary adjustment to a new environment in which opportunity to pursue particular purposeful activity is no longer available and a shift in priorities may be possible influences.

I don't think about it (purpose). I just happen to be here and to make the best of it. You know after a while what happens here is you get a bit lazy … you don't feel you have the purpose for doing things. Male, 72, Residential aged care

I am old. I am 80. What do I expect of life? I should be happy for the day I am here and still be able to walk and talk. I like to be alive! You are half dead if you keep lying in bed. No, no, no … not for me … I think it is a privilege in one way to get old … I don't think about purpose no, I take everything as it comes. But I must say on the whole I am happy living here and there is nothing that I would like to complain about. Female, 80, Residential aged care

I'm old … My purpose is to one day die and go to heaven. I see that as something really special to me. I'm not afraid of dying … I have some reasons for living yes, but I am also looking forward to dying. I will see my husband again then. I will see my mum and dad then. It will be another life. Female, 80, Residential aged care

Purpose, not enough no. I'm not active enough to make my life purposeful. It is not a disability but my inactivity that holds me back from the things I want to do. Female, 87, Residential aged care

Purpose experienced

Although some interviewees suggested they did indeed maintain a sense of purpose in their lives or were satisfied with the degree of purpose they possessed, they were less able to define what this meant or how this sense of purpose was fulfilled. Purpose for older adults living in this environment is described through four domains or categories. Table 8 −1 presents an overview of these domains, explored in detail in the subsequent text.

Table 8 −1

Domains of Purpose and Example Quote

Domain or category	Example quote
Drive for life	*I keep myself busy I choose what I do … I do need stimulation so try to do that for myself. I don't feel depressed or sad or any of those negative things about my state of mind, state of body. I guess the other answer is to the degree that I can make my life meaningful, I try. Male, 80, Residential aged care*
Routine, activities, autonomy and security	*Just everyday as your day goes … whatever's on you go to if you want to and don't if you don't … you go for a little walk around and talk to people and they you know you can come back and shut the door and this is my room you know? I fill the days in. Female, 84, Residential aged care*
Social interaction and family	*Here we are so different. There are people who don't want to say one word—they are like "don't come near me". I see those people as a challenge … [laughs] maybe I can cut through that wall! Female, 80, Residential aged care*
Faith or spirituality	*I have a strong faith and that keeps me going … I have a certain peace because of that … and that helps a lot. Female, 90, Residential aged care*

Drive for life

An overall appreciation for life encouraged older adults in residential care to rise each morning. Many interviewees suggested they approached each day as it comes and looked forward to a warm shower each morning, a hot cup of tea, conversations with staff, residents, family or friends, or sitting in the sun on a warm day.

The whole of life keeps me happy in a way. I don't think there is anything that makes me unhappy. I also seem to see the bright side of things … and that helps me and helps me to help others because you are sort of cheering them on all of the time. The longer I live the longer I can help people and join in groups and add my own experience. Female, 90, Residential aged care

The ability to exercise choice over the activities they participate in appeared paramount to an ongoing sense of independence and control over their day to day lives. A number of older adults suggested they were able to engage with greater activities in the aged care setting than they had whilst living in the community; to take part in activities such as fitness or art classes not considered before. A small number talked of valuing the companionship of fellow residents, staff and volunteers.

Most things I will try. That was my aim when I came here—try everything and if you don't like it don't do it again. But try it first. That's what I've done. I look forward to having coffee every morning. My friend and I meet different people in the café downstairs. I'm happy. Put it that way. I'm not miserable. Female, 86, Residential aged care

Within residential aged care a sense of freedom was referred to by many interviewees; the ability to relinquish former obligations to care for others or themselves at a practical level and to focus on what brought them joy on a daily basis. People talked about "doing as they pleased" and this being "their time".

I like being able to get up in the morning and do what I want to do. There's no one pushing you to do anything … "you have to do this or you have to do that" … you just please yourself. I don't like this routine where you have to go to this one and you have to go to that one … I like to please myself … I think it is my time to have a bit of rest … It is my time now … I've had my life. I don't want to go back there. Now it is just my life to fill it how I want it now. I don't have to please anyone. I just please myself now. Female, 84, Residential aged care

I like to work. I like to help. I like to make people happy. I don't have any tasks to do. When you work and when you are at home looking after your family and your home and your husband … now I just have to think for myself … there is nobody else to think about. Female, 80, Residential aged care

Others suggested they were proactive in pursing activities that provided them with cognitive or social stimulation. They created their own opportunities to remain engaged with aspects of life as they had before they transitioned into residential aged care. For a small number of residents, the compulsion to remain productive and take part in activities of substance and meaning endured.

I do [take part in group activities] from time to time but not with any great frequency. Rolling a ball along the floor in some game doesn't thrill me. I used to go to the quizzes but it's like doing the crossword, if you can do the crossword fully each time you begin to lose interest. Male, 80, Residential aged care

If there's no point in doing it then don't waste your time. Female, 87, Residential aged care

That is one the things I sort of try to do at the moment … to do what I do here, to be productive. In doing physical exercise, Men's Shed, hands-on work, you know. I've got one man chasing me at the moment to play skittles. I don't want to play skittles. I had some paperwork that I needed to do that was pretty important to me to get done … and he kept pestering me all the time about skittles or some program on … trying to get me to do something I don't want to do. I don't find that productive. Male, 78, Residential aged care

Routine, Activities, Autonomy and Security

Routine guided the day to day activity of almost all older adults spoken with in the aged care setting. This included set times to sleep, wake and shower, regular social activities (on and off site), television programs, family and friend visits, and mealtimes. Personality traits appeared to influence how the day or week was structured in that a person who considered themselves "busy" enjoyed greater frequency of activity. Routine provided daily structure, comfort and sense of security based on familiar patterns of behaviour.

One thing the doc said when my husband died, she said, "I'll give you one piece of advice. You go home and you make yourself a routine and you stick by it." And I've done that ever since he died and I think that is what got me through all the hard times really. Female, 79, Residential aged care

First of all I have to have all of my tablets … and after that I know I have to have my shower and then that's it, I know my day has started. Once I've had my hot shower I'm ready for anything. Cause that's what I used to do at home. Get up, have a shower go and have breakfast. That was my routine and my routine is the same here which is good. Female, 86, Residential aged care

Former patterns of behaviour in the community also influenced the routine for some older adults. For example, a retired dairy farmer owner continued to go to bed and rise early, a habitual letter writer would allocate time each afternoon to send birthday and other greeting cards, and a lifelong runner maintained daily physical activity.

Being able to go for a nice walk in the morning … I walk up and down there each day … It can be hot or cold or whatever … it is all airconditioned. It is something I don't have to worry about the weather … I can walk twice a day, in the morning and after lunch. I used to walk an hour every day until I had a big fall … and then I bought a treadmill and used that. Male, 78, Residential aged care

For those adults who had experienced deterioration in health or a fall prior to moving into aged care, they expressed a sense of security and comfort from knowing they were in a "safe" place and

able to access care and help immediately as needed. Liberation from worry about one's own safety enabled focus to be directed toward activities that brought them joy.

> *I'm very happy. I have people who shower me which I was frightened to do in case I fell over. I've got people to make my meals which I wasn't able to do. I am well looked after. And I've got company … I miss friends who I had there [in the community] which is sad but I have friends who are closer to me here now. Six of one half a dozen of the other. Female, 86, Residential aged care*

Interviewees placed high value on privacy and the ability to close their door to the outside.

> *I've always had a busy life so now time for myself … I have always liked peace and quiet. A lot of people don't understand that some people like their own space … I don't get lonely. Female, 91, Residential aged care*

The preference for one's own company and less that of other residents was accommodated and interviewees felt they exercised choice over the frequency and type of activities they participated in.

> *The sun coming through … the light coming in … When I wake up in the morning, I am happy. I don't need anything to make me happy. I like a good book, to watch television. I like my own company. I cope with my own company quite well. Male, 76, Residential aged care*

Residents spoke well of staff who sought to understand which activities they enjoyed based on their individual preferences, personality and interests. Almost all described a sense of empowerment to join or decline activities and events dependent on their mood, energy or inclination at that time; their independence respected and supported by staff.

> *You are pretty much independent here. You do want you want to do. If there are things you are interested in, you go … I like being out with people and all that but I'm quite happy to be on my own. I enjoy what they do here. If you don't want to go you don't have to go. Female, 91, Residential aged care*

Social interaction and family

Social interaction with fellow residents, staff and volunteers provided purpose and joy for a number of older adults interviewed. One interviewee suggested she was motivated to take part in a broad range of group events just so she could spend time with others rather than being drawn to the activity itself.

> *Just mixing with people and mingling with people. Finding out about people. Some people are very reluctant to talk but eventually they will. They will tell you things about themselves which is good. I like a social life. I'm a social person. My husband isn't, he's quite different to me. It was always me … I always led socially and he just followed. Female, 86, Residential aged care*

We have happy hour once a month. Happy hour's lovely. There's white wine, red wine, and beer and nibbles … there was a lot of people there last time and it was going nowhere … so I started off by saying let's go around and asking everybody what they did in a job, their work so we went around and that and it started off a big conversation. Then people said, "When did you meet your husband" and "How did you meet your husband?" … and it was a lovely hour and a half just talking to people and getting to know them. I love things like that … learning about what people did. People's lives are fascinating. Female, 86, Residential aged care

One interviewee described a sense of purpose she derived from approaching residents who were often alone or received less visitors. She expressed a genuine interest in learning more about other people and encouraging them to share their stories with her.

They are really good here. I don't miss anything … There is always someone I can talk to … There are some people who don't want to talk at all and there are some who want to sit in their room all the time. I try to find those people to talk to [laughs]—talk to people who are not really happy to make them happy … I want to make people feel good. Female, 80, Residential aged care

Regular contact with family was important and provided adults with a sense of purpose and a reason to rise each day. For some older adults, interaction with fellow residents entailed a degree of peer support in that a small number of older adults expressed a sense of obligation to advocate for other residents less able to do so. This may be realised through listening and providing encouragement, or through more tangible endeavours such as representing resident concerns or perspectives at regular organisation/resident meetings.

A lot of them have dementia or a touch of dementia. They look as if they have nothing wrong with them but they keep repeating the same thing over and over and they haven't got a lot of conversation … but there's lot of interesting people. I like the life of people so I chat with them about that and ask them about their children … I can talk to other people and they can talk to me, even if I can't understand what they say. Most of them have dementia … so if they have a problem they can come to me because they know that I will be able to help them in some way … it's to my advantage that I still have my …. 'marbles' that's the word! Female, 90, Residential aged care

I feel if somebody doesn't do something then how far will things slip? I can sit around the dining room and get more complaints you can poke a stick at but if I thought it was something genuine, and I had also the sentiment and know it to be true and that, I will take it to the meeting. Female, 87, Residential aged care

Faith or spirituality

As with older adults living in the community, a small number of older adults in residential aged care setting described the role of faith in their lives and experience of purpose. Attendance at on site or community-based church events and services was an important pursuit in their weekly routine.

I look forward to a glorious home in heaven … I am a complete Christian believing in the future. My life is good. I don't need to worry. I will just slip into his presence so there is nothing to fear about passing on. I'll just fall asleep and go to his heaven … Heaven is there wide open for people to come in. Female, 90, Residential aged care

My purpose in life is to try to live a decent life and strengthen my faith for the coming life ahead of us. I live for the day I die. Female, 79, Residential aged care

Participation in faith based activity also enabled a continuation of lifelong practice.

I have always had a very strong faith. I used to take part in missionary group work … I go to church service every Tuesday. We have a good social circle here that goes to church. Female, 90, Residential aged care.

Transition to residential aged care setting

Through conversations with adults in the residential aged care setting, the circumstances through which they had entered long-term care were often referred to. For some adults, the specific events surrounding their transition from the community had informed, or continued to inform, their ability or readiness to pursue opportunities that may provide them with purpose in this new setting.

I can't explain it. I just don't like being here … I don't feel free … It's just nothingness. They come in and ask me do I want to go down to this that and the other but it's nothing that interests me. I am very difficult … All I do here is grumble [laughs]. Female, 93, Residential aged care

Transition from living in the community to residential aged care was driven by differing factors. Declining health or challenges maintaining independent living within the community underpinned this move most commonly. For some adults residential aged care living was an extension of supported accommodation they had lived in prior (such as a "retirement" village). Some older adults suggested that they did not wish to become a "burden" to their family by remaining within their home. A small number of older adults described being lonely or socially isolated whilst living in the community and felt their transition to residential living was positive.

I got to the stage when I didn't want to do anything. I didn't want to cook, didn't want to clean. Just go away and leave me alone. My daughter said, "Mum you're getting into a routine, you're getting into a rut and you've got to do something about it, we need to go and see the doctor" … plus I had three bad falls … Got to the stage where I thought well what I am going to do? Female, 84, Residential aged care

The staff are absolutely beautiful. I have nothing to complain about the staff. Everyone here is absolutely wonderful. You get your cooking done for you. You get your cleaning done for you, your washing's done for you. And I thought well that's me. Female, 84, Residential aged care

Older adults adjusted to their new living environment to differing degrees. Paramount to this adjustment was choice over the decision to move.

> *From living in my own home to coming into residential care … it took a while … still probably getting used to it. But it was my decision. A new routine … new people can be hard to adapt to … I look forward to a hot shower each morning, warm weather. Staff know what I will join in on. They know me. They give me the option. The offer is there and I can go by myself if I want to. Female, 66, Residential aged care*

For those who had initiated and maintained control over transition into aged care, their adjustment to this environment appeared faster. This included the autonomy to make decisions regarding location, timing of this move and how home and personal effects were managed.

> *I knew I was getting worse and worse … It was my decision. I made the decision to come here. If you somebody makes you then you will resent that person. Female, 86, Residential aged care*

> *I think within reason that's how it's got to be too. Forcing somebody even mildly into a decision like that [moving into aged care] is probably very wrong. I think the person involved really needs to make that decision for themselves if at all possible. Male, 80, Residential aged care*

Others found the sounds, people, routine and patterns of life harder to adapt to in this setting, particularly early on.

> *It took me a long time … When I first came here I was very stressed … I was really stressed out and it took me a long time to settle down. I couldn't get used to people coming in all the time, you know? Knock on the door and walk in and "How are you and do you want this or that come and have a look at this and do something else". I found that very hard to start off with. All I wanted to do was to shut that door and just rest … cause I like peace and quiet. I don't like a lot of noise … peace and quiet … that is why I keep that door shut quite a bit. Cause they are so noisy out there. It's not their fault. They talk a lot and slam the doors. Female, 84, Residential aged care*

> *It took about three months to settle into each other's way. You don't know people and they don't know you and you've got to get through that barrier. Female, 87, Residential aged care*

Those who felt the choice was not theirs to leave their homes seemed to find it more difficult settling into their new environment.

> *The medical people decided for me [to move into residential aged care]. It feels like I've lost everything I've ever had. It feels as though I'm in gaol. I can't get out without an escort. Any medical appointments or dental or anything I need an escort to get out of here. Male, 78, Residential aged care*

Two interviewees described experiencing pressure to make prompt decisions about accommodation and loss of control over the selling of their home or management of their personal belongings.

Another resident spoke of feeling rushed to move out of her home and distress that pieces of furniture and items of personal significance were hastily distributed by others. Whilst grateful for the support received from family to prepare the home for sale prior to the move, she also felt disappointed that she had not been more involved in decisions regarding the management and dispersal of her possessions.

Although most spoke of autonomy within their daily lives, others described a sense of frustration with mobility issues that affected their ability to move around within the buildings and grounds without assistance. Reliance on staff, volunteers and family to enable them to participate in activities impeded independence and sense of normalcy experienced prior to changes in health.

> *I do miss my own independence. That's what I miss more than anything. Just being able to just go out and do what you like and not rely on people … I do miss that. Female, 84, Residential aged care*

The opportunity to leave and attend community-based events or activities on a more frequent basis was desired by a small number of older adults interviewed. Some missed the simple acts of walking, shopping and participating in the life of their local community. One resident described with fondness how he had loved to fish recreationally with friends but felt this was no longer possible or too difficult to arrange. Others reminisced about meaningful social interaction with like minded friends or loss of roles such as committee member, president or secretary; being a part of groups that contributed to something beyond the self.

> *In general terms I miss the company of people. Now that sounds a bit odd, there are 50 or 60 of us here—but it is more than just saying, "Good morning, how are you?". I would like to have what I think is a more meaningful conversation. I miss the company of people with whom I can have a relationship with if you like. It is interesting to speculate on it. Many of the people who used to come and see me at home don't come to see me here. They don't even phone up a good many of them. And I wonder why were you coming to see me when I was living at a different address? Male, 80, Residential aged care*

> *There are little groups who gather at the end of the corridors and having a chat and I go along and sit down and we are all enumerating our physical problems. Once you've heard them three or four times you've heard them enough. The conversation is at a pretty desultory level. Male, 80, Residential aged care*

One male interviewed commented on the pace of deterioration in health observed amongst fellow residents. He suggested that one is more acutely aware of frailty and changes in health in the aged care setting than in the community. Triggers such as a cold or fall represented a more serious threat than they had formerly.

> *People when they are in their 80s, and many here are in their 90s, can deteriorate very quickly in the space of a few weeks. There was a chap of 92 that I got on with. Well with any of his walking, he was talking and he was interested and in the space of a few weeks he was no longer able to walk … and his mind has deteriorated quite a lot and there are four of us sitting at a table downstairs for lunch and for dinner and of those people this guy, myself, a third man has since died and a fourth man is in a different part of the building and he doesn't go out very much. So two out of four have already in some sense departed. Male, 80, Residential aged care*

Family visitation varied quite significantly between older adults interviewed. Some spoke of frequent visitation whereas others were less likely to see family or friends on a regular basis. A small number of older adults were quick to explain fewer visits from their families due to distance, lack of transport or lives busy with work and childrearing responsibilities. The longer term quality of relationships with adult children or grandchildren also appeared to influence quantity of contact by which behaviours of interaction over many years in the community were continued within the aged care setting—albeit in a slightly modified manner. Often one particular adult child would more commonly visit the resident or accompany them to church, shopping centres, medical appointments, the cinema or to lunch. They would also assume the dominant role of advocate and overseer of the older adult's care and wellbeing in the aged care setting.

A small number of residents spoke of how they missed particular pieces of furniture or personal effects in their new setting. Space restrictions did not allow them to bring with them all items that were valued or of comfort from their former home. One man described a roomful of treasured books that had to be given away prior to the move to residential aged care. One resident felt a dislocation from his culture due to no longer being able to take part in regular cultural events and gatherings near to his former home. Another resident spoke fondly of meals he would regularly share with his brother.

One of the main things I miss is the food I used to have. My brother and I lived in houses next door to each other and we would normally have meals together. I used to go down to the shops; Thursdays were the shopping day … go to the gourmet butcher and picked the foods we really liked and cook them up for the week … same with the fruit and veg. And then Saturday nights we would have a couple of pies, a tub of yoghurt and a banana. We always got food that we really like. Male, 78, Residential aged care

A small number of interviewees stated that they chose to not dwell on what they felt was lacking in their lives as they felt unable to do anything about it.

I don't miss things anymore because I know that I can't do them. Why should I miss them? You take them out of your mind that you're not doing those things [former hobbies]. That's how you get through life. You don't play with it in your mind. I just kill time during the day … I don't plan things for the week. Male, 72, Residential aged care

One resident suggested he was prevented from taking part in particular activities due to the perception of risk. This included the ability to leave the facility independently or use particular tools (with which he had experience) during organised sessions such as Men's Shed. Whilst there was a breadth of activity to select from each week, not all were of interest to residents. Some suggested they had little or no input into the type of activities offered.

We take part in the activity, they [staff] do it and we join in. We don't initiate the activities; we take part in them … I go with what is on offer—even if I don't enjoy them. Female, 80, Residential aged care

Summary

Discussions specific to purpose with older adults living in residential aged care differed to those held in the community in a number of ways. Firstly, not all men and women in this group considered purpose to be of particular relevance. Secondly, many found it challenging to describe what purpose meant to them, or more specifically, how it was fulfilled in this setting. Finally, the scope of purposeful activity or pursuits appeared more constrained than that available to community dwelling older people. However, as with adults in the community there were emergent themes specific to purpose. These included: a drive for life; routine, activities, autonomy, and security; social interaction and family; and faith or spirituality. The circumstances associated with transition from the community to long-term care, including the degree of control they exercised over

important decisions, appeared to influence subsequent adjustment and satisfaction with their lives in this setting.

9. RESULTS: PART FOUR—SELECTION OPTIMISATION AND COMPENSATION STRATEGIES: HOW DO THEY SUPPORT THE PURSUIT OF PURPOSE?

Chapter overview

Through this chapter, the interview outcomes are discussed with regard to loss-based selection, elective-based selection, optimisation and compensatory (SOC) behaviours. Strategies introduced to promote and maintain purposeful activities are presented from across the sample. Particular aspects of differences between adults living in the community or residential aged care setting are drawn out where noteworthy.

Selection, Optimisation and Compensation overview

For older adults both within the community and residential aged care setting, some were easily able to describe changes or adaptations they had introduced to ensure continuity in activities. For example, walking shorter distances, driving during the daytime only, limiting travel to locations beyond their local communities, or seeking help with particular tasks. Others stated that they had not found it necessary to make significant changes or discontinue activities or pursuits in recent years. However, on further discussion instances of adaptation were indeed described, albeit subtle for some or without recognising these as such. Examples of changes included cessation of international travel in response to health issues, no longer using ladders or cleaning gutters due to changes in stability or balance, or adoption of a more moderate form of exercise following a serious injury. A number of adults spoke of a heightened awareness of change in physical function and the need to apply greater caution when undertaking particular activities.

My mind tells me I'm a 40-year-old but my body tells me "be realistic you are a 74-year-old now". As far as mindset goes age has not stopped me from doing a lot of things, except for heavy lifting and stuff like that. Male, 74, Community

I'm old. Things start go to wrong that you don't ever think will — you just don't know what old age is like until you hit it. Just little things, like sense of smell not as good, you wake up in the morning and get out of bed and you're all stiff and achy … there's lot of things that you don't realise that's going to happen to you. Nobody tells you. Just little things … and your memory's not as good. Female, 80, Community

Older adults living in residential aged care initiated strategies of selection, optimisation or compensation independently, or were supported by staff, volunteers and family to take part in activities that were of meaning or pleasure for the resident. Overwhelmingly, older adults living in aged care spoke highly of the staff and volunteers who sought to identify and enable engagement with activities that brought them purpose and joy in their daily lives. Staff and volunteers were described as highly proactive in identifying what older adults enjoyed and responsive in their efforts to facilitate such activity. For example, to enable gardening for those who had always enjoyed this activity yet struggled with balance or mobility, staff had established raised gardening beds. For mental stimulation and company, one site had organised a former lecturer to visit a resident on a fortnightly basis to discuss topics of interest such as history and travel. Other residents received regular visits from the local mobile library to respond to their love of reading. Table 9 −1 provides a summary of dominant SOC strategies, further explained in the subsequent sections.

Table 9 −1

SOC Strategy and Example

SOC strategy	Example
Elective-based selection	Prioritisation of activities based on interest and energy
	Engagement of external service providers to undertake arduous or time consuming home or garden maintenance
Loss-based selection	Lower impact exercise after an injury or issues with mobility
	Driving during daylight hours only
	Purchase of clothing without buttons or fasteners requiring fine dexterity
Optimisation	Regular participation in health promoting behaviours such as exercise and cognitive stimulation to maintain muscle strength, balance, mobility, function and good mental health
	Home modifications to support ageing in place
Compensation	Use of mobility aids such as walkers or shopping trolleys for balance
	Large print books, e-readers, magnifying glasses and audio books to compensate for vision impairment
	Subtitles/captions for hearing impairment
	Walking shorter distances
	Raised garden beds (in residential aged care)
	Acceptance of support or help (informal or formal)

Elective and loss-based selection

Diminishing physical and mental energy was raised often during interviews. Many older adults in the community felt they struggled to undertake as many activities in a single day as they had in the past without tiring more quickly. Others also suggested that particular tasks took longer to complete such as readying oneself to go out for the day. Therefore, it was important to be more selective in their choice of commitments or engagements.

Mental and physical … psyching yourself up to do something. One time you would take on half a dozen things without even thinking about it but now the thought of organising it or whatever is just more of a challenge than it was 20 years ago … I think now how did I have the energy to do that? Male, 79, Community

Would I like to be more active? Yes, I suppose. But there is a level of acceptance and contentment I think as a 79-year-old I might take on a few extra things here and there … it takes longer to do what I would have done very quickly a few years ago. Male, 79, Community

Even for those who felt competent to multi-task and balance a range of responsibilities concurrently, the preference was to prioritise endeavours, events, people or interactions of greatest importance above those of lesser value.

I don't want to do the lengthy activities I used to do … I don't want to go out at night particularly. I won't do three things a day now. I can say that categorically. If I do it is because I have decided I have to and they're important enough but I know it is not a good idea. That is what I notice about the ageing process … I won't have the energy. Female, 84, Community

If you do too much then you crash … the ideal is to know how much you can do and to stop before you get too depleted … stop while you still have some energy in reserve. Female, 70, Community

Although issues with health or mobility compelled some adults to cease particular tasks, such as using ladders, climbing on roofs or cleaning windows, others chose to engage external service providers to undertake these activities. Liberation from these responsibilities enabled them to focus available time and energy towards pursuits that brought them happiness or purpose.

I'm starting along this trend of getting people in to do these things … I was very much a handyman and built cupboards, knocked out walls and bricked up things … I did a lot of work in the backyard … fencing, walls and paving. Bit of woodwork I still do. But now it's much smaller sort of stuff … I was all the time in the shed doing something or other. Ten years ago I would have just looked at something and think I will just do that … but just the slowing down process. Energy levels in terms of brain and actual doing … and my knees have becoming crooker over recent years … Things would take longer and would have to steady myself to twist and climb whereas once I would be up and down the ladder checking things on the roof … getting up on the roof is something I probably won't do again. Those sorts of things I am aware that I'm not able to do. Male, 79, Community

It was also the case that many felt it necessary to introduce greater caution when undertaking activities they, or others, felt placed them at risk of injury such as climbing, carrying heavy loads, or use of large tools or electrical equipment.

Everything is reduced to varying degrees. I have to think twice about climbing up ladders now … I just have to be careful with what I am doing. If I am using electrical equipment just more cautious … more careful. Male, 93, Community

I promised my children I won't climb ladders anymore. It's very frustrating not being able to do what you used to do. Male, 93, Community

I personally find cooking a lot harder—my hands are getting a bit arthritic. Hard to peel, hard to chop, hard to stand and stir. Just the general kitchen duties I think you could say are getting harder. Life is getting harder. You just do the best you can. Female, 83, Community

A small number of older adults had recently ceased long-term roles of significant responsibility on committees or boards due to declining levels of energy or a desire to reduce the associated stress.

I stopped being a leader as it was quite stressful. One thing I don't cope with terribly well is lot of stress. Not these days. Female, 79, Community

Sensory impairment impacted adults' willingness to engage in social or other activities. Two interviewees felt reluctant to attend events comprising many people or held within large open areas due to issues with hearing. They found it difficult to focus on conversations, enjoy films in the cinema or interact in "noisy" public settings such as restaurants. One interviewee withdrew as a long-term committee member in response to declining hearing, which had made participation in group discussions increasingly challenging. Vision impairment negatively affected the confidence of some older adults to drive at night and therefore their ability to attend meetings, social events or other engagements in the evening was stymied.

Issues with teeth influenced choice and enjoyment of food, and loss of sensation or dexterity in fingers resulted in change of clothing better able to be independently manipulated. One woman spoke of her disappointment at having to give away her beloved high heeled shoes due to fears of falling and uneven walking surfaces. A small number of older adults reported cancellation of their driving licence on recommendation of their health professional, family or own confidence in continuing to drive safely. Some adults felt no longer able to undertake gardening due to risk of falls or other injuries. Rather than no longer exercising, a few interviewees had changed the intensity and type of sporting activity they took part in after a serious injury. Despite the independent introduction of these adaptations, a small group described missing the physical challenge of more strenuous exercise or activity such as bushwalking, tennis, dancing or manual labour.

Compensation

Examples of compensatory strategies were most readily identified through the interviews. In response to change in predominantly physical function, many interviewees within the residential and community setting had introduced a range of compensatory strategies to maintain independence, purpose and pleasure in their lives and continue to undertake necessary and valued activities. Such strategies included the use of large print texts, audio books, e-readers or magnifying glasses to continue reading with impaired vision. Others enjoyed television supported by captions or sub-titles when hearing was poor or hearing aids brought them discomfort. One community-based interviewee suggested that whilst she felt no longer able to prepare the regular family dinner each weekend herself, they would meet for a regular meal at the local pub.

A few adults had established unique systems to support their own physical safety and minimise risk. One interviewee who lived alone referred to a safety system she had in place with a friend through which each morning they would text each other to "check in". A couple who undertook a daily morning walk around the neighbourhood together had established a practical risk management plan by which one could assist the other in the event of a fall. Although issues with balance did not prevent them from continuing their long established exercise routine, they felt it prudent to prepare for the event if it were to occur. A small number of interviewees continued to travel interstate or internationally but no longer would do so alone. Travelling in a group or with a family member or friend afforded them a greater sense of physical safety and also a reduction in stress associated with transport, accommodation and sightseeing arrangements.

Whilst some older adults ventured into the community with the support of independent mobility devices such as a walking frame or rollator, situational specific mechanisms such as shopping trolleys were also relied on to provide balance and stability whilst walking within supermarkets and larger gardening, hardware and shopping centres.

This is what happens when you get older. You have to learn to adapt. I have put in rails, I have a frame with a seat if I go to a show or somewhere I need to stand. I walk better with two hands on something. For example, if I go to the supermarket the first thing I do I grab a trolley as I can move quicker and I feel more comfortable. The last three years my balance has become affected. Particularly if it is dark. Male, 83, Community

Despite the need for compensatory strategies, some felt resentful of these mechanisms and what they represented to oneself and others.

My walking's not as brilliant as it used to be …. My doctor told me I had to have a walking stick, well that makes me feel even older. I hate the walking stick as I just feel it sort of singles me out as a very old woman. Female, 86, Community

Compensatory strategies were also represented by the acceptance of external assistance with activities of daily living or to undertake within and beyond the home that had become progressively more challenging. This support could be that provided through family and informal networks or formal service providers. Transition to long-term care in pursuit of more intensive functional support in itself represented a form of compensation for some of those living in the aged care setting.

Optimisation

Preservation of physical health and wellbeing was the most frequently reported optimisation strategy amongst community dwelling older adults. In recognition of the need to "keep moving" to maintain physical function, adults would walk, swim or participate in regular organised fitness classes to prevent deterioration and sustain strength, balance and mobility.

You can't sit down and do nothing … I think as you get older you realise you've got to keep moving. It's like when you had a bad back at one stage the doctor would say go home and have a warm shower and go to bed and rest. They don't say that now. They say go home have a hot shower and go for a walk. Keep moving and it works. Male, 72, Community

A few years ago I had dreadful back problems, could barely walk … I have had two new hips and two back operations and now I'm as fit as I was 20 years ago. And I'm not going to let that go and I will walk and walk until I cannot any longer. The walking is vitally important to me. Female, 85, Community

One older adult talked about incidental activity and how he was able to stay fit by working on his property, growing his own vegetables and participating in volunteer work three times a week. Within the residential aged care setting a small number of adults described strategies they adopted

to maintain health and wellbeing such as attending on-site strength and fitness classes. One interviewee continued his long-time practice of daily walking by maintaining a routine of laps around or within the aged care site.

Whilst most optimisation strategies focused on individual function, health and wellbeing, a small number of adults discussed changes they made to their living environment to better support ongoing independence. One interviewee had built a home to enable ageing in place through structural considerations such as ramps, rather than steps, and doorways and hallways wide enough to accommodate a wheelchair when and if needed. Others had downsized to smaller homes, moved closer to amenities, services and public transport, or elected to live in a retirement style community they felt would better accommodate any changes in health or wellbeing and sustain independence.

Summary

This chapter provides an overview of strategies applied to support the pursuit of purpose amongst the group as interpreted through the lens of selective optimisation and compensation. Such strategies appeared reactive or proactive. They could also be enacted independently or with the necessary support of others. Whether conscious or unconscious, adaptive efforts introduced across settings were almost always done so with some degree of intent. Even the most subtle of changes initiated reflected a deliberate choice to enable continuation of activities that were personally meaningful or of greater priority.

10. THE WHAT, HOW AND WHY OF PURPOSE IN LATER LIFE: WHAT HAVE WE LEARNT?

Chapter overview

Within this chapter, the study results are considered and discussed. The chapter is structured with an introduction to how purpose is defined, followed by exploration of purpose as experienced by older adults living in the community and residential aged care setting, how these experiences appear to differ and the factors impacting purpose maintenance or fulfilment in later life as identified in the study. The chapter continues with a discussion of purpose as a construct of "successful ageing" through the lens of selective optimisation and compensation. Implications of overall study outcomes are proposed.

Study overview

Purpose as a psychological construct will often inform measures and definitions of psychological wellbeing in adulthood and more recently constitute an indicator of successful ageing. In itself, evidence continues to demonstrate a positive relationship between purpose and a wide range of physical, cognitive, social and economic behaviours and outcomes in later life. The aim of this qualitative research project was to explore how purpose is experienced and supported for older adults living in the community and aged care setting. More specifically, the following lines of inquiry have guided the information sought:

- How is purpose understood and experienced by older adults in residential aged care and living within the community?
- In what ways do these experiences differ?
- What enables the pursuit and maintenance of purpose for older adults?

Sixty older adults living within the community or residential aged care setting in South Australia, Australia participated in a face to face semi-structured interview.

How is purpose experienced by older adults?

Self-reported purpose, as captured through the Life Engagement Test (LET), declined with age amongst community dwelling older adults in this study; a relationship supported by other studies exploring purpose and ageing (Boyle et al., 2009; Boyle, Buchman, & Bennett, 2010; Cohen-Louck & Aviad, 2020; Francis et al., 2010; Hill et al., 2015; Hill & Weston, 2019; Irving et al., 2017; Jewell, 2010; Lewis & Hill, 2020; Pinquart, 2002; Sougleris & Ranzijn, 2011; Wilson et al., 2013; Windsor et al., 2015). Age related decline has been attributed to a range of factors including lack of opportunities for meaningful activity. For some a sense of purpose is closely tied to fulfillment of major life roles, which in themselves can change in scope, saliency or disappear entirely with advancing age.

Older individuals may face a number of unique challenges to their purpose such as retirement, declining health or functional ability, widowhood, and changes in social structures (Pfund & Lewis, 2020). It has been suggested that younger individuals are more likely encouraged to commit to an occupational path, development of social relationships and fulfilment of community roles that promote purposeful engagement. Indeed, older adulthood can include aspects of loss specific to work, social lives, community roles, or changes in intrinsic capacity necessary to engage in life activities relative to prior years. If a sense of purpose is closely tied to major life roles, threats to continuation of these roles such as declining health, widowhood, changes in social structure, and retirement can indirectly impact such purpose and the type of goals an individual pursues (Lewis & Hill, 2020).

Poorer satisfaction with life has been associated with greater role loss (McKenna et al., 2007). Indeed, self-perceived value and competence can be intrinsically linked to one's professional role or expertise (Charenkova & Gevorgianiene, 2018). Relative to working older adults, retired participants may report less purposefulness in later life, as well as an incremental decline in sense of

purpose following retirement (Lewis & Hill, 2020). For many, paid work represents an important component of their purpose in life, providing direction and life goals and allowing individuals to feel valued in that role. Therefore retirement will lead to disruptions in such purpose. Particularly if individuals are unable to compensate for the loss of work related roles or identify new purposeful aims to pursue (Lewis & Hill, 2020).

Conversely, those living in residential aged care demonstrated a small positive relationship between purpose and age in the present study; however, this relationship was not statistically significant. Despite the small sample size there did appear a moderately strong, statistically significant negative relationship between purpose and self-reported length of residence for older adults in the residential aged care setting. Why this direction of purpose and age differs between older adults living in the community in comparison with residential aged care is not immediately clear, nor does it align with the outcomes of similar studies conducted within long-term care settings. For many older adults their lives in residential aged care, whilst different to that within the community, continued to encompass joy and meaning. It is possible that aspects of this care setting, particularly for those whose transition was reasonably recent, enabled new opportunities to pursue activities, individual and group, that supported sense of purpose for some adults. For those older residents, many of whom described chronic health conditions or functional impairments, ready access to assistance to undertake activities of interest or meaning, may be of greater significance than to those younger and more independent residents. It is also possible that for younger residents the transition to an aged care setting may have felt premature.

Although not statistically significant, men in the current study did report slightly higher sense of purpose scores through the LET than did women. This aligns with the outcomes of similar studies exploring the relationship between gender and purpose (Francis et al., 2010; Hedberg et al., 2011; Irving et al., 2017) and differs to the findings of others (Cohen-Louck & Aviad, 2020). This is

distinct from measures of "successful ageing" more broadly by which women generally fare better than men (Depp & Jeste, 2006). However these patterns are dependent on how successful ageing is defined, including specific objective or subjective constructs, and gender influences on successful ageing outcomes can be variable (Pruchno et al., 2010). Purpose research has suggested that married adults report greater purpose than do widowed adults (Koren & Lowenstein, 2008). For adults in the present study, those married or in a relationship did indeed report a higher average purpose than did those widowed, divorced or single—although this relationship was not statistically significant. Purpose in life has been associated with greater social support, resilience, reliance on faith, health and literacy. Lower purpose in life has also been linked to older adults who live alone and report higher financial stress (Musich et al., 2018).

Amongst older adults interviewed there was no single understanding, definition or experience of purpose. Purpose was described as helping others, social participation and engagement, being with family and friends, a commitment to spiritual or religious practice and activities, or maintaining one's independence and autonomy. Some considered purpose with respect to tangible activities of contribution such as employment, volunteering or care of grandchildren or through the lens of spirituality such as purpose imbued by participation in church activities. For others, purpose is represented by being "busy" or engaged with family, friends and the broader community. Not all adults interviewed were able to define what purpose meant to them or how it was fulfilled in their day to day lives. This was sometimes influenced by a perception that a sense of purpose was associated with faith, a higher meaning or specific to large life goals or projects. Further to this, the degree to which purpose was valued also differed between interviewees as did conscious thought about purpose more generally. Moreover, a number of interviewees appeared to struggle to identify purpose in their daily lives or were quick to dismiss its relevance at their stage of life.

It is useful to reflect on outcomes of this study through the three dimensions of purpose as proposed by McKnight and Kashdan (2009) and discussed in Chapter 3 of this thesis: scope (how pervasive purpose is in one's life), strength (the extent to which purpose influences behaviour) and awareness (the ability to articulate one's purpose). Both scope and strength of purpose were variable amongst older adults across both settings. The scope and strength of purpose did appear stronger amongst community dwelling adults in this study. Community participants were more likely to recognise the role of purpose in their lives and its relationship with their day to day activity. Awareness also appeared strongest amongst those living in the community by way of their ability to describe one or more aspects of life that continued to provide purpose. Although many older adults in the aged care setting indicated they continued to live their lives in a largely purposeful manner, it was less clear how this sense of purpose directed behaviours (strength) nor was it easily articulated (awareness) by some.

Goal setting

The setting and pursuit of goals are often mechanisms of purpose maintenance in that purposeful activity involves commitment and achievement. Indeed Bronk (2014) suggests that despite varied definitions of purpose, almost all such constructs comprise three key elements of which goal-directedness is one. Ryff and Singer (2008) identify individuals with high levels of purpose in part due to having goals and sense of directedness. Although not all study participants felt they exercised goal setting in their daily lives, their behaviours in themselves could be considered to represent goal-directedness. These include maintenance of health and wellbeing, participation in regular social and other activities or completion of instrumental activities of daily living such as shopping, preparing meals and paying bills. Often associated with long-term or grander scale ambitions, for those people who continued to set and pursue goals these were very much focused on ongoing education, travel or completion of tangible tasks such as writing a book. For some the setting of

goals was a practice long held, whilst others felt compelled to set specific goals in later life more acutely than they had as a younger adult.

Purpose experienced

Sources of purpose for older adults cited within the available literature have included family and family roles, aspects of self (including maintenance of independence), choice and autonomy, belonging to a group or movement, helping others (such as caregiving, charity or conservation work), volunteering, work, daily tasks, faith, religious activity, socialisation and hobbies (Rainville & Mehegan, 2019). Other studies have categorised sources of meaning and purpose through a philosophy of living (one's beliefs and values), sense of self, connection with others, spirituality and faith in God, living through adversity and embracing life more generally (Moore et al., 2006)

In the present study the experience and fulfilment of purpose differed between older adults across settings. A sense of purpose was met through a dominant aspect of their life such as volunteer work, being with family, caregiving or faith, or a culmination of multiple, perhaps less tangible, drivers such as maintenance of independence. Based on thematic analysis of interview findings, categories of purpose were determined for older adults within the community and aged care setting. Within the community purpose was fulfilled through: *a drive for life; roles and responsibilities; routine, activity and independence;* and *faith or spirituality*. Within the aged care setting older adults sought to pursue purpose through: *drive for life; routine, activities, autonomy and security; social interaction and family;* and *faith or spirituality.*

Purpose and community dwelling older adults

A drive for life amongst community based older adults encompassed a love for life more generally and representation of lifelong personality or behavioural characteristics. Often describing themselves as "busy" people, this group spoke of current or former commitments and social roles contributing to their sense of purpose. The act of engaging with life each day through the pursuit of

activities of daily living was a way of maintaining independence, mental health and wellbeing, and purpose. Others felt driven by the desire for challenge including education, work, travel, writing or volunteering. Former professional or community roles influenced the choice of activities with which some would engage and how they continued to define themselves and maintain their sense of purpose. Further to this, many adults continued to seek achievement of personal goals. Indeed, an "achievement motive" can have a positive and significant impact on purpose in later life, as can a sense of self-mastery often associated with such achievement (Sano & Kyougoku, 2016).

An appreciation for life and the need to find interest in the everyday can provide an ongoing sense of purpose in later life (Chandler & Robinson, 2014). People may experience meaning when they comprehend who they are and their role in the World, possess goals and life direction and if they feel their life matters (Dewitte et al., 2019). A Dutch study of older adults in receipt of formal care within the home suggested that sense of self, including one's values and character strengths, contributed to individual meaning in life (Hupkens et al., 2021). This fulfilment of meaning was also derived from a positive outlook and openness to new opportunities to learn, explore and interact with others. A small qualitative study of older Canadians supported sense of self, a philosophy of living and embracing life as key themes supporting meaning and purpose in their lives (Moore et al., 2006).

Whilst purpose and meaning in life are not synonymous, there are overlaps or aspects that are shared; one may also influence the other. To have meaning may provide the impetus to maintain purposeful activity and motivation to rise out of bed each day. Conversely having purposeful activities to attend to may provide an individual with meaning in their life (Dewitte et al., 2019). Early researchers have suggested purpose comprises a cognitive component (such as a belief that one's life is meaningful), an affective component (a feeling that one's life is meaningful), and a motivational component (striving for meaning in one's life) (Wong & Fry, 1998). The experience,

value and pursuit of purpose are influenced by individual traits, characteristics and life perspectives. Persons with an active, achieving and outward directed lifestyle will be best satisfied with a continuation of activity into older age with only slight diminution (Havighurst, 1961). People who enjoy new experiences may also pursue a more proactive pathway in response to the drive to seek out novel settings and tasks (Hill et al., 2014).

Although personality traits were not captured within the present study, of the four identified, this domain or category of purpose (drive for life) appears most specific to personal characteristics or traits. Cross-sectional studies have found that purposeful individuals report a more adaptive profile across the "Big Five" traits of personality. Further to this, studies focused on middle adulthood suggest that increases in each of these five traits in turn introduces an increased purpose in life over time (Hounkpatin et al., 2015). Specifically, purpose in life scores have been linked to greater extraversion, agreeableness, conscientiousness, emotional stability, resilience and openness to experience (Francis et al., 2010; Hill & Burrow, 2012; Hill et al., 2015).

Amongst older adults living in the community purpose was also imbued through *roles and responsibilities*. A number of adults spoke of activities that contributed to lives of other people and their involvement in local or broader organisations as volunteers or, to a lesser extent, as paid employees. For some, their purpose was an expression of civic duty or the wish to contribute to a "greater good" through advocacy, campaigning, writing or assuming other tangible supportive tasks. A small number of older adults interviewed continued to work full time, part time or through adhoc projects such as consulting, contract work or tutoring. Most were selective about the work they undertook and would only accept roles they felt competent to complete, interested in or enabled them to exercise long-standing expertise. Timings, hours and responsibilities associated with a short-term role would also influence its attractiveness at any one point in time.

Studies have suggested that not only is personally valued and meaningful activity, such as volunteering or paid work, associated with greater purpose in life for older adults but in itself forms a component of such purpose (Eakman et al., 2010). Connectedness to others through social or altruistic relationships provides older adults with a mechanism to engage with life in meaningful, positive and purposeful ways (Register & Scharer, 2010). Register and Scharer (2010) suggest that older adults can derive purpose and meaning by helping others in the community through four processes: having something to do, maintaining relationships, owning a stake in the future and experiencing a sense of continuity.

Both paid work and volunteering have been associated with greater purpose in later life to varying degrees in the literature (Bronk, 2014; Greenfield & Marks, 2004; Weinstein et al., 1995; Yeung et al., 2019). A large longitudinal study purported that volunteering is positively correlated with self-reported health, depression levels and functioning levels as measured by instrumental and other activities of daily living amongst older adults. The divergent outcomes between volunteers and non-volunteers may be attributed in part to a more robust social network and increased access to resources resulting from such volunteering activity (Lum & Lightfoot, 2005). Hao (2008) suggests that concurrent participation in paid work and volunteering can help protect older adult mental health. The authors suggest this supports a "role accumulation perspective" through which participants can benefit from occupying the role itself (volunteer or worker) rather than from the extent of the involvement. Indeed this study demonstrated that even a very modest number of hours in voluntary service produced mental health benefits for participating older adults (Hao, 2008).

Older adults described key social roles fulfilled such as spouse, parent, grandparent, friend or carer. Social roles, such as parent, grandparent, spouse or volunteer, have been associated with a range of positive health and wellbeing outcomes in later life (Heaven et al., 2013). Role identities provide purpose in life as well as a form of behavioural guidance, thereby promoting emotional and physical

wellbeing (Thoits, 2003). The more important a role identity is to an individual the greater its continuation will contribute to a purposeful life (Thoits, 2012). However, the type of role, or more specifically the value ascribed to this role, will influence subsequent health and wellbeing benefits. Sano and Kyougoku (2016) found that the positive health relationship with sense of purpose appeared less for roles within the home (homemaker, caregiver or family member) and more so associated with roles related to broader society (friend, hobbyist, committee member or worker).

Both social participation and role engagement may have a positive impact on purpose in life (Sano & Kyougoku, 2016). People derive a sense of who they are from their association with social groups, providing them with a sense of purpose, meaning, agency and belonging (Steffens et al., 2016). Furthermore, purpose in life can involve role expectation or understanding of one's contribution to society (Demura & Sato, 2006). Maintenance of connectedness with family and friends can support purpose and meaning in life and act as a reminder of their ability to remain "helpful" to others (Moore et al., 2006). Close and intimate ties enhance purpose and meaning; it may be that close contacts facilitate active engagement or that the relationships are meaningful in and of themselves (Low & Molzahn, 2007).

The sense of being "useful" or continuing to contribute in a personally meaningful way formed an important component of purpose for many older adults in this study. Further to this it has been suggested that if a sense of usefulness is a valued component of older adults' activities and life goals, then these feelings may contribute to mental and physical wellbeing more generally. Available evidence indicates an association between feelings of usefulness, functioning and mortality outcomes. A qualitative study described the importance of usefulness to maintain self-esteem and self-identity. Compared with older adults who felt of use to others, those who never or rarely felt useful were more likely to experience an increase in disability or mortality risk over time. Individuals with low feelings of usefulness reported less favourable scores on measures of

psychological and social wellbeing, including lower levels of self-efficacy, mastery, social integration and activity, and higher levels of depressed mood. They were also more likely to report poor health behaviours, such as low rates of physical activity and higher rates of smoking (Gruenewald et al., 2007). A longitudinal study of 825 adults aged 65 years and older indicated that the sense of one's usefulness to be protective against mortality and demonstrated a significant positive relationship with self-rated health (Okamoto & Tanaka, 2004).

The responsibilities associated with caregiving contributed to a sense of purpose for some whilst reducing opportunity to pursue purposeful activity for others. The complex interaction between caregiving and purpose has been explored to some degree in the literature. In line with the findings for some adults in the present study, caregiving responsibilities can hamper the ability to take part in purposeful activity for older adults (Lewis et al., 2020). Indeed, some study participants who had or continued to provide informal care to a spouse described restrictions on choice, location and frequency of activities they were able to pursue both individually and as a couple. A small number had introduced changes to better accommodate the needs of the care recipient whilst seeking to maintain long held and valued social interactions. For example, hosting “happy hour” for friends in their home rather than meeting at the local pub.

Conversely, it has also been proposed that caregiving may actually promote the development of a purpose through acts of care itself, a redirection of life goals and the need to reflect on the role and relationship with the care recipient. Purpose in life can act as both a catalyst for caregiving and a reason for caregivers to continue (Hill et al., 2020). Caregiving can constitute purposeful activity for an individual and continued engagement with purposeful aims (Hill et al., 2020; Lang & Fowers, 2019). In line with the effort/reward balance associated with socially productive activity, caregiving may fulfill the role of purposeful engagement, encouraging continued commitment to the role regardless of the personal hardship (Hill et al., 2020). Hill and colleagues (2020) suggest that

whilst caregiving may not promote purpose for some individuals, the act of caregiving may actually become the person's purpose. Firstly, it provides a mechanism to satisfy an individual's broader goal of helping others in need. Secondly, it may allow individuals an opportunity to reflect upon what constitutes personally meaningful pursuits. Purpose for caregivers may also be protective. Caregivers' sense of purpose in life appears to be a positive "psychological resource" by which greater purpose is associated with the offset of caregiver burden and increased gains from the care role (Polenick et al., 2019). Indeed, an earlier study suggests that older women who had cared for someone in the month prior were less likely to be depressed than non-carers (McMunn et al., 2009).

Pets provided a source of purpose for a number of older adults interviewed as well as a conduit to increased social interaction with other pet owners. Pet-related activities such as exercising a dog, resulted in the growth of socialisation and the establishment of behavioural patterns through which pet owners met up routinely at a set time each week. Studies suggest that the pet ownership can provide comfort and safety, social inclusion and participation, a meaningful role, and purpose through routine and structure (Hui Gan et al., 2020). The care of a pet also requires responsibility, organisation and competence. Pet ownership entails both physical and cognitive tasks to be undertaken as part of their care. Pets may play an important role in promoting purpose through productivity, sense of value and as something to look forward to each day (Hui Gan et al., 2020).

Routine, daily activity, self-sufficiency and engagement with valued activities can influence meaning in life for older adults (Hupkens et al., 2021). Regular participation in general activities such as sport, community activities, hobbies or employment is also associated with greater purpose (Yeung et al., 2019). Through the present study many older adults suggested that maintenance of *routine, activity and independence* provided them with ongoing purpose. This may include keeping a tidy home, producing nutritious meals each day, paying bills and sustaining the upkeep of the home and garden more generally. Group-based physical activity can contribute to feelings of both

purpose and of being needed, through meeting one's responsibility to others in the group to attend, and establishment of a weekly or daily routine and structure (Morgan et al., 2019). In itself higher purpose has been associated with motivation to engage in physical activity and the perception of fewer barriers to being active (Sutin et al., 2021a).

Taking on "tasks" can increase social contact and physical activity and, in turn, influence improved health and wellbeing (Heaven et al., 2013). Productive activities such as housework, gardening or volunteering have also been linked with happiness, wellbeing and other domains of successful ageing such slower functional decline and reduced mortality. However, participation in less "productive" and more solitary activities such as hobbies, reading, writing, creative pursuits or attending the theatre has also been associated with happiness in older adults (Menec, 2003). Although intensity or rigour varied between older adults interviewed, almost all described routine that guided and provided structure to their daily patterns of behaviour. Critical to their sense of purpose and autonomy was the ability to exercise control over their schedules and how they chose to spend their time. Whilst the volume and type varied between older adults in the community, each would prioritise activities based on time, energy, health, interest, enjoyment, value, accessibility and available resources. Conversely, a small number of older adults felt liberated from lifelong routines associated with work, family and other commitments and preferred to pursue a more flexible and spontaneous approach to the pursuit of daily and weekly activities.

The maintenance of independence in later life has been described in terms of preserving physical and mental capacities and developing strategies to accommodate progressive disability or illness as needed to remain living within the community (Hillcoat-Nallétamby, 2014). Psychological independence may encompass the ability to exercise one's autonomy and assert one's authority in making decisions, whilst financial independence can be influenced by the degree to which one is able to be financially self-sufficient (Rozario et al., 2011). In the present study, purpose, as

represented by the protection of such independence, included a focus on promotion of one's health and wellbeing. Many adults described conscious effort expended to sustain function and mobility through exercise, diet, cognitive stimulation and general self-care. Independence also extended to maintenance of the home and living environment to the best of their ability. Further to this is the importance of "doing things alone" which in itself can support one's personhood and self-identity in later life (Hillcoat-Nallétamby, 2014).

As a fundamental component of identity, help-seeking behaviours may be associated with dependency and incapability (Goll et al., 2015). However, whilst some adults interviewed articulated strong resistance to seeking formal or informal assistance in this study, others expressed a sense of empowerment from accepting support to remain in their home. Having sufficient resources to adapt their home, use devices and equipment to support ageing in place, and engage formal supports may further facilitate a sense of independence for older adults through exercising choice and control over how their lives function and are organised (Hillcoat-Nallétamby, 2014; Rozario et al., 2011).

A small group of interviewees described a strong sense of purpose imbued by *faith or spirituality*. Purpose fulfilled through faith represented the continuation of lifelong practices or a more recent pursuit for older adults. Activities associated with faith in themselves provided a source of community, belonging and friendship delivered through a shared focus and experience with others. Spirituality and faith in God can provide a sense of meaning and purpose across the life span, including in later life (Moore et al., 2006). In itself spiritual and religious affiliations may be protective of existential elements of wellbeing, include purpose in life (McCann Mortimer, 2010). Within the literature higher purpose has been associated with intrinsic religiosity (Francis et al., 2010), and religious faith as a source of purpose has been associated with mental wellbeing for adults aged 60 years and older (Rainville & Mehegan, 2019).

Adults living in residential care setting

The perception and experience of purpose amongst older adults living in residential aged care differed to that described by community dwelling older adults. Not all adults felt the maintenance of purpose at their "stage of life" was a priority nor a realistic pursuit within a long-term care setting. Further to this, whilst staunchly defending the existence of purpose in their lives, many residents were not necessarily able to articulate what it represented or how it was fulfilled. Some older adults did not feel the need to engage with purposeful activity in the sense that has been described in the research literature reviewed. Rather, a sense of purpose was derived through exercising choice and control over their daily lives and composite activities. For some this imbued a sense of normalcy into a setting that was not necessarily "normal". Others suggested they were proactive in pursing activities that provided them with continued cognitive or social stimulation. They created their own opportunities to remain engaged with aspects of life they enjoyed before relocating into residential aged care.

In line with adults living in the community, an all-encompassing *drive for life* provided purpose for some aged care residents. Life was seen as a privilege and something to be respected and appreciated. Many made a deliberate effort to focus on and pursue the positive aspects of their life. Morning tea with friends, family or residents, hours spent in the garden, watching a favourite television program, completing a puzzle and having time to read a novel were sources of joy and pleasure. This positivity appeared to reflect a long-term disposition and/or a conscious decision to concentrate on the benefits of living within their new setting.

The choice to focus on the present rather than the future and "take each day as it comes" was more prevalent amongst older adults in the aged care setting, a finding reflected in similar studies. A qualitative study of Spanish long-term care residents suggested that purpose was fulfilled by the tendency to set goals that focus on the present, take part in opportunities offered according to

individual interests, active participation in self-care, and positive interpersonal relationships (Garcia, 2019). Residents may find meaning in helping members of their immediate community, learning new things, and continuity of personal development. The pursuit and achievement of daily objectives, such as seeking to preserve good health and prevent ill health, in itself may promote feelings of wellbeing in this setting (Garcia, 2019).

A day to day perspective can also be considered through socioemotional selectivity theory (SST). SST posits that perceived limitations on time will encourage older adults to direct their attention toward more emotionally meaningful goals. When concerns for the future are lessened, how one feels in the present becomes a greater priority. Whilst SST acknowledges that emotional needs are important across the life span, their salience may change with age. Younger adults may be more likely guided by a future orientation and as such will allocate the necessary resources to acquiring knowledge and developing new skills. In contrast, through the lens of SST, older adults are less driven by such an orientation and perceive fewer opportunities and reduced time available to seek and benefit from purely knowledge related goals. This motivational shift leads to greater deliberate investment in the quality of existing and valued relationships and appreciation of life more broadly (Carstensen et al., 2003).

Alternatively, a less future orientated focus may reflect a mechanism of adaptive coping for some. *Accommodative coping* and *assimilative coping* processes can be introduced to reduce discrepancies between actual and desired states of living (Brandtstädter & Renner, 1990). In the assimilative mode, an individual seeks to avoid or diminish goal discrepancies and developmental losses through adoption of instrumental, self-corrective, or compensatory activities. A person may also adjust existing goals and ambitions in line with situational conditions and constraints. Accommodative processes involve disengagement from goals that may be "blocked" and the lowering of aspirations more generally. Although accommodative processes are often triggered by a loss of control over

particular goals, they are still able to support the maintenance of self-belief regarding existing control. When important goals are threatened, the decision to pursue or relinquish those goals can be stress provoking. As notions of self-efficacy and control imply confidence in the ability to seek out and achieve personally important goals, when such goals may no longer be attainable, reducing their importance can be a way of preserving one's sense of efficacy. Accommodative process will engage cognitive mechanisms that may eventually dissipate the conflict between actual and desired states (Brandtstädter, 2017).

Purpose for older adults in residential aged care was also experienced through *routine, activities, autonomy and security*. Research based in supported living or retirement communities has suggested that the structured nature of routine can evoke dependency amongst older residents (Chandler & Robinson, 2014). The preservation of independence can also reflect the extent to which self-reliance is supported and encouraged in the aged care environment (Hillcoat-Nallétamby, 2014). However, many residents in the present study described daily and weekly routines by which they organised their dressing, bed making, showering, meals and social activities. These established but flexible patterns of behaviour provided comfort and structure to their day. Autonomy and freedom to make choices over aspects of daily life are necessary to promote wellbeing and sense of continuity from community to residential aged care. Such choice may include when to wake up, where to move around the facility and gardens, the selection of a seat in the dining room or access to food and drink as desired (Wada et al., 2020).

It has been suggested that individuals must maintain a sense of control in their lives to enable them to set and pursue goals in a purposeful manner and achieve higher psychological wellbeing more generally (Ferguson & Goodwin, 2010). In addition, lack of control may have adverse effects on emotional states, performance, subjective wellbeing, physical and mental health, and increased rates of mortality (Rowe & Kahn, 1987; Slivinske & Fitch, 1987). Residents of the present study

exercised choice, control and autonomy through decisions that affected them daily and longer term. Frequently described was the ability to choose what activities they took part it at any given time and how their day was structured. Staff were familiar with the preferences of the residents yet continued to encourage participation in a range of activities on offer. The ability to adapt their routine, change their mind or attend an activity were mechanisms by which individual independence appeared supported. In part this can be influenced by the degree to which autonomy and control over decisions that directly affect individual residents is enabled: the ability to decide what to do and when to do it.

For many residents, discussions regarding purpose included reference to the number and types of activities they took part in each week. These could be organised activities with other residents, community excursions with family or friends, or hobbies undertaken independently such as painting, reading or watching a favourite program. Furthermore, whilst participation in meaningful activities may contribute to a sense of purpose amongst older adults, the meaning ascribed to this participation is in part due to the ability to exercise choice over involvement in itself. The decision to attend or not attend an event or activity on offer signifies the continuation of independence and autonomy—both of which are important for self-identity and sense of purpose.

Other studies have supported the importance of formal and informal events and activities to provide daily purpose, an opportunity to try something novel, inform a routine or schedule and to maintain physical and/or mental activity (Lewis et al., 2020). In contrast, efforts to restrict choice and control of aged care residents can result in reduced purpose in life (Boggatz, 2020). Slettebø and colleagues (2017) suggest that to be of value, activities should retain a connection with life prior to transition into aged care. Through such activities, residents experience fellowship with other people, but also with herself/himself in the recreation of former life experiences. What made one's life meaningful

through activities earlier in life will continue to provide meaning across settings (Slettebø et al., 2017).

Impetus to move into residential care is often based on declining function or health. Therefore, ready access to social and care support within residential aged care imbued a sense of security, safety and wellbeing for some residents in the present study. Many reported freedom to enjoy different aspects of their lives resulting from the knowledge they were living within a supportive environment. They also felt relief that their family members no longer needed to worry about their physical or mental wellbeing whilst living alone and at great distance from others in the community. A small number of study participants described an appreciation for the opportunities to take part in activities they had not been able to do so independently in the community.

Relieved from the burden of self-care, older adults may experience increased independence as they can direct attention toward aspects of their life that remain personally meaningful (Boggatz, 2020). Lewis and colleagues (2020) suggest that for older adults who had formerly struggled to meet the care needs of themselves or their spouse within the community, residing in a supported care facility may help to reduce the burden of functional limitations and instead enable more energy to be expended on activities that provide joy or purpose (Lewis et al., 2020). Residing within long-term care facilities can support a sense of purpose through promotion of life engagement and opportunities to expand social ties while also receiving assistance with everyday care needs (Lewis et al., 2020). Indeed, a Finnish study found that when controlling for health and functional status, demographics and income level, individuals living within aged care settings reported greater social wellbeing than those living within the community (Böckerman et al., 2012).

A qualitative study of 66 Spanish aged care residents reported satisfaction with quality of the resources and care, autonomy afforded, the ability to remain active, and liberation from day to day responsibilities (Garcia, 2019). Whilst many aged care residents may experience health challenges

affecting functional ability, the available social and direct care support can reduce their impact. Positive aspects of long-term care described in the literature include quality of health care, food, accommodation, personal security and safety, increased social interaction, reduced loneliness, and freedom from role expectation and long held responsibilities (Dahlan & Ibrahim, 2014; Minney & Ranzijn, 2015).

When asked about the potential for increased responsibility, residents interviewed in the present study reported very little desire to participate in activities of daily living beyond personal care. In fact, many adults described a sense of satisfaction in that they were not required to help prepare food, wash clothing or maintain the cleanliness of their rooms. In line with other studies, older adults appreciated being cared for, and women in particular expressed relief at relinquishing roles of caregiving or household maintenance (Minney & Ranzijn, 2015). However, this observation contrasts with that of other studies suggesting the routines and rules of life in an aged care setting, designed to promote wellbeing within an environment of safety and care, can conversely result in reduced self-reliance and control over one's life. Thereby ensuing feelings of powerlessness, boredom and a loss of self-esteem (Boggatz, 2020).

Quality and quantity of social engagement have been associated with higher purpose amongst older adults living in long-term care (Cohen-Louck & Aviad, 2020). Bodenvik and Skogstad (2000) found that whilst adults living in residential aged care reported less purpose than those in the community, they were no lonelier. The authors suggested that the "institution" itself may provide a sense of security, feelings of being competently cared for and facilitate social access to fellow older adults (Bondevik & Skogstad, 2000). *Social interaction with family, residents and staff* provided purpose for a number of older adults interviewed. Frequent contact with family, particularly spouses and adult children, contributed to routine and sense of wellbeing for many residents. Such contact also provided an ongoing connection to the broader community through regular external excursions

or sharing of news. For some adults, the quality and quantity of social interaction increased substantially following transition into residential aged care; a finding supported by other research (Lewis et al., 2020; Minney & Ranzijn, 2015). Greater opportunity to engage with social activities, residents, staff and volunteers was an immediate benefit for those who had struggled with loneliness or social isolation in the community, both of which have been associated with lower sense of purpose in the community (Bondevik & Skogstad, 2000; Neville et al., 2018).

For some adults the desire to feel useful and needed by family, friends and other residents endures regardless of setting. Maintaining a personally meaningful or valued role amongst their immediate community may better engender goal-direction and purposefulness amongst older adults living in aged care settings. The will to show concern for and help others through encouragement and tangible practical support may provide residents with a sense of purpose in the aged care setting (Boggatz, 2020; Minney & Ranzijn, 2015). Interaction with fellow residents entailed a sense of social support or altruism in that a small number of older adults felt a sense of obligation to advocate for other residents on their behalf. This may be realised through listening and empathising or through more tangible endeavours such as raising concerns with staff or management or representing resident perspectives at regular organisation/resident meetings.

Similar studies have suggested engagement in social activity within a long-term care setting can provide an opportunity to contribute to their immediate community by assuming a more active role in planning, organising and facilitation of events or assisting fellow family and residents. An important feature of such activities is that they align with past work and familial responsibilities and goal-based activity (Lewis et al., 2020). This includes spending time with other residents, facilitating activities, supporting family and friends or more structured contributions such as assisting a resident to write a letter, attend an activity, read a document or act as advocate. Through helping others, one’s roles and activities may be recognised and a sense of purpose and self-esteem

supported in the aged care setting (Hillcoat-Nallétamby, 2014). Conversely, if not afforded the opportunity to reciprocate care received from others, aged care residents may feel their existence reduced to a satisfaction of their own needs and a subsequent lack of purpose in life (Boggatz, 2020). The opportunity to give as well as receive care (whether to fellow residents, animals or plants) or contribute to the functioning of the organisation in which they live can promote a "life worth living" within long-term care settings (Thomas, 1996).

The presence of meaning in life can positively predict life satisfaction and fewer depressive symptoms for people living in residential aged care (Dewitte et al., 2019). For some adults such meaning is experienced through a commitment to their faith or spirituality. As with older adults living in the community, a small number of older adults in the residential aged care setting described the role of faith in their lives and experience of purpose. Attendance at on site or community-based church events and services was an important pursuit in their weekly routine. For some, a traditional religious faith is an important contributor to quality of later life (Richard et al., 2005) and provides peace of mind and strength to cope with life events that may otherwise threaten such quality of life.

Religiousness has been associated with purpose in life in adults across settings (Bondevik & Skogstad, 2000). Further to this, the desire to remain useful and care for others may be fulfilled through continuation or embodiment of faith in the aged care setting (Boggatz, 2020). The findings of a small qualitative study of residential aged care residents reflect that of the present, in that a sense of purpose was commonly related to a belief in God and the ability to help other residents (Minney & Ranzijn, 2015).

How does purpose differ between settings?

Adults living in the community reported greater purpose, as defined by the LET, than did those within the aged care setting; an outcome shared with similar research (Bondevik & Skogstad, 2000;

Cohen-Louck & Aviad, 2020; Hedberg et al., 2011; Ibrahim & Dahlan, 2015). Further to this, it appeared more challenging for some aged care residents to articulate what purpose represented to them or how such purpose was fulfilled. The struggle to describe purpose, and for some the lower value ascribed to its maintenance, have both been reflected in a recent study of continuing care retirement community residents (Lewis et al., 2020).

The experience of purpose can be affected by major life events such as relocation into aged care (Bondevik & Skogstad, 2000). Older adults within the community may regard continuation of living in their home as an expression of independence and autonomy (Bondevik & Skogstad, 2000). Removal from former roles, work tasks, routines, persons of importance and a familiar home environment in exchange for greater dependency on others to support activities of daily living and take part in meaningful activity makes the maintenance of purpose difficult for many (Bondevik & Skogstad, 2000; Ibrahim & Dahlan, 2015; Wynn et al., 2020). Indeed, a small number of study participants did describe a sense of loss through a disconnection from sources or activities of meaning, such as cultural group events or preparing regular meals with families. In an Israeli study of adults living in the community or aged care setting, family support and social engagement were higher for community based adults than those living in aged care, both of which are associated with greater purpose in life (Cohen-Louck & Aviad, 2020). Further to this, Minney and Ranzijn (2015) suggest that the importance ascribed to social interaction for aged care residents declines with age and becomes much less of a priority to older residents than younger (Minney & Ranzijn, 2015).

Transition from the community into a long-term care setting can further disrupt social roles such as spouse, parent or grandparent. Where a person prior was able to maintain a tangible supporting role for their adult children and grandchildren, this interaction can change to a more passive role through which the resident no longer feels “needed” or of less importance to their family. Distance, competing priorities and distress at seeing a loved one in formal care can limit the number of visits

a resident may receive from their family members. For those participating in this study family visitation patterns varied quite significantly, with some describing regular visits from family and friends, most often adult children, and others attributing infrequent family visits to distance, lack of transport or work and childrearing responsibilities. The quantity of contact also appeared influenced by the longer-term quality of relationship with family members, including children or grandchildren, and established patterns of interaction developed in the community were adapted and continued within the aged care setting. A small qualitative study of Lithuanian aged care residents suggested that older adults felt the relationship with family members, in particular their grandchildren, had deteriorated since relocation. Although most commonly attributed to geographical distance of their new home, some residents also expressed frustration at the decline of "relational investment" on the behalf of the family member (Charenkova & Gevorgianiene, 2018).

The care needs for adults living in residential aged care tend to be greater with age at admission, combined with complexity of individual health or functional issues. During 2019 almost 90% of Australian aged care residents had at least one diagnosed mental health or behavioural condition (including depression) and nearly one in three residents had a high care need rating across three domains including cognition and behaviour, activities of daily living or complex health care (AIHW, 2020). Extrapolating from research demonstrating the relationship between purpose and higher age, functional disability or poor health (for example Haugan, 2014a; Koren & Lowenstein, 2008; Lewis & Hill, 2020; Sougleris & Ranzijn, 2011; Yeung et al., 2019), the presence of these factors in themselves will likely contribute to differing experiences of purpose for older adults living in residential aged care in comparison to those living within the community.

In line with the association of good health with greater purpose, those older adults living in residential aged care experiencing poor physical or cognitive function will be less likely to partake in purposeful activity within this setting (Haugan, 2014b). Although most spoke of autonomy

within their daily life, others described a sense of frustration with mobility issues that affected their ability to move around within the buildings and grounds without assistance. Reliance on staff, volunteers and family to enable them to participate in activities impeded independence and sense of normalcy experienced prior to changes in health. The opportunity to leave and attend community-based events or activities on a more frequent basis was desired by a small number of older adults interviewed. Some missed the normalcy of walking, shopping and participating in local community life. Further to this, a small number of residents in the present study reported an acute awareness of functional change amongst fellow residents which negatively impacted their immediate social circle whilst also heightening a sense of their own vulnerability. In what way the experience of observing decline or death amongst others, with whom a relationship has been developed, affects general wellbeing, including one's sense of purpose, is not able to be determined based on the findings of this study. However, a qualitative Canadian study of older adults in retirement living suggested the physical and cognitive decline observed amongst other residents was referred to in discussions of their own sense of purpose and brought to mind fears of worsening health (Lewis et al., 2020).

Engagement in occupational behaviour or activity has been positively associated with purpose in life, and time spent in such activity is often less than for those older adults living in the community (Ibrahim & Dahlan, 2015). Insufficient purposeful activity or occupation for older adults in residential aged care has been attributed to both individual and organisational factors. At an organisational level, residents may assume a more passive role and rely frequently on staff to engage them in daily occupations—whose own capacity to assist is in turn impacted by time constraints, staff availability, organisational routines and priority placed on the provision of direct resident care (Harmer & Orrell, 2008; Holthe, Thorsen, & Josephsson, 2007; James, Blomberg, & Kihlgren, 2014; Owen, 2006). Furthermore, the experience of purpose can be significantly affected by the quality of the nurse and resident interaction itself in this setting (Haugan, 2014b). In line with risk management policies, many older residents are confined to the residential facility environment

and not able to attend external activities unaccompanied. Such factors in turn contribute to the lack of personal autonomy to initiate and undertake personally meaningful occupational activity (Ibrahim & Dahlan, 2015). Adults interviewed spoke of missing meaningful social interaction with like minded friends within the community or loss of roles such as committee member, president or secretary; being a part of groups that contributed to something beyond the self.

Within the present study, interest in the activities offered within each aged care setting varied between residents and some expressed the desire for more challenging, stimulating or meaningful activities in which they could take part. Individual factors that can affect participation in occupation, program or activities include the resident's ability, motivation level, and control over and choice of activity (Green & Cooper, 2000; Harmer & Orrell, 2008). Activities associated with former experiences, interests and hobbies can also improve engagement and support partial retention of former identity roles (Cohen-Mansfield et al., 2010). Higher cognitive function has been associated with an increased likelihood of refusal to partake in activities offered due to greater selectiveness in the stimuli with which they are willing to engage. This is particularly the case if the offered activity is that with which the resident is not familiar or may be considered inappropriate for most adults (such as playing with dolls or a sensory mat) (Cohen-Mansfield, Marx, Regier, & Dakheel-Ali, 2009).

Activities in place within the aged care setting have been described as '"institutionalised recreation", comprising scheduled activities designed to entertain and distract rather than foster meaningful connection or engagement (Theurer et al., 2015). Even when diverse activities are offered, the role of residents may be confined to that of an observer, rather than an active participant (Timonen & O'Dwyer, 2009). Although these activities provide enjoyment for some, the lack of resident input perpetuates the stereotype of residents as passive recipients of care. A small number of interviewees who had experienced busy lives and multiple responsibilities suggested adjustment

to a role of passivity in the aged care setting can be challenging. Limited opportunities to "contribute" can negatively impact meaning in one's life and for these residents there will be greater value in activities that encourage resident contribution (Theurer et al., 2015).

A decline of purpose following transition into long-term care has been attributed to insufficient opportunity rather than an intrinsic lack of desire for growth or pursuit of purpose in this setting (Minney & Ranzijn, 2015). Although infrequently raised, some aged care residents interviewed suggested their independence or choice of activities were hampered by an organisational emphasis on risk management. Considerations of safety or perception of risk can confine unaccompanied residents to the institutional environment or prevent engagement in activities undertaken prior to transition to the aged care setting (Ibrahim & Dahlan, 2015). Such barriers prevent older adults from exercising skills or continuing routines or tasks that their peers in the community continue to enjoy. Other studies have also suggested that the overarching focus on ensuring the physical safety of residents is largely as a result of health and safety legislation. Rigid adherence to such rules and regulations can negatively impact residents' lives, particularly their sense of independence (Timonen & O'Dwyer, 2009).

What enables or impedes purpose amongst older adults?

Whilst presence and salience of purpose may change over the life span, its inherent value persists. Regardless of one's development stage, greater sense of purpose appears to consistently predict positive mental, emotional and physical health outcomes (Pfund & Lewis, 2020). Although several studies have observed age-associated changes in self-reported purpose, this decline is not inevitable and existing evidence suggests significant individual level variability in purpose change over time (Hill & Weston, 2019). Further to this it is generally acknowledged that one's purpose can fluctuate over time and in response to individual or external influences (Bondevik & Skogstad, 2000). Factors supporting or impending purpose fulfilment or maintenance within the present study were

both individual and external. Individual enabling factors included perception of self, own attitude towards ageing, interests or activities, desire to contribute and mental or physical health. External enablers included sufficient opportunities, relationships, good quality social or family networks, financial resources, location, mobility, technology and physical environment.

Compared with personality traits, purpose in life has demonstrated relative stability over time in some studies (Pfund & Lewis, 2020). Significant life events may temporarily affect purpose but this effect is not necessarily long standing. For example, a longitudinal study demonstrated a decline in sense of purpose from baseline immediately after a stroke. However, these same individuals exhibited relative stability in purpose in the years following stroke, suggesting the decline was not permanent. Although stability of purpose was not specifically explored in the present study, it is possible to reflect on such stability based on the drivers of purpose for older adults. For example, for those who are driven to a sense of purpose through lifelong behaviours, personality traits, strong sense of faith or a more positive attitude to ageing, it is possible that their sense of purpose will remain reasonably stable across the life span. To maintain purpose in their lives this group may be more predisposed to apply "successful ageing" strategies and introduce necessary adaptations to sustain their ability to take part in activity that is personally meaningful. Conversely for older adults for whom purpose is more likely a response to opportunities readily available or who are reliant on external support to participate in purposeful activity, their sense of purpose may be more vulnerable to fluctuations in line with these external enablers or barriers.

Attitudes towards ageing in itself affects sense of purpose (H. Kim, Thyer, & Munn, 2019). Indeed Hedberg and colleagues (2010) cite the strongest relation to purpose in life scores for both men and women aged 85 years and older was attitude towards one's own ageing (Hedberg, Gustafson, & Brulin, 2010). Additionally, it has been suggested that purpose in life in older age may involve a component of life review and it is possible that a person with higher purpose in life will have a

more positive view of ageing or life orientation in general (Boyle et al., 2009). Through the present study, attitudes towards ageing appeared to influence the value ascribed to purpose in later life as well as specific activities drawn to. Perception of what is appropriate, relevant or important in "older age" directed the selection of purposeful pursuits that aligned with these attitudes.

Factors such as activity engagement might help individuals support quality of life and preserve sense of purpose into older adulthood (Pfund & Lewis, 2020; Richard et al., 2005). Activity engagement may be particularly important for older adults to supplant sense of purpose formerly fulfilled by social or work related roles. Loss of roles, such as professional roles, can be compensated for by assuming alternative opportunities, including formal volunteering; in itself associated with greater sense of purpose in life and fewer negative impacts associated with major role absences (Greenfield & Marks, 2004). For recent retirees, activity engagement may provide a new framework for daily life and an opportunity for goal pursuit and purposeful activity that may have been traditionally imbued through a professional role (Lewis & Hill, 2020).

Frequent participation in leisure and other activities has been associated with greater sense of purpose at baseline and lessened decline in purposefulness across time, even in the face of potentially deleterious role losses associated with later life. A longitudinal study exploring different types of leisure activities and their effect on purpose for those employed or retired found that although participants overall appeared to experience small annual declines in sense of purpose, engagement in regular leisure activities moderated this decline and supported relative stability in levels of purpose across the study. However on further analysis of leisure activity subtypes, cognitive activities (such as reading, writing, word or card games and educational or training activities) were the only subtype to predict rates of change in purpose over time, such that those engaged daily in cognitive activities reported relatively stable levels of purpose across the study (Lewis & Hill, 2020).

Good health enables participation in activity that makes life purposeful. Older adults in better health may also perceive themselves to possess the necessary level of health to pursue specific activities and goals (Low & Molzahn, 2007). One's quality of health affects energy levels, mobility, resources and choice of activity. The majority of older adults in the present study considered themselves to be in good general health, particularly when comparing their physical function and wellbeing to that of other older adults in their lives. This positive view of health may in part reflect other research that suggests with age brings greater discrepancy between subjective and objective health evaluations. People may report positive wellbeing even though their life circumstances may be considered objectively negative (Baltes & Smith, 2003). Efforts to regulate and adapt to physical change reflect not only the enduring capacity to do so but also a mindset that underpins a more positive view of their health more broadly, regardless of any decline in the body itself. For example, when dealing with illness, a person may compare their experience more favourably to that of others who have similar or worse such illness (Baltes & Smith, 2003).

A small number of older adults suggested they would like to do more but their ability to leave the home independently dictated the type and frequency of activity. Conversely, some were motivated to engage with activities as a mechanism to support their health and function. A further enabler to participation for those with mobility or health issues was access to appropriate transport. This included that provided by family but also affordable or free local council or other supported transportation services. Provision of activities and events within the community could only be enjoyed by those with the necessary means to attend.

A review of international literature pertaining to occupational activity (such as instrumental activities of daily living, personal maintenance, socialisation and leisure) for adults 85 years and older suggests that such activity is impacted by personal interest, health, disability and physical and cognitive function (Haslam, 2008). Poorer physical health has been associated with reduced purpose

in life and subjective wellbeing (Yeung et al., 2019) and avoidance of general activity by older adults (Zijlstra et al., 2007). Further to the direct influence of poor health, anxieties about *associated risks* outside of the home, such as falling, being unable to cope with particular situations, or unpredictability of transportation, can also exert a powerful influence on selection and frequency of activities for older people (Goll et al., 2015).

Adequacy of financial resources can further support purpose and quality of life in older age through varying mechanisms (Low & Molzahn, 2007; Richard et al., 2005). Financial stress in itself has been associated with lower purpose in later life (Musich et al., 2018) and a barrier to "ageing well" (Robertson, 2020). The impact of self-reported financial security appeared to vary between adults in the present study but for those with less disposable income, it was often necessary to prioritise purposeful activities. For many interviewees, local councils and community-based organisations were primary providers of much valued low cost or free activities in the community such as group meals, day trips, exercise classes, films, theatre performances or activity groups. Local councils, organisations and volunteers acted as a critical conduit between home and community through not only facilitation of a range of events but through tangible support to attend by ways of subsidies and transportation services.

Regardless of internal motivations and quality of health, access to meaningful activities beyond the home will support or impede opportunities to participate for many older adults. This includes the environment in which they are offered and mechanisms of transport as required. Older adults interviewed stated that decisions regarding where to go are profoundly impacted by the local environment or location itself; more specifically ready access to public toilets, adequate seating for rest breaks, quality of footpaths or distances needed to walk. Environmental obstacles such as poorly maintained sidewalks, inadequate community transport, limited parking facilities or personal

safety concerns can all act as significant barriers to older adults' quality of life and engagement with the community (Richard et al., 2005; Robertson, 2020).

A fear of falling presented as a consistent theme for a number of older adults spoken with and that which directly influences their decisions or behaviours. Some men and women reported that they no longer go for walks in certain areas, travel beyond their local area, catch public transport or even access parts of their own garden/property for fear of falling. This fear appeared to equally affect the confidence of older adults who had or had not experienced a fall prior (fallers or non-fallers). The restriction of activity based on a fear of falling is well documented in the literature. A study in the Netherlands suggested that fear of falling was reported by over half of older adults and of these, two thirds reported avoiding activities due to this fear (Zijlstra et al., 2007). A Korean study reported a fear of falling by almost 80% of older adults surveyed. Factors associated with an increased risk of fear of falling were experience of falling, body pain, lower perceived health status, depression, higher drug dosage, older age, female gender, dependence for instrumental and general activities of daily living and lower education level (Kim & So, 2013).

Information and Communication Technology (ICT) can increase social engagement and activities that contribute to a sense of purpose in later life (PCAST, 2016). Within the present study the use of technology, such as iPads or laptops, supported planning and management of activities as well as providing a source of cognitive stimulation, information, pleasure and social connection. Online interaction was particularly important for those living with functional impairments affecting their ability to leave the home independently. For interviewees with vision impairment or difficulty handling hard copy books, the use of e-readers such as Kindles enabled them to continue to read.

ICT can enable older adults to meet meaningful or important goals through the delivery of social interaction, information, health and wellbeing monitoring, management of instrumental activities (such as payment of bills) and opportunities to contribute (such as employment or volunteering)

(PCAST, 2016; Sims et al., 2017). Sims and colleagues (2017) propose that decline of wellbeing in later life may be less pronounced amongst ICT users. Their study of older adults and ICT use found that on average adults aged 80 years and older, who access such technology to socially connect, experienced higher levels of mental wellbeing than those who did not. Greater use of ICT devices and applications was also associated with higher goal attainment, mental and physical health, life satisfaction and fewer functional limitations (Sims et al., 2017).

Older adults will commonly access the internet for information, communication, commerce, entertainment and managing finances. The use of the internet for communication in particular has been associated with better life satisfaction and lower reported depression amongst older adults (Lam, Jivraj, & Scholes, 2020). ICT can also benefit caregivers who assist older adults in their management of health care needs and other daily living tasks (PCAST, 2016). The evolution and increased use of ICT has the potential to address barriers of older adult societal participation such as poor health, lack of transport, inadequate housing, disability or social isolation (Marston & Samuels, 2019). Social interaction can be encouraged through accessing social media, online games or websites that introduce people to others with common interests. People may find new employment and volunteer activities through online job training and volunteer-networking websites (PCAST, 2016).

Factors specific to purpose and adults living in residential aged care

The environment and functioning of residential aged care introduce enablers and barriers to purpose that are distinct to older adults living within these settings. The will to exercise choice and control over personally impactful decisions persists into supported accommodation settings such as residential aged care. For this cohort, the circumstances associated with transition from community to long-term care appeared to affect acceptance, adjustment and sense of autonomy; all of which play a role in how purpose is perceived and fulfilled by adults residing in aged care. Through this study attitudes toward their living situation appeared strongly influenced by how much control was

exercised over the choice and timing to move into the aged care setting. Where solely or largely responsible for these decisions, residents described a more positive experience than those who felt such decisions had been imposed upon them. Transition from the community into residential aged care can be initiated in response to ill-health, declining self-care abilities, loss of a spouse, insufficient informal support, or a combination of these (Boggatz, 2020). Circumstances preceding transfer into long-term care can influence perception of the new environment, time taken to adjust and the ability to find meaningful goals in the short term (Lewis et al., 2020). A Spanish qualitative study exploring self-acceptance and meaning in life for aged care residents suggested that one third of the sample displayed negative attitudes related to the involuntary nature of their entering long-term care, and for some the experience had damaged relationships with family (Garcia, 2019).

Life satisfaction in long-term care can be influenced by the role played in the decision to leave the community but also by the type of care received in this setting (Minney & Ranzijn, 2015). The World Health Organization proposes that homelike models of residential aged care can improve overall quality of care and benefit older people, families, volunteers and care workers individually (WHO, 2015). Such models include smaller living units designed to look and feel like homes, with staffing models and physical design that support greater resident choice in routines, increased outdoor access, flexibility of activities, allocation of individual staff to each unit, home-like furnishings and institutional hardware such as medication carts or computers removed or minimised (Afendulis et al., 2016; Harrison et al., 2018). These homelike models seek to emulate a familiar environment for residents to ease the transition from the family home to residential care. Residents are encouraged and supported to participate in domestic tasks (such as meal preparation and laundry), simulating a homelike lifestyle (Ausserhofer et al., 2016; Harrison et al., 2018; Sharkey et al., 2011). Group home models may also facilitate expanded roles for care staff, and greater time to care for and engage with individual residents (Sharkey et al., 2011).

There is some empirical evidence that living within more homelike environments can result in greater health and wellbeing outcomes for older adults such as reduced psychotropic and physical restraint use, higher quality of life and self-rated care scores, lower hospitalisation rates, and fewer emergency department presentations (Dyer et al., 2018; Gnanamanickam et al., 2019; Harrison et al., 2018; Verbeek et al., 2014). A longitudinal study of the American Green House model found better outcomes for quality of care, resident satisfaction, emotional wellbeing and change in functional status in comparison with care recipients from more traditional aged care services (Kane et al., 2007). Homelike models of care are also reported to perform well on standard quality of care indicators, such as numbers of re-hospitalisations, catheter use and pressure ulcers (Afendulis et al., 2016). These models may also provide benefits in terms of quality of life, activities of daily living, and behavioural symptoms associated with dementia (Dyer et al., 2018).

Contemporary research involving aged care residents supports the importance of sufficient opportunity to assume meaningful roles and those involving responsibility within this setting (Lewis et al., 2020). Participation in activities of daily living can maintain a degree of normalcy and continuation of life experienced within the community, as well as enable an individual to contribute to the functioning of a group. The “Eden Alternative” model of care, for example, suggests that regardless of dependency the need to contribute persists for older adults in residential aged care to offset feelings of helplessness (Thomas, 1996). As part of the Eden design, plants, animals and children are introduced into the aged care setting to counteract boredom and loneliness among residents and to promote a “life worth living”. Through interaction with plants, animals and children older adults have the opportunity to give care as well as to receive it or contribute in other ways to the functioning of the institution (Thomas, 1996).

Participation in occupational activities within the aged care setting can promote physical activity, social stimulation, sense of identity and functional capacity (O'Sullivan & Hocking, 2006). Other

studies have suggested older adults living in a retirement community value being involved in group planning or programming; contributing to activities rather than just taking part (Lewis et al., 2020). A study supporting aged care residents to fulfil the role of group activity leaders through Resident-Assisted Programming Training suggested positive engagement by participants was greater during resident led activities than standard activities facilitated by site staff. The authors concluded that residents with or without dementia have the capacity to contribute, lead or support activities in a residential aged care setting (Skrajner et al., 2013).

Although perhaps not directly comparable, the outcomes of the aforementioned research do not seemingly align with the findings of the present study. Most older adults interviewed in the aged care setting appeared generally disinterested in the opportunity to assume a greater role in the daily functioning of the environment in which they lived. Further to this, when asked if they would like to assume increased responsibility over their day to day lives, even for those who had expressed dissatisfaction with the level and type of activity in their lives, the response was almost always negative. It is difficult to determine whether this disinterest represents appreciation for the ability to relinquish such tasks or whether a natural response to lack of opportunity. In the absence of choice one may resign themselves to focus on and exercise control over the aspects of their life they are able to.

Engaging with and contributing to a peer group that holds meaning is likely to strengthen social identity and wellbeing for aged care residents (Theurer et al., 2015). It is also suggested that the degree of activity interaction will be influenced by a person's self-identity, familiarity or interest. For example, aged care residents with an interest in music or pets will be more engaged by associated stimuli than those residents who do not share these interests (Cohen-Mansfield et al., 2006; Cohen-Mansfield et al., 2010). Adaption to "loss" of earlier lives, willingness to receive help

from others and ability to adapt to health impairments can all influence the experience of a "good life" in aged care (Minney & Ranzijn, 2015).

Preservation of personal identity and self-esteem is supported through mechanisms that maintain continuity between past and present roles and relationships (Minney & Ranzijn, 2015). However, the need for continuity in this sense appeared less salient in the present study. Whilst some residents did describe pleasure or comfort in maintaining a sense of routine that resembled that from their community life (particularly morning behaviours), there was less reference to prior roles and how these may continue in their new setting. Although a small number of residents did make reference to professional lives prior to retirement, the desire to engage in "productive" work that was in some way linked to former professional skills or experience was rarely articulated.

An observational study conducted in a residential aged care facility suggested that purposeful activity appeared uncharacteristic of residents' daily activity. However the authors conceded that purposeful is a subjective term and that adults may indeed be contemplating or planning for activities of personal significance, despite the appearance of "just sitting" (Hearle et al., 2012). Indeed, individual purpose as described for residents in the present study suggests that whilst enactment or pursuit of purpose may appear different to that demonstrated within the community, the potential for purpose persists in this environment. The scope or reach of purpose may be necessarily reduced by individual and organisational constraints, but the drive for life and pursuit of purposeful activity remain resilient.

Barriers to purpose

Whilst acknowledging enablers, it is equally important that existing individual and societal barriers to the pursuit and maintenance of purpose in later life are recognised. Of these perhaps the most damaging are those associated with ageism. Ageism is the stereotyping and discrimination on the basis of age. Ageism can be enacted through varying forms including prejudicial attitudes,

discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs. Ageism can be institutional, interpersonal or self-directed (WHO, 2020a). Ageism constrains opportunities for continued participation in employment, volunteering, civic engagement, and other socially productive activity. Ageism may also influence the breadth and quality of activity available to older adults and may result in the need to take part in work of lesser meaning or that which they would not have chosen as a younger adult (Siegrist et al., 2004). Opportunities for social productivity and contribution are threatened by ageing (Theurer et al., 2015). The structural lag hypothesis (Riley, 1994) further highlights the mismatch between strengths and capabilities of an ageing population and the shortage of productive and meaningful opportunities by which older adults can maintain and maximise their potential (Siegrist et al., 2004).

Older adults who perceive ageism are more likely to hold negative perceptions of ageing, resulting in a further loss of purpose in life (H. Kim et al., 2019). Within the present study the experience of ageism was defined by a sense of "invisibility" for some adults interviewed. Although possessing the will and capacity to contribute to society in challenging, meaningful and formal ways, efforts to do so were thwarted by a devaluation of older adults more broadly. The ability to "use one's brain" can be frustrated in later life and insufficient opportunity to exercise a lifetime of professional and personal experience was detrimental to meaning and wellbeing for some. A number of interviewees would refer to themselves as their former role or pepper the conversation with reference to the work they undertook in the past. Some described a loss of identity and diminished sense of purpose following retirement from paid employment or cessation of a role that mattered to them. Ageist attitudes appeared to further impede prospects to contribute to society in a manner that is meaningful for many older adults.

An extension of role loss for older adults in contemporary society is the lack of being "needed" or useful. Frankl states that human beings are by nature responsible and will respond to the call for

meaningful and purposeful activity. According to Frankl's logotherapy striving to find meaning in one's life is a primary motivational aim in humans: a "will to meaning" (Frankl, 2004). In light of the research illustrating the protective effects of usefulness in mental and physical wellbeing outcomes in later life, including purpose (Gruenewald et al., 2007; Okamoto & Tanaka, 2004), it is intuitive that lack of opportunities to meaningfully contribute will negatively impact the sense of one's relevance. Many adults retain the need to feel useful, accepted and to occupy a valued role in the society in which they age (Richard et al., 2005). Being listened to, respected and involved in decisions that affect their lives are also important to quality of life in older age. Conversely, limited citizen participation and influence can engender feelings of powerlessness (Richard et al., 2005).

Efforts to support purpose for older adults are influenced not only by the heterogeneity of adults themselves but the enablers and constraints of the environment in which they are introduced. Constraints may include illness disability, health of a loved one, caregiving, loss of friends, family or community, and insufficient opportunities (Goll et al., 2015; Lewis et al., 2020). Aged care residents may perceive a lack of control in their lives or feel disempowered to enact change to the degree formerly afforded in the community (Hillcoat-Nallétamby, 2014). Barriers to the facilitation of purposeful activity in aged care facilities may include a limited understanding of what defines such activity for older adults in this setting and how it can be facilitated and resourced appropriately. This includes uncertainty as to *whose role* it is to facilitate purposeful activity for individual aged care residents with varying degrees of functional ability and diverse interests (Cook & Thomas, 2015). Although very few residents in the present study suggested they wished to assume a greater role in daily functioning (such as meal preparation), other studies have found that if given the opportunity, a resident will assume greater responsibility for their self-care and independence.

Selection, optimisation and compensation

Older adults described a range of adaptations introduced to maintain, evolve or replace activities or pursuits that brought about purpose in their daily lives. Strategies were conscious or unconscious and reactive or proactive. Behaviours in themselves were often interconnected and could reflect more than one SOC strategy. Older adults living within the community and residential setting described changes made to aspects of their daily lives to maintain participation in valued activities, to protect health and wellbeing or to redirect time and energy towards aspects of life most important to them. For some, these changes were immediate and for others represented a more subtle behavioural transition over time in response to physical change such as issues with vision, hearing or mobility. A small number of older adults provided examples of SOC strategies intended to optimise independence, health, function and wellbeing in later life: intentional and proactive behaviours rather than reactive and associated with loss. In line with SOC theory, successful development may be characterised by the selection or prioritisation of goals, optimisation of resources needed for goal attainment, and the introduction of strategies to compensate for unavailable goal-necessary means (Baltes, 1997). Successful ageing involves maximisation of desirable outcomes and the minimisation of those considered undesirable.

Elective and loss-based selection was introduced in response to declining energy, changes in physical function, and conscious choice to accept formal and informal support to remain living independently and enable diversion of time and focus toward other activities of greater priority. Elective-based selection strategies were also brought about following a perceptible decline in energy. Older adults felt impelled to prioritise their commitments and engagements and direct time and energy on interactions, events and people who mattered most. Although not all older adults living in the community were comfortable accepting tangible help within or around the home, others chose to relinquish particular home maintenance and repair tasks to external service providers. Concerns regarding safety (whether detected independently or by family) also influenced

decisions regarding cessation of long practised activities such as using ladders, cleaning gutters or carrying heavy loads around the garden. Whilst for some these behaviours could be described as reactive, for others such selection reflected intention and choice.

Loss-based section strategies were commonly initiated to accommodate changes in mobility, senses, physical health or ability to manage stress. Declining vision impeded the ability to drive at night or in areas less familiar to the driver, issues with hearing made engagement with others through meetings and group activities more challenging, and injuries or issues with mobility required modification of physical activity including sport, bushwalking, dancing or manual labour around the home. Issues with teeth affected chewing and in turn influenced choice of meals. Subtle changes in dexterity or balance compelled some adults to adapt their wardrobe to comprise flat shoes only or clothing without small buttons or fasteners for example.

In line with similar research (Carpentieri et al., 2016a; Gignac et al., 2002; Rozario et al., 2011), examples of optimisation strategies specific to purpose were fewer in the present study. Optimisation strategies introduced to support activities associated with purpose were predominantly to preserve physical health and wellbeing. Through participation in health promoting activities such as exercise groups, swimming or walking, older adults were able to maintain existing physical function and prevent risk of decline, injury and falls. Whilst for some these strategies were in response to an adverse health event (resulting in temporary or permanent functional decline), for many others engagement with health- promoting activities represented a proactive strategy to optimise physical function and good health. Older adults engaged with a range of social or individual activities they felt supported their overall mental health and wellbeing. This included maintenance of friendship networks, regular contact with family, caring for a pet or preparing nutritious meals each day.

A small number of adults suggested they participated in a range of activities to avoid loneliness or boredom, rather than being drawn to the activity itself. The value placed on optimisation of physical, cognitive and mental health, as well as pleasure and overall wellbeing, underpinned the behaviour of many adults within the aged care setting and community both. A smaller group described more proactive optimisation strategies designed to support longer term independence and ageing in place. Home modifications designed to maximise mobility and reduce risk of injuries, such as a fall, were introduced. In anticipation of some degree of functional decline over time and the need of a more formal support network, others had moved into retirement communities, smaller homes or to a suburb with greater access to amenities, services and public transport.

Optimisation strategies were most frequently directed toward maintenance of health and wellbeing and prevention of decline. This emphasis has been reflected in similar studies suggesting older adults are more likely to focus on maximisation of existing physical abilities and health and less likely to engage in behaviours, such as practicing a particular task, to build upon function specifically (Rozario et al., 2011; Yuen & Vogtle, 2016). A study of SOC strategies amongst older adults suggested that whilst optimisation was positively associated with higher physical function, those already in good health were the most likely to apply optimisation strategies (Carpentieri et al., 2016a). Further to this, very few adults interviewed in the community described optimisation strategies related to making structural or home modifications specifically; a theme reflected within other studies (such as Yuen & Vogtle, 2016).

Of the three behavioural adaptations, compensatory strategies appeared the most frequent or easily identified. In response to predominantly physical changes, a range of compensatory strategies were adopted by older adults within the community and aged care settings both. These included large print, audio books, magnifying glasses or e-readers to continue reading regardless of vision impairment. Others enjoyed television with the use of captions or sub-titles when experiencing

issues with hearing. Adaptations to behaviours were also introduced to compensate for changes in physical strength or fear of falling including walking shorter distances, use of formal mobility aids or reliance on in situ balance supports such as shopping trolleys in the community. To enable continuation of meaningful activities, a small number of community-based adults introduced variations to their long held pursuits such as travelling in groups rather than alone or meeting family or friends for meals in a restaurant rather than hosting within the home. Acceptance of help and support, both informal and formal, were additional illustrations of compensation across settings.

Clear examples of SOC reported were fewer amongst older adults living in residential aged care in comparison to community based adults. Freund and Baltes' earlier research suggests declining engagement in SOC related behaviours with increasing age, and reduced internal and external resources, which may support this observation in part (Freund & Baltes, 1998). There is some empirical evidence that illustrates increasing difficulties in maintaining optimal function in the fourth age when compared with that for the younger old (or third age) and greater reliance on environmental means to maintain functional capacity. Furthermore it has been proposed that such evidence of successful adaptability in later life is generally derived from research conducted with younger older adults (Baltes & Smith, 2003).

However, challenges articulating SOC strategies amongst aged care residents through the present study may suggest more subtle behavioural adaptations exercised within the context of life in a long-term care setting, rather than their absence entirely. It may also reflect the constrained scope of SOC strategies within the residential aged care setting, regardless of intrinsic capacity, or that introduction of these adaptations requires greater external facilitation than required for community dwelling older adults. The ability to employ SOC strategies is influenced by people's contextual realities, which includes their access to and the availability of the necessary resources (Rozario et al., 2011). For example, a resident with significant mobility issues spoke of her love of gardening

and appreciation of staff who had created a small garden area with raised planting beds to which she was able to attend whilst sitting. Another spoke of a library volunteer delivering large print and audio books each fortnight when a family member was not able to accompany her to the community library. In these scenarios, whilst capacity to complete particular SOC strategies independently was weaker, the intent was deliberate and with support their enactment occurred.

Purpose and Successful Ageing

The SOC model is founded on the assumption that the coordinated use of selection, optimisation and compensatory behaviours can increase an individual's resources, help maintain functioning in the face of developmental challenges, and regulate impending losses in resources (Baltes & Baltes, 1990). Successful ageing, by broad definition, representing the maximisation of desirable outcomes and the minimisation of undesirable outcomes. Resource investment in earlier life may be more predominantly directed toward processes of gain and growth, whilst in later life such investment may be redirected toward maintenance and repair (Baltes & Smith, 2003). The SOC model builds upon the premise that individual resources are finite. As such opportunities or losses that arise at any point in time require decisions to be made about how these limited resources are to be allocated. Furthermore, it is hypothesised the more "stretched" one's resources become, the more effective SOC strategies are in supporting an individual to successfully manage associated challenges (Young et al., 2007).

Fundamental to one's sense of purpose is the value ascribed to such purpose and its potential for fulfilment and realisation. If considering the concept of successful ageing from the perspective of the older adult his or herself, it can be reasonable to expect that the role of purpose as a measure of successful ageing will be dependent on the value ascribed by the individual. One may consider themselves to be successfully ageing without a salient sense of purpose (Lewis et al., 2020). Although less frequently expressed, a small number of adults within this study expressed the belief

that having a purpose was not necessary in later life, or that fulfillment of purpose was constrained by factors such as poor health or a restrictive living environment; a finding reflected within a small qualitative Canadian study of older continuing care retirement community residents (Lewis et al., 2020). This perspective may demonstrate that amongst dominant priorities in life, maintaining purpose may be less important. However, it may also illustrate how purpose itself is understood or what purposeful living represents to each person. Although available study outcomes suggest purpose to be associated with a range of positive health and wellbeing outcomes for older people, purpose in itself is neither good nor bad. One's purpose may provide the impetus to rise out of bed each day, but this purpose may not necessarily be agreeable or of one's choosing.

Study Implications

The founding work of Frankl supports the view that human beings are by nature responsible and respond to the call for purposeful rather than chaotic activity (Kimble & Ellor, 2001). To enable older adults to sustain purposeful activity has tangible benefits for individuals and society both. Interviews with older adults across the community and aged care setting demonstrate an ongoing pursuit of purpose through a range of experiences, pursuits or attitudes. Whilst patterns within discussions were identified, so too was the individualised nature of purpose, both in description and fulfillment. Efforts to seek and maintain purpose for older adults ranged in scope and intensity. For some a routine, including active contribution to those beyond self, represented their ongoing purpose. For others maintenance of control, environment and independence at an individual level fulfilled a sense of purpose in their day to day lives. Attempts to sustain purpose for older adults must recognise the diversity of these experiences and the context in which they are enacted.

To support purpose in later life requires both creative and pragmatic responses. Although there are promising outcomes demonstrated by interventions related to aspects of wellbeing such as sense of belonging (Steffens et al., 2016) or social role development (Heaven et al., 2013), the evidence on

formal interventions specific to the promotion, enhancement or development of purpose in later life is limited. Participation in an intervention including a stimulating social or altruistic activity, for example, will likely impact purpose differently dependent on the older adult him or herself. As purpose appears variable amongst adults, so will actions required to enable its pursuit or maintenance. Put simply, without a better understanding of how purpose is experienced by individuals or an appreciation of the diversity and dynamic nature of such purpose, it is challenging to design interventions broad enough to meet the needs of all participants. Perhaps efforts are better directed toward providing a supportive context in which sense of agency is promoted and older adults are enabled to maintain purpose as they determine, rather than through introduction of a single or inflexible intervention for many.

Most adults interviewed valued activities, people or endeavours that provided them with purpose and defended its importance and relevance in later life. Despite limited evidence describing outcomes specific to purpose interventions in later life, guidance can be drawn from key enablers and barriers to the pursuit, fulfilment and experience of purpose as described throughout this study. These include attitudes to ageing, opportunity, quality of social and personal relationships, health, enabling environment, mobility and transport, financial security, and access to technology. Informed by these enablers and barriers, the potential implications of this study are discussed relevant to individuals, community and organisations, and society and policy.

Implications for the Individual

Purpose for some was underpinned by individual characteristics, including a drive for life, informed by upbringing, environment, family, culture and lived experience. Personality characteristics or traits, particularly those associated with purpose, are perhaps less amenable to change in this respect. However, attitudes, including towards one's own ageing, are able to be addressed, shaped or improved with education and information regarding the positive aspects of ageing and modelling of purposeful activity in later life. The value of purpose and ability to maintain purposeful activity

across the life span may need greater promotion for some adults. This includes an understanding of the dynamic and individual experience of purpose and how this can be fulfilled through diverse pursuits and mechanisms, taking into account context including environment. When viewing purpose as a general life orientation, purpose can be considered as an ongoing pursuit rather than an objective to be achieved. In this sense purpose is a process that can be subtle and adaptable.

Kashdan and McKnight (2009) propose three pathways through which purpose may be attained: proactive engagement, reactive development and social learning. The first, being proactive, reflects an individual impetus to seek out opportunities or endeavours that provide purpose over time. Certainly, for many older adults interviewed, a drive for life underpinned their experience of purpose. Whilst the individual mechanisms of seeking purpose varied amongst the group, the underlying will to maintain their engagement with life and activities that brought them purpose was shared. The second process is described as reactive, through which an individual will develop a new sense of purpose in response to a transformative life event. Although few spoke of a "rediscovery" of purpose in itself following a significant event, change in priorities and ongoing adaptation of activities that represented purpose were often articulated. This particular pathway also provides a potential opportunity or "trigger" for which purpose can be reviewed and discussed following a significant life event. The third pathway, social learning, suggests that purpose can be developed through observing and modelling the behaviours of others. As a modifiable construct, the value of purpose and avenues of fulfilment could be promoted to those for whom purpose has become a lesser priority or that which is considered no longer attainable. Older adults with an enduring and salient sense of purpose could mentor or encourage others to identify and seek out individually relevant purposeful activity.

At an individual level, enablers to engage with purposeful activity included good health, sufficient resources and mobility. This includes accessibility of learning, employment, social or other

interactions for those less able to leave the home independently. In light of positive associations between goal setting and life satisfaction across the life span, older adults can be encouraged to continue the setting and pursuit of goals regardless of scope, intensity or timeliness. Tangible resources to enable participation in activities beyond the home include ready access to affordable assistive aids to accommodate any change in sensory or physical function. This may also require appropriate transportation as needed. To support purpose as represented by independence and autonomy, broader home adaptations can be introduced to enable older people to age in place. These may entail adoption of "smart home" technologies to promote safety, health and function, such as emergency assistance/personal alarms, entertainment, exercise, technologies, automatic light and movement sensors, health assessment toilet equipment, or ambient or artificial intelligence (robots). The ability to remain in the home longer will also require ready access to affordable, appropriate and individualised community based formal support and services. Further to this is the supply of suitable housing designed to promote independence, security and safety for older adults.

Within residential aged care, the preservation of resident control, autonomy, choice and independence can fulfil purpose for older adults. This can be enacted through organisational and staff culture and policy. It can also be enabled or impeded by family members with regard to their perception of dependence versus independence and the degree to which perceived "risk" may be tolerated. The residents contributing to the present study depicted a supportive environment in which they felt the choice to accept or decline engagement in the activities offered was respected. Whilst some described frustration at the loss of the rhythms and independence of their life in the community, others felt they were better placed to focus on themselves and their own interests, secure in the knowledge they were in a safe and secure environment. Pursuit of purpose in the aged care setting appears variable but the foundations of respect, empowerment and agency enabled adults to determine the mechanism of purpose and the extent to which they would pursue it.

Considering the relationship between health and purpose, adults can be encouraged to continue to engage in physical activity programs not only for the direct health benefits but to also promote purpose and fulfilment. Morgan and colleagues (2019) suggest that health-based interventions can have more traction with older adults if the emphasis is on how such participation can contribute to a purposeful, socially connected and engaged life (Morgan et al., 2019). Indeed, the social interaction and sense of responsibility encouraged participation in exercise groups and classes or regular sessions at a fitness centre for a number of older adults. Whilst recognising the value of health promoting activity itself, older adults were also likely to refer to the involvement of others, whether in a class/fitness centre setting or walking a dog with a neighbour or friend.

Further to this some older adults regularly attended strength and balance classes which they suggested had improved their walking stability and confidence. This was particularly important for those adults who had experienced a fall prior. To encourage greater engagement with activities beyond the home that are impeded by a fear of falling specifically, there is some evidence to suggest that cognitive behavioural therapy may also help reduce fear of falling and improve balance amongst older people living in the community (Liu et al., 2018). Home-based exercise and fall-related multifactorial programs and community-based tai chi delivered in group format may also be effective in reducing fear of falling amongst community-living older people (Zijlstra, Van Haastregt, Van Rossum, et al., 2007).

Implications for Communities and Organisations

Enablers to pursue and maintain purpose at an interpersonal, community and organisational level can include opportunity, information and communication technology, environment and access to transport. Opportunities to take part in and contribute to leisure, social, creative, volunteering and learning activities can promote interpersonal interaction and community inclusion. Participation in a range of activities in the community and residential aged care setting can support purpose through engagement with the activity itself, social interaction, stimulation and daily structure and goal

setting. For adults living in the community and residential aged care setting both, participation in group activities may be pursued for an opportunity to interact with others and "for something to do" rather than interest in the specific activities or individuals themselves. For adults living within the community, the role of local government and other community-based organisations to create, promote, fund and facilitate diverse functions, events and activities was pivotal in the fulfilment of purpose. This comprised provision of affordable, interesting, diverse and accessible activities for older adults to attend in their local community. It also entailed access to appropriate transportation, whether community bus or taxi vouchers, particularly for those older adults with mobility issues or loss of their driver's licence.

Supplement to social or volunteer activities, local government or community organisations enabled older adults to maintain independence and fulfil instrumental activities of daily living, such as food shopping and paying bills, through facilitation of weekly group or individual excursions. For some adults interviewed, such organised activities were their main sources of social interaction and stimulation, both of which contributed to their sense of purpose. In addition, there were a number of adults who valued the opportunity to contribute to these activities or events as volunteers assisting with planning, coordination, transportation, facilitation or other administrative tasks.

Purpose may be enabled through initiatives focused on digital inclusion for older adults and ready access to information, communication and assistive technologies. This includes access (the availability of the internet and connected devices), affordability (the requisite financial means) and ability (the skills and confidence to use equipment and internet). Supported by high quality internet connections and appropriate hardware, communication technology can facilitate a range of activities of daily living as well as meaningful virtual connection with other individuals, groups, networks and organisations. Whilst many older adults are comfortable with the use of technology, others may require support and training. The provision of subsidised or no cost equipment such as iPads or

laptops can also promote inclusion and accessibility for older adults who may lack the necessary resources to purchase these independently.

The physical, social, political and cultural environment in which an older adult lives and interacts can significantly impede or facilitate purpose as fulfilled through pursuits outside of the home. Age-friendly cities and communities enable people of all ages and abilities to continue to take part in activities they value through the removal of physical and social barriers (WHO, 2020b). Age-friendly environments can be created in any location through understanding the needs, setting priorities, planning strategies and implementing them with the available human, financial and material resources, including technologies. Multiple sectors (health, social protection, transport, housing, labour) and stakeholders contribute to their design and development (WHO, 2020b). Aspects of an age-friendly or enabling environment include well maintained footpaths, even surfaces or ramps to accommodate mobility assistance devices, adequate street lighting and ready access to seating and public facilities (such as toilets). Access to timely, nearby, safe and age-friendly forms of public transport such as buses, trains and trams, can also determine the frequency and extent of interaction with the community for many older adults. Such investments in the social environment, including infrastructure and means of transportation, will benefit citizens of all ages, including people with disabilities and parents of young children.

Evidence of effectiveness of formal interventions designed to foster purpose in the residential aged care setting is scarce. This speaks to the complexity of designing a program relevant to individuals living within environments hosting diverse populations, physical environments, models of care, policies and philosophies. Specific to residential aged care, purpose may be supported by maximising control, autonomy and independence. Enabling older adults to exercise choice over their daily routine and the particular activities with which they engage is paramount. Further to this is the value of meaningful occupation by which a resident can take part in leisure, social or

productive activity or tasks that are personally relevant or stimulating. The need for meaningful occupation and engagement endures transition into residential aged care and residents report a preference for programs that are flexible, individualised and "normal" (Green & Cooper, 2000). Part of the existing challenge to identifying those activities most conducive to resident health and wellbeing, including purpose, is based on how such activities are understood or defined. Smith and colleagues (2018) suggest that residents need to be able to engage in everyday activities, such as laying the table, gardening or folding laundry, rather than take part in standalone "special" events such as bingo or games night. This change in how occupation is viewed or facilitated within the aged care setting may develop an enabling relationship between care workers and older adults in which it is not only an expectation that people are able to participate in the activities of daily living but are sufficiently supported to do so (Smith, Towers, Palmer, Beecham, & Welch, 2018).

Routines involving food and drink are critical occupational and social engagement opportunities. In addition, the research has demonstrated that past interest in an activity or stimulus can play a significant role in the engagement of an older adult in this setting. In particular, activities relating to self-identity (such as former occupation or family role) can successfully promote positive emotional responses and reduce disorientation (Cohen-Mansfield et al., 2006; Cohen-Mansfield et al., 2010). Activities often considered meaningful for adults in residential aged care are those related to past roles, interests and routines, and those that reinforce residents' sense of identity (Harmer & Orrell, 2008). Group activities can deliver a means of using remaining skills as well as an opportunity for socialisation and diversion (Holthe et al., 2007).

Activities offered in the long-term care setting are often "one-size-fits-all" and guided by staff rather than resident, thus diluting engagement with and purposefulness of the activity (Cook & Thompson, 2015). Individualised initiatives aimed at strengthening residual self-identity, favoured roles and personal attributes of adults can better contribute to wellbeing in this setting. An

association with, and recollection of, prior salient roles can be demonstrated even for those at an advanced stage of dementia (Cohen-Mansfield et al., 2000; Cohen-Mansfield et al., 2006). Whilst recognising that what one finds purposeful another will not, residents should be encouraged to participate in activities that can facilitate their own purpose in this setting (Ibrahim & Dahlan, 2015).

Implications for Policy and Society

Good policy specific to ageing requires attention to factors including social roles available to older people, access to high quality health and social care, and appropriate housing and transportation (Baltes & Smith, 2003). By maximising the opportunities associated with the "longevity dividend" society can benefit from enabling older adults to maintain meaningful and productive activity whether it be through paid or unpaid work, informal caregiving, lifelong learning or civic engagement. Societies should adopt strategies that draw from "talent" across the population whilst employing social norms informed by ability rather than chronological age (Rowe & Kahn, 2015). Socially productive activities, including paid work, volunteer work, care of family members and informal help to friends, have been linked to health and wellbeing in older adults including higher quality of life and life satisfaction. Further to this, there is some evidence of a positive relationship between the number of such activities and positive outcomes, in that quality of life and life satisfaction scores may increase with a greater number of activities undertaken. However, opportunity to participate in socially productive activities can be influenced by wealth and quality of health and relationship status, suggesting inequitable access to valued socially productive activity (McMunn et al., 2009).

Siegrist and colleagues (2004) argue that social productivity is a form of inter-personal exchange founded on the notion of reciprocity. Activities that are socially valued may deliver intrinsic reward for the effort expended and social productivity may be motivated by and related to feelings of self-agency and self-esteem. Where continued effort is not sufficiently balanced by value or reward,

continuation in these activities may create adverse effects on older adult health and wellbeing (Siegrist et al., 2004). For example, older caregivers who feel appreciated or valued for the care they provide are more likely to experience greater wellbeing whilst those who feel less so may report significantly worse quality of life and life satisfaction than those not providing care (McMunn et al., 2009). Further to this, volunteers and those in paid work who feel adequately rewarded for their efforts may experience greater wellbeing than those who believe the reward is insufficient and those not participating in these activities at all (McMunn et al., 2009).

Greater inclusiveness of older adults, and recognition of the contribution they make to the health, wellbeing and functioning of society, will require significant effort to redress factors that currently devalue older people. This includes modernisation of attitudes, structures and practices that influence how we perceive ageing and enable older adults a greater say in matters that affect and shape the experience of ageing more broadly. The United Nation's *Decade of Healthy Ageing 2020–2030* (the Decade) is a global collaboration seeking to "bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live" (WHO, 2020b). The Decade address four areas for action: to change how we think, feel and act towards age and ageing; to ensure that communities foster the abilities of older people; to deliver person-centred integrated care and primary health services responsive to older people; and to provide access to long-term care for older people who need it. Of these priority areas, the first two targeting attitudes and behaviours associated with ageing and creation of inclusive and age-friendly communities are most neatly aligned with the conditions identified in the present study that can affect purpose in later life.

Particularly relevant to purpose is the dearth of opportunities for older people to maintain roles that provide structure, meaning and an opportunity to contribute. Rowe and Kahn (2015) suggest that

major activities across the life span require review and redistribution. The traditional focus on education during youth, work and childrearing during midlife, and "leisure" and retirement in later life, results in older adults assuming a "roleless role" in society. With role loss there is the need to consider how the adaption or introduction of new roles, activities or responsibilities may help older adults maintain meaningful engagement with life, consider alternative directions and develop new guiding life frameworks (Lewis & Hill, 2020).

People may derive a sense of who they are from their participation in social groups, providing them with purpose, meaning, agency and belonging. In this regard, practical interventions could support older adults to maintain their sense of purpose through assistance to connect and access groups that are personally meaningful (Steffens et al., 2016). There is some evidence that interventions that offer an explicit social role with group support can improve health and wellbeing for older adults assuming this role (Heaven et al., 2013).

Ageism, underpinned by negative attitudes towards older adults and ageing, continues to influence the range and quality of opportunities for older adults to pursue purposeful activity in later life. Ageism marginalises older people within their communities, reduces access to necessary services, and restricts appreciation and use of the human and social capital of older populations (WHO, 2020b). Internalised ageism significantly influences the behaviour of older adults themselves as well as their sense of relevance and "right" to engage in activity deemed socially valuable. In the face of devaluation, older adults are likely to curtail the scope and extent of their pursuits accordingly and conform to behaviours and roles considered appropriate in later life.

Opportunity to foster purpose for older adults at a societal level requires the redress of ageism and greater value attributed to the role of older adults and their right to participate in meaningful social and economic activity. Disruption of long held and deeply entrenched perceptions of ageing and older adults, many of which are negative, will require a much broader and collective social

movement. This includes increased awareness of "normal" versus pathological ageing, promotion of age diversity across sectors, increased intergenerational interaction, greater balance in media representations of ageing, and dissemination of information illustrating the contribution and capabilities of older adults. Global campaigns such as that initiated by the World Health Organization or EveryAge Counts seek to address ageism by changing how society thinks, feels and acts towards older adults and ageing more generally. Key strategies to reduce the experience and impact of ageism are focused on policy and law, education and information, and intergenerational interventions (WHO, 2021).

How SOC strategies may facilitate purpose in later life

An enduring criticism of ageing theories, including successful ageing models such as selective optimisation and compensation (SOC), is lack of evidence to apply these in a meaningful way to support older adults achieve such successful ageing. Although there are a number of primary studies that explore how older adults appear to apply SOC to different domains of their lives, such as work or management of health or disability, there appears fewer examples of how SOC can *inform* interventions for older adults, particularly in relation to purpose. Further to this is a limitation as to the scope of SOC studies, which often will focus primarily on individual agency or adaptive behaviours without sufficient regard to understanding the broader environmental circumstances that can both support and impede the ability to exercise SOC strategies optimally. The founding authors of SOC discussed the critical interaction between a person and their environment when implementing specific adaptive strategies, by which internal and external resources are seen as mutually dependent (Li & Freund, 2005). Whilst it suggested that SOC can be most beneficial for those experiencing diminishing capacity or loss, it is also proposed that effective application of self-regularly strategies requires sufficient resources to do so (Robinson et al., 2016).

The principles of SOC can inform health and other programs that seek to foster independence, functioning, autonomy and quality of life for older adults (Grove et al., 2009). Regardless of

activity type or content, aspects of SOC could be applied to support engagement, retention, accessibility, relevance, impact and positive outcomes for participants. Baltes and Baltes (1993) also suggested that it is the role of the aged care organisation to support SOC in this setting by providing an age-friendly living environment, a less demanding physical and social ecology, opportunities to optimise individual cognitive and physical domains, and compensate for diminished reserve capacities by the provision of technological or other mechanisms. However, earlier studies have identified situations in which residents are thwarted in their efforts to exercise SOC behaviours by the encouragement of dependency on aged care staff in return for positive social attention by these staff (Baltes, 1988).

Whilst priorities and behavioural adaptations are most commonly at the behest of older adults themselves, there is an opportunity to apply SOC more broadly. Looking at the main domains or drivers of purpose identified in this study, the following paragraphs provide examples of how SOC at an individual and broader societal level could be employed to support the pursuit and maintenance of purpose in later life.

Elective and loss-based selective strategies with regard to purpose reflect the priorities and goals set by individual older adults. These include decisions regarding particular activities they may wish to engage with based on interest, reward and intrinsic capacity. It can also entail conscious choice to seek external services or support within the home to facilitate ongoing independence; to prioritise time and energy to enable continuation of activities that personally matter. Ready access to a range of high quality and affordable services for all older adults living within the community will supplement one's own efforts to continue self-care and activities of daily living. "Normalisation" of home-based service receipt and the benefit of such support to promote safety and independence may need to be better promoted for those less willing to seek out and accept such help.

Older adults can be encouraged to consider the value of purpose in their lives and supported to develop and apply selective strategies to pursue purpose as personally relevant. In response to changes in intrinsic capacity, older adults can be guided to adapt or modify existing, or pursue alternative, purposeful activities. For older adults living in residential aged care, this may include determining activity or endeavours that may provide the older person with purpose and negotiating mechanisms to realise these opportunities. Greater promotion of the benefit of purposeful activity in later life for older adults will also require education addressing internalised ageism that may be limiting goal setting and range of pursuits.

Individual older adults can mentor or support others to define, reshape and seek out endeavours that provide purpose; whether this is focused on the maintenance of independence or broader sources of meaning and interaction. At a broader level, older adults can be enabled to pursue purpose through removal of existing societal, environmental and other barriers that limit the breadth and quality of opportunities for purposeful engagement in later life. This may include changes specific to policy, law and social institutions that enable older adults to pursue meaningful roles and high quality employment. Concerted collective effort to redress ageism will increase opportunities for older adults to pursue activity that can provide purpose as well as reduce the impact of internalised ageism on the types of activities older adults seek out and believe attainable.

Optimisation can encompass both proactive and reactive strategies. Optimisation strategies can provide older adults with the breadth of opportunity to pursue purpose through maintenance of independence and autonomy, fulfilment of routine and responsibilities, and engagement with social, family, or faith based activity. Optimisation of intrinsic capacity and function, and prevention of decline, injury or falls can be pursued through participation in regular health promotion activities such as exercise groups, attendance at the gym, walking, swimming or chair-based strength work. Participation in health and wellbeing initiatives, including physical exercise, can be supported

through access to affordable activity and provision of transportation as needed. Promotion of physical activity could also include reference to the opportunities for social interaction, responsibility and benefits for mental wellbeing; all of which can contribute to purpose in later life.

Within the community, optimisation strategies can also be introduced through programs or policy promoting uptake of home adaptations that facilitate ageing in place. Within the aged care setting, organisational policy, structures, systems and culture will enable older adults to maintain autonomy, choice and independence. At a broader level, environmental changes can be adopted to enable adults of all ages and abilities to engage with their community and pursue activity of meaning and purpose. Efforts to create a more age-friendly environment can be incremental and established in line with local need, priorities and available resources.

Compensatory strategies are often introduced in response to change in intrinsic capacity, such as declining vision or mobility. Whilst most commonly initiated by the individual, older adults may be supported to apply a range of compensatory strategies to maintain activities that can provide purpose. To sustain social communication and connection, employment or lifelong learning, older adults can be encouraged to make use of online communications where mobility or geographical location is a challenge. This promotion may include education and training on how to effectively use available information and communication technology or ensuring equitable access to all older adults through subsidised or no cost provision of the necessary hardware. Through policy or funded programs, ready and affordable access to equipment or software to compensate for mobility or sensory impairment can also be introduced.

Older adults may be encouraged or enabled to seek external support as needed to fulfil activities that may become more challenging in later life. Access to affordable assistive technology and home modifications, as well as high quality services within the home will complement individual compensatory efforts and better promote independence and safety. Innovation in technologies,

home adaptations and infrastructure can further respond to age related loss in particular functions and mitigate their impact on a person's ability to pursue purposeful activity.

Study Limitations

Whilst the outcomes of this study contribute to the body of current evidence pertaining to purpose in later life, there are a number of limitations that must be acknowledged. The first of these is recognition that the sample size, location (predominantly metropolitan and inner regional South Australia) and method of data collection (qualitative interviews) do not enable extrapolation of findings to a broader population of older adults across each setting. In particular, the impact of COVID-19 restrictions limited the number of older adults in residential aged care who were able to participate in the interviews as planned. This in itself produced an imbalance between interviewees within the community or aged care setting. The method of data collection chosen required the ability for an interviewee to understand and respond to questions regarding sense of purpose amongst other aspects of their lives. Therefore, the findings reflect those without moderate to advanced cognitive impairment or dementia. It is recognised that the experiences of this group are therefore not captured in this study.

As discussed within the results section, it is also acknowledged that a sample size of 60 prevents robust quantitative analysis. Greater participant data may have demonstrated a different strength or direction in relationships between purpose and ageing across settings. Further to this, the relationships between demographic variables and the Life Engagement Test (LET), whilst often achieving statistical significance, must be interpreted with caution. This project is qualitative and as such the strength of evidence is that derived from the conversations with the interviewees, rather than the LET outcomes.

Through non-probability purposive sampling, older adults across the study volunteered to participate. This will likely represent a bias in the characteristics of the sample in that those more

motivated to contribute to this research may have an existing interest in the subject matter or represent those with personality traits more likely to be associated with greater purpose. The experience and attitudes of the older adults living in residential aged care spoken with as part of this study are specific to three aged care facilities, all of which operate under the one organisation. Overwhelmingly their stories are positive, which is a credit to the leadership, staff and volunteers of those sites. It is also recognised that such experiences reflect those adults who have volunteered to take part in the interviews and may not necessarily represent all residents or those from other aged care organisations. However, whilst the outcomes across the sample may not necessarily reflect the perspectives of older adults who feel they have less reasons to "get out of bed" each day, the primary intent of this study was to understand how purpose was experienced, defined and supported, rather than the strength of purpose itself across settings. Therefore, whilst a limitation in representativeness of all older adults, the findings remain relevant to the objectives of the study. It would have also been interesting to understand how purpose may be fulfilled across alternative models of residential aged care, such as that operating in line with Eden Alternative philosophy of care or the homelike models for example. Does the opportunity to contribute to individual or group function and/or provide care in addition to receiving it influence the experience of purpose amongst aged care residents?

The LET has been validated by researchers in the aged care setting. It was also selected for the present study due to its brevity, simplicity in design and, most importantly, the apparent relevance of individual data items to older adults across both the community and residential aged care setting. However, quantitative research exploring purpose with older residents is limited overall, including that applying the LET specifically to measure purpose, and as such there may be issues with the construct validity of the LET for this cohort. The lack of comparable research in the aged care setting makes interpretation more challenging. From very early interviews with aged care residents, I felt the LET may not be appropriate. The inclusion of data items using a negative wording

structure (such as “I don’t care very much about the things I do”) seemed to confuse some participants, requiring the statement to be repeated or explained to assist with interpretation and response. Two of the statements produced a subtle but negative response from a small number of participants (“There is not enough purpose in my life” and “I have a lot of reasons for living”). On occasion older adults described their life quite unhappily and I was reluctant to ask the questions as worded. Although I remained true to the wording of the LET to maintain methodological rigour, I feared that some of these statements would cause upset for some.

A final point is specific to the word “purpose” itself. Purpose can be interpreted differently and whilst some adults appeared comfortable contemplating what purpose represented at that point in time, others appeared at a loss. This speaks to the complexity of defining and measuring purpose as a psychological construct. However, structuring of sentences in a certain way as to better illustrate what was meant by purpose for this study, or more specifically the breadth and individual nature of purpose, appeared to support reflection. The prompting question of “What gets you out of bed each day?” was easily understood by all interviewees and helped facilitate subsequent discussion.

11. FINAL THOUGHTS ON PURPOSE IN LATER LIFE

Chapter overview

The Conclusion chapter provides a summary of the entire thesis, including reflection on the initial research question and how the outcomes of this study contribute to the current body of evidence specific to purpose in later life. Avenues for future research are also proposed.

Why does this study matter?

Global ageing requires proactive planning and transformation in policy, system delivery, environment and infrastructure. Of priority is consideration as to how physical, mental and social outcomes in older age can be maximised. Whilst not all older adults will maintain high physical function in later stages of their lives, all can be encouraged and enabled to pursue and engage in activities of personal meaning. An ageing population compels us to consider and challenge existing attitudes regarding older adult capacity and potential, and redirect focus toward opportunities for growth, wellbeing and contribution across the life span. “The social and economic resources and opportunities available to people across their life course influence their power to make healthy choices, contribute and receive support when they need it” (WHO, 2020b, p. 3). Many older people are capable of participating productively in society, through maintenance of independence, informal support, civic engagement, volunteering or paid employment. Ongoing investments into development, training and fostering of capacity into later life will have benefits beyond that for the individual (Rowe & Kahn, 2015).

More recent gerontological discourse has prompted an ideological shift from a predominantly pathological perspective of ageing to that in which older adults may age across a “successful ageing” continuum. Whilst definitions and measures continue to evolve, the pursuit of understanding what it means to age “successfully” is born from the desire to maximise outcomes and quality of later life. As many criteria are that specific to the maintenance of physical health and

avoidance of disability or disease, dominant successful ageing models may be more suited to younger older adults in reasonably good health. However, successful ageing models focusing on the *processes* rather than the outcomes of ageing may better accommodate and reflect the heterogeneity of older adults and ageing itself.

Selective Optimisation with Compensation (SOC) is a meta-model of ageing that refers to strategies that can be introduced to successfully adapt to age related changes (Freund, 2008; Marsiske et al., 1995). Through a range of direct and indirect mechanisms, research suggests the application of SOC strategies may result in greater physical health and wellbeing in later life. As a model of ageing adaptation, SOC has informed interpretation and discussion of studies of older adult workforce participation, prevention and management of disability or chronic health conditions, and recovery after an acute health event. The present study applies SOC to the design, analysis and discussion of purpose in older age. As a process rather than outcome model of ageing, SOC is complementary to the dynamic and individual nature of purpose across the life span. Through the pursuit of activity that provides or sustains purpose, older adults may consciously or unconsciously introduce adaptations to continue engagement with such activities.

What is purpose?

Purpose can provide a sense of intentionality, guide behaviour to achieve personal aims and living objectives, and may offer insight into how and why certain people remain healthy over time. Research outcomes suggest that greater reported purpose is related to a range of better health and wellbeing outcomes for older adults. Purpose may act as a buffer against risk factors for poorer health outcomes. Having greater value attached to one's daily activities is likely to result in the desire to preserve capacity for engagement in such activities and prolong an existence perceived as personally meaningful (Ryff & Singer, 1998). Older adults with a strong sense of purpose in life are inclined to rate their health more favourably, experience fewer functional limitations, and continue

to experience life satisfaction despite poor health or chronic disease (Krause, 2009; Troutman, Nies, & Seo, 2010).

With few exceptions, the literature demonstrates a decline in purpose with age. However whilst presence and prevalence of purpose may change over the life span, its inherent value persists (Pfund & Lewis, 2020). Major lifestyle transitions associated with ageing may prompt older adults to refine or move on from previous roles. Through sufficient opportunities for older adults to assume contributing roles, participate in meaningful activities and sustain their social value and sense of relevance, an adult can continue to adapt and even flourish amidst these changes (Lewis et al., 2020). Qualitative studies have suggested that older adults derive satisfaction from purposeful activity such as participation in work, household management, maintenance of independence, adapting to changes in physical abilities and health, supporting their family, and continuation of personally meaningful hobbies and interests (Hedberg, Brulin, & Alex, 2009; Hedberg, Gustafson, Brulin, & Alex, 2013; Reichstadt, Depp, Palinkas, & Jeste, 2007).

How does this study contribute?

Qualitative data from interviews with sixty older adults living within the community or residential aged care setting were explored to better understand how purpose is experienced and enabled in later life. The contributions of this study are four-fold. Firstly, the outcomes of this study contribute to the limited body of research evidence, defining purpose from the perspectives of older adults themselves; particularly for those adults living in residential aged care, a population often considered amongst the most vulnerable of older adults. Secondly, the qualitative findings can inform quantitative conceptualisations, and measurement of purpose better targeted to the diverse experience of older adults. Thirdly, this study sought to identify the breadth of strategies associated with SOC and how these are applied in the context of purpose pursuit and maintenance. Finally, a

contribution to policy and practice through exploration of potential implications and applications of the evidence gathered is demonstrated.

Whilst researchers continue to promote the wide-ranging benefits of purpose in later life, less is understood about purpose as a construct in itself. This lack of a "working" or broadly relevant definition hinders the ability to design and evaluate interventions that may support older adults to seek out, increase, retain or re-discover their sense of purpose at different stages of their lives. The outcomes of this study may help to refine existing or inform new "tools" to capture a quantitative representation of purpose for older adults specifically. Conversations with older adults suggest that the majority continue to value, experience and pursue purpose in their lives. This can be through tangible activities, roles or commitments or that represented by the preservation of independence, autonomy and sense of self. The strength and scope of purpose also appears influenced by personality traits, past or existing roles, attitudes toward ageing, environment, responsibilities, available intrinsic and other resources, and sufficient opportunity to engage in activity that makes one's life purposeful.

Perhaps most striking of the outcomes of this study is the diversity of purpose both in how it is described and how it is experienced amongst the group. Although similarities or patterns have emerged from the data, the individualised nature of purpose dominates. The scope of purpose and how it is fulfilled are influenced by both intrinsic and external factors. How purpose is pursued can also fluctuate in effort or direction. The context in which we age may require us to adapt our goals and pursue alternative or modified sources of purpose. For some, significant changes in individual health and wellbeing, lifestyle factors such as employment, or living environment can compel a change in how purpose is sought or fulfilled. Activities, engagement or people that once represented daily purpose can be supplanted by maintenance of independence, pursuit of new interests and opportunities, or increased prioritisation of people or activities of personal value.

How can purpose be supported?

The elusiveness of defining purpose as a construct reflects the heterogeneity of older adults. Whilst introducing challenges in efforts designed to encompass a single or small range of purpose promoting activities, it also offers an opportunity to empower adults to seek purpose through any mechanism they see fit. Rather than designing interventions delivering generic activities objectively described to be "purposeful", it seems more appropriate to increase or foster the capacity of older individuals to pursue activities, opportunities and relationships of personal relevance. Fortunately, many of the domains of purpose identified in this study, such as social interaction, engagement, responsibility or faith, are associated with a range of other health and wellbeing outcomes in later life. Thereby, providing even greater policy or funding justification for their pursuit.

The outcomes of this study further illustrate the challenges of designing specific interventions to foster purpose in later life. However, there exist opportunities at an individual, interpersonal and society level to enable older adults to pursue and sustain purpose in their lives. At an individual level, enablers to engage with purposeful activity include good health, sufficient resources, mobility and transport. To support purpose as represented by independence and autonomy within the community, home adaptations, quality and accessible formal services and affordable housing may facilitate ageing in place. Within the residential aged care setting, organisational and staff culture and policy can preserve purpose for residents through empowering individual control, autonomy and ability to exercise choice over their daily lives. For some older adults it will be necessary to challenge negative perceptions of ageing, or more specifically internalised ageism, which may be impeding their willingness to seek out purposeful activities or influencing the value they ascribe to the maintenance of purpose itself.

At an interpersonal, community and organisational level, purpose may be fostered through sufficient opportunity, information and communication technology, an enabling environment and

ready access to transport. The role of local government or funded community organisations in particular is pivotal in the provision and facilitation of a range of volunteer, health promoting, education, social or functional events. Through greater digital inclusion, older adults will maintain responsibility for management of health, instrumental activities of daily living such as online shopping or payment of bills, as well as pursue education, learning and meaningful virtual connection with others. Outside of the home, age-friendly environments will empower people of all ages and abilities to continue to interact and contribute to their community. These environments include safe and accessible public transport, well maintained footpaths, even surfaces or ramps to accommodate mobility assistance devices or issues with balance, and adequate street lighting, seating and public facilities. Specific to residential aged care, purpose may be supported through provision of meaningful activities such as those connected to past interests or roles, replicate long held routines and habits, and those that sustain sense of self-identity.

The change necessary to support purpose at the societal level will require a more committed, collective and long-term focus. Structural lag persists by which core institutions of society have not kept pace with, nor sufficiently adapted, to meet the needs of an ageing population. Therefore, significant effort is necessary to develop policies, strategies and programs for adjusting and adapting education, work and the workplace, retirement, health and social care, housing, and the design of neighbourhoods to reflect demographic change. This includes an understanding of how social institutions can facilitate “successful ageing”, and enactment of appropriate responses to existing institutional or structural obstacles (Rowe & Kahn, 2015). Particularly relevant to purpose is the dearth of opportunities for older people to maintain roles that provide structure, meaning and an opportunity to contribute.

What is the role of SOC in the pursuit of purpose?

Studies of SOC amongst older adults will often articulate the ways in which older adults utilise elements of SOC to maximise function in the workplace, respond to a health crisis or in the management of a disability. Very few studies explore how SOC can be employed to optimise purpose in later life, nor how SOC can be supported at a level beyond individual enactment and initiation. Whilst the focus of the interviews was largely directed toward understanding individual efforts to maintain purpose through application of SOC, subsequent outcomes suggest strategies that could be applied externally to supplement or strengthen behaviours where individual capacity may be compromised. This study contributes to the qualitative evidence exploring SOC and the pursuit of purpose specifically. Although not necessarily articulated or recognised as such, older adults appeared to employ SOC strategies to continue activities that provided them with purpose: both reactive and proactive.

Any proposed application of the outcomes of this study is guided by the principle that older adults are enabled to age "successfully" as they deem valuable and personally relevant. Whilst available evidence suggests maintenance of purpose in later life to be a worthy pursuit, it is also necessary to broaden our understanding of what purpose represents to an individual at different stages of their lives, whilst concurrently respecting the importance they may place on its presence. For those for whom pursuit of purpose remains relevant and valued, efforts toward identifying how such purpose can be developed, sustained or re-discovered are worthwhile.

Where to from here?

Whilst research exploring the effects of purpose in later life continues, the evidence is largely informed by quantitative studies using validated psychometric scales or tools to measure purpose. Although perhaps lacking the richness in information that qualitative lines of inquiry can gather, such tools nonetheless are helpful in exploring factors associated with the experience of purpose as

well as determining the efficacy of interventions designed to foster or promote purpose amongst older people. Findings from qualitative studies, including this one, suggest that purpose in later life is a complex psychological construct to define and measure. Whilst recognising the modest range of existing tools employed in studies involving older adults, there is nevertheless value in taking heed of past and emerging qualitative evidence articulating representation of purpose in later life to inform or refine more relevant or valid quantitative measures of purpose. This is particularly important for older adults living in non-community settings, for which the evidence both quantitative and qualitative specific to purpose, continues to be scarce.

The research into purpose in later life is dominated by studies involving adults living within the community setting. This study in itself further illustrates that research findings derived through studies with older adults living in the community cannot be readily extrapolated to adults across settings. Further research is necessary to better understand the role of purpose in the aged and other long-term settings and how it can be better supported. This includes an exploration of purpose for older adults living in "non-traditional" long-term care service models (such as homelike or Eden Alternative). Further evidence understanding what purpose represents for individuals at different life stages and how this information can be translated into interventions that can increase, sustain or even reintroduce purpose into the lives of older adults is also needed. Based on the dominance of cross sectional studies, greater research efforts could be directed toward longitudinal studies exploring stability or fluctuation in purpose at an individual level.

The outcomes of this study tend to suggest that one type of intervention to support purpose is unlikely to be of relevance to all who participate, regardless of setting. The individualised nature of purpose as defined through interviews with older adults leads rather to the need to create an individual, social, community and broader social environment in which older people are enabled to pursue purpose as meaningful to them at different points in time. That being said, of the limited

evidence regarding interventions related to purpose, the outcomes appear positive. Therefore, there remains merit in developing, testing and assessing evidence based programs or initiatives designed to foster, build upon or re-introduce purpose across the life span.

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13. APPENDICES

Appendix A: Systematic Search and Review Abstract

Article

The International Journal of Aging and Human Development
0(0) 1–35

DOI: 10.1177/0091415017702908
journals.sagepub.com/home/ahd
SAGE

Aging With Purpose: Systematic Search and Review of Literature Pertaining to Older Adults and Purpose

Justine Irving[1], Sandra Davis[1], and Aileen Collier[2]

Abstract

Purpose can provide a sense of intentionality, guide behavior to achieve personal aims and living objectives, and may offer insight into how and why certain people remain healthy over time. A review of the literature sought to identify contemporary research pertaining to purpose and older adults. Thirty-one studies were selected for evaluation based on inclusion criteria. Research outcomes suggest that greater reported purpose is related to a range of better health and well-being outcomes for older adults. With few exceptions, the literature demonstrates that purpose declines with age. Nevertheless, the potential to experience purpose persists across the life span, by providing opportunities for older adults to continue contributing roles, participate in meaningful activities, and sustain their social value and sense of relevance. Further research could explore how purpose is experienced by the oldest-old age-group, those living within noncommunity settings, and people with age-related cognitive impairment such as dementia.

Keywords

sense of purpose, purpose in life, older adults, ageing, aging, purpose

Appendix B: Interview Guides

Final Interview Schedule-Community

Name:

Gender: Male Female

Marital Status: Single Widowed/divorced Married or in a relationship

Age:

Residence: Community RACF

For older adults in community (questions not necessarily asked in the order presented here):

- So, tell me a bit about yourself……
- Do you still work? (IF NOT) When did you retire? Why did you retire? What kind of work did you do?
- How would you describe your typical day or week? What types of things do you do?
- Do you have many regular/structured events each week or are you more flexible each week?
- What gets you out of bed in the morning? What keeps you busy?
- Have you had to make any changes/adaptions to any activities, hobbies, jobs or anything like that?
- Have you experienced any major life events that changed your day to day activities, goals or motivation?
- Do you seek help to do these things in anyway or are you quite self-reliant? Are you comfortable asking for help when needed?
- How do get around? Transport?
- Are there some activities, hobbies or jobs that you have stopped doing? If yes, why did you stop these? Were they important to you? Would you like to be able to do them again or have you found something else?
- Are you happy with the level of activity in your life in general? Or would you like less or more or different?
- How do you rate your health? What do you do to keep yourself healthy?
- What gives you joy or pleasure in your life? What makes you happy?

- Are you the type of person who has always set goals? Do you set goals for yourself? If so, do you find that you set many goals at once or do you tend to focus one at a time?
- Are there things that you would like to do?
- Do you feel that you have purpose in your life? However, you interpret that or whatever it means to you?
- What is purpose to you? How would you describe it?
- Do you think about getting older or is it not something you pay much mind to?
- Do you enjoy living alone? (if relevant)
- I am going to conclude the interview with asking a few questions about yourself. After I ask each question can you please indicate your level of agreement from strongly disagree, agree, not sure, agree, or strongly agree. Please be as honest as you can when you answer these questions. Your responses are completely confidential and there is no right or wrong way to answer. Does this sound OK?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. To me the things I do are all worthwhile*					
3. Most of what I do seems trivial and unimportant to me					
4. I value my activities a lot					
1. There is not enough purpose in my life					
5. I don't care very much about the things I do					
6. I have a lot of reasons for living					

*The order of the questions as presented here is slightly different to that of the original LET. This was adjusted due to feedback from the Flinders Social and Behavioural Research Ethics Committee who felt that commencing with the original first question (There is not enough purpose in my life) may be too confronting for participants.

Final Interview Schedule- Residents

Name:

Gender: Male Female

Marital Status: Single Widowed/divorced Married or in a relationship

Age:

Residence: Community RACF

Questions for people living within RACFs

- How long have you lived here for approximately? Where did you live before here?
- What was your life like before you came to live here? What types of things did you like to do? What type of work did you do?
- How did you keep busy before you came to live in here? What gave you a sense of purpose?
- Do you tend to get bored with particular activities or are you the type to keep focused on certain things?
- What do you like to do during the day?
- Are there some activities that you do that you like more than others and why?
- Is there anything that you used to do that you would like to do now but have not been able to? Why can't you do this anymore?
- Do you seek help to do these things in anyway or are you quite self-reliant? Are you comfortable asking for help when needed?
- What makes you get out of bed each day? What gives you purpose?
- What makes you happy? What give you joy or pleasure?
- Are you the type of person that likes many goals at once or do you like to stick to one goal at a time?

I am going to conclude the interview by asking a few questions about yourself. After I ask each question can you please indicate your level of agreement from strongly disagree, agree, not sure, agree, or strongly agree. Please be as honest as you can when you answer these questions. Your responses are completely confidential and there is no right or wrong way to answer. Does this sound OK?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. To me the things I do are all worthwhile					
3. Most of what I do seems trivial and unimportant to me					
4. I value my activities a lot					
1. There is not enough purpose in my life					
5. I don't care very much about the things I do					
6. I have a lot of reasons for living					

Appendix C: Participant Demographic Summary Table

Number	Setting	Gender	Age	Relationship
P1	Community	Female	74	Widowed/Divorced
P2	Community	Female	86	Single
P3	Community	Female	73	Widowed/Divorced
P4	Community	Female	89	Widowed/Divorced
P5	Community	Female	85	Widowed/Divorced
P6	Community	Female	86	Widowed/Divorced
P7	Community	Female	76	Married/In a Relationship
P8	Community	Female	79	Married/In a Relationship
P9	Community	Female	79	Widowed/Divorced
P10	Community	Female	-	Widowed/Divorced
P11	Community	Male	68	Single
P12	Community	Female	75	Married/In a Relationship
P13	Community	Female	80	Married/In a Relationship
P14	Community	Female	69	Widowed/Divorced
P15	Community	Female	85	Widowed/Divorced
P16	Community	Female	74	Married/In a Relationship
P17	Community	Male	74	Married/In a Relationship
P18	Community	Female	90	Widowed/Divorced
P19	Community	Female	88	Single
P20	Community	Female	75	Widowed/Divorced
P21	Community	Female	70	Single
P22	Community	Male	79	Married/In a Relationship
P23	Community	Female	78	Married/In a Relationship
P24	Community	Female	96	Widowed/Divorced

Number	Setting	Gender	Age	Relationship
P25	Community	Female	84	Widowed/Divorced
P26	Community	Male	93	Married/In a Relationship
P27	Community	Female	68	Married/In a Relationship
P28	Community	Male	93	Married/In a Relationship
P29	Community	Female	83	Married/In a Relationship
P30	Community	Female	68	Married/In a Relationship
P31	Community	Male	72	Married/In a Relationship
P32	Community	Male	87	Married/In a Relationship
P33	Community	Female	85	Married/In a Relationship
P34	Community	Female	78	Married/In a Relationship
P35	Community	Male	82	Married/In a Relationship
P36	Community	Female	76	Married/In a Relationship
P37	Community	Male	77	Married/In a Relationship
P38	Community	Male	83	Married/In a Relationship
P39	Community	Male	69	Married/In a Relationship
P40	Community	Male	69	Married/In a Relationship
P41	Residential Aged Care	Female	87	Married/In a Relationship
P42	Residential Aged Care	Female	86	Married/In a Relationship
P43	Residential Aged Care	Female	96	Widowed/Divorced
P44	Residential Aged Care	Female	67	Married/In a Relationship
P45	Residential Aged Care	Male	72	Widowed/Divorced
P46	Residential Aged Care	Female	93	Single
P47	Residential Aged Care	Female	91	Widowed/Divorced
P48	Residential Aged Care	Male	80	Widowed/Divorced
P49	Residential Aged Care	Male	62	Single
P50	Residential Aged Care	Female	91	Widowed/Divorced

Number	Setting	Gender	Age	Relationship
P51	Residential Aged Care	Female	80	Widowed/Divorced
P52	Residential Aged Care	Male	72	Single
P53	Residential Aged Care	Female	66	Single
P54	Residential Aged Care	Female	79	Widowed/Divorced
P55	Residential Aged Care	Female	95	Widowed/Divorced
P56	Residential Aged Care	Female	87	Married/In a Relationship
P57	Residential Aged Care	Female	84	Single
P58	Residential Aged Care	Female	96	Married/In a Relationship
P59	Residential Aged Care	Female	90	Single
P60	Residential Aged Care	Male	78	Single