

ARTICLE

Perceived barriers and contributors to sense of purpose in life in retirement community residents

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Abstract

Despite the growing use of retirement communities and ageing care facilities, little is known about how residing in retirement residences may impact aspects of older adult wellbeing. Living in these communities may hold particular influence on residents' sense of purpose, if they feel limited in their opportunities for individual action, or could serve to promote purposefulness depending on the social connections available. The current study sought to explore contributing factors as well as barriers to purpose in older adults living in three continuing care retirement communities. Using brief semi-structured interviews, 18 older adults were asked to describe their purpose in life, community-related activities and any perceived challenges limiting their ability to pursue this purpose. Thematic analysis was used to examine themes common across interviews. Interviews presented a mixed picture of the nature of purposefulness in retirement facilities. Residents espoused several benefits of community living such as social and leisure opportunities, while also noting several obstacles to their purpose, including health concerns and the belief that purpose in life was not relevant for older adults. These findings provide insight into how older adults can derive a sense of purpose from activities within their retirement community and how facilities can better tailor programmes to promote purposefulness and support personally valued roles for residents.

Keywords: purpose in life; psychological wellbeing; qualitative research; retirement communities; thematic analysis; elder care

Introduction

With the ageing of the baby-boom generation, nations worldwide are expected to see unprecedented numbers of older adults in upcoming years. For example, in Canada, it is estimated that the number of adults over the age of 65 will reach about 10.4 million by 2036, or almost a quarter of the population at that time (Statistics Canada, 2011). Similar demographic shifts are expected in the United

States of America, with the percentage of older adults estimated to increase from 14 to 20 per cent of the total population by 2030 (Ortman *et al.*, 2014). Accompanying these trends is an increase in the number of older adults taking up residence in retirement or elder-care facilities. Recent numbers indicate that 7.9 per cent or about 393,000 Canadian adults over 65 reside in retirement or nursing facilities, and these numbers increase to around 30 per cent for individuals over 85 (Statistics Canada, 2012). These numbers are likely to increase as the population ages and more and more individuals have social or health needs that are not being met within their own home.

While senior facilities may differ widely based on design, level of care offered, costs, and whether they are public or privatised facilities, they can typically be grouped into three categories. Independent living retirement communities (also referred to as retirement villages or congregate housing) offer residence for relatively independent older adults, often with individual apartments or cottages linked to a communal space for services such as dining. Nursing or long-term care facilities offer personalised nursing and medical care for individuals with physical or cognitive health impairments. Another type of facility, continuing care retirement communities, represents a combination of features from independent and nursing care facilities. Continuing care retirement communities often offer a variety of care options ranging from independent living to full assisted living and dementia care (Ayalon and Greed, 2016).

However, it remains unclear how residing in such a facility may impact one's wellbeing. This topic though is particularly important to consider, heeding calls for 'rigorous research on the ways that social institutions can facilitate successful ageing, as well as studies that identify institutional or structural obstacles to successful ageing' (Rowe and Kahn, 2015: 595). One such factor that may facilitate successful ageing in this context is whether retirement community residents feel that they have a sense of purpose in life. Sense of purpose in life refers to the degree to which an individual feels that they have personally meaningful goals or direction that guides their actions in life (Ryff, 1989; Ryff and Keyes, 1995). In this regard, one's sense of purpose reflects the identification of stable, overarching aims that have far-reaching effects on behaviour and feelings of fulfilment (Damon *et al.*, 2003; Kosine *et al.*, 2008; McKnight and Kashdan, 2009). Accordingly, sense of purpose in life appears to predict improved psychological and physical outcomes in older adulthood. For instance, more purposeful older adults have reported benefits such as higher psychological wellbeing, fewer depressive symptoms and less loneliness in both retirement community (*e.g.* Bondevik and Skogstad, 2000) and independent living settings (Hedberg *et al.*, 2010). As well, sense of purpose is associated with improved physical health in older adulthood, including reduced risk for heart disease and stroke (Kim *et al.*, 2013), cognitive decline (Boyle *et al.*, 2010) and all-cause mortality (Boyle *et al.*, 2009; Hill and Turiano, 2014).

It is unfortunate then that older adults tend to report less purposefulness than their young and middle-aged counterparts. Several studies suggest that purpose tends to decline in older adulthood, with steepest age-associated declines occurring after around age 85 (Pinquart, 2002; Hedberg *et al.*, 2010). These trends have been attributed to a number of changes around this time, including declining social support, loss of meaningful roles (*e.g.* the role of being a parent or spouse, as well as

retirement), and declining health and functioning. Importantly, the period of older adulthood often leads to significant lifestyle transitions, including retirement or moving into a retirement facility, requiring older adults to adapt or move on from previous roles.

Retirement communities are likely to influence sense of purpose in a number of ways. A meta-analysis by Pinquart (2002) identified several lifestyle factors that influence the purpose in life of middle and older adults, with social connectedness being one of the strongest predictors of purpose. Indeed, other studies have found sense of purpose in life to be associated with positive social relationships (*e.g.* Ryff *et al.*, 2004) and attachment to family members (Hill *et al.*, 2016). Residing in a retirement community may encourage older adults to expand social networks beyond close family and friends at a time in the lifespan where individuals tend to focus their efforts on a few close relationships (Carstensen, 1992; Carstensen *et al.*, 2003). In this regard, retirement communities may provide older adults with opportunities for new roles through social engagement, potentially allowing for a replacement of those roles previously lost.

Another promotive factor is the potential for increased availability of functional supports and care that would not be available in one's home. Adults residing in these facilities are more likely to be older, living without a spouse, and report poorer health and functioning than those ageing in place (Cohen-Mansfield *et al.*, 2016), and thus may have been particularly taxed physically and psychologically if they lived on their own. For older adults struggling to meet the care needs of themselves or their spouse, residing in a care facility may help to reduce the burden of functional limitations. In turn, residence in a community may allow older adults instead to focus efforts on other purpose-driven pursuits. As such, these individuals may be more at risk for loneliness and loss of purpose if not provided adequate support to address these challenges.

How retirement settings may influence sense of purpose

While research is limited specific to sense of purpose in older adult residential settings, many older adults perceive retirement communities as centres for promoting wellbeing and cite incentives such as decreasing loneliness, reducing household responsibilities and getting help in caring for a spouse as reasons for moving to a community environment (Bekhet *et al.*, 2009). Further, research on subjective wellbeing in an elderly Finnish sample suggests that residing in an institutionalised setting (retirement community or long-term care) may reduce negative affect and promote life satisfaction (Böckerman *et al.*, 2012). The authors suggest that while institutionalised individuals were more likely to suffer from health conditions that limit their functional abilities, these residential settings likely contributed to wellbeing by providing social and nursing support to minimise the impact of these challenges.

Further work has explored older adults' perceptions of wellbeing in retirement communities using qualitative interviews. One investigation explored this topic using semi-structured interviews of 18 older adults residing in retirement communities in England (Chandler and Robinson, 2014), asking about activities and general life within the facilities. These interviews were coded for themes relating to the

dimensions of psychological wellbeing (Ryff, 1989; Ryff and Keyes, 1995), including sense of purpose. Participants indicated that new opportunities to engage in community activities contributed to their sense of purpose. On the other hand, some participants reported feeling lost and directionless upon first moving to the facility, as they felt disconnected from previous activities and roles that contributed to their sense of purpose before the move.

Similar themes have emerged in other studies of retirement communities. Grant (2007) conducted group interviews with participants from 12 retirement villages across New Zealand. Participants were asked to discuss topics such as their perceptions of ageing, the social environment of the community and their perceived challenges. One commonality amongst these interviews was that many individuals experienced an initial challenge in adjusting to the facility. However, participants also reported finding self-fulfilment in the social and leisure activities with the community, leading to a sense of 'cultural rejuvenation' and purpose. Notably, many participants reported being closely involved in the planning of the leisure activities in the community, which likely led them to choose activities of personal interest.

Another important predictor of purpose to consider in the context of elder-care facilities is health and functional ability. Older individuals with health impairments, particularly those involving impairment in physical or cognitive functioning, would be less able to participate in activities that have traditionally contributed to their sense of purpose. For instance, difficulty walking or standing is a particularly common barrier to physical and recreational activities in older adults (Bjornsdottir *et al.*, 2012). Individuals living in retirement or care facilities are likely to have similar health limitations, and thus may benefit less from opportunities for social and leisure activity engagement offered within a community.

The present study

The research highlighted above suggests that for many older adults, retirement communities foster social connections and engagement in physical and leisure activities, which may in turn support their sense of purpose in life. However, it remains to be seen whether older adults residing in these communities perceive their lives as purposeful, as no study as yet has directly asked participants about their changes in purposefulness. In the current study, semi-structured interviews were conducted with residents from three continuing care retirement communities. Community-dwelling older adults were asked to describe in their own words what having a sense of purpose meant to them and to describe the extent to which they felt their lives were purposeful. Based on past work, the present study sought to address a number of pertinent research questions:

- (1) Do retirement community residents generally feel purposeful?
- (2) To what extent do retirement community residents perceive their residential setting as supporting their sense of purpose, and what aspects of their residence are most promotive?
- (3) What do residents report as obstacles to pursuing a purpose in life, and how might these be remedied?

Methods

Participants and procedure

Data were collected from 18 older adults between the ages of 71 and 94 (mean = 85.22 years) residing in three private continuing care retirement communities in Ottawa, Canada. Participants were predominantly female (16 women, two men) and reflected a wide range of experience living in a retirement community setting, with participants having lived in retirement facilities between five weeks and eight years (median = three years). Each facility offered independent apartment-style accommodation as well as nursing care for physical or cognitive needs. Nursing care was available to those living in the main residential area of the facilities, though residents with more advanced care needs typically resided in designated assisted living areas with closer access to nursing and other supports. Participants were recruited via posters placed throughout public areas in the community (*e.g.* outside dining areas and activity rooms). As well, research assistants set up tables in public areas to answer questions about the study and schedule interviews. Participants were given the choice to conduct the interview in a private room in their facility or within their own room to accommodate for functional challenges. Compensation was offered in the form of educational talks delivered at the residences. Ethics approval for the study was obtained from the Carleton University Research Ethics Board. Participants were informed of potential risks to participation before the study and all participants provided written consent to participate.

Semi-structured interviews were conducted by asking participants a series of questions regarding their sense of purpose in life, activities, perceptions of their daily life and demographic characteristics. Each participant was asked to reflect upon what purpose in life meant to them, and to describe their purpose at various points of the lifespan leading up to the present. When describing their current purpose, participants were prompted to describe the activities which they feel contribute to their major goals in life: 'What types of activities do you engage in that you feel contribute to your current goals?' Further, participants were asked about obstacles they feel may prevent or hinder these goals. Participants were asked: 'What are some difficulties or challenges you face when trying to achieve your present goals?' Also, participants indicated whether they felt these obstacles were beyond their control, would get better or worse in the future, and discussed ways in which they could reduce the impact of this challenge on their purpose. Participants were asked about how their current situation and day-to-day activities relate to their sense of purpose but were not specifically prompted to identify features of the retirement communities. This phrasing was used to avoid biasing participants towards identifying specific aspects of the community in their descriptions of purpose in life. Interviews lasted approximately 45–75 minutes and were recorded using an audio recorder. These recordings were later transcribed verbatim, at which time all personal identifying information was removed and each participant was assigned a pseudonym.

Survey measures

In addition to the guided interview, participants completed questionnaires assessing demographic characteristics, sense of purpose, and indicators of physical functioning and mental health. Sense of purpose was assessed using the seven-item purpose

sub-section of the Scales of Psychological Wellbeing (Ryff, 1989). Participants responded using a six-point Likert scale from 'strongly disagree' to 'strongly agree' to indicate the extent to which they agreed with items such as 'I live life one day at a time and don't really think about the future' and 'Some people wander through life aimlessly, but I am not one of them'. Participants' ability to complete everyday activities such as food preparation and using the telephone was assessed using a seven-item version of the Instrumental Activities of Daily Living Scale (Lawton and Brody, 1969). Items were scored as 1 (able to complete activity with minimal assistance) or 0 (unable to complete activity without assistance), and then summed to create an overall measure of functioning.

Participants were also assessed for social isolation and symptoms of depression. Social isolation was assessed using the Perceived Isolation Scale (Cornwell and Waite, 2009), a nine-item measure addressing sense of companionship and ability to open up to friends and family. Participants responded to each item as experiencing them rarely, sometimes or often. Depressive symptoms were assessed using the Geriatric Depression Scale (Yesavage *et al.*, 1983; Kurlowicz and Greenberg, 2007), a 15-item measure assessing common symptoms of depression, including feeling empty, bored, helpless and low energy.

Data analysis

Qualitative analyses began with an initial coding scheme based on past empirical evidence (*e.g.* Grant, 2007; Böckerman *et al.*, 2012; Chandler and Robinson, 2014). Building off this past work, it was expected that participants would report factors such as social connectedness, community leisure activities and easy accessibility to care within the community as supporting their sense of purpose. We also coded for anticipated barriers to purpose, including health concerns and difficulty adjusting to the community environment. Participants' responses throughout the interviews were reviewed for these themes and coded using NVivo 11 qualitative software. In addition to coding for these factors, the present study utilised a thematic analysis framework (Braun and Clarke, 2006) to examine other potential emergent themes in the data. Data from each interview were reviewed for common points that did not align with the above-mentioned coding scheme and were then organised into additional, 'emergent' themes.

Results

Demographic information

Demographic information and descriptive statistics are presented in Table 1. Mean purpose levels were comparable to other samples of community-dwelling and oldest old adults (*e.g.* Boyle *et al.*, 2010; Hedberg *et al.*, 2010), with the lowest scorers still around the mid-point of the scale. Participants all fell within a clinically healthy range for depression (fewer than ten depressive symptoms) and the average score for perceived isolation was near the lowest score possible. Finally, most participants reported relatively few limitations (fewer than three), though some were at the high end of the Instrumental Activities of Daily Living Scale.

Table 1. Descriptive statistics for the present sample

Variable	N (%)	Mean	SD	Range
Age		85.22	5.94	71–94
Age range:				
71–80	3 (16.67)			
81–85	5 (27.78)			
86–90	6 (33.33)			
91–95	4 (2.22)			
Sex (female)	16 (88.89)			
Living with spouse	3 (16.67)			
Purpose in life		4.25	0.83	3.14–5.57
Perceived isolation		1.45	0.47	1.00–2.83
Depressive symptoms		3.12	1.76	1–7
Activities of daily living		4.76	1.56	2–7

Notes: N = 18. SD: standard deviation.

Factors promoting sense of purpose

In participants' discussion of what purpose in life means to them, many frequently mentioned features of the retirement community when describing their purpose in life and factors which they felt contributed to their broader life aims. As expected, most participants mentioned community activities and social opportunities within the facility, as well as the availability of nursing care and other supports. To allow participants' responses to be fully considered, we decided against overly restrictive guidelines, such as having to specifically mention 'purpose' in the response for it to be coded. As such, we allowed participants to respond to the questions using their own terms and with respect to the topics of their choosing, which were then coded in categories that reflected components of living a purposeful life (*e.g.* activity engagement) or factors that may contribute to purposefulness (social engagement, functional support, *etc.*). It is worth noting though that the questions did directly ask participants about purpose and goals. Therefore, while the participants were asked about purpose and goals, our coding scheme allowed participants to consider those constructs however they wished, rather than imposing any *a priori* restrictions on what counted as a purpose in life, or purposeful engagement.

Activity engagement

When asked about their current purpose, the most frequently cited factor when describing their purpose was the array of activities and events within the community (mentioned by 72.2% of participants). These included formal planned activities organised by facility staff as well as informal, resident-organised events such as card games and outings. Participants described numerous benefits of the community activities, including keeping them mentally and physically active, providing them the opportunity to try new things, and providing a consistent schedule or routine. As Jacqueline (age 92, living in the community for over a year and a half) explained:

Living here there are so many activities that you can be a part of. It keeps me busy just looking after myself and being able to be a part of the community here ... that's a good part of keeping me interested in life.

Participants also mentioned how activity engagement helped promote a sense of contribution to the community. Several participants commented on the importance of contributing to the community through activities such as decorating, planning and assisting staff in organising events for other residents. Edward (age 88, living in retirement communities for over eight years) described the value of contributing when discussing his current purpose:

Being active and contributing to what's going on here, and if they're making decorations for Christmas or Halloween. I'm the one who makes all the pumpkins, put lights on them and stick them out front or on the piano. I'm the only one who does that.

As shown in Edward's comment, taking on a personally meaningful role in the community engendered goal-direction and purposefulness. Indeed, a few participants described the benefit of taking on more personally meaningful roles within the community, including running the community store or serving as the librarian. For instance, some participants described how they found purpose in assisting other residents, including volunteering on the dementia care unit within their facility and forming support groups for recently bereaved individuals. An important feature of many of these activities is that they address similar goals held with past work and familial responsibilities. For instance, Beverly (age 78, residing in the community for three years) came from a background in education, was active in creating community presentations and read to a book club for the visually impaired. Similarly, Susan (aged 88, living in the community for over five years) found a role within the community that directly related to her past work experience:

After my husband died I started volunteering in a library and I found I enjoyed it, so when I made the decision to move here I volunteered to look after the library and have found it to be very satisfying. I've never felt that one just gets up in the morning and drifts through the day. You have to have some sort of occupation. Not necessarily a paid job but you do something constructive.

Opportunities for social interaction and support

Another promotive factor for purpose is that the community can provide new and consistent opportunities for social interaction, which may not have been available when living on their own. When describing the benefits of activity engagement within their community, six participants (33.3%) emphasised the importance of being able to connect with other older adults and expand social connections beyond close family and friends. Indeed, many viewed this support as valuable as it allowed them to more openly communicate with those of similar age and interests. For instance, Ann (age 86, living in the facility for less than a year) describes the value of discussing health concerns with others in the community:

I tend to open up to talk about things with close friends, one doesn't tend to do that too much with your own children because I don't want to complain or talk health stuff with them because I don't want them to worry. So I have plenty of companions here because everyone likes to talk about health.

On the other hand, several participants felt that they lacked close companionship within the facility. As Laura (age 91) explains:

I don't really have close friends here. And I don't think any of us do. I'd be surprised if someone said they had a very, very close friend. I know a lot of people have old acquaintances that go back but that's a relationship that's really rare. And for people our age, if they had a close friend nine times out of ten the close friend is already gone.

Thus, for some participants, living in the retirement community provided them with new opportunities to interact and build social ties with other older adults, though social isolation may still be an issue for some residents. Though the residents above spoke about social connections without explicit connection to purposefulness and goal-direction, the fact that the social context came up in conversations about purpose and goal-setting demonstrates how support from others often is important when considering how to promote purpose development (Ryff *et al.*, 2004; Hill *et al.*, 2016).

Functional support and care

A subset of participants (16.7%) also described the benefits of the support available for everyday tasks, particularly when reflecting on difficulties living independently. As noted earlier, the majority of participants reported having some limitation in their ability to engage in certain activities independently. All participants resided in the independent living sections of their respective communities, which may have led to fewer participants mentioning functional support as a theme; that said, many residents still described growing health concerns or difficulty managing responsibilities in their own home as impetus for moving to the facility. For instance, Elizabeth moved into the community to help manage her deteriorating health:

I was very angry being plunked here, I'm not anymore. That's a huge burden lifted off myself, my soul. I've got an apartment that is a delight in every way.

Other residents similarly described the benefits of greater access to nursing and other forms of health care offered in their continuing care community. For example, the availability of nursing and health monitoring was an important part of Ann's decision to move into the facility:

Things don't improve after 86. I came here on my own decision when I couldn't manage my house anymore, and my health is getting worse. I'm glad I'm here which offsets some of the [challenges with health].

Other beneficial supports mentioned by participants included assistance with meal preparation, transportation on community outings and offering accessible

community activities. Given that health appears to be a predictor of change in purpose during retirement (Hill and Weston, 2019), these supports may be particularly valuable for promoting purposeful activity even after moving to a retirement community.

Perceived barriers to purpose

In addition to the purpose-promoting factors mentioned earlier, participants did mention several potential barriers to purposefulness in the community. We first discuss themes we expected based on the past literature, ailing health, difficult adjustment and lack of control, though other barriers are noted in the emergent themes later.

Ailing health

Following discussion of their purpose in life, participants were asked to describe factors which they felt hindered their ability to pursue this purpose. The most commonly perceived barrier to purpose in life was poor health, with this theme appearing in 83.3 per cent of interviews. Among the health concerns mentioned were participants' existing health issues, the poor health of loved ones and fear of declining health in the future. Considering participants' own health concerns, several described the impact of managing conditions such as cancer, disability or sensory loss on pursuing purposeful activities:

I have slow-going leukemia that keeps me tired and some days I have to cancel lunch dates if I'm not doing well. And I have arthritis which has always gotten in the way of some things I want to do. (Ann)

A common theme among many of these health concerns was that they limit participants' ability to engage in desired social and leisure activities, leading to feelings of helplessness and isolation. When asked how she addresses the challenges associated with poor health, Carolyn (age 78, community resident for three years) explained: 'You don't have much choice, I can't get around very well, I wear a back brace, I got a lot of metal in my feet, a prosthetic knee. Sometimes I do feel helpless.' Jacqueline describes similar frustrations with not being able to engage more within the community:

Living here there are so many activities that you can be a part of. But I guess it keeps me busy just looking after myself and being able to be a part of the community here. They have different kinds of activities where people come in and sometimes it's just entertainment. Well I want to be a part of that, and I can't be involved in exercise and that kind of thing because my medical condition is such that I can hardly walk. I can't take two steps without my walker. So I'm limited there. I take part in very few of the activities here.

In addition to their own health limiting their ability to be engaged within the community, a few participants spoke about the difficulties of being involved in the caretaking of an ailing spouse. One participant, Beverly, frequently volunteered within the community, but has been less active given her husband's worsening physical

and cognitive health: 'But I wish there was more, and if I wasn't in such a crisis health mode here with [my husband] I would be trying to do more.' These examples underscore a common theme among participants of feeling limited by the poor health of themselves or close loved ones.

Adjusting to a new environment and control over the decision to move

Though many participants moved to the facility for social interaction or to receive help with daily functioning, many newer residents reported difficulty adjusting to their new residence. This theme was mentioned by 38.9 per cent of participants. One form of adaptation several participants described was adjusting to living in close proximity to a large number of people, including those with differing opinions and ideologies. For many residents, this environment proved challenging and led to several initial conflicts. Judy (age 94, resident for over five years) described the adjustments she made in dealing with others in the community:

Well when you live in a place like this with many people who have lived different lives you find areas of difference, but you have to think about other people and find your own way of dealing with trouble.

Most notably, difficulty adapting to the residence featured prominently in interviews with participants who felt that they did not have control over the decision to move into the facility. Several participants reported that living in the continuing care facility was imposed on them, either by family members or by the health of their spouse. For instance, one participant (Dennis, age 86) had moved into the community a month prior to be closer to his wife who needed more advanced nursing care. Dennis frequently described himself as feeling adrift and out of place in this new setting:

The goals that you have when you're even 60 are nothing like you have in your mid-eighties. Because I'm not going anywhere, you know? Pretty much stuck here mainly because of my wife's health, but I'm not going to do anything world shaking from here. My goals are pretty much to stay alive.

Similarly, Elizabeth (71, residing in the community for under two years) chose to describe her sense of purpose in the context of her recent move into the retirement facility. Elizabeth frequently contrasted her more independent lifestyle prior to the move with the adjustments required shortly after her imposed move to the facility:

To keep as fit as I am so I don't have another stroke. I'm here because I had two strokes. I loved my apartment, it looked out on to the canal and my family plunked me in here, and I didn't think I needed to be, but anyway, they did. So just to enrich my life each day as much as possible, whether it's with people or things or books or nature. This is a wonderful place to go for walks.

It is important to note here that despite initially feeling directionless in her new residence, Elizabeth has since come to enjoy the numerous social and leisure opportunities available which has helped to change her perspective of the facility

and opportunities available there. Similarly, Dennis expressed interest in joining a few activity groups to help build social connections, suggesting that involving residents in social activities within the community may help to ease the transition.

Emergent themes

We also allowed the qualitative narratives to inform researchers on topics that may not have received sufficient attention in previous purpose research, in line with previous qualitative research on purpose in life (e.g. Mitchell and Helson, 2016; Ko *et al.*, 2019). In addition to the primary themes expected *a priori*, discussed above, two themes emerged that largely have not been mentioned in the previous work. Both of which involve perceived impediments to purpose, and issues that merit consideration when trying to promote purposefulness among community members.

Issues with mixed care

One emergent theme involved participants who expressed concerns with the mixed-care environment and seeing physical and cognitive decline among other residents. While this theme was not mentioned frequently (16.7% of participants), it featured prominently in a few participants' description of their purpose and perceived obstacles. In particular, the continuing care environment seemed to make more salient participants' own fears of worsening health. As Carolyn stated:

This is a very difficult type of living, you know, because you see different stages of the path people take. They are not good stages some of them, and you can see deterioration which I sometimes find disturbing because I know I could take that path.

Edward expressed similar fears about cognitive decline and his health moving forward:

Around me in this retirement home, I would say very close to 50 per cent are like that [lacking purpose], but they're old, demented or have Alzheimer's to a serious degree and they're going downhill very quickly either mentally or physically, it's sad. I don't want it to happen.

Purpose inapplicable to older adulthood

Another noteworthy theme was the considerable number of participants (44.4%) who expressed the belief that having a purpose in life was not applicable to older adults. Several participants seemed to have particular difficulty describing their current purpose, asserting that most goals at this point in the lifespan are limited to trying to stay healthy. As Beverly explained:

When you get to be our age ... How much direction can you have? You know, because you have absolutely no idea about your health in the future. No idea how long you're going to have to live.

This uncertainty about the future was a consistent theme among those expressing concern over current and future health. Several participants reiterated a similar

notion that objectives in older adulthood are limited by health and the perceived imminence of death. For instance, when asked to describe her current purpose in life, Dorothy (age 86, resident for seven years) explained:

That is a difficult one to ask people as old as I am. Your only purpose in life is waking up in the morning and remembering what day it is, which is really hard to do sometimes. You just change your lifestyle; you make new friends, then you lose a lot the older you get.

The topics of death and uncertainty of the future were also very salient in Ann's explanation of purpose in older adulthood:

I think one of the things one learns in their eighties and up is knowing that you're in end time, end of life, so part of what I think purpose means to me at this point is getting done the things that I'm still able to do, not to leave the small things like paperwork. And also I'm very aware of the different times of life and I see this as a time to finish jobs undone. I know many people who want to do a bucket list. Well I don't see this end time of your life isn't the time to grab at every last experiences but to make sure everything's left in order.

Discussion

The current study supports what past research (Chandler and Robinson, 2014) has referred to as a dynamic tension in retirement facilities between supports and barriers to older adult wellbeing, and extends this work by specifically asking residents about the role of purpose in their lives. For many participants in the current study, residing in continuing care facilities helped support their sense of purpose in life by promoting active life engagement and opportunities to expand social ties while also receiving assistance with everyday needs. These findings align with previous research noting that sense of purpose is closely aligned with social ties in older adulthood (*e.g.* Weston *et al.*, 2020), as well as with the idea that living a purposeful life involves greater engagement with life (Scheier *et al.*, 2006). However, persistent health concerns, lack of control over housing decisions and fear of the unknown present considerable challenges to some residents. Most prominent among these concerns included current health conditions limiting participants' ability to engage in certain activities as well as fear of future ailments and the health of loved ones. The connection between health and purpose aligns with past quantitative work finding self-rated health is predictive of current and future sense of purpose among retirees (Hill and Weston, 2019). Concerns about health and the uncertainty of the future were also apparent in participants' description of the community environment and other residents. Several participants described how seeing physical and cognitive decline among other residents often led them to worry about their own health in the near future. While most participants described these barriers as threatening their current purpose, others insisted that having purpose in life was not something realistic for older adults, especially those who expressed concern over deteriorating health in the future.

That said, most participants reported a sense of purpose at or above the midpoint for the scale, suggesting that they generally felt purposeful. Indeed, a solely

quantitative investigation would have yielded findings that suggest the current sample was relatively purposeful, and reported similar levels for sense of purpose to previous older adults; however, this conclusion is called into question by the fact that nearly half the sample reported that having a purpose in life was not relevant for older adults. This finding is particularly important as it complicates the connections between the current qualitative investigation, one of the first on purpose among retirement community members, with the previous work on purpose that has been primarily quantitative in nature. Future investigations may wish to investigate better what older adults are considering when using these self-report inventories, particularly given concerns that these items may mean something different for retirees *versus* working adults (Hill and Weston, 2019). Moreover, it may assist older adults to help them understand that purposeful goals need not be large-scale, long-term projects, and instead promote life aims which can exist in the face of health challenges and other limitations.

Promoting purpose in community-dwelling older adults

Prior to entering the facility, one factor to consider is the residents' sense of control, particularly relating to the decision to move to the facility. A few participants felt that they were forced to move into the facility by family members or by their declining health or that of a spouse. These individuals reported feeling adrift at first and struggled to find meaningful goals within the facility. This reaffirms past findings in which older adults who did not have control over the decision to move into a care facility reported poorer wellbeing (Capezuti *et al.*, 2006).

The present findings provide insight into how facilities can better tailor activity programmes to promote purposefulness in their residents. One important consideration is how closely activities align with one's past goals and interests. In this regard, retirement communities may help to promote purpose by offering activities related to past roles (*e.g.* work, hobbies and friendship roles), as well as activities that allow residents to feel that their efforts contribute to the betterment of the community. When asked about their purposefulness, several residents in the current study reported volunteer activities such as assisting other residents and fulfilling small jobs within the community. Participants seemed particularly to value being involved in community planning and programming. Indeed, past work suggests that volunteering may help older adults maintain purpose even when faced with absences of relationship, employment or parental roles (Greenfield and Marks, 2004). Continuing care retirement communities may be in a unique position to allow more independent residents the opportunity to volunteer to support other older adults with physical or cognitive limitations.

Nevertheless, health limitations represent a considerable barrier to purpose in the context of retirement community settings and more work may be needed to support purposeful aims in these most at-risk individuals. Theories of adult development have recognised the importance of considering the limitations that may be imposed by declining health and functioning, stressing the importance of being able to adapt and compensate in the face of age-related changes (Baltes and Baltes, 1990). These principles are exemplified in continuing care retirement communities which offer functional support and nursing care while also promoting active life engagement. Elder-care facilities could allow for more easily accessible

volunteer opportunities by allowing residents to engage in meaningful roles within the facility. This could be promoted by having residents fill important roles within the community such as being in charge of communal gardens or managing a community library, while providing the functional supports necessary to allow everyone an opportunity to engage.

Limitations and future directions

The present study is limited in ways that should direct future work. For instance, the time involved with detailed interview data collection and coding necessitates smaller samples, and thus the current sample may not be representative of the larger population of older adults beyond this setting. The current participants were all Caucasian, mostly female and resided in relatively affluent privatised facilities. Indeed, elder-care facilities (*e.g.* independent living facilities, nursing or long-term care) differ greatly in terms of the health and functionality of their residents, as well as the types of care and activity programming offered. Though the present study presents research from three continuing care retirement communities, these findings may also be applicable to independent living retirement communities or long-term care facilities given the variety of care options and combination of features from both settings. Nevertheless, additional research is needed to explore institutional barriers to purpose that may arise in different cultural, financial or care settings. Further research may also be needed within continuing care retirement communities to reduce the stigma associated with declining physical and cognitive health. Communities could better promote social integration between residents of different care levels and encourage independent residents to assist with activity planning for those of different care levels.

The present study extended past work by outlining important themes relating to the purpose in life of older adults residing in continuing care retirement communities. These themes present a mixed picture of the nature of purposefulness in continuing care facilities, with participants espousing several benefits of community living while also noting several obstacles to their purpose. Older adults, particularly those residing in care facilities, commonly face challenges such as declining health and mobility, loneliness and a loss of important social roles, all of which may limit their ability to pursue purposeful aims (*e.g.* Pinqart, 2002; Cohen-Mansfield *et al.*, 2016). Despite this, residents may draw considerable benefits from the programmes and social opportunities offered in these facilities. Moving forward, more work is needed in retirement facilities to develop activities which can be performed by older adults of broad functional abilities while also allowing them to feel that their role is valued and that they contribute to the betterment of the community, which in turn may help promote purposefulness even in a context where individuals feel impeded in their goal pursuit.

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Conflict of interest. NAL is a former employee of one of the retirement communities, but was not involved in recruitment or data collection at this site. The other authors declare no conflicts of interest.

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