Older women's experience of everyday life in old age: past, present and future

Short title: Everyday life in old age: past, present, and future

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ABSTRACT

Aims: To explore how older Norwegian women living at home experience ageing, and how their everyday life has been influenced by their encounters with the challenges of life.

Methods: A qualitative design, interviewing ten women age 90 or older, was employed.

Results: The overall theme of the findings is how everyday life in old age is influenced by past, present and future. The subcategories focus on (a) changes in daily life, (b) giving an account of life as it is, (c) various perceptions of experienced loss, and finally, (d) thoughts

about the future. *Conclusions:* Older women need the opportunity to reflect upon their past, present and future existence to have a good everyday life in old age. Our findings might be important in shaping health promotion interventions for older people.

Keywords

Sense of coherence, continuity theory, older women, qualitative content analysis.

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Introduction

The exponential growth of the oldest old population is expected to place a heavy demand on healthcare systems worldwide.[1] Public health policies in most European countries are concerned with how to keep older people living independently with a qualitatively good life in the community as long as possible.[2] Internationally, the majority of older people wish to continue living in their own home as they age, a phenomenon known as 'aging in place'. [3] The 'fourth age' is a term commonly used to describe the period from age 85 to 100 plus years. [4] This project is based on a salutogenic perspective[5] and continuity theory. [6]

Although the world population is ageing rapidly, evidence pertaining to whether generations of adults now reaching old age have better health and capability than previous generations is scarce and inconclusive. [7] There is an ageist rhetoric on being older, particularly evident in the oldest of the old age group, suggesting these people are frail, dependent, cognitively impaired and an economic burden on society.[8] In Norway at the end of 2016, there were approximately 185,505 pensioners receiving domestic health care, and of these about 21, 686 were older than 90 years old.[9] We know that with age morbidity and frailty are inevitable, although many pensioners keep fit right up to old age. [10]

Dale et al. [11] found in a cross-sectional survey that older people living at home do largely manage to care for themselves. Their abilities were related to health, self-care agency, sense of coherence, nutritional status and mental health, as well as practicing their former professions and the type of dwelling they inhabited. This is in line with Skaar et al.,[12] who emphasized the importance of informal networks for older people living at home to meet requirements for practical help and social contacts. Practical help included getting help with

shovelling snow and gardening, housework, transportation, being accompanied to visit the doctor, and shopping. Social contact included themes like having a person with whom they could talk, being a member of a group of friends and meeting persons of the same age and persons with interests they could discuss and share.[12] Turjamaa et al.[13] interviewed health-care personnel about the resources of older clients living at home. The participants in this study revealed that the assets of older people living at home were support, a meaningful life, everyday activities and their environment. In a recent study, Slettebø et al.[14] found that meaningful and enjoyable activities are important in allowing older people to experience dignity in everyday life. This applied to residents in nursing homes, but it is reasonable to believe this would be true for people living at home as well. In another study, Bergland and Slettebø [15] found that 'health capital' is a useful concept in the study of older women living at home. Health capital consists of health resources such as positive expectations, reflection and adaptation, function and active contributions, relations and home. When older people enjoyed these resources, it contributed to their sense of coherence based on comprehensibility, manageability and meaningfulness in daily life. Söderhamn and Söderhamn,[16] also emphasize a sense of coherence as important for maintaining health in older people living at home. They compared healthy people living at home with hospital patients, and they found that 95 % of the people living at home perceived themselves as having good health and only 42.5 % of the patients felt the same. Predictors for feelings about health were the experiences of a sense of coherence and diseases.

The everyday lives and the everyday doings of the oldest of the old, based on their own thinking, make up a relatively unexplored research area.[17] In order to comprehend daily life at advanced ages, we need to understand how the oldest of the old describe it.[18] This understanding is important, as it concerns the oldest of the old who are survivors, who have

managed their daily life despite diseases, illnesses, and functional limitations. Such knowledge would be valuable for those who meet elderly people in their professional work as well as those who might influence how eldercare is planned and implemented. Enhanced understanding regarding the everyday life and doings of the oldest of the old, should also affect policy-making as a correction of stereotyped apprehensions regarding elderly people. Furthermore, very old people or people aged ≥85 years are often not included in research.[19] Within research, thoughts about ageing is relatively scarce, especially in Western Cutlure.[17] Thus, the aims are to explore how older Norwegian women living at home experience ageing and how their everyday life has been influenced by their encounters with the challenges of life.

Theoretical framework

The theoretical and conceptual foundation for this study is the theory of 'sense of coherence' [5] and continuity theory.[6] The first mentioned theory states that a person's 'sense of coherence' is vital for coping with daily life. It consists of three dimensions, namely 'comprehensibility', 'manageability', and 'meaningfulness'. 'Comprehensibility' is defined as the extent to which one perceives the stimuli one is confronted with as making cognitive sense, where the information seems ordered, consistent, structured, and clear. 'Manageability' is defined as the extent to which one perceives that one has resources that are necessary and sufficient for the demands that are encountered from external or internal stimuli. 'Meaningfulness' represents the motivational component, and refers to an emotional experience, realizing that situations in life are worth engaging with, and that one welcomes challenges in life.[5] 'Sense of coherence' is an individual-based coping resource and a prerequisite for coping with stressful events and environmental threats. [5]

The other theory used in the discussion of the findings is the continuity theory developed by Atchley.[6] 'Continuity' is a concept attracting increasing research interest in the gerontology literature.[20] According to Lim et al., [20] the concept of 'continuity' was first introduced in 1949, when it was argued that continuity between middle age and advanced age is a crucial element in adapting to aging. The continuity theory consists of four dimensions: idea patterns, lifestyle, personal goals and adaptive capacity. It describes two forms of continuity, namely internal and external. Internal continuity exists when the person has a consistent framework of ideas about the self and world phenomena. By contrast, external consistency exists when there is consistency over time in social roles, activities, living arrangements and relationships. These factors define a lifestyle and are part of the personal goals that men and women value in their life. Finally, adaptive capacity exists when the person can maintain their morale in a discontinuity situation. [6]

Design and method

The study has a qualitative design, using semi-structured interviews performed in 2011 with ten women aged 90 years or older. All women had participated in another study in the years 1997–98, they lived alone in their own home and the interviews were performed by one of the authors (AB) in those homes. Antonovsky[5] has developed a questionnaire focusing on the dimensions of the sense of coherence (SOC). The interview guide in this study was designed per Antonovsky's theory and the variables in his questionnaire. The interview guide (see table 1) was semi-structured according to Antonovsky's theory of a 'sense of coherence' on a 13-item scale. [5] The themes were as follows: (a) attitudes towards the environment (item 1), (b) experiencing family (items 2 and 3), (c) sense of meaning and justice (items 4, 5 and 12), (d) meeting with unfamiliar situations and day-to-day living activities (items 6 and7), (e) relation to their own feelings (items 8, 9, 10 and 13) and (f) circumstance or case assessment (item

11). The researcher followed up these answers with further questions to get richer and more descriptive data from the participants. They were asked to tell their stories about their everyday lives and how they experienced a sense of coherence, so their lives could be comprehensible (items no. 2, 6, 8, 9 and 11), manageable (items no. 3, 5, 10 and 13) and meaningful (items no. 1, 4, 7 and 12). [5]

Table 1 in about here

Data analysis

The interviews were transcribed verbatim. Each interview lasted approximately one hour. The transcripts were read through several times by both authors independently to get a sense of the whole subject. This reading was done inductively, with an open mind, to grasp the informant's own views on the subject. Further analysis was carried out by qualitative content analysis in line with Kvale and Brinkmann's analysis of interview transcripts.[21] First reads to find common themes emerging from the data. Then the data were analyzed together by finding categories and 'meaning units'. The findings were discussed until agreement about the themes was reached. The data were presented at the self-understanding level in the form of quotations from the participants,that is, the interpreted contents of the interview were summarized.

At the end of the critical common-sense level, in the form of comments from the researchers, data were interpreted within a broader framework of understanding than the patient's own. [21] The third level of theoretical understanding is presented in the discussion linking the findings to Antonovsky's theory of the 'sense of coherence'[5] as well as the continuity theory.[6] Table 2 illustrates the process of analysis.

Table 2 in about here

At the time of the interviews and analysis, our immediate preconceptions were very much linked to the experiences of both authors working and doing research among older persons living at home and their health-care needs. Instead of bracketing these, they enabled us to challenge some of the interviewees' statements and descriptions. These preconceptions were challenged and discussed throughout the analytic process. Both authors have experience of formulating analytical texts. To encourage trust and to develop plausible interpretations throughout the categorical content analysis, two colleagues read the description of the participants as well as the results of the qualitative analysis, so that they could act as 'critical friends'. [22]

Methodological considerations

We argue that this sample is unique and thus provides unique information about women at least 90 years old living in their own homes in Norway. An experienced researcher conducted the interviews, and the results were analyzed by the two researchers together. This strengthens the analysis and final conclusions. Trustworthiness was ensured by the criteria: credibility, dependability, confirmability, transferability and authenticity.[23] Credibility was ensured by the fact that the interview guide was followed according to the sense of coherence scale, with a theoretical framework that allowed different aspects of everyday life to be revealed. The researchers discussing the interviews and findings together ensured dependability. The sample consists of ordinary, older Norwegian women and should be relevant to- and the data transferable to other similar women. Finally, authenticity was ensured by accurate quotations in the presentation of the findings so that the participants' own voices are represented.

Ethical considerations

The study has the approval of the Regional Ethical Research Committee (Decision number 2009/1781). The participants were given written information and gave their written consent to participate. It was emphasized that participation was voluntary and that the participants were guaranteed confidentiality and anonymity in the process and subsequent publications.

Results

The participants (see Table 3) were suffering from various health complaints including heart problems, cardiac fibrillation, breathlessness, diabetes, hernia of the oesophagus, osteoarthritis, unsteadiness and balance problems. All participants had multiple conditions, i.e. two or more health complaints. Several suffered from sensory deprivation, such as vision and hearing problems. They required varying degrees of care and help to be able to pursue their lives at home. Table 1 shows disability in the activities of daily living (ADL). The ADL were recorded according to the need for assistance (1) or lack of need of it (0) within the following areas: mobility indoors, mobility outdoors, grooming, dressing, eating, shopping, preparing meals, heavy housework, light housework and medication. ADL consist of 'Personal ADL' (PADL) and 'Instrumental ADL' (IADL). The 'PADL' contained the items grooming, dressing, toileting, and eating. 'IADL' included items like doing both heavy and light housework, shopping, and preparing their own meals. Disability in PADL and IADL was defined as a dependency on at least one item.[15]

Table 3 in about here

The overall theme for the findings is how everyday life in old age is influenced by past, present and future. The participants found it difficult to make plans in old age. One participant said that everyday life consisted of little planning and little social life with others even though she has good friends. She continued to say that she did not make many plans but took decisions based on what she felt she needed at the time. Social life seems important, but it is limited to good friends living nearby, so it is possible to meet regularly (participant 9).

The participants said that they accepted that their lives had become what they now are. One pointed out that she was satisfied that she had a good home with nice surroundings, where she was familiar with the houses around her. Several of the participants visited the day centre once a week as a leisure activity. There they met friends and had an active social life (participant 1).

One participant said: ‘‘I will accept being admitted to the nursing home when I need to go there – I hope’’ (participant 5). Another said: ‘‘Occasionally, when I review my life, I am generally grateful for the life I have had. I have decided not to be bitter, but instead to be grateful. I really have every reason to be thankful.’’ (participant 6). These comments reflect a sort of acceptance of life as it has become and a consciousness about how to accept life rather than opposing it and being bitter. They all spoke about changes in life in old age as being part of life as it is now. The subcategories focus on (a) changes in daily life, (b) giving an account of life as it is, (c) various perceptions of experienced loss and finally, (d) thoughts about the future.

a) Changes in daily life

Several women indicated that their lives have been filled with learning. One of the participants remembered her mother and father with great joy. She had learned not to become angry in order not to have anything to regret later in life, and she thought of this as a valuable lesson for her later life (participant 3).

The daily life of the participants is affected by personal and historical changes in their day-to-day routines. Some of the participants reflect upon being alone much of the time, being lonely even though they meet friends at the day centre. This is because the day centre is open only during the day; consequently, the evenings can be lonely at home. Some of the women have tried to do handwork, but are no longer able to do that for various reasons. One participant finds there have been changes in the supplies that are available, so there are problems getting small amounts of what she needs for her handwork. She finds that things change very rapidly and that what she learnt from the lives of older people when she was young has now changed. Now there are many things she does not understand. During the course of the women's lives, society has changed to such an extent that it is difficult to comprehend. The lifestyle and standard of living has changed. She claimed that one used to take care of one's belongings, but now they are simply thrown away when they have become outdated or do not work instantly (participant 10).

Another pointed out personal changes and said: "My experiences over a long life are stored in my body, and I find that feelings like sadness, emptiness, happiness, initiative, and industriousness are put into context and I gradually know what I think is good for me. That's a good way to live. I don't put any pressure on myself. One's body changes, so that you no longer have the strength you had before. Yes, we will all die. So, you simply have to be

prepared for it; that's the way things are. We don't own our lives forever; we just have them on loan" (participant 8).

Another participant was preoccupied with reflecting about the past, present, and future. She said she has not very often moved from one place to another during her life. She lived in one city until she was ten years old, then she moved to another city where she has lived ever since. The house she lives in now has been her home since she got married. This is important for her. She knows every little detail in her house and said: "And I am very fond of this place. I know every nook and cranny here. I can turn off all the lights and although it's pitch black, I still know where everything is. That means a lot to me. So as long as my health holds up and I can get around, I would prefer to stay here. I have a connection with this place and feel that my roots are here and that I want to continue living here" (participant 6). She also points out the significance of habits established during childhood and adolescence; she thinks physical exercise goes as far back as her childhood, because her father always said that children should go outside for at least two hours each day (participant 6). This shows how important routines and continuity are for the participants and how staying at home and not having too many changes in life are important for a good life in old age.

b) Giving an account of life as it is

One of the participants was preoccupied with the story of her life and said "I feel that I have a history, with many individual episodes making up my life. Of course, there have been some disruptions, that is, some difficult ordeals, but I feel that I am me and that I have been healthy the entire time" (participant 1).

Another included in the following account of her life that she had been given a pension and had some wonderful years. She said that it was the happiest time of her life when she had given up work and added “I enjoy retirement with my husband. These have been our very best years, in my opinion” (participant 5). One participant had had the opposite experience: “I have been a widow for 21 years now. I had sort of expected that we would enjoy our old age together, but that was not to be” (participant 1).

Another felt she had had some negative life experiences. She was living in a marriage that was not happy and she finally left her husband, who had psychopathic tendencies. She got a job but never received any money from her husband. She did not ask for it and she did not get any, as she herself put it (participant 3).

There are examples of life being perceived as difficult now. One participant told us how she sometimes hopes she can go to bed and not wake up the next morning. Life is so hard, because she has so many relatives, including grandchildren and great-grandchildren, that following them up and dealing with them is perceived as a burden. At the same time, she had experienced loss in the death of close friends. In the past, she could sit together with friends and have a chat, but now she has become old and almost none of her friends are still alive. She said: “Losing close friends is very difficult. Having to experience changes can be very challenging at times. (…) I feel I am losing my energy. Having the energy to meet a new day is important” (participant 2).

These participants said that it is important to take account of life as it is, with its positive life experiences as well as its negative ones. It is how they face up to changing situations and how

they get a grip on their own lives that makes everyday life worth living. However, several of the participants do complain about losses they have experienced during their lives.

c) Experiences of various perceptions of loss

The experience of loss seems to be associated with different functions, opportunities, and persons. One woman said “I was very fond of driving, have always been an outdoor-type of person” (participant 1). Another participant remembered her husband and how she misses him even though she realizes that he would have been more than ninety years old and thus they would have been unable to manage alone with just the two of them. However, she feels the loss and she thinks about everything she did, because she used to do things the way her husband liked them done. His opinion was important to her. Now she sits and watches TV and remembers how they used to do this together, with him seated in a special chair. Furthermore, she reflects that these memories are important to her, as well as enabling her to cope with her new everyday life (participant 4).

Others pointed out how the loss of a driving licence has been a burden on their everyday existence. They emphasized that they feel helpless without a car. They are dependent on public transportation, and where they need to go is frequently not located near a bus route. “Being old requires adjustments. I have to work hard to give life meaning. To accept a change such as not being able to drive is a major upheaval for me; I suddenly feel so helpless, and I never felt like that before. It is a very big change” (participant 9).

One participant reflects about the loss of her dog, which was very important to her and said: “The dog’s presence gave me a living being with whom to interact and be together with. Now I feel depressed because my dog is no longer alive” (participant 6).

One participant perceived that things are much the same as they have been in the past, and she stated that she had coped with the changes entailed by her husband's death 21 years ago, corroborated by the fact that she does not find any problem in taking care of what needs to be done (participant 1). This implies a capacity to cope with new challenges and to handle present and future challenges in a constructive way. However, some other participants may find it problematic to think about the future.

d) Thoughts about the future

For many, fear of the future was related to death among other things: “Well, death is perhaps hard, but I don't think about it much” (participant 8). Another said: “Yes, I think so; I think that when you have lived as long and have been as fortunate in life as I have, it's not such a bad thing to die, but it's the way you die that matters. If you just sit around and are an inconvenience to others – that is terrible. No, not the actual dying – that is natural. And then they say that you have to be careful when you go outside and when you are in your garden and so on – you might fall and injure yourself etc. Yes, I should say so. Maybe no one would find you. So I say that if I fall and die, that would be all right, but it would be awful if you just became incapacitated and had to stay in bed and could not be of use to anyone” (participant 10). A third added: “If you focus on the fact that I am 90 years old and that I don't have much time left, that is a little sad. In effect, you are saying I have no life ahead of me, I have no future, there is none. Life is over actually, so to speak” (participant 6).

Participant 2 pointed out that she takes one day at a time because she does not believe in any future. Certain participants indicated that it is not easy to predict their future. Some participants reflected upon future possibilities or disadvantages, such as having to lie in a

vegetative state or to be just 'sitting there'. They choose to take one day at a time. Then one participant goes on and reflects: "I worry far too much. I can't sort of switch it off. And if you wake up at night and start thinking, then you can't sleep. You think about this or that and why things are the way they are and so on... And then every day I think about what I have to go through before I can be released from all this. Maybe it will be that I sit and fall asleep and so on. I'm too old" (participant 2). She continued and told about a neighbour who was suffering from dementia and who was tiring other people by saying things over and over again. Participant 2 was afraid that she would become demented as well. She preferred to talk to others about death and says she does not think it is possible to talk too much about that theme at their age, seeing as they are now over 90 years old.

A similar viewpoint about the future came from another participant about a friend of hers who had been admitted to a nursing home. She hoped she would not have to move to the nursing home herself. She would much rather take a pill and put an end to herself, because the surroundings and the people around her are an important part of her life as it is (participant 4). Participant 2 asserted that she was not afraid of death. She had had an experience of being close to dying but had been resuscitated. That made her angry, because she thought that if her heart had stopped, she would be dead and should be allowed to die at the age of 92 years. Now she was losing her memory due to the resuscitation incident and this was unpleasant for her (participant 2).

When speaking of the future it seems as though the participants think of death as the future for them. They emphasized that they had a relaxed attitude towards death and that if they die, they did not want to be resuscitated in the way that participant 2 had experienced. Another main issue was the fear of getting dementia and not recognizing themselves or their next of

kin anymore. However, all the participants were functioning well intellectually at the time of the interviews, even though some experienced minor problems remembering words and situations.

Discussion

The aim of this study was to explore how older women living at home experienced ageing and how their everyday life was influenced by their encounters with life's challenges as they became older. The overall theme for the findings is how everyday lifein old age is influenced by past, present, and future. Joseph Dohmen [24] stated that our society lacks a concept of life as a whole and is concerned with creating and maintaining a certain coherence in one's life. He wrote about life as a biography, from the past to the present and into the future. Dohmen[24] concluded that people struggle for good relationships, engagement with events, and finding their place in a larger entity. In the context of ageing, the struggle for a life of one's own means that every single individual nowadays has to grow old in his or her own way. The subcategories focus on: a) changes in daily life, b) giving an account of life as it is, c) experiences of various perceptions of loss and finally d) on thoughts about the future. The continuity theory's four dimensions are found in these categories in the form of the challenges of changes in daily life, idea patterns, lifestyle and personal goals, and adaptive capacity. In addition, they were experiencing loss, and they managed to meet these challenges with the capacity to adapt, giving the situations meaning and morale. Adaptive capacity exists when the person is able to maintain morale in discontinuity situations. [6] External consistency exists when there is consistency over time in social roles, activities, living arrangements, and relationships. Our participants have had diverse experiences with these factors as they have seen changes in their social roles – for example, from being a spouse in a couple relationship to becoming a widow – and thus having faced losses and changes in their daily lives. External

factors sum up to a lifestyle, and they affect the personal goals that each participant has in her life.

All the participants expressed a sense of comprehension defined as the extent to which they perceived the stimuli of everyday challenges with which they were confronted, as making cognitive sense. They said that information with which they were confronted seemed ordered, consistent, structured, and clear. They all seemed to manage everyday life at home, finding their familiar resources adequate to meet the demands they encountered from external or internal stimuli. This might correspond to the ideas of Lim et al., [20] who stated that there are three defining attributes for the maintenance of continuity in older age. One feature was searching for preference and familiarity, which in our material might be related to engagement in an activity earlier in life, and being able to make adaptations according to functional limitations later on. A second feature was having a sense of connection to maintain the continuity. This might mean discovering a past-oriented perspective, to assimilate changes and to maintain a feeling of being a 'unity' themselves and having a sense of connection with the parts of their past that they valued. The third attribute 'Creating coherence' is beneficial when one's life span construct is accompanied by coherence among the past, present, and future. [20]

This is consistent with continuity theory. All the participants said that they felt that life made sense emotionally, that all of life's situations are worthwhile and that they welcomed challenges in life even at a great age.[5] Our findings confirm the findings of Dale et al., [11] that older people living at home are largely very able to take care of themselves. All of them had the ability to take care of themselves. However, they also emphasized their need of informal networks so that they could manage living at home, in line with findings of Skaar et al.[12] Furthermore, our findings seem to correspond with what the psychologist Lynne Segal [25] has

argued in her book about ageing, that older people's dealing with fears and frailty entails an engagement with issues of impairment and mortality, with loss and dependency, as irreducible existential conditions of human life. Our participants talk about these irreducible existential conditions. They seem to accept changes in their bodies, in their network and society as well because they "do not own their life forever". Our participants report that they are dealing with fears of becoming dependent, of being affected by dementia disease or of being admitted to nursing home. The term 'dementia' coming from Latin and literally meaning 'away from one's mind', has throughout history been used to identify people considered as being beyond normal society. [26] According to Bruens[26] the idea of Tom Kitwood have played an important role in changing views on dementia in; instead of seeing dementia only as a biomedical condition, he placed the person before the disease. Baars and Phillipson[17] stated that alongside the dominance of biomedical approaches, cultural images of dementia may be seen to reflect existential anxieties about losing one's mind. Bruens[26] argues that people with dementia remain human beings deserving of respect and dignity even when their 'agentic' qualities are changing beyond what may be assumed to be 'normal'. Segal's argument relates to an ongoing debate within critical gerontology about how to rephrase ageing in affirmative and anti-ageist ways and dealing with decline.[25] Durbin et al.[27] suggested that older adults' optimism for the future is associated with lower incidence of cognitive impairment and when older adults forecast the future, they anticipate declines in various aspects of well-being.

As people age and begin to perceive time as limited, they prioritize spending time with close friends and family, focusing on what is meaningful in life over expanding their horizons and learning new information.[28] Empirical evidence suggests that older adults structure their social lives in accordance with these goals.[29] As stated by Tieman et al.,[30] our findings indicate that individuals and communities are not comfortable in discussing death and dying. Tieman et al.,

[30] stated that there has been growing recognition of the need to 'normalize' death and to provide opportunities for individuals and communities to reconnect with death and dying as a social process rather than a medical outcome.

Over the life course, social networks change in composition, size and quality. [31] As shown by our participants, social support assist older people to process and manage negative events. The degree to which people can find a good balance between individual autonomy or independence and connectedness with meaningful others is crucial, and Machielse and Hortulanus[31] stated that ageing well means attaining such a balance. Relationships with family, friends and others were reported to be of importance for the feeling of continuity and connection to the society. Research confirms that family and others are major contributors to social connectedness in older people.[32] In addition, studies have shown that socially engaging with others keeps older people physically active and supports their being able to live independently, [33] which correspond with our results. All the participants in the present research mentioned a significant change in their social networks,for example experienced death of close friends and husbands. They reported how these losses had impacted on their being socially connected as they aged. This is consistent with others who report that the oldest old have a restricted type of social network resulting from the death of significant others who were once integral to their social connectedness.[34]

Strengths and limitations

This study has limitations regarding transferability. First, our study was limited to the experiences of a small number of people aged 90 years and older who lived in an urban environment and may not reflect the views of the wider population living at home. Women from ethnic minorities were not present in the sample. Thus, it would be of great importance

to include women from ethnic minorities as well as women from rural environment. A strength of this study is that we apply a qualitative approach, which contributes to greater depth of understanding by exploring the subjective experiences of older women. This study is also unique in applying a theoretical framework based on continuity theory, with a specific focus on women aged 90 years or over and their experiences of everyday life. Furthermore, in qualitative studies, the role of the researchers as producers of knowledge is important. Thus, we realize that our own preconceptions of older age might have influenced our interpretations since all of us had positive experiences. However, all the women were asked questions about negative experiences with everyday life.

Conclusion

In this study, we found that the everyday life of women aged 90 and older is influenced by past, present and future. In everyday life, there are changes and the participants needed to accept life as it is and has been, including various perceptions of loss. Another aspect of everyday life was thoughts about the future and recognizing and accepting their age and their limited scope for the future. Recommendations for health care science are that older women living alone should be helped to reflect upon their past, present and future life to have a good everyday life in old age. It is also important to foster acceptance of life with internal continuity of the self as a human being with a life history including young, middle, and older age reflecting past, present, and future. In order to secure older people feeling safe and protected in everyday life, future aging policy and health services must focus on how to facilitate older people’s possibilities for being connected with other significant people as well as cope with the balance between independence and connectedness in old age.

Declaration of interest

The authors have no interest to declare. The authors alone are responsible for the content and writing of this paper.

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