# Prospective housing decisions and Self-Determination Theory

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Human Kinetics (MHK)

The Faculty of Graduate Studies
Laurentian University
Sudbury, Ontario, Canada

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**Laurentian Université/Université Laurentienne**
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| | | |
|---|---|---|
| Title of Thesis<br>Titre de la thèse | Prospective housing decisions and Self-Determination Theory | |
| Name of Candidate<br>Nom du candidat | Barbosa, Halana | |
| Degree<br>Diplôme | Master of | |
| Department/Program<br>Département/Programme | Human Kinetics | Date of Defence<br>Date de la soutenance April 13, 2021 |

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# Abstract

The purpose of this study was to understand seniors' motivation to age in place or change living arrangement using Self-Determination Theory (SDT) as a theoretical framework. Seven seniors were interviewed, and the Satisfaction with Life Scale (SWLS) was applied. By applying a thematic analysis four themes were identified: (1) Basic psychological needs and physical and social surroundings as a factor of aging in place, (2) Health and the feeling of being a burden as a major factor of housing decision, (3) Knowledge about assisted living environment as a reason to age in place, and (4) Feeling of accomplishment and SWLS. Interpreting these results using SDT suggests that intrinsically motivated seniors decided to age in place, and seniors with high intrinsic motivation were satisfied with life. These findings represent an important move towards understanding seniors' wellbeing since a more holistic and respectful care can be provided to seniors by understanding their motivations about housing decisions.



## Keywords

Aging in place, Self-Determination Theory, Motivation, Seniors, Elderly, Transition

# Acknowledgments

The completion of this work is the result of a lot of effort and dedication over these two years of my master's. This is also the conclusion of another stage in my life, which would not be possible without the support, collaboration and guidance of very special people.

First, I thank God for the gift of life, for guiding my steps, for standing me up when everything around me seemed to be falling apart, and for blessing me by placing such wonderful people in my life that helped to make this journey lighter.

Second, thank you to my supervisor Bruce Oddson, for all the support, guidance and attention with which you patiently guided me and contributed to my learning and personal growth during my master's degree. You gently and were always respecting my limits as you guided me through a meaningful research that I loved to develop. I have always felt comfortable and free to talk to you. Thank you for inspiring and guiding me to become a better researcher, and especially for helping me to find confidence in my capabilities.

Third, thank you to the members of the committee. Dr. Stephen Ritchie, and Professor Ginette Michel, you have helped me to remain positive throughout the master's degree, thank you for the advice that contributed so much to my growth. Individually, I thank Dr. Stephen Ritchie for opening the university doors for me. When I doubted myself you believed in me since the very beginning. I thank Professor Ginette Michel for all the conversations on Thursday afternoon, for giving me so much of your time, for always encouraging me with your positivity.

Fourth, thank you to Dr. Patricia Pickard, I could not fail to mention my gratitude to you, for your confidence, for making me smile and for having taught me so much in the short time we worked together.

Finally, I thank all my family and friends; they have no idea how important they were to me on this journey. Thank you Geovani, for all your love, affection and understanding during this crazy journey. Thank you to all my Brazilian friends for all the long video chats that have kept my heart warm. Thank you to my mother Maria, the giant, whose shoulders I climbed on and saw as high as possible the moral principles and decency essential to be a good professional. Even though she was miles apart from me, she supported me in all my decisions and also in every minute of this journey. I know that she is proud of me and I am grateful for all that she has done and does for me. I love you mom.

Thanks to all those who made this achievement possible.

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# Chapter 1

# Introduction and Literature Review

## 1.1 INTRODUCTION

Deciding whether to age in place or to change one's living situation can be a difficult decision. According to the Federation of Canadian Municipalities (2015), over 90% of people aged 65 and over wish to age in their communities. Beyond this preference, their actual decisions rest on judgements about social and family support, financial situation, ability to look after themselves, and psychological considerations (Hatcher et al., 2019). A report from the Canada Mortgage and Housing Corporation (CMHC, 2020) points out that seniors also want to keep their independence for as long as possible, and they do need living arrangements that support this. Some choose to downsize or adapt their home – if needed; others want to move closer to family or to a community that offers an attractive retirement environment. Yet others defer any decision until circumstances require it. Family members and professionals could be better prepared to support seniors in their decision-making processes if a better understanding of their motivations could be achieved.

*Aging in place* is a popular term that has been used both by policy makers and by researchers. However, it is ambiguous. Conceptually speaking, to age in place may be understood as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level" (Centers for Disease Control and Prevention [CDC], 2009). The understanding that aging in place is about staying in one's own home as one ages is also shared by the National Institute of Aging (2017). In contrast, Davey et

al. (2004), describe “aging in place” as living in the community rather than in institutional care. Likewise, the Government of Canada (2016), has been encouraging Canadians to “age in place” understanding that this includes both choosing not to move and to move within their community. This second definition emphasizes community as a foundation of the “sense of place”. Decisions about aging in place and downsizing are complex, including the navigation through challenges such as completing maintenance tasks like cleaning and yard work (Fausset et al., 2011), and excessive housing costs (Chard & Walker, 2016). For the present work, aging in place will be restricted to the stricter CDC definition of not changing one’s residence.

Although the majority of Canadian seniors prefer to age in place, the decision to do so can be complex and multifaceted. People have realistic concerns about changes in physical wellbeing, uncertainty about health and capacity, concerns about becoming a burden to family or friends, and fears of the potential for isolation (Martin et al., 2019). Unlike countries such as Sweden (see Thordardottir et al., 2019), a comprehensive government plan of support for aging in place is not present in Canada. Instead, the availability of services, supports, and even transportation, varies enormously from province to province, community to community, and even within communities. Accordingly, seniors must make their decisions against a backdrop of their local situation and resources, along with the risks of increasing frailty over time. While there has been considerable work examining seniors’ transitions, much has focused on the choices made and the adaptations required. Less work has been focused on the decision making process itself, and hence on the experience of staying in place.

## 1.2 IDENTIFYING KNOWLEDGE GAPS

The literature discussing seniors' transitions from home to alternatives such as a retirement home, assisted living of any kind, moving into a friend's house or even downsizing, is extensive (e.g. O'Connor & Vallerand, 1994; Iwasiw et al., 1996; Falk et al., 2012; Sussman & Dupuis, 2014; Fitzpatrick & Tzouvara, 2017). Studies have addressed: the selection of assisted living facilities by seniors and family as well as those factors that can influence the decision of whether the senior needs to use formal care services (Castle & Sonon, 2007); the relocation process including its different phases such as decision to move, pre-move preparations, moving day and initial adjustment period (Sussman & Dupuis, 2014); the empowerment of seniors to make a home-to-home transition by moving from their current private home to an extra-care facility by using a "move on" service (Hillcoat-Nalletamby & Sardani, 2019); the meaning of home related to the relocation process by assessing the postmove adjustment and seeking for a deeper understanding of the processes involved and the strategies by which seniors create a sense of home (Johnson & Bibbo, 2014; Falk., 2012). A systematic review conducted by Fitzpatrick and Tzouvara (2017) seeking for a better understanding about what facilitates or inhibits seniors' transition process, identified 34 studies that addressed the issue of seniors who have relocated to a long-term care facility.

This previous work (Weeks et al., 2012; Ewen et al., 2014) has identified a variety of factors important to decisions about moving. However, the significance of these factors does not, in itself, describe how these factors and resulting decisions are experienced. One way of integrating these findings would be to consider them as part of an overall motivation to move or stay.

According to the cognitive model of behaviour proposed by Deci (1975), motivation deals with the energy, direction and reasons that underlie behaviour. In other words, motivation is the reason people chose to act or behave in order to achieve (or maintain) a goal. The broader framework of this model has become known as Self-Determination Theory (SDT) (Deci & Ryan, 1985; Deci & Ryan, 2000).

Two studies have specifically used the SDT model to explain seniors' adjustment after they have moved to a formal retirement residence. The first examined the relationship between the motivations provided by nursing homes and psychological adjustment in order to determine whether person-environment congruence has an effect on self-determination in older adults (O'Connor & Vallerand, 1994). The second investigated the relationship between relatedness, motivation, adaptation and leisure in nursing homes; establishing that the need for relatedness was the focal point of adjustment (Altintas et al., 2017). What those studies showed us is that life satisfaction and psychological adjustment in institutionalized seniors is directly associated with their self-determined motivational levels. These could be enhanced by a relatedness-supportive environment especially linked to a resident's participation in leisure activities; however, the nursing home environment needs to be congruent with one's motivational styles in a sense that self-determination and control are not beneficial to every resident.

Not included in the existing literature, however, is an SDT account of which factors are most salient in motivation to age in place. Understanding the broader motivation, and how it is experienced, may improve understanding of both the decisions made about moving and peoples' experiences of this transition when it takes place.

## 1.3 THE CONTEXT OF SENIORS' TRANSITIONS

People are living longer than was the case in previous generations. One consequence is that seniors are a growing proportion of the population (WHO, 2011). According to an estimate from Statistics Canada (2016), seniors will be 25% of the Canadian population by 2036 and 28% by 2061. Statistics Canada (2017) also estimates that the population of seniors aged 85 and older that are living in collective dwellings such as residences and nursing homes, has grown around 23% since 2011. About 6.8% of Canadians aged 65 years and over, were living in facilities for seniors according to the 2016 Census; when considering Canadian seniors at age of 85 and over, this proportion is about 30% (Garner et al., 2018). With both of these trends expected to continue, there is plenty of scope to study how policy makers, health workers, and even family members can contribute to positive transitions.

Major life transitions encompass losses and gains and require time to get settled. Life transitions such as those caused by the loss of loved ones, the discovery of a chronic disease, retirement or a change in living environment have a high probability of being experienced as people get older. Accordingly, adaptation is required - ideally involving the development of new relationships and skills (Schumacher et al., 1999). In this sense, moving from a senior's own place of residence to a residential or long-term care facility can be considered a significant psychological and psychosocial transition. A change in daily routines, relationships, roles, and perspective are experienced (Castle, 2001; Falk et al., 2012; Johnson & Bibbo, 2014) with, perhaps, concomitant changes in health that can interfere with psychological well-being. Therefore, transitions in living arrangements can be challenging and stressful for seniors and are often connected to losses related to independence, relationships, home itself, and personal

autonomy (Castle 2001; Falk et al., 2012; Altintas et al., 2017). However, not all transitions are associated with loss; some can be experienced in a very positive way (Schumacher et al., 1999) as one can decide to change the living arrangements envisioning the opportunity to develop activities or new projects that one has been planning for so long and that for some reason has not yet been accomplished. Thus, it is hypothesized that the negative aspects of transitioning can be mitigated, and the positive aspects can be emphasized if seniors are exposed to a healthy transition process.

Healthy transition is defined by Schumacher et al. (1999) as being "cognitive, behavioural and interpersonal processes through which the transition unfolds" (p.7). The authors identified seven desired healthy transition processes: (1) redefinition of meanings, (2) modification of one's expectations, (3) restructuring of life routines, (4) development of knowledge and skills, (5) maintenance of continuity, (6) the exploration of new choices, and (7) finding opportunities for growth. However, the way in which transitions are experienced among seniors might vary, in part related to the motivations present. For instance, moving from one's house due to financial pressure is very different from deciding that a residence offering services is more attractive and that financial pressures do not come in to play.

## 1.4 THEORETICAL BASE FOR MOTIVATION

Motivational theories have been developed in an endeavour to understand how and why people behave in certain ways. One of the best developed motivation theories is Self-Determination Theory (SDT),

Self-Determination Theory (SDT), is a motivational theory proposed by Deci and Ryan (1985, 2012). It describes motivation in the context of "environmental factors that hinder or undermine self-motivation, social functioning, and personal well-being…SDT is concerned not only with the specific nature of positive developmental tendencies, but it also examines social environments that are antagonistic toward these tendencies" (Ryan & Deci, 2000, p.69). Hence, the usage of SDT as a framework in this paper seems to be appropriate considering that the environment - physical and social - in which seniors live probably has a central role in their motivation to age in place or move. Ryan and Deci (2000, p.68) wrote that "research on the conditions that foster versus undermine positive human potential has both theoretical importance and practical significance because it can contribute not only to formal knowledge of the causes of human behaviour but also to the design of social environments that optimize people's development, performance, and well-being".

SDT follows the cognitive psychology approach that recognizes the importance of processing information in the determination of behaviour. In this sense, the initiation (psychological value of outcome) and regulation (desired outcome) of behaviour as well as the concept of intentionality understood as a determination to engage in, are key elements in understanding motivation and the direction of behaviour. Thus, when people intentionally believe that some behaviours will drive them to the desired outcome, and they feel competent to perform them, they tend to choose to engage in these behaviours that are autonomously initiated and regulated. On the other hand, when people are in a controlled environment or situation and they have the intention to perform a certain behaviour to achieve certain outcome, it does not ensure that this intentionality will be autonomously initiated and regulated. (Deci and Ryan, 1987). As an example, and to clarify this point, consider a senior that follows a medical

recommendation without exactly understanding it but doing so in order to show respect to the doctor, or for considering the doctor as an authority. This person will behave intentionally, but this behaviour was not self-initiated showing that intention, per se, is not enough to promote an autonomous behaviour in terms of initiation and regulation. The environment context also needs to be taken into account.

People are motivated by many varied contextual and personal factors. This in turn brings about variation in how situations are experienced, even when externally they appear to be the same. For example, people can be motivated – mobilized to act – because they feel highly coerced by external means (extrinsic motivation) or because they feel like they can engage in activities of their choices just because of the enjoyment and pleasure of the activity itself that make them feel competent to perform (intrinsic motivation). These two types of motivation extrinsic and intrinsic) are described in the section below. The way one will be extrinsically or intrinsically motivated depends highly on social and environmental contexts. In line with that, people who are in an environment that endorses autonomy and competence tend to be more creative, more cognitively flexible, and healthy. They seem to have higher self-esteem, also they tend to project less aggression. On the other hand, if someone experiences an environment that is endorsed by a controlled context with a high level of pressure and tension, and lower level of autonomy, self-motivation then, tends to be undermined (Ryan & Deci, 2000).

## 1.5 SELF-DETERMINATION THEORY

Self Determination Theory is focused on the effect of social environments on attitudes, motivations, values and behaviours. It presumes that human beings “are inherently active,

intrinsically motivated, and oriented toward developing naturally through integrative processes" (Deci & Ryan, p.2, 2012). According to this theory, these qualities are part of human nature, so they do not need to be learned. Likewise, SDT suggests that goal-directed behaviours, wellbeing and psychological development cannot be reached without the understanding of the needs that provide energy and direction for behaviour that, in turn, needs this support in order to be sustained. Although SDT recognizes that physiological needs play an important role in the behaviour domain, the focus of this theory is on the psychological level considering social and environmental interactions related to autonomy, competence and relatedness the three basic psychological needs considered as essential for psychological growth, wellbeing, and healthy development.

Autonomy refers to the need to feel volition and willingness related to one's behaviour. To have that need satisfied, the individual needs to experience self-affirmation, choice and freedom in their actions. In contrast, the individual experiencing a lack of autonomy can also experience frustration when feeling coerced to perform certain tasks. Competence refers to the need to feel effective within the social environment; this is promoted by being allowed to develop skills, produce desired outcomes and experience mastery by expressing one's capacities and talents. Relatedness refers to the need to feel connected and involved with others which means that this need for relationships could be satisfied when the individual receives attention from others as well as when the individual has the opportunities to care and be benevolent towards others which has the power to strengthen one's sense of belonging (Ryan & Deci, 2000; Deci & Ryan, 2000).

The satisfaction of needs is related with more effective functioning of a person; however, the optimal development is only possible when all three needs (autonomy, competence, and

relatedness) are satisfied which means that an optimal psychological development cannot be achieve with the fulfillment of just one or two. In short, the failure to provide the psychological nutriments needed to get people motivated, can result in less than optimal behaviours and developments. (Deci & Ryan, 2000, 2012). Accordingly, without the recognition of the concept of innate needs, all desires would be equally valued which means that it would not be possible to predict the consequences of various degrees of satisfaction or the quality of one's experience. "The concept of basic needs…implies that some desires are linked to or catalyzed by our psychological design" (Deci & Ryan, 2000, p.232), so the individual differences have to be taken into account in order to understand the reason why people chose to behave in the way they do, and also to understand the degree in which their environment either fulfills or frustrates their basic needs.

The primary focus of SDT is on the degree to which individuals experience satisfaction of their BPN in different social contexts, and it assumes that there are individual differences that reflect on the degree people will experience need satisfaction in different contexts. Every day people make choices seeking for a more satisfied life in some ways. Decisions regarding where and how to live, what food to eat, what kind of work to do, and what activities to participate in are made every day. In line with this cognitive theory, older adults can continue developing themselves in an optimal way as they age by having knowledge and the ability to make decisions of their own free choice, feeling competent to perform the intended behaviour, and having a sense of belonging in their living environment. Also, by feeling they have control over their own lives, they can freely make decisions not just regarding their living situation but also to other domains of their lives.

Often studies including seniors as a target population tend to focus on the impairments expected as people age, whether it is functional, physical, or psychological. Although aging is part of being human, not everyone will experience aging in the same way which means that one person might lose mental or physical capacity and be more dependent as he/she gets older while another person might experience an active, healthy and more independent aging process (WHO, 2018). Yet, the experience of autonomy in later life should be assured for all regardless of people's age or capacity since the exercise of self-determination by seniors directly affects their quality of life once they can freely manage their daily activities. On the other hand, a sense of disempowerment and dissatisfaction can be experienced if a lack of self-determination is perceived (Ekelund et al., 2013).

In the western world, not being a burden on close family members and being independent and able to decide for themselves are values that seniors state as important for wellbeing and dignity in old age (Johannesen et al., 2004). On this basis, exercising self-determination for seniors is not just about being able to manage daily activities to remain healthy, but it also includes financial decision-making, and decisions about how to manage their social life.

In this sense, according to Deci & Ryan (1985), personal growth, wellbeing, and intrinsic motivation can be facilitated to the degree that the environment provides optimal conditions for self-determination such as support for people's feelings of relatedness, competence and autonomy so that an environment that enhances the experience of choice and freedom will also enhance motivation. Conversely, if those basic psychological needs are thwarted, an illbeing condition can be installed and intrinsic motivation will be undermined (Vallerand et al., 1995; Deci & Ryan, 2012). Therefore, the more self-determined an environment that allows people to

develop an intrinsic motivation, the more positive will be the consequences related to any required adjustments.

Being intrinsically motivated means one engages in certain activities for the pleasure and satisfaction to perform them, in the absence of constraints or material rewards, because the fact that they are performing an interesting activity of their choice, the activity itself is intrinsically rewarding. In this sense, people engage in certain activities to feel competent and self-determined. Therefore, considering that human beings are naturally active and oriented toward developing naturally in order to grow and mature, intrinsic motivation begins with a proactive behaviour to engage in interesting tasks that do not require any kind of rewards to be maintained. In order to maintain an intrinsically motivated behaviour, the requirements are related to the satisfaction of the needs for competence and autonomy, and in doing so those activities are likely to be performed again (Vallerand et al., 1995; Ryan & Deci, 2017). A senior who goes for a walk every day for the inherent pleasure in doing so, is intrinsically motivated towards walking.

Extrinsically motivating behaviours are those that are performed in order to receive an external reward or to avoid punishment or because of an external threat. Thus, the activity is not performed because of one's choice or inherent interest, and as a result, extrinsic motivation can undermine intrinsic motivation. There are four types of extrinsic motivation with different degrees of self-determined motivation:(1) external, (2) introjection, (3) identification and (4) integration. External motivation refers to a kind of behaviour that is not chosen or self-determined. It represents behaviours that are controlled by external means, such as rewards or external authority. In this sense, people will engage in an activity because of their expectations about the consequence of such behaviour. The problem with this type of motivation is that it cannot be maintained over time without the expectancy of a reward (Deci & Ryan, 2000; Ryan &

Deci, 2017). An example of this type of motivation could be a senior who may exercise because he/she feels urged to do so by the doctor or family members; so this person will engage in this activity to avoid being judged or criticized by their doctor or family members.

Unlike external motivation, introjection motivation is a process through which a behaviour can be performed freely from external rewards by partial internalization of a value. In this case, behaviours are performed to feel pride or to avoid feeling guilt or shame, and this is frequently manifested as ego-related motivation. While in external motivation a consequence of behaviour is administered by others, with introjection the consequences are administered by individuals themselves (Deci & Ryan, 2000; Ryan & Deci, 2017). An example could be a sedentary senior who is with a group of people that exercise regularly, and this senior tends to engage in some kind of exercise in order to avoid feeling shame for being the only one who does not practice any kind of exercise.

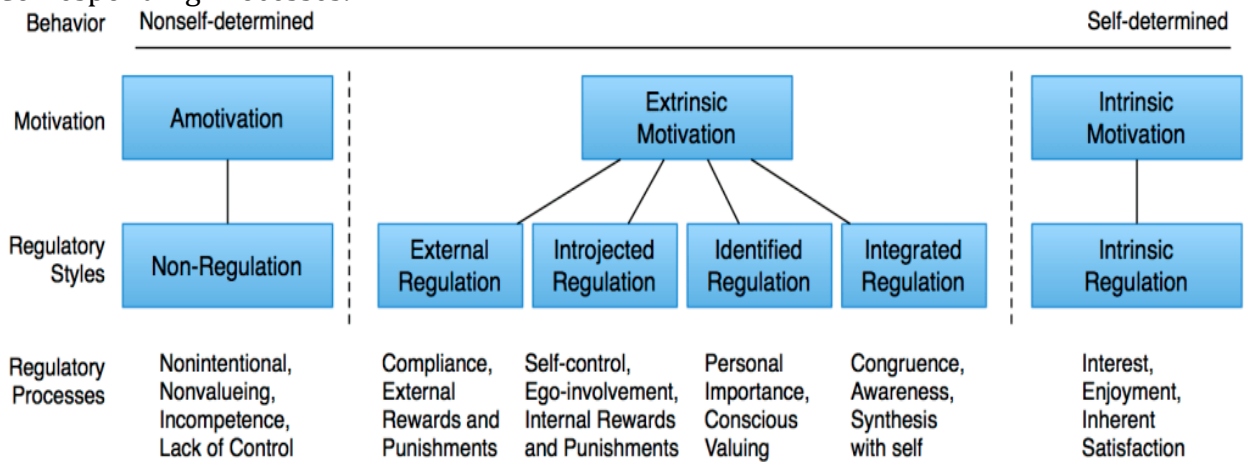
Identification motivation refers to the extent to which people identify with the fundamental value of a behaviour, and in doing so, they would perform it more volitionally because those behaviours were freely chosen, and so are personally important to them. Because of the conscious endorsement of behaviours' values, this type of motivation is more likely to be maintained and performed with higher commitment when compared to external and introjection motivation, even though all three are extrinsically motivated. (Deci & Ryan, 2000; Ryan & Deci, 2017). A senior who autonomously chose to exercise because he/she valued the benefits for health and wellbeing will engage in this behaviour to be healthier rather than doing it as a source of pleasure and enjoyment.

Integration motivation is considered the most autonomous form of extrinsic motivation. It is a process through which the importance of externally valued behaviours is identified and also

integrated into a volitional activity. Therefore, what began as an external regulation can be transformed into self-regulation (Deci & Ryan, 2000; Ryan & Deci, 2017). An example of this type of motivation could be a senior who started exercising because of a doctor's recommendation and because he/she identified the importance in doing so, but over time this person started to enjoy the activity and experience the benefits of exercise regularly which in turn drives him/her to integrate this behaviour into his/her values and perform it autonomously.

Amotivation refers to a behaviour that is not performed by any kind of motivation or that is mediated without any intentionality. Amotivation comes from a lack of basic need satisfaction so that those who experience amotivation do not have the need for autonomy, competence and relatedness to be satisfied which result in poor mental-health and performance outcomes (Deci & Ryan 2000; Ryan & Deci 2017). A senior who does not perceive meaning in life and stops taking their medications, for instance, because they no longer recognize and value the benefits of the therapeutic action of the medications could be cited as an example. Therefore, when people do not find value or meaning in the behaviour they want to perform, or they are not recompensate by a reward, they will experience amotivation.

**Figure 1.** The Self-Determination Continuum, Types of Motivation, Regulatory Styles, and Corresponding Processes.




This figure was extracted from Ryan and Deci (2000).

In sum, SDT makes the distinction between motivated and amotivated behaviours which vary in degree of self-determination, being amotivated in behaviour the least self-determined, and intrinsically motivated behaviours are the most self-determined. In other words, the more one's basic needs are satisfied, the more self-determined their behaviour tends to be.

Considering SDT, we can make predictions about how senior' transitions will be experienced. Social contexts that support seniors' basic psychological needs will promote intrinsic motivation. Thus, the senior transition experience will be affected by the extent to which their basic needs are satisfied, and by the amount of frustrations experienced. Likewise, transitions between different environments may lead to fulfillment or frustration of those basic needs. The desired outcome of elderly transition is a healthy relocation which can be achieved if the target population: develops confidence and strategies for coping, feels connected and able to interact with others, and masters new roles and tasks. Thus, it becomes imperative to understand the processes and motivations involved in aging in order to promote a healthy transition for

seniors. Therefore, the use of SDT as framework seems particularly appropriate to better understand this matter.

## 1.6 WELLBEING, LIFE SATISFACTION AND THE AGING POPULATION

Ulloa et al. (2013) stated that "well-being is supposed to be both the ultimate goal of public policy and what individuals strive for" (p.227). It has to do with how people make sense of their lives, it encompasses the idea of active aging, with an emphasis on health, quality of life and satisfaction with life (WHO, 2002). Likewise, well-being is also directly related to the extent that basic psychological needs (BPNs) are met as posited by SDT and expressed in Figure 2.

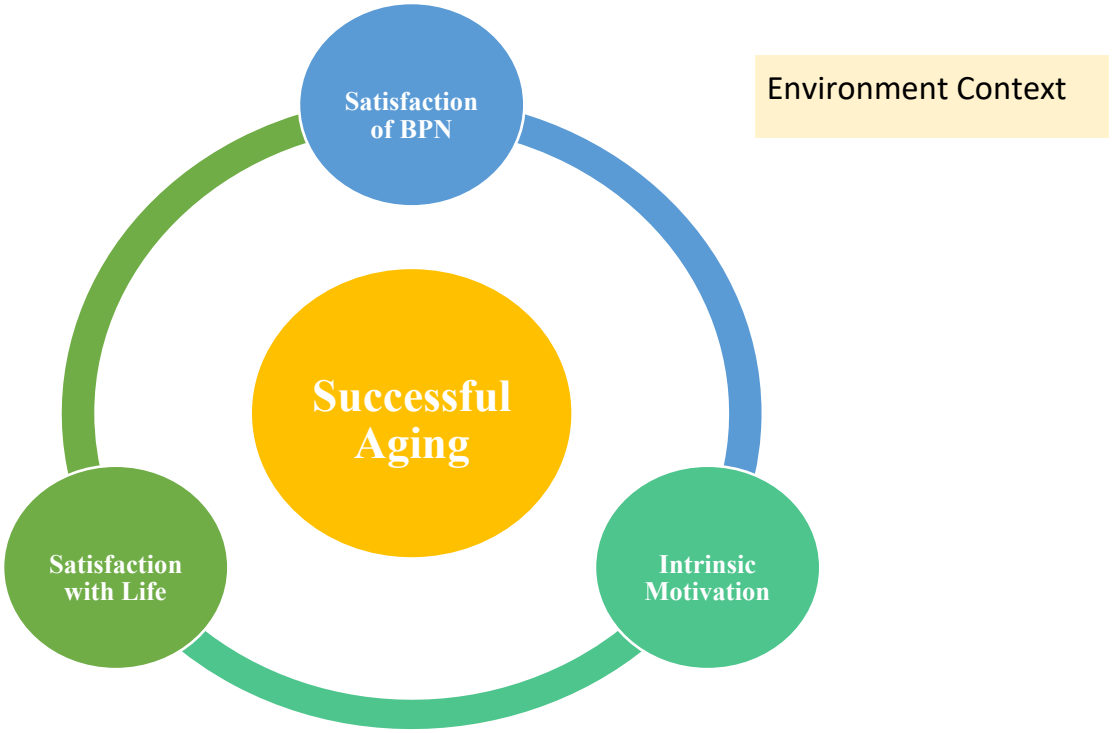
The SDT model of wellbeing proposes that by having their BPNs fulfilled, seniors will experience intrinsic motivation and this will lead them to autonomously decide on which activity/behaviour they want to engage in based on its functional significance; it will guide them to a more satisfied life which in turn, tends to enhance their BPN and continue to promote intrinsic motivation if an autonomously supportive environment is provided. Therefore, seniors can continue to engage in the self-regulation process in older age, and flourish.

This model focuses on seniors' autonomously regulated actions when facing challenging or stressful times since intrinsic motivation appears to promote interest, creativity, cognitive flexibility, positive emotions, and other healthy habits when in association with a supportive environment (Deci & Ryan, 1987). Thus, successful aging might be interpreted as a dynamic process that allow seniors to flourish as they age by looking at the quality of their motivations to

achieve personal goals which will, potentially, increase their well-being and satisfaction with life.

Additionally, satisfaction with life is considered one of the basic components of psychological wellbeing and it has been suggested that life satisfaction "has a motivational element, moving people to successful outcomes" (Oishi & Koo, 2008, p. 6). On this basis, the aim of this section is to: (a) provide a brief overview of the construct and definition of wellbeing; (b) understand the construct of life satisfaction in relation to motivation; and (c) contextualize the definition of wellbeing and life satisfaction with respect to the aging population.

**Figure 2.** SDT Model of Wellbeing for Successful Aging.



## 1.6.1 Constructs and Definitions

One of the points of focus in positive psychology is the exploration of subjective and psychological well-being (SWB and PWB respectively) and the factors which contribute to their maintenance throughout a lifetime. SWB or hedonic wellbeing has its focus on happiness, pleasure and life satisfaction as a life outcome while PWB or eudemonic wellbeing focuses on the process of achieving a meaningful life which includes not only building quality and meaningful relationships, pursuing important goals in life, thriving in the face of a life challenge; but also considers, to a lesser extent, pleasure and happiness as well (Ryan et al., 2008). Positive mood, greater life satisfaction, and the absence of negative emotions seem to be principle components of SWB (Chen et al., 2012), while autonomy, personal growth, a sense of purpose, positive interpersonal relationships, self-acceptance, and mastery over valued activities are variables that influences PWB (Ryff & Keyes, 1995).

The conceptual distinction between SWB and PWB cannot be interpreted to mean that they are not related. Chen et al. (2012) found a strong relationship between measures of SWB and PWB although "partialling out the common variance shared with the general construct of global well-being, the two constructs are distinct with unique explanatory power of their own" (p.28).

In line with these findings Waterman (1993), suggested that if a person experiences eudemonic living, they will also experience hedonic enjoyment; however, hedonic enjoyment, on its own, does not necessarily result in the attainment of eudemonia. It is also posited that eudemonic happiness is achieved when the activities that a person participates in are congruent with deeply held values, eliciting a feeling of authenticity and personal expressiveness.

Wellbeing, in the context of this study, can be taken to be the general concept including SWB, PWB, and quality of life, which is sometimes held to be synonymous (Dodge et al., 2012).

Quality of life has been given a broad definition by World Health Organization (WHO, n.d.) as an "individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.". Quality of life measures usually focus on diseases states (health related quality of life) and not on the quality of life of healthy people (Meiselman, 2016). However, for the purposes of this work quality of life will be taken as a dimension of wellbeing (Dodge et al., 2012).

### 1.6.2 Life Satisfaction

Satisfaction with life is considered one of the basic components of psychological wellbeing and reflects how people generally evaluate their lives (Diener et al., 1999). On this basis, life satisfaction is described as being the result of a comparison between one's desired life and one's current life to the extent that people tend to experience low life satisfaction when the circumstances of their current life are inferior than the circumstances expected in their desired life. On the other hand, people tend to experience high life satisfaction when the circumstances of their current life are equal or superior than those expected in their desired life (Suikkanen, 2011).

According to Diener et al. (1999), high levels of life satisfaction are associated with longer lasting relationships and higher income, although when it changes life satisfaction level can also fluctuate specially when it causes the inability of one's goals or basic needs to be meet. Life satisfaction can be affected by the types and structure of one's goals, and by one's rates of goal attainment. People tend to react positively when progressing toward goals and negatively in the face of goal pursuit failure. In this sense, considering the stated SWB composition, goals serve as a reference for the affect system, additionally, one's behaviour can be predicted by examining what people are trying to achieve in life and how successful they have been (Diener et al., 1999).

In terms of age, greater longevity is a predictor of high life satisfaction. Life satisfaction tends to increase with age which may have to do with the fact that people are living longer and healthier lives than in previous generations. "The lack of significant decreases in life satisfaction across the life span suggests an impressive ability of people to adapt to their conditions" (Diener et al., 1999, p.291).

Considering all of the above, it is predicted that life satisfaction has consequences and could act as a motivational element with the potential to drive people to a successful outcome (Oishi & Koo, 2008). As in Suikkanen's (2011) description of life satisfaction, the experience is a result of how well one's current life match one's desired life. Thus, actual life satisfaction acts as a signal that, in turn, can act as a motivation with the potential to estimate future life events to the extent that low life satisfaction is a signal that things are not going well so that people feel motivated to change their life circumstances and stablish a set of goals that will drive them to changes that will improve their satisfaction with life. In contrast, high life satisfaction is a signal that things are going well, as a result, no change is required which motivates people to maintain

their lives as they are and set up goals that will drives them to a stability in order to maintain their current life satisfaction. In this sense, high life satisfaction could estimate future positive life events while low life satisfaction could estimate future negative life events (Oishi & Koo, 2008).

In light of this discussion and in line with the aims of this paper to investigate the motivations of seniors in the context of decisions to keep or change their living situation, it is possible to hypothesize that low life satisfaction among seniors will act as a motivational factor for them to decide to move in order to get their needs met and improve their overall life satisfaction. On the other hand, high life satisfaction will act as a motivational factor to encourage seniors to age in place and maintain their lifestyle since their needs have been fulfilled.

### 1.6.3 Wellbeing and the aging population

Personal or genetic characteristics do not determine wellbeing and health; physical and social environments should also be considered since mental and physical capacity are highly influenced by the environment one lives in. Those components combined can determine "how well we adjust to loss of function and other forms of adversity that we may experience at different stages of life, and in particular in later years. Both older people and the environments in which they live are diverse, dynamic and changing. In interaction with each other they hold incredible potential for enabling or constraining healthy ageing". Age-friendly environments need to be implemented in many sectors including healthy housing which reflects the direction of seniors' autonomy and a ageism free environment (WHO, n/d).

Taking into consideration that age is a predictor of functional disability; some seniors tend to experience physical, social, and/or cognitive declines which tend to negatively affect their wellbeing. In this context, healthy ageing is strongly associated with the way individuals respond to the adversities that might happen which, in turn, are directly related to a senior's resilience. According to Cosco et al. (2017), the three pillars of a healthy ageing process are (1) maintenance of a high level of physical and cognitive function, (2) avoidance of disease, and (3) active engagement despite the experience of adversities. Thus, as highlighted by many researchers, seniors may be able to face the challenges of ageing and foster wellbeing when nurturing social, individual, and environmental resources are provided (WHO, n.d.; Deci & Ryan, 2000; Cosco et al., 2017).

In the light of the above proposed definition of wellbeing, and in line of the aims of this study, it is possible to hypothesize, in the context of living arrangements and the SDT framework, that if seniors have the need of autonomy, competence and relatedness fulfilled - so they have a great sense of intrinsic motivation during their life course that can be used as a resource, they will cope with the challenge of changing their living environment in a more autonomous way to the extent that the new environment provides them with those basic needs, and, as a consequence, they will experience a healthy transition. In other words, healthy transition, as an expected outcome, is when seniors have the need of autonomy, competence, and relatedness fulfilled as resources they need to meet a particular autonomy, competence and/or relatedness challenge which, according to Deci and Ryan (2000, 2012), can also result in optimal development and wellbeing and this enhances intrinsic motivation.

## 1.7 PURPOSE STATEMENT

Previous work has investigated seniors' decisions about aging in place and transitions to retirement or care residences. This previous work has focused on predictive factors for moving and predictive factors for outcomes. However, broader questions related to motivation have mostly not been explored. SDT has the potential to give insight into how motivational factors are experienced. External motivators are known to lead to people feeling "forced" or amotivated to take action. Intrinsic motivators, such as a feeling of competency, tend to lead to positive experiences. Thus, motivational forces could be potentially central in the psychological processes through which seniors decide to keep or change their living situation and how they experience that choice. Accordingly, the present study was constructed as an investigation of the motivations of seniors in the context of their decisions about aging in place and/or transitioning.

# Chapter 2

# Methods

## 2.1 STUDY DESIGN

A thematic analysis was chosen to identify, analyze, and report patterns within data (as per Braun & Clarke, 2006). This thematic analysis is placed within a realist approach to promote focus on the meanings, experiences, and the different realities of participants.

Braun and Clarke (2006) point out six steps to build a theoretical thematic analysis. A simplified version of those steps is presented in Figure 4. The first one involves getting familiar with the data. In the present study individual online interviews were conducted, recorded, and transcribed verbatim by the same person who also took notes throughout. With the purpose of reach an optimal level of immersion, the transcribed interviews were read repeatedly. Coding the written form of the interviews was the second step. The written form was theory-driven scrutinized for interesting features across the data set, and each code (or provisional category) was identified by different colors, a visual strategy to pattern identification. As a third step, potential themes were searched using the color scheme, and also by taking SDT into account. Then the potential themes were reviewed in light of BPN theory as a fourth step. In the fifth step, themes were defined and named as showed in Figure 5. According to Braun and Clarke (2006), the sixth step concerns the production of report using selected extracts to answer the guiding research question.

Initially, this study was designed for in-person recruitment and data collection, however, in the end of 2019 the world was surprised by the novel coronavirus (COVID-19) pandemic. Accordingly snowball sampling was used and data was obtained using Zoom interviews.

Zoom is a cloud-based videoconferencing service offering features including online meetings, group messaging services, and secure recording of sessions. It offers the ability to communicate in real time with geographically dispersed individuals via computer, tablet, or mobile device. (Zoom Video Communications Inc., 2016).

This research was approved by the Research Ethics Board from Laurentian University under the file number 6020623.

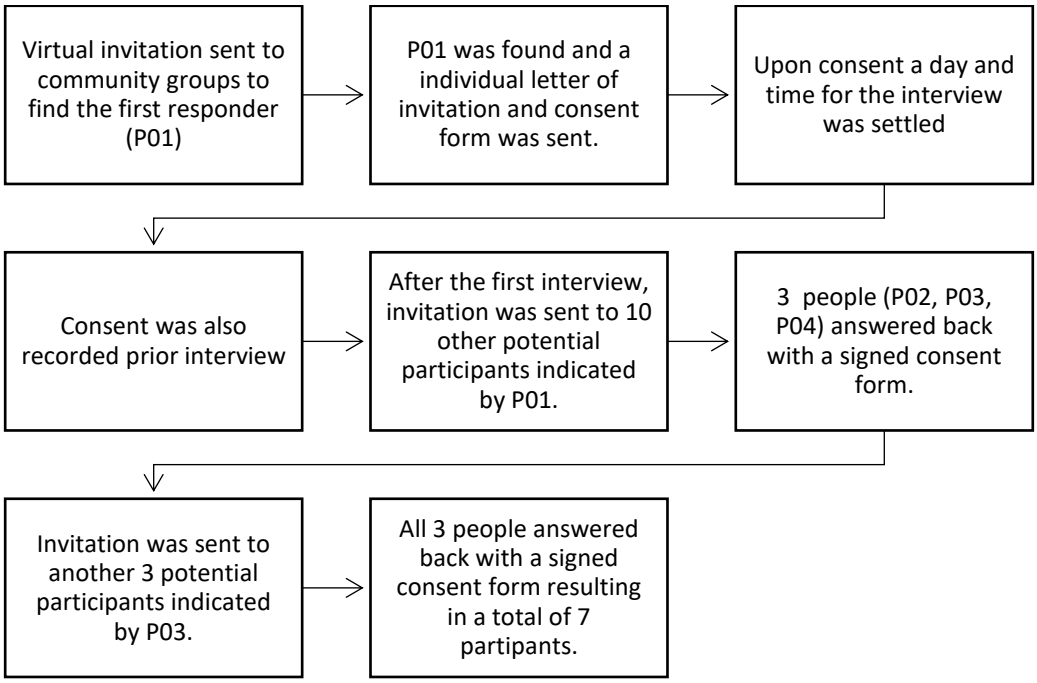
## 2.2 RECRUITMENT PROCESS AND DATA COLLECTION

This study was performed in a city in Northern East Ontario. The participants were seven English speakers 65 years of age or older and a semi-structured interview was performed. Recruitment began with an email invitation message being sent to churches in order to find the first responder. The first responder was a person who is engaged in church and community work in their neighborhood.

For each participant, a formal invitation and consent process was followed. Once consent was obtained through email, interviews proceeded over Zoom (by participant choice). A final verbal consent was recorded before the interview began. The Satisfaction with Life Scale (SWLS) was also administered to add further supportive context. At the end of the interview, participants were asked if they knew someone else who would be willing to participate in this

research; snowball recruitment then proceeded with an invitation and poster being sent to each named candidate. A representative scheme of the recruitment process is showed in Figure 3.

**Figure 3.** Visual scheme of recruitment process.




The questions used to facilitate a discussion of participants' living arrangements and thoughts about ageing in place are listed in Table 1.

**Table 1**. Questions assessing participants living situation.

| |
|---|
| 1) Are you considering moving? |
| 2) What are some of your personal reasons for moving (or staying)? |
| 3) If you decide to move, what sort of place would you like? How will you choose? |
| 4) How important is the location of your family to your desire to stay in your home (or to move to a new location)? |
| 5) How important is your memory of living where you are to your desire to stay (or to move)? |
| 6) If you decide to move, how do you expect that moving will help you to keep in touch with your family, friends, and close neighbours? |
| 7) Was the decision to stay (or move) based on your own thoughts and beliefs, or someone else decide it for you? |

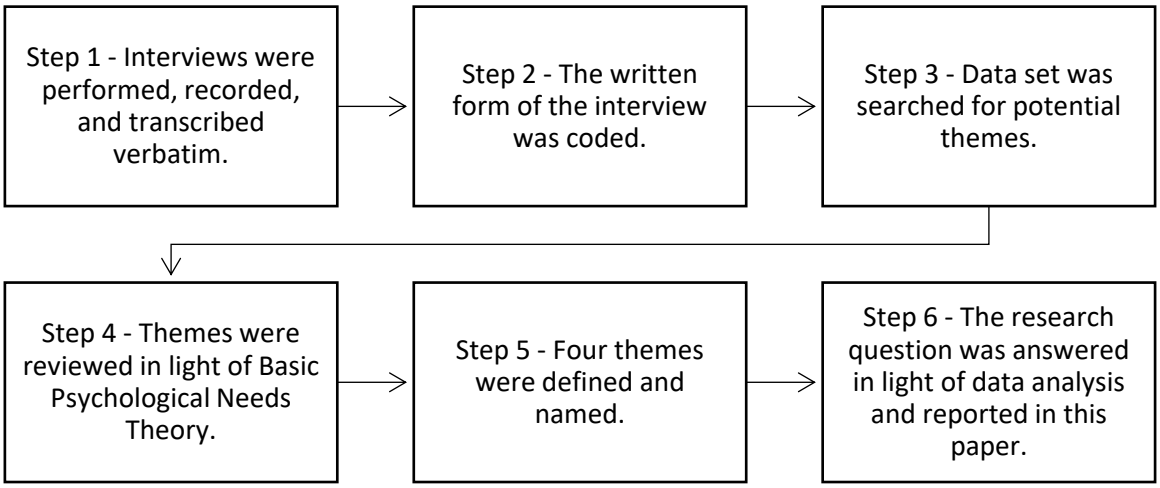
## 2.3 DATA ANALYSIS

### 2.3.1 Semi-structured interview analysis

To identify, analyze and define patterns from the semi-structured interviews a thematic analysis was used by following the steps outlined by Braun & Clarke (2006). According to these authors, two different types of thematic analysis can be used, either inductive or theoretical. An inductive thematic analysis involves the identification of themes that reflect only the data itself and emerge from it inductively. As for theoretical themes, also called theory-driven, themes are identified first from the literature, and the data that corresponds with these themes is collected, and new themes are developed in cases when the themes represent prevalence across the participants. The purpose of this study was to investigate the motivations of seniors in the

context of decisions to keep or change their living situation and to explore how SDT can be applied to gain insight into this situation and how the understanding of motivations may contribute to positive transitions for seniors. As such, the theory driven approach of thematic analysis was used to avoid neglecting any aspects of the theory related to senior's motivations. More specifically, the data set was coded based on insights from the Basic Psychological Needs sub theory of SDT and then organized into themes that in turn. Figure 4 outlines a visual portrayal of the data analysis steps.

**Figure 4.** Visual steps of data analysis.



## 2.4 BIAS RECOGNITION

Within the context of this research, I, as a researcher, acknowledge my position as well as my potential values and viewpoints. Being born and raised in an Eastern country I was exposed to a culture where seniors tend to age at their own places as well as being cared for their family members, therefore, housing transition among seniors were not as usual as it is in Canadian culture. In that sense, whatever beliefs I hold, it may differ when it comes to a different culture and a different country. Hence there is no right or wrong way to support seniors, what really exists is a cultural component that can resonate with the way people believe to be the right way to care for aging population.

Since there is a culture clash between Canada and the culture of my home country, I do recognize that this can interfere with the way I collect and treat my research data and therefore interfere with the results I will get. It also gave me a cultural distance that may have helped me to discuss these matters more easily. Also, my advisor has a background in psychology, which certainly gave me theoretical frames which related more to individua experience than to sociological considerations (per sociology or gerontological frameworks).

Considering this cultural difference, during the data collection phase, I placed myself in an impartial position where I carefully watched the way I performed the semi structured interview in order to avoid showing my subjectivity since what I wanted was to listen to participants beliefs and not impose or show mine. To be sure that the questions I was up to ask would resonate and answer my research question, I piloted the questionnaire, which allowed me to see how much time I would spend with each participant; how long the answers tend to be.

Piloting the questionnaire was a crucial step where I trained to apply it in such a way that participants feel encouraged to share their own beliefs and experiences so that I could build a friendly and reliable environment and, as a result, get all the answers I needed by setting aside my own beliefs and being open-minded to their perception of my research question. Regarding the type of questions asked, the questionnaire was composed by closed and open questions built to capture what seniors had to say about housing decision-making process.

Once all data was collected, I analyzed it with a neutral lens remembering all the time that what matters in this research was seniors' perceptions of housing decision.

# Chapter 3

# Results

## 3.1 DEMOGRAPHICS

Semi-structured interviews were performed with seven seniors to determine their motivations to age in place or transition according to SDT. Three were men and four were women. Their ages ranged from 70 to 81 years of age (M= 74,4; SD= 5). One participant reported being single, six (86%) reported being married. Four (57%) participants reported having nearby family – a son or a daughter living close to their current living arrangement. All participants had gone to college or university. Most - 5 (71%) - reported being retired for more than 10 years, and 2 (29%) were still working. Participants were asked if they have some diagnosed health condition that requires them to have some special attention; 5 (71%) of them reported having one or more chronic diseases such as arthritis, osteoporosis, irritable bowl syndrome (IBS), circulatory disease, anxiety, and dyslipidemia; one participant (14%) had a history of breast cancer with no health problems at the time of the interview, and one (14%) had artificial knees with neither mobility nor health issues at the time of the interview. All participants reported being self-sufficient; therefore, they did not need help with daily activities.

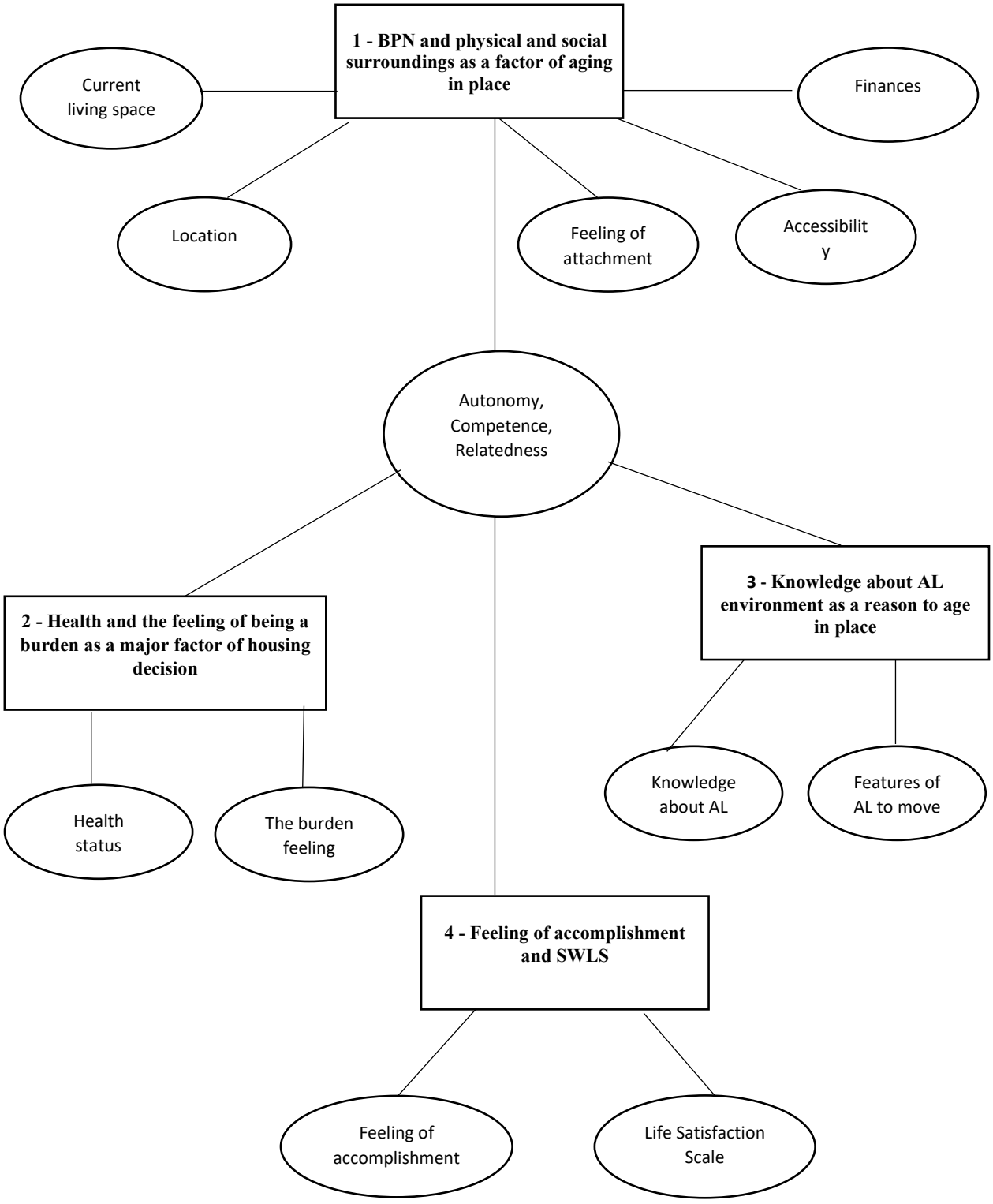
In terms of self-reported life satisfaction, participants gave very positive ratings: 1 (14%) participant was slightly satisfied, 3 (43%) were satisfied, and 3 (43%) were extremely satisfied with life. Life satisfaction will be discussed under the theme Feeling of Accomplishment and SWLS.

Participants were also asked about who would be the person they would call in case of emergency. Two (29%) participants relied on their daughters even though one off these participants also has a son; additionally, 2 (29%) participants mentioned to rely on their daughters listed as a second person to ask for help, in one case the first person listed was a neighbour, and wife in the second case.

In order to assess participants' current living arrangements, participants were asked whether they lived in their own or rented homes, who they were living with, and for how long they had been living there. One participant had been living at the same place for 36 years, two for 30 years, one for 20 years, one for 15 years, and two for less than 5 years. At the time of the interview, 6 (86%) were living with their spouses and 1 (14%) living with a friend. Related to concern with whether participants wanted to age in place or change living arrangements, they were asked if they are considering moving or downsizing; three (43%) determined to age in place, 1 (14%) wanted to downsize, and 3 (43%) recently moved to a place that fits their needs in order to age in place.

The themes from the transcribed interviews were arranged to reflect commonalities between participants' discourses and the structure of SDT theory. The main themes are shown in Figure 5. All of the major elements of SDT theory were addressed by participants as they discussed their decisions to age in place.

**Figure 5.** Thematic map, showing the four main themes identified.



## 3.2 THEMES IDENTIFIED

### 3.2.1 Theme 1. Basic psychological needs and physical and social surroundings as a factor of aging in place.

There were several points raised about autonomy in participants responses. All participants referred to having freedom to choose from and engage in any kind of activity they want to without asking anybody other than their partners. They also showed themselves to be in control of their daily activities, showing that despite their ages they are living independently.

*"…obviously have to discuss this with my wife…but yes, I think certainly we have the freedom to do what we want to do"* (P01).

*"I have my own car and my husband has his car. I come and go like I please and so does he"* (P06).

When it comes to the decision to stay put or move out, all participants stated that it was a shared decision being made by participants and their partners. One participant stressed her concerns about being told what to do.

*"I see some of my friends sometimes being talked into making moves by their children, and that always concerns me because I don't feel like young people can really understand how you feel when you are older"* (P02)

On this basis, self-initiated decisions are presumed to be most desirable as well as being able to be free to make decisions without being coerced or restrained by others.

In terms of competence, all participants referred to being capable of taking care of themselves, and as having the skills needed to perform daily tasks.

*"I am strictly independent"* (P01)

*"We are totally self sufficient"* (P02)

In terms of relatedness, most participants stated that they feel part of the environment they are living in, especially because of the time they have lived in the same house, and the sense of attachment they have to it.

*"We've put a lot of work into the house, and into the yard, and into the garden a little bit at a time year after year…some of your memories around you, and it's a pleasure to be surrounding by those kinds of memories"* (P07)

These BPN were also seen in factors such as those related to the size of current living environment, the convenience of house location, feeling of attachment to the house, accessibility, having good relationship with neighbours, and being financially secure as reasons why most participants decide to age in place or change to another house, rather than going to any kind of assisted living. Therefore, factors related to senior's surrounding environment can affect their quality of life in terms of autonomy, competence, and relatedness. Thus, the current housing situation might exert influence on housing decision among seniors, and having a garden was mentioned as being one key decision factor.

*"There is lots of space, and we have a really nice garden. We wouldn't have a garden if we move into some other place…"* (P03).

The convenience of the place participants are currently living at was also mentioned as an influence. Participants mentioned that living close to family members, or amenities such as bank, doctors, dentist, and grocery store was a factor that they considered when thinking about change or aging in place.

*We are so conveniently located to everything, like I could walk to my dentist, I can walk to my doctor…everything is easy* (P06).

*We have a nice big yard so I can enjoy the outdoors. It is close to amenities, shopping, doctor, dentist, bank, hospital…it's a nice neighbourhood, and it's also close to everything that we need* (P07).

The adequacy of the physical space is another factor that influences housing decision. Seniors expressed their concerns about becoming more dependent in terms of mobility as they age. In this sense, two of those participants who reported having recently moved, did so to a place designed for someone with mobility issues; therefore, if they end up in a wheelchair, for instance, they will still be able to keep their ability to function in their home. Having to manage the stairs in their prior home was recognized as a potential risk as they age, so having a house with no stairs and where everything needed could be accessible on one floor were participants' priorities to find or build a new house. Moreover, the need for home modifications was an environmental pressure that could act as a critical factor resulting, potentially, in relocation.

*"The new house that we built is basically a geriatric house. It is accessible with floor wide hallways, wide doorways, and wheel in shower just in case somebody ends up in a wheelchair. The old house was two spaces with a basement and a spiral staircase - a little bit more difficult to manage, if you have difficulty as you age. So, this house was built specifically so we could stay in it as we age"* (P04).

*"We also had the house designed so that everything that we absolutely need is on the one floor… if we ever get to a situation where we cannot handle stairs, then that won't be a problem"* (P02).

The attachment to the place and bonding to the immediate social environment were another reason that might act as a factor that influences seniors' decisions to move or age in place. Participants showed a sense of house and community attachment as well as attachment to things that bring to them memories they built over time at this place and that are part of their lives.

*"…we have things that are very important to us… so we treasure things that either people have given us or pictures that we have" (P05).*

*"We have friends that we care about…we know this community so well, that it just feels like it's fun to walk down the street and meet someone who you knew 40 years ago, and it's a comforting feeling" (P02).*

Sociodemographic factors such as financial status can also determine the housing situation of seniors. This study included seniors in the high income category, and they were all homeowners. All participants mentioned that they were financially secure and that their financial status was not the reason why they decided to age in place. Those who reported having recently moved, spent their money building or moving into a place that might fit their mobile needs as they get older, although all participants reported the desire to age in place despite their financial situation.

### 3.2.2 Theme 2 Health and the feeling of being a burden as a major factor of housing decision.

Concerns about participant's health situations and the feeling of being a burden were mentioned as factors that could trigger a transition from a seniors' home to an assisted living

situation that met their needs; although all participants expressed a desire to grow old in the place where they currently live. However, one participant mentioned that even if her health situation changes, she has the means to move to her current basement and receive the care she needs right there and still be at her place without the need to burden her family with her care as well as without the need to move to an assisted living complex or nursing home.

"*I wouldn't want my husband or my daughter to suffer because they are looking after me. So I said I can live down in the basement and the care people will come in…so we could still do things we wanted to"* (P02).

Some health limitations among seniors require them to become care receiver, in some cases from family members, transitioning from a self-sufficient lifestyle to one where they are somewhat dependent. In this sense, seniors expressed that they do not want to include family members in their care needs as well as that the only reason to change their living arrangements was if they become a burden to their loved ones.

"*It is not an option* (about moving to another place). *If I have Alzheimer, and I can't give love or receive love, and the family find I'm too much of a burden and they decide they are going to place me in an extended care facility…I may someday have to leave here*" (P06).

About the need of changing the living situation if the health of the couple changes, one participant said that *"if our health deteriorates to the point where we need to, then obviously we go"* (P04). About the need to retire and move to a place where care is provided, one participant said: *"My biggest factor is my health"* (P05).

### 3.2.3 Theme 3: Knowledge about AL environment as a reason to age in place.

Although participants mentioned their desire to age in place or downsize but still live on their own, they also mentioned being concerned about ending up in an assisted living or nursing home if in the future their health situation required them to do so. Thus, during the interview participants ended up mentioning what kind of place they envisioned they would go to if the circumstances require it, and this is paramount for health care providers and policy makers to know so seniors' needs, and expectations are met if they need to move.

The perspectives of seniors moving to an assisted living (AL) complex would account for services such as meals preparation, no need to clean the snow in the winter or leaves in the fall; it would be accessible, having nature around, and it needed to be a place that allowed them to keep social interaction as expressed in the following quotes from participants.

*"We would move to a retirement place where the meals are prepared for you"* (P03)

*"…it would be an apartment…where I do not have the responsibility of looking after the grounds or the snow removal kind of thing. I would like it to be close to the nature so that I will be able to go out and enjoy the birds singing, and the trees, and the flowers"* (P07)

All participants mentioned having friendly neighbors, having friends who they can rely on, sharing favors, helping each other as expressed by P05: *"…we like each other, we respect each other, they have helped us out, we have helped them out*". Thus, an active social life was mentioned as a factor participants would like to have in the facility if they need to move.

"*I would like social contact whatever it would be because right now we have a lot of social life in the neighbourhood.*" (P07).

One participant shared the experience of having contact with how care is delivered in different nursing homes as her mother was institutionalized because of Alzheimer's disease. She mentioned this experience as a motivation to age in place and receive homecare if her health required it. As she said, "*that was a real eye opener to me…I would be very reluctant to move into long-term care; I was not happy with what I saw…So, my feeling is: I would want to avoid that at all costs…that is our motivation for wanting to stay here*" (P02). Her mother went through two long-term care facilities and then the family decided to take care of her at home, with her happiness as a major decision factor.

"*She was…in one place that looked beautiful, but it wasn't a happy place…I found it was not happy for my mother. It was not happy for other people, so we finally took her home…people are much happier in their homes than anywhere else, and so if you can make that possible, then that is what one would do"* (P02).

### 3.2.4 Theme 4: Feeling of accomplishment and SWLS

While some participants expressed their feelings of having accomplished things they would like to in life, others stressed that they had accomplished many things, but they still have plans and projects they want to do. At the same time, they were worried if their health and age would allow them to do so as indicated by the following quotes.

*"I have accomplished much more than I thought I would…good marriage…enough money…good kids"* (P03).

*"…you want to see your family grow up and develop…still lots of things that I look forward to do* (about his business projects)" (P01)

"*Not quite. I have things I still want to do* (when asked if he had achieved his dreams)" (P02)

Age, health status, and not having enough time to do everything they still wanted to do appeared to be a factor of concern as stated by P07: "*because of my age, I have limited time for things that I might be able to do for now…because of my health I have to eliminate some things that I probably want to do*".

In terms of life satisfaction, at the time of the interviews one participant was slightly satisfied, three were satisfied, and three were extremely satisfied. In terms of a summary of scores from the SWLS, for the first four items, the scores ranged from 5 to 7; however, for the 5$^{th}$ item, "If I could live my life over, I would change almost nothing", the scores ranged from 2 to 7.

The participant who answered 2 (the lowest) to item 5, explained that she regretted many things that happened in the past and that if she could live her life over she would have changed those things ,although she strongly agreed that she was satisfied with her life and so far, having received the important things from life that she wanted.

# Chapter 4

# Discussion

Despite an increased interest in the study of housing transition among seniors, little is known about the motivational factors underlying seniors' decision to move or age in place. This study investigated which factors are most salient in motivation to age in place using SDT as a theoretical framework. The results of this study reflect the responses of seven seniors who reported being well educated, financially secure, and despite having health diagnosed conditions, remained active and independent to perform daily tasks. Although a broader cohort should be addressed in future research, to the extent that most seniors want to age in place, perhaps the motivational factors surrounding their decisions could be compared to those found in this study.

This study may be the first to explore how motivational factors impact seniors' decision to move or age in place, and how they experience that choice. Although the identification of predictive factors and outcomes are an important step toward the understanding of housing decision among seniors, it does not explain what the conditions are that foster or undermine seniors' behaviour concerning this matter. By including the motivational component as an explanatory factor for housing decisions, the present study added a more comprehensive and holistic way to understand and explain seniors' decisions since the initiation and regulation of behaviour and social environment, as well as the meaning they attribute to their contextual factors are taken into account.

The findings showed that seniors interviewed in this research highly valued their comfort, independence, autonomy, and the competence fostered by their current living arrangements; therefore, they wished to age in place, or even downsize, but still live on their own so they could continue to enjoy what they value the most. Those who recently moved did so to a place

designed to fit their mobility needs as they aged; this decision was planned years before the actual move. Although medical concerns such as mobility, accessibility, and ability to function were mentioned as something that they wanted to preserve as they age, they were not seen as reasons to move to an institution of care. Instead, participants preferred to move to a place of their own that would enable them to function with respect to mobility issues in the future so they could continue to exercise their autonomy and competence. Hence, the decision to age in place was based on senior's current living arrangement, in their surrounding environment, but mostly in their ability to exercise their autonomy, competence, and reflect social needs.

The interviews uncovered many motivational factors, but there was a consistent focus on seniors' social and living environment in relation to the BPN posited by SDT. Physical and social surroundings were also found as being factors related to decisions to age in place. Having a garden and the sized and accessibility of their current living environment was mentioned as reasons to age in place, in a sense that it provided seniors with their BPN and a sense of wellbeing. Scott et al., (2015), corroborate these findings and the importance of seniors having a garden, as they found that being in contact with nature, even if indoors, can have psychological and physiological benefits such as: increased wellbeing improvement, increased physical exercise, increased pain tolerance, and reduced risks of morbidity and mortality rate of cardiac diseases. Further, they found that gardens improved seniors' functional health, helping seniors to remain active, and it was also a way to improve fruit and vegetable consumption (Scott et al., 2015).

Researchers have shown that even seniors who cannot actively garden can reap the benefits of simply viewing plants and garden through a window or in images. There is evidence that viewing nature can lower blood pressure, reduce stress, and boost the immune system

(Ulrich 1984). Also, being able to simply observe nature was shown as having psychological and physiological healing benefits for patients recovering from surgery when compared to those who did not had a garden view (Ulrich 1984; Ulrich, et al, 1991.). Therefore, gardening is a type of activity that can help seniors to maintain a well functioning mind and body, which is also critical if one wants to age in place.

There is a dynamic relationship between seniors and their surrounding environment. As people age, the chances of experiencing losses in functional capabilities are greater, so in order to overcome the pressure that the environment might exert, they need to modify their environment or adapt themselves to balance their abilities and needs. Thus, living in a house conveniently located, with a size and accessibility that allows senior to exercise their independence, can create an environment that provides seniors the experience of choice and freedom in their actions as well as the feeling of being effective within their social environment by allowing the development of their skills, capacities, and talents; therefore, enhancing their motivation to age in place.

The feeling of attachment to their house, having a good relationship with neighbours, and being financially secure were also reasons to age in place. According to a Germany study, this sense of attachment is directly related to how long someone has lived in (Kramer & Pfaffenbach, 2016). Living in the same house incrementally longer might create an increasing emotional connection that is associated with the quality of ones' social and family bonds to place (Kramer & Pfaffenbach, 2016). Additionally, place attachment is considered a strong predictor for social well-being, especially in a population of older adults (Rollero & De Piccoli, 2010).

Aligned with SDT, when physical and social conditions enhanced their positive experiences, seniors expressed a sense of comfort and belonging with respect to a sense of

thriving in their homes. Therefore, a sense of satisfaction and contentedness can stem from living in familial surroundings, with familiar faces.

Besides physical and social surroundings, finances also played an important role in seniors' decision of moving or aging in place, as previously stated. The population of this study was composed of financially secure seniors, and this likely influenced their decision to age in place as they were able to make house adjustments or pay for homecare if it was needed instead of moving to an AL location. Poor physical and social community features such as excess pavement, fewer green spaces, and high crime rates may be experienced in more deprived areas. This environmental pressures in these areas can limit seniors' daily activities and access to required services, triggering their relocation decisions (Wu et al., 2015). Although housing decision can be limited by economic status, the sample size of this study did not allow for the conclusions to apply other populations, such as those with lower economic status. Studies with larger and more heterogeneous samples are required to clarify this matter.

Health and the feeling of being a burden seemed to be a pivotal factor related to the housing decision among seniors. In terms of housing, a dwelling adaptation or even relocation could be triggered by health situations that may lead people to experience practical difficulties in their current living environment. Although all participants expressed the desire not to move to an institution of care, health status was mentioned as the only factor that possible could trigger this transition. Although some seniors from our study moved to a place that was designed to fit their mobility needs in the future, when or if they encountered mobility issues, most participants wanted to stay in their homes until there was no other option but move to an institution of care.

The presence of disabilities, for instance, could make the execution of daily life activities a burden for seniors, and in some cases changes in their house would not meet their health needs,

and thus, relocation to a more suitable housing option would need to be considered (DerPers et al., 2017). DerPers et al., (2017) found that limitations in performance of daily living tasks had the most pronounced effect on senior's relocation decisions, especially to a care institution. Likewise, in a systematic review by Roy et al., (2018), they found that physical limitations have 75% of the effect on senior's relocation decisions. Therefore, poor health and a decline in functional status can be seen as predictors for institutionalization (Luppa et al, 2010), and we can then infer from these studies that changes in senior's living arrangements is primarily due to health-related issues.

Associated with the health status comes the concern of becoming a burden on their loved ones since participants also expressed concern about the possibility of being cared for in the future in an AL complex, or at home by health professionals, but not by family members. Our findings were aligned with the qualitative study conducted by Cahill et al. (2009), where they found that burden was a concept that often appeared in their interview data to explain the aversion to burden seniors' family members with information regarding their health or health routines such as physician' appointments, and medication care. The authors found that some of the reasons for that was that older adults do not want to burden their adult children because they have their own family and careers to take care of. Additionally, older adults do not want to overly worried their adult children about their own health issues, and they do not want to be parented by their children.

Ward-Griffin et al. (2006), conducted a Canadian study that examined the perspectives of women with dementia who received care from their adult daughters. All mothers expressed a grateful feeling for being cared for by their daughters, but concurrently they also expressed a guilty feeling for being a burden to their loved ones. It seems that the literature confirms that

seniors expect open communication, affection, and thoughtfulness from their adult children instead of having them involved in health care issues and extreme end of life events. This is described succinctly by Mancini & Blieszner (1989):

> "They expressed concern about how to negotiate the desired level of noninterfering closeness with their children and how to discuss their wishes with respect to issues such as care in a future medical emergency, long-term care preferences, funeral arrangements, and disposition of their property after death." (p.276).

The feeling of being a burden does not just plays an important role on housing decisions among seniors, it can also affect the way policies address this issue. For example, participants from our study could have said that regardless of whether their desire was to age in place, they wanted to move because they were worried about being a burden on their loved ones. In that case, policies would need to ensure that seniors would have a place to go that met their needs, and this would come at a high cost, likely for both seniors and government. However, what the results from our study did show was that participants preferred to age in place until they became a burden, which means until their health required them to receive care. In this sense, perhaps policies could then address the burden component by providing seniors with home care services until the need for more specialized care becomes imminent, and this has the potential to reduce health care costs, while seniors can still enjoy the place where they want to be.

Seniors in our study did not recognize themselves as in need of assisted care, and the experience of having contact with how care is delivered in assisted living settings seemed to be crucial in their decision to age in place. Strong affective and cognitive ties to the home environment are formed as people age, and as demonstrated in our study aging in place and preventing relocation are a strong desire of seniors as well as of their families. In this sense, the

creation of a home environment that supports healthy aging should be a goal to be achieved in health promotion.

Our results showed that seniors were satisfied with their lives in different life domains such as their achievements, personal relationships, standard of living, feeling safe, and having time to pursue new goals. Thus, they continued to flourish which is aligned with the SDT principle of continuing to grow by feeling autonomously motivated, which in turn, will lead people to a greater sense of wellbeing. Our results are also consistent with the eudemonic approach of wellbeing that states that wellbeing is a "way of living in which intrinsic values predominate in the sense that people are focused on what has inherent worth and on the goals that are by nature first order with both hedonic phenomena and other, more eudemonic indicators of well-being" (Ryan et al., 2008, p149).

Sheldon et al., (2016), found that people tend to experience a greater sense of autonomy as they age, and this could be partially because older people have wisdom, values, acquired skills, and also because they tend to internalize their goals and initiatives more effectively than younger people. Thus, according to Sheldon et al., aging may be related to a psychological maturing, and this seems to be similar to what we found in our study. Thus, with age, people tend to pursue more intrinsically motivated goals and more self-appropriate choices.

Satisfaction with life is considered one of the basic components of psychological wellbeing and reflects how people generally evaluate their lives (Diener et al., 1999). In our study participants evaluated their lives as close to their ideal, and most of them also recognized that if they could live their life over, they would not have changed that much, although one participant reported having some regrets in life, things they would have done differently in the past, but it did not seem to affect this participant's satisfaction with life.

The expression of satisfaction with life among participants may be due to their positive attitudes towards aging, personal goals, social relationships, as well as their sense of accomplishment and projects that they still have in life. Most of participants said that they still have dreams, and things they wanted to accomplish, including having the opportunity to watch their grandchildren thrive as they grow. Despite still having plans and projects to accomplish, they were afraid of not having enough time to do so. Corroborating our findings, a longitudinal study over a period of 8 years that aimed to examine longitudinal change in life satisfaction in older adults, found that seniors tend to perceive their time as limited, especially because of the proximity of death; so that they tend to focus on meaningful, gratifying, and enjoyable activities and relationships (Gana et al., 2012). In the same study, there was a linear increase in life satisfaction as people aged which is consistent with the prediction that aging is associated with increased happiness and life satisfaction (Gana et al., 2012).

The identified themes appear to represent intrinsic motivation. As discussed in the SDT section, intrinsic motivation refers to peoples' spontaneous tendencies to be interested, to seek out challenges, and to exercise and develop their knowledge and skills in the absence of an external reward; and this is because they find the activity they are performing interesting and inherently satisfying. Additionally, intrinsic motivation depends on ambient supports for BPN. On this basis, as explained in theme one, participants claimed to have their BPNs fulfilled since they expressed: (1) a volitional feeling to age in place as well as having the capacity to make decisions regarding their activities of daily living and choosing the activities they wanted to engage in, (2) being self-sufficient and feeling effective in the environment they were in, and (3) feeling a sense of belonging in the community where they were. Moreover, their BPN were enhanced by their current living and social environment which is consistent with SDT that posits

that in the presence of an autonomous supportive environment, the tendency is to have a feeling of freedom to develop one's own sense of competence (Ryan & Deci, 2000). Thus, the more supportive environment someone has, the more likely their BPNs will be fulfilled, and the more likely intrinsic motivation will be enhanced. Therefore, by having their needs for autonomy, competence, and relatedness fulfilled, participants in our study seemed to be intrinsically motivated and autonomously oriented to age in the place here they were currently living.

In themes two and three, seniors reflectively looked at their values and belief systems when they autonomously considered their health status and intent to not being a burden on their loved ones. Thus, this was a predictor for relocation decisions. Autonomous motivation has to do with interest and joy, but it also has to do with values and beliefs. If people have something that they truly value, they tend to be willing to behave and make decisions that are consistent with it. Thus, in the context of this paper, seniors showed that they value their health and competence as they want to remain independent for as long as they can without need for help from others, especially from family members. Additionally, they seemed to value their freedom of choice as well since they autonomously made the decision to age in place unless their health status requires them to move to an assisted living situation. Finally, even if they needed to move, their desire was to keep an active social life; and this reinforces the idea that the seniors in our study were intrinsically motivated not to change their living arrangements.

Intrinsic motivation can predict optimal development, wellbeing, and satisfaction with life (Deci & Ryan, 2012). In theme four, participants claimed that they were satisfied with their lives and that they had accomplished the goals they had in life; however, for some there were more projects to complete and more goals they still wanted to achieve. The feeling of having more to do is consistent with this population being intrinsically motivated; the more motivated

one feels, the more one tends to behave towards pursuing goals that nurture this motivation so one can feel a sense of satisfaction and can continuously flourish. It becomes a self-reinforcing cycle.

It is important to understand peoples' intrinsic and extrinsic reasons to do something when trying to predict their subsequent behaviour by analyzing their motivational style. In this sense then, external motivations, such as failures of autonomy, were also present. Participants categorically expressed their desire not to move to a place where care was provided unless their health situation required them to do so. Being cared for others implied the idea of dependency which leads to the notion of not having the skills needed for daily living activities such as preparing meals, eating, and bathing, as well as not being able to choose how and when those activities would be performed. As per P02's comments, AL appeared to be viewed as coercive and related to a failure of autonomy and competency.

Generally, the initiation and regulation of one's choices and behaviours are influenced by aspects of the context of one's life. In our study, participants considered having a garden, location and accessibility of the house, attachment to place, financial stability, and satisfaction with life as important contextual factors; however, those contextual factors, per se, do not determine one's behaviour. From a SDT perspective, the element that critically determines choice and behaviour is the functional significance of contextual factors. In other words, choice and behaviour are ultimately driven by the meaning people give to the contextual factors that could be autonomy supportive or controlling (Deci & Ryan, 1987). For instance, it is not just about having garden to take care of, but also about the meaning of having it that makes "having a garden" an age in place predictor. Likewise, it is possible to infer that, in the context of this research, seniors' intrinsic motivation was maintained by an autonomy-supportive context as

they desired to age in place. Therefore, the themes that were identified in our study encompassed the factors that drove seniors to the decision to age in place, and the meaning that they attributed to those factors.

All in all, what this research showed is that intrinsically motivated seniors tended to decide to age in place, and seniors with high intrinsic motivation were satisfied with life and desired to continue to flourish as they still pursued the achievement of what was considered for them as meaningful goals. This set of findings seems to be a path that led them to a successful aging process since, by definition, it was related to goal achievement and life satisfaction (Urtamo et al., 2019).

The results of our study can be used by care providers and policy makers. Knowing what drives seniors' decisions to age in place can guide health care-providers to plan and delivery individualized care, and provide health promotion by informing them about the best health practices and care they can have at home in their everyday tasks in order to keep them healthier for a longer period of time, thus reinforcing their independency. Policy makers can benefit from the results of this research by incorporating SDT principles in the policies addressing housing for seniors.

Although it is out of the scope of this research to analyze housing policies, some consideration needs to be made to better contextualize the usage of the results provided in our study. The Government of Canada (2019) has been encouraging seniors to age in place. The efforts made towards supporting age-friendly communities, and addressing housing affordability to combat homelessness, so all seniors can age in a place they consider home, are critical steps. Another government effort is encouraging people to plan ahead to age in place with the aim that in doing so they will be prepared for the future (Government of Canada, 2016). This plan

includes considerations such as eating well, exercising regularly, staying active, staying financially secure, staying safe, being free from abuse, and making adaptations in the homes seniors are living in, so their future needs will be met.

However, as the population continues to age, only having a place to live and/or following prescriptive health style changes does not guarantee that people will age in place as they get old since they can have a place to live but not feel safe or not be able to make the adaptations required to make the house accessible. Additionally, they can have a house and not be able to follow the health style suggested by the government or they may not be able to afford home-care services, and thus, they decide to move to an institution of care.

To succeed, an age in place policy, in light of SDT, needs to support seniors' autonomy by "attempting to understand, acknowledge, and where possible, be responsive to" (Ryan & Deci, 2020, p4) seniors' perspectives. Providing seniors with choice as well as with a meaningful rationale can foster autonomy and reinforce intrinsic motivation. In that sense, by knowing what the motivations are behind seniors' decisions to age in place, policies could be more effective by providing them with the services that can delay or even prevent senior relocation. For instance, policies could support providing home adaptations needed to address mobility issues, quality home-care services, a safe area to live so they can exercise their BPS, and promotion to engage in a healthy life-style.

# Chapter 5

# Conclusion

## 5.1 LIMITATIONS

Limitations of this study include the size and characteristics of the analyzed sample. Additionally, the use of snowball sampling led to a highly homogenous group. This was a group of well-off people who were not facing too much external pressure, consequently the way they thought about moving or aging in place cannot be taken as representative of other populations. The size and characteristics of this sample did not allow for a deeper analysis of demographic data, so we were not able to assess housing motivation in relation to socio-economic status. Also, all participants were homeowners, so it was not possible to determine if seniors who live in rental housing think about aging in place the same way.

Another limitation was that intrinsic motivation was the only motivation identified in this study, probably due to the nature of the small homogeneous sample. In that sense, the factors that might guide seniors through amotivation or external, introjected, identified, or integrated forms of extrinsic motivation in relation to housing decisions still need to be explored.

The cross-sectional design of the study was also a limitation since this type of study design only provided data collection at one period of time so that it was not possible to analyze how housing decisions change over time and what factors may underlie the changing decisions.

## 5.2 DIRECTION FOR FUTURE RESEARCH

As a direction for future research, our study design could be replicated in other populations or in a more heterogeneous sample in order to assess demographic data in depth since motivation to age in place or change living environment might differ with age, gender, ethnicity, and socioeconomic status.

Although it is costly and time consuming, future research could involve conducting a longitudinal study that assesses changes in housing decisions among seniors over time, and this would deepen the knowledge-base related to the motivational factors that drive these decisions. A longitudinal study assessing seniors' motivation to age in place would show whether or not the decisions changed over time, and what factors triggered this change. Also, this type of study design would allow for the assessment of the other types of motivation posited by SDT.

## 5.3 CLOSING STATEMENTS

Our study represented a qualitative analysis of seniors' motivations to age in place involving seven key informants using SDT as a framework. To date, our study was the first to explore how motivational factors impact seniors' decisions to move or age in place, and how they experience that choice. It showed that the intrinsically motivated seniors in our study tend to decide to age in place, and these seniors had high intrinsic motivation and were satisfied with life.

Four major themes were identified: 1) BPN and physical and social surroundings as a factor of aging in place, 2) Health and the feeling of being a burden as a major factor of housing

decision, 3) Knowledge about AL environment as a reason to age in place, and 4) Feeling of accomplishment and SWLS. These themes demonstrated that factors such as housing location, having a garden, accessibility, financial stability, feeling of attachment to the house, and health status were all age in place predictors; while health deterioration, the desire not to be a burden on loved ones, and knowledge about AL were predictors for relocation. In light of SDT, these themes appear to represent intrinsic motivation since participants expressed a volitional feeling to age in place, feeling effective in the environment they were in, and feeling a sense of belonging in their community.

Placing those factors in the context of motivation can be a good way to understand how seniors think and feel about relocation, as self-determined motivational orientation appears to facilitate adaptation in different life contexts, if relocation is needed, for instance, and promotes life satisfaction. Therefore, seniors' self-determination in daily life should be respected and promoted, additionally, interventions, not just about housing decision, but also in other life domains, should be thought and executed taking into account seniors' own will as well as their need for autonomy, competence, and relatedness. By analyzing this set of findings, it appears to be that the promotion of seniors intrinsic motivation might guide them to a successful aging process.

These findings represent an important contribution towards understanding seniors' wellbeing since more holistic and respectful care can be provided to seniors by understanding their motivations about housing decisions. In this regard, heath workers, and policymakers may benefit by systematically employing SDT principles in order to address seniors needs in terms of housing choice and reinforce seniors' self-determination in daily life.

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# Appendices

## Appendix A – Ethics Approval

**APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS**

Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL / New **X** / Modifications to project / Time extension

| | |
|---|---|
| **Name of Principal Investigator and school/department** | Halana Barbosa (PI), Human Kinetics; Bruce Oddson (Supervisor) Human Kinetics |
| **Title of Project** | Prospective housing decisions and Self Determination Theory |
| **REB file number** | 6020623 |
| **Date of original approval of project** | July 24, 2020 |
| **Date of approval of project modifications or extension *(if applicable)*** | |
| **Final/Interim report due on:** *(You may request an extension)* | July 24, 2021 |
| **Conditions placed on project** | |

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.

Susan Boyko, PhD, Vice Chair, *Laurentian University Research Ethics Board*

# Appendix B – Questionnaire

***Interview about living situation.***

Participant's name:

<table>
<tr><td>Date of birth:</td><td>Age:</td></tr>
<tr><td>Do you live alone? □ Yes □ No<br>Who do you live with?_____<br>_____<br>Do you have nearby family?_____</td><td>Gender:<br>□ Male<br>□ Female<br>Other_____</td></tr>
<tr><td>How much formal education do you have?</td><td>Profession:<br>Are you currently working? If yes: What kind of work do you have?<br>If not: Are you retired?<br>Was the job you used to work related to your educational degree?</td></tr>
<tr><td colspan="2">Do you have any pets?</td></tr>
<tr><td colspan="2">Living situation:<br>□ In their own house/apartment – with some of his/her family<br>□ In their own house/apartment – in a separate place (e.g. basement)<br>□ In their own house/apartment – alone<br>Why?_____</td></tr>
<tr><td>Ethnicity:<br>□ Black<br>□ White<br>□ Native<br>□ Asian<br>□ Other_____</td><td>Marital Status:<br>□ Single<br>□ Married<br>□ Divorced<br>□ Widower<br>□ Widow<br>□ Other</td></tr>
<tr><td>Diagnoses:<br>□ Diabetes: □ Type 1 □ Type 2<br>□ Cardiovascular disease<br>□ Dyslipidemia<br>□ Hypothyreoidism<br>□ Hyperthyreodism<br>□ Chronic Obstructive Pulmonary Disease (COPD)</td><td>□ Arthritis<br>□ Anxiety<br>□ Depression<br>□ Other_____<br>_____<br>_____<br>_____</td></tr>
<tr><td colspan="2">Do you have a family doctor? □ Yes □ No</td></tr>
<tr><td>Need help for daily activities:<br>Do you require help with daily living?<br>□ Yes □ No<br>Since when?_____</td><td>□ Go to the grocery store<br>□ Banking<br>□ Help with finances or doing your taxes<br>□ Other_____</td></tr>
</table>

| | |
|---|---|
| What sort of things do you feel you may need help with?<br>□ Personal care (hygiene, get dressed)<br>□ Medical care | Who are the primary people who are helping you?<br>□ Son □ Daughter □ Friend □ Neighbour<br>□ Other:_____ |

*Some context questions*
**Do you have nearby family?** i.e) **in the city**
If yes: **How far away they live from you?**

**Who is the person who can help you if you need help during an emergency?**

**What are some of your hobbies or favorite activities?** i.e: walking, music, going for coffee with friends, go to the gym

*Questions about current living place.*

**How long have you been living (here) where you live?**

*If not recent*
**Are you considering moving?**
*If yes then:*
When was the first time you thought about moving?
Do you want to keep your house or are you thinking about sell it?
What are some factors that worry you about moving/downsizing?

*If recent, then the questions that follow should be in past tense.*

*Potential probes*
- **What are some of your personal reasons for moving?**
- **What sort of place would you like?**
- **How will you choose?**
- **Do you have/had help in finding new living accommodation?**
- **What worries you the most about moving?**
- **Do you think you will be able to keep your hobbies or favorite activities?**

**If it is alright with you, I would like to ask you about where you are living now.**

**What are some of your favorite things about where you live now?**
**What do you love most about your home?**

**May I ask what are some of your reasons for staying where you are?**
- **Are you concern about your financial situation?**
- **Is your financial situation one of the reason why you decide to stay in your place?**
- *If they have nearby family*

**How important is the location of your family to your staying in your home?**
**How important is the location of your family to your moving to a new location?**

*If they require some or much help in daily living*
**Is it easier to receive the help you need where you are now?** If yes**: Can you give me some examples about why is easy to get help where you are now?**
If no**: Can you give me some examples about why is not easy to get help where you are now?**

**How important is your memory of living where you are to your desire to stay?** As an example – do you feel like by moving you will lose the memories you build living where you are now?
**How important is your memory of living where you are to your desire to move?**
**Do you feel [autonomous] able to look after yourself at your current home?**
**Do you feel that staying where you are helps you keep in touch with your friends, family, and close neighbours?**
**Do you feel that moving to another place you will still be able to keep in touch with your friends, family, and close neighbours? Will they be able to visit you?**

**Is it easy to maintain your lifestyle – walking, activities, meeting with friends – where you live now?**

*Some questions about potential moving.*
- **Many people think about moving. Either downsizing, or changing apartments or even moving to a residence. When you think about moving, what do you consider?**
- **If not, ask to think about the place (or sort of place) that you have thought most about moving to.** i.e: retirement home, assisted living, nursing home or just to a smaller place.

**How do you expect by moving might will help you feel able to look after yourself at your new home?**

**How much do you expect that moving might change your ability to keep in touch with your friends, family, and close neighbours?**

**How much do you expect that moving might affect your lifestyle – walking, activities, meeting with friends – compared to where you live now?**

**Are you a person who usually leads well with changes?** If yes or no**: Can you give me an example/tell some past experiences?**
**How have the conditions of your life changed since the last decade?**

**Do you feel safe in your home?**

*If recently moved, then:*
**How have the conditions of your life changed since you moved?**
- **Probe how positive or negative as well.**

**How will this affect the important things in your life?**
- **Probe how positive or negative as well.**

Perceived Competence:

Do you think you (have the skills) are capable of to take care of yourself?
Compared to other people you do know, do you feel pretty competent to perform your everyday tasks?
Are you satisfied with your life as you get older?
Have you achieved all of your dreams? Can you give me an example?

Perceived Autonomy/ Choice:

Do you have freedom to engage in any kind of activity you want to without asking nobody else?
Was the decision to move (or stay) based on your own thoughts and beliefs, or someone else decided it for you?
Do you feel like you are being pushed to move?
Are you in control of your routine/ Are you the one who decide what time and how you will perform your everyday routine/tasks? (wake up, have meals, do the dishes…)
What activities gives you pleasure to perform when you are alone?

Relatedness

Do you feel like you are emotionally distant from your family?
Do you feel like you can trust in your family and friends for everything being it good or not?
Do you feel like you belong to this place (the place you live: your house, your family, your neighbour)? Do you fear you might loose this if you move?
Do you think your neighbours would miss you?

When did you first feel like "oh goodness I am old/ I feel old" What age?
Tell me about your expectations about getting older? (just curious)

# Appendix C – Participants Invitation Letter

LaurentianUniversity
UniversitéLaurentienne

Email Script Participants

Dear Participant,

We would like to invite you to participate in research study about seniors' decisions about moving or not moving from their home. We would like to investigate how decisions are made about "aging in place" compared to decisions about downsizing or moving to an assisted living, retirement homes or even to a friend's house. If you are willing, we can talk by audio or audio-video conference. The interview takes about an hour and would be recorded.

Participation in this research is voluntary and you should not feel obligated to take part in any way. If you participate, we will keep your responses confidential. Your name will not be attached to any recordings and transcripts of your answers

If you are interested in helping us with this study, please answer this email. We will then send a consent form and the main researcher will contact you to set up a meeting using Zoom or another platform if you prefer. Please feel free to send me an email at any time if you have any questions about the usage of the Zoom or Skype platform.

Thank you in advance for your interest and willingness to help us to get a better understand about people's transition from their own home to somewhere else.

I also would like to thank you, in case you decline to take part in this study, expressing my appreciation for your time for reading this invitation.

Please do not hesitate to contact us at any time if you have any questions or concerns.

Sincerely,

Halana Barbosa, MHK Candidate; Email: hbarbosa@laurentian.ca and Bruce Oddson, PhD
Tel: 705-675-1151 Ext. 1017; Email: boddson@laurentian.ca

## Appendix D – Recruitment Poster

Laurentian University
Université Laurentienne

**HOUSING DECISIONS AND SELF-DETERMINATION**


If you are at age 65 or over, you can help us to get a better understanding about people's motivation to decide to age in place or change living arrangements.

The results could be used to provide people and policy makers with advice for managing transitions in a way that preserves their autonomy, reinforce their competence, and fulfills their belonging needs.

For all questions about the research please contact Dr. Bruce Oddson Tel: 705-675-