Social and Recreational Activities in Assisted Living: Tenant Participation and Quality of Life

by

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Abstract

The availability of social and recreational activities in assisted living provides older adult tenants with opportunities for physical activity and socialization in later life. This thesis explores the factors and attributes that influence tenants' desire and ability to participate in the scheduled activities offered in assisted living and the role participation has on their Quality of Life. Qualitative methods were used to examine features of the organizational, physical, and social environment in two assisted living residences. Four substantive themes were identified: 1) "I'm in here for a reason": The intersection of home and health, 2) Negotiating boundaries, 3) Opportunities and choices: Blending needs and wants, and 4) Nuanced social life: The continuum of goers to noers. The findings reveal the complexity of participatory behaviours in assisted living and the intersections between multiple levels of the environment. Implications for recreation programming and assisted living policy are discussed.

Keywords: Activities; recreation; socialization; quality of life; assisted living; long-term care

This work is dedicated to my grandparents, Norman and Gaylene Stott; my aunt, Penelope Fleetwood; and all the tenants who welcomed me into their home and shared their stories with me.

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List of Acronyms

ACSM	American College of Sports Medicine
ADL	Activities of daily living
ADP	Adult day program
AHA	American Heart Association
AIP	Aging-in-place
AL	Assisted living
ALW	Assisted living worker
B.C.	British Columbia
CCAL	Community Care and Assisted Living Act
CHAMPS	Community Healthy Model Program for Seniors
CSEP	Canadian Society for Exercise Physiology
FHA	Fraser Health Authority
HCS	Home care services
IADL	Instrumental activities of daily living
ICECAP-O	ICEpop CAPability measure for Older people
LTC	Long-term care
mGES	Modified Gait Efficacy Scale
MSPSS	Multidimensional Scale of Perceived Social Support
QoL	Quality of Life
RC	Residential care
REB	Research Ethics Board
SFU	Simon Fraser University
SNAF	Standard North American Family

Glossary

Active aging	“Optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age” (WHO, 2002, p. 1).
Activities of daily living (ADL)	Basic activities performed on a regular basis. This includes grooming, bathing, dressing, oral hygiene, eating, mobility, incontinence care, and/or using the toilet.
Affordance	What the environment offers or invites an individual to do or utilize, and how, given the individuals’ perceptions of that environment based on their observations, past lived experiences, and capacities (Gibson, 1979; Still & Dark, 2013)
Assisted living (AL) residence	A semi-independent form of housing regulated through registration by the Community Care and Assisted Living Act in which 3 components are delivered: 1) housing, 2) hospitality services, and 3) personal assistance services, which may consist of one to two prescribed services. Components are provided by the operator of the residence to three or more adults not related by marriage or blood to the operator and require assistance with activities of daily living but retain the cognitive ability to make decisions on their own behalf.
Assisted living administrator/manager	An individual authorized by the residence’s licensee to manage the operation of the AL residence.
Assisted living operator/licensee	The operating organization, company, or individual that holds the license granted by the registrar’s office to operate the AL residence.
Campus of care	The close proximity of an independent or supportive living residence (walking distance) to an assisted living residence and residential care facility, i.e. three levels of supportive housing for older adults within close geographic proximity.
Community Care and Assisted Living Act	A key policy document that outlines and defines the terminology and regulation of assisted living in BC. The document describes the structure of assisted living, the requirements for registration, and regulatory body.
Convenience kin	Develop even when family relationships are emotionally fulfilling but may be physically absent due to geographic proximity; characterized by time and place.
Discretionary activities	Optional activities conducted during one’s ‘free’ time that are typically chosen by the individual, e.g. visiting with family, reading, or watching television (Pruchno & Rose, 2002).
Exercise	Physical or mental exertion for the intention of maintaining or improving health.

Extended kin	The only type of kin relationship that can be maintained when no deficit in family relationships is present; boundaries are blurred between fictive and real kin relationships, integrating them into one single category of familial relationships.
Fictive kin	Non-family relationships (i.e. not connected by blood or legal ties) that are considered to be familial or like family.
Fraser Health Authority (FHA)	The FHA is the largest and one of five health authorities in B.C. It is responsible for the planning, delivery, monitoring, and reporting of health services to those residing in communities spanning Delta to Hope; provides healthcare services to more than 1.6 million people annually (Fraser Health, 2011).
Home care services (HCS)	Include formal care services delivered through BC Health Authorities that allows an individual to receive supportive care in the home environment for ADLs due to an acute or chronic illness, recovery from a hospital stay or end-of-life care within their private community home; include in-home nursing care provided by a registered or licensed practical nurse, or home care support provided by a community care worker. Informal services include unpaid care provided by a member of the individual's personal support network (e.g. family).
'Home-like' residential design	The use of similar design standards and décor that you might find in a private home in the community with privacy and control over personal space (Wilson, 2007).
Hospitality services	Housekeeping services, laundry services, meal services, social and recreational opportunities, and a 24-hour emergency response system. Delivery of services vary by facility.
Instrumental activities of daily living (IADL)	Activities required for living independently. This includes housekeeping activities, cooking, and laundry.
Interpersonal processes	Exchanges between a person and others around them; such as the interactions within one's social group
Intrapersonal processes	Occurs within oneself; such as types of motivation, personality traits, knowledge, beliefs, attitudes, perceived affordance
Leisure activities	Activities done during discretionary time; more than activity; an integrative construct that describes the social nature, intrinsic satisfaction, and freedom of choice to partake in an activity. "It is not what the activity is that's important but who people participate with and why, when, where, and how they participate in the experience" (Gibson & Singleton, 2012, vii).
Long-term care (LTC)	An umbrella term for a model of seniors' housing that provides health care support to older adults over the long-term; includes assisted living and residential care.
Obligatory activities	Activities that are essential for everyday life, e.g. eating and receiving personal care (Pruchno & Rose, 2002).

Participation	Taking part in an event or activity; does not assume a set level of engagement. For example, an individual who is attends an exercise class is participating in the activity whether or not they exercise (they showed up so are considered a participant at the activity).
Personal assistance services/Personal care services	Services provided by the AL that allow the tenant to maintain an independent style of living by assisting them with activities of daily living. Personal assistance services are provided at two levels: 1) Support level and 2) Prescribed level.
Physical activity	Movement of the body that enhances/maintains physical fitness and overall health; can be utilitarian (e.g. vacuuming) or leisure-oriented (e.g. strength-training or swimming).
Prescribed-level/prescription services	Personal assistance services provided on a regular to continuous basis at a level that requires registration of an AL residence, such as assistance with weekly bathing.
Quality of Life (QoL)	A broad concept that incorporates "in a complex way, a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment" (WHO, 2002, p. 13).
Recreation activities	An activity of leisure; take many different forms (e.g. communal, solitary, active, passive, organized); activities that are done during discretionary time.
Residential care (RC) Facility	Also known as a nursing home, long-term care facility, extended care, or complex care; licensed under the CCLA Act and subject to inspections by community care facility licensing officers; provides a higher level of personal assistance to those with more complex care needs who can no longer be supported in the community or an AL residence; offers 3+ personal assistance services at the prescribed level
Residential character	Non-institutional appearance of a physical space/residence that utilizes familiar, residential design elements, e.g. carpeting, plants, photographs, and artwork.
Social activities	Activities that involve a level of social interaction with others, e.g. formal tea time or playing board games.
Social environment	The social conditions and interactions one experiences; for example, level of social support, social interaction, feelings of loneliness, or hostility.
Substitutive kin	Compensate for the loss of these 'real' family relationships

Successful aging	Also known as “healthy aging”, “optimal aging”, and “positive aging”. A concept describing the maintenance of functional capacity across multiple domains in later life, including cognitive, social, and emotional; valued in relation to maintaining quality of life (Glass, 2003, p. 382); characterized by low levels of disease and disability, high physical and cognitive functioning, and active engagement in life activities (Rowe & Kahn (1998) in Minkler & Fadem, 2002, p. 229).
Supplemental kin	Fill the void between what the individual needs and what the family members are providing.
Support-level/supportive services	Personal assistance services provided at a level that does not require registration of an AL residence, such as drawing a bath or doing light housekeeping.
Tenant/tenant	An older adult living in assisted living.

Chapter 1.

Introduction

The majority of Canadian older adults wish to age in place (AIP) in their private homes in the community. However, with increasing age comes a decline in functional ability, necessitating the need for formal and/or informal home support services. When one's needs progress beyond that which can be met in their private home in the community, the presence of environmental barriers in the home (e.g. stairs, limited social network, availability of care), may warrant the need to move into a model of housing better suited to meet their changing needs. Communal housing models range in the level of support provided across a continuum of service needs, from independent or supportive living for those with a lower level of care needs, to residential care (RC) for those with more complex health care needs.

In 2001, adults 65 years of age and older comprised 13.3% of British Columbia's (B.C.) population with a projected increase of 10% by 2031—about one quarter of BC's population (BC Ministry of Health Services, 2004). Between 2001 and 2010 alone, the number of older adults over the age of 75 living in B.C. increased by 28%. However, during this time the availability of home and community care services did not keep pace with increasing need. There was a 21% decrease in access to RC and a concurrent 30% decrease in formal home support services when assessing the volume of services in relation to the number of adults over age 75 (Cohen, 2012). Alternatively, assisted living (AL)—a middle point along the care continuum between home support and RC—saw a substantial increase in the number of units available to B.C. older adults following the tabling of the Community Care and Assisted Living (CCAL) Act in 2002. Once in full effect in 2004, B.C.'s number of AL units doubled in its first four years from about 3,200 in 2005/2006 to about 6,200 in 2008/2009 (Cohen, 2012). As a rapidly expanding and relatively new model of housing and health care in B.C., it undergoes a constant process

of evaluation and adaptation in order to ensure that the services provided in AL are successfully meeting the needs of its tenants to the full extent intended.

AL is a suitable alternative for those who are no longer able to live independently in their home due to safety concerns or the need for more personal assistance than what is available through informal and formal home care services (HCS) (McGrail et al., 2013). The provision of home and health care services in AL is guided by a central philosophy of tenant dignity, independence, individuality, and personal choice (BC Ministry of Health Services, 2002). According to the CCAL Act, an AL residence must provide housing, hospitality services, and personal assistance services in order to register as an AL residence with BC's Office of the Assisted Living Registrar. Section one of the CCAL Act describes hospitality services as housekeeping, linen laundry services, social and recreational opportunities, and a 24-hour emergency response system. Additional services are available on a fee-for-service basis that tenants have the option of purchasing privately to meet additional needs.

While social and recreational opportunities are offered as a component of hospitality services in AL, further requirements for provision, that is, what constitutes good quality and frequency of these activities and what type of activities are suitable or appropriate for tenants, are not specified in the CCAL Act. There remains an absence of policy documents outlining the requirements for the provision of social and recreational opportunities, resulting in inconsistencies between how these services are offered in B.C.'s AL residences. For example, one residence may offer physical activities in the form of an exercise video three days a week while others provide a variety of activities every day of the week. Informal discussions with the manager of AL for the Fraser Health Authority (FHA) in B.C. brings to light the fact that no requirements exist for activity provision—they must simply be available in some way to tenants. Therefore, the cost of providing social and recreational opportunities is not covered within the funding provided to AL residences by the health authority and is the sole responsibility of the organization operating the residence.

In AL, most tenants receive a greater level of assistance with their instrumental activities of daily living (IADL)[1] and activities of daily living (ADL)[2] than they do in the community. No longer being responsible for housekeeping, home maintenance, or personal care tasks can result in a decrease of activity built into their day (Horowitz & Vanner, 2010). Over time, tenants may develop feelings of learned helplessness in the residence, which can hinder their ability to perform daily tasks. Learned helplessness occurs when an individual believes that their actions have no influence on the outcome of an event as a result of their life experiences (Hooker, 1976). As a means of coping with an overly supportive environment, individuals can learn to adapt their behaviors to act helpless (Sherman, 2009). If a great portion of AL tenants' time is spent engaging in sedentary activities, then their risk of losing their functional ability and independence increases (Sherman, 2009). As such, participating in the physical and social activities offered in AL through the recreation program provides a means of compensating for a decline in obligatory[3] activities.

Tighe et al.'s (2008) study on activity participation in AL found that those who had a greater level of participation in scheduled activities—such as exercise classes organized by the AL's recreation team—experienced a longer length of tenancy in AL than those who participated less. With the next model of housing along the continuum of care being RC or a hospital, it is important to understand the ways in which tenants participate in the social and recreational opportunities offered to them in order to mitigate or delay the potential for further relocation. Within the AL community, there are multiple opportunities for promoting physical activity (Mihalko & Wickley, 2003), such as encouraging activity participation or supporting tenants to take on more active roles in their daily life activities (e.g. doing their own personal laundry) in order to avoid learned helplessness.

[1] Activities required for living independently. This includes housekeeping activities, cooking, and laundry.

[2] Basic activities performed on a regular basis. This includes grooming, bathing, dressing, oral hygiene, eating, mobility, incontinence care, and/or using the toilet.

[3] Activities that are essential for maintaining everyday life (Pruchno & Rose, 2002).

Although research into the factors influencing older adults' activity participation behaviours has been conducted among those residing in the community (Crombie et al., 2004; Rashinaho, Hirvensalo, Leinonen, Lintunen, & Rantanen, 2006; Patel et al., 2013), relatively little is known as to how and if these factors are applicable to those residing in a communal living environment. Research conducted in communal settings typically focus on a RC model, where residents' needs are more complex, rather than in AL (Benjamin, Edwards, & Caswell, 2009; Meeks, Young, & Looney, 2007; Weeks, Campbell, Grahm, Chircop, & Sheppard-LeMore, 2008). While it is relatively accepted that greater participation in social and recreational activities is positively associated with a greater QoL in general (Betts Adams, Leibbrandt, & Moon, 2011; Horowitz & Vanner, 2010; Hugman, 1999; Menec, 2003; O'Sullivan, 2005), little is known about how the benefits obtained from these activities are specifically influenced by how and where they are delivered, such as in the community versus AL. In other words, it is unclear if an AL tenant who spends eight hours a week participating in recreational activities outside of their residence experiences a greater QoL than another tenant who spends eight hours participating in the scheduled activities offered by the residence.

Mihalko and Wickley (2003) found that over half of the AL administrators in their study on active living in AL thought that physical activity is extremely important for their tenants and their overall well-being. While this finding excludes the benefits to be gained from social activity participation, it suggests the interest in this area is evident amongst AL administrators. AL administrators serve to benefit from enhanced knowledge in this area, as the findings can inform the adaptation of the social and recreational opportunities offered to tenants. Moreover, better understanding of the importance of social and recreational opportunities in AL serves to increase perceptions of recreation as a vital component of the AL package by administrators, staff, and ultimately, tenants.

1.1. Purpose of this Study

B.C. was the first province in Canada to regulate AL and was one of the first to introduce it as an alternative to RC (McGrail et al., 2012). On a national level, AL is a relatively under-researched area, as most AL research occurs in the United States (U.S.) or Europe, where the model can observe drastic differences from the Canadian model

depending on the state or country it is delivered in. Research specifically examining the activity component of AL is even further understudied, warranting further investigation to shed light on this area (Horowitz & Vanner, 2010; Mihalko & Wickley, 2003). Thus, three primary issues arise in relation to social and recreational opportunities in AL: 1) there is a lack of consistent guidelines and standards in B.C.'s AL policy regarding minimal requirements for the provision of social and recreational activities in AL, 2) there is a lack of knowledge over how activities are being delivered in AL, who is and is not participating (and why), and 3) there is a lack of knowledge over the influence of activity participation in AL on older adult tenants' QoL.

The purpose of this study is to specifically examine several key areas as they relate to social and recreational opportunities in AL:

1) AL tenants' motives and perceived barriers to participating in social and recreational activities in their residence.

2) The role of the physical, social, and organizational environment in tenants' level of participation in social and recreational activities in AL.

3) The role of AL tenants' activity participation in their ability to achieve and/or maintain a high QoL.

The following subsection outlines the two research questions developed to address the aims of this inquiry.

1.2. Research Questions

The following research questions were developed following a review of the literature and synthesis of major theoretical frameworks into a conceptual model to guide the description of activity participation behaviours and their role in QoL in AL:

1) What are the factors and attributes that support or hinder tenant participation in scheduled social and recreational activities provided in two publicly-funded assisted living residences in British Columbia?

2) How does participation in scheduled activities affect the quality of life (QoL) of tenants living in these two assisted living residences?

This thesis will present a discussion of the background of AL in Chapter 2, followed by a review of the literature on social and recreational activities, familial relationships, and QoL. Chapter 3 will describe the major theoretical frameworks applied in this this area of research and a case will be made for the integration of these frameworks into a new conceptual model for describing AL tenants' activity participation and QoL. Chapter 4 will provide a discussion of the methods that were employed for this study, including data collection, analytic procedures, and ethical considerations. Chapters 5 will present the findings on features of the organizational environment and characteristics of activity participation. Chapter 6 will discuss the features of the interior and exterior physical environment and chapter 7 will discuss the substantive themes of the study predominantly based on in-depth interviews. Chapter 8 will conclude with a discussion of the role of activity participation in tenants' QoL and the presentation of a revised conceptual model based on the study findings that builds upon the initial model proposed for this study. This will be followed with a discussion of implications of the study findings, study strengths and limitations, and areas for future research. All recruitment and data collection tools that were utilized for this study and supplementary materials for the study findings are including in the Appendices.

Chapter 2.

Literature Review

This chapter will provide a discussion of AL as a housing and health-care model and its evolution in BC. This will be followed by an overview of BC's current AL policy which outlines the provision of social and recreational opportunities. The benefits of tenant participation in these activities and potential barriers that may impede tenants' ability to capitalize on these benefits will also be discussed. This chapter will close with a discussion of the concept of QoL and how this is influenced by tenants' activity participation in AL.

2.1. The Assisted Living Model

AL is a semi-independent housing model that offers a package of housing, supportive/hospitality services, and health care as personal-care services to those who require assistance with IADLs and ADLs (Schwarz, 1999). Typically a middle-point in the housing and health care continuum between independent or supportive living and RC (also known as complex care or nursing homes), AL serves older adults and those with developmental disabilities. This thesis will refer specifically to older adults in AL, as this is the target population of this study.

Prior to the enactment of Medicare and Medicaid in the U.S. in 1965, AL existed in the U.S. as "homes for the aged" or board and care homes (Wilson, 2007). With the enactment of these acts, AL was expanded in the U.S. as nursing homes for low-income elderly with an increasing use of hospital-like design features—a divergence from the original European model which traditionally veered away from institutional-style housing. The term "assisted living" was first used in the United States in 1985 to describe a "living center with assistance" (Wilson, 2007). In 1981, AL had developed into a specialized

housing model offering three general components similar to what is provided in modern AL residences: a home-like residential design with private space for the tenant but also shared common spaces, the availability of health-related and hospitality services, and an operating philosophy emphasizing tenant choice, autonomy, independence, and privacy (Regnier, 1994; Schwarz, 1999; Wilson, 2007). By 1991, the AL terminology was adopted by many RC facilities and board and care homes, creating confusion in the nomenclature. AL was conceptualized as “a place to facilitate aging-in-place (AIP) without strict move-in and move-out criteria” (Wilson, 2007, p. 13) and allowed for a range of services for tenants, such as ADL assistance and dementia care.

As the aging population continued to grow, older adults were searching for an alternative to institutional-style nursing homes. This led to significant growth of AL residences in the U.S. despite issues of the inability of AL to fully support AIP due to a limited offering of services that accommodate increasingly complex care needs (Wilson, 2007). Modern AL developed from four distinct models during this expansion: 1) hospitality model, 2) housing/residential model, 3) health care/medical model, and 4) the hybrid model (Regnier, 1994; Wilson, 2007).

The hospitality model involved “hoteliers-turned-housing-providers” (Wilson, 2007, p. 15) and included hotel companies, Hyatt and Marriot in its conception. The key contribution of the hospitality model to modern AL is the recognition of client satisfaction as a central measure of quality in AL. The housing model also aimed to facilitate AIP by emphasizing home-like design, such as the configuration, size and scale that contributes to feelings of a home-like environment (Regnier, 1994; Wilson, 2007). AL’s guiding operating philosophy further served to “reinforce its identity as a housing type and not an institutional building type” (Regnier, 1994, p. 5). The key contribution of this model is the importance of private living space and an organizational philosophy emphasizing tenant privacy and control over one’s personal space. Victor Regnier (1994) developed nine normative qualities that all AL residences should meet when designing a home-like environment (p. 46-48). These standards are outlined and defined in table 2.1.

Table 2.1. Regnier's (1994) nine normative standards for AL

Normative Quality/Standard	Definition
Appear residential in character	The building design should resemble a home in the community in appearance and character; should blend into the surrounding neighbourhood.
Be perceived as small in size	The building should remain relatively small in scale so as not to overwhelm tenants and to increase feelings of connection and community.
Provide residential privacy and completeness	Make the unit feel like a complete apartment, rather than just a room, with the inclusion of a kitchenette, full bathroom, lockable door, and allowance to personalize the space.
Recognize the uniqueness of each tenant	Recognize the unique life experiences and diversity of the tenants' backgrounds; use this understanding to guide programming.
Foster independence, interdependence, and individuality	Treat all tenants as individuals with respect and dignity to aid in the support of reciprocal relationships within the community and increase feelings of a sense of belonging in the residence; do this by using assessments to support tenants' strengths and overcoming limitations with supportive services.
Focus on health maintenance, physical movement, and mental stimulation	Support tenants' health by providing opportunities for physical activity, social interaction, cognitive exercises, proper nutrition, and attentive health care to delay or prevent relocation to residential care.
Support family involvement	Support the maintenance of family relationships and encourage continuous involvement in tenants' lives following their move to AL, e.g. encourage overnight stays by family members.
Maintain connections with the surrounding community	Support tenants' involvement with the community outside of the AL residence to maintain familiar ties, e.g. intergenerational programs with a nearby preschool where the children come to visit the tenants in AL.
Serve the frail	Provide a supportive environment with individuals with cognitive impairments and physical impairments (e.g. requiring assistance with a weekly bath).

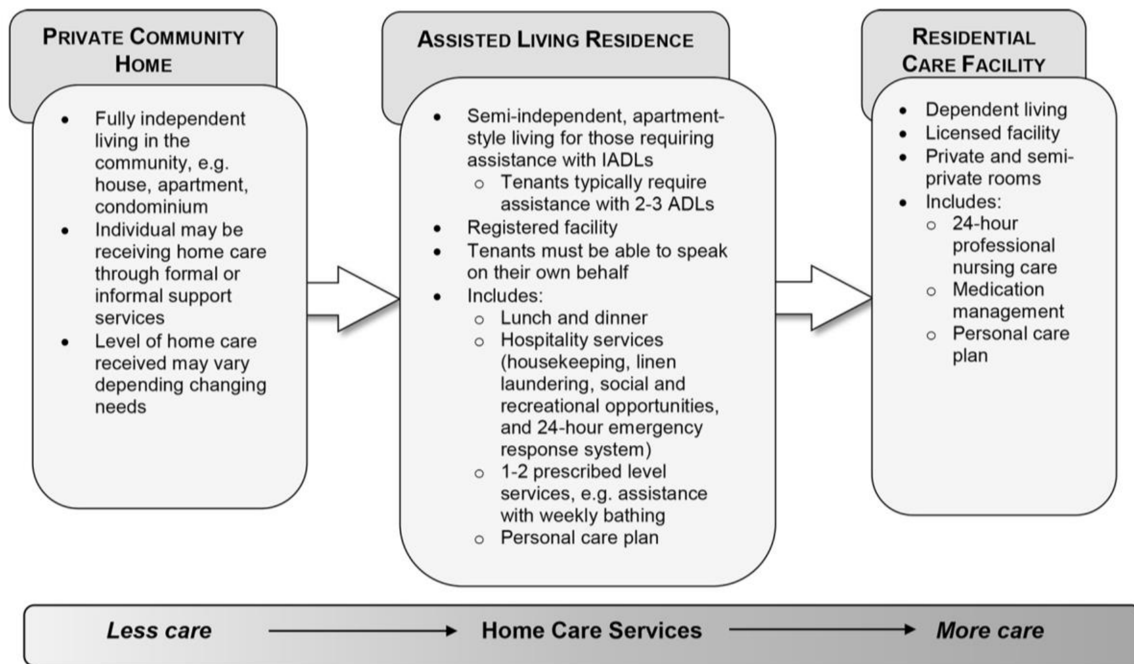
The health care/medical model introduced strict move-in and move-out criteria for tenancy and served as a mid-point between independent living and RC. Key contributions of the health care model include the use of measures of health care quality and fall reduction programs, leading to a decrease in medication errors and involuntary transfers (Wilson, 2007). The hybrid model integrated key components of the hospitality, housing, and health care models by offering an apartment-style residence with home-like décor, shared community spaces within the residence, 24/7 personal and health-related services, and a philosophy of care emphasizing service delivery, tenant choice, and autonomy. The hybrid model also brought with it a shift from traditional "hospital-like"

terminology. Instead of “facility”, “admission/discharge”, “care plan”, and “resident”, the promoted terminology became “residence”, “move-in/move-out”, “service plan”, and “tenant”. Unfortunately the old terminology is embedded and has become a mesh with the new, resulting in a confusing landscape of nomenclature. While the term “tenant” is used by the Fraser Health Authority (FHA) and deemed to be more politically correct in B.C., many AL residences still use the term “resident”, as do many of the tenants themselves. In order to keep with the terminology used in the hybrid model and health care authorities in B.C., the term, “tenant” is used to refer to a person residing in AL throughout this work.

2.2. Assisted Living in British Columbia (B.C.)

AL in B.C. was introduced to the province at a time when political pressures were high for the increased development of RC beds to keep pace with the growing housing and healthcare needs of older adults (Crawford, 2003). The decision was made to introduce the model of AL which was, and continues to be, popular in the US and Europe (Wilson, 2007). Encompassing an integration of the hybrid and housing models, the home-like design of AL has since garnered great support as a substitute for institutional-style RC facilities when older adults’ care needs can no longer safely be met in their community-dwelling residence (Regnier, 2002).

AL is funded and delivered in B.C. through a partnership between BC Housing’s *Independent Living BC* program and B.C.’s five regional health authorities (British Columbia, 2012; BC Housing, 2010). On a political level, AL increases provincial housing and healthcare capacity for cost-saving measures in meeting the needs of B.C.’s aging population; as demonstrated by B.C.’s shifting in the allocation of home and community care resources from home support and RC to AL in 2001 onward. In 2008, B.C. health authorities paid an average of $1,650 per month for each subsidized AL unit (British Columbia, 2012) as opposed to an average cost $6,000 per month for a bed or room in RC. The aim of B.C.’s announcement in 2002 to introduce AL was to curb the increasing costs of RC while increasing older adults’ choices for housing in later life as they progressed along the continuum of care (figure 2.1).



Note: *Individuals may move from any point in the continuum to another.*

Figure 2.1. Continuum of Care in B.C.

Those who needed more support than could be provided at home but did not require the level of support provided in RC (Canadian Elder Law, 2013), benefitted from the introduction of AL, as they could instead reside in the more home-like AL residences. However, for those who did require 24/7 nursing care, access to RC beds became more stringent and new, stricter guidelines for admission were implemented. With the introduction of AL came the closure of 3,111 RC beds throughout B.C.'s health authorities to make way for the conversion or new development of AL residences (Karmali, 2006). Where AL was developed as a substitute for some RC beds, it should have been implemented as an addition instead.

Coinciding with residential bed closures was a decrease in home support. Between 2001 and 2005, the number of available home support hours decreased by 12% and the number of older adults receiving home support decreased by 25% (Cohen et al., 2006). The provision of home support became more focused on providing assistance with ADLs and neglected to fully address IADLs. Consequentially, those who needed assistance with IADLs could no longer function safely in their own home, giving cause for relocation to an AL residence, so long as any healthcare needs they required

did not exceed the allocated 1.5 care hours per day subsidized in AL by B.C. Health Authorities (British Columbia, 2012; BC Ministry of Health Services, 2002).

In 2012, approximately 500,000 Canadians were living with a diagnosis of Dementia at a cost of $15 billion per year in direct and indirect care costs (e.g. lost wages due to reduced productivity). The incidence of dementia cases is further expected to increase by 2.5 times that of 2008 cases, to a projected 257,811 new dementia cases per year by 2038, or 52% of women and 43% of men over the age of 85 (Alzheimer Society of Canada, 2012). McGrail et al.'s (2012) report on the characteristics of AL tenants in B.C. and use of this housing model found that 24% of AL tenants have a diagnosis of dementia within the first year of their tenancy. This diagnosis is associated with an earlier exit from AL into RC than those without a dementia diagnosis—particularly within the first year. While dementia is not a normal part of aging, the risk of dementia increases substantially among those over the age of 85 (Ministry of Health, 2012). In 2008, 45.4% of those residing in a form of long-term care (LTC) had a diagnosis of dementia compared to 33.3% of those aging in the community (Alzheimer Society of Canada, 2012).

With the changing needs of a growing aging population in BC and the rest of Canada, the current means of meeting the housing and health care needs of older adults must evolve with it. Fraser Health's "Home is Best" philosophy—adopted in 2011—and the B.C. Ministry of Health's corresponding "Home First" philosophy—adopted in 2013—reflects the shift towards providing care at home in the community as opposed to institution-based care (Fraser Health, 2011; Funk, 2013; Park, Miller, Tien, Sheppard, & Bernard, 2014). However, a shortage of 15,392 LTC beds in 2008 and projections to increase to 157,461 in 2038, suggest that not all those who require LTC will have access to it when it is needed (Alzheimer Society of Canada, 2012). Therefore, alternative housing models to RC in B.C., such as AL, serve to supplement the shortage of these beds and provide the care required to meet the needs of a growing aging population.

Key policy documents that outline the organizational processes of AL in BC include the CCAL Act and the Home and Community Care Policy Manual, developed by the Ministry of Health. The CCAL Act was assented in 2002 by B.C. Legislature to

provide safety to vulnerable tenants (BC Ministry of Health Services, 2002). The CCAL Act defines AL and all associated definitions, including personal assistance services[4] at the prescribed[5] and support[6] level, the requirements for AL registration, and the standards of care that must be provided to tenants across B.C.'s five regional health authorities (Office of the Assisted Living Registrar, 2013).

All AL operators must register their AL residences with the AL registrar as per the CCAL Act. This serves to ensure their operation is consistent with the standards of care set by the province to meet the health and safety needs of its tenants. Amenities and services provided by an AL residence are diverse and dependent on the location and financing of the facility. The majority of AL residences in B.C. are privately owned and operated, with only 6% publicly owned in 2011. Of 194 residences in operation in 2011, 53% were non-profit and 47% for-profit (British Columbia, 2012). Table 2.2 provides an overview of public versus privately-funded AL in B.C. (British Columbia, 2012).

Table 2.2. Assisted living in B.C.

	Publicly-subsidized	**Privately-funded**
Units	4,380	2,452
Funding	Subsidized by partnership between BC Housing (housing) and health authority (health care)	Paid privately by the tenant
Demographic	Lower-to-middle income tenants	Typically higher-income tenants
Entry	Potential tenant is assessed by a health authority case manager after a series of eligibility requirements are met	Potential tenant contacts residence (manager/administrator) directly to organization moving
Tenant cost	70% of after-tax income Range: $801-$3,860 (average $1,224 /month)	Range: $1,500-$5,000 /month (*or higher, depending on the company)*
Health authority cost	Average: $55/day or $1,650/month	None

[4] Services provided on a regular to continuous basis at a level that requires registration of an AL residence, such as assistance with weekly bathing.

[5] Personal assistance services provided on a regular to continuous basis at a personal level that requires registration of an AL residence, such as assistance with weekly bathing.

[6] Personal assistance services provided at a supportive level that does not require registration of an AL residence, such as drawing a bath or doing light housekeeping.

Proponents of AL typically agree that through relocation to an AL residence, individuals are able to retain their independence while ensuring their ADL and IADL needs are met, thus delaying or preventing functional and cognitive decline. In McGrail et al.'s (2013) study on health care service use in AL in B.C., it was found that tenants' use of hospital care, medical specialist visits, and general practitioner visits declined significantly after their move into AL compared to the year prior. The decline amounts to 800 fewer medical specialist visits, 8,000 fewer general practitioner visits, and 18,000 fewer acute hospital days than the year before amongst the 1,894 tenants included in the study cohort. When estimating the daily cost of acute care at $1,000 per day, the authors projected that the move to AL is associated with a cost avoidance of greater than $18,000,000 in acute care annually.

2.3. Social and Recreational Activities

A move to AL can result in a significant change to the routine and structure of one's daily life. Spending leisure time in meaningful ways and being provided with opportunities to develop positive social relationships is an important aspect of living communally (Perkins, Ball, Kemp, & Hollingsworth, 2013; Ball, Whittington, Perkins, Patterson, King, & Combs, 2000) and aging successfully (Betts Adams et al., 2011). A review of the literature suggests the benefits of participating in supportive social and recreational activities is associated with an increase in older adults' overall health and QoL amongst those living communally and in the community (Ball et al., 2000; Betts Adams et al., 2011; Carlson et al., 2008; Everard, Lach, Fisher, & Baum, 2000; Horowitz & Vanner, 2011; Hugman, 1999; Menec, 2003). In order for activities to be supportive, they must be "meaningful, personalized, adaptable and in keeping with the tenants' ability" (O'Sullivan, 2005, p. 24). Activities that lack challenge can result in feelings of disinterest and boredom, whereas those that are too challenging may make tenants feel anxious and unable to participate.

The diversity of tenants' preferences and abilities in AL calls for variety in the provision of activities to ensure that all tenants have equal opportunities for participation in activities determined to be meaningful to them. While it cannot be expected that tenants attend all scheduled activities, all of the time, increasing the offerings of different

types of activities (e.g. walking group once a week) is expected to positively influence activity participation overall (O'Sullivan, 2005). Participation in diverse leisure activities has also been found to have a protective effect against cognitive decline, potentially delaying the onset or progression of dementia (Wang et al., 2013). Among men, this protection applies to participation in mental and physical activities, whereas in women, the protective benefits of activity engagement further extend to participation in social activities.

Kemp, Ball, Hollingsworth, and Perkins (2012) suggest tenants "social careers" in AL occur within a dynamic framework of relationships with other tenants. A tenant's social career begins upon their move to AL and evolves over their time in the residence. These social relationships involve individual patterns of experiences and interactions that influence the size and type of social network tenants keep (Dobbs et al., 2008; Humphrey, 1993; Kemp et al., 2012). Those who are frail or have cognitive impairments may experience stigma from higher-functioning tenants who often avoid interacting with them (Dobbs et al., 2008). Dobbs et al. (2008) suggests that older adults in long-term care facilities (LTC), such as AL or RC, reside within a "socially constructed reality" (Dobbs et al., 2008, p. 518) that influences tenants' self-esteem and sense of personal identity. As such, tenants' are constantly negotiating their relationships in AL through their interactions with others under the influence of various multilevel factors, such as health, the socio-spatial environment, organizational policies, and the activity programming offered by the residence (Kemp et al., 2012). The interaction of all these factors determine AL tenants' social careers, which further influences other aspects of tenants' lives, such as activity participation and feelings of being a part of a community. Kemp et al. (2012) further describes a group of tenants in their study who often stayed and socialized with one another before and after dinner because the staff would join them. Through increased knowledge of tenants' names and personal backgrounds, new tenants can become better acquainted and integrated with the residence, expectantly increasing engagement and decreasing feelings of isolation and loneliness.

O'Sullivan (2005) suggests that there are three primary characteristics that concern tenants of LTC facilities that must be considered in relation to activity programming: health, QoL and, identity. Depending on the type of activities provided,

social and recreational programming in AL has the ability to address all three concerns, thus increasing the potential for tenants to increase their level of activity participation. Activities with a physical and social component, such as an exercise class or bingo, support physical functioning and the development of social relationships in the residence, while more independent activities, such as reading, increase feelings of happiness and a sense of engagement in life (Menec, 2003). However, activity type may not always be mutually exclusive. For example, an outdoor walking activity can be considered a physical, social, and therapeutic activity. As low levels of social engagement is associated with low mobility amongst older adults (Rosso, Taylor, Tabb, & Michael, 2013), it is important to understand the role of different types of activities in supporting tenants' QoL.

Participating in regular physical activity is associated with a multitude of benefits, including increased strength in muscles and bones, increased energy, improved posture and balance, improved physical and mental health, a reduction in physical pain, improved self-esteem, reduced risk of chronic disease, maintenance of functional independence, and improvement of one's QoL (Canadian Society for Exercise Physiology, 2011). Physical activity involving balance and strength training components is associated with a 20-40% reduction in the risk of hip fractures in later life (Gregg, Pereira, & Caspersen, 2000), increased balance, and improved capacity for performing ADLs (Wallmann, Schuerman, Kruskall, Alpert, 2009). Incorporating these components into recreational programming in AL would therefore be expected to have a protective effect on the risk of falls among tenants who participate in balance and strength training activities, thus supporting their length of tenancy and QoL.

The Canadian Society for Exercise Physiology (CSEP) recommends older adults obtain at least 150 minutes per week of moderate-to-vigorous-intensity aerobic activity in order to achieve health benefits (Public Health Agency of Canada, 2012). Physical activities can be spread into 10-minute sessions throughout the week, with at least two days per week inclusive of muscle and bone strengthening activities (Canadian Society for Exercise Physiology, 2011). The CSEP defines moderate-intensity as a level that will cause older adults "to sweat a little and to breathe harder", such as through brisk

walking. Vigorous-intensity physical activity is defined as an activity that will induce sweating and cause older adults to be “out of breath”, such as jogging.

In Crombie et al.’s (2004) study, most participants believed they were engaging in enough physical activity weekly to reap health benefits and meet activity guidelines when in fact, they were not; 36% of participants’ engaged in no physical activity in their discretionary time while an additional 17% participated in less than two hours per week of activity. While older adults often have a sufficient level of knowledge of the benefits of participating in physical activities—such as to improve mobility—many still do not meet national guidelines. Only 30% of community-dwelling older adults in Ashe, Miller, Eng, and Noreau’s (2009) study on leisure-time physical activity met the American College of Sports Medicine (ACSM) and the American Heart Association’s (AHA) physical activity guidelines of 30 minutes of moderate intensity physical activity five days per week (Nelson et al., 2007).

AL has the potential to increase tenants’ knowledge of the minimum requirements for obtaining health benefits from activities by providing and promoting active recreational activities for their tenants. Often, a lack of challenge or stimulation of activities felt by those with a greater functional capacity is the result of low offerings of diverse activities. Some of the most common reasons given by older adults for not participating in physical activities are a lack of interest, lack of belief about the social benefits of participating, poor health status, pain, mobility or dexterity problems, poor accessibility, or uncertainty about joining a group activity (Ashe et al., 2009; Crombie et al., 2004).

In B.C., older adults must require assistance with at least one ADL in order to qualify for subsidized AL through a B.C. Health Authority (British Columbia, 2012). This suggests that all tenants residing in subsidized AL residences will have some degree of functional impairment that may affect their capacity to engage in the scheduled activities available to them (Rasinaho et al., 2006). Among those with high levels of mobility impairment, disease management is the most common motive for participating while the greatest barriers are poor health, negative experiences when participating, a lack of company, or an unsuitable environment (Rasinaho et al., 2006). Those with low levels of

mobility impairment experience similar barriers but less often and are more motivated by the health benefits of exercising and positive experiences associated with it. Mihalko & Wickley (2003) found that the most common barriers reported by AL administrators are tenants' attitudes towards physical activity, understaffing issues, and tenant capacities or capabilities.

Group-based physical activity interventions, such as those provided through recreational activities in AL, serve to benefit AL tenants more than engaging in activity interventions independently (Patel, Schofield, Kolt, & Keogh, 2013). Patel et al. (2013) suggest that increased participation occurs among those sharing similar demographic characteristics as a result of shared motives, perceived barriers to participation, and strategies used to overcome personal barriers that typically occurs in a group setting, such as AL. How one perceives their level of choice or the importance of participating in available opportunities for activity also affects their desire to participate (Horowitz & Vanner, 2010; Losier, Bourque, & Vallerand, 1992). While one may assume that offering a greater number of scheduled activities in AL will result in greater levels of participation among tenants, this is not always the case. As such, it is important to understand how the organizational, social, and physical environment in which the activities are situated, may influence tenants' participation behaviours and the role participation has on their greater QoL.

2.4. Familial Relationships

In AL, all tenants have a private, lockable living space but also share common spaces, such as a dining room and lounge that would normally be shared in a private residence with the other members of one's family. Due to the home-like design of AL, these 'family' spaces are shared with the other members of the AL community and serve to facilitate the formation of familial relationships. The way in which "family" is defined in the literature and by study participants is diverse and discourse-dependent. Therefore, it is important to adopt a comprehensive and inclusive means of defining what a familial relationship is in relation to the AL community. Galvin et al.'s (2010) definition of family in Braithwaite et al. (2010) takes a social constructionist perspective, suggesting that although there may be similarities, there is no universal definition of what constitutes

'family'. With this understanding, Galvin et al. (2010) proposes a comprehensive definition of family that eliminates the dichotomy between those who are 'real' family members and those who are 'like' family members, suggesting that families are:

> "Networks of people who share their lives over long periods of time bound by marriage, blood, or commitment, legal or otherwise, who consider themselves as family and who share a significant history and anticipated future of functioning in a family relationship" (Galvin, Brommel, & Bylund, 2004, p. 6, in Braithwaite et al., 2010).

Some individuals may limit their inclusion of who is considered "family" to those bound to them by either biological or legal ties (Braithwaite et al., 2010) while others may take a more broad approach and include those with whom they have a close personal relationship (Nelson, 2014; Voorpostel, 2013). The distinction between the two types of familial relationships in the literature suggests that relationships that deviate from the Standard North American Family (SNAF)[7] model is not considered 'normal' or legitimate (Braithwaite et al., 2010; Nelson, 2014). 'Real' kin are predominantly assumed to be significant and meaningful in a person's life by default and, "produced through blood, marriage, adoption, or the state" (Nelson, 2014, p. 216). Alternatively, strong social relationships with those considered to be like family (i.e. fictive kin) often have to be proven or justified in order to be considered an acceptable familial relationship (Nelson, 2014). Braithwaite et al. (2010) defines these relationships as, "Those people who you perceive and treat as extended family, yet are not related to you by blood or legal ties" (p. 393).

The term 'fictive kin' has been most commonly utilized in the literature to refer to 'family-like' relationships, however its use is increasingly described as problematic. This has resulted in an insurgence of alternative terms tailored to the diverse, predominantly marginalized populations being studied, such as older adults, African-Americans, Hispanics, and the LGBTQ community (Ibsen & Klobus, 1972; Braithwaite et al., 2010; Nelson, 2014). The use of the word 'fictive' insinuates the relationship is made-up and not as valuable as those that occur though biological or legal ties (Braithwaite et al.,

[7] An ideological representation of the 'ideal' family, consisting of two legally married parents and children related by blood, where the male is the primary income-earner and the female supports the household.

2010; Nelson, 2014). Other terms used in more recent literature are beginning to take precedence over the term 'fictive' and include ritual kin (Ebaugh & Curry, 2000), self-ascribed kin (Galvin et al., 2006 in Braithwaite et al., 2010), chosen kin (Johnson, 2000), and voluntary kin (Braithwaite et al., 2010). For this study, the term 'fictive' kin is maintained to refer to these family-like relationships, as alternative terms presented in newer literature may be problematic in other ways (e.g. 'chosen' kin insinuates levels of control over the relationship by one person).

Regardless of the terminology being used, there are four primary types of fictive kin relationships identified in the literature (Allen, Blieszner, & Roberto, 2011; Baithwaite et al., 2006; Ibsen & Klobus, 1972; Nelson, 2014; Karner, 1998; Voorpostel, 2013). In the absence of 'real' kin, *substitutive* kin relationships can develop to compensate for the loss of these 'real' family relationships. For example, if upon moving into AL, a female tenant finds that her adult children no longer visit, she will seek out the emotional support and caring relationships that are expected of family members from staff or other tenants in order to meet her social needs in this area. Where family members remain involved but a deficit in the relationship is present due to an underperformance in their familial role (e.g. lack of expected emotional or IADL support), *supplemental* kin relationships serve to fill the void between what the individual needs and what the family members are providing. Alternatively, *convenience* relationships develop even when family relationships are emotionally fulfilling but may simply be physically absent due to geographic proximity. These relationships are characterized by time and place, making them the most common familial relationship in an AL setting. As convenience kin relationships are more subtle than supplemental or substitutive kin relationships and may be harder to distinguish between friendship and familial relationships, they have the potential to greatly affect tenants' QoL due to their ability to add feelings of home to the residence.

While substitutive, supplemental, and convenience kin relationships are all based on a variable level of deficit, *extended* kin relationships—albeit less common—are the only type of kin relationship that can be maintained when no deficit in 'real' family relationships is present. These relationships blur the boundaries between fictive and real kin relationships, integrating them into one single category of familial relationships. It is

important to note that these four types of fictive kin relationships are not mutually exclusive, nor linear. For example, an AL tenant may develop a convenience kin relationship with a staff member upon first moving into AL. Over time, the staff member may become extended kin as the tenant's 'real' family members get to know this staff member and begin involving the individual in their own family events at the residence.

The primary difference between 'real' and 'fictive' kin is consensus between the individuals in the relationship (Nelson, 2014). Fictive kin relationships typically assume a sense of choice in the familial relationship, something that may not always be present in 'real' kin relationships (Nelson, 2014). A major limitation of having such choice is that the consensus that binds a fictive kin relationship together can end at any time, making these relationships theoretically weaker than those bound by biological or legal ties (Braithwaite et al., 2010). However, the implied choice over these relationships can also create unique social opportunities for AL tenants. As familial relationships are known to influence QoL, particularly in later life, the continuity of 'real' familial relationships and the development of fictive kin relationships may serve to enhance tenants' QoL upon moving into AL (Ball et al., 2000; Gabriel & Bowling, 2004; Mitchell & Kemp, 2000).

2.5. Quality of Life (QoL)

Traditionally, QoL has been described as one's conscious cognitive judgment of satisfaction with life (Pavot & Diener, 1993). However in recent decades, an abundance of literature discussing QoL as it relates specifically to older adults has emerged (Giradi Paskulin & Molzahn, 2007; Grewal et al., 2006; Low, Molzahn, & Kalfoss, 2008; Netuveli & Blane, 2008; Rajeski & Mihalko, 2001). A more subjective and comprehensive definition of QoL by the WHOQOL Group (1997) goes beyond that of simply life satisfaction to include:

> …an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations and standards and concerns. It is affected in a complex way by the person's physical health, psychological state, level of independence, social relationships and their relationship to salient features of the environment. (WHOQOL Group, 1997, p. 1)

As a fairly broad and individualistic concept, QoL encompasses both objective (e.g. measureable health status) and subjective (e.g. feelings of happiness) dimensions, leading to great variations by culture, age, and gender (Netuveli & Blane, 2008). Older adults typically speak of their QoL positively, often comparing their abilities and position in life to those around them (Farquhar, 1995). Within AL, it is expected that tenants have a certain degree of impairment that varies by individual and as such, judging tenants' QoL by how they compare to others in AL with similar impairments is a limited measure. As a multidimensional concept, targeting QoL in AL requires a multi-domain approach for understanding the factors specific to older adult tenants in that setting, such as tenant behaviours, activity participation, and the organizational philosophy of the AL residence.

In a national survey of older adults in the UK, Gabriel and Bowling (2004) found that QoL was influenced by the following seven factors: 1) positive social support, 2) living in a desirable residence and neighbourhood, 3) continued engagement in social and solitary recreational activities (e.g. gardening), 4) good health and mobility, 5) maintained independence, 6) a sense of control, and 7) the ability to meet one's basic needs financially. As the AL residence in which one lives plays a significant role in the provision and support of these factors, QoL serves as an important outcome measure of tenants' participation in social and recreational activities.

Grewal et al. (2006) identify five conceptual attributes that are important in older adults' ability to experience and maintain a positive QoL: attachment, security, role, enjoyment, and control. These five attributes, defined in table 2.3, capture the factors assumed to be involved in tenants' QoL in AL, such as diverse social relationships, feelings of security in the residence, and obtaining enjoyment through participation in the scheduled activities available to them. It can be postulated that maintaining the capability and capacity to experience these attributes plays a significant role in QoL outcomes in AL, such as maintaining the ability to engage in enjoyable activities that is valued by the individual (Horowitz & Vanner, 2010).

Table 2.3. Older adults' attributes of Quality of Life (QoL)

Attribute	Definition
Attachment	Feelings of love, friendship, affection, and companionship
Security	Feeling safe and secure; not feeling vulnerable
Role	Having a "sense of purpose"; "doing something" that is valued
Enjoyment	Feelings of pleasure and joy; sense of satisfaction
Control	Feelings of being independent; able to make one's own decisions

Grewal et al., (2006) suggests that it is the loss of ability to pursue these attributes that negatively influences QoL, as opposed to health status, as is more commonly assumed. For example, participating in activities contributes to feelings of attachment and role, or a sense of purpose in life. When the attainment of these attributes occurs in conjunction with feelings of security in one's home, feelings of enjoyment can result (Grewal et al., 2006). Therefore, it is valuable to understand the means in which tenants' participation in social and recreational activities in AL supports their pursuit of these attributes in order to understand the influence of activity participation on their QoL. Chapter 8 will provide a discussion of Grewal et al.'s (2006) five conceptual attributes of QoL based on the study findings to describe the role of participation in scheduled social and recreational activities in AL tenants' QoL. The following chapter will describe the theoretical frameworks used to guide this inquiry.

Chapter 3.

Theoretical Framework

This chapter will discuss the major theoretical frameworks used in the literature to describe older adults' motives and barriers to participation in scheduled activities in AL. This will be followed by the presentation of an integrated conceptual model outlining key concepts from the theoretical frameworks and review of the literature. The application of a conceptual model for this inquiry using multiple theoretical approaches provide several important benefits worth noting. Theory assists in providing a research focus for investigation by summarizing and synthesizing what is currently known in the literature (Bengtson, Rice, & Johnson, 1999; Palys, 2003). This synthesis serves as a foundation to guide inquiries into what remains unknown through the generation of testable or observable hypotheses (Bengtson, Rice, & Johnson, 1999). After further investigation, new empirical findings are then incorporated into the pre-existing theoretical framework to guide empirical generalizations for future application (Palys, 2003). The result is a cyclical process of theory integration, utilization, knowledge synthesis, and knowledge expansion. As such, the initial conceptual model guiding this inquiry is later revised and presented in chapter 8.2 to reflect the integration of the study findings.

A limitation in the use of theory is the potential to become blinded to the variables unknown in the literature that may be missed in testing hypotheses (Palys, 2003). The value of a multi-method approach in examining any phenomenon is in the potential to capture what may not be expected from the data, thus enhancing the insight and depth of the study (Teddlie & Tashakkori, 2003). This study is exploratory, as no similar research in Canada has been known to have been conducted investigating the influence of activity participation in AL on QoL. While Mihalko and Wickley's (2003) study on active living in AL examines the inter-relationship between personal and environmental factors

to recreation participation in AL, the focus remains solely on physical activity. This study serves to expand on these findings to include all scheduled social and recreational activities, as not all scheduled activities in AL are oriented towards physical activity. By expanding the study to include the role of scheduled social activities, the findings are better able to speak inclusively to the underlying influence of social interaction and physical activity in AL tenants' QoL.

Given that the benefits of social engagement and participation in regular physical exercise in later life are well documented in the literature (Baker, Meisner, Logan, Kungl, & Weir, 2009; Chang, Pan, Chen, Tsai, & Huang, 2012; Fernandez-Ballesteros, 2008; Mihalko & Wickley, 2003; Park, 2009; Warner, Ziegelmann, Schuz, Wurm, & Schwarzer, 2011), it is important to examine the role of different levels of the environment for supporting activity participation. In AL, tenants who participate in both social and physical recreational activities are more likely to exhibit healthy habits in other areas of their lives, such as getting a full night of sleep and eating more healthfully (McPhee, Johnson, & Dietrich, 2004). Increased participation is also associated with delays in functional decline, thus increasing tenants' capacity to age-in-place (Tighe et al., 2008).

In order to understand what constitutes an environment supportive of activity participation, it must first be understood what factors play a role in tenants' ability and desire to participate in the activities offered to them. This chapter will provide an overview of two major theoretical frameworks used in the literature to understand individuals' desire and capacity to participate in scheduled discretionary activities in AL. These theories are McLeroy, Bibeau, Steckler, and Glanz's (1988) Social Ecological Model (SEM) and Bandura's (1985, 2001) Social Cognitive Theory (SCT). These theories will be described following an overview of the paradigmatic shift of what it means to age 'successfully'.

3.1. A Paradigmatic Shift: From "Unsuccessful" to "Successful" Aging

In the 1980s, a paradigmatic shift occurred, changing the way in which the aging process is perceived among certain groups. With increasing knowledge over the effects

of lifestyle changes on warding off disease and disability, people became individual actors with greater control over their own process of aging (Baltes & Carstensen, 2003; Fernandez-Ballesteros, 2008; Minkler & Fadem, 2002). This led to an influx of research investigating “healthy”, “optimal”, “productive”, “active”, and “positive” aging, amongst other terminology, with a key focus on individuals’ ability to age “successfully” (Boudiny, 2013; Fernandez-Ballesteros, 2008, p. 29; Menec, 2003; Row & Kahn, 1997).

Rowe and Kahn (1997) define “successful aging” as the “low probability of disease and disease-related disability, high cognitive and physical functional capacity, and the active engagement with life” (p. 433). Therefore, a primary component in one’s ability to age successfully is maintaining active engagement in social interaction and physical activity in order to delay disease and disability and maintain capacities. This definition led to a secondary surge of research aiming to understand individual-level factors that influence active engagement and activity participation. However, the concept of ‘successful aging’ is not without its limitations and criticisms.

By distinguishing between those who age ‘successfully’ and those who age ‘unsuccessfully’, individuals who experience a decline in their abilities with age or incur illness and disease in later life may experience a disharmony between body and mind, resulting in displeasure or dissatisfaction with their aging body (Liang & Luo, 2012). As Rowe and Kahn’s (1997) introduction of successful aging is founded within a Westernized ideology of what it means to age ‘well’, it neglects the diverse experiences of aging cross-culturally. For this reason, the term has been criticized as being “exclusionary and problematic” (Dillaway & Byrnes, 2009, p. 707) as well as placing too great an emphasis on the number of activities participated in in later life as opposed to the individual meaning attributed to the activities (Bülow, & Söderqvist, 2014; Liang & Luo, 2012). Moreover, successful aging has been criticised as being capitalistic and “selling the idea of lifestyles” in order to adopt certain behaviours or purchase certain products that help individuals avoid the afflictions of age (Katz & Barbara, 2003; Liang & Luo, 2012, p. 328).

The focus of successful aging on maintaining elements typically associated with youth—such as being free of disability, being active in life activities, and having a high

cognitive and functional capacity—contributes an ageist perspective to gerontological literature. While the shift in perceptions of aging has resulted in greater health promotion efforts, it unintentionally contributes to the stigmatization of those aging with a severe disability or disease (Glass, 2003; Minkler & Fadem, 2002). Focusing purely on the personal behaviours of the individual negates the influence of the environment in one's ability and desire to participate in meaningful and supportive activities.

Kurt Lewin (1951) was the first to conceptualize a relationship between individuals and their environment with the ecological equation, $B = f(P, E)$, which is, "behavior is a function of both the person and the environment" (Lawton, 1980, p. 11). In 1973, Lawton & Nahemow introduced an ecological model of adaptation and aging, providing a theoretical framework that recognized the dynamic relationship between person and environment. According to the model, the environment places demands on a person (known as "press") that interacts with the person's competencies (i.e., their biological, psychological, and social resources) to produce positive to negative behaviors and affect that occur along a continuum of weak to strong environmental press (Lawton, 1980, Lawton & Nahemow, 1973; Greenfield, 2011).

As "environment" is a broad concept, Lawton (1980) further defines multiple dimensions of the environment, such as the natural and the built physical environment, the social environment, and the group environment (e.g. the social norms of the tenants in AL). Brofenbrenner's (1979, in Stephens, 2008) ecological model breaks down the environment into "four levels of nested systems which are increasingly distant from the person", presented in table 3.1 (Bronfenbrenner, 1986; Greenfield, 2011; Stephens, 2008, p. 120).

Table 3.1. Brofenbrenner's levels of the environment

Environmental Level	Description	Example
Microsystem	Immediate environment	Family members or roommates
Mesosystem	Connections within the microsystem	From home to a neighbour's house
Exosystem	External environment that indirectly affects the individual	The location of a friend's home in later life
Macrosystem	Broader social context	Social norms, values, laws

Environmental Level	Description	Example
Chronosystem	A person's cumulative experiences across the life course	Marriage or a major geographic move

These nested systems portray the 'environment' as a complex system that cannot be neglected when examining activity participation and QoL. This increases the value of integrating multiple widely used theoretical frameworks in order to capitalize on the strengths provided by each framework's key concepts. The following subsections will describe the components of the theoretical frameworks driving this study.

3.2. Social Ecological Model (SEM)

The social ecological model (SEM) of aging posits that individual behaviors are the result of complex and dynamic interactions between multiple levels of the environment (McLeroy et al., 1988; Sallis, Owen, & Fisher, 2008). These levels are nested within micro-to macro-levels of the environment, as explained in Brofenbrenner's (1979) aforementioned ecological model. At the macro-environmental level, organizational factors influence the development of public policy at multiple levels of governance, including local/municipal, provincial, and federal. Public policies further influence community factors at the meso-environmental level, such as the relationships between organizations or social networks. The micro-environmental level captures the institutional factors and personal-behavioural factors that affect individuals' health behaviours. Institutional factors include the AL residence itself, such as its organizational philosophy, and the health authority under which the AL residence resides within.

The SEM also aims to explain interpersonal and intrapersonal factors that may influence one's decision to engage or disengage in a health behaviour, such as activity participation (Stokols, 1992, 1996). Interpersonal processes are comprised of the interactions within one's primary social group, such as with family, friends, or regular AL support staff. Intrapersonal processes occur within the individual and aim to explain the personality traits, beliefs, attitudes, previous health behaviours, and knowledge that one may hold towards a particular behavior (Stokols, 1992, 1996; McLeroy et al., 1988). The SEM's aim to explain how individual factors and behaviors interact across multiple levels

of the environment in a dynamic process to influence health behaviours is a derivative of Lawton & Nahemow's (1973) ecological model of adaptation and aging.

The value of using the SEM for guiding this inquiry lies in its ability to support and further expand on Lawton & Nahemow's (1973) ecological model by further conceptualizing the influence of the multiple levels that interact within the dynamic relationship between person and environment. The broad coverage of the SEM also serves to increase understanding of the role of the organizational environment in how the physical environment is designed and used.

In order to understand how activity participation influences tenants' QoL in AL, this study focuses on the factors and processes involved at a micro-environmental level as opposed to including those at the macro level. Limiting the breadth of this study to multiple domains within a single level, with an understanding of the larger processes at work, provides greater depth and focus to this inquiry. However, while the SEM is inclusive of individuals' intrapersonal processes, it lacks depth in explaining how individuals' personality traits, knowledge, beliefs and attitudes interact synergistically to explain one's perceived ability to participate in scheduled activities in AL. Mihalko and Wickley (2003) suggest the SEM "typically lacks specificity at all levels" (p.66). As such, the integration of the SEM with Bandura's (1985) social cognitive theory (SCT) serves to examine the role of the intrapersonal level in tenants' activity participation in greater depth. The facets of the SCT are explained further in the following sub-section.

3.3. Social Cognitive Theory (SCT)

The social cognitive theory (SCT) is one of the most commonly applied theories for understanding physical activity participation across all age groups. Proposed by Albert Bandura in 1977, the SCT theory highlights the dynamic relationship between intrapersonal factors, participatory behaviour in physical activity, and the behaviour setting in which the activity occurs (Bandura, 2001; Dzewaltowski, 1994; Haber, 2006; McAuley, 1993; Umstattd & Hallam, 2007). The SCT is comprised of three concepts: self-efficacy, self-regulation, and outcome-expectancy value. Self-efficacy is one's perceived self-confidence to perform a specific behaviour in a given setting (Bandura,

2001; Dzewaltowski, 1994; Haber, 2006). This concept shares similarities with the SEM's inclusion of beliefs and attitudes that comprise one's intrapersonal processes. Self-regulation refers to one's regulation of their own behaviours, such as through self-monitoring, self-guidance, and preparation to obtain an expected outcome as a result of participating in a given activity, such as practising yoga because it is expected to improve balance (Dzewaltowski, 1994; Umstattd & Hallam, 2007). It is the relationship between the value a person places on an activity and their belief that participating in the activity will lead to an expected outcome that comprises an individuals' outcome-expectancy value.

Self-efficacy, self-regulation, perceived control, and social support have been demonstrated in the literature to be well-known predictors of participation in regular exercise behaviour across all age groups (Cheung et al., 2006; Cotter & Sherman, 2008; Crombie et al., 2004; Dzewaltowski, 1994; Lucidi, Grano, Barbaranelli, & Violani, 2006; McAuley, Lox, & Duncan, 1993; Warner et al., 2011). However, the level of variability in exercise behaviours explained by these concepts varies considerably, as they must be understood within the environmental context in which they are set. In Umstattd and Hallam's (2007) study on the role of SCT's constructs in older adults' exercise behaviour, it was found that after controlling for basic demographic factors, such as sex, income, and education in multivariate analyses, that self-regulation was the only variable that maintained its association with regular exercise, whereas self-efficacy and outcome-expectancy value were only statistically significant at the bivariate level of analysis.

The SCT is predominantly used to understand physical activity behaviours and thus, this theory is important to acknowledge in a discussion of major theoretical frameworks for understanding activity participation and QoL. While SCT provides great insight into multiple levels of the environmental that influence tenants' participatory behaviour, it is not without its limitations. The SCT lacks inclusion of other forms of social and recreational activities, such as social or therapeutic activities, that are a primary component of recreation programming in AL and cannot be neglected. As such, integrating the SCT with the SEM provides enhanced consideration for the influence of other, non-physical activities that are considered to be meaningful for AL tenants' QoL.

3.4. Theoretical Integration: A Conceptual Model for Activity Participation and QoL in Assisted Living

The multifaceted nature of activity participation warrants the integration of the SEM and SCT in order to apply the key concepts of these theoretical frameworks in understanding the relationship between tenants' activity behaviours, social behaviours, and the environment of AL. Although focusing specifically on physical activity participation, Sallis et al.'s (2008) concept of "behaviour settings" suggests it is important to understand not only the personal-level factors that influence one's participation in a given behaviour, but also the context and setting in which the behaviour occurs. This concept bridges the need to study individual-level factors and processes in conjunction with the environment in which the individual is situated. An initial conceptual model, presented in figure 3.1 was generated to provide a visualization of the domains under investigation that informed study procedures. The model highlights potential relationships that may exist between the factors and processes that were expected to influence activity participation in AL (Bengtson, Rice, & Johnson, 1999).

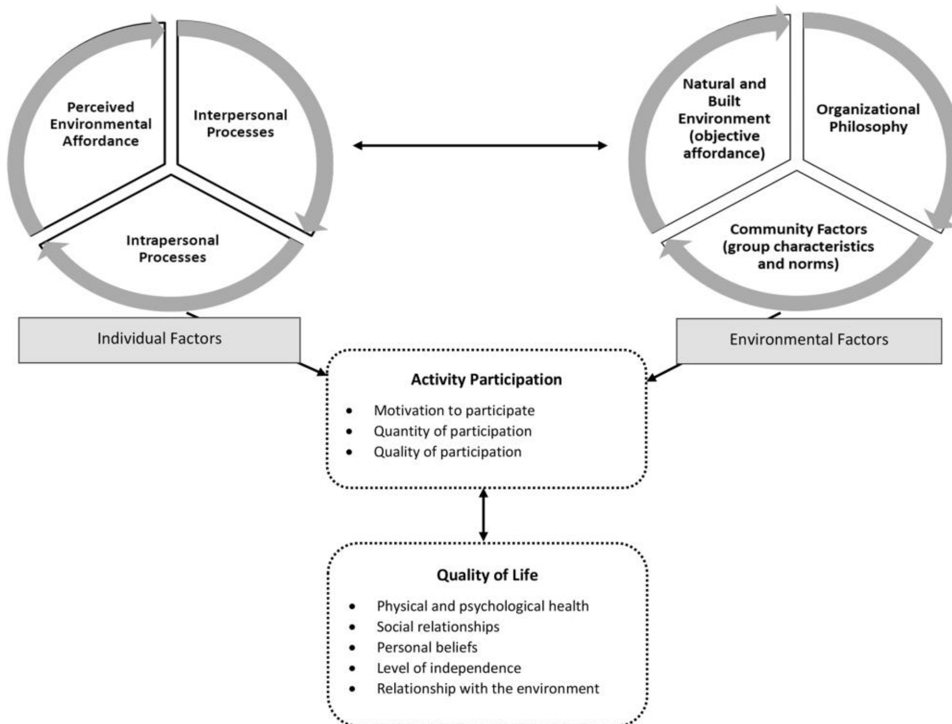


Figure 3.1. Initial proposed conceptual model for activity participation and QoL in AL

Past research in activity behaviours did well in identifying the individual-level factors that are important for assessing activity participation. These factors include demographic information, perceived self-efficacy, motivation, enjoyment, and knowledge of the various benefits that can be gained from participation (Sallis et al., 2006; Mihalko & Wickley, 2003). However, focusing solely on the individual-level only accounts for a small percentage of the "predicted variability in physical activity behaviour and related outcomes" (Mihalko & Wickley, 2003, p. 199). Moreover, there is little research into how individual and environmental-level factors interact to explain participation in diverse activities (Mihalko & Wickley, 2003), particularly in AL. The understanding that participatory behaviours are influenced by a variety of factors in the social and physical environment has gained attention over the years, warranting further research in AL (Cohen-Mansfield, Shmotkin, & Goldberg, 2010; Litwin, 2003; Weeks et al., 2008; Wilson & Spink, 2006; Yang & Stark, 2010).

Both the SEM and SCT frameworks identify individual and social factors that influence participation in physical and social activities (Bandura, 2000; McLeroy et al., 1988; Stokols, 1992, 1996; Zhang & Solmon, 2013). Applying a social ecological framework in conjunction with the SCT takes into account the multiple dimensions of the environment, including the role of the organizational structure, processes, and culture of AL. Administration and staff play an important role in supporting activity participation and QoL in AL. Friendly encouragement by staff for tenants to participate in scheduled activities have the potential to increase engagement in the residence, thereby positively contributing to the collective efficacy of the group (Mihalko & Wickley, 2003).

The initial integrated conceptual model includes two interrelated domains: individual and environmental factors. The organizational environment of AL, such as group characteristics and behavioural or social norms of the AL tenants, are included as an environmental factor in the model. Within each domain reside three primary factors or attributes based on a review of the literature and key components of the SEM and SCT that relate to activity participation and QoL. Individual factors include intrapersonal factors (e.g. self-efficacy), interpersonal factors (e.g. social relationships), and perceived environmental affordance, which bridges individual perceptions of the environment with the objective affordance of the natural and built environment.

Gibson (1979) initially coined the term, *affordance* to refer to the behaviours the objective environment offers an individual (Scarantino, 2002). The term has since come to include, and is often defined, as the individuals' perceptions of what the environment affords them to do given their personal capacities (Torenvliet, 2003). Affordance can be positive or negative and is distinguished by the capacity of the physical environment to allow positive behaviours (e.g. socialization, physical activity, and accessibility) or pose threats (e.g. disorientation, isolation, and sedentary behaviours) (Gibson, 1979; Scarantino, 2002). Objectively, an environment may afford positive activity and socialization behaviours. However, if tenants' do not hold these same perceptions of the environment based on their observations, they may perceive the environment as having negative affordance and avoid using the space (Norman, 1988).

The conceptual model portrays activity participation as an outcome of the interactions between individual and environmental factors. Encased within a dotted line, activity participation is suggested to be dynamic, varying from levels of no, low, medium, and high. Each factor under its parent domain in the model appears as a distinct entity that occurs within a cyclical process, as each factor continues to influence the subsequent factor in relation to activity participation. For example, under individual factors, AL tenants' level of self-efficacy (intrapersonal processes) may influence the way they perceive the objective environment and what they believe the environment affords them to do given their own personal capacities. How tenants perceive the environment can then influence their use of the space which further influences their ability to forge relationships with other AL tenants who use the space.

While primarily an adaptation of the SEM, the initial conceptual model focuses on the micro-environmental level to reflect the factors identified in the literature as influencing activity participation in AL. Factors that occur across the physical, organizational, and social environment (i.e., community factors) also play a role. The revised conceptual model builds upon this initial model by integrating the study findings with the literature; this will be discussed further in chapter 8.2. The following chapter describes the methodological procedures employed in this study, including the research design, overview of the study settings, data collection procedures, strategies of data analysis, trustworthiness, and ethical considerations of the study.

Chapter 4.

Methods

This chapter presents the research methods and procedures employed in this study. A discussion of the research design begins the chapter, followed by a description of the study setting, recruitment procedures, data collection, data analysis, validity/trustworthiness, then the ethical issues addressed throughout the study.

4.1. Research Design

This mixed-methods study utilized a predominantly qualitative methodology using both an inductive and deductive approach. Qualitative research involves a holistic approach to understanding and constructing knowledge, making it valuable for investigating a multifaceted and under-researched phenomenon. As this study was guided by the initial integrative conceptual framework presented in Chapter 3, the use of qualitative methods also enhances understanding of activity participation and QoL in AL through "an ongoing interplay between theory and methods, research and researched" (Hesse-Biber & Leavy, 2006, p. 5). Due to the exploratory nature of this study, a qualitative approach offers a means of constructing knowledge that is highly descriptive and thus serves as an important insight into future studies in this area (Hesse-Biber & Leavy, 2006). While details of data collection procedures are described in depth in the following subsections, a table outlining these procedures is also provided in Appendix A.

Descriptive statistics were performed using data collected through a series of questionnaires to describe participants' basic demographic characteristics, self-perceived rating of health, QoL, general self-efficacy, gait, types of activities participated in, and level of perceived social support. The scores generated from these measures were used to describe tenants' objective characteristics and contextualize the findings

obtained from in-depth interviews. These measures also supported the ability to draw comparisons between the two study sites and participants while providing a holistic picture of facilitators of activity participation and personal/contextual barriers.

The study is framed within a constructivist grounded-theory approach, where the understanding is that researcher and study participants co-create the realities observed in a given time and setting (Charmaz, 2005; Randall & Phoenix, 2009; Charmaz & Liska Belgrave, 2012). The sequential design of the study positively influenced the level of rapport developed between the researcher and participants. Preceding open-ended interviews with structured interviews allowed participants time to gain comfort with the researcher, thus resulting in what appeared to be a greater level of disclosure and depth into participants' experiences in the follow-up interview. Because how the researcher acts in response to participants' responses plays an active role in the co-construction of the participants' story (Randall & Phoenix, 2009), increased attention was paid to nonverbal behaviours during interviews. A sympathetic nod or stifled yawn all present opportunities to influence participants' perception of the researcher and further, their decision to disclose certain events in an interview. Comments made during the first, structured interview with participants that addressed the research questions were further probed on during the follow-up, open-ended interview; thus contributing in the co-construction of the participant's experiential reality.

Randall & Phoenix (2009) compare the concept of "truth" in qualitative research to "a ghost" that haunts all researchers—quantitative and qualitative (p. 126). In qualitative research, this results from dependency on participants' ability to recall events, behaviours, or thoughts that are then described to the researcher. During observations of events, such as those that were conducted of a sample of scheduled activities, the ghost then becomes the plight of the researcher—what the researcher remembers from an observation in conjunction with "on-the-fly" jottings taken at the time. Therefore, interview participants can never provide "the whole truth" (Randall & Phoenix, 2009, p. 130), bringing value to a multi-method approach to data collection.

4.2. Study Settings

This study was conducted within two AL residences located in Metro Vancouver, B.C.'s Fraser Health Authority (FHA). In their 2012/13-2014/15 service plan, the FHA describes their purpose as the ability "to improve the health of the population and the quality of life of the people we serve" (Fraser Health, 2012, p. 5). With a focus on QoL and a goal to further invest in resources to meet the needs of those residing in AL, the FHA serves as an ideal health authority from which to select the two AL residences involved in this study. The first objective the FHA offers in their annual service plan is to support individuals "in their efforts to maintain and improve their health through health promotion and disease prevention" (p. 9). For those residing in AL, the potential to provide this support is built into the model through policy requirements for social and recreational opportunities, making AL a unique model for studying activity participation and the role it has on older adults' QoL.

In order to draw comparisons between the organizational, physical, and social environments on activity participation and QoL, two AL residences were recruited for participation in this study. Characteristics of these residences are outlined in table 4.1. To protect confidentiality, the residences are identified using pseudonyms, *Parsons Manor* and *Fleetwood House* in this study. Parsons Manor and Fleetwood House were selected for their similarities in funding, size, and location within a campus-of-care model for increased comparability. A difference in building design and height (i.e., low-rise versus high-rise) was purposefully sought out to examine the influence of differences in features of the built environment on activity participation and QoL.

Table 4.1. Study Settings

	Parsons Manor	Fleetwood House
Location	Metro Vancouver, BC	Metro Vancouver, BC
Funding	Publicly-subsidized	Publicly-subsidized
# of units	68	70
Building design	Low-rise	High-rise
Campus-of-care	Yes	Yes

Recruitment of the study sites began by sending an electronic invitation letter and information about participating in the study to residence managers. Within one week of contact, both targeted AL sites agreed to participate in the study. Prior to ethics approval, letters of support were obtained from administrators at both sites and FHA's manager of AL, outlining their agreement to participate in the study. Prior to the recruitment of participants and entry into the study sites, ethics approval was sought and obtained by FHA's Research Ethics Board (REB), SFU's Office of Research Ethics, and the individual ethics boards of the non-profit organizations operating the two study sites.

A purposive sampling strategy was used to recruit 21 AL tenants between both study sites for participation in an initial structured interview and a follow-up, in-depth, semi-structured interview. This strategy was employed in order to recruit participants who met the criteria for inclusion in order to best understand the phenomenon of interest (Silverman, 2000). This technique involves the recruitment of study participants in a non-random manner, that is, all AL tenants do not have an equal probability of being invited to participate in the study (Palys, 2003). Inclusion criteria for participation in the study necessitated participants be at least 65 years of age, able to communicate fluently in English, have no severe hearing impairment, and have either no or mild cognitive impairment. Those identified by the AL administrator or recreation coordinator as having a moderate or greater level of dementia/cognitive impairment or additional functional impairments that would impede their ability to actively participate in two interviews, were not invited to participate. These criteria are set to ensure participants can communicate effectively with the researcher and fully understand the questions they are being asked.

While an argument can be made for the inclusion of those with dementia in research, the abstract and detail-oriented nature of the questions asked during the structured interview may place those with moderate or severe cognitive impairment at a greater risk of emotional distress or confusion. As further declines in the ability to remember details and think clearly typically accompanies dementia symptoms as the disease progresses (Alzheimer Society of Canada, 2014), omitting these individuals from recruitment procedures serves to protect the dignity and self-efficacy of the tenant while maintaining the validity of the data. Furthermore, while 24% of AL tenants in B.C. have a diagnosis of dementia in their first year of tenancy, the majority of those living in

AL do not (McGrail et al., 2012). The inclusion of two study participants who reported a diagnosis of early-stage of dementia during their initial interviews therefore served to capture the perspectives of some tenants with dementia—thus increasing the heterogeneity of the study participants—without comprising the ethical procedures of the study.

While the exclusion of those not meeting inclusion criteria limits the ability of the study to capture the perspectives of all types of tenants with different abilities in AL, the criteria was applied to ensure that tenants could fully consent to participate in the study and the responses provided are an honest account of their perspectives. During data collection, two additional tenants were initially recruited for participation by recreation staff at Parsons Manor and Fleetwood House but had to be discontinued from further data collection after their initial structured interview. In one instance, it was determined that the tenant's hearing difficulties were too severe to participate in a long conversation where the interview questions were fully understood. In the second instance, the tenant was excluded due to signs of cognitive impairment that negatively impacted the validity of her responses. For example, the tenant reported not having attended any scheduled activities at the residence due to them all being cancelled throughout the three weeks prior. As she had been observed during data collection participating in many of the activities scheduled prior to her interview, this claim was determined to be factually incorrect information and thus, her interview was discarded.

FHA requires that AL residences hold a monthly community meeting for all AL tenants. Following permission from the AL administrators and recreation coordinators, an overview of the study and invitation to participate was presented at a community meeting at each AL site following ethics approval. The information brochure included an overview of the study topic, time commitment for participating in the two interviews, age and language requirement for participation (English), and contact information for signing up. Participants were also given the option of signing up with AL manager or recreation coordinator if they preferred, who then forwarded participation appointments to the researcher. A minority of tenants who were interested in participating signed up to participate with the researcher directly at the meeting, while others obtained an information brochure and signed up at a later time with the recreation coordinator

following further consideration. Additionally, approximately four participants were recruited at Parsons Manor through informal conversations with the researcher in the shared spaces at the residence following the building of rapport over time spent at the study site. This strategy mitigated the potential bias of recruiting only those tenants who are regular attendees at the scheduled activities, resulting in a study sample with varying levels of participation in the scheduled activities.

Participant recruitment continued until saturation of the data was met. Saturation was considered to have occurred once no new themes appeared to arise in the study settings (Hesse-Biber & Leavy, 2006). In this study, saturation was met after interviews with eight participants at each site; however, recruitment and data collection continued up to 11 participants at Parsons Manor and 10 participants at Fleetwood House in order to allow for variability in participant characteristics and greater support of the findings. As determined through previous field work, it can be common for participants of this population to forget scheduled interviews. To mitigate this problem in advance of data collection, all participants who scheduled an interview greater than one day in advance were asked for permission to be given a reminder phone call of the interview date and time by the researcher the day before their interview, or the morning of if requested. This procedure appeared to successfully reduce the number of no-show interviews to two occurrences, which were later rescheduled.

4.3. Data Collection

This study employed a multi-method approach to data collection in order to increase the depth of understanding of the phenomenon under investigation (Creswell et al., 2004; Morse, 2003). Support by the administration and recreational coordinator at each AL site was instrumental in the success of participant recruitment and data collection. To ensure participation in the study is rewarding and reciprocal for the sites involved, a final strategy guide will be developed for AL administration alongside a participant newsletter. These deliverables are described later in chapter 8.3 in a discussion of the implications of the findings as part of a knowledge translation strategy.

Primary methods of data collection involved in-depth interviews with 21 tenants and 6 staff members in addition to semi-structured qualitative observations of scheduled social and recreational activities within activity spaces. Secondary methods to support in-depth interviews and activity observations occurred prior to and simultaneously with the collection of primary data. Structured interviews involving the administration of a series of validated questionnaires with AL tenants were conducted prior to participants' follow-up, in-depth interviews. At the beginning of each structured interview, basic demographic information was collected from tenant participants—demographic data was not collected from staff participants.

All interviews with tenant participants were conducted in their private suites with the exception of one participant at Fleetwood House who opted for a shared lounge space in the residence. The interview location was determined upon scheduling participants' interviews and was confirmed with each tenant prior to their first interview. While most participants were interviewed one-on-one, married participants Alice and George were interviewed together for the administration of the demographic questionnaire during their initial structured interview to increase the accuracy of the objective data obtained. This appeared to have value, as one spouse would provide an answer to a question in which the other was unsure, for example, average annual income. In-depth interviews with these two participants were conducted separately in order to increase privacy and consistency across participant interiews.

Environmental assessments of the interior and exterior of each AL residence included an observational walkability audit of the immediate neighbourhood surrounding each study site. All primary data collection was completed at Parsons Manor before commencement at Fleetwood House in order to increase rapport with tenants through increased and consistent visibility. A summary of collected qualitative data is presented in table 4.2

Table 4.2. Summary of collected qualitative data

	Parsons Manor	Fleetwood House	Total
Field Observations (observed activities)	22	15	37
No. of hours observed	17 hrs, 40 mins	10 hrs, 40 mins	27 hrs, 45 mins
Mean observation time	48 mins	40 mins	44 mins
No. of field note pages	28	27	55
Tenant Interviews (structured and in-depth)	*23	**21	44
No. of tenant transcript pages	173	123	296
Staff participants and interviews	3	3	6
No. of staff transcript pages	58	46	104
Total pages of data (field notes and transcript pages)	259	196	455

* 1 interview discarded due to participants' severe hearing impairment identified once the interview began
** 1 interview discarded due to signs of participants' cognitive impairment identified after the interview began

All data collection was completed within four months at the two sites, with approximately 1.5 months spent at each. A study timeline outlining data collection and analysis is presented in Appendix B. The following subsections will describe details of the following data collection procedures: environment assessments, structured interviews, in-depth interviews, and activity observations.

4.3.1. Environmental assessments

Environmental assessments were conducted using the following instruments outlined in table 4.3. Following this table is a detailed description of each measure.

Table 4.3. Environmental assessment protocols

Measure	Variable(s) being measured	Time (hours/site)	# items
SWEAT-R secondary observation	Auditor's subjective assessment of the neighbourhood	2	7
PAF-Adapted	Residence physical environment (design and décor)	3	153
POLIF-Adapted	Residence organizational environment (rules and regulations)	N/A (administrator completes)	155
Total		**9**	**477**

Exterior physical environment

The Seniors Walking Environmental Assessment Tool-Revised (SWEAT-R) secondary observation form was used to assess the AL residences' walkability of the exterior built environment for older adults (Appendix C). The secondary observation form is a descriptive tool used to capture the researcher's overall impression of a neighbourhood and features that comprise four domains of the environment addressed in the SWEAT-R tool. These domains are: 1) functionality, such as the condition of surrounding sidewalks, 2) safety, such as pedestrian cross-walks and lighting, 3) aesthetics, such as nature features and the absence of graffiti, and 4) destinations, such as a nearby corner store (Michael et al., 2009). Due to the limited number of sites included in this study, the secondary observation form better captures key features of each residence's neighbourhood for walkability as opposed to the SWEAT-R tool, as a direct comparison of the residences can be made. Photographs of physical environmental features were taken during SWEAT-R secondary audits to complement written data by providing a visual representation of any unique or problematic features of the exterior physical environment of each AL residence. The SWEAT-R secondary observation form is a valuable environmental audit tool for enhancing understanding of the context in which each AL residence is set within, as it contains questions oriented specifically to older adults, such as the presence of nearby seniors' services and purpose-built seniors' housing.

Interior physical environment

The Physical and Architectural Features Checklist (PAF) contains 153 items and was originally developed for use in RC facilities as a component of the Multiphasic Environmental Assessment Procedure (MEAP) (Moos & Lemke, 1996). The MEAP components include the PAF in addition to the Policy and Program Information Form (POLIF) and Residential and Staff Information Form (RESIF). The PAF measures the degree of physical integration of the residence; the extent to which the physical features are supportive and offer comfort and involvement; and the availability of space for tenant and staff functions (Moos & Lemke, 1996, p. 50). These components are assessed within eight subsections of the PAF, outlined in table 4.4.

Table 4.4. Physical and architectural features (PAF) subscales

Subsection	Description	Example
Community Accessibility	Location of nearby services	A corner store across the street
Physical Amenities	Convenience and visual appeal	Home-like furniture and art work for décor (decorative features)
Social and Recreational Aids	Features that foster social interaction and participation in recreational activities	Board and card games on a table in a communal space for use by tenants
Prosthetic Aids	The extent to which the residence is barrier-free and supports independence and mobility	Stairs are well-lit to increase visibility
Orientational Aids	Features that help orient tenants	Residence floors are painted different colours.
Safety Features	Accident prevention and the monitoring of shared spaces	The ability for reception to view the front entrance and monitor who enters/exits the residence
Staff Facilities	The ability of the physical features to enhance staff members' positive perceptions of, and ability to use, the spaces.	A private break room for staff members to use
Space Availability	Availability of communal spaces (of varying sizes) for the tenants	The availability of a quiet lounge for every 20 tenants

In order to increase applicability of the PAF for use in the AL setting, the original PAF was integrated with the Housing Complex and Surrounding Environmental Checklist (HCSEC) to create the PAF-Adapted (Appendix D) for use in this study. The HCSEC is an observational tool for assessing the interior and exterior built environment of the AL

residence (Mahmood, Chaudhury, & Kobayashi, 2008). The integration of these two measures increases coverage of the physical features pertaining to the AL residence, thus providing a more reliable account in this area. Descriptive accounts of the physical features at each residence obtained by the PAF-adapted provided background information for a descriptive overview of each residence, presented in chapter 5.1.

The POLIF component of MEAP was also adapted for use in this study to create the POLIF-Adapted (Appendix E). The original POLIF "measures the policies and services of group residential settings for older people" (Moos & Lemke, 1996, p. 82). Using 130 items, the POLIF addresses the policies of the organization operating the residence, tenant fees, tenant choice and autonomy, rules and regulations, and the services and amenities that are available. The POLIF is divided into nine subsections to reflect tenants' behavioural requirements, tenant autonomy and choice, formality and flexibility of the residence, and the availability of services (Moos & Lemke, 1996, p. 83). An overview of the subsections are provided in table 4.5.

Table 4.5. Policy and program information form (POLIF) subscales

Subsection	Description	Example
Expectations for Functioning	Minimum ADL capacity for tenancy	Tenants must be required to make their own decisions or will be relocated.
Acceptance of Problem Behaviour	Level of tolerance for aggressive or disruptive behaviours	Yelling in a communal space is tolerated but stealing is cause for eviction.
Policy Choice	Tenants' ability to control their daily routines	Tenants can choose what time of day they receive their weekly bath.
Tenant Control	Level of tenant involvement in organizational rules and administration	Tenants are allowed to sit on the hiring committee of care staff at a residence.
Policy Clarity	Residence means of communicating rules, ideas, and tenant expectations	A central news board in the lobby provides tenants with memos on new rules and upcoming communal meetings.
Provision for Privacy	The amount of privacy tenants are allowed	Staff are only allowed to enter tenants' units once granted permission by the tenant.
Availability of Health Services	The health services available in the residence	A podiatrist and doctor come into the residence once a week.

Subsection	Description	Example
Availability of Daily Living Assistance	Services available to assist tenants with daily living tasks	An assisted living worker is available at all times on each floor to assist tenants when called.
Availability of Social-Recreational Activities	The availability of organized activities in the residence	Daily social and recreational activities are available alongside a weekly bus outing; organized by the recreation coordinator.

As the POLIF is targeted for use in a RC setting, questions regarding resident rooms or dorms instead of tenant apartments were not applicable and instead, omitted in the POLIF-Adapted. Questions 146-155 were added to the original POLIF in its adaptation to address organizational factors specific to the provision of social and recreational activities offered by the residence. While the original POLIF contains a subscale for the availability of social and recreational activities, additional questions were added to probe further into the frequency and reasons for the cancellation of activities, and the training requirements of recreation staff. Responses generated by the POLIF-Adapted also contributed to a description of the each study site in chapter 5 to set the context for interview findings. As the POLIF-Adapted uses information primarily accessible by administrators that takes time to look up, the questionnaire was given to both AL administrators and recreation coordinators at the study sites at the beginning of data collection for completion to the best of their ability, at their convenience. The measure was received either over email or in-person within 2-3 weeks of distribution, at which time, an informal meeting was held with administrators and recreation coordinators to review the answers and address any questions about the measure or information provided.

4.3.2. Structured interviews

Structured interviews were used to complement qualitative data by obtaining descriptive quantitative data through the administration of multiple questionnaires. The questionnaires were used to assign scores to multiple dimensions and processes that are demonstrated in the literature to influence tenants' activity participation or QoL. The benefits of employing structured interviews are that the same type of information would be collected from all participants, regardless of what arose in subsequent in-depth

interviews. All participants were administered the same questions with responses provided within a pre-determined category, thus reducing variation in the responses and easing the administration of the questionnaires by keeping the topic on track.

Scores generated from the questionnaires were used to objectively compare participants across domains to garner a sense of their mobility, activity behaviours, and QoL. While these domains were also inquired upon during in-depth interviews, the objective measuring of additional properties, such as attributes of QoL, served to increase understanding of a complex and relatively abstract construct. The cross-sectional questionnaires were completed concurrently with activity observations at alternating times of day. For example, a structured interview would be scheduled in the morning and followed by an activity observation in the afternoon. This allowed for increased flexibility in accommodating participants' schedules, thus increasing tenant participation in the study. Structured interviews lasted approximately one hour each—not including an initial review of the letter of informed consent—and consisted of asking participants basic demographic data followed by a series of questionnaires answered predominantly on a Likert-type scale or dichotomous yes/no response. The protocols that were administered during the structured interviews are outlined in Table 4.6 with the variable(s) being measured, # of items included in the measure, and their approximate time in minutes for completion. Written permission has been obtained from the developers of the quantitative measures used in this study for the reproduction of the measures in the appendices of this thesis.

Table 4.6. Structured interview protocols

Measure	Variable(s) being measured	Time (minutes)	# items
Demographics	Age, gender, cultural influences, SES, comorbidity, tenancy	15	18
EQ-5D-5L	Physical health status	5	5
mGES	Gait/walking confidence	10	10
General self-efficacy	Self-efficacy	5	10
ICECAP-O	QoL	5	5
Multidimensional scale of perceived social support	Social support	8	12
CHAMPS	Activity participation	12	42
Total		**60**	**102**

Demographic and descriptive information

Basic descriptive and demographic information was obtained from all participants using a simple questionnaire (Appendix F). Demographic information includes age, gender, marital status, religion, and other socioeconomic factors (ethnicity, education level, and income). Additional descriptive questions inquired on participants' use of mobility aids, length of time lived in AL (i.e. tenancy) and reasons for moving; and factors that may necessitate the leaving of the AL residence on a regular basis, such as smoking or owning a pet (particularly a dog). It can be noted that no participants smoked nor owned a pet as owning pets is against the rules of both AL residences. The demographic and descriptive questionnaire closed with several questions on participants' diagnoses out of a list of chronic conditions and their use of health services in the past three months, thus providing a segue into the following study measures to assess health status and functional ability.

Modified gait efficacy scale (mGES)

The Modified Gait Efficacy Scale (mGES) applies the SCT's concept of self-efficacy, while perceived mobility and health status have been shown in the literature to influence when and where older adults participate in exercise activities (Newell, VanSwearingen, Hile, & Brach, 2012). The mGES, presented in Appendix G, is included in this study for its ability to assess participants' perceived mobility by measuring their confidence in walking when performing everyday tasks (Newell et al., 2012). The mGES is a 10-item scale with an internal consistency of α=.94 across all 10 items. Items are measured on a 10-point Likert scale where 1=no confidence and 10=complete confidence and potential scores range from 10-100 points. Items to assess walking confidence include the ability to walk across different surface levels, walk up and down a flight of stairs, step over obstacles, and walk a long distance.

Descriptive statistics were used for the comparison of individual participants' gait scores to the mean of the group. At Parsons Manor, average scores on the mGES was higher than that of Fleetwood House with 68.7 (σ=69) points out of a possible 100 compared to 58.7 (σ=22.64) points. This difference suggests participants at Parsons Manor perceive their mobility as greater than those at Fleetwood House and may have

an influence on participatory levels in activities at the two sites. This relationship will be discussed further in Chapter 5 in a discussion of the findings. Administration of the mGES took approximately ten minutes for completion, depending on tenants' supplementary comments that were subsequently transcribed.

General self-efficacy

The General Self-Efficacy scale is a simple and quick, 10-item scale that measures self-efficacy. A sample question of the scale is provided in Appendix H. Self-efficacy is one's belief in their capacities and ability to achieve their goals in life. A measure of the SCT, self-efficacy is one of the more commonly studied factors influencing individuals' engagement in physical activities. The questions in the general self-efficacy scale also suggest a perceived element of control—an important attribute of QoL. The items assess participants' agreement with a given statement and is scored on a 4-point Likert scale where 1=not at all true and 4=exactly true. The statement scores were added up to provide a total score of participants' perceived level of general self-efficacy, ranging from 10 to 40 points. Similar to gait, the average scores on the general self-efficacy scale were slightly higher at Parsons Manor with 34.9 (σ=3.99) points compared to 32.4 (σ=5.7) points at Fleetwood House. The measure has been used with over 20,000 individuals aged 12-94 years from 25 countries and has typically provided internal consistencies been α=.75 and .91 (Scholz, Gutierrez Dona, Sud, & Schwarzer, 2002). On average, the general self-efficacy scale took approximately five minutes to administer.

EQ-5D-5L

The EQ-5D-5L, shown in Appendix I, is a simple and easy to administer, two-page self-report measure of health-related QoL developed by the EuroQol Group, a network of international multidisciplinary researchers committed to the measurement of health status (Rabin, Oemar, Oppe, Janssen, & Herdman, 2011). The measure uses five dimensions to describe health status: 1) mobility, 2) self-care, 3) usual activities, 4) pain/discomfort, and 5) anxiety/depression. Each dimension is answered across five levels of impairment on the first page of the measure where 1=no problems and 5=extreme problems. Each dimensional score can be used on their own to compare participants' self-rated health within that dimension. The second page of the measure

records participants' self-rated health on the day of the measure's administration on a vertical, visual analogue scale from 0 to 100 with 0 representing "the worst health you can imagine" and 100 representing "the best health you can imagine" (Rabin et al., 2011). The scores derived from this scale are also valuable for making comparisons between participants' self-rated level of health scores.

ICEpop CAPability measure for Older people (ICECAP-O)

The ICEpop CAPability measure for Older people (ICECAP-O) complements the use of the EQ-5D-5L measure by measuring QoL beyond that which is related to one's health status (Coast et al., 2008). Simple and easy to administer, the ICECAP-O is a descriptive measure comprised of five attributes: 1) attachment, 2) security, 3) role, 4) enjoyment and, 5) control. Index values assign a level of capacity to each attribute on a scale of 1 to 4 ranging from the worst (1) to the best (4). Death is the only situation in which no capacity (0) is assumed (Coast et al., 2008). The ICECAP-O, presented in Appendix J, complements other study procedures by drawing on Grewal et al.'s (2006) attributes for QoL described in Chapter 2.5. Administering the ICECAP-O took approximately 5 minutes to complete and was well understood by participants. As with gait and general self-efficacy, scores on the ICECAP-O were slightly higher at Parsons Manor than at Fleetwood House, suggesting greater QoL. Scores on the measure ranged from 5-20 with a mean of 68.7 (σ=2.10) points at Parsons Manor and 14.7 (σ=2.36) points at Fleetwood House. This difference will be discussed further in a discussion of the study findings.

Multidimensional scale of perceived social support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) assesses individuals' subjective assessment of perceived social support across three subscales based on different sources of support: family (questions 3, 4, 8, and 11), friends (questions 6, 7, 9, and 12), and significant other (questions 1, 2, 5, and 10) (Zimet, Dahlem, Zimet, & Farley, 1988; Zimet, Powell, Farley, Werkman, & Berkoff, 1990). The measure, presented in Appendix K, includes 12 questions answered on a 7-point Likert-type scale from very strongly disagree (1) to very strongly agree (7). Higher levels of social support are associated with low levels of depression (Zimet et al., 1988), which

may influence tenants' motivation to participate in social and recreational activities at their AL residence, making it valuable for inclusion in the study.

The MSPSS is a psychometrically sound measure, demonstrating good internal reliability, with alpha values ranging from .84 to .92 for the total scale and subscales ranging from .81 to .98 (Zimet et al., 1990). The measure also demonstrates good stability, with test-retest values ranging from .72 to .85 (Zimet et al., 1990). As the MSPSS is short, it took approximately 8 minutes to complete, although this varied depending on participants' valuation of their social relationships. For example, some participants preferred to answer each question quickly with the aim of discussing their relationships in greater detail after the administration of the measure or in the follow-up interview—these participants were able to complete the measure in 2-3 minutes. Alternatively, other participants who had a tendency to qualify their responses tended to take approximately 10-15 minutes to complete the measure. These additional comments provided in between responses were later transcribed and coded alongside in-depth interview transcripts. Overall, scores on the MSPSS were high, with a mean of 77.2 (σ=8.35) at Parsons Manor and 75.5 (10.62) at Fleetwood House out of a possible 84 points.

Community healthy model program for seniors (CHAMPS)

The Community Health Model Program for Seniors (CHAMPS) questionnaire, represented in Appendix L, is a 41-item self-report measure of physical activity developed for use with older adults (Harada, Chiu, King, & Stewart, 2000; Stewart et al., 2000). An additional question was added to be the measure inquiring on frequency of television-watching, making the final measure 42-items. The CHAMPS involves recording participants' time spent on activities in a typical week during the four weeks prior to data collection and the hours per week spent engaging in the activity, given a comprehensive list of activities.

Frequency of participation is dichotomously recorded as yes or no then by number of times per week the individual participated in each activity. Hours per week spent participating in the activity is provided within six pre-determined amounts: less than 1 hour, 1-2 ½ hours, 3-4 ½ hours, 5-6 ½ hours, 7-8 ½ hours, and 9 or more hours.

The activities included in CHAMPS involve various levels of physical activity from light (e.g. reading or stretching) to vigorous (e.g. playing tennis or jogging). CHAMPS was selected for inclusion in this study to assess participants' engagement in social and recreational activities inside and outside of AL without assuming regularity in participation. As health status may fluctuate in AL, the measure better captures participants' participatory behaviours at the time of data collection, making it applicable to the cross-sectional design of this study.

Participant scores on the CHAMPS is measured using MET values. MET values are defined as "the ratio of work metabolic rate to a standard metabolic rate (MET)" (Ainsworth et al., 2000, p. S498). In other words, they are calculated measures of intensity of a given activity based on its caloric expenditure per week, frequency per week spent in moderate-to-vigorous activities, and the total frequency per week and estimated caloric expenditure in all activities of the week (Harada et al., 2000). For example, Tai Chi yields a MET value of 4.0 using the CHAMPS. Stewart et al. (2000) asserts that activities with a MET value equal to or greater than 3.0 are considered moderate intensity or greater, whereas those less than 3.0 are of a low or light intensity. CHAMPS is reported to be a valid and reliable measure for assessing older adults' level of physical activity (Harada et al., 2000; Stewart et al., 2000; Wilcox et al., 2009) and is chosen as the best measure of older adults' participation in diverse activities. The time to administer CHAMPS varied considerably depending on participants' mobility but averaged approximately 12 minutes for completion. Those who completed the measure in a quicker time are participants who are fully wheelchair dependent.

4.3.3. In-depth interviews

Open-ended, in-depth interviews were conducted with 11 tenants at Parsons Manor and 10 tenants at Fleetwood House for a total of 21 in-depth interviews with tenants averaging 60-90 minutes in length. In-depth interviews were conducted concurrently with other data collection procedures (i.e. activity observations, environmental assessments, and structured interviews with tenants) over a six-week period. Additional in-depth interviews were conducted with the AL managers, recreation coordinators, and a recreation assistant at each site for a total of 6 in-depth staff

interviews, in order to understand tenants' participatory behaviours and QoL from staff members' perspectives. Staff interviews were conducted in an office setting, lasting 45-90 minutes in duration. Interviews with AL managers were conducted at the beginning of data collection at each site to provide a context to tenants' interview responses and enhance understanding of the residences' operation, whereas interviews with recreation staff occurred as activity observations were being conducted to allow for an unbiased 'first glimpse' into the activities prior to obtaining contextual information.

Semi-structured interviews involve the administration of pre-determined prompts guided by a review of the literature to illicit unscripted responses to open-ended questions (Morse, 2012). Traditionally, all participants are asked the same questions (Morse, 2012); however, where a pre-planned question on the interview guide failed to be understood by a participant during the interview, it was reworded to increase the fluidity of the interview conversation. Before the start of each interview, participants were reminded of the study topic and use of the data for the development of a master's thesis. A letter of informed consent was provided to participants in advance of their scheduled interview and prior to the start of each interview it was reviewed once more verbally and in writing.

Once all questions regarding study procedures were addressed, participants were asked for their permission to digitally audio-record the interview and assured that the recording would only be heard by the interviewer, with the original audio file destroyed immediately upon completion of transcription and all names and identifying details omitted from the transcript; no participants objected to having their interviews audio-recorded. While conducting the interview, brief jottings on key words and questions were recorded in the margins of the interview guide to serve as queues for follow-up with participants at a later time during the interview. This allowed for further probing into key statements or descriptions given by participants to enhance the quality and depth of the interview.

Semi-structured interview guides were developed for tenants (Appendix M) and staff (Appendix N) based on a review of the literature and guiding integrated conceptual model. The guides were used to describe major domains and concepts outlined in the

conceptual model and to probe participants on various aspects of activity participation and QoL. Substantive areas for inquiry include participatory behaviours in social and recreational activities inside and outside of AL, supports and barriers to participation, the role of the AL residence in supporting or hindering participation, and participants' overall QoL given the preceding areas. Participants were reminded that no right or wrong answer exists and were encouraged to address the topic of interest in their own way using their own words. Questions included in the interview guides were sequenced in a way that aimed to increase participants' feelings of ease prior to addressing topics of interest in greater depth, such as QoL, which may require a greater level of rapport than initial questions on why participants choose to participate in certain activities due to its intersection with potentially sensitive personal topics (e.g. familial relationships or health concerns). Following the completion of each interview, a field notes guide was completed to record immediate thoughts and perceptions of the interview (Appendix O).

In-depth interviews are beneficial for the obtainment of in-depth information that cannot be observed, such as thoughts, feelings, and perceptions. As such, in-depth interviews are useful as a primary means of data collection for this study in obtaining participants' perspectives and intentions to participate in social and recreational activities, and the influence of activity participation on their QoL. A limitation of conducting interviews is the dependency on participants' recall of events or experiences. The sequencing of conducting initial structured interviews prior to in-depth interviews served to provide participants with time to think carefully though the topic and orient their thoughts to provide responses of greater depth during follow-up interviews. As a co-constructor of the data, the role of the interviewer is to listen intently and encourage responses by generating rapport with participants to increase feelings of comfort. Rapport was created with participants by being truthful about the objectives and applications of the study, through the sequencing of questions delivered in the interview, and through time spent socializing informally in the shared lounge spaces of the residences between activity observations.

As in-depth interviews with tenants were conducted following an initial structured interview to obtain descriptive and demographic information, a comfortable level of rapport often appeared to have been established by the time of the in-depth interview. A

simple “warm-up” question was asked at the beginning of each interview that was often unrelated to the study topic (e.g. asking about holiday plans) in order to ease participants into the interview procedure while maintaining a level of rapport. This question was followed by the introductory question, “Can you describe to me a typical day for you here in [name of residence]?” to help re-orient the participant to the study prior to delving deeper into the topic and potentially more sensitive interview questions. Participants were asked if they would prefer to receive a summary of the study findings following completion of the study or to attend a brief presentation of the findings as a scheduled activity in the residence—most participants requested to have the findings presented to them as an activity; as such, this will be coordinated with the recreation staff at each site. In the closing of each interview, participants were thanked for their time and mailed a hand-written thank you card in appreciation.

All in-depth interviews were transcribed verbatim following interview completion with selective transcribing of the initial, structured interviews also conducted in order to capture participants’ comments and explanations that often accompanied their answers to the questionnaires. As interviews were conducted concurrently with activity observations, these methods served to inform each other. That is, emerging themes from observations guided the modification of the interview guide while emerging themes from observations guided what was observed during scheduled activities. Thus, the sequential design of the primary methods of data collection complemented one another and increased the depth of this inquiry.

4.3.4. Activity observations

Scheduled recreational activities were selected for semi-structured, qualitative field observations from each AL sites’ monthly recreation calendar based on activity diversity—such as physical, social, therapeutic, and religious or spiritual activity. At Parsons Manor, 22 observations were conducted due to a greater variety in the activities offered than at Fleetwood House, where 15 activities were observed. Observations occurred concurrently with interviews and environmental assessments over four months of data collection. The setting of all observations were designated activity spaces, such as a multipurpose room or lounge space, and lasted approximately 40-50 minutes each

in duration with the average duration of scheduled activities lasting 44 minutes between both sites. Where multiple activities were scheduled at the same time at a residence, observation time was split between the two activities.

A semi-structured observation guide, shown in Appendix P, was used to guide observations of selected scheduled activities at each site. The structured portion of the observation guide was used to record the number of tenants participating in the activity and is divided in six ways: 1) type of activity (physical, social and mental, therapeutic, religious/spiritual, or other), 2) name of activity (e.g. "News and Views"), 3) activity level (sedentary, moderate, or vigorous), 4) description of the activity (e.g. "News and Views is tenants' discussion of current news events at tea time") and, 5) description of the physical environment (noise level, lighting, temperature, and size of the space). The unstructured portion of the guide allowed for the recording of "on-the-fly" field notes to describe the specifics of the observations in greater detail (Hesse-Biber & Leavy, 2006, p. 273). For example, a tenant may be actively participating in an exercise activity while simultaneously engaging in an active conversation with the recreation coordinator. In such situations, it was noted that the tenant was socially and physically engaged in the activity and that the conversation was of a positive or negative tonality. Following the end of each day in the field, notes taken during observation sessions were elaborated on to provide "thick descriptions" of the observed activities (Hesse-Biber & Leavy, 2006, p. 273). This procedure of limiting the amount of note-taking done during the activities served to reduce potential feelings of discomfort among activity participants who may feel uneasy or anxious wondering what was being recorded during the observation session.

An "observer as participant approach" (Hesse-Biber & Leavy, 2006, p. 272) was adopted when observing scheduled activities, meaning, researcher-participant interactions with AL tenants during observation sessions only occurred if spoken to or addressed directly in order to increase tenants' feelings of ease during the observation process. A limited level of interaction between the researcher and activity participants places the researchers' involvement in the setting at a mid-point along a spectrum of involvement of what is observed, resulting in a mild-to-moderate level of reactivity or bias in participants' behaviours (Hesse-Biber & Leavy, 2006, p. 246).

The use of observations serve to triangulate the data obtained through questionnaires with that which can be observed directly, providing an enhanced understanding of the factors and processes that influence tenants' activity participation by increasing the depth of the inquiry. Furthermore, triangulating data from multiple sources provides the opportunity to demonstrate convergence between the data and increase the strength of the evidence to support the study findings (Yin, 2011). As a means of enhancing the validity of the findings, triangulation challenges ontological assumptions by providing a "simultaneous display of multiple, refracted realities" (Denzin & Lincoln, 2005, p. 6). The use and benefits of triangulation is elaborated on in further detail in Chapter 7 in a discussion of study strengths.

4.4. Data Analysis

Quantitative data were analysed using descriptive statistics (mean, median, mode, and standard deviation) in Microsoft Excel for Windows to set the context of the study population and increase understanding of any additional factors that did not arise through other means of data collection. Descriptive statistics are used to provide key demographic information on participants—such as the average age, length of tenancy, and health diagnoses—in addition to simple scores generated from questionnaires on health, perceived ability, barriers to participating in activities, frequency of participating in activities, and QoL. Participant scores were used to assess and compare participants' descriptions of the factors that support or hinder their ability to participate in social and recreational activities given their health, self-efficacy, and level of social support. Environmental audits and assessments (PAF-Adapted, POLIF-Adapted, and SWEAT-R secondary observation form) were used to develop case studies describing the physical and organizational environments of each AL site respectively. The PAF-Adapted was also used to annotate photographs taken of the interior and exterior physical environment to describe the features present in the environment that may influence tenants' QoL.

Data analysis of qualitative data began from the initial recording of field notes and the transcription of interview data, as the researcher's interpretation of an observed event or interview influences what is recorded in field notes and how a participant's voice

is captured through transcription (Kvale & Brinkmann, 2009; Saldana, 2009). Once the data was collected, audio files from structured interviews were selectively transcribed for commentary that was provided by the participant to explain or justify a response on a questionnaire, whereas in-depth interviews were transcribed verbatim.

A mixed deductive and inductive approach to coding was used for analyzing these data. Prior to transcribing, codes were initially developed in NVivo 10 using a deductive approach. These codes were based on the initial conceptual model described in chapter 3 that guided the study procedures. Coding procedures are used as the first formal analytical step that shifts the researcher's focus from describing what is happening to conceptualizing what is happening in the data (Charmaz & Lisak Belgrave, 2012). Coding data segments involves the construction of "short labels that describe, dissect, and distill the data while preserving their essential properties" (Charmaz & Liska Belgrave, 2012).

Observational field notes and interview transcripts were coded in two cycles. The first cycle of initial or open-coding began during transcription using an inductive approach to generate "initial impressions" (Saldana, 2009, p. 4) of what is being indicated by the data. That is, simple and primarily descriptive codes were assigned to data segments (i.e. references) to answer the question of what is going on in the data (Saldana, 2009). Following the initial broad coding during transcription, completed transcripts were imported into Nvivo 10 where a second cycle of coding was conducted using the more detailed line-by-line and process coding procedures. Process or action coding involves the assignment of "ing" words to codes exclusively in order to convey the actions undertaken by participants in observed activities (Charmaz, 2002; Charmaz & Liska Belgrave, 2012). Line-by-line and In Vivo coding is then used to convey participants' actions and implied or explicit meanings so comparisons can be made between the data (Charmaz & Liska Belgrave, 2012).

As codes are not always mutually exclusive and often have more than one singular meaning, data was coded simultaneously; that is, assigned to multiple codes during the second cycle of coding in NVivo 10 (Saldana, 2009). For example, the codes "acquaintances" and "changing social relationships" were coded heavily to both themes

of “Negotiating boundaries” and “Nuanced social life: The continuum of goers to noers” and as such, could not be classified as a single theme or sub-theme. The various codes associated with the themes identified in this study are outlined in Appendix Q.

Focused or selective coding procedures were also used to explain larger segments of the data using the preliminary codes generated through first cycle coding and the addition of new codes where deemed necessary. Where questions arose in the data, various querying was run in NVivo 10 to investigate an occurrence for alternative meanings. For example, it was noted that significantly more references (i.e. coded pieces of a transcript) were assigned to a code representing participation in cognitive activities as opposed to physical activities. A matrix coding query was then run in NVivo 10 to compare these codes between the two study sites for the number of references and sources coded (the number of participant transcripts that these codes were assigned to) and the reasons participants reported for participating in each type of activity. From this query it was learned that both cognitive and physical activities are important to study participants but for different reasons. This emergent process continued until it was decided that the constructed themes best represent what is happening in the data (Charmaz & Liska Belgrave, 2012).

Memo writing occurred in conjunction with data analysis to link task and coding procedures with emerging interpretations of the data, thus prompting the raising of the codes “to tentative conceptual categories” (Charmaz & Liska Belgrave, 2012, p. 357) (i.e., themes). As codes are typically short and focused, memos served to elaborate on a code or emerging theme to enhance understanding of the researcher’s interpretation of the data (Charmaz & Liska Belgrave, 2012). Often serving as a place to “dump your brain” (Saldana, 2009, p. 32), memo writing during data collection and analysis to help guide interpretations about patterns in the data and the relationships between various factors and processes; prompting reflexivity on the data. While memos can be categorized and distinguished by type (i.e. substantive, theoretical, methodological, and reflexive), Saldana (2009) argues that all memos are inherently analytic, regardless of their specific intention. That is, whether the purpose of the memo is to describe the methodology employed, the application of a given theory to the data, or the interpretation

of a specific event, all memos involve an interpretative process in their conception and serve to enhance the meaning that is co-constructed in the data.

The use of data management software (i.e. NVivo 10), is of great benefit in this study, as it allows for the linking of memos to codes for the construction of themes in the data. Furthermore, NVivo 10 aided in the maintenance and organization of an audit trail for tracking methodological and analytical decisions. Throughout the duration of this study, a "project log" memo was kept in NVivo 10 to record all actions taken during coding procedures and reasons for these actions, while more conceptual and analytic memos were also kept on emerging themes and specific quotations of interest. These memos served to clarify understanding of the data for the collapsing of codes into higher-level themes.

4.5. Validity: Building Trustworthiness in the Findings

Establishing trustworthiness asserts the establishment of validity in the findings "to describe the virtues of qualitative terms outside of the parameters that are typically applied in quantitative research" (Given & Saumure, 2012). Validity in qualitative research is conceptualized through the findings' ability to reflect aspects of the social world (Hesse-Biber & Leavy, 2006, p. 38). The use of a multi-method approach to develop diverse sources of data to describe the phenomenon being studied works to establish validity in the study findings by means of triangulating the data (Hesse-Biber & Leavy, 2006; Morse, 2003).

Triangulation was employed using structured interviews, semi-structured interviews (with staff and tenants), semi-structured activity observations, and environmental assessments. The sources of data derived from the employment of these methods, i.e., transcripts, field notes, questionnaire scores, and environmental descriptions, further serve as a means of data triangulation. Through the pairing of data sources, multiple perspectives obtained across multiple levels of data enhanced the depth and comprehensiveness of the study findings. That is, data generated from one method assisted in filling in any gaps that arose as the result of limitations in other methods (Morse, 2003). For example, in tenant interviews, the data obtained is reliant on

participants' memory of what they wish to share and the relationship established between the participant and the researcher. As previously described, one structured interview was discarded following the participants' description of not having attended scheduled activities in the residence for several weeks, noting they were always cancelled. Having observed the activities directly, this was known to not be correct as the tenant was frequently observed actively participating in many of the scheduled activities. The triangulation of observation and interview data allowed for the truth about the scheduled activities at the residence to become known to the researcher, thus enhancing the trustworthiness of the findings. As it was clear that this tenant's account was not correct due to a cognitive impairment, the data obtained from this interview was destroyed and a new participant was recruited.

Lincoln and Guba (1985) provide four criteria for establishing trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability. Credibility was established with tenant participants by preceding an in-depth interview with a structured interview. This allowed participants to develop a rapport with the researcher and provide them with the opportunity to think about the questions asked in the structured interview to be elaborated on in the follow-up in-depth interview. Throughout all of the interviews conducted, in-process member-checking was employed. This technique involved the periodic summarization and repetition of participant responses back to participants during the interview for confirmation to ensure their perspectives and experiences that are described in the interview are interpreted by the researcher as the participant intends them to be.

Engaging in regular debriefing sessions with a supervisor to discuss the employment of data collection and analysis procedures further increased the credibility of the findings. The inclusion of a third-party perspective reduces the bias that the researcher brings to the analysis of the data. As a constructivist paradigmatic approach underlies this inquiry, it is understood that the researcher co-constructs the findings with participants. The acknowledgment of this natural co-construction served to employ procedures that limited the researcher's bias in the study findings where possible, thus placing the participant at the centre of the inquiry.

Confirmability and dependability of the findings were established by the keeping of a project log (i.e. reflexive journal) in a single file using Nvivo 10 software. This ongoing journal was used to record methodological decisions made during data collection and analysis, in addition to logistic and reflexive notes of the study settings, activities being observed, and perceptions of the social and physical environment. The recording of why certain methodological procedures were being employed or changed provided increased awareness as to what was working and what was not in the research, which then resulted in either changes being made in the collection or analysis of the data or the recognition of limitations in the research, discussed in chapter 8. The disclosure of the aforementioned study design, study conditions, means of data analysis, and description of qualitative codes and themes in the study serve to satisfy the condition of transferability of the data, as this provides readers with the opportunity to assess the transferability of the study findings to an alternative setting (Lincoln & Guba, 1985, p. 316).

4.6. Ethical issues

This section will describe the ethical considerations of the study procedures employed. A discussion of issues of informed consent and confidentiality will be followed by a description of possible benefits and risks to study participants.

4.6.1. Informed consent

Interviews were audio-recorded upon the granting of permission by each participant with no objections to this procedure received. Prior to the start of structured interviews, participants were given the following information verbally and in writing: 1) participation in the study is entirely voluntary and they may refuse to participate at any time throughout the interview without penalty, should they not want to answer a question or continue the interview, 2) should they decide to not continue with the interview at any time, any data obtained up to that point will be destroyed at the participant's request, 3) data collected from the interview will be used for the writing of a master's thesis and potential publication in academic journals to describe AL tenants' perspectives for participating or not participating in social and recreational activities upon moving into AL

and how this influences their QoL, and 4) participation in interviews consists of answering a series of survey questions in an initial interview that is expected to last approximately 65 minutes, followed by a second in-depth, open-ended interview that is expected to last approximately 60 minutes, which would be scheduled at a later time. All responses will remain confidential to the greatest extent possible and no identifying information will be used in the transcription of the in-depth interview or any other written documents, such as field notes. Participation in the outlined study would in no way impact tenants' standing in their AL residence. Participants were then provided with the option of receiving a summary of the study findings to be made available upon request at the end of the study; otherwise, participants could attend a presentation of the study findings presented at each residence as a scheduled activity. All consenting participants were asked to sign the letter of informed consent prior to commencement of the interview.

4.6.2. Confidentiality

Participant confidentiality was strictly maintained in the study as best as possible and in multiple ways. First, interviews were conducted in private locations—with the exception of one participant who opted for a shared lounge space instead. Second, pseudonyms were used to track and label interview audio-records, transcripts, and field notes in order to protect participant identity. These pseudonyms are also used in place of participant and residence names throughout this thesis. Under no circumstances were participant names kept in any of the electronic data files, including the interview transcripts. Third, signed consent forms are kept in a locked filing cabinet in the office of Dr. Atiya Mahmood at Simon Fraser University and will remain there for a period of five years. Hard-copies of participant transcripts, field notes, and environmental audits were securely destroyed following the completion of data analysis. Electronic versions of these data are maintained on a password-protected and encrypted USB key that is maintained by the researcher. The original audio files obtained from in-depth interviews were removed from the digital audio recorder immediately after uploading onto the password-protected USB key for transcription, then destroyed following the completion of transcription. All data pertaining to the study will be destroyed 5 years after completion of the study.

4.6.3. Benefits and risks of participation

Although some tenants expressed experiencing a positive, social effect of sharing their experiences and perspectives during in-depth interviews, this study included no direct benefits to participants. Interviews involved minimal likelihood and seriousness of potential risks to participants. All measures were taken to respect participants' autonomy, dignity and welfare during their participation in the study. Participants were free to refuse to answer any questions they were not comfortable answering and were also free at any time they wished, to end the interview. This minimized the potential risks of engaging in the interview process. During all interviews, participants appeared comfortable and no interviews were ended pre-maturely.

At the beginning of the observation process, all AL tenants were informed about the researcher's role and observation procedures by the researcher during a monthly tenant meeting at each residence; at which time, informative recruitment brochures for interviews were distributed to tenants. Throughout the 1.5 months spent at the residences, recreation staff periodically reminded tenants about the study and observation of the activities at the beginning of each activity. Tenants also periodically approached the researcher in-between activity times about the researcher's role, to which it was explained. Tenants were given the opportunity to formally request to be omitted from observations at their request, however no such requests were received. Overall, tenants appeared comfortable with the researcher's presence and aside from a friendly acknowledgment (e.g. smile, wave, short greeting) when entering the activity space, the researcher was generally ignored throughout the duration of the activity.

Chapter 5.

Organizational Factors, Activity Patterns, and Participation

This study sought to understand the factors and attributes that support or hinder tenants' activity participation and QoL in two publicly-funded AL residences in Metro Vancouver, British Columbia. Data collection addressed multiple aspects of the physical, organizational, and social environment in order to gain a comprehensive understanding of activity participation and QoL in AL. This chapter provides an overview of the two study sites and characteristics of the study participants, followed by a discussion of organizational factors and the nuances of activity programming and participation. Further information on tenant characteristics (e.g. tenancy and assistance services received) and organizational characteristics (e.g. residence capacity, meal seating times, staff availability, flexibility, and avenues of communication within the residences) are outlined in Appendix R.

5.1. Parsons Manor

Parsons Manor is a three-story, low-rise building located within a campus-of-care in the greater Vancouver area of B.C. and is owned and operated by a non-profit organization. This campus includes separate buildings for independent living, supportive housing, residential care (RC), and a public community centre. The AL building was built in 1984 and functioned as an independent living residence until 2005, when it was renovated into AL. As such, the design of Parsons Manor is residential in character with comfortable furnishings and familiar spaces, such as a moderately sized lounge with a television on the ground floor and an outdoor seating area at the back entrance. Stairwells are accessible at the end of each hallway while elevators and activity spaces are centrally located in the U-shaped building. All scheduled activities are offered on the

ground floor while lounges located on the second and third floor provide space for unscheduled activities for tenants, such as billiards and reading. All tenants of Parsons Manor receive membership to the nearby community centre as a part of their monthly fee, enhancing their ability to participate in diverse opportunities outside of their residence.

Tenants are typically allocated one hour of care per day in AL, which is administered by the assisted living workers (ALWs). These care activities typically consist of dressing assistance, medication management, and assistance with a weekly bath. At Parsons Manor, the tracking of care hours is flexible and a review of the administration of these hours would only occur if a tenant's care needs consistently exceeded their allocated daily hour. This flexibility in the provision of care highlights the aim of the organization to support tenants to age in place (AIP) as long as they have the capacity to do so without compromising their safety.

At the time of data collection, 69 tenants were living at Parsons Manor, of which 58 (84%) were female and 11 (16%) male. Of these tenants, 36 (52%) have been living at Parsons Manor for less than 1 year. In the six months prior to data collection, Parsons Manor experienced a high turnover of tenants with 10 having died and 19 having moved into RC. It became apparent during fieldwork at Parsons Manor that length of tenancy varied greatly between certain groups of tenants. While some tenants have lived in the building since it was renovated into AL, others were still adjusting to their recent move at the time of data collection. The role of tenancy on tenants' activity participation and QoL in AL is discussed further in chapter 7.5.1 as a sub-theme in this study.

5.2. Fleetwood House

Fleetwood House is a high-rise, six-story building also located within a campus of care in the greater Vancouver area of B.C. and is operated by a non-profit organization. The AL building was built in 1973 and operated as a RC facility until 2007 when it was renovated into AL. The AL suites and RC beds are located in two adjoining buildings within the campus of care, separated by a distinct corridor. This distinction is visually apparent when crossing over from the homelike design of AL through the double doors

into the institutional-style design of RC. A series of dementia care cottages are also located on the premises adjacent to the AL building for those with the most advanced cognitive care needs. The features that constitute the homelike design of both residences will be discussed in chapter 6.3.1.

At the time of data collection, 67 tenants were living in the AL residence with no wait list for new tenants. The residence is comprised of 52 (78%) females and 15 (22%) males with an average age of 85 years. The tenant population at Fleetwood House have lived at the residence for a longer length of time than those at Parsons Manor, with 52 (77%) tenants having lived there for greater than one year. Of the 7 tenants who have left Fleetwood House in the 6 months prior to data collection, 5 (71%) have left for long-term stays in a hospital and 2 (29%) left for a move into RC or died. This contrasts that of Parsons Manor where of the 32 tenants who left in the previous 6 months, 29 (91%) did so for a move into RC or had died while 3 (9%) moved in with family.

An important organizational difference between Fleetwood House and Parsons Manor is the greater availability of recreation hours at Fleetwood House as a result of how their staff resources are structured within the organization. Because an adult day program (ADP) is delivered in the multipurpose room at Fleetwood House, the non-profit organization that operates the residence provides additional funding to the recreation team to deliver these services. As such, one full-time recreation position is divided between two recreation assistants with one full-time recreation coordinator overseeing the activities of both the AL recreation program and the ADP.

The training requirements of recreation staff are also an important difference to note between the two residences. At Fleetwood House, a minimum two-year therapeutic recreation diploma is required for employment, with the recreation coordinator holding a bachelor's degree in therapeutic recreation. Alternatively, while education in therapeutic recreation is encouraged at Parsons Manor, only osteofit training is required for recreation staff. While differences in training requirements did not appear to greatly affect the delivery of activities that were observed at both residences, slight differences in the frequency of standing versus sitting exercises were observed between the sites—this will be described further in chapter 5.5 in a discussion of activity level and types. At

Parsons Manor, recreation coordinator, Jason, described experiencing a significant learning curve when adapting to the new position. Following additional training obtained later on in the position, it became known that one physical exercise was being done incorrectly. This learning curve appeared to contribute to Jason's consistent checking in of tenants' preferences and satisfaction in this area of their lives. The following subsection will describe characteristics of the study participants to contextualize the factors found to influence activity participation and QoL.

5.3. Participant Characteristics

Tenant profiles in AL residences typically present a skewed gender distribution with proportionately more female tenants than male (Cutchin, Chang, & Owen, 2005; McGrail et al., 2012; Zimmerman et al., 2005). The study sample showed a similar gender distribution with 18 (86%) female participants and 3 (14%) male participants. McGrail et al. (2012) and other researchers have shown that the average age of AL tenants is now greater than 82 years. This study sample fits within that age range with the average age of all study participants at 84 years of age (figure 5.1).

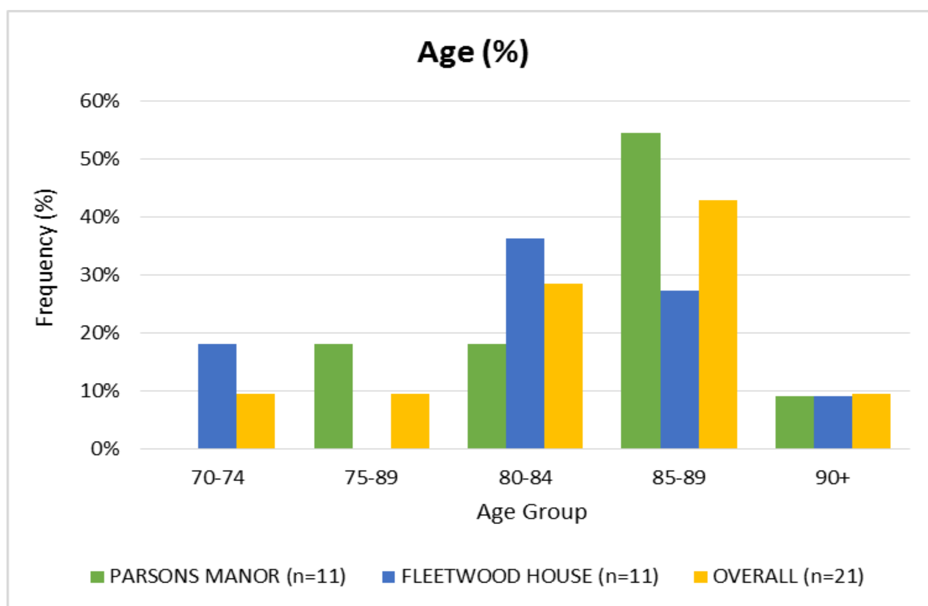


Figure 5.1. Participant characteristics: Age

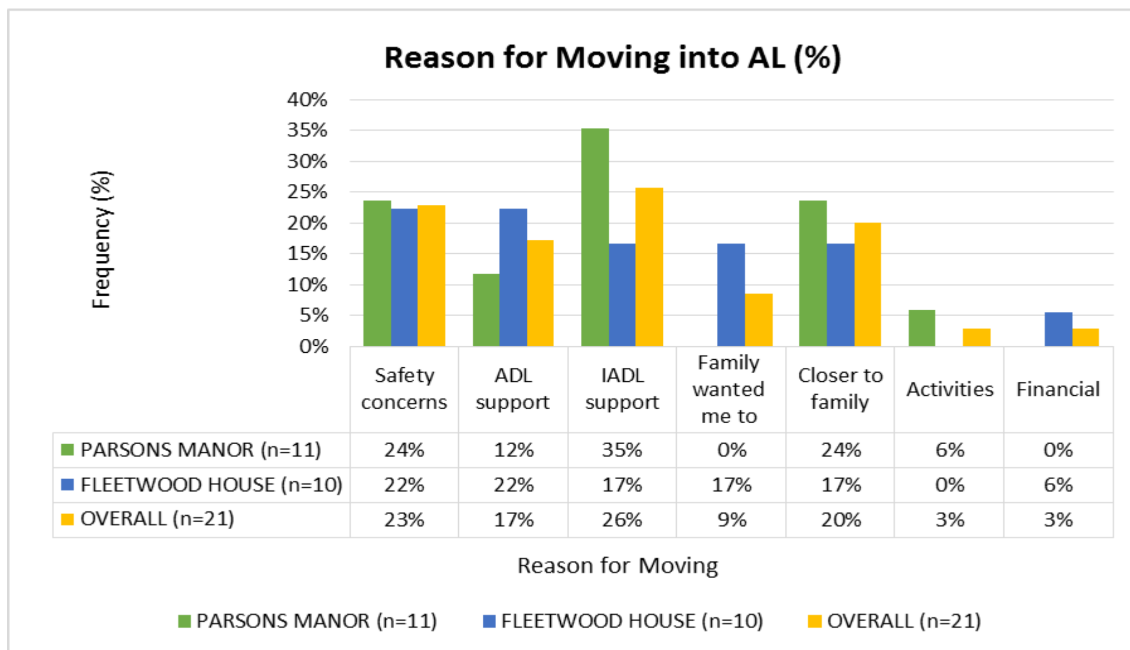
At Parsons Manor, 2 participants reported having a spouse in the adjacent RC building while 2 other study participants were living with their spouse in AL. The majority of participants are widowed, with 6 (55%) at Parsons Manor and 9 (90%) at Fleetwood House; 1 participant from each site reported being divorced and not remarried. Descriptive statistics for participant demographic infromation are provided in table 5.1.

Table 5.1. Participant demographics: Descriptive variables

Variable		PARSONS MANOR (n=11)	FLEETWOOD HOUSE (n=10)	OVERALL (n=21)
Sex				
	Female	9 (82%)	9 (90%)	18 (86%)
	Male	2 (18%)	1 (10%)	3 (14%)
Marital status				
	Married	4 (36%)	0 (0%)	4 (19%)
	Living with spouse in AL	2 (18%)	0 (0%)	2 (9.5%)
	Living without spouse – in RC	2 (18%)	0 (0%)	2 (9.5%)
	Widowed	6 (55%)	9 (90%)	15 (71%)
	Separated/divorced	1 (9%)	1 (10%)	2 (9.5%)
Birthplace				
	Canada	5 (45%)	8 (80%)	13 (62%)
	Europe	6 (55%)	1 (10%)	7 (33%)
	Other	0 (0%)	1 (10%)	1 (5%)
Education				
	Primary School	1 (9%)	2 (20%)	3 (14%)
	Secondary School	6 (55%)	4 (40%)	10 (48%)
	Some post-secondary	2 (18%)	1 (10%)	3 (14%)
	Completed post-secondary	2 (18%)	3 (30%)	5 (24%)
Annual Income				
	$10,000-$14,999	0 (0%)	1 (10%)	1 (5%)
	$15,000-$24,999	4 (36%)	6 (60%)	10 (47.5%)
	$25,000-$34,999	3 (27%)	1 (10%)	4 (19%)
	$35,000-$49,000	4 (36%)	2 (20%)	6 (28.5%)

Variable		PARSONS MANOR (n=11)	FLEETWOOD HOUSE (n=10)	OVERALL (n=21)
Living arrangement prior to moving to current AL				
	Apartment/condo/house with formal HCS	6 (55%)	2 (20%)	8 (38%)
	Apartment/condo/house without formal HCS	1 (9%)	3 (30%)	4 (19%)
	With family in their home	0 (0%)	3 (30%)	3 (14%)
	Independent/supportive living	2 (18%)	1 (10%)	3 (14%)
	Other assisted living	2 (18%)	1 (10%)	3 (14%)
Tenancy (months residing in current AL)				
	Mean	29.45	23	26.4
	Median	22	19	21.5
	Mode	26	36	6
	SD	25.32	21.09	23.66
	Min	6.00	1.00	1
	Max	90.00	54.00	90

The reasons for moving into AL varied between both sites, as is reflected in Figure 5.2. At Fleetwood House, the most common reasons participants gave for moving to AL were for support with ADL and safety reasons, at 22% (n=8) respectively. This contrasts that at Parsons Manor where IADL support, particularly with meal preparation, was reported as the most common reason for moving into AL at 35% (n=6). An additional 24% (n=8) reported safety concerns and to be geographically closer to family as reasons for their decision to move. Some participants reported multiple reasons of equal importance in their decision to move. While no participants at Fleetwood House described the availability of social and recreational activities as a factor in their decision to move into AL, 1 participant (6%) at Parsons Manor did so.



	Safety concerns	ADL support	IADL support	Family wanted me to	Closer to family	Activities	Financial
PARSONS MANOR (n=11)	24%	12%	35%	0%	24%	6%	0%
FLEETWOOD HOUSE (n=10)	22%	22%	17%	17%	17%	0%	6%
OVERALL (n=21)	23%	17%	26%	9%	20%	3%	3%

Figure 5.2. Participant characteristics – Reasons for moving into current AL study site

The average length of tenancy for all study participants between both sites is 2.15 years; this is comparable to other studies in AL where the literature suggests approximately 2 years is the average length of tenancy for older adults in AL (Chapin & Dobbs-Kepper, 2001; Morgan et al., 2014). Among AL users in B.C., 51% leave AL for a move into RC while 34% die. This highlights the paradox of AIP in AL. While many participants described AL as the "last stop" in their lives, others were cognisant of the fact that they may need to move into RC in the coming years—a fear for some and an accepted reality for others. At Parsons Manor, the average length of participants' tenancy was slighter greater compared to Fleetwood House, at 2.4 years as opposed to 1.9. At the time of data collection, 2 tenants at Fleetwood House had been living at the residence for 1 month or less while the minimum length of tenancy at Parsons Manor was 6 months. Some tenants who participated in the study at Parsons Manor were among the first tenants to move into the site, resulting in a maximum length of tenancy among study participants of 7.5 years. At Fleetwood House, the longest length of tenancy among those interviewed was 4.5 years, reflecting the length of time each residence has been in operation as an AL building.

The physical abilities of the study sample varied from no mobility aid (19%) or other assistive device use to the use of multiple devices; walkers, followed by power chairs were the most used assistive devices. These results are comparable across both sites, reflecting the physical abilities of AL tenants. Table 5.2 provides an overview of participant demographic information.

Table 5.2. Participant demographics: Health-related variables

Variable		PARSONS MANOR (n=11)	FLEETWOOD HOUSE (n=10)	OVERALL (n=21)
Mobility aid usage*				
	None	3 (27%)	1 (10%)	4 (19%)
	Cane	2 (18%)	3 (30%)	5 (24%)
	Walker	7 (64%)	7 (70%)	14 (67%)
	Wheelchair/power scooter	3 (27%)	2 ((20%)	5 (24%)
	Other	0 (0%)	1 (10%)	1 (5%)
# of diagnosed chronic conditions				
	Mean	4	6	4.67
	Median	4	5	4
	Mode	4	5	5
	SD	1	2	2.13
	Range	1-4	2-6	2-6
Most common diagnosed chronic conditions				
	Arthritis	8 (73%)	8 (80%)	16 (76%)
	Visual impairment	5 (45%)	10 (100%)	15 (71%)
	Cardiovascular disease	6 (55%)	4 (40%)	10 (48%)
	Hypertension	1 (9%)	5 (50%)	6 (28.5%)

The mGES was administered to participants to obtain a sense of their walking confidence in everyday activities. While designed for administration to community-dwelling older adults (Newell et al, 2011), this measure provided a point of reference from which to compare the two study sites for differences in walking confidence and

possibly, mobility. Mean, median, and standard deviation are used to report the scores of the mGES. Mean mGES scores for the study participants are presented in figure 5.3.

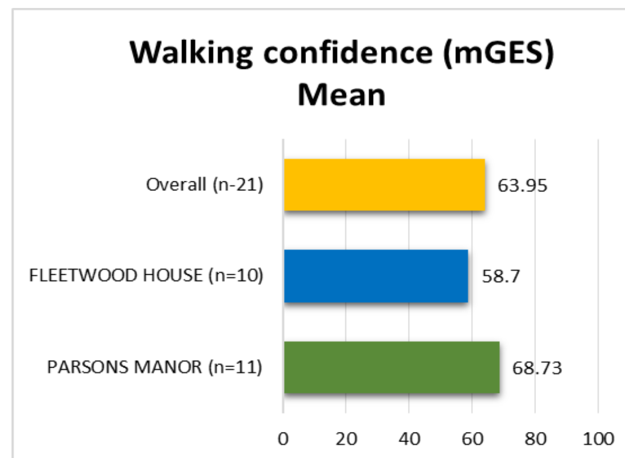


Figure 5.3. mGES mean scores

Between the two sites, the mean scores on the mGES differed by 10 points, with a mean of 68.73 (Median = 69; SD = 25.12) at Parsons Manor and 58.7 (Median = 59.6; SD = 22.64) at Fleetwood House. Where a maximum score of 100 points suggests complete confidence, these findings suggest that participants have fairly low walking confidence, with participants at Fleetwood House reporting a lower walking confidence those at Parsons Manor. Newell et al. (2011) administered the mGES to 102 moderate-to-higher functioning community dwelling older adults with an average age of 78.6. In the Newell et al. (2011) study, participants scored a mean of 79.25, median of 86.5, and a standard deviation of 19.25 in the measure (scale range is 10-100). As participants of this study are considerably older than those in Newell et al.'s (2011) study, the mean mGES scores of this study's participants show they are lower than the community dwelling older adults of the Newell et al. (2011) study.

Alternatively, on the EQ-5D-5L measure of health-related QoL, participants at Parsons Manor reported the opposite by noting less problems with their mobility than those at Fleetwood House. The responses represented in figure 5.4 were dichotomized into those who reported having no problems with walking about and those who reported having problems (slight, moderate, or severe). The chart shows that while 64% (n=7) of participants at Parsons Manor reported having problems with their mobility, this was

even greater at Fleetwood House, where 80% (n=8) of participants reported having problems.

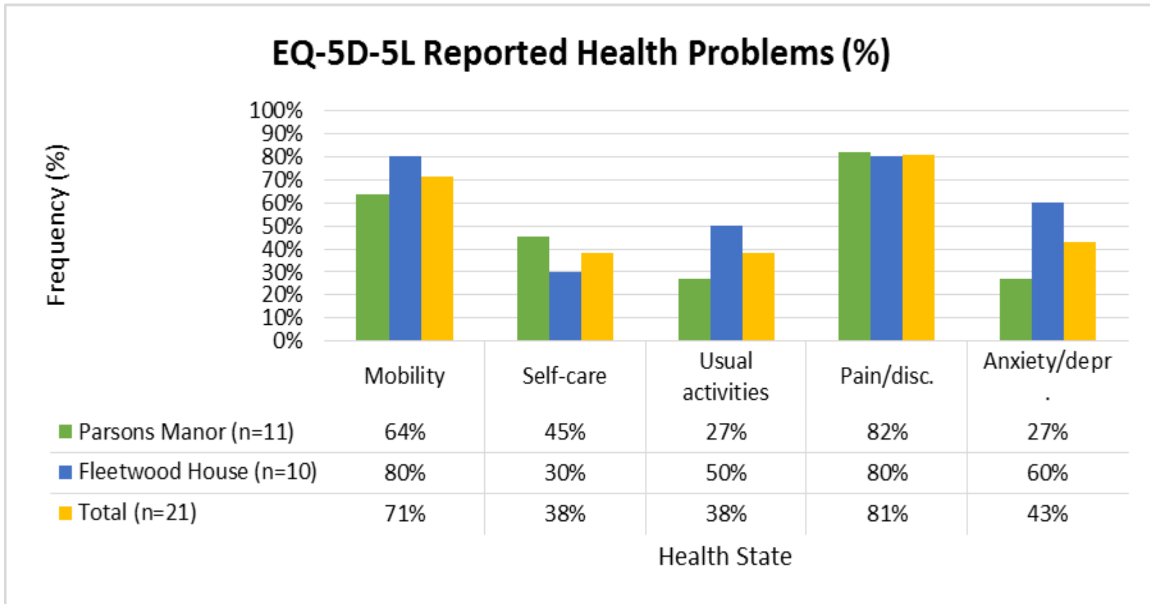


Figure 5.4. Participant frequency (%) of reporting problems on the EQ-5D-5L measure by 5 health states

Out of 21 study participants, 6 (29%) reported having no problems with their mobility. This discrepancy between participants' perceived ability to perform walking activities and their confidence in doing so suggests that self-efficacy may be an important factor in determining tenants' attendance and participation in physical activities.

The ICECAP-O was also used to assess the QoL of participants. This scale measures QoL in a broader sense than the EQ-5D-5L health-related QoL. Participants responded on a scale of 1 to 4 to a series of statements that correlated with the 5 domains. These 5 domains and the frequency of participants' responses to each statement in the measure are represented in figure 5.5 below. A score of 4 denotes complete agreement with the statement, whereas 1 denotes no agreement.

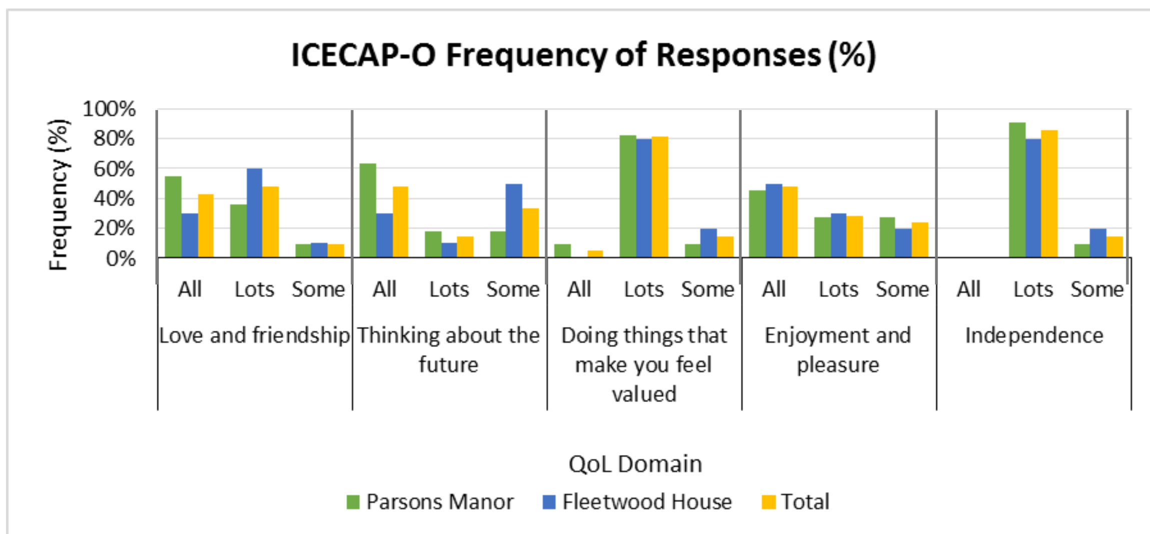


Figure 5.5. ICECAP-O Frequency of participant responses (%)

The value of 1 was omitted from the chart, as no responses to these statements were given. In the chart, participants generally agreed that they can have all of the love and friendship that they want, with 91% (n=9) of participants answering, “all” or “lots” of the time. When thinking about the future, 18% (n=2) of participants at Parsons Manor compared to 50% (n=5) of participants at Fleetwood House reported having some concerns. For some, these concerns were in relation to a family member while for others, they described being concerned about their health declining. The majority of participants (81%) reported being able to do most of the things that make them feel valued and 86% reported being able to be independent in lots of things, but not all. These responses suggest that while participants are overall, fairly independent and can do many things that make them feel valued in life (e.g. visiting with family and friends, participating in the activities), they still feel restricted and cannot do everything they would like as independently as they would like to.

Other quantitative measures administered to participants assessed general self-efficacy and perceived social support. No significant differences are observed between the two study sites for these measures. Descriptive statistics obtained from participants on these measures are presented in Appendix S. The responses on the EQ-5D-5L visual analogue scale of self-perceived health the day the measure was administered are also included in this appendix. Descriptive summaries of the characteristics of each study participant are provided in Appendix T.

5.4. A changing population

When AL was introduced to BC in 2002, the intention for the housing and healthcare model was to provide an alternative to RC that would meet the needs of those who are semi-independent; that is, they are not yet in need of 24/7 access to nursing care but have difficulties managing IADL activities and 1-3 ADL activities (McGrail et al., 2002). While the mandate of AL asserts the need for tenants to be able to make decisions in order to self-direct in AL, this study found that the prevalence of cognitive impairment, specifically, a diagnosis of dementia, to be more common in AL than was anticipated or intended for this housing model (McGrail et al., 2012). Staff at both study sites commented on the difficulties in meeting the needs of individuals with an advanced level of cognitive impairment. While older adults can move into AL with a diagnosis of mild cognitive impairment (MCI) or mild dementia, the progression of the disease is most often the determining factor in how long they will stay.

At both study sites, tenants are allocated 90 minutes of care time per day. When tenant needs exceed the capacity of staff to provide sufficient care within the time they are allotted, a review will be made of their care needs for a possible transfer to RC. Sandra, the manager at Parsons Manor commented on the flexibility around the provision of care and the decision to transfer a tenant to RC.

> Do I track that [care time]? Not really. If some weeks one tenant takes more time then it takes more time; another week it might take less time. The staff have a floor each and then we have 2 or 3 floating staff as well. So I've added more staff time last year—just to make sure…So I'm not stringent on—I could go on the system to see the care and find out how much time somebody's taking but only if I were doing reviews and was thinking that somebody was taking 2 or 3 hours a day then I'd know that's beyond assisted living capabilities and they should be next door for long-term care ... (Sandra, Manager, Parsons Manor)

Sandra's comment emphasizes the aim of the residence to support tenants as long as possible in AL, so long as they can continue to meet their needs within their capacity. Difficulties arise when tenants are waiting for a transfer into RC following the advancement of their care needs while in AL, such as the progression to moderate or severe stages of dementia or declining physical health.

Interviews with recreation and management staff at both residences described difficulties in providing a recreation program that meets the needs and wants of a diverse range of tenants. As previously mentioned, AL in B.C. is required to provide 3 components in order to operate as an AL residence. These components are housing, hospitality services (IADL support and social and recreational opportunities), and personal care services (ADL support). BC Housing subsidizes tenants' housing costs while the health authority funds the personal care tenants receive. However, while social and recreational opportunities fall under the umbrella of hospitality services in AL policy, they lay outside of funding provisions. As such, non-profit organizations deliver the recreation program within a limited budget, often utilizing the availability of skilled volunteers to support the recreation staff—Parsons Manor is one of these residences. Ruth, the manager at Fleetwood House, suggests the recreation program should be funded alongside personal care services due to the value they provide for tenants' QoL.

> I just honestly believe they [health authorities] need to be looking at the benefits more closely for recreation and just [have] an understanding that that really shouldn't be funded on the same level as cleaning a suite. It really should be considered as important as the LPN hours and the care staff hours and that you really look at the benefits of that service in terms of life quality and again, just longevity. (Ruth, Manager, Fleetwood House)

Every staff member interviewed described a noticeable change in their population of AL tenants over the 4 years prior to data collection. It is possible that this change, which coincides with the adoption of Fraser Health's "Home is Best" philosophy, may be a consequence of this organizational shift occurring at a structural level. Beth, the recreation coordinator at Fleetwood House, reflected on this change in relation to tenants' changing capacities.

> I think the other big challenge too is ... the change in population in assisted living. So we're working from a model that is actually depending on people being a lot more independent and cognitively and physically well than they really are … we're 1 person to 70 [tenants]; in residential care, they have for 75 [residents]—that's not a lot more people than we have—[they have] 1 full time rec therapist, 1 full time rec therapy aide and an almost full time music therapist so look how many more resources for basically the same amount of people and in assisted living you've got 1 for that many people. And the needs are increasing but they're not increasing the staffing model to meet those needs. (Beth, Recreation Coordinator, Fleetwood House)

The following subsection will discuss the role of organizational and tenant characteristics at each site on tenants' opportunities to provide feedback on the recreation program at their residence. This will be followed by a description of activity timing, level, and type offered by the recreation programs.

5.5. Social and Recreational Opportunities

In B.C., the Community Care and Assisted Living (CCAL) Act requires that AL residences offer social and recreational opportunities to tenants. However, the act does not stipulate any requirements for the provision of these activities, leaving the responsibility up to the organization. A focus of this study is to understand the factors and attributes that influence tenants' participation in the formal activities scheduled by the recreation team at each study site. Further, this study seeks to understand the role activity participation has in tenants' QoL.

In order to accommodate mixed and multiple methods of data collection, a sub-sample of activities were selected for observation over 1.5 months at each site based on the type of activity scheduled (social, cognitive, physical, therapeutic, or religious/spiritual), the location of the activity (e.g. multipurpose room, dining room, lounge), activity level (sedentary, lightly active, or moderately active) and timing (e.g. day of the week and time of day). While the objective was to observe an activity in its entirety, where some activities were scheduled concurrently—such as when volunteers delivered activities at the same time as the recreation coordinator—observation time was divided between the activities. Due to a greater variety in the types and timing of activities offered at Parsons Manor than at Fleetwood House, more observations were conducted at Parsons Manor. A summary of the observations conducted at each site is presented in table 5.3.

Table 5.3. Summary of activity observations

	PARSONS MANOR	FLEETWOOD HOUSE	TOTAL
# of activities observed	22	15	37
# of observation hours	17 hours, 40 minutes	10 hours, 5 minutes	27 hours, 45 minutes
Mean observation time	48 minutes	40 minutes	44 minutes
Minimum observation time	20 minutes	10 minutes	10 minutes
Maximum observation time	85 minutes	135 minutes	135 minutes

The following sub-section will discuss organizational strategies undertaken by the residences to obtain tenant feedback on the scheduled activities offered in AL. This will be followed by a discussion of activity timing, type, and level of physical activity of the scheduled activities and the role these factors have in tenants' participation.

5.5.1. Opportunities for tenant feedback: Site-administered satisfaction and recreation surveys

The health authority in which both study sites reside administers a bi-annual satisfaction survey to all tenants to assess their satisfaction in areas such as care received, staff relationships, meals, and available activities. In the 2012 tenant satisfaction survey (most recent at the time of data collection) it was found that the tenants at Parsons Manor felt that the provision of scheduled recreational activities only during weekdays was limiting and requested the addition of weekend activities. In response, the management team at Parsons Manor hired an additional part-time recreation assistant within the year to provide these activities. Ruby, a tenant at Parsons Manor, commented on this change and what it means to her.

> [It was] very boring [before]. There was nothing here—very boring. Unless you went out with your family and sometimes your family are busy—you couldn't always see them. It's much nicer now having that [weekend programming], it really makes a big difference. (Ruby, Parsons Manor)

The addition of a part-time recreation assistant complements the weekday activities delivered by the full-time recreation coordinator and a team of volunteers, therefore

allowing the residence to increase their capacity for providing scheduled activities 7 days a week. Moreover, the greater use of volunteers at Parsons Manor increases their capacity for offering a greater breadth of activities more frequently. In the month of October, 1 out of every 5 daily activities at Parsons Manor was delivered by volunteers, whereas the majority of activities at Fleetwood House are predominantly delivered by staff members or in conjunction with activities in the adjacent RC facility.

At Fleetwood House, management place less value on the results of the bi-annual satisfaction survey than at Parsons Manor. Concerns over the wording of the survey's questions led administration to develop their own survey which is distributed to tenants on an annual basis. While the results of these surveys could not be obtained for inclusion in this study, it was noted during staff interviews that the health authority's satisfaction survey suggested tenants would like to have bus outings offered more often than what was being scheduled. At Fleetwood House, bus outings are scheduled once per month as opposed to once per week at Parsons Manor. The residence manager, Ruth described how human resource constraints limits their ability to deliver bus outings more frequently, as recreation staff have to leave Fleetwood House for the outing and are therefore not able to deliver an activity to the remaining tenants in the residence. Ruth further noted that the provision of bus outings detracts from the organizational philosophy of the residence, which prioritizes tenants' self-direction in their daily lives. Therefore, it is expected that tenants and their family members are responsible for their activities outside of the residence, rather than the recreation staff, whose responsibilities lie within the residence.

Similar to Fleetwood House, Parsons Manor also took it upon themselves to develop their own anonymous survey. Rather than re-assessing tenant satisfaction, this survey focused on recreation in order to examine tenants' activity participation and preferences in greater depth. This survey also provided an opportunity for tenants to note suggestions for activities they would like to see offered and to rate their level of comfort in expressing general concerns to the recreation staff. The survey had a 61% (n=69) completion rate among the tenants and the results were largely positive. Among those who responded, 30% (21) reported attending activities on Saturdays and 20% (14) on Sundays. The most popular scheduled activity was afternoon tea with 70% (48) of

respondents reporting regular attendance at this activity. While this activity is consistently offered every day at the same time, it is not included in the recreation calendar. Characteristics of the 3 most popular scheduled activities offered by Parsons Manor, as indicated by the recreation survey, are outlined in table 5.4.

Table 5.4. Parsons Manor recreation survey results

Name of activity	Level of activity	Type of activity	Attendance n (%)	Description
Happy Hour	Sedentary; light physical activity for those who dance	Social, music activity, birthday/holiday celebration	23 (57.5%)	-Follows a different theme every week (e.g. country, 1920s, etc.) -Held in the dining room, an entertainer plays music/sings for tenants who are seated at round tables; several tenants will dance with ALWs and some family members who attend -Soda pop, beer & wine are available for purchase; tea/coffee and biscuits are served
Lunch outing	Sedentary; light physical activity depending on destination	Social, bus outing	20 (50%)	-Having lunch at a nearby restaurant -Depending on abilities of those attending, weather, and distance to the restaurant, can be a bus or walking activity -Family members sometimes attend with tenants
Pets and Friends	Sedentary	Social, therapeutic	19 (47.5%)	-Held in the ground floor lounge at the same time as afternoon tea -A volunteer visits with a St. John's ambulance therapy dog that tenants can interact with

The findings of this recreation survey complement observed tenant attendance at the scheduled activities in the residences and suggest that social activities are most popular. The three activities outlined in table 5.4 could also be considered the most 'normalized' as to what tenants might participate in if they were living in the community. Going out to lunch or to a birthday party with friends, having a drink, and spending time with a family pet are all activities that participants noted during their in-depth interviews that they enjoyed participating in at earlier stages in their lives. By offering these types of activities, Parsons Manor is providing opportunities for continuity in tenants' participation in activities they are familiar with, thus supporting their level of enjoyment and QoL in AL.

5.5.2. Timing of activities

The time of day in which an activity is delivered in AL can influence tenants' ability and desire to attend certain activities. While IADLs are predominantly taken care of by the ALWs (e.g. housekeeping, meal preparation, and linen laundering), ADLs, particularly medication management, can place restrictions on where tenants can go in their day. This was identified as a challenge for activity scheduling by Beth, the recreation coordinator at Fleetwood House.

> …Another huge challenge I find is time of day because like I said, between the meals and you know, they don't really like us to have programs when the med administration is going on because then people are out of their rooms and their pills are kept in their rooms ... so you can't really run programs from about 11:30 until about 2:30 in the afternoon ... And mornings don't work either because the breakfast has a long span of time so we've got very small windows of time where we can program so I find that challenging too. (Beth, Recreation Coordinator, Fleetwood House)

During four observations at Fleetwood House, tenants were seen leaving the scheduled recreation activity early to return to their suites to receive medication. As informal social interactions between tenants and staff often follow the end of a scheduled activity, this limits tenants' ability to engage in these additional social exchanges. In two activity observations, the tenants who had to leave had been actively engaged in the activity and were hesitant to stop. An excerpt of field notes from a physical activity observation at Fleetwood House describes this occurrence, with observer reflections recorded during the observation italicised:

> At 11:20, the assistant asked the male tenant if he has to leave yet for his medication. "Not yet," he replied and at 11:28 after a stretch, he said, "Okay, I go now" and hurried out without further conversation. *He tried to stay as long as he could and appeared to be really focused and engaged in the exercise, as demonstrated by his focus on the recreation assistant and commitment to the movements being demonstrated. He seems to try to get the most out of it and will joke with the assistant when she's giving instructions, lightening the mood of the activity. His departure appeared abrupt, as he did not say goodbye to any of the other tenants or staff members.* (Field notes excerpt, Fleetwood House)

It should be noted that the activities that are scheduled on the recreation calendar do not always reflect the activities that are delivered. Changes to the scheduling of activities are made on a weekly, daily, and sometimes hourly basis depending on changes in circumstances. In scenarios where volunteers cancel at the last minute or activities are being held concurrently in the nearby community centre, the scheduled activity may be changed or cancelled altogether.

> …it [recreation calendar] doesn't have to be written in stone. Programs are there because my people do like consistency; they like to see it read and they like to see it at a certain time, that is a given. My people are all about routines ... They like to have it, they need it and that's fine but I've also said to them, beware, it's going to change. Programs are subject to change. That monthly [calendar] has been worked on 2 months prior to [the day]. Some of that stuff has been planned a year before, some of it changes within a week of me actually putting it out and I've said to them, things change—that's why on the bottom, 'programs subject to change'. … I always refer to it [activity scheduling] as the God thing which is funny around here. First God is monthly, second God is weekly, true God is the whiteboard. (Jason, Recreation Coordinator, Parsons Manor)

During several observations at Parsons Manor, scheduled word games or lightly active physical activities, such as crosswords, trivia, and a modified corn-hole game, were changed at the last minute to a different activity, as those who showed up were uninterested in what was scheduled and wanted to do something different. At one observation, four tenants showed up to participate in a java club music activity when another tenant stopped by to inform them of a concert being held at the community centre next door. The recreation assistant asked the group if they would rather attend the concert as a group or continue with the scheduled activity—the majority of the group voted to attend the activity and walked over together. Those who did not wish to attend returned to their suites. At Fleetwood House, a recreation assistant described a situation where tenants' acquired knowledge during an activity of one tenant's death changed the nature of the activity being conducted.

> ... she had [AL tenant] passed away and people hadn't realized it so I was kind of in the middle of kind of a boisterous trivia program and joking and telling jokes and then someone said, "Is that, you know, Doris there [in the memorial photo]?" And, "What the hell? Doris just passed away?" And then the mood was just like—(*exhales deeply)*, of course, you know? So then it just kind of turned into a bit of a serious chat but I wasn't sure how—like I just sort of let them have it and facilitated it because I didn't

really know how to handle it ... (Hannah, Recreation Assistant, Fleetwood House)

Differences were observed between the sites regarding the scheduling of weekday and weekend activities, with a greater frequency of activities offered at Parsons Manor than at Fleetwood House. Parsons Manor offers an average of five activities per weekday and three on weekends, whereas Fleetwood House offers an average of three activities per weekday and two on Saturdays. While the timing and types of weekend activities may differ slightly from those offered on weekdays, the number of activities and types (e.g. physical, social, therapeutic, cognitive) are similar. This enhances consistency in tenants' daily routines and increases opportunities for tenants to stay active throughout the week.

Activity calendars are provided on a monthly basis to tenants by the recreation team at each site. Figure 5.6 below provides a chart of all activities outlined in the residences' recreation calendar over one month while figure 5.7 denotes the times of the observed activities. A small number of evening activities that were scheduled on the recreation calendar at Fleetwood House from 5:00 pm to 8:00 pm were not included in the observed activities chart because these activities were held in the RC facility where ethics approval was not obtained, as this was not within the scope of the study. Therefore, while the timing of scheduled activities ranged from 8:00 am to 8:00 pm between both sites, the range of activities observed spanned from 8:00 am to 5:00 pm. While most activities at Parsons Manor are not scheduled to start past 3:30 pm, the activity calendar that was assessed included one 5:00 pm activity for a special event. The two charts below demonstrate that the sample of activities observed are representative of the timing of activities scheduled in the monthly calendar, as they follow similar patterns in frequency for varying times of the day.

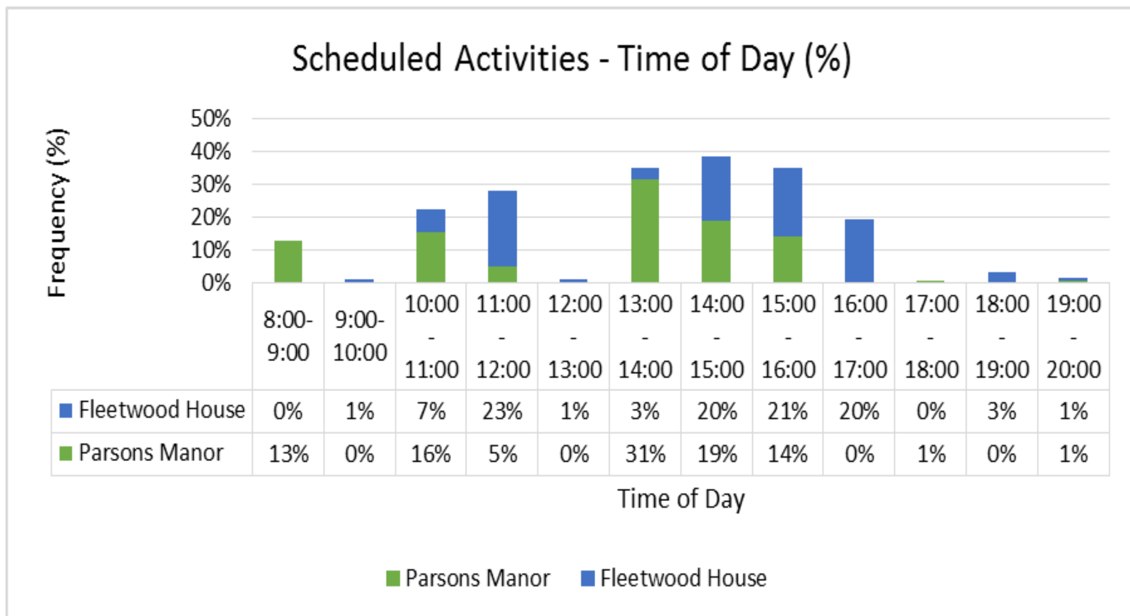


Figure 5.6. **Time of day of scheduled activities (%)**

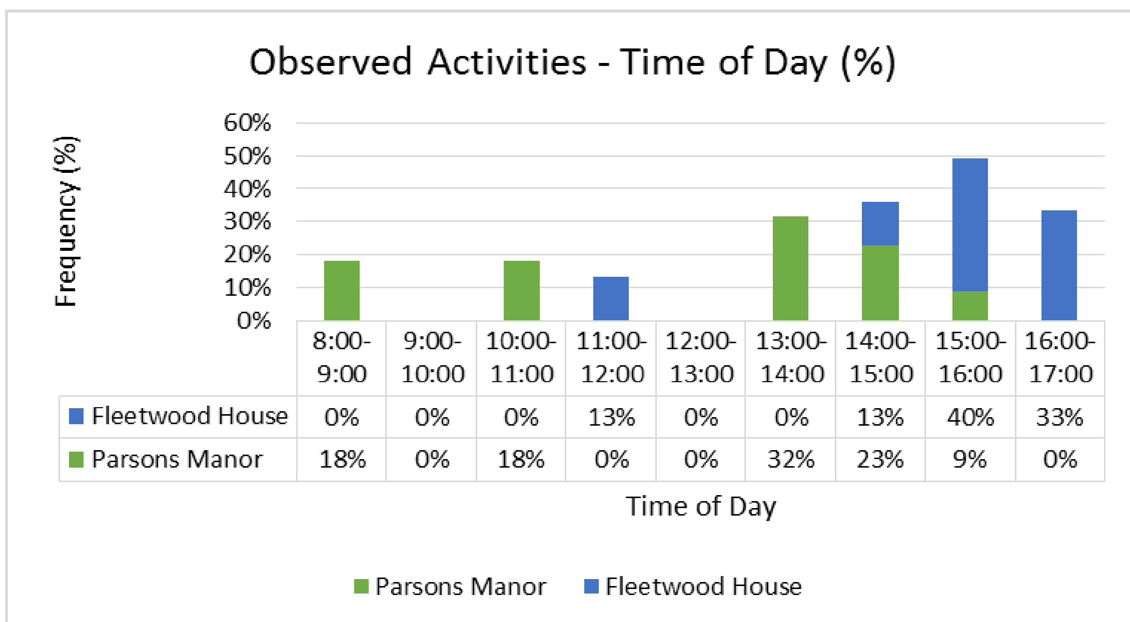


Figure 5.7. **Time of day of observed activities (%)**

As represented in figures 5.6 and 5.7, both sites had the largest concentration of activities scheduled in the early afternoon after lunch. It was found that meal times often serve as schedule anchors in the residences for which all other activities are organized around (Frankowski, Roth, Eckert, & Harris-Wallace, 2011). At Fleetwood House, a quiet

period was observed in the residence immediately after the second lunch seating before the start of the 3:00 pm afternoon activity. This is due in part to the ADP being delivered in the multipurpose room at this time.

Afternoon activities that are scheduled at Fleetwood House while the ADP is being delivered include movie activities in the theatre and bingo activities in the RC facility. One such bingo activity was informally observed to get a sense of the activity level; however, it was not observed with the same rigour as the AL activities due to the aforementioned ethical restrictions of data collection in the RC facility. It was noted during observations of these activities that they require the least involvement of the AL recreation team than other activities. For example, when observing a movie activity, the recreation coordinator was involved in setting up the movie and popcorn for the tenants. Once the movie had started, the coordinator left and the tenants were alone with each other for the duration of the activity. An excerpt taken from recorded field notes describes an interaction with a tenant at the activity with researcher reflections recorded in italics:

> At 2:15, 15 minutes into the movie, one tenant called me over and said she'd like to go back to her room and she needs someone to go with her. No other staff was available in the room so I left and walked with her back to her room. ... When we left the theatre, she asked me, "Which way do I go?" looking a bit confused. I guided her to the elevator and asked her what room number she was in then walked her to her room. *Would she have pressed her buzzer for an ALW if I wasn't here or waited until rec staff came back?* (Field notes excerpt, Fleetwood House)

At Fleetwood House, attendance at the morning activities was greater than at the afternoon activities. This is reflected in table 5.5, which outlines the range and average number of attendees at scheduled morning and afternoon activities. As the morning activities at Fleetwood House are predominantly physical (e.g. chair exercises), as opposed to the cognitive and social activities offered in the afternoon, this could reflect a greater preference among tenants for activities with a physical component. Alternatively, this could reflect an issue of timing for some tenants who prefer to sleep in later in the morning, as was described by several participants in this study.

Table 5.5. Average # of activity attendees by time of day

	Average # of activity attendees	
Time of day	**Parsons Manor**	**Fleetwood House**
Morning (pre-lunch)	11	12
Range	*6-14*	*10-14*
Afternoon (post-lunch)	11.93	8.69
Range	*4-31*	*5-18*
Total attendee average	11.6	9.1

Table 5.5 also shows that activity attendance at Fleetwood House decreases in the afternoon, showcasing some tenants' preferences for sleeping after lunch. Victoria, a tenant at Fleetwood House, described attending the afternoon activities regularly because they are "something to do ... it breaks [up] the afternoon". As such, offering different types of activities at different times of the day may enhance tenants' opportunities to participate in a range of activities as it suites their own needs and wants. This is discussed further in chapter 7.4 within the theme of "Opportunities and choices: Blending needs and wants."

5.5.3. Activity level and type

Similar to the previous discussion on the timing of observed versus scheduled activities, the subsample of activities selected for observation were found to be reflective of all activities scheduled on a one-month activity calendar, as represented by similar trends in the graphed data. Figure 5.8 represents the average activity level of scheduled activities at both residences over one month, while figure 5.9 represents the average activity level of scheduled activities classified by type of activity (physical, social, cognitive, therapeutic, or religious).

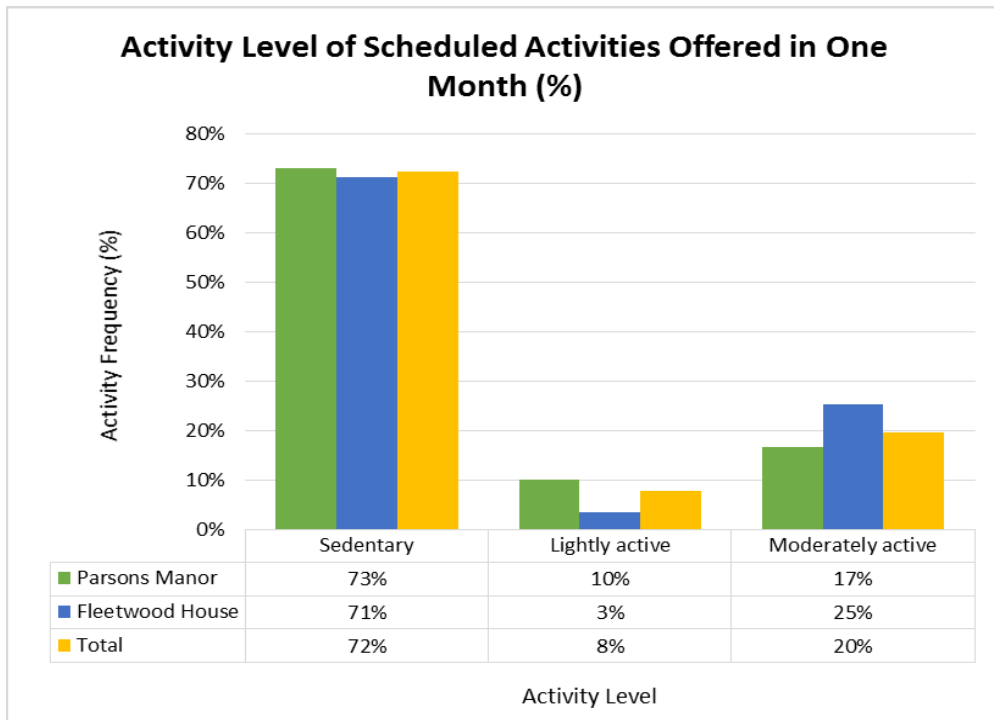


Figure 5.8. Activity level of scheduled activities offered in one month (%)

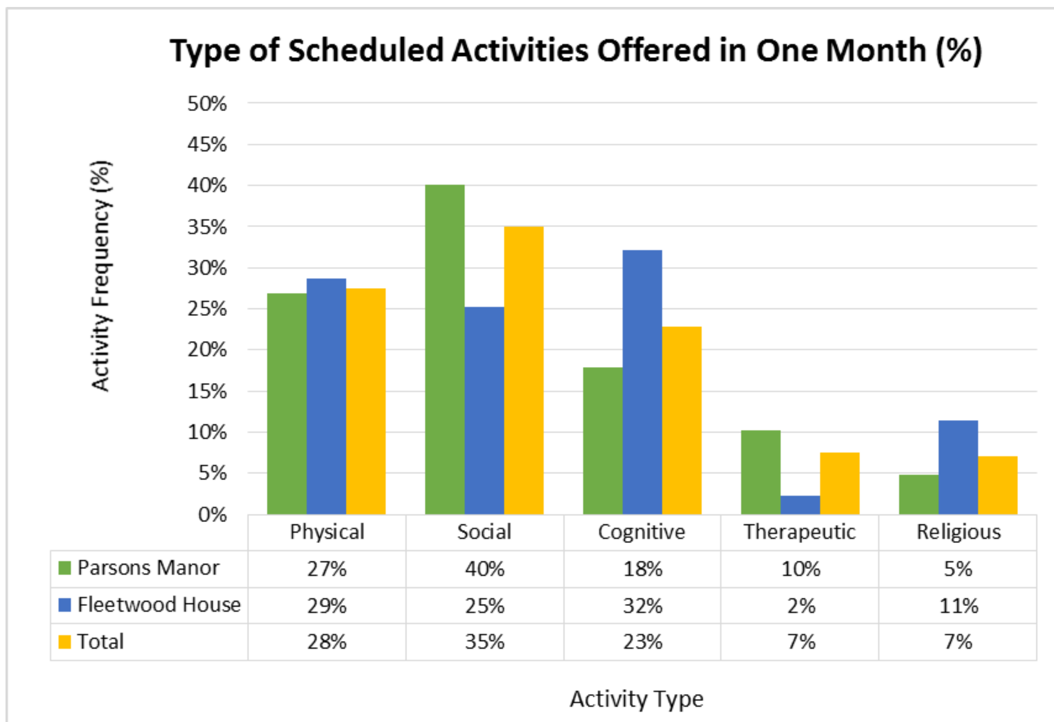


Figure 5.9. Frequency of activity types scheduled in one month (%)

Of all activities scheduled at both residences during observation months, 72% (n=168) were sedentary (social, cognitive, therapeutic, or religious) and 28% (n=67) were physical. This is similar to the findings of Hanson et al. (2014), whose study analyzing the activity calendars of AL residences in B.C. found 72% of scheduled activities to be social, 24% to be physical, and 4% to be outings. Where differences were observed was between the scheduling of lightly versus moderately active physical activities. Those activities considered 'lightly' active consist of active games (e.g. corn-hole toss, bocce ball, or Wii bowling), whereas 'moderately' active activities include those where participants were observed breathing at a faster rate and maintaining active movement for the majority of the activity (e.g. chair exercises or dancing).

The CHAMPS measure of physical activity was administered to participants during their initial, structured interview. The purpose of this measure is to gain insight into what activities participants spend their leisure time doing, how much time these activities take in their day, and their level of activity inclusive and outside of the recreation program. Table 5.6 below provides a summary of participants' results on the CHAMPS questionnaire. The descriptive presentation of this table is modelled off of Mesters, Wahl, and Van Keulen's (2014) study using the CHAMPS measure (p. 6) to represent the number of study participants who reported participating in the CHAMPS activities in the 4 weeks prior to data collection.

In the table, the number of hours spent per week engaging in the activity captures the average number of hours participants who reported participating in that activity typically spent on it in a given week. The amount per week represents the number of participants who reported the hour range for the activity (e.g. <1, 1-2.5 hours, etc.). All 21 participants reported visiting with family members or friends on a weekly basis, with over 95% (n=20) spending more than one hour per week visiting. Among the 19 participants who reported watching television in the 4 weeks prior to data collection, 90% did so for more than 9 hours per week. Activities that were included in the questionnaire but no participants reported having participated in (e.g. jogging) were excluded from this table. Cases excluded due to non-participation were also omitted from the calculation of hours spent participating in the activity, as this would skew the portrayal of the time commitment each activity typically requires of participants.

Table 5.6. CHAMPS results

Activity level	Activity name (# METs)	METs	# of partic. who did activity in last 4 weeks (%)	Average # of hours spent per week engaging in the activity (among those who participated)						
				M (sd)	<1 n (%)	1-2.5 n (%)	3-4.5 n (%)	5-6.5 n (%)	7-8.5 n (%)	>9 n (%)
Sedentary (0 METs)	Visited with family or friends	0	21 (100%)	3.9 (1.76)	1 (4.8%)	6 (28.6%)	2 (9.5%)	3 (14.3%)	3 (14.3%)	6 (28.6%)
	Go to the community centre	0	6 (28.6 %)	0.52 (0.93)	2 (33.3%)	3 (50%)	1 (16.7%)	0 (0%)	0 (0%)	0 (0%)
	Attended a concert	0	13 (61.9%)	1.14 (1.01)	3 (23.1%)	9 69.2%)	1 7.7%)	0 (0%)	0 (0%)	0 (0%)
	Read	0	15 (71.4%)	3.62 (2.52)	0 (0%)	0 (0%)	2 (13.3%)	2 (13.3%)	4 (26.7%)	7 (46.7%)
	Watching TV	0	19 (90.5%)	5.33 (1.80)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (10.5%)	17 (89.5%)
Light (<3 METs)	Walking leisurely or to run errands (2.5)	2.5	17 (81%)	1.10 (0.77)	12 (70.6%)	4 (23.5%)	1 5.9%)	0 (0%)	0 (0%)	0 (0%)
	Washing dishes, sweeping floors, preparing meals	2.25	9 (42.9%)	0.33 (0.58)	5 (55.6%)	1 (11.1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Stretching	2	16 (76.2%)	2.05 (1.72)	6 (37.5%)	0 (0%)	4 (25%)	5 (31.3%)	1 (6.3%)	0 (0%)
	Using the computer; playing cards or board games	1.5	14 (66.67%)	0.67 (0.48)	14 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Arts & crafts, knitting	1.5	4 (19%)	0.71 (1.71)	0 (0%)	2 (50%)	0 (0%)	0 (0%)	1 (25%)	1 (25%)
Moderate (3-6 METs)	Stationary bike (light)	6	2 (9.5%)	0.10 (0.30)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Dancing (slow, folk)	3	4 (19%)	0.24 (0.54)	3 (75%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Chair exercises/light strength training	3	15 (71.4%)	1.24 (0.94)	5 (33.3%)	9 (60%)	1 (6.7%)	0 (0%)	0 (0%)	0 (0%)

*No vigorous activities were reported by study participants so were excluded from this table; Vigorous activities are those with >6 METS (e.g. Shoveling (8.5), jogging (8-11.5 depending on speed), tennis (8)

The inclusion of sedentary activities in the CHAMPS questionnaire is typically used to increase participants' comfort during administration and is therefore, discarded from calculations of participants' physical activity. After administering the CHAMPS to Karen, a tenant at Parsons Manor, she commented that, "... it's the Parkinson's that's stopping me from doing the things that I could do in that questionnaire so in some ways it's not a full representation. Like if you wrote at the top of every page, "Parkinson's"". As Karen does not participate in most of the activities listed in the CHAMPS questionnaire, she felt a need to qualify her responses. This emphasizes the importance of including sedentary activities in the questionnaire to mitigate participants' feelings of sadness or defensive over their responses. Given that many tenants in AL are sedentary, it is important for these activities to be represented alongside activities of a light-to-moderate intensity in order to provide an understanding of why tenants may not be attending the scheduled activities offered by the sites. While the CHAMPS measure focuses on capturing tenants' level of physical activity, the benefits that can be obtained from participating in sedentary social and cognitive activities cannot be negated. The social benefits of these activities and the role they serve in tenants' QoL are discussed further in chapter 7 within the presentation of interview themes. It is for this reason that these activities are included in the CHAMPS table.

Among study participants, there appeared to be differences in the valuation of different types of activities. For example, some participants reported not attending any scheduled physical activities but were very active in the scheduled social activities (e.g. continental breakfast, trivia, bistro chat, or tea time). Even though these activities are sedentary themselves, walking to the activities from their suite increases tenants' light physical activity. Destination walking is often the most common type of walking that occurs in AL (Lu et al., 2011), as all tenants must go to the dining room at lunch and dinner seatings unless sick or not feeling well. Betty, a tenant at Parsons Manor who does not attend the scheduled physical activities in the residence, was regularly observed walking the corridors for exercise. Given Betty's severe visual impairment, she finds it difficult to observe and follow along with the chair exercises so she maintains an independent exercise regime on her own.

> They're no use to me [chair exercises]. You need eyes to do them. I do outdoor exercises. I go out on my patio and I do exercises and bending

> and I guess the neighbours think I'm nuts. I use the fence for my arms, you know, for strengthening your arms ... (Betty, Parsons Manor)

The changes in balance associated with increasing age and the onset of certain health conditions, such as Parkinson's disease, are important factors in tenants' perceived and actual risk of falling in shared spaces. A fear of falling was often cited as a deterrent for tenants' participation in physical activities at the residences, such as dancing during Happy Hour or active engagement in games that require a throwing motion (e.g. Wii bowling and bocce ball). Subsequently, low physical activity as a result of this fear can further result in a loss of muscle strength, thus increasing the risk of a fall (Whitbourne & Whitbourne, 2011). Mildred, a tenant at Fleetwood House commented on how, "when you use a walker, you're used to holding something when you take that step and that's what these walkers do to you, you lose your confidence." This belief was shared by several other participants at both sites. Those activities that require a separation between tenants and their walkers were therefore perceived as problematic by some.

> ...they had a ball and you roll it ... and you had to stand and bend over to throw the ball over the floor and old people like me, that's dangerous, you cannot do that anymore. I cannot reach up high because it's scary. ... I said I'll do it only if I can sit on my walker. ... it's very dangerous when you do that and you don't feel safe. (Victoria, Fleetwood House)

Activities designed to enhance tenants' balance, such as Tai Chi (Li et al., 2005; Taggart, 2002), may further increase self-efficacy and mobility, thus serving to increase participation in the scheduled physical activities offered by the residences (McAuley et al., 2007; Whitbourne & Whitbourne, 2011). The benefits of participating in physical leisure activities in AL are well-documented in the literature, as discussed in Chapter 2. While staff members acknowledged their preferences for tenants' increased participation in the physical activities offered, it was also recognized that any social interaction in the residence provides added value to tenants' QoL. This finding is echoed by Hanson et al.'s (2014) study of social and recreational programming in AL, where staff acknowledged that any participation in the activities is better than no participation.

It may be that the issue with the physical activities offered in AL are that they are primarily conducted from a seated position. This was observed during structured

observations of the scheduled activities at both study sites. While tenants are encouraged to stand during physical games and chair exercises if comfortable doing so, it becomes the social norm for them to sit for these activities. Several tenants who were in attendance at the physical activities during data collection were observed watching other tenants when the invitation to stand was delivered. At Fleetwood House, two tenants were observed standing during active games, with one tenant getting up to retrieve the ball that had rolled out of the circle of chairs. These sit-to-standing motions that were built into the physical activities at Fleetwood House were not observed at Parsons Manor, highlighting how the delivery of activities can vary by AL residence and the training of the staff delivering them.

This chapter discussed the organizational environment at the two study sites and the scheduling of social and recreational opportunities in AL. Staff described difficulties in meeting the diverse needs and wants of a changing population of tenants given constraints over staff availability. Varying the types of activities offered at different times of the day may serve to provide tenants with a range of participation options and benefits. The next chapter will present a discussion of the interior and exterior features of the physical environment at both study sites. Following a discussion of key principles for the shared spaces in AL as they relate to the study findings, a description of the surrounding exterior neighbourhood will be provided.

Chapter 6.

The Interior and Exterior Physical Environment

The design of the built environment in AL has the potential to support or hinder tenants' mobility, access, and enjoyment of the shared spaces in the residence. While some AL residences are purpose-built for older adults, others—such as apartment buildings or RC facilities renovated into AL—may not be as attentive to the needs of this population. The ability of publicly-funded AL residences to design purpose-built destinations (e.g. dining and multipurpose rooms) with sociospatial features supportive of tenants' orientation, privacy, accessibility, safety, and social interactions in the residence is limited by the capacity of the organization to fund environmental modifications for such changes. Mobility impairments, particularly difficulties with balance, and visual acuity are common disabilities experienced by AL tenants. In the study sample, only 6 participants (28.5%) reported having no mobility problems; among those with mobility problems, 11 (52%) reported their problems as moderate or severe and 2 (9.2%) as unable to walk about (i.e. wheelchair users). Visual impairment was reported among 15 (71%) participants and arthritis among 16 (76%), emphasizing the importance of physical design features that are supportive of these limitations.

Interior and exterior aspects of the physical environment were assessed throughout this study in order to understand the influence certain design features may have on tenants' activity participation and general QoL. Floor plans of the ground floor at each site denote the location of key spaces in the residences, shaded, with primary entrance/exits labelled to showcase the major traffic areas in the residences. While all key activity spaces are located between tenant suites on the ground floor at Parsons Manor, at Fleetwood House, shared lounges on the floors above the ground floor were also frequently described during in-depth interviews as having importance in tenants' lives. As such, an additional floor plan denoting the location of these shared lounge

spaces on the upper floors of Fleetwood House is also presented. Additional floor plans that include photographs of these key spaces are included after the ground floor plans of each site. A discussion of 8 AL design principles as they apply to key activity and social spaces and the dining room in the residences, will follow a presentation of the site floor plans. These principles—which are discussed further in chapter 6.3—integrate Regnier and Pynoos's (1992) 12 behaviour-environment principles and Regnier's (1994) 9 qualities for AL. Where applicable, the influence of the organizational philosophy on the use of these particular spaces will be discussed. Appendices U and V provide further annotated photographs of Parsons Manor and Fleetwood House to represent specific design features that are positive (+) or negative (-) for tenants use of the shared spaces in the residences.

6.1. Parsons Manor Floor Plans

A floor plan of Parson Manor's ground floor is presented in figure 6.1 to represent the overall layout of the residence. Floor plans depicting the location of formal recreation spaces in the residence—shaded and annotated with photographs of the spaces—follow in figures 6.2 and 6.3. These floor plans are not to scale.

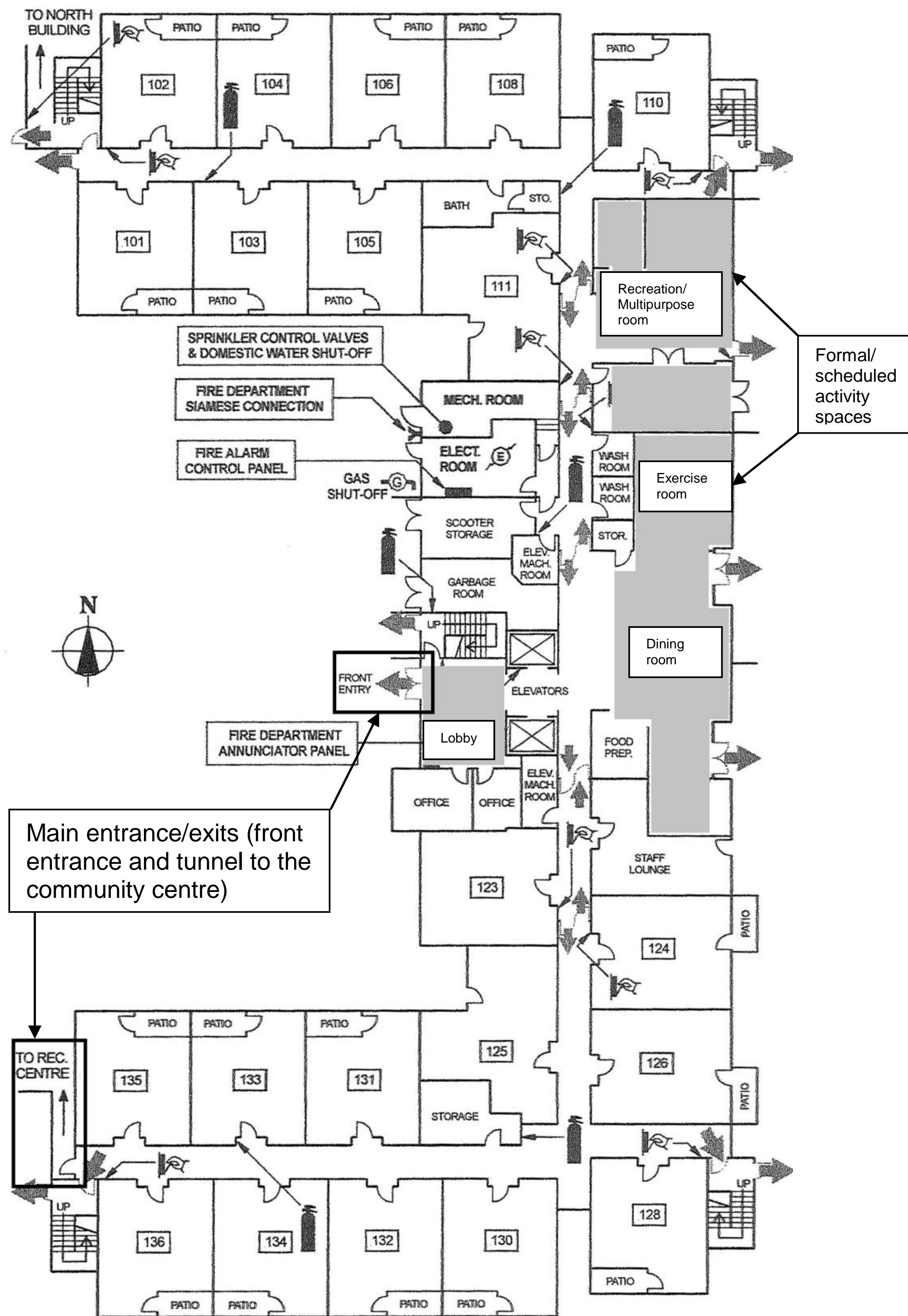


Figure 6.1. Parsons Manor floor plan – Ground floor

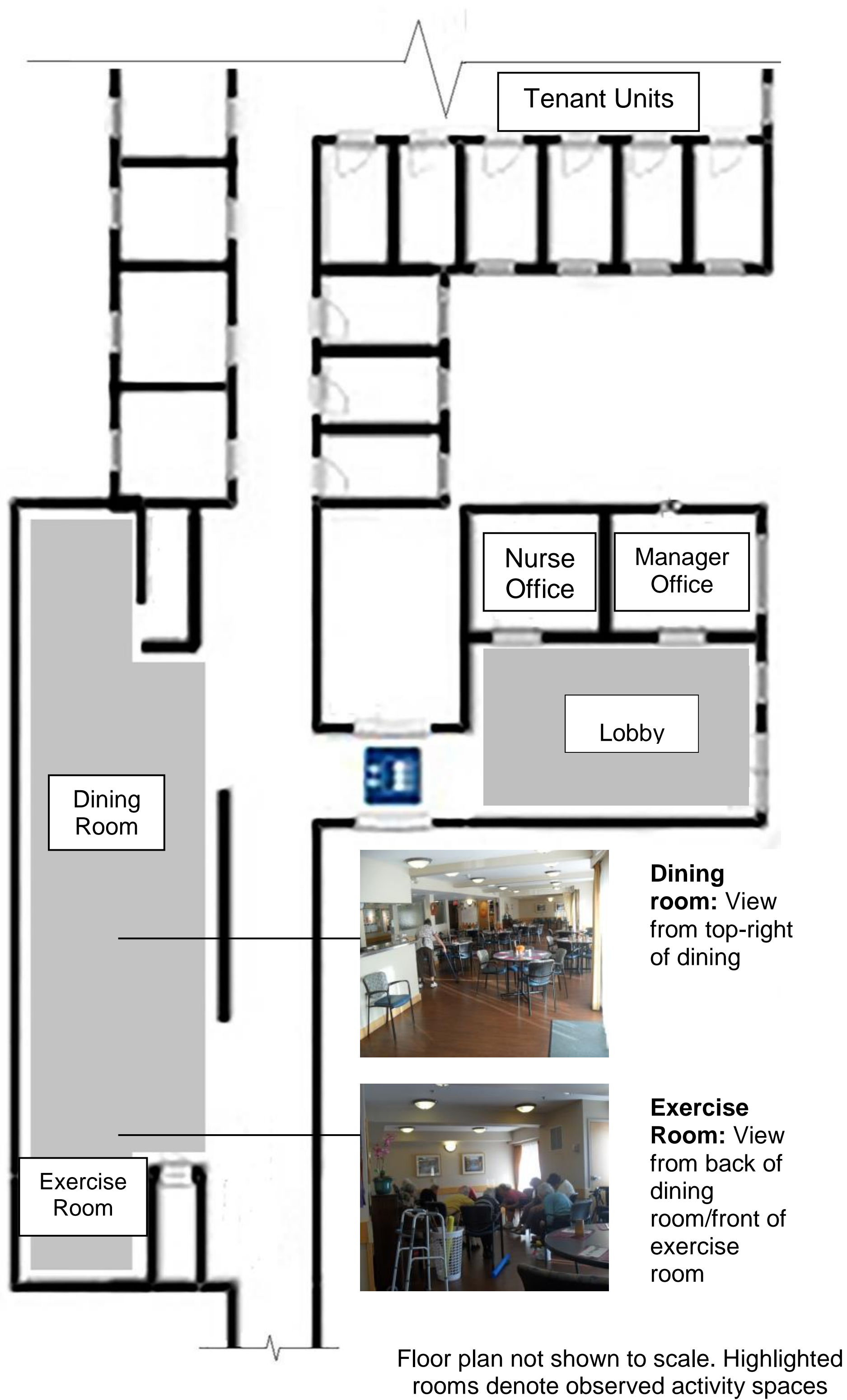
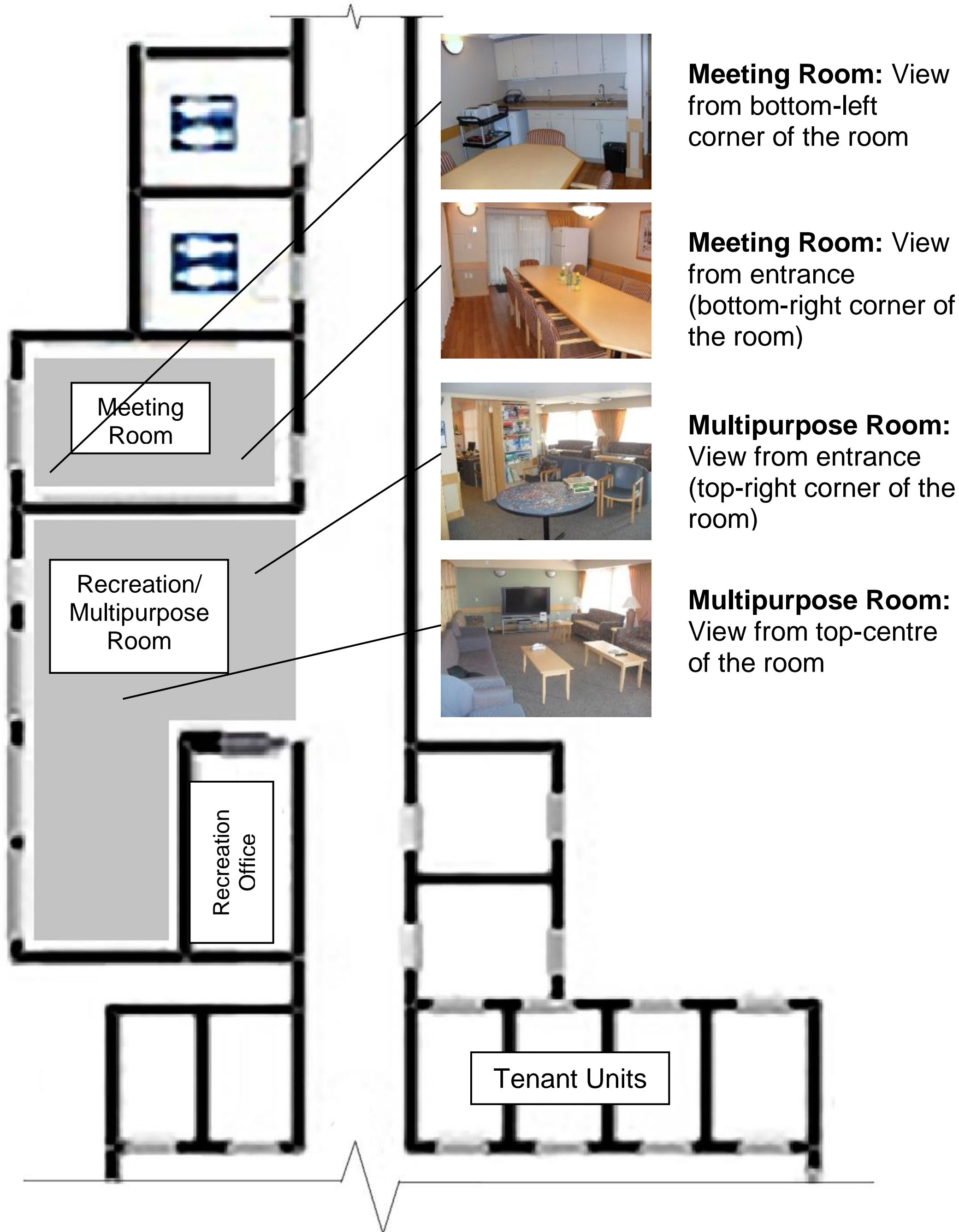


Figure 6.2. Parsons Manor floor plan – Part 1



Floor plan not shown to scale. Highlighted rooms denote observed activity spaces

Figure 6.3. Parsons Manor floor plan – Part 2

6.2. Fleetwood House Floor Plans

A floor plan of Fleetwood House's ground floor is presented in figure 6.4 and upper floors in figure 6.5 to represent the overall layout of the residence. Additional floor plans depicting the location of formal recreation spaces in the residence follow in figures 6.6 and 6.7. These floor plans are not to scale.

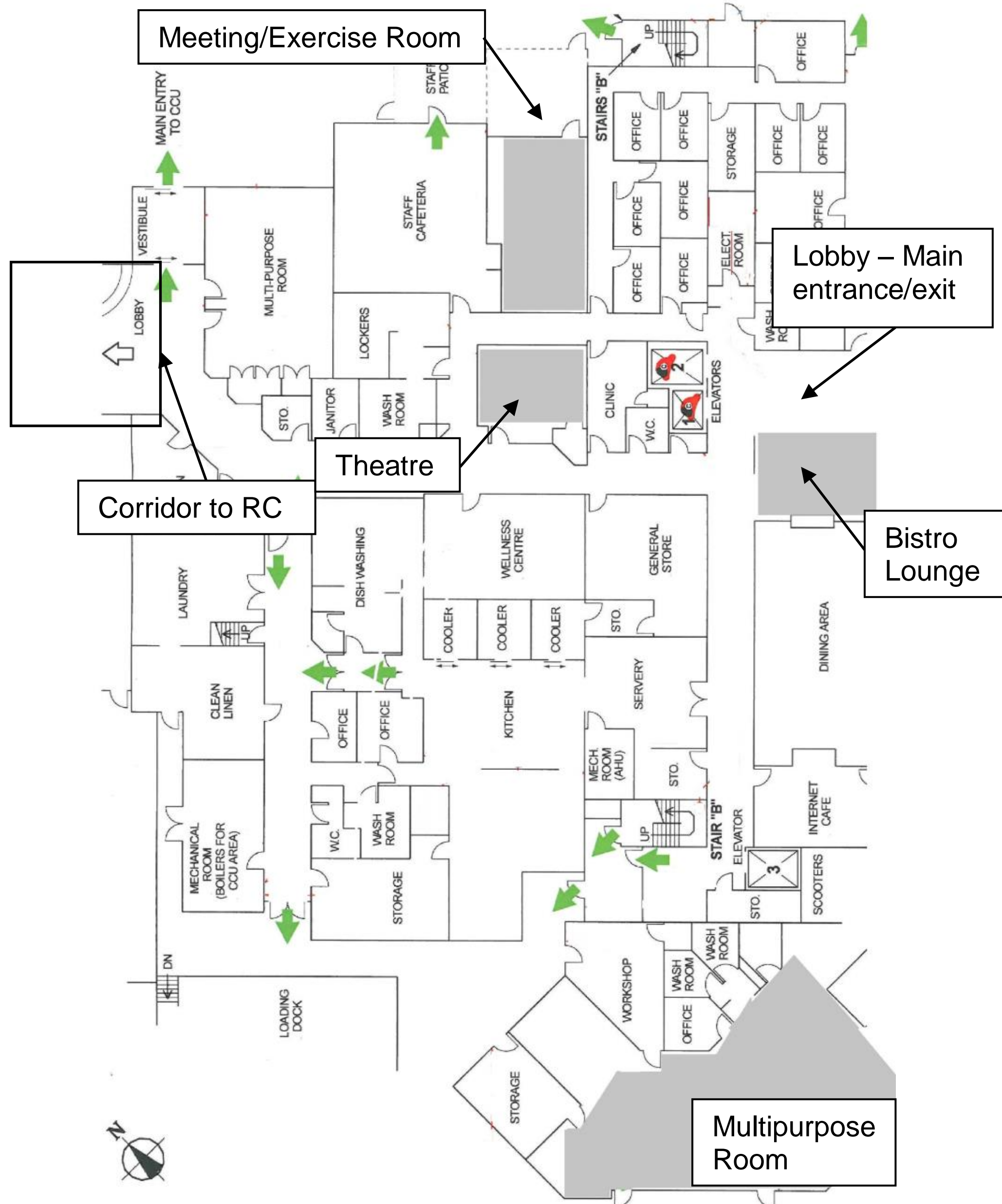


Figure 6.4. Fleetwood House floor plan – Ground floor

At Fleetwood Tower, all floors above the ground floor are identical in physical layout. Figure 6.5 represents the location of the shared lounge/informal activity space on each floor in relation to tenant suites.

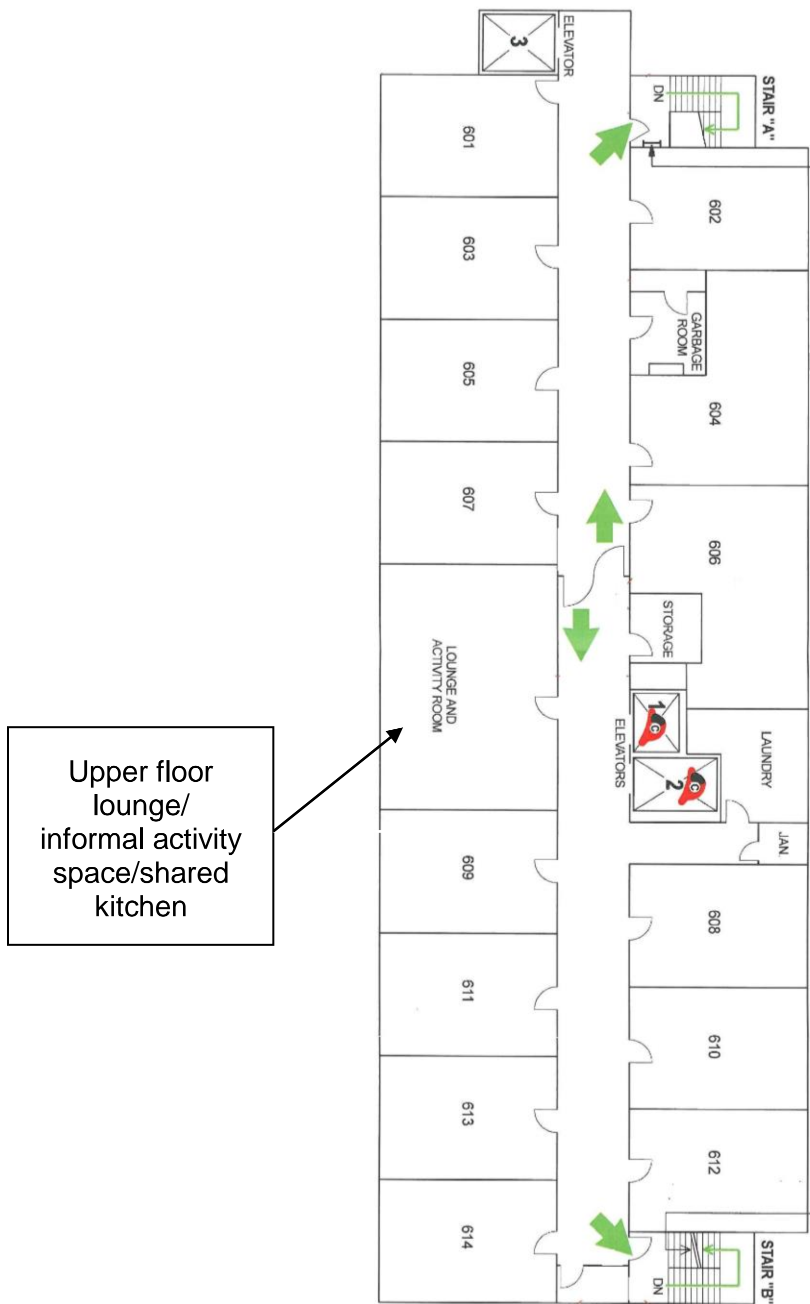
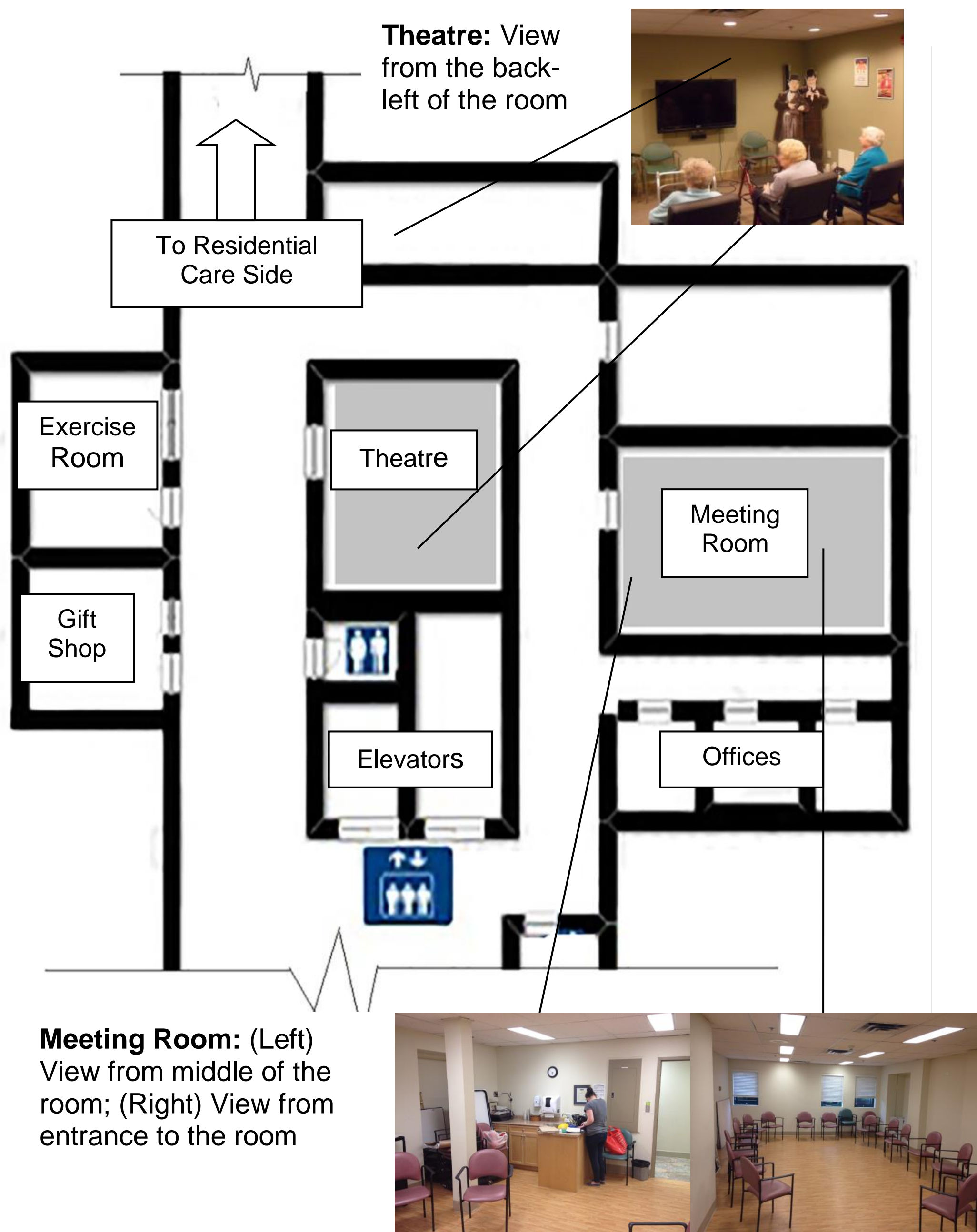
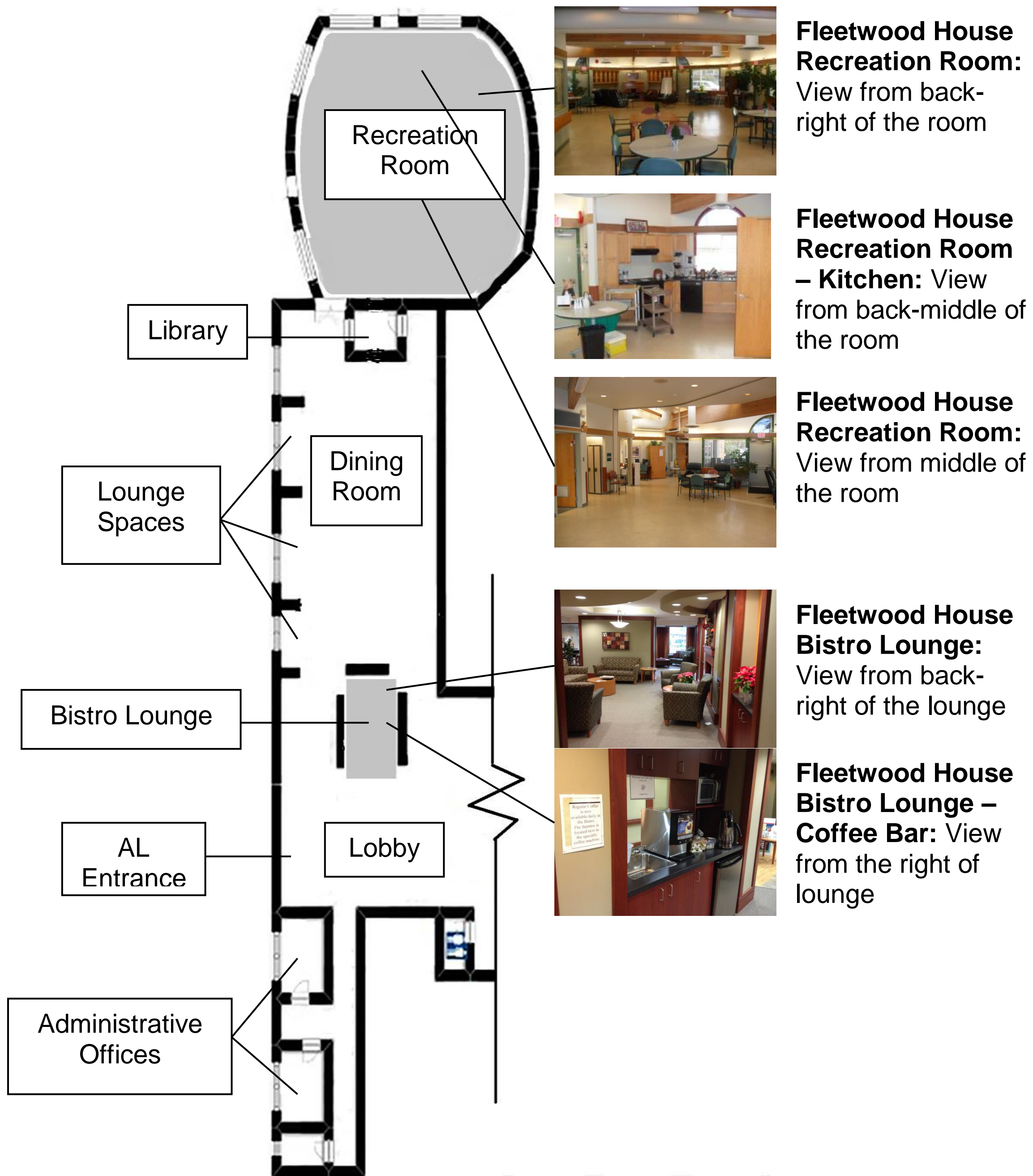


Figure 6.5. Fleetwood House floor plan – Upper floor



Floor plan not shown to scale. Highlighted rooms denote observed activity spaces

Figure 6.6. Fleetwood House floor plan – Part 1



Floor plan not shown to scale. Highlighted rooms denote observed activity spaces

Figure 6.7. Fleetwood House floor plan – Part 2

6.3. Application of design principles

Annotated photographs depicting positive (+) and negative (-) design features of the dining room and shared activity spaces at each residence is provided in Appendices U and V to illustrate elements of the interior physical design. The characteristics noted in the photographs will be discussed in this section as they relate to 8 key design principles. These 8 principles combine the 12 environment-behaviour principles described by Regnier and Pynoos (1992) and the 9 qualities of AL described by Regnier (1994). While no principles are discarded in this synthesis, they are reworded to reduce the overlap between the 12 principles and 9 qualities while further incorporating findings from this study and the literature in this area. Appendix W provides a table representing the synthesis of Regnier and Pynoos's 12 principles with Regnier's 9 qualities of AL into the 8 key design principles outlined in table 6.1 that are discussed in this chapter.

Table 6.1. Design principles for AL

Attribute/Principle	Description	Examples of positive (+) and negative (-) features
Homelike surroundings and residential character	Residence appears non-institutional, appealing, and utilizes familiar, residential elements	(+) Decorative artwork (-) Long, hospital-like corridors
Individuality and personalization	Recognizing the uniqueness and individuality of each tenant; providing opportunities for personalization and self-expression; enhancing tenants' sense of ownership and dignity	(+) Family photos outside tenants' suites (-) Uniform décor throughout all suites
Control and choice	Opportunities for tenants' to make decisions and exercise choice in their day; supporting tenants' autonomy, independence, and sense of mastery in their environment	(+) Choice to attend a variety of scheduled activities (-) Assigned seating plan at meals
Social interaction	Opportunities for tenants to participate in social exchanges in the residence	(+) Small dining tables (-) Absence of lounge spaces; unsupportive or uncomfortable seating
Privacy	Opportunities for physical separation or distance from the company of others and observation of activities/spaces	(+) Lockable suite (-) Shared suites

Attribute/Principle	Description	Examples of positive (+) and negative (-) features
Accessibility and safety	The ability for the space to support functioning of those with diverse abilities and needs; and to mitigate potential risks of those functioning in the space	(+) Grab bars in corridors/stairways (-) Non-automated front door
Sensory aspects	Features that stimulate the visual, auditory, and tactile experience of the environment (i.e. lighting, temperature, noise, smell, and taste), in a way that is supportive to age-related sensory changes	(+) Smell of fresh-baking (-) Glare on hard flooring
Orientation	Features of the environment that facilitates tenants' ability to navigate themselves throughout the residence and limits confusion	(+) Distinct colours on each floor of the residence (+) Complex layout with limited distinction between separate spaces

The presence of these design features and principles within the AL residences appear to influence participants' daily lives and generate better QoL in AL. Where appropriate, comparisons were drawn between the two study sites to understand the influence of certain organizational and socio-spatial characteristics on tenants' participation in scheduled activities offered by the residences. These comparisons were also made to understand the role of these characteristics on tenants' QoL.

6.3.1. Homelike design, personalization, and control

A key design feature of AL that differentiates it from more complex care models, such as RC, is its homelike design (Schwarz, 1999). Homelike design can be characterized by the ability of tenants to personalize and exert elements of control over their living space (Regnier, 1994). Seamon (1979) defines "at homeness" as "the usually unnoticed, taken-for-granted situation of being comfortable in and familiar with the everyday world" (p. 79). Becoming at home in AL is therefore dependent on tenants' transition into the residence and the ability to immerse themselves into the fabric of the environment. The design of the physical environment, the nature of the social environment, and operationalization of the residence all intersect to create opportunities for tenants' to gain comfort and feelings of being at home. How tenants navigate their daily lives can be an expression of this comfort, as demonstrated by the relationships

they share with other tenants and staff members, their involvement in the activities available at the residence, feelings of security, mutual respect, and self-identity (Cutchin, Owen, & Chang, 2003).

One characteristic of homelike design is the level of familiarity the residence shares with a private residence in the community, such as a single-family home or apartment building (Porter, 1995; Regnier, 1994, 1999). Design features, such as separating large sections of a building into smaller sections and low rooflines, contribute to the residences' resemblance to a house in the community as opposed to an institutional environment (Porter, 1995). The exterior design of Parsons Manor is more homelike than that of Fleetwood House, as characterized by its low-rise building height and balconies outside of each suite. These features increase its resemblance to independent apartment suites rather than an institution. Alternatively, Fleetwood House is a high-rise, rectangular building and appears more institutional and distinct from the neighbourhood as a result (Porter, 1995). Residences that are perceived to be familiar and residential in character[8] provide a variety of accessible spaces for tenants to engage in familiar tasks (Cohen & Weisman, 1991), such as cooking or gardening.

Kitchen comforts

At Parsons Manor, an information brochure promoting the philosophy and services of the residence describes the "full kitchen" and "home-like atmosphere" provided in tenant suites. Visiting participants' suites at both residences for their interviews provided an opportunity to informally compare the characteristics of tenant suites at the study sites. The inclusion of a full stove completed the kitchen at Parsons Manor and greatly enhanced perceptions of the suite as a familial, residential, and complete unit, as it more closely resembles an independent apartment than the suites at Fleetwood House. At Fleetwood House, a kitchenette is provided with a stove top and minimal counter space, a stark contrast to the design of Parsons Manor. While comparable in square footage, suites at Parsons Manor felt larger than Fleetwood House due to the layout and completeness of the kitchen. The reason for this design

[8] The architectural design of a residence to resemble that of a single- or multi-family home in the community as opposed to an institution (Porter, 1995; Regnier, 1994, 1999).

difference can be explained by the different housing models in which the residences were renovated from when converted into AL—Parsons Manor from an independent apartment building and Fleetwood House from a RC facility—as previously described in section 5.1's residence profiles.

For Evelyn, a tenant at Fleetwood House who describes cooking and baking as a favourite activity of hers, not having access to her own private, full kitchen was one of the biggest challenges she experienced when moving into AL, serving as a daily reminder that she wasn't in her own home. As she moved into AL under the encouragement of her daughters, Evelyn did not feel in full control of the decision to move into Fleetwood House. "They put me here," she explained, when asked why she decided to move into the residence. As a means of coping with the change, Evelyn immersed herself in cooking and baking activities using the communal kitchen centrally located on each floor above the ground floor at Fleetwood House. She has since put herself in charge of maintaining the cleanliness of the stove after requesting cleaning products from staff members who were not cleaning it as frequently as she was using it. These procedures have served as a way for Evelyn to increase the homelike feelings of the residence and although different, continue her regular activities as she would in her own private residence in the community. Moreover, the time spent in the communal kitchen and lounge provides Evelyn with opportunities for social interaction with the other tenants on her floor, something Evelyn describes wouldn't happen if she had her own full kitchen because she would spend all her time in her suite instead. She takes great pride in the compliments she receives from other tenants and staff on her baking and enjoys sharing with those drawn into the lounge by the familiar smell of freshly-baked cookies.

> ... it's fun. Especially [since] you see the girls coming up the elevator (*sniffing noises*), "Oh, what are we having today? May I have one?" And then, "May I have two?" ... I enjoy really them coming, running upstairs to see if they could have some cookies, you know. ... And I've got one of the [other] girls helping me so it's really a lot of fun. You know, we joke and everything else which is nice. (Evelyn, Fleetwood House)

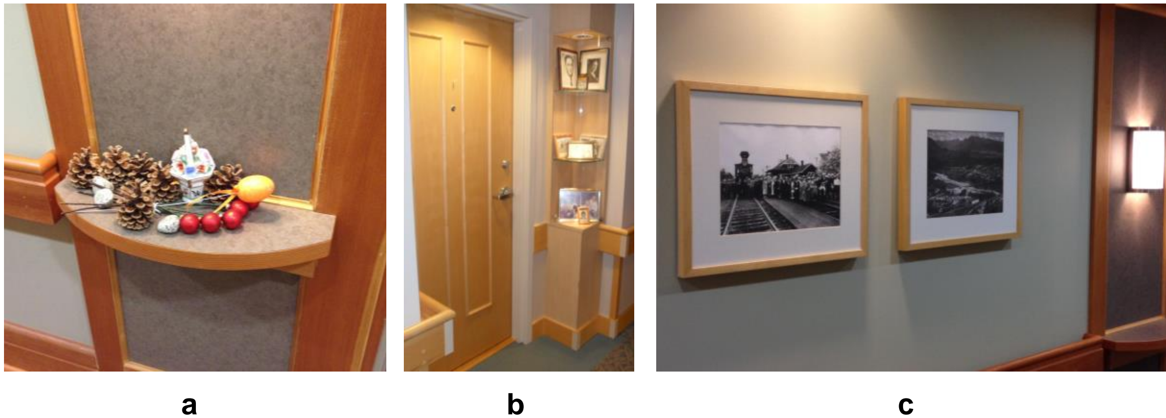
While this living arrangement isn't a first choice for Evelyn, she has adjusted to the transition into AL and is generally satisfied where she is. This example supports how a

feeling of being at home is often tied to opportunities to exert control in one's daily life and fulfill a role that offers a sense of purpose.

Homelike décor and personalization

Residential décor is an important feature that distinguishes between an institutional and homelike environment (Regnier, 1994). In corridors, the presence of décor put in place by staff (e.g. artwork) or tenants on shelves outside of their suites enhances the homelike design of the environment by decreasing the sterile look often associated with institutional settings (i.e. plain, long, white hallways). Features such as carpeting, visual points of interest (e.g. bulletin boards, photographs, artwork), and colour scheme constitute residential character and provide familiarity to tenants (Regnier, 1994). Opportunities for tenants to personalize their living space inside and outside of their AL suite, as they would in the family home, further supports their sense of identity and individuality in the residence (Cohen & Weisman, 1991; Zeisel, 2006).

At both residences, tenants have the option of decorating a glass case (also called a 'shadow box') at Parsons Manor or a shelf in front of their suite at Fleetwood House, with items they would like to display for others to see (Zeisel, 2006). These items are often something the tenant feels represents them in some way, such as photographs of family members, medals, or a favourite flower, and can serve as an instigator of conversation for visitors and staff. A practical purpose of personalized décor is increasing the ease of orientation for new tenants or those with cognitive impairments by making it easier to recognize their belongings and identify their suite (Zeisel, 2006).

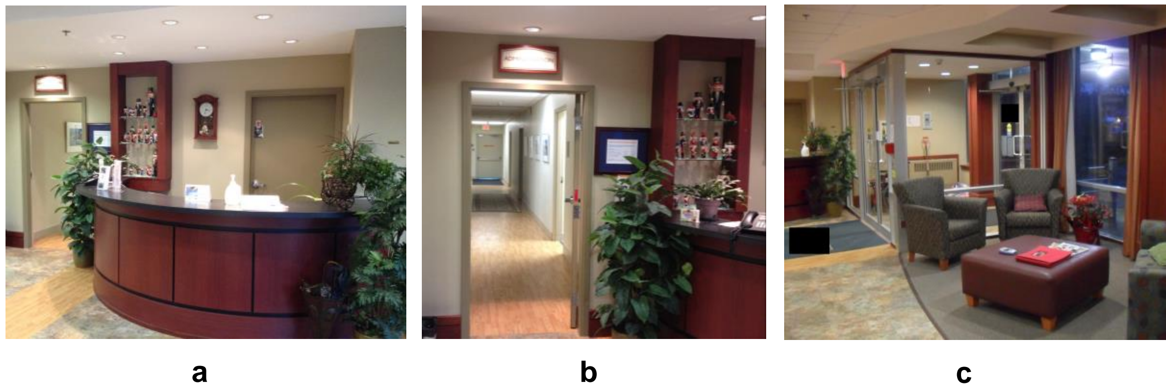


a b c

Figure 6.8. Examples of décor and personalization
a. Fleetwood House personalization outside of a tenant's suite
b. Parsons Manor personalization outside of a tenant's suite
c. Fleetwood House corridor décor put in place by staff

Reducing symbols of care

Similar to Parsons Manor, Fleetwood House's formal activity spaces are predominantly located on the ground floor, such as the multipurpose room and 'bistro lounge'. Additional lounge spaces are centrally located on each of the four floors above the ground floor and are used for informal lounging, tenants' breakfast, and a periodic baking activity that rotates between the floors. At the front entrance, tenants are met by a reception desk on the right when first entering the residence and a seating area on the left for observing the comings and goings of tenants and visitors.



a b c

Figure 6.9. Fleetwood House front entrance design
a. Front desk
b. Hallway to administrative offices
c. Seating space adjacent to front entrance

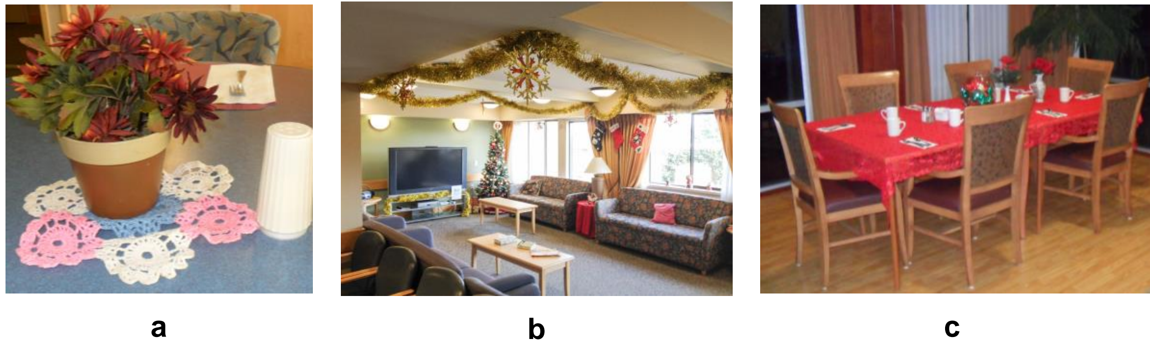
Unlike Parsons Manor, the front desk at Fleetwood House was not observed to be staffed at any time during data collection at the residence; instead, administrative offices are located down a hallway adjacent to the front desk. While administrative and managerial staff are not highly visible at Fleetwood House, the location of the offices 'behind closed doors' reduces the formality of the organizational environment by increasing the residential character of the entrance (Salmon, 1993).

Intimate Spaces

Intimate spaces in AL further enhance the homelike design of a residence by enhancing feelings of familiarity and residential character (Marsden & Kaplan, 1999; Regnier, 1994). These spaces are characterised by scale (i.e. small in size) and comfort (lighting, colours, comfortable furniture), as private residences in the community are typically comprised of a series of smaller-scale, purpose-oriented rooms (e.g. kitchen, bedroom, living room), as opposed to larger, multi-purpose rooms. For example, the aforementioned communal kitchens on each floor at Fleetwood House constitute a sub-section of a larger lounge space, separated into smaller spaces using furniture arrangement and changes in the flooring.

> The lounges upstairs where we have the informal continental breakfast are a massive success. It's way more normalized than coming down to a big hotel-style dining room ... you can come out in your house coat just like you would in your home. (Ruth, Residence Manager, Fleetwood House)

Small details, such as table centrepieces and seasonal décor contribute to feelings of comfort and familiarity in these spaces. Jason, the recreation coordinator at Parsons Manor, said, "I put a tablecloth down, I put flowers out and it changes the feel of this room—it makes it cozier." At Parsons Manor, the décor was constantly changing to reflect the season and any upcoming special occasions. In addition to increased familiarity, seasonal décor can further serve to orient tenants to the season and current events, should they be experiencing advancing cognitive impairment.



a b c

Figure 6.10. Examples of décor to increase comfort and familiarity
a. Parsons Manor dining table centrepiece
b. Parsons Manor ground floor lounge – seasonal décor
c. Fleetwood House private dining space for visiting family members – seasonal décor

Using furniture to create several smaller 'sub-rooms' in larger spaces is an organizational strategy that can be employed to make changes to the physical environment when full-scale modifications are not possible (Cohen & Weisman, 1991). Figure 6.11 below represents several distinct spaces created within a shared lounge at Fleetwood House—a kitchen, dining area, activity space, and lounge area. The spatial separation of distinct seating areas provides another element of control for tenants by creating opportunities to choose the level of engagement they wish to have with the activity occurring in the space—such as actively participating or passively observing an activity. Ruth, the manager at Fleetwood House, spoke to the importance of having a variety of small, intimate spaces available for tenants.

> I think the buildings need to have smaller spaces that people can go engage in so that you can support the small groups, not just the large groups. But it's sure nice to have a large group area as well so that when you have a community event as well of some sort you can engage everybody's families, you know, bring everybody together so that they can be involved. (Ruth, Residence Manager, Fleetwood House)

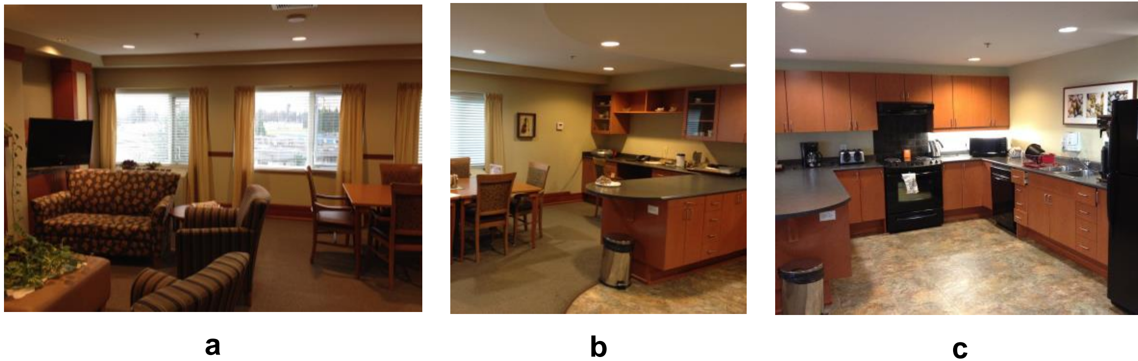

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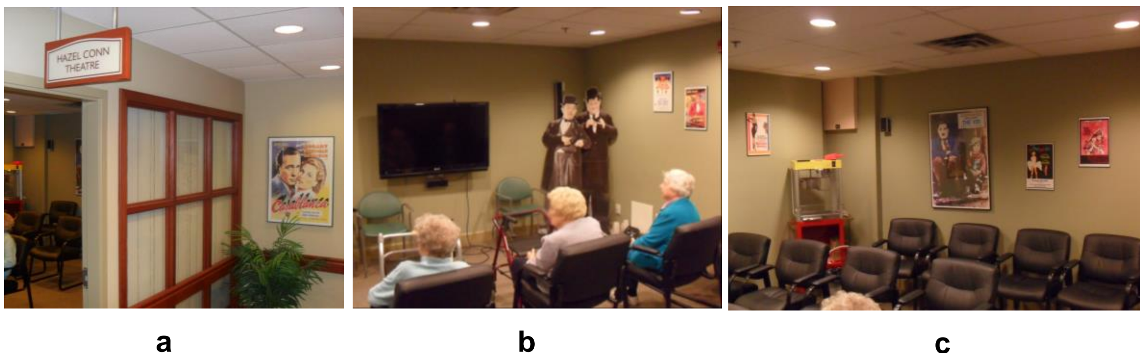
Figure 6.11. Examples of spatial separation of shared spaces
a. Fleetwood House lounge space
b. Fleetwood House communal dining and kitchen space
c. Fleetwood House communal kitchen space

Creation of 'third places': Linkages to home and community

The presence of 'third places' in AL further enhances the homelike design of a residence (Oldenburg, 1999). Third places are familiar destinations within the building that tenants can visit as they would a destination in their neighbourhood, such as a convenience store or coffee shop. Third places are not present at Parsons Manor, however, Fleetwood House offers both a movie theatre—open when a movie activity is scheduled on the recreation calendar—and a convenience store—open during select hours on weekdays. The following photos of the movie theatre at Fleetwood House portray features that enhance feelings of the room as a destination, rather than a lounge with a television in it, such as movie posters and a popcorn machine.



a b c

Figure 6.12. Fleetwood House movie theatre as a third place
a. Movie theatre sign from hallway
b. Movie theatre – angle 1
c. Movie theatre – angle 2

These third places give tenants the feeling of 'going out', as one would in their neighbourhood, providing additional elements of control in their lives (Oldenburg, 1999).

Large windows in the residences, particularly at the front entrance next to the seating spaces, enhances the residential character of the environment by providing a connection to the outside and reducing the institutional feel of the residence. Outside visibility increases tenants' ability to orient with the time of day and season, which may be particularly beneficial for those with cognitive impairment (Cohen, et al., 1991).

> I think it's fantastic [the shared spaces]. Especially all those chairs and chesterfields that are next to the windows. I think it's wonderful. You get a good view of outside because we have to be inside, you know? It's nice to be able to see a lot of nature out there. (Louise, Fleetwood House)

Louise's comment that tenants "have to be inside" reflects a perceived lack of choice in the ability to participate in activities outside of the residence. Therefore, being able to view the outside and visit third places in the building serve to compensate for the limitations placed on some tenants by their mobility or health status.

Cutchin et al. (2003) found that activities in AL and the community (e.g. those offered by a neighbouring community centre) are directly and positively associated with the perception of the AL residence as a home. These feelings are supported by the non-family social relationships that often develop with increased involvement in the residence, increasing one's feelings of being at home over time (Cutchin et al., 2003). However, it was found that participants living in an AL residence within the community in which they lived prior to relocating into the building were more prone to experience competition between their social world inside and outside of the residence than those who had moved into AL from a different city. Frequent engagement in family or other non-family activities outside of the building appeared to lessen feelings of home among several participants, creating a sense of disengagement in the activities offered by the AL residences. The nature of these relationships will be discussed further in Chapter 7.

6.3.2. Privacy

While all tenants have their own private, lockable suite, offering a variety of public and private spaces provides tenants with enhanced control and choice in where they spend their time in the residence (Cohen & Weisman, 1991). For some tenants who may be exhibiting dementia behaviours, supporting privacy in AL may further reduce these behaviours and improve QoL (Bicket et al., 2010). At both residences, the most public space is the dining room and lobby where visibility of users is at its highest. Semi-private spaces include the lounges, where entrances have high visibility but the placement of furniture is used to create private spaces within. For example, in between activity observations at Parsons Manor, I would position myself in the far corner of the ground floor lounge, pictured in figure V1 in Appendix V. While this space is the social centre of the residence, the far corner of the lounge restricted my visibility to passer-bys, providing an opportunity to write up field notes from the previous observed scheduled activity. Alternatively, if I positioned myself in view of those passing by in the lobby (V2 in Appendix V), passing tenants would often enter the lounge to engage in conversation, providing me with a sense of control over my social interactions in the residence. Similar instances were observed where other tenants would seat themselves in a visible chair and then later be seen engaging in conversation with another tenant or staff member. At Fleetwood House, all lounge seating provide visibility to others passing by; for those spaces separated by a door or wall, large windows open up the room.

Fully private spaces are restricted to tenants' suites with the exception of the meeting room or private dining room at Parsons Manor located next to the ground floor lounge which has a door and curtains to enhance privacy. "In-between" (p. 87) spaces that provide a realm between activity spaces and that outside of it, provides tenants with opportunities to preview or passively observe activities (Cohen & Weisman, 1991), such as the seating provided at the entrance of the multipurpose room at Fleetwood House. As shown in figure 6.13b below, tenants can have a seat at the entrance of the room and observe the activity occurring before deciding if they would like to participate or not. In the absence of this seating, tenants may feel intimidated about participating in an activity they are unfamiliar with. Some participants commented on spending time in the shared spaces to get out of their suites for a change of environment. Therefore, having a variety

of shared spaces enhances the capacity of the AL residence to provide diverse activities that meet the preferences of a heterogeneous group of tenants.

a b

Figure 6.13. Fleetwood House multipurpose room
a. Arrangement of furniture to create a separate seating space
b. Seating provided at entrance for observation opportunities

For those not interested in the scheduled activities, a level of control and choice can still be exerted through navigating their social interactions in these semi-private spaces.

> Yeah but I don't mind just going and sitting in the lounge and if I want to answer some of the things that are going on so far or just listen, you know, least it gets me out of here. But I like to come home, I've always been like that. (Lucy, Parsons Manor)

Environments should provide opportunities for socialization, privacy, and choices, such as the choice to quietly read a magazine in the lobby or passively observe those coming and going in the residence. At Fleetwood House, the spatial separation of the multipurpose room from other spaces in the residence limits opportunities for passive observation and spontaneity of activity participation. Alternatively, this spatial separation also serves to support tenants' social interactions in the space as a result of the smaller, more personal spaces available through the arrangement of the furniture. Clustering smaller spaces (such as the waiting/separate nooks at Fleetwood House in front of the dining room) provides opportunities for privacy while also providing the choice of social interaction. These spaces further serve to support wandering behaviours among those with advancing dementia, who may be awaiting placement into RC, by providing a

resting place and point of interest for tenants (Cohen & Weisman, 1991). Small, clustered spaces are also more familiar to the traditional living room one would have in their own community-dwelling home.

At Fleetwood House, the placement of seating nooks facing the dining room provide little privacy but support the intended function of the space. Tenants were informally observed sitting in these lounge spaces when waiting for their lunch or dinner seating. The seating nook closest to the front entrance also supports its function as a waiting area, providing tenants with a space to wait for their family or friends while watching through the window and observing other tenants and staff in the lobby. The spatial separation of the seating nooks, pictured in figure 6.25 below, provides a physical barrier between tenants while increasing their privacy and social choice. Thus, these seating arrangements serve to either support social interaction by providing a centralized gathering space for tenants to interact or it can hinder social interaction by presenting tenants with the opportunity to sit separately from one another. By designing the spaces as a compromise between the two, the nooks provide choice to tenants.

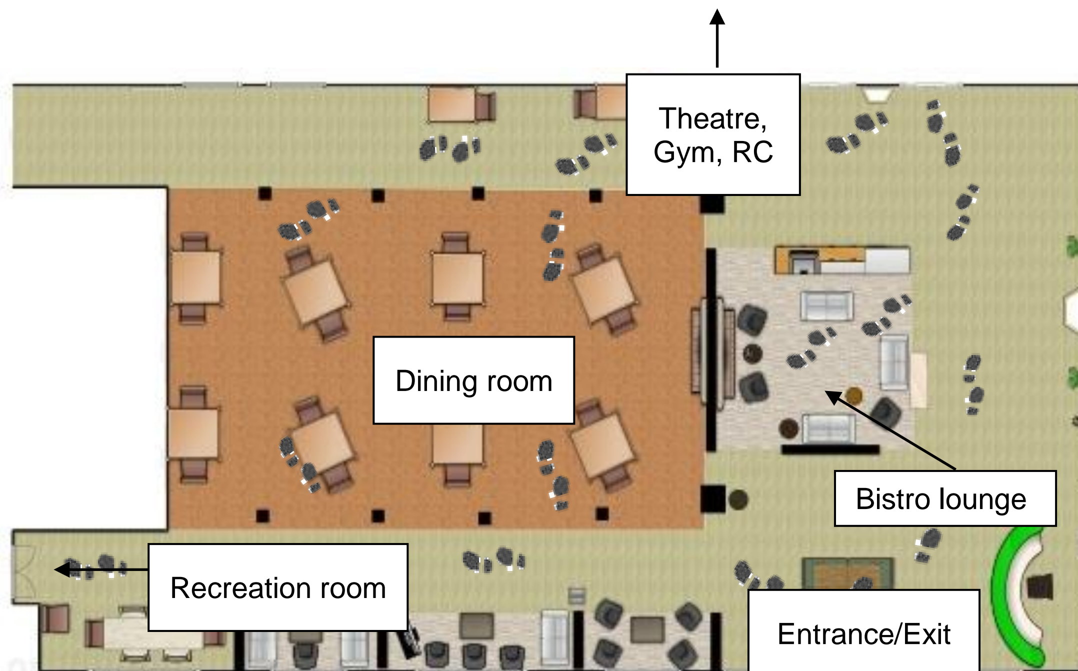


Figure 6.14. Fleetwood House ground floor (dining room and bistro lounge) tenant travel patterns (represented by footprints)

At Fleetwood House, the bistro lounge, pictured in figure 6.14, is located on the ground floor along a major circulation path (represented by footprints) connecting the front entrance and lobby to the elevators, providing a semi-private space for tenants. While this space receives a high volume of traffic in the building, it is spatially separated from the lobby through the placement of a coffee bar, pillars, and information boards (e.g. fall prevention display). The placement of the information boards represent an organizational intervention to increase the privacy of this physical space by creating a visual barrier between the lounge and the lobby.

a b c

Figure 6.15. Examples of design interventions to increase privacy
a. Fleetwood House seating nooks
b. Fleetwood House information board separating lounge and lobby space
c. Parsons Manor partition wall

Following a change in management at Parsons Manor, a patrician wall was built separating the dining room from the corridor to enhance privacy for the tenants. This design feature further enhances the intimacy of the dining experience and residential character of the space. Jason, the recreation coordinator at Parsons Manor, commented on the openness of the space prior to this environmental modification, coordinated by Sandra, the manager at Parsons Manor. Sandra's aim was to create privacy for tenants whom she felt were "on display" in such an open space. While some participants who had lived in the residence prior to the modification perceived the change as negative, suggesting they cannot see what is happening in the lobby and corridor as they could before, others who moved in after this change describe the dining space positively.

6.3.3. Social interaction

The design of the physical spaces in AL have the ability to positively and negatively affect tenants' use of the shared spaces and in turn, their ability to engage in social interactions in the residence. Providing opportunities for tenants to participate in social exchanges with other tenants and staff members is a key element of living communally in age-segregated housing (Jang, Park, Dominguez, & Molinari, 2014). As the majority of scheduled recreational activities have an inherent social component to them, participating in these activities enhances tenants' social interactions in AL.

The physical design of the front lobby at Parsons Manor reflects an important intersection between the organizational and physical environment. Upon first entering the residence, tenants are greeted by a reception desk that is staffed during daytime hours. Offices of the site manager and nurse are located behind the desk with seating to the right, in front of a large window overlooking the parking lot where tenants can sit and watch the arrivals and departures of other tenants and visitors. Private mailboxes are provided to all tenants and are located at the front entrance. Depending on the season, the lobby space at both study sites is well decorated to celebrate upcoming holidays, creating a festive atmosphere. At varying times of day, tenants, particularly males, can be seen reading a newspaper in the lobby at Parsons Manor or the bistro lounge at Fleetwood House.

a b

Figure 6.16. Parsons Manor front entrance
a. View of front entrance/lobby from dining room
b. View of lobby from the front entrance

Parsons Manor manager, Sandra, has a metaphorical and literal ‘open-door’ policy. To reflect this, her office door is always open unless she is discussing a private matter with a staff member or tenant. The intersection between this policy and the available seating in front of the offices provides tenants with increased opportunities for interaction with administrative staff and enhances the homelike feelings of the residence that can be derived from being greeted upon coming ‘home’.

> ... quite often I have usually a set crowd that come and visit me every day (*laughs*). So every morning there’ll be a certain number of tenants that need to come in and see me and say, “Hello,” and check in with me and then throughout the day people come and sit at the front here and then as I come out I’ll have a chat with them and see how they’re doing. (Sandra, Manager, Parsons Manor)

For some tenants, social interaction only occurs during meal times in the dining room. Both sites used small tables of 2-5 tenants to support conversation and feelings of home during meal times, enhancing tenants’ opportunities to interact. However, it was informally observed that most social interaction occurs before and after meal times in the shared lounge spaces located in close proximity to the dining rooms, where tenants arrive early and wait for their seating time. As such, comfortable lounge spaces with supportive seating have a particularly important role in tenants’ opportunities for social interactions at this time of day.

At Fleetwood House, a lounge space is available as a breakfast and informal activity space for tenants on each floor, providing a space that functions as a dining and living room for tenants while also shortening the perceived length of the corridor. The design of this layout creates small residential clusters separated by floor and serves to enhance the residential character of the residence and social interaction by increasing the frequency and consistency of contact with a smaller number of people, thus increasing familiarity and opportunities for social interaction (Cohen & Weisman, 1991). Normalized tasks, such as baking muffins in the kitchen, can become informal group activities when tenants wander in to see what another tenant is up to. Participating in these activities together increases opportunities to build positive, social relationships with one another and serves to enhance their QoL in the residence. Anna, a tenant at Fleetwood House, commented on the spontaneity of these social interactions, saying

"they got me into it! She [other tenant] said to me, "do you want to come watch the baking?" I said, "Yes." I ended up making the muffins (*laughs*)." The smell of freshly baked goods further serves to entice tenants into the lounge, as previously described in the preceding section on homelike design. Such familiar sensory experiences emphasize the role of the lounge and kitchen space as a catalyst for social interaction between tenants.

Another important design feature that instigates and encourages social interaction in AL is the décor of the residence. The presence of artwork on the walls create interest in the residence and aid in facilitating social interaction by creating points of discussion for tenants (Salmon, 1993). At Fleetwood House, the movie theatre contains posters of old films and movie stars from previous decades, enhancing opportunities for tenants to reminisce about their past with others (Cohen & Weisman, 1991). Fleetwood House's flexible organizational procedures allowed for one new tenant to keep her pet bird in the multipurpose room, as pets are not allowed in the suites. During activity observations, the bird often served as a catalyst for social interaction and for the new tenant, was a means of getting to know the other tenants and staff. This is described in the following excerpt taken from the field notes of an activity observation, capturing the social interaction that often occurs before and after the scheduled activity.

> When a group of 5 tenants came in, 3 immediately went to the chairs to sit down while 1 tenant went over to a bird cage at the back of the room with a budgie in it. ... She bent over to look at the budgie and told me that another tenant who had just moved in yesterday brought the budgie with her and the bird is going to be kept in the activity centre for all the tenants. She talked quietly to the bird, "hey pretty bird", while the other 3 tenants spoke quietly amongst themselves about the bird in an active conversation ... After 3 rounds of the activity, the rec. person thanked everyone for coming and reminded those going on the shopping trip tomorrow about the activity. Tenants got their walkers and left; talking about the shopping activity ... Two tenants stayed and went over to the bird with the rec. person; the tenant who owns the bird showed the rec. person how to put the bird to bed (cover the cage with a blanket) then said bye to the 2 tenants and left. (Field notes excerpt, Fleetwood House)

At Fleetwood House, the seating nooks discussed in the preceding subsection on privacy, provide tenants with an accessible space for visiting with each other and watching the activities occurring in the dining room and corridor. As these nooks are

located along a major circulation path around the dining room towards the multipurpose room, they have high visibility in the residence and provide a greater number of opportunities to socialize than more private spaces. The arrangement of furniture in the nooks is varied, where single seats are placed adjacent to couches that face the dining room. While the arrangement of the single seating appears conducive of social interaction—as observed through informal observations of tenants—the placement of the couches towards the dining room appeared to instigate more observation of the dining room activities rather than social interaction with nearby tenants. In describing where Harriet, a tenant at Fleetwood House, spends her time in the residence, she commented:

> Sometimes it's in a small area like this [suite], other times it's in the big place that you have seen us in [ground floor seating nooks], sometimes it's just right in the middle [lounge on each floor] ... and sometimes there's a bunch of people who gather there and it becomes an event. (Harriet, Fleetwood House)

The presence of third places, previously described in section 6.3.1 provide familiar destinations within the residences for socialization to occur. At Fleetwood House, the bistro lounge offers a coffee bar and reading materials where tenants can go and have a cup of coffee and engage in conversation with another tenant, as one would in a neighbourhood coffee shop. This lounge space is semi-private, providing tenants with the choice to leave their suites for an alternative comfortable, homelike space that provides them with opportunities for social interaction. At Parsons Manor, an activity board was observed to be a natural gathering place at the residence, as it is located centrally in the dining room, placing it at the crux of several circulation paths in the residence. Figure 6.31 below displays the location of the activity board along a major circulation path in the residence, as represented by the placement of footprints.

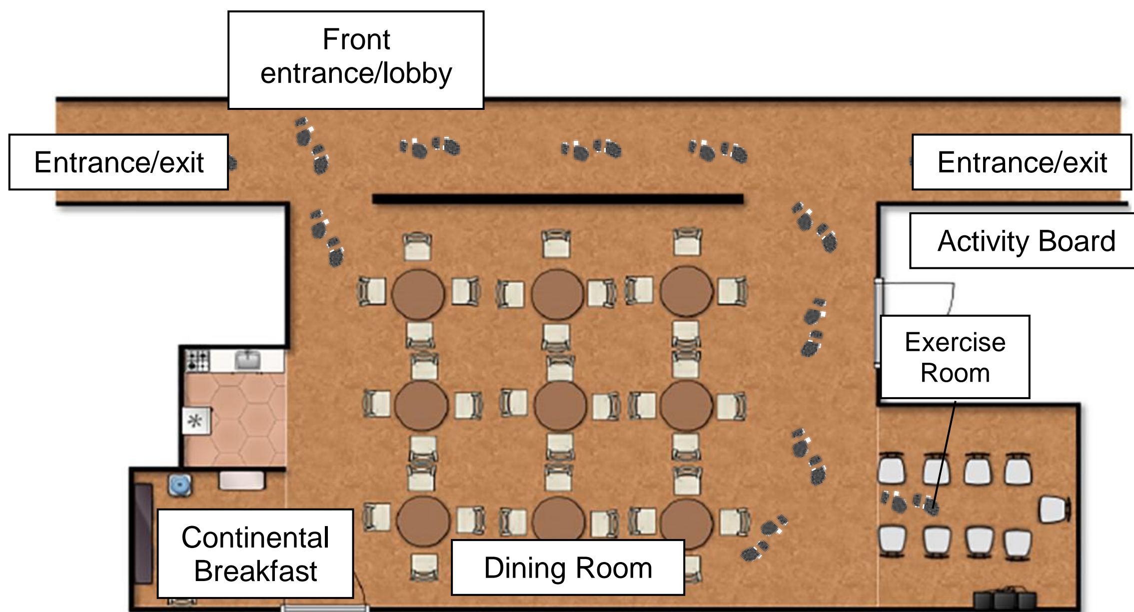


Figure 6.17. Parsons Manor dining room and exercise room tenant travel patterns

Tenants were often seen stopping to read the board and then sharing a social exchange with others passing by in the corridor while doing so, such as a greeting or comment about a particular activity. The greatest traffic was observed in front of the activity board at the times prior to or after a meal time or scheduled activity when tenants are en route to a destination in the residence for a purpose. Other factors, such as the level of background noise in a room, can also affect tenants' desire to engage in social interactions at the residence. Noise and other sensory aspects of the physical environment are discussed further in section 6.3.5.

6.3.4. Accessibility and safety

The accessibility and safety of the physical environment in AL can greatly influence tenants' ability and desire to participate in leisure walking behaviours, such as hallway walking (Lu, Rodiek, Shepley, & Duffy, 2011). Walking as a form of physical activity inside the AL residence is particularly important to AL tenants, as many are limited in their ability to walk outside due to weather conditions or low feelings of safety—two features frequently mentioned as barriers to walking outside by study participants. Participants described low feelings of safety to be the result of lessened

access to assistance after leaving the residence due to the limited outdoor range of their call buttons which are typically worn around their neck or kept in their walker. A fear of falling outside and not being able to call the AL staff confined tenants to walking within the building when a family member is not available to walk outside with them. This finding supports that of Lu et al. (2011) who describes the availability of help in the event of a fall to be an important reason for walking indoors as opposed to outside. For those who expressed high self-efficacy in walking outside and would do so without the presence of a family member, poor weather conditions were reported most often as a barrier to walking outside.

Continuous, easy-to-grasp handrails are present on all corridor walls in both residences and contrast the wall colour, making them visible to tenants and enhancing their ease of mobility, accessibility, and safety walking inside, particularly for those with visual impairments (Salmon, 1993; Whitbourne & Whitbourne, 2011). The following case study portrays how the design of the physical environment at Parsons Manor supports Betty's wayfinding around the residence.

Table 6.2. Physical environment and recreation participation case study: Betty

Betty, 88, moved into Parsons Manor just over 4 years ago after going blind from complications of an eye exam. She lives on the first floor of the residence towards the end of the hall. Betty is a very active person, physically and socially. Every day Betty does a series of stretches and exercises on her balcony to get fresh air and movement when she's feeling restless. When not exercising, Betty spends her time listening to the radio, talking on the phone with her family, or walking the corridors—often stopping to visit with the other tenants along the way. Due to Betty's blindness, she relies on the railings along the corridor walls to guide her down the hall to the dining room for meals. "...where I live I just pop around the corner and the railing outside on the wall takes me right into the restaurant, right to the front door. You know, I don't need to hold onto it but just to feel it, I know where I'm at." As the primary recreation lounge is located en route to the dining room, Betty will often stop to visit with the recreation coordinator and the other tenants occupying the space at that time, thus enhancing her opportunities for regular social interactions.
Betty, Tenant, Parsons Manor

Other features of the residences that have been found to support walking behaviour in AL include carpet as opposed to hard flooring, appropriately located activity spaces and washrooms, and seating opportunities in corridors (Brawley & Taylor, 2001; Lu et al., 2011). At both study sites, the physical design of the corridors are moderately

supportive of walking behaviours, as they are level-surfaced (i.e.. without ramps or inclines), fairly short in distance, contain carpeted flooring—which increases ease of walking and decreases fears of a fall—and are wide enough to support the passing of two wheelchairs (doorways are greater than 3 feet) (Branson, 1991; Lu et al., 2011; Salmon, 1993).

While accessibility wasn't discussed as a prominent issue among most participants, those using wheelchairs described accessibility issues with the tread height on doors and several design issues with their suites. The threshold between tenants' suites and the corridor, and between surface changes, was not found to be problematic at Parsons Manor; however, one wheelchair-bound participant at Fleetwood House, Henry, described difficulties wheeling himself over the threshold into his suite as a result of the rise.

> The one thing that I didn't like about it [here in AL] is it's not wheelchair accessible. Going into your suite and through the door in your room, your wheelchair would be banging the wall and you have a bump to go over. There's a ridge with a metal strip over it and you've got to push yourself over these things to get into the room and I find that you get into the bathroom in your wheelchair and you're banging the cupboards, you're banging the walls, but other than that the design is good. I like the layout of the rooms, the layout of the floors and the lounges there. (Henry, Fleetwood House)

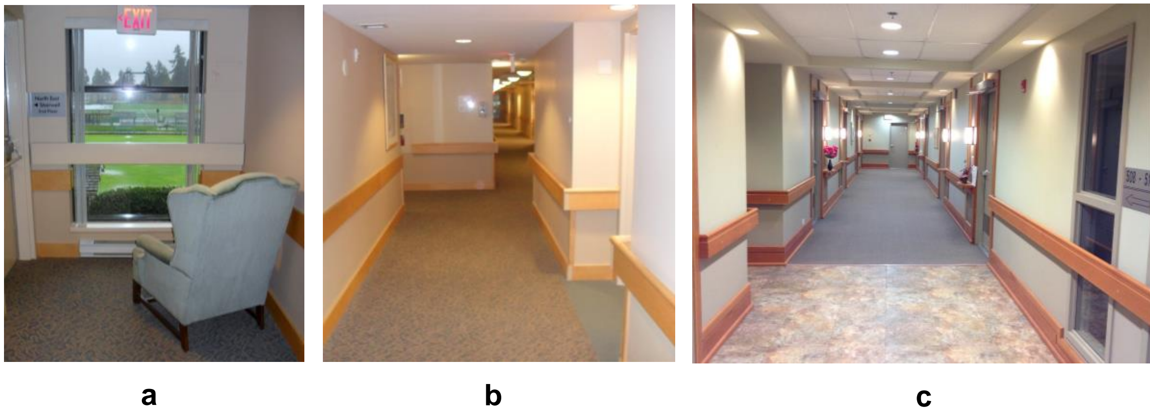
Making the threshold as flush as possible to the floor would increase accessibility and mobility of those using mobility aids (Branson, 1991).

Other issues of accessibility at Fleetwood House for wheelchair-bound tenants include insufficient space under counters and sinks to accommodate wheelchairs and the height of the cupboards, countertops and closet hangers being too high to reach. One participant, Louise, relies on the assistance of an ALW to prepare her breakfast for her in the shared lounge on her floor; while she has requested in the past for breakfast items to be placed at the edge of the counter so she can do this independently, other tenants forget and place the items where she is unable to reach without using her call button for assistance. Louise also described needing the assistance of an ALW once per week to hang up her clothes for her, as she can pull them off the hanger to access them but the closet rod is too high for her to hang them back up. Placing adjustable rods or

other organizers in the closets increases tenants' independence in this activity by increasing accessibility and safety, as pulling on a hung item increases the risk of something falling onto the tenant (Sanford, 2012). To increase tenants' ease of mobility in their suite, storage space is available and easily accessible on the ground floor for storing power chairs, as the use of power chairs are restricted within the residences.

Supportive accessibility features found at both sites include the use of lever handles instead of door knobs, movable furniture (e.g. foldable chairs or lightweight tables) with high backs and continuous arm rests, and raised electrical outlets (Sanford, 2012). A possible hindrance of the larger doorways, used to accommodate wheelchair-users, is the increased weight of the doors, which make them more difficult for frail older adults or wheelchair users to open if they're not automated, resulting in an increased risk of falls (Salmon, 1993). Doors to tenants' suites at both sites are lightweight and do not swing closed, making them easy to open and maneuver. While the front entrance doors at Fleetwood House are automatic, the front entrance at Parsons Manor is not, requiring tenants to manually open the heavy doors. During an observation of an activity in the dining room at Parsons Manor, a tenant was observed falling outside while trying to open the front door. The tenant was taken to the hospital and while she did not suffer any injuries as a result of the fall, the incident alarmed several participants who mentioned it in their in-depth interviews. These participants described an increased sense of caution in their daily activities and mentioned fear of falling more often than those who had been interviewed at Parsons Manor prior to the incident. It is possible that simply witnessing a fall in AL can negatively affect tenants' walking confidence and potentially, their participation in activities.

At Parsons Manor, chairs are placed at the end of corridors by windows to provide tenants with opportunities for viewing the outside (figure 6.18a); however, as shown in figure 6.18b, no chairs are located along the corridors between tenants' suites and destinations, such as the elevator, lounge spaces, or dining room. No seating is provided in the corridors at Fleetwood House (figure 6.18c).



a b c

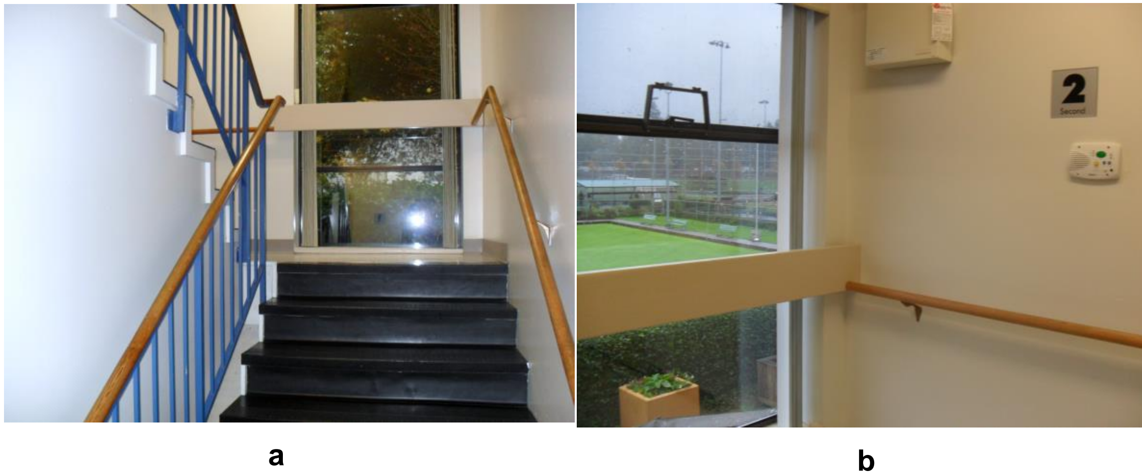
Figure 6.18. Corridor seating opportunities
a. Parsons Manor – Seating at the end of the corridor
b. Parsons Manor – Second floor corridor
c. Fleetwood House – Fifth floor corridor

While Brawley and Taylor (2001) and Lu et al. (2011) suggest the presence of seating in corridors is advantageous to walking behaviours in the residence, no study participants commented on this feature directly. It is possible that tenants who require corridor seating have adapted to this requirement by relying on their walker to satisfy this need. During data collection, tenants were informally observed at Fleetwood House stopping part-way down the corridor between the elevator and their suite to sit on their walker seat to rest. To maintain the residential character of the corridors, seating could be provided as insets for tenants (Salmon, 1993), mitigating the risk of falling as a result of turning around to sit on a walker seat.

At both sites, two elevators are centrally located in the residence and use buttons that are large, easy to press, located at an appropriate height inclusive of those using wheelchairs, and provide an auditory queue when the doors open. A prominent difference between the two sites was found between the consequences of elevator size and organizational policy. At Parsons Manor, the elevators are the same size and there are no restrictions in their use; as such, no comments were made by study participants regarding their accessibility. At Fleetwood House, the elevators are different sizes, with one slightly larger than the other, providing a larger turning radius for wheelchair users. Following an incident where a tenant was unable to maneuver her wheelchair in the smaller elevator, a policy was implemented by management that wheelchair users are restricted to the larger elevator, creating accessibility users particularly around meal

times when elevator usage is at its peak. This organizational change and its implications will be discussed further in the following chapter.

Another difference between the two sites is in the accessibility of the stairwells. At Fleetwood House, access to the stairwells is restricted to only those staff members with a key, as it is locked to tenants. It is suspected that the aim of this policy is to increase tenants' safety by reducing the risk of falls. Alternatively, the use of stairwells is encouraged at Parsons Manor as opportunities for increasing daily physical activity. The stairwells at Parsons Manor are unlocked, well-maintained, and include several design features that increase tenants' safety. The railings are painted bright blue and contrast the brown grab bars which further contrast the white walls and black stairs, making them easily visible for those with visual impairments (figure 6.19a) (Holmes-Siedle, 1996). The grab bars are continuous on both sides of the stairs so tenants always have something to hold onto to maintain their balance (Holmes-Siedle, 1996). Features that mitigate the risk of a fall include closed risers (so tenants' feet don't catch under the stair) and the use of a non-slip material for stair nosings (Holmes-Siedle, 1996; Sanford, 2012). A window on each stair landing allows tenants to view the outside while also increasing the natural light of the stairwells (Branson, 1991). Next to the windows are call buttons, increasing tenants' access to care should they require assistance in the stairwells (figure 6.19b). A design feature that is recommended to further increase the accessibility and safety of the stairwells at Parsons Manor is the addition of contrasting nosing strips on the outside edge of the stairs, to increase the ability for tenants' with visual impairments to distinguish where to place their footing on the stairs (Holmes-Siedle, 1996).



a b

Figure 6.19. Parsons Manor stairwells
a. Colour contrast and grab bars
b. Windows and call buttons

Other notable accessibility and safety features found to be present at both sites include water sprinklers in the dining room, regularly tested fire alarms that have both visual and auditory alerts, and pot lights in front of the entrance to tenants' suites to enhance visibility and safety. The following subsection will describe sensory aspects of the physical design features that support tenants' changing sensory abilities with increasing age.

6.3.5. Sensory aspects

In order for purpose-built housing for older adults to support competence and environmental fit, it must be designed in a way that mitigates the effects of age-related physical changes (Christenson & Gienart, 1990; Regnier, 1999; The American Institute of Architects Foundation, 1985). The degree of sensory impairment one experiences with age varies but common changes affect visual acuity, hearing, tactile and thermal sensitivity, strength, and mobility (American Institute for Architect's Foundation, 1985). A discussion of sensory changes affecting one's mobility (e.g. balance) is discussed in the preceding subsection on accessibility and safety of the physical spaces in the residences. This section will discuss the role of physical interior design features in supporting age-related changes to tenants' visual acuity, hearing, and thermal sensitivity.

Visual acuity

An increased sensitivity to glare, difficulties with depth perception, and reduced sensitivity to colour contrast are some of the changes associated with aging that increase the need for additional lighting—up to twice as much light as those under 40 years of age—in order to see normally (American Institute for Architect's Foundation, 1985; Brawley & Taylor, 2001; Salmon, 1993; Whitbourne & Whitbourne, 2011). Glare is created by allowing direct artificial light or sunlight to shine directly onto a reflective surface, such as hardwood or linoleum, which can create balance and orientation problems for older adults and increase their risk of falls (American Institute for Architect's Foundation, 1985; Brawley & Taylor, 2001). Both sites are well-lit overall and use features throughout the residences that mitigate glare, such as curtains, blinds, and non-reflective surfaces (e.g. low-pile carpeting, rugs, and patterned tiles).

As the ability to adjust to changes in lighting levels also decreases with age, it is important to ensure that lighting in AL residences are consistent throughout the building and that changes to lighting levels occur gradually (Brawley & Taylor, 2001). Good lighting also serves to enhance the ability for those with hearing impairments to read lips (Salmon, 1993). At Fleetwood House, the lights in the shared lounge spaces on all but one floor are usually turned off when the space is not in use. While this practice conserves energy, it has the potential to discourage use of these spaces by increasing the visual difficulties tenants may experience when the lights are turned on due to changes to the retina that occurs with age (Holmes-Siedle, 1996). Older eyes require more time to adjust to changes in lighting level, therefore, the swift change from a fully dark to bright room can result in glare and difficulties seeing the space (Holmes-Siedle, 1996). The use of dimmer switches in shared lounge spaces can mitigate these difficulties by allowing tenants increased time to adjust to the changes in illumination and to make the space appear more inviting. The floor at Fleetwood House that often was seen with their lounge space lighting on was identified as the most socially active floor in the residence by staff members and study participants—an observation that was also made during informal time spent in the lounge spaces.

A decreased sensitivity to colour is also associated with increasing age and can negatively influence feelings of safety in the residence when there is little contrast

between the spatial features of a room (Brawley & Taylor, 2001). Colour contrast can be used as a visual cue for discerning different surfaces and depths, such as the railings along a wall, increasing tenants' ease in navigating a space. Figure 6.20a of a hallway in Fleetwood House represents the use of contrast to make railings on the wall and the floor boards more visible to tenants, signifying a change in depth.

a b

Figure 6.20. Examples of illumination and colour scheme
a. Fleetwood House lounge
b. Parsons Manor meeting room

Figure 6.20b depicts the meeting room at Parsons Manor where some social activities are scheduled for tenants. While the railing on the right side of the room adequately contrasts the wall, the railing on the back of the room is noticeably more difficult to distinguish against the beige wall colour. During the observation of a bingo activity in this room, tenants were seen holding the backs of the chairs for balance rather than using the grab bars along the back and side of the walls, which made it difficult for those navigating the space with a walker.

Noise

The noise level of residences designed for older adults can influence their desire to spend time in shared activity spaces and their enjoyment of these spaces (Steinfeld & Maisel, 2012; Whitbourne & Whitbourne, 2011). It is increasingly difficult to discern high-frequency sounds with increasing age (e.g. elevator chimes or alarm systems), making it important to reduce or eliminate background noise wherever possible (American Institute

for Architect's Foundation, 1985; Cohen & Weisman, 1991; Whitbourne & Whitbourne, 2011). One of the primary factors that distinguish a home environment from an institution is the acoustics of the room (Brawley & Taylor, 2001). A marker of an institutional environment are long, waxed corridors where the sounds of employees and tenants bounce across the surfaces, amplifying the noise and environmental stimulus. Dining rooms can be particularly problematic due to the confluence of sounds that occur during mealtimes that pose as a risk factor for confusion and overstimulation.

In a home environment, smaller spaces and the use of carpet reduce and absorb the sounds generated, increasing feelings of ease and comfort (Brawley & Taylor, 2001; Steinfeld & Maisel, 2012). While hard surfaces, such as hardwood floors and linoleum, can be found in both environments, the difference in scale between the two affects the ability for noise to be amplified or absorbed (Regnier, 1994). For example, the square footage of a home in the community is more likely to be separated into a variety of small spaces as opposed to a large, multipurpose room, thus reducing the ability for noise to permeate a larger portion of the residence.

Both residences in this study have organizational policies and physical design features in place that limit the noise in the residences and enhance tenants' use of these spaces. As previously mentioned in a discussion of privacy, renovations were made to the dining room at Parsons Manor in recent years prior to data collection. The original design of the dining room yielded a large space open to the main hallway and front entrance. To enhance the privacy of the dining experience and reduce background noise from the lobby and corridors, a partition wall was built to distinguish the dining room as a separate space in the residence (Regnier, 1999). This partition wall is pictured in figure 6.28 in section 6.3.2 on privacy.

Both residences hold two seating times for tenants' lunch and dinner to support the use of a smaller dining room. Smaller dining room tables are used to further reduce competing sounds in the space, with no more than five tenants per table at Parsons Manor (figure 6.21a) and four tenants per table at Fleetwood House (figure 6.21b). The use of appropriate scale serves to increase tenants' privacy and ease of socialization by reducing erroneous stimuli, such as that created by the cumulative noise from dining.

Reducing overstimulation is particularly important for those who may be exhibiting symptoms of dementia, as excess noise could lead to confusion or disorientation (American Institute for Architect's Foundation, 1985). These examples represent organizational strategies undertaken at each site to mitigate the potentially restrictive or hindering design features of the physical environment.

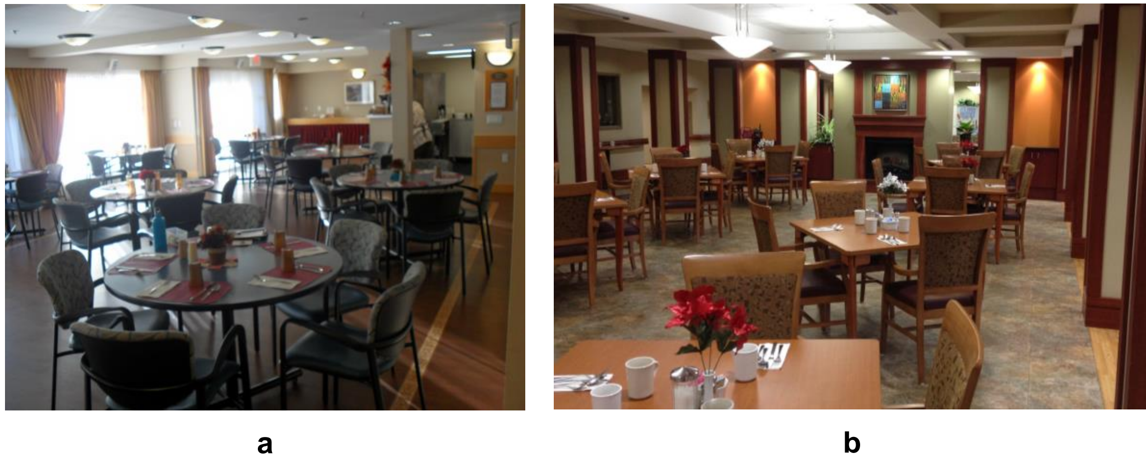


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Figure 6.21. Examples of use of appropriate scale
a. Parsons Manor dining room tables
b. Fleetwood House dining room tables

The placement of activity spaces in the building noticeably affected the overall noise level of the residences. While Parsons Manor is overall a peaceful and quiet place, it can become fairly noisy when a recreational activity is being conducted, as the activity spaces are unenclosed and centralized on the ground floor. Alternatively, the activity spaces at Fleetwood House are predominantly enclosed with doors—with the exception of the bistro lounge adjacent to the lobby—and arranged on the perimeter of the ground floor below tenants' suites. This concentrates the noise from the activities to the purpose-built spaces as opposed to polluting nearby quiet spaces. A potential consequence of this design is that the reduction of noise that may have triggered some tenants to investigate the source may reduce their visibility of the 'action' in the residence, thus decreasing the potential for them to participate spontaneously in the activities. This was commented on by Hannah, a recreation assistant at Fleetwood House when asked about some of the challenges the recreation team has in delivering the scheduled activities:

> That [multipurpose] room. It's like some of the folks that do attend, it's a long way from their room to the elevator all across the dining [room] all the way to there. Like I feel that we're environmentally—it's challenging. I find the programs that we're doing that are in the bistro [lounge] I have amazing attendance, like 20 people are coming to this program because it's like we're coming to them. So to me that's the biggest challenge is just the physical environment; the fact that we're sort of an island off in the corner can make it difficult. ... they don't see the action going on. ... if they want the recreation they have to come to it and they don't see it taking place. I believe if it was more central then maybe some of the people that were sort of on the cusp of thinking of attending would sort of observe maybe and move onto participating, it might happen but we're just kind of sequestered away... (Hannah, Recreation Assistant, Fleetwood House)

The multipurpose room at Fleetwood House, while "sequestered away", is conducive to activity participation, as the arrangement of furniture provides multiple sub-spaces within the larger space. However, because of its open design and a lack of sound-absorbing materials (e.g. wall décor and rugs), sound carries throughout the room and activities can be loud at times. Activities that require the movement of furniture, such as chair exercises were observed to have the highest volume of all activities due to the arranging of chairs for the activities. This noise was also present during exercise activities that were conducted in the small meeting room (see figure 5.9 in section 5.1.2 for a floor plan), that has linoleum floors and bare walls. Overall, both sites appeared to have little background noise and are supportive of tenants' abilities.

Temperature

The temperature of activity spaces can affect tenants' enjoyment and use of these spaces. As the dermal layer of the skin is reduced with increasing age, it becomes drier, less elastic, and less able to cool itself (American Institute for Architect's Foundation, 1985; Whitbourne & Whitbourne, 2011). Core body temperature also increases as the body's sweat output decreases (Whitbourne & Whitbourne, 2011). These physiological changes in the skin increase the body's sensitivity to temperature, making older adults more susceptible to extreme heat and cold (Salmon, 1993). While tenants have control over the set temperature in their suites, they lack this same level of control over the shared spaces in the building, such as the corridors and activity spaces. When interviewing Mildred, a participant at Fleetwood House in a shared lounge space, a passing tenant stopped to talk to her about the weather and temperature of the

building, as the winter season was approaching at the time. A verbatim excerpt of this exchange was recorded in the interview field notes guide.

> Fleetwood House male tenant: I keep my room at 72 degree because of that hallway—they keep it so hot so my room is hot. I can't stand the heat. I can't sleep with that heat on at night—it's bad enough during the day.
>
> Mildred: Well I like the warmth, I've always liked the warmth. I can go out in the summer and sit in the sun all day.

An excerpt taken from field notes recorded moments before the start of a scheduled activity at Parsons Manor describes an attempt by a tenant to adjust the temperature of the activity space, as it did not comfortably suite her preferences.

> The room temperature felt comfortable but one frail female tenant who has been sitting in the room when I arrived turned to me and described the room as cold. She mentioned this to the recreation coordinator who turned up the heat slightly. When he walked away, the tenant reached up to the thermostat and turned the dial all the way to the right, as hot as it could go. The recreation coordinator saw her do this and walked back over to turn the dial back down and said, "Don't do it any higher". She shook her head in frustration and when he walked away, continued to talk to me about the cold. She said, "I don't know how they get away with it", before shaking her head once again and turning to watch the other tenants arrive for the activity. The other tenants didn't appear cold and seemed to ignore this exchange. (Field notes except, Parsons Manor)

On other observation days in the same space, comments were overheard about the cold breeze that would enter the lounge when tenants or staff used the back door in the lounge to access the outside space. Since data collection occurred at both sites during the winter months, such comments can be attributed to season. Disputes and complaints about the temperature was not observed at Fleetwood House as it was at Parsons Manor. This is supported by responses provided on the POLIF questionnaire where the Parsons Manor manager and recreation coordinator both agreed that sometimes the temperature at the residence is either hot and stuffy or cold and drafty. At Fleetwood House, staff members described the residence as comfortable with no temperature issues reported.

6.3.6. Orientation

Shared lounge and activity spaces should be arranged in the residence in a way that is supportive of tenants' ease of orientation around the building. Both sites have wide, linear corridors that link tenants' suites to centrally-located destinations of interest, such as the elevator, a lounge space, or dining room. The corridors are double-loaded with suites located on each side of the corridor, shortening the length of the corridor and increasing efficiency for staff (Salmon, 1993). While a critique of double-loading corridors is the potential limiting of outdoor visibility (Salmon, 1993), both residences are designed where all suites have either a window (Fleetwood House) or a window and balcony (Parsons Manor).

Circulation patterns and destinations of interest

The layout of the residence has an important role in the circulation patterns of tenants and their visual access of destinations (Zeisel, 2006). For example, if an activity space is located at the end of a corridor then it may receive less use than if it was located en route to a required destination, such as the dining room or lobby. Positioning destinations of interest along the corridor provides tenants with increased viewing points of the activities in the space, thus increasing their opportunities to participate spontaneously on their way to or from a major destination in the residence (Salmon, 1993). For example, at Fleetwood House, a shared lounge and kitchen is centrally located on each floor facing the elevator doors as opposed to the lounge spaces at Parsons Manor that are located adjacent to the elevators.

Parsons Manor follows a simple U-shaped layout where activity spaces, the dining room, elevators, and lobby are all centrally located, increasing ease of orientation around the residence. Alternatively, Fleetwood House has a greater variety of purpose-oriented spaces, such as an exercise room, a theatre, and a multipurpose room, that are located in distinct corners of the residence, making wayfinding and orientation around the residence potentially more confusing. Because of the location of Fleetwood House's multipurpose room, it expectantly warrants more purpose-driven behaviours than other shared spaces in the residence. That is, tenants visit this space with the intention of participating in an activity to some degree (Regnier, 1994). This differentiates from the

primary activity space at Parsons Manor—the ground floor lounge—which serves as an informal lounge space and activity space; therefore, not all tenants come to this space with the intention of participating in an activity as they might at Fleetwood House.

The arrangement of furniture can have a large effect on tenants' circulation patterns and use of the space (Zeisel, 2006). At Fleetwood House, the large multipurpose room has been divided into several smaller activity spaces by arranging furniture in a way that supports the intended use of the space. For example, in figure 6.22 below, the arrangement of green and red chairs represent activities that are primarily social or cognitive. Alternatively the chairs at the perimeter of this space can be moved in order to increase the space available for a physical activity. While this multipurpose room is located off a main circulation path in the residence, the space itself is well designed and conducive to a variety of activities. Footprints in the figure below denote tenants' observed circulation patterns during scheduled activities.

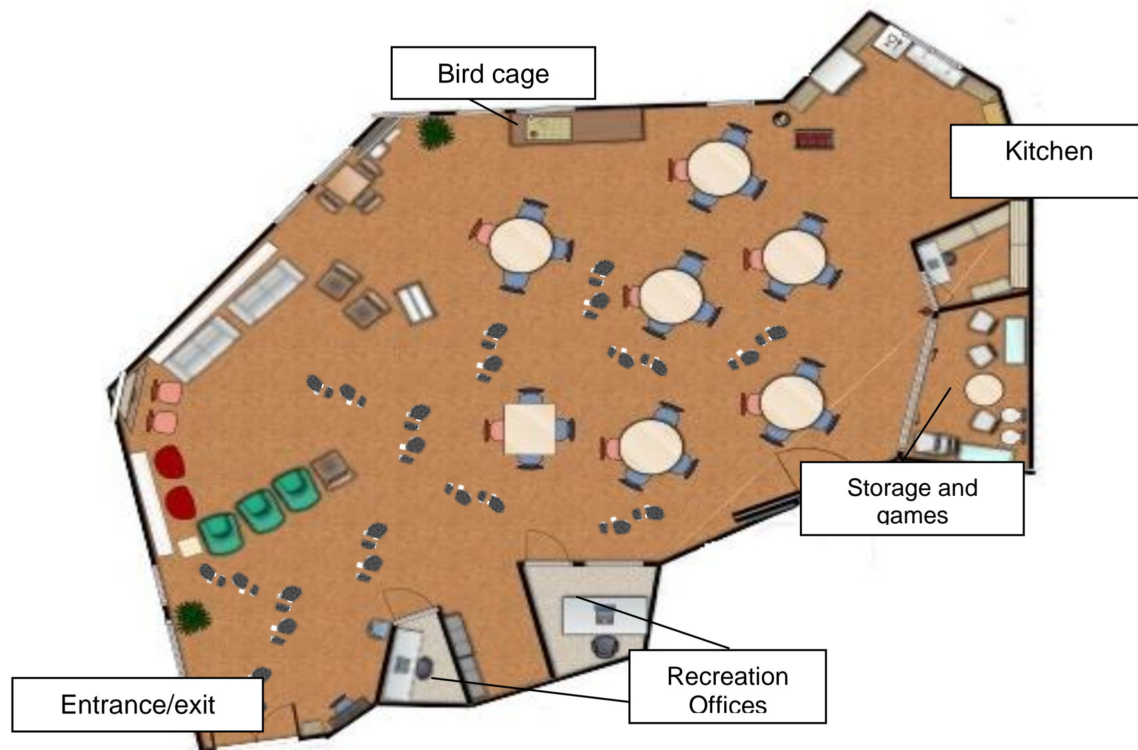

Figure 6.22. Fleetwood House recreation/multipurpose tenant travel patterns

At Parsons Manor, the primary recreation space is centrally located in the residence along a major circulation path, as approximately one-quarter of tenants pass

by it on their way to and from the dining room from their suites. While the space itself is limited by its design to support a diverse a range of activities, it functions well for its intended purposes, which include attending a scheduled recreation activity, working on the communal puzzle located at the entrance of the room, reading a magazine between scheduled activities, or as a thru-way to the back door, leading tenants along a paved pathway to nearby shopping destinations. Figure 6.23 below represents the furniture arrangement and major circulation path of the ground floor lounge at Parsons Manor where 59% (n=13) of activity observations were conducted. Cognitive and social activities are most commonly held in this space, such as crossword games and afternoon tea. The footprints in the diagram denote tenants' entry into the space from the corridor and localization of preferred seating along this path.

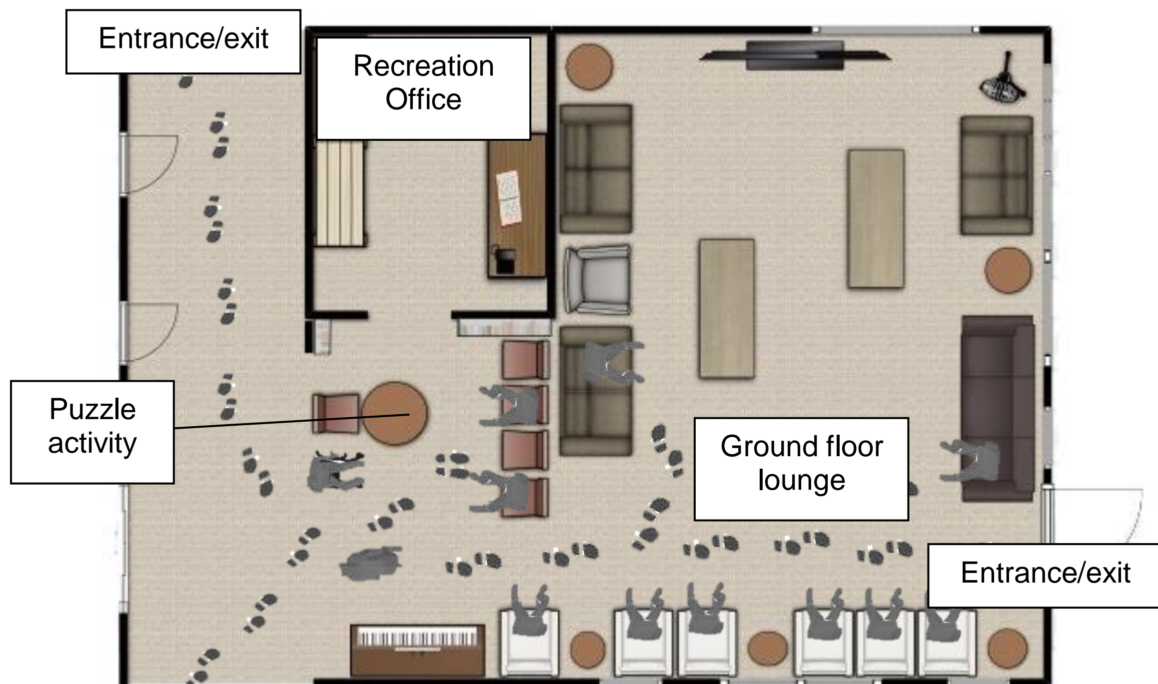

Figure 6.23. Parsons Manor ground floor lounge with tenant travel patterns

The passing of tenants through the exit increases the traffic along this circulation path and increases opportunities for socialization, as tenants were often observed greeting and sharing a short verbal exchange with those sitting around the puzzle activity or watching passer-bys. Tenants who arrive in the room between scheduled activities will most often congregate in the chairs at the lounge entrance in front of the

recreation office or along the back wall. Only when these chairs are taken do tenants begin to utilize the seating space at the front of the lounge by the television. It was observed that when tenants would arrive following the start of a scheduled activity, they would often stand at the entrance and observe the activity being conducted, sometimes joining in.

Wayfinding and signage

The availability and quality of signage is particularly important for tenants' orientation in large residences and those where activity spaces are not centrally located (Salmon, 1993). The multipurpose room at Fleetwood House is positioned past the dining room at the end of the hallway through a set of closed double-doors. While a sign identifying the "activity space" is available, it is moderately sized and only visible when standing in front of the doors. Therefore, those coming to the space can be expected to be entering the space with a purpose in mind; that is, they are already aware it is an activity space and are coming to participate in or observe an activity. For those who may not be active in the activities but know of the location of this space, it is essentially, 'out of sight, out of mind.' At Parsons Manor, the primary recreation space (i.e. the ground floor lounge) is visible from the hallway as tenants on that side of the building pass from their suites to the dining room and back again. This increases tenants' opportunities for observing or assessing the activity environment and making a spontaneous decision of whether or not to participate depending on what the environment is offering them at that time, enhancing tenants' choice and control.

As declines in visual acuity are expected with advancing age, quality signage needs to be large in size, contrast its background, and be located where it can easily be read by tenants (Salmon, 1993). Despite 71% of study participants identifying as visually impaired and several as partially or fully blind, neither study sites provided raised Braille signage throughout the residence, potentially limiting the control these tenants have over their ability to independently navigate the residence when they first move in. A feature present at both study sites that increases tenants' ease of orientation and wayfinding is the painting of each floor in a different colour. The differently coloured walls serve as a visual queue to tenants as to which floor they're on, supporting their ability to navigate the building and locate their suite. The following subsection will describe features of the

exterior physical environment that may affect tenants' walkability and navigation of the nearby outdoor space.

6.4. The Exterior Physical Environment

Features of the exterior physical environment of the residences were examined to understand the opportunities for activity in the immediate vicinity of the residence, including building design (e.g. accessibility of the front entrance, building height, and patio/garden spaces) and neighbourhood walkability features (e.g. proximity to services, sidewalk quality, and the presence of street crossings). General neighbourhood scans were conducted around both study sites using the SWEAT-R Secondary Observation tool. Scans were conducted prior to data collection inside the residences then were revisited following the completion of all data collection to account for missed information during the first scan.

Both sites are situated within predominantly residential, well-maintained and quiet neighbourhoods with a secondary commercial land use at Parsons Manor and industrial land use at Fleetwood House. A paved walkway is accessible to tenants from the back of the building and is a short walk along a park to nearby destinations, avoiding traffic hazards and noise. A second walkway located at the front of the building provides tenants with continuous access to the bus stop in front of the street. Sidewalks and additional trails leading to these services provide tenants who have a moderate-to-high level of mobility with convenient access to desirable destinations. Within a 1 kilometre radius of Parsons Manor is a major grocery store, several restaurants, a financial institution, and a spa, providing tenants with moderately walkable destinations. Periodically, the recreation coordinator at Parsons Manor will schedule a lunch outing to a nearby restaurant where tenants can walk over as a group in a formal activity.

While both sites have well-paved sidewalks present on at least one side of the street, Parsons Manor has sidewalks on both sides. The sidewalk directly in front of both residences lacks a buffer zone between the street and pedestrians which can reduce feelings of safety, particularly when passing others. However, at Parsons Manor, a buffer zone lined with mature trees separates the pathway from the street as it continues onto

the RC facility (figure 6.25b). One married participant with a spouse living in the adjacent RC facility described selecting Parsons Manor with her husband years prior because of the close proximity of the RC facility should one of them require more care. When the weather is poor, a tunnel connecting the AL residence to the community centre and the RC facility protects tenants and visitors from the elements while maintaining connections with family members and friends.

The site grounds and surrounding neighbourhood at both sites are very attractive and well maintained with little to no signs of litter or graffiti. Traffic in the area around Parsons Manor is calm and pedestrians of all ages are visible walking outside during the daytime. This contributes to feeling of safety when walking between buildings and to the nearby destinations (King, 2008; Wang & Lee, 2010). Such feelings of safety are further enhanced by street lights on both sides of the street, providing adequate lighting during the early morning and late evening (Ewing & Handy, 2009; Mitchell et al., 2003). The buildings are also well maintained and blend into the character of the neighbourhood. At Fleetwood House, traffic was slightly heavier during walking audits, making crossing the street significantly more difficult than at Parsons Manor. While streets are well-lit, the increased visibility of litter and graffiti on the buildings behind the residence detracts from feelings of personal safety.

a b c

Figure 6.24. Parsons Manor features of walkability
a. Back pathway connecting tenants to nearby shopping destinations
b. View of trail-to-sidewalk connection and bus stop
c. Front entrance and parking lot

Public gathering spaces are more accessible at Parsons Manor than at Fleetwood House, with a community centre located in the parking lot between Parsons

Manor and its associated RC facility. While separate parking lots are designated for AL, RC, and the community centre, parking remains an issue. There are 18 uncovered parking spaces available in total at Parsons Manor, of which 6 are designated for tenant use, leaving 12 for staff and visitors. The parking lot is often full, leaving AL visitors to park in the community centre's lot or on the street. The area outside of the community centre is very walkable, as curb cuts guide tenants from Parsons Manor to the level, well-paved parking lot through to the front doors of the community centre (figure 6.24c). No obstacles are present on this walk and parking lot lighting provides a well-lit path where natural light is limited.

a b c

Figure 6.25. Parsons Manor exterior design features
a. Bench in between Parsons Manor and community centre
b. Walkway from Parsons Manor to the RC facility
c. Entrance to the community centre from the parking lot

Lining the parking lot are three benches—one visible from the lobby and two out of sight—with ash trays for tenants and visitors to sit outside to visit or smoke. The two benches not visible from the lobby were not seen to have any use during data collection at Parsons Manor; however, the visible bench along the primary walking path toward the community centre (figure 6.25a) was seen used on an almost daily basis by several tenants who would socialize while smoking or passively observe those visiting the residence. The position of these benches facing the parking lot allows tenants using the bench to observe those visiting the AL residence and community centre.

Unique exterior physical design features at Fleetwood House include a gazebo outside of the front entrance and a 0.54 km walkway marked with footprints surrounding

the campus (figure 6.26a). While enclosed seating spaces are somewhat limited at Parsons Manor, the gazebo at Fleetwood House provides tenants of both the AL and RC buildings a place to gather and socialize while observing passer-bys (figure 6.26b). Along the walkway (figure 6.26c) are 10 benches to support tenants who require frequent breaks while walking; each bench is marked with the distance covered up to that point on the path (figure 6.26d). Within a 1 kilometer proximity is a community centre, public library, convenience store and several bus stops. However, with the exception of one study participant, all participants reported not walking to these destinations because they're too far given their level of mobility. Participants instead reported walking around the campus grounds along the designated walkway when walking alone, suggesting the presence of this walkway is conducive to positive walking behaviours.

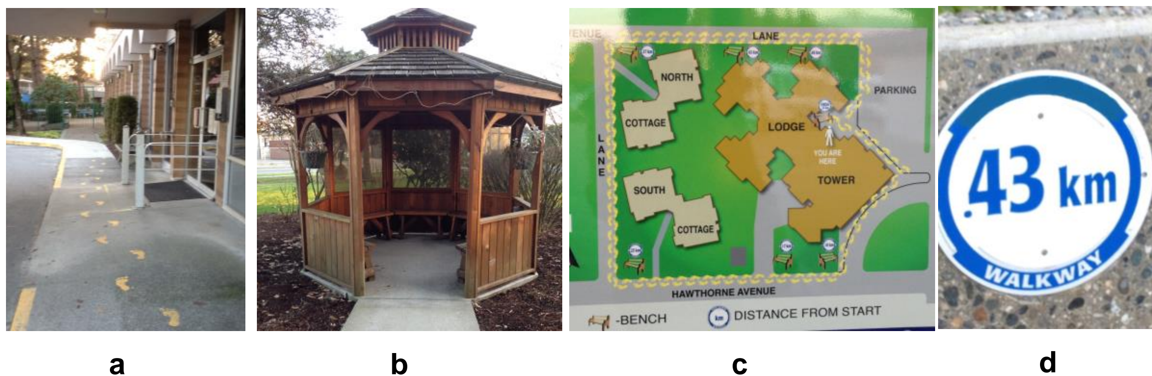

Figure 6.26. Fleetwood house exterior design features
a. Gazebo in front of AL entrance
b. Map of walkway surrounding Fleetwood House's campus of care
c. Footprints denoting the Fleetwood House walkway
d. Distance marker on benches along walkway at Fleetwood House

The availability of outdoor spaces at both residences offers opportunities for participation in stimulating private and group activities, such as gardening, bocce ball, and walking (Cohen & Weisman, 1991). Covered opportunities to view outdoor activities, such as recreation activities, or the arrival and departures of visitors, enhances the interest for users of the space while providing protection from the elements (Cohen & Weisman, 1991). Shelter and automatic doors at the entrance of a residence increases accessibility for tenants and can reduce the risk of falls (Cohen & Weisman, 1991), as previously described in chapter 6.3.4 in a discussion of accessibility and safety. Both

residence front entrances are visible to tenants from the seating space inside the lobby and are wide enough to accommodate wheelchair-users.

At Parsons Manor, the front entrance, pictured in figure 6.27a, provides coverage over the entrance to shelter tenants from the snow and rain. A limitation of this coverage is its lack of extension to the curb, leaving an uncovered area susceptible to slippery pavement and an increased risk of falls. At Fleetwood House, a high canopy extends far over the driveway at the front entrance (figure 6.27b), allowing a vehicle to drive under when unloading, thus increasing the coverage and protection from the elements (Salmon, 1993).

a

b

Figure 6.27. Front entrance design
a. Parsons Manor front entrance
b. Fleetwood House front entrance

This chapter discussed the design features of the interior and exterior physical environments at both study sites. The design of the physical environment plays an important role in tenants' feelings of being 'at home' in the residence, having a sense of privacy, opportunities for social interactions, tenants' accessibility of the spaces, feelings of safety in the residence, and ability to navigate their way through the residence to the various spaces. Specific features, such as varying levels of privacy (e.g. fully and semi-private spaces), homelike décor, and the central location of shared spaces that are free of erroneous background noise are important features that can support or hinder tenants' ability to integrate into their AL community. The following chapter will discuss the substantive themes identified through in-depth interviews with tenants and staff.

Chapter 7.

Activity Participation and Quality of Life: Interview Findings

This chapter will describe four substantive themes and corresponding sub-themes that were developed predominantly from in-depth interviews with tenants and staff members. An overview of these themes and sub-themes will be presented prior to discussing the meaning of each theme. This chapter will be followed by a discussion of tenants' primary motives for attending scheduled social and recreational activities in their AL residence, the factors that hinder or discourage their attendance, and staff members' adaptive measures taken to encourage tenants' participation or support their engagement elsewhere in the residence.

7.1. Substantive Themes

In-depth interviews with participants aimed to address the following overarching researching question: How does participation in scheduled activities affect the quality of life (QoL) of tenants living in two assisted living residences? The focus of these interviews was to address the broadly defined aspects of QoL identified in a review of the literature and specifically, how these aspects are linked to tenants' activity participation in AL. During in-depth interviews, participants were asked to define what quality of life means to them. This question provided a sense of what is most important in participants' lives and allowed them the opportunity to discuss aspects of QoL that may not have otherwise been covered by the interview guide. For some, their definition of what brings quality to their life differed from other factors that were emphasized throughout the interview. While some participants focused on their life in AL, others spoke more generally of their life as a whole. For example, several participants emphasized the importance of having their care needs met as being the most important

factor in their QoL while others mentioned simply “being happy”. When probed further as to what makes them happy, most participants described relationships with their family members, followed by the ability to do "what you like to do in life". As such, QoL proved to be an over-arching concept woven into four substantive themes and corresponding subthemes outlined in table 7.1.

Table 7.1. Substantive themes and sub-themes

Theme	Sub-theme	Definition
“I’m in here for a reason”: The intersection of home and health	“I’m comfortable, I’m cared for”	Receiving assistance with IADL and ADL needs that contribute to feelings of comfort in the residence and greater QoL.
	Redefining home: Aging in a ‘different’ place	Perceptions of what ‘home’ means and aging in a place that is different from the community-dwelling residence they’re used to.
Negotiating boundaries	Physical boundaries	Boundaries placed on the entry and use of physical spaces in the residence.
	Socioemotional boundaries	Conscious or unconscious boundaries placed for the regulation of emotions and social interactions with staff and tenants in the residence and the development of relationships.
Opportunities and choices: Blending needs and wants	Maintaining abilities	Prioritizing participation in a type of activity based on the valuation of one ability over another (e.g. physical vs. cognitive); activity participation is driven by an expected outcome and perceived control over the maintenance of a particular ability.
	“The things that you want to do”	Participating in discretionary and obligatory activities that support tenants’ personal preferences and abilities.

Theme	Sub-theme	Definition
Nuanced social life: The continuum of goers to noers	New and senior tenants: The role of tenancy	The influence of time lived in AL on social status, participation in scheduled activities, and feelings of home in the residence.
	Social life matters	Engaging in meaningful interactions within a hierarchy of social relationships involving family, fictive kin (typically AL staff), friends, and acquaintances.
	"90 is 60": Self-perceptions of aging	Tenants' expectations of abilities and behaviours based on their perception of what their chronological age 'looks like'; their identification of themselves as 'old' or 'young' for their age.

The identified themes are based on findings from in-depth interviews with tenants and staff members at both study sites and are supported by triangulation of the data using activity observations and informal observations of shared spaces. Where differences between the sites were observed, they will be discussed within the presentation of each theme. Appendix Q outlines the associated codes that comprise the substantive themes while participant summaries are provided in Appendix T.

7.2. "I'm in here for a reason": The intersection of home and health

The definition of aging in place (AIP) is complex and can carry different meanings in different settings. It is widely accepted that most individuals prefer to AIP in their community-dwelling residence. Attachment to place grows over time for many individuals, as memories and experiences accumulate in the home and create special physical, social, and personal meaning (Lawton, 1990; Oswald & Wahl, 2005; Sixsmith, 1986). Policy settings often use the term AIP in reference to staying in one's community-dwelling residence as one ages (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). However, not all places are supportive of aging; environmental design, availability of community resources, and close proximity to family and friends are merely some of the reasons why a home may not support AIP (Gibler, Moschis, & Lee, 1998; Gitlin, Mann, Tomit, & Marcus, 2001; Wagnild, 2001; Wiseman, 1980). The most inclusive definition of

AIP that will be used in relation to this study is Lawton's (1990) description of AIP as "a transaction between an aging individual and his or her environment that is characterized by changes in both person and environment over time, with the physical location of the person being the only constant" (Lawton, 1990, p. 288). This definition supports the inter-relationship between housing and health by recognizing the bi-directional effect they have on one another and allowing for the inclusion of long-term care (LTC) in the AIP discussion.

For some individuals, AL is a "last stop" in their housing trajectory while others, may experience a further relocation should their care needs advance. This theme of being in AL for a reason captures the influence of receiving good care in a comfortable [new] home on QoL and tenants' psychosocial processes of becoming 'at home' in AL. With changing perceptions of LTC, advancing health and assistive technologies that support older adults to stay at home longer, and policy changes in B.C., the AL population has begun to experience a shift over the years in tenant characteristics since its introduction to the province. The effects of this shift on the tenants themselves and greater AL community will be discussed within the following subsections of this theme.

7.2.1. "I'm comfortable, I'm cared for"

The relationship between positive interactions with care providers and the perception of care is supported by the literature as an indicator of QoL for AL tenants (Ball et al., 2000; Hawes & Phillips, 2007). While interviews with assisted living workers (ALWs) were not conducted for this study, interviews with management and recreation staff further reflected the role of staff members in tenants' feelings of being comfortable and cared for in AL. During in-depth interviews with tenants, participants were asked to define QoL and what it means to them. One of the most commons definitions centred on having their basic IADL and ADL needs met, such as meal preparation, housekeeping, and a weekly bath. Holly, a tenant at Parsons Manor responded, "Life is okay. I'm comfortable, I'm cared for, what more could you want?" while others, such as Martha at Fleetwood House, attributed this comfort to having her basic needs met. "I have a roof over my head, food in my tummy and things I can keep busy with." These comments were echoed by multiple participants at each site who expressed feelings of appreciation

for assistance with the tasks that they did not have the functional ability to do themselves. While some participants retained the ability to manage certain ADL tasks on their own, such as a weekly shower, they still opted to receive assistance with these tasks due to safety concerns (e.g. fear of falling). Expressions of appreciation therefore reflected participants' increased sense of comfort and security in the residence as a result of having their care needs met.

> Well it [Quality of Life] means being cared for; the things I can't do they help me with. I mean I'm so thankful that they can help me shower. I wish I could shower myself. If I had the proper shower thing I could but I can't stand up and hold the thing and wash myself, I'd fall. ... they look after me really well and they're all very caring. I don't need a lot of care but they're all very good to me... (Ruth, Parsons Manor)

Participants' comfort in the receipt of care is also reflective of their interactions with the ALWs who provide care. All participants expressed positive opinions about their interactions with ALWs and recreation staff. The role of the ALW in AL is to provide tenants' with ADL services (i.e. a weekly bath and medication management) and housekeeping services in the form of a light cleaning and linen laundering once per week. Characteristics such as friendliness, familiarity, and willingness to do the "little things", such as putting earrings in, increased participants' satisfaction with the care provided. Where staff members expressed elements of their personality and joked around with participants—some having friendly nicknames—participants reported feeling respected and genuinely cared for. Harriet, a participant at Fleetwood House, commented that the staff, "... really care. You really know who they [staff] are and that you're treated just like you're at home with your own people. And it's unique." This sharing by the ALWs of their personalities with tenants enhances the reciprocity of the care relationship, as a level of emotional needs are being met by both parties through these exchanges (Miche, Huxhold, & Stevens, 2013; Kemp et al., 2012). Ruth, the manager of Fleetwood House, further commented on how reciprocity is shared between tenants and staff and the role this has on the quality of care received by tenants:

> I'm extremely lucky as a manger ... there are excellent staff in this building ... And some of the comments that they've received from family have been utterly touching. They've been included and invited to so many services and mentioned in so many ways. And they're a really good group and that's what I think is really, really important too is that you have a staff

> that has skills and has some longevity at a site so it's not constant turnover. We know that the best outcomes again are there for people if they have staff who know them well. So you know exactly what Mrs. Smith is like and my goodness, as soon as she starts leaving that purse lying around, as soon as she starts locking herself out of her room, having a fall or two, you know before even a nurse looks at somebody that something's off ... the better you know somebody, the better the outcomes. So keeping your staff very consistent, knowing somebody intimately is really, really important. (Ruth, Manager, Fleetwood House)

While Harriet expressed great satisfaction with the AL staff, she further commented that, "there should be more help for them [staff]. We always have it [care] no matter what but I think that more staff would be easier all the way around." Harriet's comment reflects a general understanding shared by participants that the staff are busy and do "the best they can". When dissatisfaction was expressed with certain ALWs, such as the way they ask participants to move for a certain care task, a comment would quickly be made that the staff are very good overall. In one incident, Grace, a tenant at Parsons Manor who normally receives a bath on the same day every week, was forgotten and did not receive her bath on the day she was supposed to. As this was a one-time incident, Grace laughed it off and described managing to bathe herself that week albeit emphasizing the great care she took in doing so to avoid falling. Other participants commented on the tolerance of the ALWs who sometimes receive rude comments or demands from other tenants. This level of understanding reflects a mutual respect that participants and staff alike have for one another.

Another primary concern described by participants was in relation to the well-being of their family members. While most concerns were for their adult children, married participants specifically addressed concerns regarding their spouses. Grace, a tenant at Parsons Manor, wished to live longer than her spouse so she could ensure he continues to receive good care in the adjacent RC facility, while Margaret, also at Parsons Manor, wished she would pass away first so she would not have to experience the loss of her husband. Regarding personal health, several participants expressed slight concern over maintaining cognitive and functional abilities, particularly that such declines in these abilities would result in their transfer to RC.

While the population of AL is changing and with it, the services offered in AL, a clear understanding of what AL is and the population it serves is not always understood by those moving in. It was found among several participants that a discrepancy exists between the services that were expected to be available in AL when they first moved in and what are being offered in actuality. Lucy, a tenant at Parsons Manor commented on the limitations of the care available in the residence, which diverged from her expectations in relation to her care needs:

> As for the place as a whole, it's really just for us to come here, eat your food and provide a little games ... I pay over 2000 rent [for] my apartment, I could understand that but they really don't do anything other than get the people that are doing the games. And the nurses are there, all I gotta do is press my buzzer, you know, but they come ... I understand they're not full-fledged or registered? I don't get that. So they can't even give us an aspirin ... I think they're still learning as they go along 'cause I mean there's so many different sicknesses that we have in here and they can't do anything for us until we go to the hospital or a doctor ... It's just like a living place, that's all. (Lucy, Parsons Manor)

Lucy's reference to nurses, as opposed to ALWs, suggests training and certification expectations of those providing care do not correspond with what the policy allows the AL model to do. She expresses confusion over the distinction between ALWs, who are trained health care aids, and registered or licensed-practical nurses. While ALWs are trained to provide care for the basic ADLs (e.g. dressing assistance, weekly bath, and medication management) required in AL, they are not certified to deliver the same level of care as nurses. The expectation is that those requiring more nursing care are better suited for RC than AL.

Lucy's questioning of the value she's receiving for the monthly fee she is paying (70% of her after-tax income) has her considering moving out of AL back into an independent apartment in the community, despite reporting moderate problems in her ability to manage her daily activities. Although Lucy is an active participant in the scheduled activities and has resided at Parsons Manor for approximately 2.5 years, she has not observed as great a change in her health as she has in other tenants and therefore feels that AL is for those with care needs greater than her own. Alternatively, other participants who did not see the value of AL prior to moving in described a change in their perception once they transitioned and became involved in the AL community.

This example merely highlights that AL may not meet the needs of all older adults who qualify and that the level and perception of care received varies and is a complex balance. While Lucy described having a good QoL in the residence and was having her care and recreation needs met, the AL model did not meet her psychological needs which changed upon seeing the population of other tenants who became her close neighbours. The influence of other tenants' health on participants' own perceived health and age will be discussed further in relation to self-perceptions of aging in chapter 7.5.1. The following subsection will discuss how participants define 'home' and the meaning it has for their QoL in AL.

7.2.2. Redefining home: Aging in a 'different' place

In broad terms, meaning of home has been conceptualized in the literature as the relationship between a person and their environment that make a person feel 'at home' in a physical space (Schwarz, 1999; Oswald & Wahl, 2005). This relationship occurs through three modes of experience: physical, social, and personal (Sixsmith, 1985; Tanner et al., 2008). The physical home consists of the physical design and the bricks and mortar that support the home as a physical structure. While this structure as a place supports one's basic physical needs (e.g. shelter and warmth), it also provides opportunities for experiences and activities to occur that are meaningful to the individual. The physical home serves as a refuge, providing a boundary between the public and private spheres of life where one can be themselves without needing to regulate personal behaviours, thus contributing to feelings of privacy, safety, and control (Cristoferetti, Gennai, & Rodeschini, 2011; Shenk, Kuwahara, & Zablotsky, 2004; Wiles et al., 2012).

In chapter 6, the design features that mitigate the institutional feelings of the two study sites by creating a 'homelike' environment were described. This section will build upon that description to discuss how these design features that are a part of a space (i.e. the objective part of the physical environment) contribute to the perception of the space as a place, that is, a subjective process of interpretations of the environment (Cristoforetti, Gennai, Rodeschini, 2011). Place attachment is the emotional binding of a person to a physical space as a result of the experiences lived in the space that give it

meaning (Cristoferetti et al., 2011; Rubinstein & Parmalee, 1992). For tenants who are used to living independently in the community, moving into a form of LTC, such as AL, brings with it a need to reconceptualise what 'home' looks like for them and what it means to feel 'at home'. Participants often made distinctions when conversing about their daily routines between being at or going 'home" to their suites and going out into the shared spaces in the residence.

> I don't mind just going and sitting in the lounge and if I want to answer some of the [game] things that are going on so far or just listen, you know, least it gets me out of here. But I like to come home, I've always been like that. (Lucy, Parsons Manor)

The physical structure also supports individuals' self-expression by serving as a "showcase of the self" (Cristofertti et al., 2011, p. 228). That is, the home provides a space that can be decorated to reflect the individual, such as through the display of objects that hold particular meaning for the individual (Cristoferetti et al., 2011; Sixsmith, 1986; Oswald & Wahl, 2005). In interviews with participants, photographs of family members, artwork, and other decorations that are meaningful to the participant (e.g. flag from their country or logo for a sports team) were seen placed around the "control centres" of their suite (Oswald & Wahl, 2005). Oswald and Wahl (2005) define the control centre of a home as the place in which the older adult residing there has centralized their environment around. For example, placing objects (e.g. television remote, telephone, glasses, etc.) needed for their day around a certain spot in their home, such as a lounge chair. Several study participants were reluctant to leave these control centres when being called on to answer their door due to their restricted mobility; they would instead call out to the visitor to enter, thus not having to leave their spot. This example highlights the importance of these control centres for establishing comfort and control in one's suite, therefore serving to increase feelings of home. Oswald & Wahl (2005) suggest the development of these control centres in later life is attributed to the shrinking of one's geographic experience that occurs with age. For example, while in one's younger years, their daily life may include mobility around the greater community; with increasing age, this may increasingly constrict to just the immediate neighbourhood or the residence itself. As such, the activities that occur within the walls of AL may become increasingly important to tenants as they age.

The social home is comprised of the interpersonal relationships experienced within the shared spaces of a place that give the place meaning and feelings of being at home (Sixsmith, 1986; Tanner et al., 2008). For example, hosting family or friends, interactions within the home, and the emotions experienced from these relationships serve to define the space as an emotional and meaningful place (Cristoferetti et al. 2011). The development and maintenance of social roles within the home over time serve to create a sense of social insideness for the tenant, that is, feelings of belonging and being at home (Rowles, 1983).

In AL, working to establish relationships with other tenants upon moving in serves to support the social home as a mode of experience and establishing social insideness over time. In Leith's (2006) study of older women in congregate housing, it was found that among those who made the decision to move into the residence on their own (thus exerting control over the decision), they made deliberate efforts to become at home in order to feel a sense of belonging somewhere. At Fleetwood House, new tenant, Anna had moved into the building less than two weeks prior to her first interview. She immediately became involved attending all but one of the activities scheduled by the recreation team and was informally observed socializing with other tenants in the bistro lounge on the ground floor. When asked about her motivation to become so involved in the residence right away, Anna commented:

> I made up my mind. I've been always very shy and I said, when I come over to here I'm going to take part in everything ... I'm not going to stay in this room all the time. ... I'm going to get involved in everything, so I have. ... when I happen to be sitting in the bistro [lounge] they [other tenants] include me in on it which I think is very nice. They said, "It takes time." They says, "Some of us have been here for five years ... so we really got to know each other." Or they live on the same floor. (Anna, Fleetwood House)

Anna's comment further supports how the physical design of Fleetwood House—where a shared lounge is centrally located on each floor—enhances tenants' opportunities to develop relationships with other tenants, thus enhancing their experience of the social home. The supportiveness of the staff further helped to ease Anna's transition by checking in on her and offering to escort her to the dining room for meal times. These nonfamily social interactions with staff and the other tenants, in conjunction with Anna's proactive approach to get involved in the scheduled activities,

are important processes for the development of place attachment and feelings of being at home (Cutchin, Owen, & Chang, 2003). Despite having just recently moved in, Anna commented on how even though she's adjusting to the smaller size of her suite, "it's always nice to come *home* [emphasis added]." Cutchin et al. (2003) notes that the process of integrating into a new place is ongoing and does not cease once the individual has become established in their residence. The continuity of nonfamily social experiences and participation in meaningful activities in the residence serves to maintain feelings of being at home in AL and allow for new meanings to be created as circumstances change (e.g. change in the population of the residence, staff, proximity of family members, etc.) (Cutchin et al., 2003).

Meaning of home is further experienced through the personal home. Sixsmith (1986) defines the personal home as an extension of the self, reflecting one's behaviours, desires, and feelings. The physical design of the home and the services offered within it allows tenants to function in a way that affect how they experience being at home. For example, the design of the bistro lounge space at Fleetwood House affords opportunities for Anna to socialize with the other tenants, thus aiding in her establishing a social role in the residence and a sense of belonging. The accrual of meaningful experiences in the AL spaces further contribute to tenants' feelings of attachment to the place in which they occur, thus creating an emotional binding between the person and the place (Rubinstein & Parmalee, 1992), which Rowles (1983) defines as having an autobiographical insideness within a place.

The concept of insideness reflects the familiarity that develops within a place over time that influences older adults' meaning of home (Rowles, 1983). In addition to social and autobiographical insideness, a third dimension is the experience of physical insideness, established through the performance of routines that enhance an individuals' "body-awareness" (p. 302); that is, the ability to move around the home in a way that becomes second nature (i.e. navigating around furniture in specific circulation paths). This level of familiarity allows the individual to navigate the space in a way where they can compensate for certain disabilities. For example, Betty, a tenant at Parsons Manor who has a severe visual impairment, was observed prior to the start of her first interview making a cup of tea in the kitchen. Without looking at the drawers, she would open them

and locate the item she was looking for with great ease. When commented on how well she seemed to know where everything was without seeing it, she described procedures she had established where everything had its place, that way, she would know exactly where to find it and how to place it so she could find it again. These procedures have been established over the past two years she has lived in the residence, demonstrating how time has contributed to Betty's physical insideness in her suite.

The effect of time on meaning of home has been proven in the literature to have a strong relationship, with feelings of familiarity and place attachment increasing over the number of years lived in a place (Cutchin et al., 2003; Oswald & Wahl, 2005; Shenk et al., 2004). In addition to Anna's aforementioned quote describing other tenants telling her that getting settled into Fleetwood House "takes time", several other participants commented on the role of time in establishing roles in AL. This distinction represents a sub-theme of the study, "New and senior tenants: The role of tenancy", and is discussed further in chapter 7.5.1.

Participants often commented on feeling safe in their residences. For some, feelings of safety and security were tied to their familiarity with the surrounding neighbourhood and nearby destinations. Harriet, a tenant at Fleetwood House, commented on how the residential design of Fleetwood House fits into the surrounding neighbourhood, making her feel as though she's in a 'normal' apartment building and not an age-segregated model of housing.

> It's more like home [here] because for me, all these places [in the neighbourhood] are just ordinary homes ... So you hear kids in the summertime and if you walk a bunch—we know a lot of them now who we talk to and they know who we are and this place has been fully accepted by all the people who are here [in the neighbourhood] so it works well ... you feel at home outside ... It isn't, "Look at them over there, those are the ones that are having people help them out," and what have you. That doesn't happen ... it's close to the people. They know us or know of us and you say, "Hello," to everybody. A lot of places like this don't do that and if they do, you're really marked. You know, "There's someone who lives over there," you know? (Harriet, Fleetwood House)

For those who have difficulties navigating the exterior physical environment, the provision of third places in the residence serve to enhance accessibility and feelings as

though one is leaving their ‘home’ (i.e. their suite) and ‘going out’ to go shopping or visit with a friend. When asked why a Mildred, a tenant at Fleetwood House, described the residence as “special” during her interview, she commented on the availability of various spaces and amenities within the building.

> You go into a lot of these [AL] places and you never see the people and it’s always a big bare room and you never see them doing anything. We’ve got the exercise, we’ve got the theatre down there ... There’s a store over there, next to the store is the gymnasium with all the top-quality stuff then over there we’ve got a library and we’ve got the pool table in the library and then down there’s the [adult day program]—for the people who live at home who come in for the day. (Mildred, Fleetwood House)

By having choices over where Mildred goes in her day and the activities she can participate in, she gains a sense of control over her daily routine.

North American culture places a high degree of value over having choices and a sense of control, as choice is often perceived to be a reflection of independence (Rubinstein, Kilbride, & Nagy, 1992). The attribute of control for QoL captures tenants’ perceptions of independence. While participants’ conceptualization of what it means to be independent varied, the ability to simply do what one likes to and chooses to do given their ability and the resources available to them, was the overarching criteria to which participants assessed their level of independence. For example, many participants who described themselves as being ‘fully’ independent excluded the receipt of their ADL and IADL services from this perception. Grace’s story at Parsons Manor about giving herself a bath when she was forgotten by staff one week suggests that tenants’ perceived independence may be based on their perceptions of if they could perform the activity if required to, as opposed to if they could comfortably perform a given activity on a regular basis.

Rubinstein et al. (1992) noted how in American culture, one’s abilities and independence is often reflected through home ownership. While AL tenants rent and do not own their suites, they may still experience feelings of ownership over their suite that occur in conjunction with feelings of place attachment. Further, Rubinstein et al. (1992) suggests that in LTC, independence is redefined through comparisons of those around

them. The following case study describes Margaret, a married tenant at Parsons Manor whose conceptualization of 'home' is tied to her relationships with her spouse and family.

Table 7.2. Redefining home: Aging in a 'different' place case study: Margaret

For Margaret, her feelings of home at Parsons Manor is tied to her close proximity with her husband in RC. Every afternoon, Margaret walks through the tunnel connecting the two residences to visit him and provide additional IADL support. Her maintenance of this role as an informal caregiver provides her with a sense of purpose in her life in addition to the roles she maintains in AL. As an active member of the tenant committee and regular participant in the morning continental breakfast and exercise activities, she fits in with the 'popular' group of tenants at Parsons Manor.

Margaret has a high functional and cognitive capacity which she attributes to a lifetime of remaining active in various social roles. Her score of 83 out of 84 possible points on the MSPSS suggest she maintains an emotionally satisfying and balanced social life—a perception that is supported through her described close familial relationships and observed relationships with her friends in AL.

While Margaret notes that living at Parsons Manor is different in some ways than if she were living at "home", she asserts that her "Quality of Life is exceedingly good here". This is due in part to the lessened household responsibilities that are required of a private residence in the community.

> "I really couldn't see to cook if I was in a house so it's much the same here as I would [have had] but both my husband and I, just the other day were saying, "You know, we're really lucky we don't have that big house to look after anymore and the yard," which you know, we had. He did the yard work. So we both feel we're very fortunate to have found some place like this where we're looked after … "

While Margaret's previous residence had been her home, she hopes to continue to AIP at Parsons Manor. The ability of the residence to allow her to have continuity in her familial roles and alleviation of the burden of household chores had led Margaret to redefine what she perceives as an ideal home at this stage in her life.

Margaret, 93, Tenant, Parsons Manor

As both study sites are located within a campus of care, it can be speculated that the increased visibility of those with a greater level of cognitive and physical impairment, such as those in RC, can increase tenants' perceptions of themselves as independent since they are able to live alone in their private suite and participate in the discretionary activities considered meaningful to them. Leith (2006) describes how in her study of older women in congregate housing, "the ability to withdraw to their apartments, to shut the door behind them, and do as they pleased was crucial to the women's sense of control and of "at homeness" at the facility" (p. 329). Therefore, the construct of independence in AL holds particular value for not only tenants' meaning of home but

also their greater QoL. Beth, a recreation assistant at Fleetwood House, commented in her interview on how this loss of independence can affect tenants' perceptions of their QoL in the residence.

> ... you're having to leave your home ... I mean it's better in assisted living than residential care again because you get your own sort of apartment there but I think for some people just that fact that they're leaving home just gives them the perception that this is just not as good a quality of life for me anymore. Other than that I think it's pretty good. I think people are generally happy here. (Beth, Recreation Assistant, Fleetwood House)

The aforementioned, "Home First" and "Home is Best," philosophies adopted by the Fraser Health Authority and BC's Ministry of Health, are based on the assumption that how "home" is defined is universal. However, the literature suggests that meaning of home is a fluid construct that is personally defined and can change based on circumstances (Leith, 2006; Oswald & Wahl, 2005; Shenk et al., 2004; Wiles et al., 2012). Leith (2006) asserts that individuals' "view of what home should be was only valued for as long as it supported their personal competences" (p. 329). For Ella, a tenant at Parsons Manor, her private home in the community was no longer 'home' for her after her husband passed away, leading her to relocate in order to be around other people. Ella attributes meaning of home to the sharing of positive interactions with others and establishing a sense of belonging while also having her basic care needs met. For some, the home is perceived as a refuge or home 'base' in their lives, defined as a place from which older adults can come and go (Wiles et al. 2012).

Some participants noted that although their residence may feel like home, it still feels different from home. These five tenants acknowledged living in their AL residence because they feel it is what they need at this stage in their life. For Holly, moving into Parsons Manor almost two years prior was a big change for her, as she had never expected to live in LTC. Living with disability is not always something that is planned for throughout the life course; for Holly, becoming wheelchair bound and requiring assistance with IADLs and a weekly bath necessitated her reconceptualization of home in order to meet her care needs in later life.

> It never crossed my mind, you know, I figured that I would die. I would be sick, be in the hospital and die and that was the level that I thought; I

> never thought I would be in care so it was a big thing to adjust to (Holly, Parsons Manor)

For some, adjustment occurs with the increase in time lived in the residence and the accumulation of experiences. However, for others, 'home' still means living in a private residence in the community. Margaret described feeling that after almost 4.5 years at Parsons Manor, there was still an absence of something important in her life that made it not truly feel like home.

> ... you can't say it's exactly like it is if you're in your own home because you're—things are a little different. But generally I would say that quality of life is exceedingly good. (Margaret, Parsons Manor)

Grace, another tenant at Parsons Manor, had resided in a different AL residence prior to moving to be closer to family. She described feeling at home where she is but that it is still different from the AL residence she had lived in before—a place she had developed an attachment to.

> They're all very nice [here] but it's not like where I was before.... I don't know the people as well on the same terms you know as I did before [in the other AL residence]. I knew everybody. And I know quite a few of them here and a whole lot of them are living down here and some of the others—I know most people but like, we don't have time to interact very much with one another ... (Grace, Parsons Manor)

While Grace draws comparisons between her 'old' AL residence and Parsons Manor, she does not speak about her old home in the community, suggesting she has reconceptualised her perception of home to include AL—a place where her housing and daily care needs can be met simultaneously.

Food was also discussed as an important factor that inhibited feelings of being at home for six participants; however they understood the organizational limitations of providing meals to a large number of tenants. Margaret, a tenant at Parsons Manor, acknowledged that, "it's not that easy to cook for that number of people and turn out meals like you might turn out at home." When participants were asked if they had notified the staff about their thoughts on the food, Grace commented, "I don't want to be looked on as a complainer, you know." Through being hesitant to express her feelings about the food to staff members, Grace is restricting her ability to exert control over this

aspect of her life. Staff at both study sites have provided several avenues of communication for feedback from tenants in order to best enhance their QoL, within their capacity. These various avenues are represented in Appendix R. The following section will discuss several means in which participants exert control in their daily lives and the effect this has on their QoL.

7.3. Negotiating Boundaries

Participants at both sites described setting physical and socioemotional boundaries in their lives, either consciously or unconsciously. These boundaries are placed through spatial separation and sometimes through behavioural and temporal separation. Physical boundaries pertain to tenants' control over the passage of their suite and the shared spaces in the residence (e.g. lounge spaces, lobby, and stairwells) and their use of these spaces. Socioemotional boundaries involve those that pertain to the regulation of emotion by controlling the depth of the relationships developed with the other tenants and staff members, such as those that are more practical and 'on-the-surface' compared to those that are more intimate and meaningful. Tenants' negotiation of these boundaries serve to regulate their different social needs, as some tenants may feel a greater need for close non-family relationships in their lives than others who may be satisfied with keeping acquaintances. The mechanisms of how these boundaries are placed and the meaning behind them will be discussed in greater depth in the following subsections.

7.3.1. Physical boundaries

Physical boundaries constitute those that distinguish between the spaces tenants choose to navigate in their daily lives. For example, several tenants described not leaving the residence unless with a family member due to a fear of falling outside without anyone around. While these boundaries are physical, they are determined by individuals' intrapersonal processes, such as feelings of self-efficacy in their mobility. Other physical boundaries are set by external processes put in place through the architectural design of the residence, organizational policies, or both. An example of an externally-placed physical boundary was found at Fleetwood House, where the stairwells were accessible

only by key for certain staff members. In this case, the choice of taking the stairs for exercise is removed, as a physical boundary affects how tenants navigate their vertical mobility in the residence. At Parsons Manor, the stairwells are not locked and are used periodically by the recreation coordinator to assess tenants' mobility by observing their movement up and down the stairwells.

A convergence between physical and organizational boundaries can be observed at Fleetwood House regarding the use of their two elevators. These elevators are centrally located in the residence and since no tenant suites are located on the ground floor and the stairwells are locked, all tenants are required to use them. Due to one elevator being smaller than the other, a policy was created in the residence requiring all those in wheelchairs to use only the larger elevator due to the greater turning radius. Louise, a wheelchair-bound tenant at Fleetwood House, describes her difficulties with this new policy:

> They won't let you get into a small elevator anymore with the wheelchair so you can sit there and press that button and only the small one comes open ... if someone's using the small one then you can get the bigger one, which you never know because you're at the top of the building ... So you sit there and press the button, press the button, press the button. For the first couple months I was here I went down on any of them but then they got rules and regulations about which elevator you could use. And if you're in a hurry, like somebody's out there waiting for you in a car and you have to get down there and sign yourself out and you're waiting for an elevator, you're almost tempted to cheat and use the smaller one. (Louise, Fleetwood House)

When discussing her attendance at the scheduled recreational activities on the ground floor, Louise said that she had attended the cognitive activities that interested her (e.g. trivia and word games) when she initially moved in a year prior but eventually gave up when she felt it had become too much of a hassle. She then limited her trips to the ground floor to purpose-oriented activities, such as dining and entering/exiting the residence. Another participant, Evelyn, described a similar means of negotiating the physical boundary between floors due to her claustrophobia. In order to comfortably use the elevator, she required the presence of someone else in there with her. While the ALWs have tried to support her attendance at the activities by telling her to call them whenever she would like to go down, she similarly feels it is too much of a hassle and

negotiates between the spaces available on her floor instead (i.e. her suite and the shared lounge). At meal times, Evelyn feels comfortable using the elevators because there are always others using it around these peak times.

Whereas physical boundaries at Fleetwood House were described more often in relation to navigating the interior physical space of the residence, participants at Parsons Manor discussed physical boundaries in relation to accessing various buildings (e.g. RC facility) or services (e.g. grocery store) that are located in close proximity to themselves. This is interesting because the services available to tenants at Parsons Manor are geographically closer than those at Fleetwood House, making access to these services more attainable. While participants at Parsons Manor who reported a high score on the mGES measure described little difficulties in accessing these services, others who described a fear of falling and scored lower on the mGES reported using services such as grocery delivery and the informal support of family members to bring them what they need more often than those at Fleetwood House. For these participants, they have created a metaphorical boundary or division between the spaces inside the residence and that of the outside community which will only be crossed when certain conditions are met (e.g. having a family member with them or going on a bus outing with recreation).

Another example of the expression of physical boundaries at Parsons Manor pertains to the use of a covered tunnel connecting the AL residence to the community centre and RC facility within the campus of care. The tunnel is accessible during day-time hours on weekdays but closed on the weekends. Two participants whose husbands reside in RC access this tunnel on an almost daily basis to visit with their spouses. On the weekends when the tunnel is closed, they must walk outside and around the community centre to access the RC facility. While neither participant described this physical boundary as a hindrance to their QoL, it did restrict their ability to visit on days when the weather was poor and the tunnel door was locked. This example demonstrates the potential for physical boundaries to regulate the spaces in which socialization occurs in AL.

7.3.2. Socioemotional boundaries

Socioemotional boundaries constitute the perceived restrictions placed on where socialization occurs in the residence and the nature of these social experiences, such as those resulting from the perceived affordance[9] or purpose of the shared spaces. Zerubavel (1993) suggests that developing boundaries serves as a means of preserving a sense of self-identity, order, control, and security in one's life. Tenants at both sites described the maintenance of socioemotional boundaries between their own private suite and the shared spaces in the residence. The management of these private and public realms in AL provides tenants with an increased sense of control over their immediate environment, as their suite is the space in the residence where they can experience the most privacy.

The permeability of the boundary between tenants' private suite and the public spaces of the residence is dependent on the nature of the social interaction expected to occur within the suite and the ways in which tenants classify their social relationships in AL as 'acceptable' or 'unacceptable' for entry into this private realm. For example, receiving personal care and housekeeping services is expected in tenants' suites so certain permissions are granted to ALWs who enter immediately upon knocking. These interactions were observed on several occasions during interviews with tenants in their suites and in all instances, participants appeared familiar and comfortable with the passage of this boundary; therefore, relationships with these staff members are considered an acceptable social relationship for passage into this private realm.

During data collection at both sites, the physical appearance of tenants was always perceived as presentable and 'put together' when they were observed in the public spaces of the residence. When meeting with tenants in their suites for interviews, female tenants would often apologize for the state of their suites and the 'mess' they had left. In one instance, when arriving early in the morning to interview a participant who had yet to change out of her night clothes into her day clothes, she apologized profusely for her appearance. This suggests that socioemotional boundaries increases tenants'

[9] Individuals' perceptions of what the environment affords/allows them to do given their personal capacities (Torenvliet, 2003).

ability to control when and where their interactions with other tenants occurs, thus maintaining control over how they present themselves to others and preserving their own self-identity. As the role of ALWs is to assist tenants with their personal care, they are not subject to the same rigidity of these boundaries.

Alternatively, comments made by participants suggests this same level of automatic permission would likely not be observed had it been a tenant who immediately entered their suites upon knocking. Relationships with other tenants are further classified based on the strength of the individual relationships but without the same automatic permissions as staff members. Participants distinguished between the purpose of the shared spaces in the residence for socialization and their own suites for privacy. In describing the need for these boundaries, Betty said:

> We don't go into each other's suites ... if you see somebody going into somebody's suite all the time the next thing they've had an argument. So you gotta be careful that way when you're in a place like this ... it's just an automatic—a lot of people think like that, you know. They're friendly and there's—you've got meeting places, you've got the sitting room and the dining room but you want your privacy. (Betty, Parsons Manor)

This boundary was coded as, 'room service socialization' to describe the metaphorical nature of 'ordering up' socialization as it is desired. This is done through maintaining a sociospatial boundary between one's suite and the shared spaces in the residence.

The strength of these boundaries is derived from tenants' perceptions of these spaces and their intended purposes. In other words, the lounge spaces are for socializing so that is what they are used for. Other participants maintain this boundary as a means of keeping their friendships in the residence superficial. Karen, a tenant at Parsons Manor, described being content with her current social network and is simply not looking to develop any new close relationships with the other tenants. When describing the friendships she has developed, Karen said:

> ... we're friends and we eat together but we don't socialize back and forth in each other's apartment ... we'll go to a concert [in the community centre], sit together, but I don't have any friends that I've invited to coffee or anything like that. I don't seem to want that in my life. I'm just happy doing what I'm doing right now." (Karen, Parsons Manor)

While not observed at Parsons Manor, participants at Fleetwood House described the existence of a boundary between the different floors of the residence and where socialization occurs. In most instances, socialization in tenants' suites and the shared lounges on floors other than their own was off-limits. Evelyn, a tenant at Fleetwood House noted, "...we'll visit on this floor but we don't go on other floors." Where navigating between floors was generally perceived to be acceptable was when a cooking or baking activity was scheduled on a specific floor. When asked if tenants socialize on floors other than their own, Harriet commented:

> No, not really. Where you get together is downstairs. Or if there's something going on, there's some people that have been here for years and years and are very, very private and will just come down once in a while so they have everything brought up but that's their choice. So what you really get to know is the people that are here on your own floor and the others are like your neighbours. And then there's always a few that you become very close to and that happens in any place like this. And there's always some that are going to chatter or ... you could put a million dollar bill in their pocket and they would want two. And those [people] you just stay away from. (Harriet, Fleetwood House)

Participants' discussion of socioemotional boundaries in relation to the strength and development of friendships in AL arose during administration of the MSPSS—used to measure perceived social support—and in-depth interviews when asked to describe their social relationships in AL. These boundaries constitute the intrapersonal processes of distancing oneself from developing close relationships with others in AL, such as placing restrictions on the level of personal details disclosed in conversation (e.g. financial issues or family matters). Ella, a tenant at Parsons Manor, described hesitation over disclosing certain information to other tenants out of concern it would become a rumour that would spread within the AL community. This feeling was borne out of other tenants' knowledge of other tenants' health issues or family situations. These concerns were shared by Lucy, another tenant at Parsons Manor, who suggests a chain of information exists within the residence where some tenants end up knowing details about others without being told directly by the tenant themselves:

> I'm sure there's a gossip trail around here because some of the girls know everything, like me, some of us know everything that's going on and I never—"Oh I didn't know that," you know? How did they find out? I think they ask the [ALW] girls ... (Lucy, Parsons Manor)

Monitoring the disclosure of personal information thus serves as a protective factor and socioemotional boundary between tenants and staff. Martha, a tenant at Fleetwood House, suggested that while she is very social and enjoys talking with the other tenants, these friendships are kept at a superficial level:

> ...the odd time somebody might say something about a personal thing but we don't continue to talk about personal things ... I don't have close friends in here, just cohorts, you know? ... I guess we talk about anything and everything but we usually don't talk about personal things too much. (Martha, Fleetwood House)

Some participants further described distancing themselves from developing close relationships with other tenants as a means of regulating negative emotions when tenants pass away. Carstensen's (1995, 1999) socioemotional selectivity theory claims that throughout life, social contact is regulated by a range of psychological goals, from obtaining basic care needs to learning new information and regulating emotion. As individuals age, an increasing acknowledgement of time as a finite resource results in a shift in the pursuit of social engagement and psychological goals (Carstensen, 1999; Park et al., 2012). Ella, an 83-year-old tenant at Parsons Manor commented that, "Time is like a toilet roll you know, the closer you get to the end, the quicker it goes."

Where knowledge acquisition is prioritized in the younger years when time is perceived as perpetual, it decreases in importance in later life while the regulation of emotion increases. Carstensen (1995) suggests that when the endings of social interactions are anticipated, attention shifts to the pursuit of goals that can be obtained in the present as opposed to long-term goals that may never come to fruition. Therefore, emotionally investing in the development of close friendships in AL may not generate the greatest emotional reward, as the potential for negative emotion increases as the proverbial sand in the hour glass looms nearer to empty. Holly, a tenant at Parsons Manor, recounts the impact this awareness of others' passing has had on her willingness to forge close relationships with the other tenants:

> There's been quite a few that have passed away that I have not befriended but associated with and I think to myself, it's best not to get too attached to anyone because it's a bit sad when they're not here any longer. (Holly, Parsons Manor)

While most participants described a general level of recognition and acceptance that they were at the end of their lives, the topic of death remained a taboo topic for some participants. Ella, a tenant at Parsons Manor, spoke openly about her own death and spiritual beliefs. She described wanting to die so she could rejoin her husband and continue the marriage she had so happily enjoyed when he was alive. When asked whether she talks to the other widows in the residence about this, she replied, "... there's a couple of things you can never talk about [here] and that's sex and death, so keep away from those subjects. That's a no-no."

In AL, death has a heightened visibility than in the outside community due to the nature of age-segregated housing. As the average age of study participants is 84 years, many described experiencing the loss of their close friends and changing social networks at this point in their lives. For some, this served to motivate their behaviours in a way that protects their current functional and cognitive abilities—such as participating in the recreational activities offered at the residence. For others, the attainment of future-oriented goals may diminish over time and with it, the perceived acquisition of any positive effects associated with participation. The following subtheme will discuss the ways in which tenants choose to participate in discretionary and obligatory activities that they need and want to do based on these motivations.

7.4. Opportunities and choices: Blending needs and wants

This theme describes tenants' wanting to have activity opportunities available to them that fulfills what it is they feel they need. As the tenant population in AL is quite diverse, what tenants need can vary extensively. For example, Karen, a tenant at Parsons Manor feels that she needs the exercise activities scheduled in the residence in order to manage her Parkinson's symptoms, therefore, she wants to participate in these activities because they make her feel good. While all tenants need physical activity, they may not all feel that they need it at this stage in their life. Alternatively, the need for cognitive and social activities may take greater precedence depending on what the individual wants to do in their discretionary time. Even among those who do not actively participate in the scheduled activities, having them offered fulfills a need for making choices in their daily routine—even if the choice made is to not attend the activities. For

some, they may feel they need time alone in their suite between meals in order to do the things they want to do, such as phone family, read, or watch television. Therefore, the blending of needs and wants in AL provides tenants with an array of opportunities and choices for how they live their daily lives—all of which contribute to their greater QoL.

7.4.1. Maintaining abilities

The most prominent motivator discussed by participants for participating in the scheduled activities and additional unscheduled activities at both residences was for the purpose of protecting cognitive and/or physical abilities. While a minority of participants reported and were observed to be involved in many of the activities offered, most prioritized one capacity over another (i.e. cognitive or physical abilities) and attended activities that served to support the maintenance of that capacity. For some, this was out of concern over getting relocated to RC if their capacities decline. Participants would use this concern to drive their attendance at activities or alternatively, utilize as little support services offered in the residence as possible as a means of maintaining their abilities and the perceptions of staff that they are managing well on their own. As both residences are located within a campus of care, the close proximity of the RC building serves as a visual reminder of where their next place of residence could be. Holly, a wheelchair-bound tenant at Parsons Manor, describes this concern as an expression of her expected ability to maintain the way she ages:

> ... when you're in a place like this you have a spectacle of if you can't do things you'll finish up on the other [RC] side and this is where a number of sort of, demented people go and all that sort of thing. So that makes me more determined to make sure that doesn't happen to me so I tend to struggle when perhaps someone else would be buzzing for some help... the body is not very good and it's letting me down in many ways but up here [in my head] it's still bright and happy. I think actually if it [mind] were to go on me I would probably will myself to die. I would not want to go over [to RC] and witness all these people around me who are agitated in different ways ... I do hang on to my brain. I go to the riddles and relaxation, I go to the crossword puzzles ... I don't do the [physical] activities but I do go to the brain things. (Holly, Parsons Manor)

How participants prioritize their activities of interest often correlate with the declines in abilities they have already experienced, which either serves to motivate them

to maintain the ability that has been declining or prioritize another ability they feel they have more control over. For example, some participants who have seen a moderate level of decline in their physical abilities over the years placed a greater emphasis on participating in cognitive abilities to maintain this capacity, as their physical abilities were already 'too far gone'. This is reflected in Holly's described feeling of acceptance over her loss of mobility and satisfaction in her pursuit of activities that protect her cognitive abilities instead.

> I don't need to do it [physical activities]. I'm not going to recoup what I've lost so you know, accept things for what they are and be done. ... I guess we are what we are, who we are, and life has molded us in a certain way as the years go by and then you reach a point where you can no longer do certain things and you just deal with what you can deal with and you can't fight it. ... So I don't sort of have any angst about it at all. I'm old and getting older. ... Physically I'm not able to do the things that some of them do but I'm okay with that, as long as I can keep my brain going. (Holly, 80 Parsons Manor)

Alternatively, declining physical abilities motivates other participants to engage in the activities they feel slows down the rate of their decline. Karen, a tenant at Parsons Manor with Parkinson's disease describes needing the physical recreation activities in order to manage the symptoms of her disease. While she asserts that she is interested in the cognitive activities that are offered, participating in the morning physical activity and then lunch right after leaves her tired and needing to sleep in the afternoon.

> ... sleep is a big part of my life because well, with my Parkinson's anyway, it seems that if I get my rest I do so much better so like, sometimes I—I hate to turn down something that sounds very interesting because I have to sleep but then [if I go] I generally pay for it later... (Karen, Parsons Manor)

The differences in prioritizing one type of activity over another emphasizes the perceived control that affects tenants' participation. In the quote by Karen, ensuring she balances her physical activity with her sleep requirements is a means of controlling the severity of her symptoms and the impact they have on her daily functioning. Whereas Karen prioritizes participation in physical activities, Louise, a wheelchair-bound tenant at Fleetwood House, prioritizes participating in cognitive activities as a means of maintaining the abilities she has, similar to that of Holly at Parsons Manor.

> I'm really satisfied. I can find lots to do that keeps me busy, keeps my mind going. I don't want to get to where I lose my memory but I guess that will happen sooner or later too. There's some ladies down there sometimes, some of them don't even know where they're sitting for meals. It's so sad. My mum was like that before she died. She would speak over and over and over again, one sentence and she didn't know she was doing it, you know? My dad lived to 102 and he had a clear memory right to the last [day]. (Louise, Fleetwood House)

Louise's description of her parents' different aging experiences—her Mum's dementia and her Dad's clear mind—suggests Louise perceives a level of control over her ability to maintain her cognitive capacity as she ages. Both Louise's and Holly's participation in various cognitive activities serves as a means of protecting what abilities they have control over, since they have lost control of their mobility. Louise asserts this control by participating in a variety of activities at the residence, most of them independently in her suite, such as Sudoku and other word games.

Louise describes being, "just about at the end of the journey" so the feeling of needing to try to recoup any lost abilities has dissipated for her. While Carstensen et al.'s (1999) description of the perception of time as a part of the socioemotional selectivity theory centres around how time influences the management of social interactions, it can be speculated that increasing time constraints that accompany age can also be applied to the pursuit of leisure goals. Holly's description of the limited time left in her life acknowledges a lack of desire to participate in activities that serve long-term goals but provide little short-term benefits.

Several participants further describe feeling pain or soreness following participation in physical activities and choose not to participate further, as the pain is no longer a means of achieving a long-term goal. Others, such as Grace at Parsons Manor, who recognize the benefits of participating in their daily functioning, do not perceive the pain as discouraging but rather something that is simply to be tolerated.

> We were told that we don't have to do more than we're feeling so we don't have to push it, you know with any of the exercises or whatever; do what you can ... Sometimes it is fun, other times it's work. Anyway, it's keeping us moving so I think it's good. ... I've got sore shoulders ... So I feel it when I'm doing the exercise but I think it [exercise] does help. (Grace, Parsons Manor)

While male tenants were not observed participating in the scheduled activities as often as female participants—which is to be expected given the ratio of male to female tenants—two male tenants were known to utilize the exercise equipment available at Fleetwood House. One participant commented on his preference to conduct exercises independently in this room, as the organized chair exercises were not challenging enough for him and the other tenant—while not a participant in the study—was observed attending several scheduled physical activities. On days where he wasn't in attendance, he was seen exercising independently using a recumbent bike in the exercise room. While these male tenants assert confidence and comfort in conducting exercises independently, others appreciated participating as a group for the added social component. Moreover, those who regularly attended expressed appreciation in having the recreation team monitor their health and described a greater sense of self-efficacy in their ability to perform the exercises.

> I've found my ability—there's some of it I have to work at to keep it going and here I can do that because either they [recreation staff] will notice and say, "What's wrong?" or, "Did you not understand?" or, "Are you having problems?" So that helps you because eventually all of us are going to go downhill, so to speak. It's going to be less and less but I think if you're interested and you have someone that's watching out, they're aware of it before you are a lot of times. (Harriet, Fleetwood House)

Margaret, a tenant at Parsons Manor, described the importance of participating in the scheduled physical activities as a part of one's daily routine in order to hold herself accountable for participating. Otherwise, "if you don't have something that you attend like that regularly you might get a little lazy about doing any exercise on your own ... which I think I probably would. I'd find something else, you know." Some participants, including one male participant, described only becoming physically active after experiencing a major health event. For Henry, a tenant at Fleetwood House, multiple strokes led him to adopt a series of strength-training exercises prescribed to him by a physical therapist. As a means of protecting his physical abilities and reducing his risk of another stroke, Henry continued to perform the same exercises following the recovery from his stroke. While all participants acknowledged the positive benefits of physical activity, 29% (n=6) don't engage in any physical activity—independently or as a group. Among the 15 participants who did report being physically active in some way, 9 (60%) did so as a part of the recreation program while the other 6 (40%) described exercises

done independently in their suites. Those who abstained from all physical activity made comments that they "should go," but are comfortable with the routines they have. Or, as previously described by Louise, don't feel the benefits of participating are enough to make it worthwhile.

For female participants who expressed following traditional gender roles across the life course and were therefore, active in managing the IADL tasks required of maintaining a household, moving into AL where these activities are taken care of for them greatly reduces their physical activity. Across both sites, 12 participants made references that were assigned to the code, "keeping busy." This code captured participants' engagement in physical activity as a means of compensating for the decrease in their IADL tasks.

> I love it [recreation program] ... we do a lot of sitting, you know? ... so the more you join in these different games, the better off you are because they're all exercise ... you want to keep as busy as you can. Wednesday a girl comes at about 10:00 in the morning and she cleans everything up around here, washes the floors, cleans the windows, she does everything that we would be doing at home. We really have nothing to do outside of trying to keep busy with sports and exercises. I like to keep busy, myself. I get sick of sitting. ... I love to go outside and walk around or exercise inside. I don't think there's anything more that we actually do other than games ... (Martha, Fleetwood House)

While some participants described continuing to manage IADL tasks where they can, such as sweeping or dusting, others expressed using this time to engage in other discretionary activities that they perceive as meaningful. Martha's comment on keeping busy with "sports and exercises" and going outside reflects her sense of control over the activities she participates in during the day. The following section will discuss participants' feelings of control over how they spend their time in AL, doing "the things that you want to do".

7.4.2. “The things that you want to do”

Pruchno and Rose’s (2002) study demonstrates that tenants spend approximately two-thirds (59.7%) of their time doing discretionary[10] activities (e.g. watching television, visiting with family or friends, and participating in recreational activities) and approximately 40% of their time doing obligatory activities (e.g. eating, receiving personal care, doing laundry, and attending doctor appointments). According to these findings, those residing in LTC have more time to do the things they want to do than those in the community. This pattern is reflected in this study. With many of their IADL and ADL tasks managed for them, participants have more discretionary time to engage in leisure activities that are meaningful to them.

For some tenants, the things they want to do are tied to the continuity of their traditional gender roles. Engaging in traditionally gendered tasks, such as managing light household duties, may therefore serve to increase these tenants’ perceived control over their ability to remain as independent as possible in AL. Several female tenants expressed a preference for keeping their suite tidy so the ALWs would have little work to do when they would arrive for their weekly cleaning, suggesting that doing so makes it easier “for the girls” and keeps themselves busy. These participants also expressed a sense of pride over being able to manage these IADL tasks on their own, particularly when an ALW would comment on how their suite is so well kept. It is postulated that those who value the continuity of traditional gender roles at this stage in their life obtain validation of their independence through the maintenance of these tasks and expression of appreciation by the ALWs for their excellence in doing so.

For female participants who value the continuity of these gendered tasks, the inability to maintain these tasks on their own can challenge their feelings of being in control over this aspect of their life. Louise, a tenant at Fleetwood House, commented on the process of adjusting to an increasing need for assistance with daily tasks upon moving into AL, “I’m trying to be not so dependent. It takes a while, you know, to learn to ask people [for help]. All my life I’ve been doing things for myself...”

[10] “Optional activities usually chosen by the respondent” (Pruchno & Rose, 2002, p. 10).

Alternatively, other participants described their enjoyment in being relieved of these traditional gender roles and responsibilities. As they have managed these tasks all their life, they now have more time to do the things they want to do, such as listening to their "stories" on the radio or knitting dolls to sell at the annual bazaar. For Anna, not having to worry about the daily cooking and cleaning chores has allowed her to focus on other areas of her life that hold special meaning for her, such as reading and getting involved with the tenant council. While she still reports having some concerns when she thinks about the future, she now sees a future whereas she did not before.

> … so far since I'm here I feel a little more confident about the future. My health wasn't so good; that was one of the reasons my step daughter and son-in-law wanted me to move into a place. I was having troubles making the bed and I was doing all the cooking and everything. It's kind of nice going down to the meals, not having to cook. (Anna, Fleetwood House)

At age 89, Anna has become an active participant in many of the activities offered by the recreation team at Fleetwood House. When asked if she was active in similar activities before moving into AL, Anna described being too shy to get involved but felt that coming into a new residence afforded her with new opportunities she did not have in the community. Meal times have now become a social experience as opposed to a chore, as she is no longer responsible for the preparation and clean up that was required of her before living alone as a widow.

For male participants, not having to manage the cooking and cleaning tasks required of them as widowers in the community due to the reception of these IADL support services enhances their QoL, as these tasks are not something they expressed wanting to do.

> Oh well it's about as good as it could be in assisted living I think. It seems like everything we need to be helped with, we're helped with. They come and make sure we're still alive 3 or 4 times a day. They provide cleaning, meals, and entertainment. The staff, particularly the front desk and Sandra, are excellent. The nurses really look after you if you have any problems ... There's exercises if you want it, entertainment if you want it so I can't see if there could be much addition. (George, Parsons Manor)

Between both sites, 10 participants commented on adopting various activities as a means of "passing the time" in the day. These participants frequently commented that

they just “go day by day” and “keep busy” with the things they want to do once all they need to do has been taken care of. While 19 participants (90.5%) reported watching more than 9 hours of television per week, many also described using a great portion of their time engaging in behaviours that support their functioning and overall health, such as corridor walking, walking outside, practicing word games, and socializing with others. Ella, a tenant at Parsons Manor, describes finding proactive ways to fill her time that support her QoL in AL.

> Well there’s enjoyable days and there’s tedious, boring days. Some days fly and other days last forever, you know. … I’ve got a book I can’t put down at the moment and that makes the day fly. You know if you’ve got a good book and it’s a page-turner that makes the day go very quickly; so reading helps a lot. And I’m learning French and having to study for an hour every day—that helps. Little things like that help the day go quicker. Going for exercises every day at 10:00; it seems like you no sooner take your hour’s exercise and it’s dinner time so that comes and makes it. All these little things kind of make a difference to the day. This afternoon there’s a bus trip—that’s another thing that makes the day go quickly. (Ella, Parsons Manor)

While many participants described choosing to participate in the scheduled activities at their residence as a means of protecting their cognitive and/or functional abilities, others described participating simply because it is what they like to do. For those who have been active all their life, participating in physical activities is generally something they enjoy doing and wish to continue as long as they are able to. For others, the availability of diverse activities in AL provides them with opportunities to participate in activities that are familiar to them, enhancing their overall satisfaction in the residence and greater QoL.

> I have a big family and so they were all in different things that I had to appear at and because as a family we were always very busy and did numerous things and that’s continued here. I do it because it’s what I enjoy doing. And I think if you just sit and rock and you don’t become involved, you must just dry up, you know? …. I enjoy most of all, just participating in anything that they offer that I can do. (Harriet, Fleetwood House)

Between both sites, the Happy Hour activity at Parsons Manor was the most popular activity observed, with the highest level of attendance and engagement among those participating. Several tenants regularly danced with one another, staff members,

and a visiting family member at this activity and looked forward to it every week. Alice, a regular dancer at the activity commented, “Oh god, I love to dance … dancing is my favourite [activity]. For new tenant, Anna, at Fleetwood House, she appreciated that the activities scheduled are those that she already enjoys doing and is able to.

> Well they do things that I’m able to do, you know? Like we play charades, we play fill-in-the-blanks and I know most of those and we had crossword puzzle the other day and I enjoy that because I used to do crosswords in the Sun and in the Province. There’s so many things that I don’t even remember them all. Yeah they [staff] thought it was pretty good that I was joining in on everything… (Anna, Fleetwood House)

When asked to identify what QoL means to them, frequent responses given after relationships with family and receiving care was regarding having the opportunities to “do the things that you want to do”. Even among participants who did not attend the scheduled activities offered by the recreation staff, the availability of these activities enhanced their feelings of choice and control in their daily lives, thus supporting their QoL.

> I’m satisfied with the fact that I can do exactly what I want. I think that’s why I’m so happy … I mean, I can do exactly as I like. They don’t say, “You’ve got to come down to do this, you’ve got to come down to do that.” I can decide what I want to do. (Ella, Parsons Manor)

As the inability to manage IADL tasks was cited as a predominant reason many study participants chose to move into AL, having these tasks met for them mitigates many of the safety concerns these participants expressed over having to manage these tasks alone in the community. The alleviation of these tasks further enhances their available discretionary time to participate in the things they want to do. For some tenants, these opportunities are fully embraced and they choose to get involved with many of the scheduled activities in AL, while others may choose to attend on occasion but predominantly engage in independent activities with their family members or in the privacy of their own suites. For those who maintain frequent participation in other life activities, such as visiting with family, the scheduled activities offered to them in the residence may not fit with the current goals in their life. As such, it is these familial interactions and relationships that drive their QoL. The following subsection will discuss the nuanced social life in AL, spanning a continuum of ‘goers’ to ‘noers’.

7.5. Nuanced social life: The continuum of goers to noers

While many tenants interviewed described participating in a mix of independent discretionary activities and those scheduled by the residence, others fall into the categories of 'goers' and 'noers'. When describing a typical day, Mildred, a tenant at Fleetwood House commented that she is, "a goer", meaning, always active and 'on the go'. Between both sites, three other participants self-identified as a 'goer'. This term represents tenants who have high-energy personalities and are very involved in an array of activities—formal and informal. Alternatively, a 'noer' describes the tenants can may periodically show up to a scheduled activity in the residence but predominantly spend their time engaging in their own leisure activities, such as solitary activities in their suite, unscheduled activities with other tenants in a shared lounge space, or activities with friends or family members outside of the residence. During several interviews, participants received phone calls or a knock on the door by an ALW or recreation staff member, reminding them of a particular activity that is about to happen that they may be interested in attending. "No thank you," would be the common reply of the 'noers', who would then return their focus to the interview to qualify their "no" response. This theme represents the continuum of social and recreational participation in AL, from goers to noers. The role of tenancy, diverse social relationships, and self-perceptions of aging will be discussed.

7.5.1. New and senior tenants: The role of tenancy

While not overtly discussed amongst a large number of interviews, a clear hierarchy was observed between the 'new' tenants in the building and the 'senior' tenants—those who have lived in the building for multiple years. Between these groups, there is a further dichotomy between the senior tenants who are higher functioning and those who have a high level of physical or cognitive impairment. Each site had a group of approximately 5-6 tenants that could be easily identified as the 'in' crowd, discernable by their knowledge of who all the tenants and staff are, what was going on in their lives, and the events in the building. These group members comprise those who have a long tenancy in the building and are higher functioning. The intersection between tenancy and functioning allow these individuals to take active roles in the AL community, such as

sitting on various committees (e.g. tenant committee or food committee) or informally organizing activities with other tenants in the shared spaces (e.g. a game of crib or a baking activity). At Parsons Manor, these tenants were often called upon by the recreation staff to assist with a scheduled activity in some way, such as keeping score for an activity. At both sites, the members of this 'in' crowd had a high level of visibility in the shared spaces and were often seen socializing with staff, other tenants, and other tenants' visiting family members outside of scheduled activity times.

Several tenants at each site were discussed in interviews by both tenants and staff members in reference to a role they serve in the residence, such as a helper, organizer, or friend. Those who were described as helpers were observed assisting recreation staff with activities, helping other tenants by bringing them a cup of tea at breakfast, or for one tenant, doing another's laundry when she was ill. Harriet, a tenant at Fleetwood House who has lived at the residence for just over 1 year, is very popular amongst the tenants and was mentioned by several participants in reference to instances where she has helped them and their feelings of becoming at home when they first moved in. Harriet fills a role in the residence by orientating new tenants, providing her with a sense of purpose in the AL community.

> I try to mingle with everyone. I guess like everybody else, you have people that you get closer to but I find, especially when new people come in, a lot of times they can be ignored because it's so busy. ... I try to get to know them or guide them to where they'd kind of fit in and it falls into place, you know?... I think you just have to go forward. If you come into a place like this and nobody talks to you or looks at you like you're a stranger and doesn't ask any questions, I wouldn't stay, I would go out. I think you just have to go to them [new tenants]. (Harriet, Fleetwood House)

When tenants first move into AL, they are often unfamiliar with the informal social rules that may be a part of the community in that residence. For example, at both sites, there was no formal seating plan in the dining room. However, tenants have their preferred places where they regularly sit. When a new tenant moves into AL, they have to choose a seat that is unclaimed by another tenant as 'their' seat or risk a potential altercation.

> ... for the most part it's a very supportive and friendly, inviting atmosphere. There are the odd occasions [when] tensions—usually

> dealing with dining room sitting (*laughs*). I mean, you talk about—with large gatherings, "This is not your chair, it's my chair," and things like that even though I don't allow assigned seating for those issues. ... but people migrate to the same chair always. Even though I quite clearly tell them it's not assigned. (Sandra, Manager, Parsons Manor)

Ruth, the residence manager at Fleetwood House, commented on how dining room staff will often guide new tenants to vacant seats in order to avoid conflict and help tenants get established in the AL community. This organizational strategy eases tenants' transition until they learn where vacant seats are.

While many participants described an inherent understanding of these unwritten social rules and had no difficulties when they first moved in, 'new' participant, Evelyn, who had been living at Fleetwood House for 6 months at the time of her first interview, described a negative interaction with another tenant at a scheduled activity that made her not want to return. During Evelyn's first week at Fleetwood House, she attended a scheduled chair exercise activity and was unaware that one of the regular attendees had a preferred seat.

> Nobody's got their name on the chair where you sit so I thought okay, there was a chair right there so I sat there. And when she came in, boy, she gave me such a dirty look and I didn't pay any attention to her. So when I came out she says, "You know, you're not very nice." ... I said, "Okay." And she says, "No, it's not okay because you sat on my chair. I've been sitting there forever and you come in and you take my chair? ... I said, "Well I'm very sorry." So she says, "Well don't you do it again." I won't do it again because I won't go back. (Evelyn, Fleetwood House)

Evelyn's vow to not return to the chair exercises activity as a result of this interaction emphasizes the importance of understanding the social rules of a residence. As previously discussed in chapter 7.2.2 on meaning of home, the social exchanges that occur in the residence over time allow for new tenants to develop a social role and sense of belonging in the residence, thus creating social insideness (Rowles, 1983). Staff members and senior tenants who have social insideness in the residence can support new tenants integrate into the AL community by sharing with them their knowledge of the social rules that could not be known otherwise.

Lucy, a tenant who has lived at Parsons Manor for over two years, described how her position as a senior tenant in the building grants her informal social privileges that have been acquired over time, albeit with some limitations. In her comment below, she implies that once a tenant's social role has been established in the residence, they can change where they sit in the dining room but only occasionally—changing seats too often would upset the status quo and break a social rule, as the male tenant described by Lucy had done.

> It's working pretty good [in the dining room] ... as long as you can come and fight for your own seat—although I could sit anywhere. [I've sat] a whole year with certain ladies and I've now changed [where I sit] this past year so you can sit wherever you want but not every day, you know, you gotta get established otherwise I'd be going down and moving somebody every day. We had a man here that would sit anywhere and he would sit sometimes where I was sitting, next day he would sit somewhere else and it was somebody else's chair and we kind of like our own space. (Lucy, Parsons Manor)

A longer length of tenancy further aids in the development of social relationships in the residence which would inherently serve to enhance sense of belonging among tenants with greater seniority. Henry, a tenant at Fleetwood House, described how, "you're just building up your relationship all the time the longer you're there." However, one's seniority in the residence is not defined by a specific length of time lived in the building, but rather, the level of integration the tenant has made into the social fabric of the AL community.

While some participants described feeling at home and as a part of the community within the first month of moving in, other participants who had resided at the residence for over a year had yet to feel like an established, senior tenant. For example, Holly, a tenant at Fleetwood House, commented on how she still perceived herself as a "newbie" in the residence, despite having lived there for 18 months.

> I kind of pushed a couple people to wonder if they're interested in knitting because there are a few knitters and I was thinking it would be nice if we could have an hour a week or something but I guess it would take someone to organize it. ... I still feel I'm a newbie here; I feel like I don't have any clout. ... I've been here 18 months and some of them here have been here for 5, 6, 7 years and I would sort of lean towards those people getting that sort of thing organized because of their seniority sort of thing.

> ... there's some very dominant women here who you know are dominant people so I would expect it to come from them rather than me as a newbie. (Holly, Parsons Manor)

Holly's perception of herself as a new tenant inhibits her from feeling comfortable enough to organize an informal activity on her own. However, as she is not a regular attendee at the scheduled activities—feeling it is too much of a hassle waiting for the larger elevator that accommodates her wheelchair—she may be limiting her ability to become a part of the residence community and make the transition from a 'new' to a 'senior' tenant. In being asked the question, "My friends really try to help me," on the MSPSS measure of social support, Holly replied, "I know this probably sounds really sad but I don't actually don't have many friends. Most of them have passed away now...", suggesting Holly's perceptions of whom she considers friends are those who she had known outside of AL. Participants who described developing friendships with other tenants over time, noted that they most often did so through positive interactions at scheduled activities or spending time in the shared lounge spaces. The following subsection discusses the different types of meaningful relationships described by participants and the role these relationships serve in supporting tenants' QoL.

7.5.2. Social life matters

For older adults, social interaction and positive social relationships are an integral part of QoL (Ball et al., 2000; Gabriel & Bowling, 2004; Grewal et al., 2006; Mitchell & Kemp, 2000). While different relationships hold varying degrees of meaning for different people, opportunities for social interaction and the development of meaningful relationships are an important factor for supporting tenants' QoL in AL.

All participants reported visiting with family members over the month prior to administration of the first interview, however, the frequency varied extensively, with daily visitation for some and once a month for others. Pruchno and Rose (2002) found that of the approximately 15 waking hours in AL tenants' days, 8.6% of these hours are spent interacting with family members, while 8.8% is spent reading, and an additional 6.2% engaging in recreation or other discretionary activities. Therefore, scheduled activities provide opportunities for tenants to have something to do to "keep busy" between

visitation with family and participation in obligatory activities and further, for the diversification of tenants' social relationships.

Social relationship patterns played a strong role in this study, with tenants discussing nuanced and varying degrees of relationships, from acquaintances to those with close family members. During in-depth interviews with tenants, participants were asked to describe their social relationships in AL. Relationships with family and staff members were described as a primary relationship for many and described to be the most meaningful for tenants' QoL. Alternatively, relationships with friends and/or acquaintances was discussed secondary to these relationships; some described these relationships to be less meaningful while others described them to be meaningful but in different ways. It was not uncommon for participants to describe not having any friends, citing reasons of availability, proximity, and issues of time as a means of distinguishing between "real" friends and "acquaintances" in AL. The following subthemes will discuss relationships with family, fictive kin, then acquaintances and friends (inside and outside of AL).

Relationships with family

When participants were asked what QoL means to them, most described relationships with family to some capacity. This is not surprising given that the literature suggests that family relationships are consistently hailed as older adults' most important social relationships and maintain an important role in tenants' QoL (Ball et al., 2000; Cranswick & Dosman, 2008; Mitchell & Kemp, 2000; Voelkl, Battisto, Carson, & McGuire, 2004; Thompkins, Ihara, Cusick, & Park, 2012), specifically those of adult children (Allen et al., 2011; Voorpostel, 2013). The absence of familial relationships in tenants' lives can lead to feelings of loneliness, increased risk of depression, and a decline in overall health (Ball et al., 2000; Thompkins et al., 2012). Although frequent contact with family members alone does not support QoL, rather it is the quality of these relationships (Plys & Bliwise, 2013). With health being the predominant 'push' factor that can lead older adults to relocate to AL (Hays, 2002; Perks & Haan, 2010), the ability to integrate and adapt to the AL community can have important implications for their health maintenance and length of tenancy (Tighe et al., 2008).

Responses to the MSPSS measure of social support portrayed a hierarchy between familial and friend relationships, with relationships with family members described as the most important in tenants' lives, followed by those with fictive kin. While familial involvement generally supports tenants' QoL, some participants who described family members that are highly involved in their daily lives reported and were observed to be more disengaged in the residence as a whole. This was expressed through a greater reporting of dissatisfaction with the residence and other tenants during in-depth interviews or an avoidance of the residence outside of their own suite in general, spending more time outside of the residence with their family members. While continued interactions with family are important for tenants' QoL (Perkins et al., 2013), they also appeared to detract from some participants' opportunities to develop meaningful relationships with other tenants. For Margaret, a tenant at Parsons Manor, her relationship with her spouse who resides in the RC facility next door is placed at the top of the hierarchy of social relationships. While she appreciates being able to visit him, the regular time spent out of Parsons Manor limits her ability to participate in the scheduled afternoon activities that she would otherwise participate in.

> I don't get involved in the afternoon things simply because that's my time that I save for Bill (*name changed)* and I imagine he'd be the first person to say, "Go ahead, you go, I don't mind." … today there's an outing to the winery and I would go to that if I were free but I'm not, you know? But there are lots and lots of opportunities and I think they [other tenants] all seem to enjoy them a great deal as well. … I don't participate too much because of my other commit—I don't even want to call it a commitment but my husband still has this wonderful sense of humour and he's still quite lucid … (Margaret, Parsons Manor)

While Margaret's participation in social activities with her family detracts from her activity participation in AL, this may not negatively affect her life. For some tenants, the ability to support their relationships with family is more important than attending scheduled activities. Margaret's low participation in such activities allows her to spend more time supporting her relationships with her family in a way that positively influences her QoL. The following case study in table 7.3 highlights the social experience of Evelyn, a tenant who had resided at Fleetwood House for 6 months at the time of her first interview.

Table 7.3. Relationships with family case study: Evelyn

After experiencing a series of unexplainable dizzy spells, Evelyn moved into Fleetwood House under the pressure of her adult children. She had previously been living independently in an apartment nearby and when asked why she chose to move, she replied, "they made me". At the age of 73, Evelyn is one of the younger tenants in the residence and has a high functional and cognitive capacity. While she was "made" to move into AL due to a series of dizzy spells she was experiencing, Evelyn suggested these spells have stopped since she moved to Fleetwood Tower. Evelyn spends her days keeping busy in the shared lounge and visiting with family members outside of AL. While she maintains her relationships with friends outside of the residence over the phone, their visits have dissipated following her move into Fleetwood House, despite remaining in the same neighbourhood. Evelyn shrugged this off, claiming, "it is what it is," however, her tone of voice and shaking of her head suggests she is upset with how these relationships with her friends have changed. To compensate, Evelyn places a larger valuation on her relationships with her children and spends as much time with them as she can outside of the residence. While Evelyn was found baking in the shared lounge on her floorin one occasion and in another, working on a puzzle with another tenant, she describes having acquaintances in the residence as opposed to friends. These relationships are more of convenience for Evelyn, as they are physically restricted to her floor in the residence. Evelyn does not attend the scheduled activities on the ground floor after experiencing a negative interaction with another tenant upon first moving in 6 months prior. While this reflects Evelyn's stubbornness, her interactions with the other tenants on her floor represent adaptability and her willingness to make the best out of living in AL. Evelyn asserts that although living in AL is still not her first choice for a living arrangement, she is happy where she is and has a good Quality of Life. Her high scores on questions relating to familial relationships on the MSPSS suggest these relationships play an important role in her life and her willingness to integrate into the AL community.
Evelyn, 73, Tenant, Fleetwood House

Personal characteristics and the level of family member involvement in seniors' daily lives following a move into AL influences the way in which tenants define their social relationships in their new home (Kemp, Ball, Hollingsworth, & Perkins, 2012; Nelson, 2014; Plys & Bliwise, 2013; Thompkins et al., 2012). Following the move, tenants may experience internal conflict over wanting to maintain their independence and not feel like a burden to their family but also wanting to visit with family members more often than they do (Nelson, 2014). Hannah, a recreation assistant at Fleetwood House commented on her observations of some tenants' changing role in their family following the move into AL.

> … I do think that it's the nature of the beast that a lot of families, their loved one comes to live here and then they don't come to see them. I just feel that they get really separated from their family and not, you know they sort of can lose their place in the family being here, right? So that makes me kind of sad when they [only] get visitors on their birthday and Christmas. (Hannah, Recreation Assistant, Fleetwood House)

This finding is supported by Nelson (2014), who suggests that modern families typically spend less time visiting with one another and have less non-family members in their social networks than in the past, therefore reducing the opportunities available for the development of meaningful relationships outside of the family. The following sub-section will discuss the role of fictive kin as a means of increasing the availability of AL tenants' social support by substituting for or complementing existing familial relationships through the inclusion of non-family members in their social networks.

Fictive kin

In the limited involvement or complete absence of family members in tenants' lives, staff members and other tenants may become fictive kin[11] (Ball et al., 2000; Karner, 1998; Kemp et al., 2012). Allen et al. (2011) suggests a deficit of 'real' family relationships in communal settings, such as AL, may result in a need for the development of fictive kin relationships as a means of maintaining control over one's social support network. Those who maintain a more flexible perception of what constitutes 'family' and hold stronger expectations for what 'real' family relationships are supposed to provide (e.g. emotional and physical support) are most likely to make these relationship reinterpretations (Allen et al., 2011; Voorpostel, 2013).

For some participants, varying categories of social relationships (acquaintances, friends, family, staff) were discussed as being mutually exclusive while for others, there was convergence between multiple categories of relationships. For example, some staff members were described as family members, thus maintaining a familial and caring role in participants' lives. Victoria, a tenant at Fleetwood House, referred to an AL recreation assistant of a similar cultural heritage—whom she sees on a daily basis—as her

[11] Fictive kin: "Those people who you perceive and treat as extended family, yet are not related to you by blood or legal ties." *(Braithwaite et al., 2010, p. 393).*

granddaughter in an interview, stating, "I have another one [family member], a girl who works in the recreation [department]; I am her grandmother. She calls me Grandma or Oma." While she remains in contact with her own grandchildren over the phone, they don't visit as often as she would like. For Victoria, her regular attendance at the scheduled activities in the residence enhances her maintenance of these meaningful relationships. This finding supports the organizational philosophy at Fleetwood House and Voelkl et al.'s (2004) description of formal activities as "family making" in LTC settings, such as AL.

> The philosophy here again is just about how to build community within. The staff are basically a second family to folks that are living here and those connections are important so it's not just the cruise-ship style recreation, it's the spending time on a one-to-one basis … it's just building that small sense of community. (Ruth, Manager, Fleetwood House)

Reciprocity in staff-tenant relationships further demonstrates the bi-directional gains that impact QoL not only for tenants but also for staff members. Staff who describe personal relationships with tenants that are reciprocal and emotionally gratifying (Park et al., 2012) are more likely to report greater job satisfaction and a sense of meaning in their work compared to those who do not develop these relationships (Ball, Lepore, Perkins, Hollingsworth, & Sweatman, 2009; Bowers, Fibich, & Jacobson, 2001; Bowers et al., 2001). As a result, staff retention increases and positively affects the continuity of care received by tenants, a known contributor to QoL in AL (Ball et al., 2009). Recreation coordinator, Jason, spoke frequently about the meaningful relationships he shares with tenants at Parsons Manor.

> …they're my family; they're my extended family. They're like Mums and Dads to me and they're all very unique in their own special way to me because they are. They have so much to share, they have so many experiences…" (Jason, Recreation Coordinator, Parsons Manor)

Between both sites, five participants identified a staff member or a close friend in the residence using familial terms, such as, "I am her grandmother" (in reference to a recreation assistant), "We have a good family group here," and, "He's [recreation coordinator] family as far as I'm concerned." Harriet, a tenant at Fleetwood House, described how the informality of staff-tenant relationships is associated with her overall satisfaction in the residence.

> The staff are like us, not above us which happens in a lot of other places. … here, you become very good friends with all of them [staff members]. It's an ongoing thing, it's wonderful. This is a very exceptional place ... You're never made to feel inferior. All of them have to have it—they're specially trained for us and it's just an easy-going thing. They dress in jeans; there's nothing indicated that they're the head of the crew or the new guy on the bill, it's—everything is equal... (Harriet, Fleetwood House)

The remembrance of personal details about tenants or stories shared with care staff enhances tenants' feelings of being valued and cared for at a deeper level than simply having their physical care needs met (Ball et al., 2009; Brown Wilson, Davies, & Nolan, 2009; Gladstone et al., 2007). As a result, fictive kin relationships in AL enhance tenants' QoL and overall satisfaction with the residence, as tenants attribute the quality of care they're receiving from staff members with the personal relationships they share with them (Bowers, Esmon, & Jacobson, 2000; Bowers et al., 2001; Gladstone, Dupuis, & Wexler, 2007).

For tenants who experience a deficit of familial interactions in their lives, participation in diverse social and recreational activities provides them with increased opportunities for the development of fictive kin relationships (Allen et al., 2011; Kemp et al., 2012). Over time, increased social interactions with staff and tenants in AL contribute to the reinterpretation of these relationships to convenience[12] or supplemental kin[13] (Allen et al., 2012; Voelkl et al., 2004). Therefore, the availability of scheduled activities in AL may serve an important role in providing opportunities for meaningful social relationships among those whose QoL may otherwise be hindered by such a deficit. While the evidence is mixed regarding what influences the reinterpretation of staff and friends in AL as fictive kin, participants in this study who described having fictive kin relationships in the residence were often those who have lived in the residence for greater than six months and regularly attend the scheduled activities, highlighting the role of tenancy and activity participation in the development of these relationships.

[12] Fictive kin relationships that develop even when family relationships are emotionally fulfilling but may be physically absent due to geographic proximity; are characterized by time and place.

[13] Fictive kin relationships that fill a void between what the individual needs and what the family members are providing.

While not all tenants may share reciprocal, familial relationships with AL staff, many described a close relationship with at least one staff member, with fictive kin relationships occurring among a small population and friendship occurring most often. These social opportunities support tenants' integration into the social fabric of the residence and can increase feelings of overall well-being (Howie, Troutman-Jordan, & Newman, 2014). For some tenants, the presence of socioemotional boundaries inhibits the development of fictive kin relationships, with preference given to the maintenance of acquaintance or friend relationships instead. The following subsection describes the role of these relationships in tenants' everyday lives and greater QoL.

Acquaintances and friends

Due to the communal nature of AL, tenants are provided with a multitude of opportunities for the development of social relationships, should they so desire. As some tenants have a higher-level of socioemotional barriers than others, the variable social interaction needs of the AL population occur along a continuum. Miche et al., (2013) built upon Matthew's (1986, 1995, 2000 in Miche et al., 2013) typology of friendship styles to describe the continuum of older adults' preferences for social relationships in later life. These styles are distinguished by degree of emotional closeness and are categorized as discerning, independent, and acquisitive. *Discerning friendship* includes those who have several close relationships throughout the life course but view them as irreplaceable and are therefore less interested in making new friends in later life when these friends pass away. *Independent friendship* describes those who are content with engaging in a few close relationships but predominantly maintain friendly interactions with acquaintances. *Acquisitive friendship* describes those who are constantly engaged in developing new friendships of varying degrees of closeness, from acquaintances to fictive kin. As previously described in a discussion of the reinterpretation of social relationships for the development of fictive kin, such reinterpretations also occur in relation to friendship distinctions (Hess, 1972 in Miche et al., 2013; Kemp et al., 2012). How tenants define their social interactions in AL and the development of these relationships is dependent on their friendship style and the degree of socioemotional boundaries put up to manage this style. (Kemp et al., 2012).

Some participants are simply not looking to forge new relationships at this stage in their life and thus, maintain their relationships with the other tenants as merely acquaintances (Kemp et al., 2012). For most participants, acquaintance-level social relationships were described as satisfying, as many tenants still expressed concern for one another and demonstrated helping behaviours. Alternatively, others may seek out close social relationships (i.e. friendship) in order to increase feelings of intimacy, sharing, trust, and being needed by another (Kemp et al., 2012; Park et al., 2012). While these close social relationships are often maintained outside of the AL residence through interactions with family and long-term friends, shared meal times, and participation in scheduled activities, the adoption of organizational strategies serve an important role in the development of these social relationships for those who want them (i.e. have an acquisitive friendship style) (Kemp et al., 2012).

At Fleetwood House, staff have adopted an organizational strategy to introduce tenants to one another who share similar interests as an avenue for supporting their overarching philosophy of social engagement and tenant self-direction. Their aim is to support tenants' QoL by providing them with opportunities to engage socially in a way that is supportive of their individual needs and preferences. Rather than prioritizing the quantity of tenants who participate in the scheduled activities, Fleetwood House aims to provide an array of activities that accommodates a variety of social participation preferences. The expectation of doing so is that tenants will become engaged in the AL community through one avenue or another, thus supporting their QoL in the residence (Park, 2009; Sefcik & Abbott, 2014).

> The people that we see benefit most from assisted living … would be the people that are connecting. So as soon as somebody has a friend in here, it's magical. And you watch that and the support that they provide for each other, again it's magical. That's the stuff that works. Not whether or not somebody comes down to the five programs a day. (Ruth, Manager, Fleetwood House)

By veering away from the prioritization of quantity of activity attendees as opposed to the quality of engagement obtained from participation, Fleetwood House is able to address tenants' social engagement outside of the AL recreation program. This is done through

staff members connecting tenants who they know share similar interests or experiences with one another.

Although sometimes moderated by physical abilities, informal social activity has been shown to have a positive effect on older adults' overall wellbeing (Betts Adams et al., 2011). Between both sites, several participants described a sense of comradery with one another that exists from the sharing of similar life circumstances. As all participants described experiencing health challenges of some sort, these shared experiences led to an underlying sense of understanding between tenants. Mildred, a tenant at Fleetwood House, described an incident where she returned from the hospital and was greeted by her friends in the residence.

> I have a lot of friends out [here]. They had trouble getting me back in my room when the ambulance brought me back 'cause they had just broken from first [lunch] sitting to second sitting for eating and they [tenants] see me getting in the door and the ambulance got as far as the elevators with me and people all surrounded me. You'd think that the queen had landed, you know. They were trying to get me in the elevator and they couldn't get the people back so finally they told them to move back so they could get me up (*chuckles*), so it was quite a nice homecoming. ... I think the world of them here, these people. They all have the same problem. We're all getting old. (Mildred, Fleetwood House)

At the time of data collection, Parsons Manor was experiencing a high turnover of tenants who had aged in place in AL and were beginning to move on into RC or had passed away. As such, a new cohort of tenants were beginning to move in, changing the community of the residence. For new tenants, establishing social connections upon moving in is immensely valuable for their integration into the AL community and establishment of meaningful relationships. Some participants described having pre-established relationships with other tenants prior to moving into the residence, as a result of remaining in the same community.

Sefcik and Abbott (2014) suggest that having such pre-established relationships assists in the development of new relationships with other tenants, as the tenant who has lived in the residence longer can educate the new tenant on the informal social rules of the residence and help them to meet new people. At Fleetwood House, two participants, Evelyn and Louise, reported knowing each other from living in the same

apartment building prior to moving in. While they reside on different floors, Evelyn will visit Louise in her suite periodically and when Louise was sick one week, helped her with her personal laundry. When Louise first moved into the residence, she had requested the same meal time as Evelyn in order to ease her transition. While Evelyn has lunch out with family members often, her initial presence at the dining room table helped Louise get acquainted with the other tenants and eased her transition. Alternatively, Grace, a tenant at Parsons Manor, described how these pre-established relationships changed for her after moving into AL, suggesting that the value of pre-established relationships for new tenants may not be universal and instead, depend on a variety of other factors, such as personality and desire to forge meaningful relationships (Sefcik & Abbott, 2014).

> I know them [tenants] all along here [on this floor] and we say, "Hello" when we meet but it's different. I've known these other people [outside of the residence] for quite a while, you know, we went to church together and different things from before so it's not quite as easy. (Grace, Parsons Manor)

Several participants described changes in their relationships with friends outside of AL after moving to their residence. Evelyn, at Fleetwood House commented that, "I used to have lots [of friends] but since I've been in here [AL], they all kind of forget about me for some reason." While Evelyn does not participate in the scheduled activities in the residence, she is very active engaging in informal baking activities in the shared lounge on her floor. Karen at Parsons Manor also described a change in her social relationships following her move, commenting on how, "… since I've moved I don't have anything to do with the people I [saw before]—except for my friends here." After moving into AL, both participants became socially engaged in the residence—albeit through different avenues—with Evelyn spending time in the shared lounge on her floor and Karen actively engaging in the morning exercise activity.

As previously discussed in chapter 7.3.2 on socioemotional boundaries in AL, some tenants purposefully put up socioemotional barriers that inhibit their development of meaningful relationships in AL. While some tenants described having friends in the residence, they would also distinguish these friendships from those outside of AL that had developed over time. Moreover, some participants did not feel a desire to develop

deep relationships with other tenants, as they had their family members to satisfy this social need.

> Well there's nothing really very close [about the relationships here] because every one of us in here has a family, mostly and we're close to our families, you know. They'll stop and talk to my son once in a while but they're just more family people but we get along for our reasons. When we want to talk to somebody or we want to socialize, we get along great. If we want to be left alone or something, we go to our room or we'll go to sit in the corner someplace and read our paper—we adapt. (Mildred, Fleetwood House)

Mildred's description of these relationships demonstrates her preference for 'room-service socialization' in the residence. That is, obtaining social interactions how they are desired, as they are desired. Ella, a tenant at Parsons Manor, described the importance of having a balance between socializing with others and having private time alone in her suite. She commented that, "I may be alone but I never get lonely, you know I like my own company". While this evidence further supports the finding of familial relationships being hierarchically of a greater value to participants than relationships with friends, it contrasts that of Howie et al. (2014), who found that higher levels of social support are modestly correlated with successful aging among AL tenants. In their study, relationships with friends was found to have a greater influence on tenants' lives than with family members. This suggests that how various social relationships are defined as 'meaningful' can be unique to different residents.

At Fleetwood House, it is expected that family members take AL tenants out of the residence to socialize as opposed to obtaining socialization through outing activities. As bus outings provide a means for tenants to engage in activities that they would likely do had they been living in their own home in the community (e.g. visiting a casino or restaurant), this expectation may limit the progression of their relationships in AL from acquaintance to friendship. While the literature suggests that multiple types of activities (e.g. social, physical and solitary activities) are positively associated with QoL among older adults (Betts Adams et al., 2011), it is important that activity programming in AL is diverse enough to support tenants' varying social needs. As tenants who report having friends in AL have been found to have a greater QoL than those who do not (Street, Burge, Quadragno, & Barrett, 2007), such strategies can help tenants develop

meaningful social relationships that further support their QoL (Kemp et al., 2012). The following subtheme will discuss how tenants' self-perceptions of aging affects their perceived ability and desire to participate in the scheduled activities available to them in AL, thus influencing their development of these social relationships.

7.5.1. "90 is 60": Self-perceptions of aging

Self-perceptions of aging and expectations for what it means to be a certain age has been shown in the literature to influence older adults' participation in healthy behaviours, depending on if they perceive their age positively or negatively (Levy & Myers, 2004; Levy, Slade, & Kasl, 2002; Ory, Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003; Rossen, Knafl, & Flood, 2008). Those who hold positive self-perceptions of aging are more likely to engage in activities and adopt behaviours that prevent against disability and illness (e.g. exercising and eating healthfully) (Levy & Myers, 2004; Sarkisian, Prohaska, Wong, Hirsch, & Mangione, 2005) and as a result, are more likely to experience greater functional health in later life than those who hold negative self-perceptions of aging (Levy et al., 2002; Sargent-Cox & Anstey, 2012). In other words, negative self-perceptions of aging may serve as a barrier to tenants' activity participation in AL. Moreover, Levy et al. (2002) found that self-perceptions of aging increase as individuals get older due to changes in perceived control and a greater awareness of oneself as 'old'.

Self-perceptions of aging have important implications for tenants' participatory behaviours in scheduled activities. When older women are inexperienced in physical activity and perceive themselves as being too frail to participate, they may adopt low expectations for their activity level at a certain age. As a result, they are more likely to perceive participating in physical activity as risky and be less inclined to participate than those who hold more positive self-perceptions of aging and their age-related abilities (O'Brien Cousins, 2000). O'Brien Cousins (2000) describes this perceived risk as often exaggerated due to unfamiliarity with the exercises and a lack of knowledge over the expected outcomes of participating (e.g. increased dexterity). Many study participants described not participating in scheduled physical activities in order to avoid a fall or

feeling sore, despite most exercises being conducted in a chair and designed to accommodate a variety of abilities.

> Physically I'm not able to do the things that some of them do ... I've never been to the fitness fun and I think one of the reasons [is] that ... I don't do things half-heartedly. ... I did try Wii bowling once—it was a disaster. Not only did it not work for me but I suffered for about a week with my shoulder after so there's some things I really shouldn't attend so I don't do that but my brain works. (Holly, Parsons Manor)

While the topic of age was not included in the interview guide, 48% (n=10) of study participants made comments about their age in relation to their activity participation and general QoL. Of those 10 who made age-related comments, 30% (n=3) expressed positive self-perceptions of aging while 70% (n=7) expressed neutral or negative self-perceptions. Examples of comments made by participants expressing a positive self-perception of aging include, "I've been lucky" (in reference to their health), "I just don't feel that old," and, "given that I'm 93...". Those who expressed neutral or negative self-perceptions made comments such as, "when you're older," "when you get to a certain age," and, "the thing about getting old". Some expressed not feeling their chronological age and perceived themselves as younger than they are, while others described themselves as old based on their expectations of what their chronological age looks like. Schafer and Shippee (2010) found that older women who perceive themselves as younger than their chronological age are more likely to perceive their cognitive ability positively; in other words, those who perceive themselves as 'old' are more likely to speak negatively about their memory and overall cognitive capacity.

Most participants based their self-perceptions of aging on the physical traits and abilities of those around them. In any age-segregated housing model, it is expected that you will have some tenants who fare better in health and ability than others, and those who fare worse. Those who fared well in these comparisons made positive comments about their age during their interviews. Lucy, a 90-year old tenant at Parsons Manor who is a regular attendee at the scheduled activities, describes making these comparisons based on her own experiences of aging and those of her family members.

> I feel that we all get to a stage where we might need help and God, I'm 90! You know and to me 90 is 60, I just don't feel that old! (*Chuckles)* I

> don't know, I'm just comparing, like my mum and da—but they're a different generation and that's the way life has been, they get older quicker you know, because of the life they've had. (Lucy, Parsons Manor)

These comparisons represent tenants' perceptions of what it means to be a 'typical' older adult. Among those who are older, the 'typical' older adult is often perceived as someone who is older than themselves and in worse physical health, resulting in a positive perception of one's age and abilities (Horton, Baker, Côtè, Deakin, 2008). In describing her self-perceptions of aging, Ella, a tenant at Parsons Manor commented, "you know I'm 83 and they call me a youngster now because most of the women here are older than that, you know, 86, 87." Ella's distinguishing between 'young' and 'old' tenants was echoed by several other participants and supported by an incident she described where she walked with an older tenant to the nearby stores.

> David, who lives here, he said—he was new at the time—"How do I get to the bank?" "Oh don't worry about that, I'll take you to the bank." Well I'd forgotten he was 96 and he kept sitting down coming back and by the time I got him to Safeway I thought he was going to die on me, "I can't breathe, I can't breathe." [I thought] "Oh what the hell have I done?" I thought I was doing him a good dead by taking him to the bank and he was too old for that walk, you know. He's 96. We all know we've had enough when we get to a certain age. (Ella, Parsons Manor)

Ella's comment regarding knowing one's limitations at a certain age suggests the age in which these perceived limitations develop varies widely depending on the person. All participants who mentioned age in their interviews had a different belief as to when one was considered 'old' and what limitations they expect for their age.

Mildred, an 84-year-old tenant at Fleetwood House who described positive self-perceptions of aging and perceives herself as in better health than the "other" tenants does not attend the scheduled physical activities because, "They don't do anything [that] I feel that is doing much for me. They do this (*moves hands lightly*) kind of stuff for the older people. ... It's kind of baby stuff." Betty, an 88-year-old tenant at Parsons Manor commented on how, "some of the *real* older ones in their '90s...". Having tenants of a large age range in AL poses as an organizational challenge for the recreation staff who must design activities that suite not only tenants' preferences and range of abilities, but

also their perceived ability to participate in the activities based on their self-perceptions of age.

> ... the different types of interests that a 50-year-old male would have [compared] to a 100-year-old female or an 85-year-old female. ... you're asking somebody to be all to everyone and that becomes quite difficult to do. So that poses a challenge just in itself. ... you've got an age range in assisted living that can go from 50 or 60 to 100 and if you're doing all group programs, you can't possibly be meeting everybody's needs because what I would do and what you would do and what your mother would do and what your grandmother would do would be quite different. And that's that 40 or 50-year span that you're providing programs for. (Ruth, Manager, Fleetwood House)

Comments captured by participants about the self-perceptions of aging support the notion that many people have expectations for the abilities they may or may not have when they reach a certain chronological age. These assumptions form the basis for one's beliefs over what normative activity behaviours look like in later life. The code, "taking it easy," captures participants' expectations for engaging in lighter or sedentary activities in later life. Alternatively, the code, "keeping busy," was assigned to references where participants described being active their whole life—either with work, family, or various social and recreational activities—and expect to continue being active in some way in their daily life. Societal expectations of older adults to 'take it easy' when they age can lead to their disengagement from physical activity, despite recognizing the positive benefits of being active (Ory et al., 2003).

In this study, all participants recognized the value of being physically active, however, some participants disassociated themselves from this value and reflected on the necessity of being physically active for *other* tenants. These participants feel their own level of disability is too far gone to benefit from exercise and therefore, don't participate. Despite the recreation staff consistently reminding the tenants during physical activities to, "do what you can", Holly, a wheelchair-bound tenant at Parsons Manor, chooses not to attend because she cannot do them to the capacity that some of the other tenants can.

> I've watched them do the exercises and I don't feel that they're all that relevant. ... Exercise for me is like, exercise, movement, working up a sweat kind of thing, you know? I mean it's geared to people who can't

> move too well. Quite frankly I wouldn't be able to do any of those type of exercises either, you know I would be very limited but it doesn't—I think I would rather not do any exercises than do them half-hearted. (Holly, Parsons Manor)

Those who described their self-perceptions of aging in a negative manner, often did so in reference to expectations of disability and ailments with increasing age. The most negative comments on aging were made by those with the greatest level of disability and often, were less active in the scheduled activities at the residence. For these participants, watching television was often reported as their most frequent leisure activity. A case study of one participant at Fleetwood House, Marie, provides an example of the influence self-perceptions of aging and a high level of disability can have on tenants' QoL (table 7.4). This case study is based on the comments made by Marie during her interviews and jottings recorded of her nonverbal gestures during the interview.

Table 7.4. Perceptions of age case study: Marie

Marie is an 88-year-old widow who moved into Fleetwood House when her family, whom she had been living with, moved away and she was unable to have her ADL and IADL needs met at home. She has arthritis, a severe hearing impairment, and a moderate vision impairment. While her hearing impairment made it impossible to speak with her over the phone, conversation is possible in-person when speaking at a loud volume. Marie requires the use of a walker and scored 52 out of 100 points on the mGES, the lowest among participants not requiring a wheelchair. Marie participated in three activities in the four weeks prior to data collection: visiting with family once a week, reading, and talking on the phone. She was informally observed in the residence on several occasions sitting alone in the seating nooks. When tenants would greet her she would smile subtly and continue sitting quietly. Her social interactions are limited, with care staff interactions being the most frequent she has. Marie scored the lowest of all study participants on the ICECAP-O measure of QoL with 10 out of a possible 20 points (mean participant score is 15.3), the MSPSS measure of social support with 50 out of 84 possible points (mean score is 76.8), and the general self-efficacy scale with 24 out of 40 possible points (mean score is 33.7). Questions in the MSPSS inquiring on her relationships with friends received the lowest scores and when asked if there was a special person in her life who cares about her feelings, she replied, "I don't have anybody to talk to." *(Continued on the next page…)*
Marie, 88, Tenant, Fleetwood House

(*Continued from the previous page…)*

When I had arrived at Marie's suite for her in-depth interview, her door had been left a jar. From the hallway, I could see Marie sitting in the quiet, dimly lit room, awake with the television off, starring out of the window. I knocked on the door and she called for me to come in. When asked what she had been up to, she said she had been starring out of her window, something she does often since she doesn't enjoy the programming on TV and can't do much else. At the end of the interview, Marie took several deep breaths and closed her eyes, looking distressed and in pain. When asked if she was alright and would like an ALW called, she replied:

> "No, I just feel that way [not well] all the time. They ask me how I am all the time but this whole day is just the pits. Can't think fast enough, can't get around. I'm just…old. It's hard to think fast enough."

Marie, 88, Tenant, Fleetwood House

Marie is an outlier among the study participants but her story adds value to the study. Her experience of daily life in AL may provide a unique insight into the lives of the other tenants at the residences who were inaccessible for recruitment for reasons such as lack of attendance at scheduled activities and community meetings where recruitment efforts occurred, inability to read recruitment brochures, or complex health conditions. Marie's case study provides an example of the difficulties some tenants face in AL. For Marie, her high degree of functional impairment and lack of social support negatively affect her QoL. This is further reflected in her comment denoting a negative self-perception of aging, describing being "old" as a challenging experience in itself. Throughout her interviews, Marie frequently apologized for her slow responses to questions, despite being given long pauses and limited probes to accommodate the extra time required to respond to questions. It can be speculated that her difficulties in communicating with others who may not provide the necessary response time for her to reply may impede her social interactions with others in the residence.

While the initial theories driving this study—the social ecological model and social cognitive theory—describe intrapersonal factors such as knowledge, beliefs, attitude, self-efficacy, and outcome-expectancy, both fail to provide an explanation as to why participants hold particular perceived norms about age-related activity levels and how these norms develop. The Theory of Reasoned Action suggests that before individuals even start to consider attending activities, their perceptions of what is considered the norm for participation and their underlying attitudes towards the

behaviour itself will influence their likelihood of participating (Crosby, Salazar, & DiClemente, 2013; Simons-Morton, McLeroy, & Wendel, 2012). For example, Charles, a 77-year old tenant at Parsons Manor, believes he is at a stage in his life where, "these [activities] don't exist anymore. I take it easy, watch my soccer, couple drinks, that's it. That's my life now." It may be that participants' attribution of age as a reason why they do not participate in the scheduled activities in their residence suggests a perceived lack of control over the ability to change their functional status. As result, this has led participants to select those activities for participation that increase their feelings of competence in performing the activity and thus, their control over their own abilities.

Participants' who described experiencing hardships earlier on in life that they had no control over—such as being bombed out of the family home during World War II or experiencing a major health event (e.g. contracting polio or going blind), tended to exhibit characteristics of resiliency, optimism, and self-reliance more often that those who did not share these experiences. While AL wasn't identified as a first-choice living arrangement for these participants, they expressed being content where they are, as it meets their needs at this stage in the life course. This general feeling of acceptance was described as a consequence of aging that allows them to cope with the changes in one's health and social situation in later life.

> ... when you're older—you accept things. And I think you accept that you have come to this crossroad and you have to make a decision that this is what you need, you know, you can no longer take care of yourself. (Holly, Parsons Manor)

Rossen, Knafl, & Flood (2008) suggest acceptance is essential for successful aging among women, as it allows individuals to cope with the changes experienced in later life. In their study, successful aging was defined by participants as having good health in relation to their expectations for health and ability at a given age and the ability to adapt to age-related changes. Henry, one of three male participants in the study and the youngest at age 72, described being able to accept that he needs to live in a form of LTC due to his ADL needs and reliance on a wheelchair.

> Well I know that probably if I don't make it out of here—I'll be dead; I won't make it anywhere else other than here because none of my children ... have enough space to put me in there as well; they've got stairs in their

> house, you know, that type of thing. But I think if I can ... put an extra few years on my life I'd be content. Right now I've considered that I've lived a fairly full life and I've enjoyed what I've had and what I've done and I've enjoyed the people and that sort of thing. (Henry, Fleetwood House)

Henry's reflection on the quality of the years he has lived before moving into AL enhances his ability to accept where his is living, even if it is not a first-choice for him. Henry copes with life in AL by participating in the scheduled activities when they interest him, such as a nature film or the odd trivia activity, however he described having trouble relating to the "old bags" that make up the majority of the population in AL based on his own self-perceptions of aging.

> Well generally I enjoy it [here] ... But the one thing that I think is that I'm too young to be here. Everybody is like 90 years older than me. It's kind of tough; you look around and everybody's got white hair and hobbling around and using canes and walkers and here I am, I'm still young enough looking... (Henry, Fleetwood House)

Understanding the means in which tenants adopt and maintain perceptions of age in relation to one another in AL and the effects these self-perceptions have on their participation in scheduled activities—particularly physical activities—may have important implications for AL. Levy, Slade, Kunkel, and Kasl (2002) suggest that those who hold positive self-perceptions of aging tend to live longer than those with negative perceptions. In their study of this effect, the difference in longevity amounted to 7.5 years for those with positive self-perceptions. While this finding was partially mediated by will to live, it sheds light on the relationship between self-perceptions of aging among study participants and their chronological age. Out of the 21 participants in this study, 5 participants (1 male and 4 females) are age 90 or older. This group of participants all described positive self-perceptions of aging in their interviews and reported some of the highest levels of participation in diverse activities, inside and outside of AL. The potential for targeting interventions in AL to alter negative perceptions of aging may serve to increase participation in physical activities among some tenants and further, increase their tenancy and longevity in AL.

This chapter discussed the substantive themes as identified through in-depth interviews with tenants and staff. These themes capture participants' perceived need for

living in AL, thus leading to a reinterpretation of how they define ‘home’ in order to adapt to the move. The meeting of tenants’ care needs is associated with level of satisfaction in the residence. In order to maintain control in their lives, tenants will put up physical and socioemotional boundaries that regulate their use of the AL spaces and interactions with other members of the AL community. The scheduling of diverse activities in the residence provide tenants with opportunities and choices for meeting their recreational and social needs and wants. Participation in these activities and time spent in the shared spaces in the residence therefore plays an important role in tenants’ social lives in AL. Thus, the accumulation of these factors act in a complex and dynamic relationship to influence tenants’ QoL. The following chapter will discuss the role of activity participation on QoL as it relates to Grewal et al.’s (2006) five attributes of QoL. This will be followed by a discussion of the revised conceptual model, integrating the literature with the study findings, before concluding with an overview of the implications, strengths, limitations, directions for future research, and conclusion.

Chapter 8.

Discussion

This study sought to explore the factors and attributes that influence tenants' ability and desire to participate in scheduled social and recreational opportunities offered in their residence, and the role these activities have on their QoL. The research questions that guided this study are as follows:

1) What are the factors and attributes that support or hinder tenant participation in scheduled social and recreational activities provided in two publicly-funded assisted living residences in British Columbia?

2) How does participation in scheduled activities affect the quality of life (QoL) of tenants living in these two assisted living residences?

An analysis of the data revealed four substantive themes: 1) "I'm here for a reason": The intersection of home and health, 2) Negotiating boundaries, 3) Opportunities and choices: Blending needs and wants, and 4) Nuanced social life: The continuum of goers to noers. These themes are not mutually exclusive and comprise Grewal et al.'s (2006) five domains of QoL, defined in chapter 2.5. These domains are attachment, security, role, enjoyment, and control (Grewal et al., 2006). This chapter will discuss the key findings of this study in relation to QoL in AL. The initial conceptual model that guided this investigation was based on a review of factors and attributes identified in the literature to have an effect on activity participation and QoL in AL. This model has been revised to reflect the findings of this study while building upon the findings of the literature in this area. The presentation of the revised conceptual model is followed by a discussion of the implications of the study findings, strengths of the study, limitations of the study, and areas for future research.

8.1. Activity Participation and Quality of Life

The findings from this study reveal the complex relationship between the organizational, physical, and social environment. The reasons why tenants choose or choose not to participate in the scheduled activities offered to them in AL are often the result of a myriad of factors. Sociospatial design features, such as the location of activity spaces, opportunities for previewing activities, and the availability of diverse lounge and activity spaces were found to influence tenants' use of these spaces and feelings of being 'at home' in the residence. Organizational factors of particular importance in this study include the availability of recreation staff, policies affecting accessibility in the residence (e.g. locked stairwell and restricted usage of the elevator at Fleetwood House), and the timing of scheduled activities.

In this study, the role of recreation proved to be a vital element of the AL model for supporting tenants' QoL. The provision of scheduled social and recreational activities was found to be both directly and indirectly associated with study participants' QoL. Those who directly participate in activities described the benefits obtained from participating, such as social interaction, increased physical/cognitive functioning, a means of passing the time, and feelings of being a part of a community. Among those who do not regularly participate in the activities, simply having opportunities and choices to participate in a variety of activities, or making an active choice to not participate, enhances their level of perceived control in their daily lives. These decision-making opportunities appeared to be just as important to some participants as was the benefits obtained from actively participating for others.

Factors found to support tenant participation in scheduled activities include convenient timing (e.g. late-morning and after lunch), good relationships with recreation staff, friendly relationships with other tenants, a high level of self-efficacy, positive expected outcomes of participating, and perceived benefits of participating. Factors found to hinder tenants' participation include sleeping in the afternoon, lack of self-efficacy, fear of falling, cognitive impairment, severe hearing or visual impairment, participating in obligatory (e.g. appointments with health care providers) and discretionary activities (e.g. visiting with family) outside of the residence, negative

expected outcomes as a result of participating (e.g. pain), and simply not seeing a value in participating.

It was anticipated that health status would be a prominent factor in tenants' motivation and ability to participate in the scheduled activities offered to them. While this was found to be true, health status alone was not a predictor of participation. In fact, tenants' descriptions of their social relationships inside and outside of the residence appeared to be a bigger predictor of participation than objective and perceived health. Those who describe greater feelings of attachment and friendship in the residence are more likely to engage in an iterative process of 'meaning-making' in the residence, whereby the accumulation of regular social interactions and activities support tenants' QoL.

Sirgy and Wu (2009) postulate that subjective well-being is obtained through the balancing of multiple domains (e.g. family or sense of engagement) in one's life. As each domain has a limit in the amount of satisfaction it can provide a person, the obtainment of life satisfaction from multiple domains serves to fulfill one's personal requirements for overall well-being greater than that of a single domain. The ability for one domain to compensate for low satisfaction in another therefore mitigates an imbalance in subjective well-being (Sirgy & Wu, 2009). For example, having one's personal care needs met merely satisfies one domain in tenants' lives and can provide a positive affect up to a certain point, at which time, the tenant will seek out other domains that satisfy their diverse developmental needs (e.g. socialization, knowledge, self-actualization) (Sirgy & Wu, 2009).

This concept of achieving balance in these domains can also be applied to Grewal et al.'s (2006) five attributes of QoL for older adults, previously discussed in chapter 2.5. These attributes, captured in the substantive themes discussed in chapter 7, are *attachment, security, role, enjoyment, and control.* In this study, participants who demonstrated the greatest level of balance in these attributes, as demonstrated through their scores in the quantitative measures and responses during in-depth interviews, appeared to have a greater QoL than those with an imbalance in multiple attributes. The

following subsections will provide a discussion of these five attributes as they relate to the study findings.

8.1.1. Attachment

The domain of attachment captures tenants' feelings of love, friendship, affection, and companionship in their lives (Grewal et al., 2006). As such, this domain is linked to the subthemes of "Redefining home: Aging in a 'different' place" and "Social life matters". This study found that many participants prioritized familial relationships over those with staff and other tenants in AL. For some, their family members were the primary source of their social interactions, as they did not participate in the scheduled activities in the residence, nor spend time in the shared lounge spaces. Those who described variety in the types of social relationships they maintained—inside and outside of the residence—scored higher in QoL measures than those who interacted solely with family members. They were also more likely to describe an overall feeling of happiness during in-depth interviews when asked what QoL meant to them.

While familial relationships are an important facet of tenants' QoL, an over-reliance on these relationships for social interaction can result in an imbalance between the domains of a tenant's life. Therefore, it can be postulated that all satisfaction with social interaction should not be derived solely from familial relationships but rather, through a diversified set of relationships inclusive of those inside the residence. Participation in valued activities, particularly those involving nonfamily social interaction, is a primary factor for AL tenants' establishment of meaningful relationships (Beggs, Kleparski, Elkins, & Hurd, 2014) and meaning of home in the residence (Cutchin et al., 2003). For many, 'home' is a place where companionship and friendship is experienced. Upon the loss of their spouses, many widowed participants suggested their previous residence was not 'home' anymore, making a move into AL and feelings of attachment easier when the time came that it was needed.

8.1.2. Security

Feelings of safety and not being vulnerable in AL constitute the domain of security (Grewal et al., 2006) and is one of the most frequent reasons stated by participants for moving into AL. This domain is reflected in the study through the themes of "I'm comfortable, I'm cared for" and "Negotiating boundaries". Receiving assistance from AL staff with the activities they have difficulties with that may pose as a risk to them (e.g. bathing, cooking meals, and remembering medications) provides tenants with feelings of comfort and care and thus, physical security in the residence. All participants described feelings of safety in their residence and expressed having no concerns over abusive behaviours.

The presence of physical boundaries in the residence may serve as a hindering factor in tenants' QoL. For example, restricting the use of the stairwells for tenants at Fleetwood House enhances their physical security by reducing the risk of falls; however, this organizational policy also restricts tenants' level of control over their navigation of the spaces in the residence. This example demonstrates how aiming to support one QoL domain may result in the hindrance of another. Ensuring elements of control can be obtained through other aspects of tenants' lives helps to maintain balance and a positive QoL for tenants.

The domains of security and control also intersect at the subtheme of "socioemotional boundaries". Participants often described having limited or no friends inside or outside of the residence, as many of their long-time friends have since passed away. To protect themselves from the emotional pain of forging close relationships with other tenants, only to have these relationships end by a transfer to RC or death, tenants will often put up socioemotional boundaries to limit their feelings of attachment in these relationships. Doing so serves to reduce feelings of social and emotional vulnerability when navigating the social community of AL.

8.1.3. Role

Grewal et al. (2006) defines role as having a sense of purpose in life and doing things that provide feelings of value to the individual. The theme of "Opportunities and

choices: Blending needs and wants” intersects with the subtheme, “90 is 60: Self-perceptions of aging” to describe how tenants’ self-perceptions of aging influences their pursuit of certain activities in support of their physical or cognitive capacity. Participants often expressed greater valuation of one capacity over another, which guided their preferences for selecting the activities that they want to do. Participating in these activities further allows tenants to engage in an active role that provides them with a sense of purpose through the maintenance of their abilities.

While for some tenants, value and purpose is derived from participating in the scheduled activities offered by the residence; for others, it is having a sense of purpose through their social roles. For example, the subtheme, “New and senior tenants: The role of tenancy” describes tenants’ dynamic social roles in the AL community as their tenure in the residence increases. Harriet, a tenant at Fleetwood House, is not a regular attendee at many of the scheduled activities offered, as she is busy engaging in other activities that provide her with a sense of purpose. As a more senior tenant in the residence, Harriet takes it upon herself to orient new tenants to the social norms of the residence and help them feel comfortable in their new home. Her close relationships with her family outside of the residence and her active social role inside provide balance between these two realms of her life, thus supporting her QoL.

8.1.4. Enjoyment

Enjoyment, as a domain of QoL, is expressed through feelings of pleasure, joy, and a sense of satisfaction (Grewal et al., 2006). Both study sites offer tenants a variety of activities, providing many opportunities for tenants to participate in something they enjoy based on how they feel they need and want to use their discretionary time. This is reflected in the theme, “Opportunities and choices: Blending needs and wants”. Participating in activities that demonstrate tenants’ physical and/or cognitive capacity offer tenants a sense of satisfaction, thus supporting their level of self-efficacy for doing the activity. For example, several participants expressed enjoyment in participating in the scheduled trivia activities due to the pride they felt when they could provides answers to the questions asked by the recreation assistant.

While this study demonstrates the importance of participating in the social and recreational activities in AL that provide meaning to tenants, a lack of participation in these activities does not necessarily reflect disengagement by the tenant in the residence. It may be that the same tenant is actively involved in informal social activities on his or her floor or outside of the residence instead. Engaging in informal social activity supports tenants' level of enjoyment in the residence when it is positive and has been shown to positively affect overall well-being in later life (Betts Adams et al., 2011).

How tenants define relationships and activities as 'meaningful' is contingent on their own personal preferences, background, and lifestyle. Both study sites described conducting initial recreation interviews with new tenants to learn what activities are considered to have meaning for them. Where possible, these activities are then integrated into the monthly recreation calendar, reflecting a blending of tenants' activity needs and wants. Not only does this personalize the activities offered to suite the preferences of the tenant, but it further provides them with the ability to share something that is meaningful to them with the greater AL community, thus enhancing the cohesion and feelings of community in the residence. This practice coincides with Voelkl et al.'s (2004) 'family model of care', where the use of "family making" components help to create a positive social environment of caring and enduring relationships (p.20). These components include designing a home-like environment, sharing domestic space (e.g. dining room and multipurpose room), and providing opportunities and choices for participation in diverse activities, thus enhancing tenants' level of control in their lives.

8.1.5. Control

The domain of control consists of feelings of being independent and maintaining the ability to make one's own decisions (Grewal et al. 2006). Theoretically, all tenants experience control in their lives, as AL is considered to be a 'semi-independent' model of housing, where the ability to make one's own decisions is a requirement for tenancy. It was expected prior to data collection that a high level of disability and resulting inability to participate in scheduled activities at the residences would result in a hindered sense of control among participants; however, this was not found to be the case. Control is instead supported by tenants' participation in activities where they hold greater feelings

of self-efficacy and that support their capabilities and preferences. This is reflected in the subtheme, “Maintaining abilities”. For example, Louise, a wheelchair-bound participant, has little control over her ability to participate in the physical activities offered by the residence; instead, she uses her discretionary time to do Sudoku in the privacy of her suite. Louise argues that writing out the numbers maintains the functional ability in her fingers while solving the puzzles maintains her cognitive capacity. She expressed no sadness over her limited control over her physical activities because she feels participating in these activities would do little to regain what function she has lost. As such, she exerts control over the activities and abilities she is able to.

For those who are simply not interested in the scheduled activities offered to them in AL, the availability of semi-private and public shared spaces at both sites provide enhanced control over the navigation of the residence, social interactions, and development of preferred social relationships in AL. This is reflected in the subtheme, “Social life matters”. For some, acquaintance relationships satisfy their emotional needs while for others, close friends or fictive kin relationships may be desired. Due to the close proximity of tenants in AL and the breadth of opportunities for social interactions (e.g. receiving personal care from ALWs, meal times, and unscheduled time spent in lounge spaces), it can be postulated that AL tenants may have more control over their social environment than those living in the community.

Where level of control may be hindered outside of participation in scheduled activities is in regards to the dependency on those with whom tenants’ social relationships are shared. This holds particularly true among tenants with a greater level of functional and cognitive impairment. Many tenants described limitations in their ability to navigate the geographic space outside of AL as a result of physical impairment and therefore, rely on family and friends to exert control over this aspect of their lives. For tenants whose family members may not visit as often as they would like to, this dependency can hinder their feelings of control and QoL. The following subsection will discuss the evolution of the initial conceptual model proposed prior to data collection. While the initial model drew on the literature and theoretical foundation of the social ecological model (SEM) and social cognitive theory (SCT) to guide the study design and

procedures, the revised model integrates findings from the study to describe the factors involved in the relationship between activity participation and QoL.

8.2. Revised Conceptual Model

This study was driven by an initial conceptual model that integrated facets of the social ecological model (SEM) and the social cognitive theory (SCT) to describe activity participation and QoL in AL. Building upon this model, a new model was created to integrate the findings of this study with the literature. The revised model, presented in figure 8.1, reflects the factors and attributes that influence tenants' participation in scheduled activities and their greater QoL. Five key factors that were found to exert influence on activity participation and QoL are depicted in the model through a series of uni- and bi-directional relationships. These factors are *intrapersonal factors*, the *social environment*, the *physical environment*, the *organizational environment*, and *activity participation* itself.

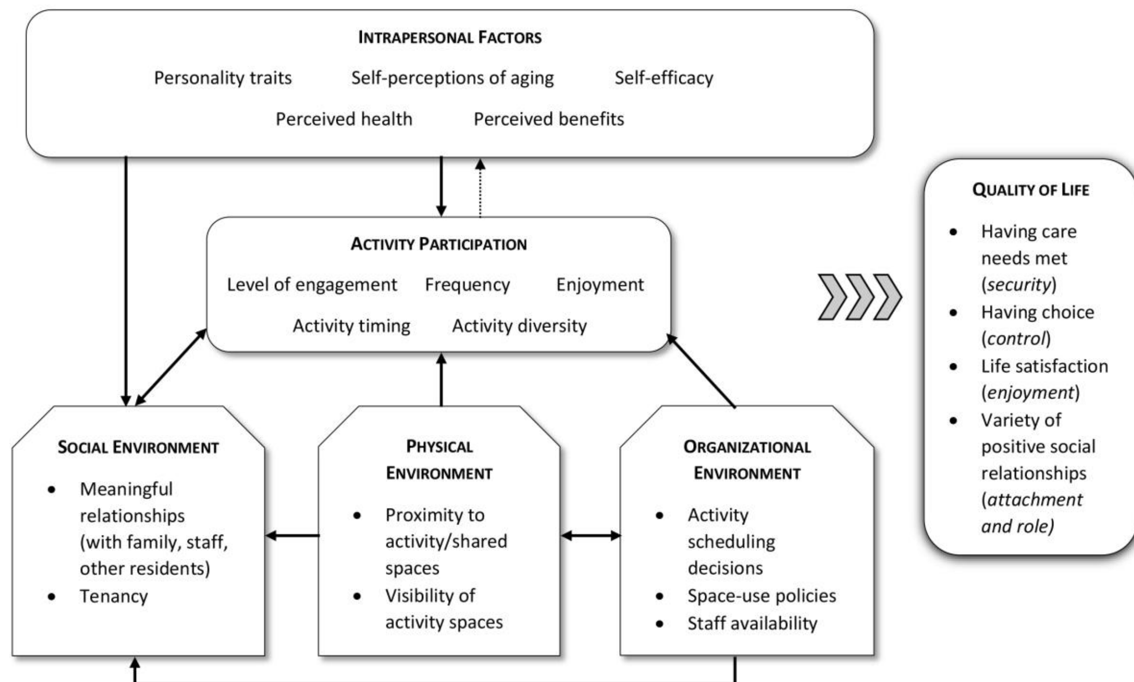

Figure 8.1. Revised conceptual model

Intrapersonal factors include those that are internal to the individual, such as personality traits, self-perceptions of aging, self-efficacy, perceived health, and the

perceived benefits of engaging in an activity. The subtheme of “90 is 60: Self-perceptions of aging specifically relates to intrapersonal factors in the conceptual model. These factors have an influence on tenants’ social environment by affecting their ability and desire to forge meaningful relationships in AL and their level of participation in the scheduled activities available to them, thus encompassing the subtheme, “social life matters”. Intrapersonal factors are not directly affected by the other factors in the model but can be influenced by tenants’ level of participation in diverse activities. For example, a tenant may have low self-efficacy for engaging in physical activity when initially moving into AL; however, after attending several chair exercises in the residence, this tenant may see that these exercises are within their capacity and experience an increased sense of self-efficacy in their ability and willingness to participate in the activity. This relationship is represented by a dotted line to emphasize the conditional parameters for influence on the two factors.

The facets of self-efficacy and outcome-expectancy value within the SCT (Bandura, 1985, 2001) offer value in explaining why—when given a supportive physical environment, opportunities for activities, a positive community in the residence, and the ability to participate—some tenants still choose not to get involved. These attributes encompass the theme, “Opportunities and choices: Blending needs and wants” as a means of describing how some tenants participate in some activities because it is what they want to do while for others, it is what they feel they need to do in order to maintain their cognitive or physical capacity. For some, the perceived inability to participate in physical activities, even when encouraged to “do what you can” can lead them to anticipate a negative outcome (e.g. falling or feeling sore) and thus, avoid the activity altogether. Among social and cognitive activities, the concern over getting ‘called on’ to answer a trivia question and not knowing the answer led one participant to abstain from these activities in order to avoid a negative outcome that may not occur.

The role of these intrapersonal factors within the conceptual model is particularly captured through the theme of “Opportunities and choices: Blending needs and wants,” and the subthemes “Social life matters”, “New and senior tenants: The role of tenancy”, and “socioemotional boundaries" where tenants’ need for social interactions and preferences for certain relationships influences their integration into the AL community

and daily life in the residence. Where tenants perceive the scheduled physical activities as particularly valuable for satisfying a physical need (e.g. managing the symptoms of a chronic disease) or simply want to do them because that's what they enjoy, their participation in these activities will increase, providing them with greater opportunities to develop meaningful relationships in the residence that satisfy their own social needs, such as acquaintance, independent or acquisitive friendship, or fictive kin.

The intersection between tenants' social lives and self-perceptions of aging further influence participatory behaviours. Those who associate age-related behaviours, such as "taking it easy" with not needing to engage in physical activity in later life or as being unable to as a result of their chronological age, are less likely to do so. Participants who demonstrated positive personality traits, such as optimism, adaptability, and flexibility, expressed greater participatory behaviours in the scheduled activities than those who demonstrate more neutral or negative personality traits, such as being self-conscious, easily discouraged, negativistic, and reserved. While low participation in physical activities can further contribute to low perceived health, participation may remain high in sedentary activities when they provide social benefits to tenants. This factor and associated attributes in the model is linked to the theme, "Nuanced social life: The continuum of goers to noers".

The *physical and organizational environment* factors share a bi-directional relationship between them and exert influence on activity participation, as represented through a uni-directional relationship. These factors reflect chapter 5's discussion of activity timing and characteristics; chapter 6's discussion of Regnier and Pynoo's (1992) and Regnier's (1994) design principles; the theme, "I'm in here for a reason: The intersection of home and health; and the subtheme, "Physical boundaries". The proximity for tenants to access activity spaces in their residence, their visibility of these spaces, the policies influencing tenants' access of these spaces (e.g. Fleetwood House's elevator policy), and the activity scheduling decisions made regarding the timing and diversity of the activities offered are attributes of these factors that affect tenants' ability to participate.

Attributes within the organizational environment interact with the physical environment to influence the design and use of the physical spaces in the residence. For example, the bistro lounge at Fleetwood House, is a small, comfortable, and semi-private shared space located on the ground floor lounge between the lobby and the elevators. While tenants can be seen using this space informally for reading and visitation, the added scheduling of activities in this space appears to influence tenants' perceptions of the space as a place to socialize. In anticipation of a scheduled activity, some tenants will arrive early and socialize with others while waiting for the activity to start. After the activity, other passing tenants can be seen joining those who remain, further increasing the social interactions that occur in the space. Together, the physical environment (availability of the space) and the organizational environment (scheduling activities in the space) serve to increase opportunities for participation in meaningful activities and social interactions, thus supporting tenants' QoL (Ball et al., 2000; Kemp et al., 2012).

The *social environment*—comprised of meaningful relationships and tenancy—is influenced by the attributes of the physical and organizational environments that support or hinder tenants' social interactions and development of meaningful relationships in AL, such as the structuring of the recreation program (e.g. training requirements of recreation staff and timing of activities) and availability/use of the physical activity spaces. While the social environment may affect how activity and other shared spaces are used in the residence, it is the initial design and availability of these spaces that exert a greater effect on participation; therefore, the relationships between the social environment and the physical and organizational environments are uni-directional. The social environment factor encompasses the themes of "Nuanced social life: The continuum of goers to noers", "Negotiating boundaries", and the sub-themes, "Redefining home: Aging in a 'different' place", and "The things that you want to do".

The discussion of the social environment in preceding factors demonstrate the intersectionality of this factor within the conceptual model, with the organizational environment, physical environment, intrapersonal factors, and activity participation all exerting influence on tenants' ability to forge meaningful relationships in AL. While time plays a role across all factors in the model, its influence is strongest in relation to

tenancy as an attribute of the social environment in the conceptual model. As discussed in the sub-theme, “New and senior tenants: The role of tenancy”, a longer length of time lived in AL presents tenants with more opportunities to engage or disengage in the scheduled activities and the greater social community of AL. This is the result of the constant reinterpretation of social relationships that occurs over time with the changing population of AL and tenants’ own health needs.

The initial conceptual model proposed that *activity participation* is the outcome of the total interaction between individual and environmental factors that then interact in a bi-directional relationship with QoL. The centralized positioning of activity participation in the revised model reflects its reconceptualization as an outcome of the confluence between tenants’ intrapersonal factors and those within the physical, organizational, and social environments. Activity participation was also found to act as an effecting force that operates in a bi-directional relationship with the social environment. That is, length of tenancy and the maintenance of meaningful relationships influence tenants’ motivation and comfort for participating in the scheduled activities offered by the residence.

Alternatively, participating in scheduled activities also serves as a way for tenants’ development of meaningful relationships and feelings of enjoyment in the residence. The initial model implied that QoL was contingent on activity participation and did not reflect the direct influence of intrapersonal and environmental factors on QoL in the absence of participation in the social and recreational opportunities offered to tenants in AL. The study findings were clear that even in the absence of participation in these scheduled activities, many participants attribute meaningful relationships with family or the quality of care being received as supporting their QoL. As a result, the revised model uses a chevron arrow to depict QoL as an outcome of the dynamic and iterative process of interactions between the five factors in the model, where any change to one of these factors at any time can positively or negatively affect tenants’ QoL.

8.3. Implications

This study is well positioned to provide a descriptive and exploratory account of the factors and attributes that support or hinder tenant participation in scheduled social

and recreational activities in AL. Increased understanding in this area further supports the ability of AL administrators, care staff, and recreation staff in accommodating the needs and preferences of a diverse tenant population within their capacity of limited resources. The findings show that a universal "cruise-ship" style of recreation does not fit the AL model. Offering social and recreational opportunities in AL as a hospitality service negates the therapeutic value of participating in diverse activities that support tenants' physical and cognitive abilities and their greater QoL.

As previous research has found that increased engagement in activities in AL is positively associated with increased tenancy (Tighe et al., 2008), it may be worthwhile for B.C.'s health authorities to re-evaluate social and recreational opportunities as a care service as opposed to a hospitality service. Doing so would enable funding to be allocated to supporting recreation staff through increased training (e.g. osteofit, fall prevention, means of engaging tenants), staff hours, and capacity for scheduling activities at various times in the day.

Employing a province-wide study examining activities in AL would provide B.C.'s health authorities with further evidence to address the limited policy surrounding activity programming in this area. Such a study many seek to examine the current status of the scheduled activities available in B.C's AL residences and characteristics of the tenant population at each residence (e.g. tenancy and health status) as a means of understanding how the policy is currently serving AL tenants and what areas require intervention. A policy intervention, such as introducing requirements for the frequency of activities offered to tenants or minimum requirements for the number of recreation staff available, may have important implications for increasing the consistency and quality of the social and recreational opportunities offered to tenants in AL in B.C.

As bus outings are a well-attended and regularly requested activity in AL, increasing recreation staff resources would allow for more bus outings to be scheduled. Moreover, bus outings to shopping destinations allow some tenants to do their shopping without the assistance of their family members, therefore supporting tenants' independence and control in AL. At Fleetwood House, residence manager, Ruth, described how the use of staff resources to support a bus outing occurs at the expense

of an activity in the residence for those not participating in the activity, as there are not enough recreation staff available to support both activities.

With the changing population in AL, formal activity attendance and participation is increasingly reliant on features of the social, organizational, and physical environment. While physical design features were not found to be the most important factor affecting activity participation overall, it is clear that the visibility of activity spaces and proximity to tenants' suites is important for supporting the accessibility of these spaces. Where activity spaces have low visibility in the residence, the need for staff members to remind tenants about the activities when they happen and escort them down to the activity spaces increases.

At the physical level, designers converting a pre-existing residence into AL or building an AL residence from the bottom up need to be cognisant of the proximity of major activity spaces to elevators and level of visibility to passer-bys. At the organizational level, this finding reiterates the importance of staff collaboration at all levels for increasing tenant participation in scheduled activities. While the work activities of recreation and care staff are distinguished under separate domains—hospitality and personal care services—they may occur in synergy with one another when it is required. At both residences, ALWs were observed assisting recreation staff in phoning tenants to remind them about an activity or escorting them to the activity. When ALWs support the recreation staff in this way, the recreation staff further support the ALWs and site nurse by observing activity attendees' functional and cognitive performance at various activities. This provides recreation staff with an additional opportunity to observe tenants' functioning, making them potentially more apt to notice changes in tenants' health that they can share with the personal care team.

At both study sites, when tenants first move in they participate in an entrance interview with the recreation coordinator to discuss their activity preferences and interest in various activities. The aim of these interviews is to increase the recreation coordinator's ability to design an activity program with 'something for everyone'. As tenants' health and abilities change over time, their interest in participating in certain activities may change along with their level of self-efficacy, perceived health, and

perceived benefits of participating in certain activities. As such, an annual recreation interview to re-evaluate tenants' recreation interests may serve to increase the recreation team's knowledge of tenants' preferences. The administration of a recreation survey at Parsons Manor to their tenants is an example of this evaluative procedure. In-person recreation interviews may further capture information about tenants that may not be possible in a paper survey, such as stories of life events and past hobbies that may be incorporated into an activity program for the tenant.

While participation in scheduled activities at the residence is not a requirement for QoL in AL, it has be found in this study to support it. Indeed, several study participants described an excellent QoL and do not regularly attend the activities offered by the recreation team. What was found to be of greater importance is tenants' participation in any activity that is considered to be meaningful to them, so long as the tenant is engaged socially in some way. As most participants defined QoL through their social relationships, having their care needs met, and asserting a level of control, supporting tenants' activity participation outside of the formal recreation program is just as important for QoL as the structure of formal activities that may simply not fit the interests of some tenants.

Management and recreation staff at Fleetwood House described informally introducing tenants with similar interests to one another in order to support the building of new relationships. The close proximity of a lounge space on each floor then gives tenants a convenient space to socialize outside of their suites, further supporting these relationships and maintaining physical boundaries. At Parsons Manor, two participants described participating in recreational activities in the past that were organized by tenants and occur outside of the residence's recreation program. However, factors such as changes in access to space or the organizer's lack of availability one week appeared to result in the dissolution of these activities. Recreation staff can assert an active role in supporting these informal activities by checking in with tenants on their status and ensuring those organizing the activities are supported in their efforts.

At both sites, opportunities arose sporadically within the recreation program for tenants to take on active roles assisting in an activity. While many participants described

their preference to “keep busy” in their days, no structured opportunities were available at the time of data collection for tenants to volunteer in their residence, nor was this noted in the administration of the POLIF questionnaire to residence managers and recreation coordinators. Several participants who described volunteering throughout their lives described their involvement as a volunteer in the residence through their informally assisting the recreation coordinator with distributing water following a physical activity or socializing with “the older ones” who may not be able to participate as actively in the scheduled activities as younger tenants. The identification of these activities as ‘volunteering’ suggests these participants value their ability to engage in the recreation program beyond that of an attendee. Offering opportunities for tenants to adopt a regular role in their residence may therefore enhance tenants’ sense of purpose and enjoyment through these volunteering activities. Such roles could be integrated into the recreation program and serve a dual-purpose of supporting the capacity of the recreation team to offer diverse activities while providing an opportunity for tenants to take on an active volunteer role within their capabilities. For example, a tenant who has poor mobility but good vision can utilize this capacity to be the bingo-caller once a week while another tenant may choose to co-lead a gardening club.

A plan for knowledge translation (KT) has been incorporated into this study in order to disseminate the study findings to a greater audience. The aim of KT is to supply knowledge, bridge interactions between knowledge producers and users, and facilitate the use of constructed knowledge for practical application (Turnhout, Stuiver, Klostermann, Harms, & Leeuwis, 2013). KT in this study will occur through the development and distribution of two key resources: a strategy guide for AL administrators and staff based on overarching study themes generated through interviews, observations, and environmental assessments, and an accessible two-page newsletter for tenants of the study findings with an overview of their site-specific study findings juxtaposed with aggregated findings from both sites. While the tenant newsletter is directed at the individual-level, the aim of the administrator and staff strategy guide will include a discussion of those factors that occur at the social, physical, and immediate (i.e., the specific site) organizational environment. Providing administrators and participants with these KT resources also serves to provide reciprocity between the researcher and those who support the research through their participation at all levels.

8.4. Strengths

Triangulation of methods and data sources—that is, using a multi-method approach—enhances the rigor of this study through the inclusion of multiple dimensions of the phenomenon being studied (Creswell et al., 2004; Rothbauer, 2008). As each method and data source has its own set of strengths and limitations, triangulation serves to bridge the strengths in a way that accounts for the gaps of a single methodological approach, as previously described in Chapter 4. Triangulating the collection of data through the use of structured and in-depth interviews with observations allows the researcher to see for themselves what is occurring during scheduled activities in the residence.

As previously described, two interviews was discarded for inclusion in the study following the initial interview where a series of questionnaires were administered. One participant had a severe hearing impairment that impacted his understanding of the questions being asked while the other was deemed to have a level of cognitive impairment that would prevent her ability to participate in the study. Observations conducted prior to the interview showed this participant as an involved attendee at many activities scheduled at the residence, however, during her initial interview, this participant described not having participated in any activities at the residence in the weeks prior to the interview, claiming they were always cancelled. The use of triangulating observations with interviews allowed for the recognition of this account as an incorrect portrayal of activities at the residence from having observed them directly. As such, the interview data collected from these two participants was discarded and another two participants were recruited.

The triangulation of data sources following data collection is an added strength of this study. Whereas field notes are limited to the researcher's outsider perspective of a setting, in-depth interview transcripts provide an insider's perspective as to what is going on in the setting. Furthermore, survey data and environmental audits enhance the understanding of the context in which the activity behaviours occur and ultimately influence tenants' QoL. Examining the micro-level factors and processes that influence activity participation and ultimately, QoL, in depth and from multiple dimensions using a

primarily qualitative methodology produces an enlightened perspective of tenant experiences that may not be captured solely through quantitative methods. The open-endedness of the interview process allowed participants to describe experiences that may not have been included in pre-determined categories of responses, thus increasing the potential to build on existing knowledge and theory development in this area. Lastly, a plan for the development of two informative resources for distribution to both AL administrators and interview participants serves to disseminate the findings from this study for application beyond the generation of a final Master's thesis.

8.5. Limitations and Future Research

There are several limitations to this study. The first limitation is a lack of ability to generalize the results to a larger population due to the small sample size being used. While this is an inherent limitation of qualitative research simply being that a goal of qualitative research is to understand and discover, rather than to make generalizations, it is still worth noting. Second, the inclusion criteria for participation present a bias in the sample population, as previously discussed in chapter 4. Recruiting only publicly-subsidized older adults fluent in English, greater than 65 years of age, without severe hearing impairments, and no signs of moderate-to-severe cognitive impairment, has the potential to skew the study sample towards higher-functioning AL tenants with a low-to-moderate income. In this regard, this study is not, nor is it expected to be, representative of all older adults residing in AL residences in B.C.'s Metro Vancouver area. Further, participants were recruited amongst those who were in attendance at monthly tenant meetings and activities where pitches for study participation was made, and by those who were identified by staff as having mild or no signs of cognitive impairment that would affect their ability to participate in the study.

For those participants who are not 'regulars' at the scheduled recreation activities, they were informed about the study by recreation staff who felt they met the inclusion criteria. As such, some tenants who may have been able and interested in participating in this study may have been missed if they had not been in attendance at these activities or approached by recreation. However, in order to ensure the ethical standards of this study, the means of recruitment employed was determined to be the

most effective and ethical procedure given the time and resource constraints of the study. As the majority of study participants are lower-to-middle class Caucasian females, this restricts the transferability of the study findings to other populations. While two Caucasian males and one South Asian female are included in this study, greater participant diversity would allow for enhanced understanding of the role of gender and ethnicity in tenants' experiences and QoL in AL. Future research that is more inclusive of males, the LGBTQ community, and diverse ethnocultural minorities is therefore needed in order to expand the study findings to a more heterogeneous population.

It was found that AL tenants who may not be active in scheduled activities in AL for various aforementioned reasons, may remain engaged in other activities outside of the residence or in the privacy of their own suites that they consider to be meaningful. Capturing these activities was not an aim of this study in order to maintain feasibility and focus on the influence of the organizational environment on activity participation. The inclusion of unscheduled, informal activities in future studies in this area would therefore serve to fill a gap in understanding the role of all activities in tenants' QoL in AL. Future studies in this area should aim to examine the role of tenants in the provision of social and recreational opportunities in AL. An intervention study where tenants are directly involved in the planning and delivery of the scheduled activities in AL may provide a unique insight into how AL residences deliver activities within a restricted budget. The involvement of tenants in the scheduled activities may serve to support staff members in providing an array of activities at various times during the day that are meaningful to tenants while enhancing their feelings of control over the activity opportunities available to them, thus supporting their QoL.

In-depth investigation into the implementation of the AL organization's operational philosophy, particularly in relation to the delivery of activities, would further enhance understanding of the policy-to-practice procedures being implemented. In this study, some instances were noticed where disconnect exists between the adherence to an organizational philosophy and its delivery in the residence. Examples include the aforementioned frequency of bus outings and structuring of the birthday celebration activities between the two residences. Research in this area can further support AL

administrators in ensuring the opportunities presented to tenants support their QoL as they intend them to.

Investigating the role of recreation staff-to-tenant ratios and staff training on activity participation and engagement would also enhance understanding into resource allocation and provision for more supportive recreation programming. Future research into activity programming in AL should expand this study to include a greater number of AL residences with various funding structures (i.e. fully private, fully public, or mixed private and public). Greater inclusion of quantitative methods would also enhance the limited body of empirical evidence available and complement existing qualitative research in order to provide a more holistic understanding of the role of activities on QoL in AL. Where greater quantitative research would be particularly valuable is in relation to the timing of scheduled activities based on types of activities. It remains unclear how influential timing is in tenants' selection of activities and if timing takes greater precedence in activity selection than type or activity level.

The body of research in AL remains saturated with studies based in the United States where tenants' cognitive and physical care needs are generally higher than that of the Canadian AL population. While interprovincial differences do exist in the AL model in Canada, they are not substantial. As such, more research into AL within a Canadian context is needed to enhance the applicability of study findings to a Canadian population. The development of research in the area of health and aging is fundamental to the understanding of issues and trends surrounding housing and health care needs in an aging baby boomer population. Through the presentation of older adults' experiences in these areas, researchers can serve as a voice for the preferences of this population in the development of services and programs targeting their unique needs.

8.6. Conclusion

This exploratory study describes the factors and attributes that influence older adult tenants' participation in formal, scheduled activities in AL and the positioning of activity participation in their greater QoL. The findings indicate that participation in scheduled activities offered in AL is associated with increased QoL as demonstrated

through control, attachment, security, enjoyment, and role (i.e. sense of purpose). This association is contingent on tenants' development of meaningful relationships in AL—which is often supported through attendance at scheduled activities—and continued enjoyment in the activities offered. As QoL is not merely an end goal but rather, an enduring process in AL, tenants must continue to be supported, when needed, in their attendance at the activities beyond the initial entry in AL in order to accommodate their changing abilities. While the philosophy of AL encourages self-direction of tenants, flexibility within the organizational environment may better support QoL.

In support of the Social Ecological Model and Social Cognitive Theory, the revised conceptual model provides a visualization for the interrelationships between the identified factors. The potential already exists within the current AL model for changes at the macro level (i.e. the organizational environment) to optimize tenants' QoL. Providing a positive QoL for tenants has the potential to delay or prevent further relocation to a more expensive health care model, such as a hospital or RC. As increased tenancy in AL offers significant cost-saving measures to health authorities, the implications of keeping AL tenants from advancing into RC are significant at the population level for supporting the aging population. While the current body of literature examining activities in AL veers towards the prioritization of physical activity engagement in AL, the value of formal and informal social activities should not be negated. Offering a balanced distribution of activities in a recreation program serves to positively support tenants' physical and mental health in conjunction with their greater QoL in AL.

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Appendices

Appendix A.

Summary of Data Collection Procedures

RQ1: What are the factors and attributes that support or hinder tenant participation in scheduled social and recreational activities provided in two publicly-funded assisted living residences in British Columbia?

Method	Objective	Measure	Data Collected
Structured interviews	Obtain basic demographic information and objective description of self-perceived health, gait, knowledge of exercise benefits, motivation, social support, and types of activities participated in	Demographic questionnaire	Demographic
		EQ-5D-L	Health
		ICECAP-O	QoL
		The modified gait efficacy scale (mGES)	Gait (walking confidence)
		General self-efficacy	Resilience, sense of control, perceived competence, extrinsic motivation
		Multidimensional scale of perceived social support (MSPSS)	Assess social support; if it differs by participant attendance in AL activities
		Community healthy activities model program for seniors (CHAMPS)	Type and frequency of activities participants engage in
Open-Ended Interviews with Tenants	Follow-up on structured interviews to allow participants to speak openly on why they do/don't participate and how this influence their QoL	Semi-structured interview guide	Supports and barriers to activity participation, desire to participate (and why or why not), insight into participants' QoL in AL as they perceive it
Open-Ended Interviews with Staff Members	Obtain staff perspectives of tenant participation in activities and their perception of the role of organizational factors.	Semi-structured interview guide	Supports and barriers to activity participation, tenants' desire to participate (and why or why not), organizational factors that influence participation (as described by staff members)
Activity Observations	Assess the level and type of participation (e.g. sitting, standing) during social and recreational activities (predominantly scheduled)	Semi-structured observation guide; qualitative field notes	Type of participation in predominantly scheduled activities

Method	Objective	Measure	Data Collected
Physical Environmental Assessments	Examine the built environment inside and outside of AL	SWEAT-R Secondary Observations	Researcher's perspective of the AL neighbourhood
		PAF-Adapted	Describe the interior physical features of the AL site (e.g. décor, lighting, design, etc.)
		POLIF-Adapted	Describe the organizational rules and regulations of the residence; describe group characteristics (e.g. # of tenants)

RQ2: How does participation in scheduled activities affect the quality of life (QoL) of assisted living tenants in these assisted living residences?			
Method	**Objective**	**Procedure**	**Data Collected**
Open-Ended Interviews with Tenants	Follow-up int.; allows participants to speak on why they do/don't participate and how this influences their QoL	Semi-structured interview guide	Supports and barriers to activity participation, desire to participate (and why or why not), perceptions of QoL in AL

Appendix B.

Study Timeline

PROCEDURES	SEP 2013	OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR. 2014	APR 2014	MAY 2014	JUNE 2014	JULY 2014	AUG 2014	SEP 2014	OCT 2014	NOV 2014	DEC 2014
Ethics application, submission, and approval																
SITE A recruitment																
SITE A data collection																
SITE B recruitment																
SITE B data collection																
Transcription and data Analysis																
Thesis writing																

Appendix C.

SWEAT-R Secondary Observation

SWEAT-R Secondary Observation Form			
Neighborhood ID		Time	
Observer ID		Temperature (°F or °C)	
Date		Is it raining? (Yes/No)	

<u>NOTE</u>: Please do at least **2 general neighborhood scans**, preferably once before and once after you complete all segment observations within the neighborhood. *If more space is required, please attach additional pages of your written observations to this form.*

<u>1. Previous Knowledge of Neighborhood</u>
Do you have any previous knowledge of the neighborhood? If yes, please describe what this knowledge or familiarity is based on (e.g., previous or current tenant).

Please describe the following features in this neighborhood

<u>2. Predominant and Secondary Land Uses</u>
What are the predominant and secondary land uses (i.e., residential, commercial, industrial, or mixed) in the neighborhood? Describe a few characteristics of the predominant and secondary land uses.

<u>3. Public Gathering Spaces</u>
Describe the quality of public spaces in the neighborhood. How do they support social interaction and public life? Make note of where public space is located in the neighborhood, commenting on its proximity and accessibility to other land uses in the area, and the types of uses/activities and users (i.e., age groups) it supports. To what extent are public spaces being used? Note if public spaces are not present in the neighborhood.

4. Pedestrian Safety

How safe do you feel walking in this neighborhood? Please consider both physical and social indicators (i.e., presence and quality of street life) upon which your perception is based. (For example, an *unsafe* environment might be indicated by physical aspects, including presence of graffiti, windows with bars, and litter, as well as by social aspects, including unleashed dogs, panhandlers, or conflicts between different users: seniors, youth, pedestrians, skateboarders, cyclists, etc.).

5. Pedestrian Convenience

How convenient is it for pedestrians to travel through the neighborhood? Consider street connectivity, sidewalk presence, and traffic safety that support walking on the sidewalks and crossing streets. Specify segments or areas with noticeable issues, if applicable.

6. Traffic Volume, Speed, and Noise

Overall, does this neighborhood have predominantly heavy, moderate, or light traffic? How quickly do cars travel on neighborhood streets? Specify segments or areas with noticeable traffic problems, if applicable. Describe the level of traffic noise. Comment on other noises (e.g., industrial, birds, dogs, loud music), if applicable.

7. Additional Comments

Please describe any other positive or negative aspects of the neighborhood that have not been addressed in the previous sections, but could potentially be related to walkability and public life in the neighborhood. For instance, you may comment on specific places of interest and whether you had direct interaction with tenants (and if yes, describe the quality of this interaction: Did they show interest, were they suspicious, did they ask you questions about the research study?).

Appendix D.

Physical and Architectural Features Checklist (PAF)-Adapted

Date of data collection:______________________________________

Name of residence:____

SECTION I: THE NEIGHBOURHOOD CONTEXT

1. Is the neighbourhood primarily: 1 ☐ Urban 2 ☐ Suburban

2. What is the neighbourhood housing characteristics surrounding the housing development?

1 ☐ Mainly residential
2 ☐ Mainly business/ commercial
3 ☐ Mainly Industrial
4 ☐ Both commercial/business and residential
99 ☐ Other (specify):
____

3a. Is the facility all in one building? 1 ☐ Yes 2 ☐ No

3b. If so, how many stories does the building have? _______________

3c. How old is the building? _______________

4. If the facility has more than one building:

4a. How many stories does the lowest building have? _______________

4b. How many stories does the tallest building have? _______________

4c. How old is the oldest of these buildings? _______________

5a. Does the site have any unique locational characteristics or amenities? 1 ☐ Yes 2 ☐ No

5b. If YES, describe:

____

____

6. Which of the following is present in the neighbourhood:

a) Sidewalks 1 ☐ Yes 2 ☐ No

b) Heavy Traffic 1 ☐ Yes 2 ☐ No

c) Hills 1 ☐ Yes 2 ☐ No

d) Street lights 1 ☐ Yes 2 ☐ No

7. Which of these following services/amenities are available in the respondent's neighbourhood (within ¼ mile)?

a) □ Bus Stop 1 □ Yes 2 □ No

b) □ Community Center 1 □ Yes 2 □ No

c) □ Beauty Parlour/Barber Shop 1 □ Yes 2 □ No

d) □ General Grocery Store 1 □ Yes 2 □ No

e) □ Ethnic Grocery Store 1 □ Yes 2 □ No

f) □ Shopping Mall 1 □ Yes 2 □ No

g) □ Convenience Store 1 □ Yes 2 □ No

h) □ Drug store/Pharmacy 1 □ Yes 2 □ No

i) □ Park 1 □ Yes 2 □ No

j) □ Gym 1 □ Yes 2 □ No

k) □ Doctor's Office 1 □ Yes 2 □ No

l) □ Church/ Temple/ Mosque (Circle the types of religious structure) 1 □ Yes 2 □ No

m) □ Library 1 □ Yes 2 □ No

n) □ Movie theatre 1 □ Yes 2 □ No

o) □ Bank 1 □ Yes 2 □ No

p) □ Hospital 1 □ Yes 2 □ No

q) □ Dentist's office 1 □ Yes 2 □ No

r) □ Post office 1 □ Yes 2 □ No

s) □ Other (specify):____
____

8. Additional comments on the neighbourhood context:

____

____

Rating of Overall Site

9. As a neighbourhood for living, how does the area around this site look?
1 ☐ Attractive
2 ☐ Average
3 ☐ Unattractive (specify) ______________________________________

10. How attractive are the site grounds?
1 ☐ Very attractive (Very attractive landscaping or natural growth)
2 ☐ Average (Somewhat attractive, but ordinary landscaping)
3 ☐ Unattractive (Little or no landscaping; poorly laid out)

11. How well-maintained are the site grounds?
1 ☐ Very well-maintained (Shows signs of care/ maintenance; little or no weeds, clean paths)
2 ☐ Average (Relatively tidy but otherwise not notably maintained)
3 ☐ Poorly maintained (Shows signs of neglect; deteriorated, littered, weedy)

12. How well-maintained are the Fleetwood House buildings?
1 ☐ Well-maintained (Excellent maintenance; frequent upkeep)
2 ☐ Average (Relatively clean, but may show some deterioration on inspection)
3 ☐ Poorly maintained (Buildings are deteriorated and in disrepair)

Architectural Design

13. How attractive is the architectural design of the project?
1 ☐ Very attractive (Unique and attractive design)
2 ☐ Average (Design is adequate but unusually attractive)
3 ☐ Unattractive (Buildings are poorly designed; monotonous)

14. Are all the buildings on the site identical to each other in appearance?
1 ☐ Yes, they are identical
2 ☐ No, there is some variation, but they all seem to be related
3 ☐ No, they are all unique
97 ☐ Not applicable, no other buildings on site

15. How could the character of the project's architecture be described?
1 ☐ Institutional 2 ☐ Residential 99 ☐ Other (specify):

____

16. Does the architectural design of the project blend in with the neighbourhood context?
1 ☐ Yes 2 ☐ No

Additional Comments:
____

____

17. Is the overall design of the project appropriate in its intended use?
1 ☐ Yes 2 ☐ No

Additional Comments:
____

____

18. Does the overall project design include any distinctive or otherwise remarkable architectural features? Does it have any details specifically targeted towards a specific ethnocultural group?
1 ☐ Yes 2 ☐ No

If YES, please describe:
____

____

SECTION II: EXTERIOR OF THE BUILDING

<u>Is the main entrance:</u>

19. Sheltered from the sun and rain? 1 ☐ Yes 2 ☐ No

20. Well lit at night? 1 ☐ Yes 2 ☐ No

21. Visible from seating in the lobby? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

22. Visible from the station of an employee? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

23. Barrier free? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

24a. Is there outside seating in front of the building? 1 ☐ Yes 2 ☐ No
24b. Is it visible from the entrance lobby? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
24c. Is it visible from the station of an employee? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
24d. Is it protected from the weather? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
24e. Is it provided with a view of pedestrians, etc.? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25a. Is there a communal patio or courtyard or open space for the use of the tenants? 1 ☐ Yes 2 ☐ No

25b. Is there seating for tenants? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25c. Are tables available? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25d. Are umbrella tables available? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25e. Is the outdoor furniture in good condition? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25f. Is there a covered/rainproof area? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25g. Is there an area with protection from the sun? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25h. Is there a barbecue? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25i. Is there a greenhouse? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25j. Is there an area for tenants to do gardening? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25k. Are there raised garden beds? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25l. Is there a lawn? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25m. Is there an landscaped area in which tenants can sit or stroll? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

25n. Is it accessible to people using wheelchairs or walkers? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

26a. Are there other outdoor recreational amenities available (e.g. shuffleboard, golf putting, etc.)? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

26b. If YES, please elaborate:

____

____

<u>With regard to the landscaping around the site:</u>

27. Does it contain a variety of natural plantings? 1 ☐ Yes 2 ☐ No

28. Are the plantings appropriate for the area climate? 1 ☐ Yes 2 ☐ No

29. Are the plantings non-toxic? 1 ☐ Yes 2 ☐ No

30. Is there an area with soft ground cover? 1 ☐ Yes 2 ☐ No

31. Is there an area with hard ground cover? 1 ☐ Yes 2 ☐ No

32. Are there paths/walkways? 1 ☐ Yes 2 ☐ No

33. Are the trees and shrubs mature (i.e. established/large)? 1 ☐ Yes 2 ☐ No

34. Are there trees that provide a shaded area? 1 ☐ Yes 2 ☐ No

35. Is it attractive? 1 ☐ Yes 2 ☐ No

36. Is it well-maintained? 1 ☐ Yes 2 ☐ No

37. Are the gardens/grounds well-lighted at night? 1 ☐ Yes 2 ☐ No

38. What is the acreage of the grounds? ____________________

39a. Is parking available? 1 ☐ Yes 2 ☐ No

39b. How many parking spaces are there? ________ 97 ☐ N/A

39c. For tenants? 1 ☐ Indoor 2 ☐ Outdoor 97 ☐ N/A

39d. For handicapped 1 ☐ Indoor 2 ☐ Outdoor 97 ☐ N/A

39e. For staff? 1 ☐ Indoor 2 ☐ Outdoor 97 ☐ N/A

39f. For visitors? 1 ☐ Indoor 2 ☐ Outdoor 97 ☐ N/A

40. Is there parking well-lighted at night? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

41. Additional comments on the exterior of the building:

___

___

___

SECTION III: INTERIOR OF THE BUILDING

Part 1: Lobby and Entrance Area

At the entrance to the building:

42. Can one enter the building from the street without having to use any stairs? 1 ☐ Yes 2 ☐ No

43. Is the entry from outside limited to one unlocked door? 1 ☐ Yes 2 ☐ No

44. Is there a bell or call system at the front entrance? 1 ☐ Yes 2 ☐ No

45. Are written instructions posted outside that explain how to get in if the front door is locked? 1 ☐ Yes 2 ☐ No

46. Is the front door open by a buzzer system in each suite? 1 ☐ Yes 2 ☐ No

47. Does the front door open automatically? 1 ☐ Yes 2 ☐ No

48. Does the front door swing closed by itself? 1 ☐ Yes 2 ☐ No

49. Is the front door wide enough for a wheelchair? 1 ☐ Yes 2 ☐ No

50. Is access to the building monitored? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

51. Is there a reception area or reception desk? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

52. Is there a place for visitors to sign in? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

53. Is there an area for posters and notices? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

54. Is there an adjacent room for a visiting doctor? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

55. Is there a washroom nearby? 1 ☐ Yes 2 ☐ No

56. Is there a pick-up mail area? 1 ☐ Yes 2 ☐ No

57a. Does the building have a lobby? 1 ☐ Yes 2 ☐ No

57b. Is there seating in the lobby? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

57c. Is there a large face clock in the lobby area? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
57d. Approximately what size is the lobby? ________________ sq. ft.

58a. Is there a lounge near the entrance (other than the lobby)? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
58b. Is the lounge furnished? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
58c. Do the furnishings seem comfortable for tenants? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
58d. Is the décor attractive? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
58e. Is the furnishings/finishes attractive but impersonal? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
58f. Are the furnishings/finishes homelike? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
58g. Does the décor reflect a specific theme? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
58h. Is the lobby or entrance area visible from the lounge or other ground floor social space? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

59. Additional comments on the interior of the building (provide brief description of the décor, furniture, and color schemes):
____
____
____

Part 2: Halls and Stairway Areas

60. How wide are the corridors in feet? ________________________________

Are the corridors:
61. Crowded or obstructed (e.g. wheelchairs, cleaning equipment)? 1 ☐ Yes 2 ☐ No

62. Equipped with handrails? 1 ☐ Yes 2 ☐ No

63. Decorated, e.g. with pictures or plants? 1 ☐ Yes 2 ☐ No

64. Equipped with smoke detection devices? 1 ☐ Yes 2 ☐ No

65. Adequately lighted? 1 ☐ Yes 2 ☐ No

66. Attractive? 1 ☐ Yes 2 ☐ No

67a. Are there drinking fountains? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
67b. Are they accessible to wheelchair tenants? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
67c. How many are there per floor? __________ 97 ☐ N/A

68a. Are there public telephones? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

68b. Is there one accessible to wheelchair tenants? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

68c. Does one have volume control for the hard of hearing? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

68d. Is there a writing surface by the telephone? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

68e. Is there a public phone on every floor? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

68f. How many public phones are there per floor?__________________ 97 ☐ N/A

69a. Must any stairs be climbed in order to have access to any areas for common tenant use? 1 ☐ Yes 2 ☐ No

69b. If YES, where are they located?

____97 ☐ N/A

70. Are there smoke detection devices in the halls? 1 ☐ Yes 2 ☐ No

Including fire exit stairs:

71. Do the stairs look safe? 1 ☐ Yes 2 ☐ No

72. Are the stairs well lighted? 1 ☐ Yes 2 ☐ No

73. Are there non-skid surfaces on stairs and ramps? 1 ☐ Yes 2 ☐ No

74. Are there appropriate handrails? 1 ☐ Yes 2 ☐ No

76. Do the handrails contrast with the wall color? 1 ☐ Yes 2 ☐ No

77. Are there tactile warnings at changes in level? 1 ☐ Yes 2 ☐ No

For the ease of orientation within the building:

78. Is the building small and uncomplicated? 1 ☐ Yes 2 ☐ No

79. Is the floor/corridor adequately color-coded? 1 ☐ Yes 2 ☐ No

80. Is each floor adequately numbered? 1 ☐ Yes 2 ☐ No

81. Are tenants' names on or next to their doors? 1 ☐ Yes 2 ☐ No

82. Does the building have easily readable signage? 1 ☐ Yes 2 ☐ No

83. Is way-finding easy? 1 ☐ Yes 2 ☐ No

84. Is there a bulletin board in a public location? 1 ☐ Yes 2 ☐ No

85. Is there as sound system or public address system? 1 ☐ Yes 2 ☐ No

86. Additional Comments on the hall and stairway areas:

____

____

Part 3: Communal and Recreational Areas

What kinds of communal rooms and recreational or special activity areas are there:
(Check and complete only for the existing communal rooms)

Social/common areas:

87. Main lounge? 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):______________________________
____

88. TV lounge? 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):______________________________
____

89. Dining room? 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):______________________________
____

90. Communal Kitchen? 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):______________________________
____

91. Prayer/meditation room? 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):______________________________
____

92. Community room? 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):______________________________
____

Recreational areas:

93. Library/reading room? 1 ☐ Y 2 ☐ N
a. Size:_____________ b. Capacity:_______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):_____________________________________
____

94. Music/listening room? 1 ☐ Y 2 ☐ N
a. Size:_____________ b. Capacity:_______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):_____________________________________
____

95. Games room? 1 ☐ Y 2 ☐ N
a. Size:_____________ b. Capacity:_______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):_____________________________________
____

96. Exercise room? 1 ☐ Y 2 ☐ N
a. Size:_____________ b. Capacity:_______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):_____________________________________
____

97. Arts and Crafts? 1 ☐ Y 2 ☐ N
a. Size:_____________ b. Capacity:_______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):_____________________________________
____

Special activity areas:

98. Doctor's room? 1 ☐ Y 2 ☐ N
a. Size:_____________ b. Capacity:_______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):_____________________________________
____

99. Common laundry room? 1 ☐ Y 2 ☐ N
a. Size:_____________ b. Capacity:_______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):_____________________________________
____

100. Computer room? 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):__________________________________
____

101. Other (specify): 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):__________________________________
____

102. Other (specify): 1 ☐ Y 2 ☐ N
a. Size:____________ b. Capacity:______________
c. Wheelchair accessible? 1 ☐ Y 2 ☐ N
d. Additional comments (e.g. equipment, etc.):__________________________________
____

103. Altogether, how many lounges are there? ____________________ 97 ☐ N/A

104. Where are the lounges located? 97 ☐ N/A
____

____

105. If the building is more than one story, are there lounges on each floor? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

106a. Are the lounges accessible at all times? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
If any of the lounges are locked and not accessible at all times:
106b. Who holds the key?_____________________________ 97 ☐ N/A
106c. When is it/are they accessible?______________________ 97 ☐ N/A

Within the lounges:

107. Are there seating areas? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

108. Are there folding tables? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

109. Are there writing desks or tables? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

110. Is reading material available on tables or shelves? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

111. Are there table lamps? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

112. Is furniture spaced wide enough for wheelchairs? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

113. Is there a quiet lounge with no television? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

114. Is the décor and furnishing home-like? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

115. Is the lighting adequate? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

116. Is there cupboard space? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

117. Is there chair storage? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

118. Are there washrooms nearby? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

119. Additional comments on the lounge and community room areas:____

____

120a. Are there any special or innovative features within any of the recreational areas? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

120b. If YES, please describe:____

____

____

121. What types of recreational or special activity materials are available?

a. Pool or billiard table? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
b. Ping-pong table? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
c. Piano or organ? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
d. One or more radios? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
e. One or more sewing machines? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

122. Where are the laundry facilities located? (CHECK ALL THAT APPLY)

	# Washers	# Dryers
1 ☐ a) One laundry room on main floor	_________	_________
2 ☐ b) On each floor	_________	_________
3 ☐ c) On alternate floors	_________	_________

99 ☐ d) Elsewhere (please specify): ______________________________________

Part 4: Dining Room Areas

123a. Are there any dining areas? 1 ☐ Yes 2 ☐ No

123b. How many? _________ 97 ☐ N/A

123c. What is the size of the smallest dining room? _________ 97 ☐ N/A

123d. What is the size of the largest dining room? _________ 97 ☐ N/A

123e. How large are these areas all together? _________ 97 ☐ N/A

124. Are there small tables that seat fewer than six? 1 ☐ Yes 2 ☐ No
125. Are there large tables that seat more than six? 1 ☐ Yes 2 ☐ No
126. Is aisle space between tables at least 60 inches? 1 ☐ Yes 2 ☐ No
127. Additional comments on dining room areas:

Part 5: Staff and Office Areas

128. Is there office space for:
a. The administrative staff? 1 ☐ Yes 2 ☐ No 97 ☐
N/A
b. The secretarial and clerical staff? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
c. Social services and counseling staff? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
d. Other staff, e.g. volunteers, part-time staff, etc.? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
(Specify) ______________________________

129.Are the offices free of distractions from adjacent activities? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

130. Are there additional rooms for:
a. Handling mail, copying, or printing? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
b. A conference room? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

131a. Is there a staff lounge? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
131b. Is so, does it have tables? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
131c. Does it have comfortable chairs? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
131d. What size is it? _______sq. ft. 97 ☐ N/A

132a. Do these spaces function well? (Ask staff) 1 ☐ Yes 2 ☐ No 97 ☐ N/A
132b. If NO, why not?

____

133. Additional comments on staff and office areas:

____

Part 6: Shared Bathroom and Toilet Areas

134. Are there any shared bathroom areas? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
135. If YES, where in the housing complex are they located?

____

____

	All/Most	Some	Few/None	N/A
136. Are they wheelchair accessible?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
137. Are there raised thresholds at the entrance?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
138. Do the bathroom doors open out?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
139. Are there handrails or safety bars?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
140. Are there lift bars next to the toilet?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
141. Are the towel racks and dispensers higher than 40 inches from the floor?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
142. Are there mirrors in the bathroom?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
143. Are they wheelchair accessible?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
144. Do areas subject to wetness have non-slip surfaces?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
145. Are there call buttons?	☐ (1)	☐ (2)	☐ (3)	☐ (97)
146. Is there adequate lighting?	☐ (1)	☐ (2)	☐ (3)	☐ (97)

147. What kind of lighting is there in the shared bathroom areas?
1 ☐ Incandescent 2 ☐ Fluorescent 3 ☐ Daylight 97 ☐ N/A

148. What is the size of the smallest bathroom? ________sq. ft. 97 ☐ N/A
149. What is the size of the largest bathroom? ________sq. ft 97 ☐ N/A
150. Additional comments on the shared bathroom and toilet areas:

____

____

Part 7: General Facilities Areas

151. Is a map showing community resources available in a convenient public location? 1 ☐ Yes 2 ☐ No
152. Is there a bulletin board in a public location? 1 ☐ Yes 2 ☐ No
153a. Is there a posted list of the staff? 1 ☐ Yes 2 ☐ No
153b. If so, does it include pictures? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
154a. Is there a posted list of the tenants? 1 ☐ Yes 2 ☐ No
154b. If so, does it include pictures? 1 ☐ Yes 2 ☐ No 97 ☐ N/A
155. Is there a sound system or P.A. system? 1 ☐ Yes 2 ☐ No

156. Is there an air-conditioning system? 1 ☐ Yes 2 ☐ No
157. Is there a gift shop, commissary, or store? 1 ☐ Yes 2 ☐ No
158. Is there a kitchen area where a tenant or visitor can make a cup of coffee, heat some soup, or the like? 1 ☐ Yes 2 ☐ No
159. Is there a snack bar? 1 ☐ Yes 2 ☐ No
160a. Are there vending machines for candy or soft drinks? 1 ☐ Yes 2 ☐ No
160b. If so, are they used by tenants? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

OVERALL ENVIRONMENTAL CHARACTERISTICS OF COMMON AREAS

Levels of illumination:
Good Lighting: Brightly illuminated, but without glare; reading would be easy in all areas of the room
Barely Adequate: Lighting is low; uneven or glaring; reading is difficult or possible in only certain areas of the room
Inadequate lighting: Illumination is very low or glaring in most areas of the room; reading would be difficult or impossible

161. Ratings of levels of illumination in:

		Good	Adequate	Inadequate	N/A
a.	The main lobby/sitting are	☐ (1)	☐ (2)	☐ (3)	☐ (97)
b.	The lounge/sitting area	☐ (1)	☐ (2)	☐ (3)	☐ (97)
c.	The corridors	☐ (1)	☐ (2)	☐ (3)	☐ (97)
d.	Staircases	☐ (1)	☐ (2)	☐ (3)	☐ (97)
e.	Other activity areas (specify)	☐ (1)	☐ (2)	☐ (3)	☐ (97)

____

Noise Levels:
Quiet: Sounds are present but reading would be easy
Somewhat noisy: Many sounds present or occasional loud interruptions
Very Noisy: Sounds are loud and distracting, e.g. sustained noise from buzzers, cleaning equipment, etc.

162. Ratings of levels of noise in:

	Quiet	Somewhat noisy	Very noisy	N/A
a. The main lobby/sitting area	☐ (1)	☐ (2)	☐ (3)	☐ (97)
b. The lounge/sitting area	☐ (1)	☐ (2)	☐ (3)	☐ (97)
c. The corridors	☐ (1)	☐ (2)	☐ (3)	☐ (97)

d. Staircases	☐ (1)	☐ (2)	☐ (3)	☐ (97)
f. Other activity areas (specify)	☐ (1)	☐ (2)	☐ (3)	☐ (97)

Window Areas:
Many windows: Living space has large window areas, which give an open feeling
Adequate windows: Windows are sufficient to allow good light; there is no closed-in feeling
Few windows: Room tends to be dark, uneven on sunny days; there is a feeling of being closed-in
No windows: There are no windows, or the windows are non-functional

163. Ratings of window areas in:

	Many	Adequate	Few	None	N/A
a. The main lobby/sitting area	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)
b. The lounge/sitting area	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)
c. The corridors	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)
d. Staircases	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)
e. Other activity areas (specify)	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)

CONCLUDING RATING: TENANTS' UNITS

164. Variation in design of tenants' units:

1 ☐ Distinct variation	As if effort was made to vary style and décor from room to room
2 ☐ Moderate variation	Rooms/apartments are distinct, but there is a general décor throughout
3 ☐ Nearly identical	Some variation in size, shape, and furniture arrangement; not noticeable unless looked for
97 ☐ Not applicable	

165. Personalization of tenant's units:

1 ☐ Much personalization	Most of the furnishings and objects in the rooms belong to the individual; time and energy have been spent in personalizing the rooms
2 ☐ Some personalization	Tenants have added personal objects such as rugs, pictures, chairs, favorite objects
3 ☐ Little personalization	Some family pictures or personal articles, but room does not see to belong to individual
4 ☐ No personalization	No personalization is evident

166. Personalization of entryways to tenants' units:

1 ☐ Much personalization	Distinctly different treatment of each entryway; decorated with different personal objects
2 ☐ Some personalization	e.g. Doorways painted different colors; individualized nameplates to identify tenant
3 ☐ Little personalization	e.g. Some variation in color schemes, or nameplates only
4 ☐ No personalization	No personalization is evident

CONCLUDING RATING: PROJECT OVERALL

167. Overall distinctiveness of the housing complex:

1 ☐ Much distinctiveness	A concerted effort has been made to vary the décor from room to room
2 ☐ Moderate distinctiveness	Furnishings vary from room to room, but the overall room design is the same; wall texture and floor coverings show little variation
3 ☐ Little distinctiveness	Institutional appearances; most areas are quite similar, as in hospital (without furniture, all rooms look similar)
97 ☐ Not applicable	

Appendix E.

Policy and Program Information (POLIF)-Adapted

Date of data collection:____

Name of residence:____

FACILITY DEMOGRAPHIC INFORMATION

Type of facility (e.g., residential care facility, assisted living facility, or independent living facility):____________________________________

How long has this facility been in operation?__________________________

Sponsoring agency name or name of corporation:_______________________

SECTION I: FINANCIAL AND ENTRANCE ARRANGEMENTS

1a. Is there an initial entrance fee? 1 ☐ Yes 2 ☐ No
1b. If so, what is the fee? ________________

2. What is the minimum monthly rate for tenants who are not subsidized? __________

3. What is the maximum monthly rate for tenants who are not subsidized? __________

4a. Do tenants who are subsidized pay a flat rate fee or a sliding scale fee based on their income?
Flat rate (please specify) __________ Sliding scale __________

What services are covered by this monthly rate?
b) Rent 1 ☐ Yes 2 ☐ No
c) Housekeeping services 1 ☐ Yes 2 ☐ No
d) Laundering (of household linens) 1 ☐ Yes 2 ☐ No
e) Lunch and dinner 1 ☐ Yes 2 ☐ No
f) Breakfast 1 ☐ Yes 2 ☐ No
g) Snacks available throughout the day 1 ☐ Yes 2 ☐ No
h) Recreational and social activites 1 ☐ Yes 2 ☐ No

5a. Is there a minimum age requirement? 1 ☐ Yes 2 ☐ No
5b. If so, what is it? ________________

6a. Is there a waiting list for this facility? 1 ☐ Yes 2 ☐ No

6b. If so, how many people are on it? ____________

7. What is the total capacity of the facility – i.e., how many tenants can live here all together? ____________

8. How many tenants are living in the facility at the present time? ____________

SECTION II: TYPES OF ROOMS AND FEATURES AVAILABLE

9. What is the total number of units for tenants? ____________

10. How many units are there with two tenants (i.e. couples)? ____________

11. What is the total number of one-bedroom units? ____________

12. What is the total number of two-bedroom units? ____________

13. What is the size of smallest unit (in sq. ft.)? ____________

14. What is the size of the largest unit (in sq. ft.)? ____________

15a. Do any units come with furniture provided? 1 ☐ Yes 2 ☐ No

15b. If so, how many? ____________

16. Do tenants have their own mailboxes? 1 ☐ Yes 2 ☐ No

17. Is a washer and dryer available on every level for tenants? 1 ☐ Yes 2 ☐ No

SECTION III: ORGANIZATIONAL POLICIES

Part I: General Information

18. Which of the following best describes the ownership and management of the facility?

1 ☐ Individual or partnership
2 ☐ Nonprofit organization
3 ☐ Government or public
4 ☐ Large corporation
5 ☐ Small corporation
6 ☐ Management company
7 ☐ Other (please specify)____

19a. Does this facility have a board of directors? 1 ☐ Yes 2 ☐ No

19b. If so, how many members are on the board? ________________

19c. How often does the board meet?

1 ☐ Once a month or more
2 ☐ Quarterly or bimonthly
3 ☐ Once or twice a year or less
97 ☐ Not applicable

20. If there is a board of directors, does it have a say in any of the approaches used or the activities provided in the facility? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

21. Do some of the staff, other than the administrator, regularly attend board meetings? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

22. Is there a handbook for the tenants (e.g., rules, medical procedures, etc.)? 1 ☐ Yes 2 ☐ No

23. Does the facility have an orientation program for new tenants? 1 ☐ Yes 2 ☐ No

24. Is there an orientation program for new staff? 1 ☐ Yes 2 ☐ No

25a. Are there formal staff meetings? 1 ☐ Yes 2 ☐ No

25b. If so, how often?
1 ☐ Once a week or more
2 ☐ Once or twice a month
3 ☐ Less than once a month
4 ☐ Only when needed

Part II: Rules Related to Personal Possessions and Behaviors

This section includes questions about the rules and expectations for residences. Check the boxes that best describes the policies and procedures in this facility.

26a. Are tenants allowed to keep a small pet in their suite? 1 ☐ Yes 2 ☐ No

26b. If yes, describe any conditions for keeping the pet (if applicable):____________

____

27a. Are tenants allowed to drink liquor anywhere on the premises? 1 ☐ Yes 2 ☐ No

27b. If yes, describe any conditions for drinking liquor (if applicable):____________

____

28a. Are tenants allowed to keep a hot plate in their suite? 1 ☐ Yes 2 ☐ No

28b. If yes, describe any conditions for keeping a hot plate (if applicable):_________

____

For parts III and IV, please use the following categories to describe the facility's policies with respect to these behaviors and activities:

1. Allowed: this kind of behavior is expected; no special attempt is made to change it
2. Tolerated: this kind of behavior is expected, but an effort is made to encourage the individual to function better or more appropriately
3. Discouraged: an attempt is made to discourage or try to stop this behavior
4. Intolerable: a person who persisted in this type of behavior would probably have to move out

Part III: Expectations Relating to Level of Functional Ability

	Allowed	*Toleratec*	*Discouraged*	*Intolerable*
29. Inability to make one's own bed	1 ☐	2 ☐	3 ☐	4 ☐
30. Inability to clean one's own roor	1 ☐	2 ☐	3 ☐	4 ☐
31. Inability to feed oneself	1 ☐	2 ☐	3 ☐	4 ☐
32. Inability to dress oneself	1 ☐	2 ☐	3 ☐	4 ☐
33. Inability to bathe or clean onese	1 ☐	2 ☐	3 ☐	4 ☐
34. Incontinence (of urine or feces)	1 ☐	2 ☐	3 ☐	4 ☐
35. Confusion or disorientation	1 ☐	2 ☐	3 ☐	4 ☐
36. Depression (i.e., frequent cryinc or sadness)	1 ☐	2 ☐	3 ☐	4 ☐
37. Skipping a meal for an activity	1 ☐	2 ☐	3 ☐	4 ☐

Part IV: Rules Related to Potential "Problem" Behaviors

	Allowed	*Tolerated*	*Discouraged*	*Intolerable*
38. Refusing to participate in programmed activities	1 ☐	2 ☐	3 ☐	4 ☐
39. Refusing to take prescribed medicine	1 ☐	2 ☐	3 ☐	4 ☐
40. Taking medicine other than what is prescribed	1 ☐	2 ☐	3 ☐	4 ☐
41. Taking too much medicine, intentionally or otherwise	1 ☐	2 ☐	3 ☐	4 ☐
42. Being drunk	1 ☐	2 ☐	3 ☐	4 ☐
43. Wandering around the building or grounds at night	1 ☐	2 ☐	3 ☐	4 ☐

44. Leaving the building in the evening without letting anyone know	1 ☐	2 ☐	3 ☐	4 ☐
45. Refusing to bathe or clean oneself regularly	1 ☐	2 ☐	3 ☐	4 ☐
46. Creating a disturbance; being noisy or boisterous	1 ☐	2 ☐	3 ☐	4 ☐
47. Pilfering or stealing others' belongings	1 ☐	2 ☐	3 ☐	4 ☐
48. Damaging or destroying property (e.g. tearing books or magazines)	1 ☐	2 ☐	3 ☐	4 ☐
49. Verbally threatening another tenant	1 ☐	2 ☐	3 ☐	4 ☐
50. Physically attacking another tenant	1 ☐	2 ☐	3 ☐	4 ☐
51. Physically attaching a staff member	1 ☐	2 ☐	3 ☐	4 ☐
52. Attempting suicide	1 ☐	2 ☐	3 ☐	4 ☐
53. Indecently exposing self	1 ☐	2 ☐	3 ☐	4 ☐

Part V: Tenant Participation

53. Are any of the tenants hired and paid for jobs within the facility? 1 ☐ Yes 2 ☐ No

54a. Do any of the tenants have other types of chores or duties (unpaid) that they perform here? 1 ☐ Yes 2 ☐ No

54b. If so, how many tenants participate? ____________________

55a. Is there a tenants' council (i.e., tenants who are elected or volunteer to represent tenants at regularly scheduled meetings)? 1 ☐ Yes 2 ☐ No

55b. If so, how many tenants are on it? ____________________

55c. How often does it meet?

1 ☐ Once a week or more
2 ☐ Twice a month
3 ☐ Once a month or less

56a. Are there regular "house meetings" for tenants (a general meeting open to all tenants)? 1 ☐ Yes 2 ☐ No

56b. If so, how often do they occur?

1 ☐ Twice a month or more
2 ☐ Once a month
3 ☐ Less than once a month
4 ☐ Only when needed
5 ☐ Not applicable

57a. Are there tenant committees (or committees that include tenants as members)? 1 ☐ Yes 2 ☐ No

57b. If so, list the most important committees, the number of tenants on each, and how often they meet:

Committee Name	Number of Tenants	Frequency
____________	____________	____________
____________	____________	____________
____________	____________	____________
____________	____________	____________

58a. Is there a newsletter? 1 ☐ Yes 2 ☐ No

58b. If so, how often is it printed?

1 ☐ Once a week or more 3 ☐ Once a month
2 ☐ Twice a month 4 ☐ Less than once a month

58c. If so, is it primarily written by tenants? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

59a. Is there a bulletin board? 1 ☐ Yes 2 ☐ No

59b. If so, is it being used by the tenants? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

59c. Are rules and regulations posted on the bulletin board or in another convenient public location? 1 ☐ Yes 2 ☐ No 97 ☐ N/A

Part VI: Decision Making

To what extent are tenants involved in policy making in the following areas?

	Staff/administration basically decide by themselves	*Staff/admin decide but tenants have input*	*Tenants decide but staff has input*	*Tenants basically decide by themselves*	*Not applicable*
60. Planning entertainment such as movies or parties	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐

61. Planning education activities such as courses and lectures	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
62. Planning welcoming or orientation activities	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
63. Deciding what kinds of new programs will occur	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
64. Making rules about attendance at activities	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
65. Planning daily or weekly menus	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
66. Setting meal times	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
67. Setting visitors' hours	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
68. Deciding on the décor public areas (e.g., pictures, plants, etc.)	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
69. Dealing with safety hazards	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
70. Dealing with tenants' complaints	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
71. Making rules about the use of alcohol	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
72. Selecting new tenants	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
73. Moving a tenant from one bed or room to another	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
74. Deciding when a troublesome sick tenant will be asked to leave	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐
75. Changes in staff (hiring or firing)	1 ☐	2 ☐	3 ☐	4 ☐	97 ☐

SECTION IV: SERVICES AND ACTIVITIES AVAILABLE

Part I: Services

Please indicate which of the following services are provided by this facility and the approximate number of tenants who use them.

	Yes 1	*No 2*	*Approximate number of tenants who use this service at least once in a typical week*
76. Regularly scheduled doctor's hours	1 ☐	2 ☐	
77. Doctor on call	1 ☐	2 ☐	
78. Regularly scheduled nurse's hours	1 ☐	2 ☐	
79. Assistance in using prescribed medications	1 ☐	2 ☐	
80. On-site medical clinic	1 ☐	2 ☐	
81. Physical therapy	1 ☐	2 ☐	
82. Occupational therapy	1 ☐	2 ☐	
83. Psychotherapy or personal counselling	1 ☐	2 ☐	
84. Religious advice or counseling	1 ☐	2 ☐	
85. Legal advice or counseling	1 ☐	2 ☐	
86. Assistance with banking or other financial matters	1 ☐	2 ☐	
87. Assistance with housekeeping or cleaning	1 ☐	2 ☐	
88. Assistance with preparing meals	1 ☐	2 ☐	
89 Assistance with personal care or grooming	1 ☐	2 ☐	
90. Barber or beauty service	1 ☐	2 ☐	
91. Assistance with laundry or linen service	1 ☐	2 ☐	
92. Assistance with shopping	1 ☐	2 ☐	
93. Providing transportation (e.g., minibus or\pickup car)	1 ☐	2 ☐	
94. Handling spending money for tenants	1 ☐	2 ☐	

Part II: Additional Services and Procedures

95a. Is breakfast served each day? 1 ☐ Yes 2 ☐ No

95b.What hours is breakfast served? ____________________

95c. How many tenants use this service on a typical day? ____________________

96a. Is lunch served each day? 1 ☐ Yes 2 ☐ No

96b.What hours is lunch served? ____________________

96c. How many tenants use this service on a typical day? ____________________

97a. Is breakfast served each day? 1 ☐ Yes 2 ☐ No

97b.What hours is dinner served? ____________________

97c. How many tenants use this service on a typical day? ____________________

98a. Are snacks served in the afternoon or evening? 1 ☐ Yes 2 ☐ No

98b. How many tenants use this service on a typical day? ____________

99. Can tenants choose to sit wherever they want at meals? 1 ☐ Yes 2 ☐ No

100. Does a staff member take attendance or count tenants at mealtimes? 1 ☐ Yes 2 ☐ No

101a. Is there a fairly set time at which tenants are awakened in the morning? 1 ☐ Yes 2 ☐ No

101b. If so, what time?

- 1 ☐ Before 7:00
- 2 ☐ Between 7:00 and 8:00
- 3 ☐ Between 8:00 and 9:00
- 4 ☐ 9:00 or later
- 97 ☐ Not applicable

102. Are there certain times during which tenants are expected to take baths or showers? 1 ☐ Yes 2 ☐ No

103a. Is there a fairly set time at which tenants are expected to go to bed (lights out) at night? 1 ☐ Yes 2 ☐ No

103b. If so, what time?

- 1 ☐ Before 8:00
- 2 ☐ Between 8:00 and 9:00
- 3 ☐ Between 9:00 and 10:00
- 4 ☐ 10:00 or later
- 97 ☐ Not applicable

104a. Is there a "curfew" (i.e., a time by which all tenants must be in the facility in the evening? 1 ☐ Yes 2 ☐ No

104b. If so, what time?

- 1 ☐ Before 9:00
- 2 ☐ Between 9:00 and 10:00
- 3 ☐ Between 10:00 and 11:00
- 4 ☐ 11:00 or later
- 97 ☐ Not applicable

105. Does the staff take a count or make a check each day to be sure that none of the tenants are missing? 1 ☐ Yes 2 ☐ No

106. Are some areas of the building locked or out of bounds to tenants at times (e.g., the dining area, the crafts room, certain lounges or stairways)? 1 ☐ Yes 2 ☐ No

107a. Are there regular visiting hours? 1 ☐ Yes 2 ☐ No

107b. If so, what are the hours on a weekday? ____________________

108. Is background music played in the building? 1 ☐ Yes 2 ☐ No

Part III: Activities That Take Place in the Facility

For each activity, indicate the frequency of occurrence and about how many tenants participate.

	Very rarely or never 1	*Only a few times a year 2*	*Once or twice a month 3*	*Once a week or more 4*	*About how many tenants participate?*
109. Exercises or other physical fitness activity	1 ☐	2 ☐	3 ☐	4 ☐	
110. Outside entertainment (e.g. pianist or singer)	1 ☐	2 ☐	3 ☐	4 ☐	
111. Discussion groups	1 ☐	2 ☐	3 ☐	4 ☐	
112. Reality orientation group	1 ☐	2 ☐	3 ☐	4 ☐	
113. Self-help or mutual support group	1 ☐	2 ☐	3 ☐	4 ☐	
114. Films or movies	1 ☐	2 ☐	3 ☐	4 ☐	
115. Club, social group, or drama or singing groups	1 ☐	2 ☐	3 ☐	4 ☐	
116. Classes or lectures	1 ☐	2 ☐	3 ☐	4 ☐	
117. Bingo, cards, or other games	1 ☐	2 ☐	3 ☐	4 ☐	
118. Parties	1 ☐	2 ☐	3 ☐	4 ☐	
119. Religious services	1 ☐	2 ☐	3 ☐	4 ☐	
120. Social hour (e.g., coffee or cocktail hour)	1 ☐	2 ☐	3 ☐	4 ☐	

121. Are there a lot of social activities? 1 ☐ Yes 2 ☐ No

122. Are many new skills taught here? 1 ☐ Yes 2 ☐ No

123. Does this place seem crowded? 1 ☐ Yes 2 ☐ No

124. Do a lot of the tenants just seem to be passing time here? 1 ☐ Yes 2 ☐ No

125. Is it unusual for tenants to complain about each other?	1 ☐ Yes	2 ☐ No
126. Are tenants learning to do more things on their own?	1 ☐ Yes	2 ☐ No
127. Do tenants know what will happen to them if they break a rule?	1 ☐ Yes	2 ☐ No
128. Are suggestions made by the tenants acted on?	1 ☐ Yes	2 ☐ No
129. Is it sometimes very noisy here?	1 ☐ Yes	2 ☐ No
130. Are requests made by tenants usually taken care of right away?	1 ☐ Yes	2 ☐ No
131. Is it usually peaceful and quiet here?	1 ☐ Yes	2 ☐ No
132. Are the tenants encouraged to make their own decisions?	1 ☐ Yes	2 ☐ No
133. Is there confusion here lot of the time?	1 ☐ Yes	2 ☐ No
134. Do tenants have any say in making the rules?	1 ☐ Yes	2 ☐ No
135. Do tenants sometimes take charge of activities?	1 ☐ Yes	2 ☐ No
136. Is this place very well organized?	1 ☐ Yes	2 ☐ No
137. Are the rules and regulations strictly enforced?	1 ☐ Yes	2 ☐ No
138. Is it ever hot and stuffy in here?	1 ☐ Yes	2 ☐ No
139. Is it ever cold and drafty in here?	1 ☐ Yes	2 ☐ No
140. Do tenants complain a lot?	1 ☐ Yes	2 ☐ No
141. Are things sometimes unclear around here?	1 ☐ Yes	2 ☐ No
142. Would a tenant ever be asked to leave if he or she broke a rule?	1 ☐ Yes	2 ☐ No
143. Is the lighting very good here?	1 ☐ Yes	2 ☐ No
144. Are some of the tenants' activities really challenging?	1 ☐ Yes	2 ☐ No

145. Do the colors and decorations make this a warm and cheerful place? 1 ☐ Yes 2 ☐ No

146. Are tenants encouraged to share their opinions here? 1 ☐ Yes 2 ☐ No

147. Do tenants ever complain about the activities here? 1 ☐ Yes 2 ☐ No

148. Are the activity spaces ever crowded here? 1 ☐ Yes 2 ☐ No

149a. Are scheduled activities ever cancelled here? 1 ☐ Yes 2 ☐ No

149b.If yes, how often? ______________________________

150. How often are scheduled activities cancelled for the following reasons:

	Most of the time	Sometimes	Rarely	Never	N/A
a. The entertainment coming in cancelled	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)
b. Staff is unavailable	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)
c. No tenants showed up	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)
d. Missing required equipment	☐ (1)	☐ (2)	☐ (3)	☐ (4)	☐ (97)

e. Other reasons (specify): ______________________________

____

151. How many recreation staff are there? __________

152. How many recreation volunteers are there? __________ 97 ☐ N/A

153a. Does the residence set a minimum number of scheduled activities that must be available to tenants? 1 ☐ Yes 2 ☐ No

153b. If yes, what is the minimum? ______________________________

154a. Are there educational or training requirements for recreation staff members? 1 ☐ Yes 2 ☐ No

154b. If yes, what are the educational or training requirements? __________

____

155a. Are there ongoing opportunities offered by the residence for recreation staff to obtain further training or knowledge sharing of any kind? 1 ☐ Yes 2 ☐ No

155b. If yes, please explain:______________________________

Appendix F.

Demographic and Descriptive Information Questionnaire

Participant #: ____

This survey asks you for basic demographic information. Please select only one answer unless otherwise specified.

1) What is your age?

_____ 65-69
_____ 70-74
_____ 75-79
_____ 80-84
______ 85-90
_____ 91-94
_____ 95-99
_____ 100+

2) What is your gender?

_____Male
_____Female
_____Prefer not to disclose

3) What is your marital status?

_____Single/never married
_____Married/Common-Law
_____Widowed
_____Separated
_____Divorced

If currently married/common-law, do you currently live with your spouse/partner?

_____Yes
_____No

4) Were you born in Canada?

_____Yes
_____No

If No, how many years have you lived in Canada: _____Years

5) What is your ethnicity?

_____Caucasian/white
_____Chinese
_____Filipino
_____Korean
_____Japanese
_____South Asian
_____Southeast Asian
_____West Asian
_____Latin American
_____Arab
_____African American/black

6) What is your highest completed level of education?

_____Primary school/grade school
_____Some secondary school/high school
_____Secondary school/high school
_____Some college/university
_____Completed college/university degree
_____Graduate school/professional degree

7) What is your average annual income?
_____Less than $10,000
_____$10,000 to $14,999
_____$15,000 to $24,999
_____$25,000 to $34,999
_____$35,000 to $49,999
_____$50,000 to $74,999
_____$75,000 to $99,999
_____$100,000 or more

8) What religion do you practice?
_____Christian
_____Catholic
_____Protestant
_____Jewish
_____Buddhist/Taoist
_____Sikh
_____Muslim
_____Agnostic
_____Atheist
_____Other (please describe):_______________________________________

9) Do you currently use a mobility aid when you walk?
_____Yes
_____No

If Yes, please specify the type of mobility aid (select all that apply):
_____Cane
_____Walker
_____Crutches
_____Orthopedic shoes
_____Brace (leg or back) or splint
_____Prosthesis
_____Wheelchair/Scooter
_____Other (please describe):_______________________________________

10) Do you currently smoke?
_____Yes
_____No

11) Do you currently own a pet, such as a cat or a dog?
_____Yes
_____No

If Yes, please specify the type of pet (select all that apply):
_____Dog
_____Cat

_____Other (please describe:_____________________________________

_____Orthopedic shoes

If Yes, who takes the dog out for walks?

_____Myself

_____Staff member

_____Another AL tenant

_____Family member/friend outside of residence

12) Do you currently have a valid driver's license?

_____Yes _____No

13) Do you have access to a vehicle?

_____Yes _____No

14) Where did you live in the six months before you moved here?

_____Home, without publicly funded services

_____Home, with publicly funded services

_____With a family member or friend in their home

_____Independent or supportive living

_____Another assisted living residence

_____Residential care

_____Hospital

_____Other (please describe):_____________________________________

15) What is your primary reason for moving here?

_____Safety concerns living alone

_____Wanting to be around people

_____Could no longer have health care needs met at home

_____Could no longer manage basic activities of daily living (e.g. cooking, housekeeping, laundry, etc.)

_____Family wanted me to

_____I wanted to move before a major event happened (e.g. a fall)

_____Other (please describe):_____________________________________

16) What is your secondary reason for moving here?

_____Safety concerns living alone

_____Wanting to be around people

_____Could no longer have health care needs met at home

_____Could no longer manage basic activities of daily living (e.g. cooking, housekeeping, laundry, etc.)

_____Family wanted me to

_____I wanted to move before a major event happened (e.g. a fall)

_____Other (please describe):_____________________________________

17) What diagnoses do you have? (Select all that apply)

_____Hypertension

_____Arthritis (rheumatoid and/or osteoarthritis)

_____Osteoporosis

_____Chronic Obstructive Pulmonary Disease (COPD), Acquired Respiratory Distress Syndrome (ARDS), Emphysema, or other respiratory or cardio respiratory disease

_____Cardiovascular disease

_____Angina

_____Heart attack (myocardial infarction)

_____Neurological disease (e.g. Parkinson's, Alzheimer's disease, multiple sclerosis, multiple strokes, etc.)

_____Stroke or TIA

_____Peripheral vascular disease

_____Diabetes type I or II

_____Anxiety, neuroses, or panic disorders

_____Degenerative disc disease (back disease, spinal stenosis or severe chronic back pain)

_____Gastrointestional disease (ulcer, hernia, reflux, crohn's, etc.)

_____Visual impairment (e.g. cataracts, glaucoma, macular degeneration)

_____Hearing impairment (very hard of hearing, even with hearing aids)

_____Depressive disorder

_____Mental illness (please describe):______________________________

_____Other (please describe):____________________________________

18) Please select all of the health services you have used in the last three months:

_____General practitioner

_____Medical specialist

_____Diagnostic imaging

_____General surgeon

_____Surgical specialist

_____Emergency room

_____Walk-in clinic

_____Physiotherapy

_____Chemotherapy

_____Nutritionist or dietician

_____Personal trainer

_____Acupuncture

_____Optometrist

_____Audiologist

_____Other (please describe):

Appendix G.

The Modified Gait Efficacy Scale (mGES)

1. How much confidence do you have that you would be able to safely walk on a level surface such as a hardwood floor?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

2. How much confidence do you have that you would be able to safely walk on grass?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

3. How much confidence do you have that you would be able to safely walk over an obstacle in your path?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

4. How much confidence do you have that you would be able to safely step down from a curb?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

5. How much confidence do you have that you would be able to safely step up onto a curb?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

6. How much confidence do you have that you would be able to safely walk up stairs if you are holding on to a railing?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

7. How much confidence do you have that you would be able to safely walk down stairs if you are holding on to a railing?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

8. How much confidence do you have that you would be able to safely walk up stairs if you are NOT holding on to a railing?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

9. How much confidence do you have that you would be able to safely walk down stairs if you are NOT holding on to a railing?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

10. How much confidence do you have that you would be able to safely walk a long distance such as ½ mile?

1	2	3	4	5	6	7	8	9	10

No Confidence Complete Confidence

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Appendix H.

General Self-Efficacy Sample Item

(Selected sample question)

4. I am confident that I could deal efficiently with unexpected events.

Not at all true	Hardly true	Moderately true	Exactly true
1	2	3	4

The full set of questions included in the General Self-Efficacy measure can be obtained from:

Schwarzer, R. (May 30, 2014). Everything you wanted to know about the general self-efficacy scale but were afraid to ask. Retrieved from http://userpage.fu-berlin.de/~health/faq_gse.pdf

Original source:

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35- 37). Windsor, England: NFER-NELSON. Retrieved from http://userpage.fu-berlin.de/~health/selfscal.htm

Appendix I.

EQ-5D-5L

Sample

Health Questionnaire

English version for Canada

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Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

I have no problems in walking about ☐
I have slight problems in walking about ☐
I have moderate problems in walking about ☐
I have severe problems in walking about ☐
I am unable to walk about ☐

SELF-CARE

I have no problems washing or dressing myself ☐
I have slight problems washing or dressing myself ☐
I have moderate problems washing or dressing myself ☐
I have severe problems washing or dressing myself ☐
I am unable to wash or dress myself ☐

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities ☐
I have slight problems doing my usual activities ☐
I have moderate problems doing my usual activities ☐
I have severe problems doing my usual activities ☐
I am unable to do my usual activities ☐

PAIN / DISCOMFORT

I have no pain or discomfort ☐
I have slight pain or discomfort ☐
I have moderate pain or discomfort ☐
I have severe pain or discomfort ☐
I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION

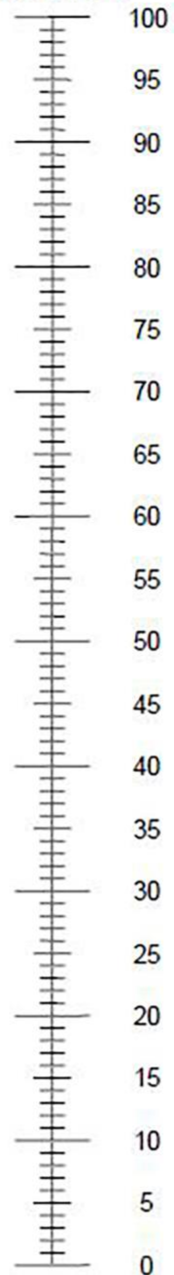
I am not anxious or depressed ☐
I am slightly anxious or depressed ☐
I am moderately anxious or depressed ☐
I am severely anxious or depressed ☐
I am extremely anxious or depressed ☐

Sample

Canada (English) © 2009 EuroQol Group EQ-5D™ is a trade mark of the EuroQol Group

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = [ ]



Sample

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Appendix J.

ICECAP-O

By circling one answer in EACH group below, please indicate which statement best describes your quality of life at the moment.

1. Love and Friendship

I can have all of the love and friendship that I want	4
I can have a lot of the love and friendship that I want	3
I can have a little of the love and friendship that I want	2
I cannot have any of the love and friendship that I want	1

2. Thinking about the future

I can think about the future without any concern	4
I can think about the future with only a little concern	3
I can only think about the future with some concern	2
I can only think about the future with a lot of concern	1

3. Doing things that make you feel valued

I am able to do all of the things that make me feel valued	4
I am able to do many of the things that make me feel valued	3
I am unable to do a few of the things that make me feel valued	2
I am unable to do any of the things that make me feel valued	1

4. Enjoyment and pleasure

I can have all of the enjoyment and pleasure that I want	4
I can have a lot of the enjoyment and pleasure that I want	3
I can have a little of the enjoyment and pleasure that I want	2
I cannot have any of the enjoyment and pleasure that I want	1

5. Independence

I am able to be completely independent	4
I am able to be independent in many things	3
I am unable to be independent in a few things	2
I am unable to be at all independent	1

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Appendix K.

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you **Very Strongly Disagree**

Circle the “2” if you **Strongly Disagree**

Circle the “3” if you **Mildly Disagree**

Circle the “4” if you are **Neutral**

Circle the “5” if you **Mildly Agree**

Circle the “6” if you **Strongly Agree**

Circle the “7” if you **Very Strongly Agree**

1.	There is a special person who is around when I am in need	1	2	3	4	5	6	7
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7

7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

Zimzet, G. D., Dahlem, N. W., & Zimet et al. (March 1, 1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment.* Reprinted with permission from Routledge Taylor & Francis Group. Copyright © 1988 Routledge

Appendix L.

CHAMPS Questionnaire

Community Healthy Activities Model Program for Seniors (CHAMPS)

CHAMPS Activities Questionnaire for Older Adults

Date:______________________

Residence:__________________

CHAMPS: Community Healthy Activities Model Program for Seniors
Institute for Health & Aging, University of California San Francisco
Stanford Center for Research in Disease Prevention, Stanford University
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Contact: Anita L. Stewart, Ph.D., UCSF, anitast@itsa.ucsf.edu

This questionnaire is about activities that you may have done in the past 4 weeks. The questions on the following pages are similar to the example shown below.

INSTRUCTIONS

If you DID the activity in the past 4 weeks:

Step #1 Check the YES box.

Step #2 Think about how many TIMES a week you usually did it, and write your response in the space provided.

Step #3 Circle how many TOTAL HOURS in a typical week you did the activity.

Here is an example of how Mrs. Jones would answer question #1: Mrs. Jones usually visits her friends Maria and Olga twice a week. She usually spends one hour on Monday with Maria and two hours on Wednesday with Olga. Therefore, the total hours a week that she visits with friends is 3 hours a week.

In a typical week during the past 4 weeks, did you…							
Ex. Visit with friends or family (other than those you live with)? **_X_ YES** How many TIMES a week? **__2__**. **__NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	(circled) 3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

If you DID NOT do the activity:

- **Check the NO box and move to the next question**

In a typical week during the past 4 weeks, did you…	

1. Visit with friends or family (other than those you live with)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
2. Go to the senior centre? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
3. Do volunteer work? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
4. Attend church or take part in church activities? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
5. Attend other club or group meetings? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
6. Use a computer? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

7. Dance (such as square, folk, line, ballroom) (do not count aerobic dance here)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
8. Do woodworking, needlework, drawing, or other arts or crafts? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
9. Play golf, carrying or pulling your own equipment (count walking time only)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
10. Play golf, riding a cart (count walking time only)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
11. Attend a concert, movie, lecture, or sport event? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
12. Play cards, bingo, or board games with other people? ___**YES** How many TIMES a	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

week? ________. __**NO**							
13. Shoot pool or billiards? __**YES** How many TIMES a week? ________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
14. Play singles tennis (do not count doubles)? __**YES** How many TIMES a week? ________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
15. Play doubles tennis (do not count singles)? __**YES** How many TIMES a week? ________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
16. Skate (ice, roller, in-line)? __**YES** How many TIMES a week? ________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
17. Play a musical instrument? __**YES** How many TIMES a week? ________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
18. Read? __**YES** How many TIMES a week? ________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

Activity	Question						
19. Do heavy work around the house (such as washing windows, cleaning gutters)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
20. Do light work around the house (such as sweeping or vacuuming)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
21. Do heavy gardening (such as spading, raking)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
22. Do light gardening (such as watering plants)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
23. Work on your car, truck, lawn mower, or other machinery? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
****Please note: For the following questions about running and walking, include use of a treadmill.**							

24. Jog or run? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
25. Walk uphill or hike uphill (count only uphill part)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
26. Walk fast or briskly for exercise (do not count walking leisurely or uphill)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
27. Walk to do errands (such as to/from a store) (count walk time only)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
28. Walk leisurely for exercise or please? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
29. Ride a bicycle or stationary cycle? ___**YES** How many TIMES a week? _________.	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

___**NO**							
30. Do other aerobic machines such as rowing, or step machines (do <u>not</u> count treadmill or stationary cycle)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL <u>hours a week</u> did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
31. Do water exercises (do <u>not</u> count other swimming)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL <u>hours a week</u> did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
32. Swim moderately or fast? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL <u>hours a week</u> did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
33. Swim gently? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL <u>hours a week</u> did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
34. Do stretching or flexibility exercises (do <u>not</u> count yoga or Tai-chi)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL <u>hours a week</u> did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
35. Do yoga or Tai-chi? ___**YES** How many TIMES a	How many TOTAL <u>hours a week</u> did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

week? _________. __**NO**							
36. Do aerobics or aerobic dacning? __**YES** How many TIMES a week? _________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
37. Do moderate to heavy strength training (such as hand-held weights or more than 5 lbs., weight machines, or push-ups)? __**YES** How many TIMES a week? _________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
38. DO light strength training (such as hand-held weights of 5 lbs, or less or elastic bands)? __**YES** How many TIMES a week? _________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
39. Do general conditioning exercises, such as light calisthenics or chair exercises (do not count strength training)? __**YES** How many TIMES a week? _________. __**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

40. Play basketball, soccer, or racquetball (do not count time on sidelines)? ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
41. Do other types of physical activity not previously mentioned (please specify)? ___________________________. ___**YES** How many TIMES a week? _________. ___**NO**	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours
42. In a typical week during the past 4 weeks, did you watch television? YES How many TIMES a week? _________ . NO	How many TOTAL hours a week did you usually do it?	Less than 1 hour	1-2 ½ hours	3-4 ½ hours	5-6 ½ hours	7-8 ½ hours	9 or more hours

Thank You

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Appendix M.

Tenant Interview Guide

SECTION A: DAILY ROUTINE AND ACTIVITIES

1. **Can you describe to me a typical day for you here in (name of residence)?**
    a. What do you do?
    b. Where do you go?
        i. Why do you go there?
    c. Who do you see during the day?
        i. Why do you see those people?
    d. How would you change this routine if you could?
        i. What would you change about it?
2. **What is your opinion of the recreation program here?**
    a. What do you like most about it?
    b. What do you like least about it?
    c. If there was something you could change about what or how the activities are offered here, what would it be?
        i. Why would you make those changes?
3. **What are the reasons you choose to participate in the activities you do?**
    a. How long have you been participating in those activities?
    b. What made you decide to get involved initially?
        i. What are the reasons that *keep* you participating in those activities?
    c. What is it exactly that you like/dislike about these activities?
4. **How do you feel about your ability to participate or not participate in the activities available to you in (name of residence) and the community?**
    a. Do you participate to the extent you would like to? Why?
    b. If you were given the opportunity to participate more or less, would you? Why?
        i. Can you describe those activities for me?
        ii. What is hindering you from participating more?
        iii. What would help you participate more?

SECTION B: PHYSICAL ENVIRONMENT

1. **How do you feel about the neighbourhood here?**
    a. Where do you like to go?
        i. How do you get there? Why?
2. **How do you feel about how this residence is designed?**
    a. What do you like most about it?
    b. What do you like least about it?
    c. If you could change any of the features here, what would that be?

SECTION C: SOCIAL ENVIRONMENT

3. **How do you feel about your social relationships with other tenants here?**
    a. What about with administration?
        i. What makes you feel that way?
    b. What about with other staff members here?
        i. Why do you feel that way?
4. **How have your relationships with others here changed since you first moved in?**
    a. How do you feel about that?

SECTION D: QUALITY OF LIFE

5. **How do you feel about living here?**
    a. What do you enjoy the most?
    b. What do you enjoy the least?
6. **What does "Quality of Life" mean to you?**
    a. (*ask again if don't understand)* In your opinion, how do you define what "Quality of Life" is?
    b. What are the things that bring quality to your life?
7. **How do you feel when you think about the future?**
8. **What concerns you most?**
9. **Overall, how do you feel about your life right now?**

CLOSING

10. **Is there anything else you would like to share with me about that I may have missed?**

Appendix N.

Staff Interview Guide

SECTION A: DAILY ROUTINE AND ACTIVITIES

5. **Can you describe to me a typical day for tenants here in __(name of residence)__?**
    a. What do they do?
    b. Where do they go?
        i. Why do they go there?
    c. Who do they usually see during the day?
        i. Why do they see those people?
    d. How would you change this routine of theirs if you could?
        i. What would you change about it?
6. **What is your opinion of the recreation program here?**
    a. What works best with the current program?
    b. What are some of the challenges with the current program?
    c. If there was something you could change about the recreation program here, what would it be?
        i. Why would you make those changes?
7. **What do you think are the reasons tenants participate in the activities here?**

SECTION B: PHYSICAL ENVIRONMENT

11. **How do you feel about how this residence is designed?**
    a. What do you think works best with the physical design?
    b. What do you think are some challenges with the way this residence is designed?
    c. If you could change any of the features here, what would they be?
12. **How do you feel about the neighbourhood here?**

SECTION C: SOCIAL ENVIRONMENT

13. **How do you feel about the social relationships tenants have here with staff?**
    a. What makes you feel that way?
14. **How do you feel about the social relationships tenants have here with each other?**

a. What makes you feel that way?

SECTION D: QUALITY OF LIFE

15. **What does "Quality of Life" mean to you?**
    a. (*ask again if don't understand)* In your opinion, how do you define what "Quality of Life" is?
16. **What are the things that bring quality to the life of the tenants here?**
17. **What are the things that may hinder tenants' quality of life here?**
18. **Overall, how do you feel about the current state of tenants' level of participation in the activities offered here?**
    a. What makes you feel that way?

CLOSING

19. **Is there anything else you would like to share with me about that I may have missed?**

Appendix O.

Interview Field Notes Guide

Participant Pseudonym:________________
Interview Date:________________________
Starting Time: ________________________
Ending Time:__________________________

Location of interview:____

Description/impressions of the AL:______________________________________
____
____

Technical Problems (e.g., timing of interview, tape recorder):______________________
____

People present:____

Content of Interview (e.g., use key words, topics, focus, words or phrases that stand out):____
____
____

Interviewer's impressions (e.g., discomfort of participant with certain topics, emotional responses to people, events or objects):_____________________________________
____
____

Nonverbal behaviour (e.g., tone of voice, posture, facial expression, eye movements, forcefulness of speech, body movements, and hand gestures):______________________
____
____

Preliminary Analysis: (e.g., interviewer's questions, tentative hunches, trends in data and emerging patterns, insights, interpretations, beginning analysis, working hypotheses):___
____
____
____
____

Appendix P.

Activity Observation Checklist

Activity Observation Checklist							
Date: ____________ # of Tenants: ________		Location: ________ Observation #: ________		Scheduled Start Time: ________ Actual Start Time: ________ End Time: ________			
Type of Activity	**Activity**	**Activity level (# of Tenants)**			**Total**		
		Sedentary	**Moderate**	**Vigorous**	**S**	**M**	**V**
Physical Activity	Strength training						
	Resistance training						
	Stretching exercises						
	Cardio/endurance exercises						
	Chair exercises						
	Wii or carpet bowling						
	Tai Chi						
	Walking activity						
	Noodle hockey						
Social and Mental Activity	Social tea						
	News and Views						
	Bingo						
	Arts and crafts						
	Card or board games						
	Memory games						
	Music activity (including singing)						
	Cooking activity						
	Movie activity						
	Trivia activity						
	Special celebration (e.g. birthday or holiday)						

Therapeutic Activity	Pet visitation																		
Religious/ Spiritual Activity	Church service																		
	Hymn singing																		
Other																			

Description of the observed activity:______________________________

Settings of the environment:

Noise level (describe):______________________________

Lighting (describe):______________________________

Temperature (describe):______________________________

Time tenants first began to arrive for the activity:______________________________

Perceptions of the size of the room (e.g. crowded? fairly empty?):______________________________

Field Notes (Jottings):

Appendix Q.

Substantive Themes and Associated Codes

Theme	Sub-theme	Associated Codes
"I'm in here for a reason": The intersection of home and health	"I'm comfortable, I'm cared for"	AL policy and rules, the tenant community, dining experience, moving on into RC, , passing the time, autonomy, health issues/pains, mobility, managing ADL activities, having care needs met, mental health, physical health
	Redefining home: Aging in a 'different' place	The tenant community, moving on into RC, transition experience, different than home, feelings of home, , reason for moving into AL, having care needs met, reason for moving into AL, having care needs met, physical health, privacy elements
Negotiating boundaries	Physical boundaries	Setting boundaries, use of shared spaces, dining room seating, "getting out", time in one's suite, control and choice, availability/variety of activities, the 'regulars', reasons for/for not participating, privacy elements
	Socioemotional boundaries	Setting boundaries, 'room service' socialization, changing social relationships, acquaintances, "I like to be by myself", when tenants pass away, control and choice, availability/variety of activities, reasons for/for not participating, the tenant community, privacy elements
Opportunities and choices: Blending needs and wants	Maintaining abilities	Keeping busy, health issues/pains, mobility, managing ADL activities, having care needs met, mental health, physical health, control and choice, availability/variety of activities, reasons for/for not participating
	"The things that you want to do"	Meal times as schedule anchors, keeping busy, sense of purpose, control and choice, availability/variety of activities, reasons for/for not participating, "I like to be by myself", "getting out", time in one's suite, meeting people in AL, social hierarchy, taking it easy

Theme	Sub-theme	Associated Codes
Nuanced social life: The continuum of goers to noers	New and senior tenants: The role of tenancy	Meeting people in AL, difficulties in socializing with others, changing social relationships, 'unwritten' social rules, "I feel like family", fictive kin, staff relationships, friends in the residence, friends outside the residence, the strength of time, acquaintances, family, social hierarchy, older vs. younger tenants, senior vs. new tenants
	Social life matters	Friends in the residence, friends outside the residence, the strength of time, acquaintances, family, social hierarchy, older vs. younger tenants, senior vs. new tenants, difficulties in socializing with others, changing social relationships, 'unwritten' social rules, "I feel like family", fictive kin, staff relationships
	"90 is 60": Self-perceptions of aging	Old ladies, when you're old, for the older people, taking it easy, keeping busy, they're no use to me, control and choice, availability/variety of activities, the 'regulars', reasons for/for not participating, health issues/pains, mobility, managing ADL activities, having care needs met, mental health, physical health

Appendix R.

Organizational and Tenant Characteristics

TENANT CHARACTERISTICS	PARSONS MANOR	FLEETWOOD HOUSE
# tenants who require bathing assistance	30	60
# tenants who require dressing assistance	19	45
# tenants who require mobility assistance	1	7
# tenants who require assistance expressing their needs/wishes	0	16 Reasons: fluctuating cognition, language barriers, or waiting on a bed in RC
# tenants who require grooming assistance (e.g. shaving, combing hair)	19	7
TENANCY		
% of tenants who have lived in residence >1 year	52%	77%
% of tenants who have lived in residence <6 months	28%	17%
% of tenants who have lived in residence <1 month	7%	6%
% of tenants whose tenancy is undetermined	13%	0%
# of tenants who left the residence in the past 6 months for the hospital	0	5
# of tenants who left the residence in the past 6 months for residential care	19	1
# of tenants who left the residence in the past 6 months due to death	10	1

RESIDENCE CAPACITY	PARSONS MANOR	FLEETWOOD HOUSE
# of people on waiting list	10	No waiting list
# of suites	68	70
Reported capacity (including couples)	132	75
# of suites with couples	1	2
# bachelor suites	0	60
# one-bedroom suites	68	10
# two-bedroom suites	0	0
Size of smallest suite	430 sq. feet	300 sq. feet
Size of largest suite	550 sq. feet	550 sq. feet
Average suite size	500 sq. feet	300 sq. feet
Washer/dryer on every floor	Yes	No
ORGANIZATIONAL CHARACTERISTICS		
Board of directors' meeting frequency	Quarterly/monthly	Monthly
Staff meeting frequency	Less than once/month	Monthly
Lunch seating times	11:30-12:10; 12:30-13:10	12:00-13:00; 13:00-14:00
Dinner seating times	16:30-17:10; 17:30-18:10	17:00-18:00; 18:00-19:00
Assigned seating	No	No
Regular visiting hours	Up until 23:00 if not pre-arranged	No
# F/T recreation staff	1	1
# P/T recreation staff	1	0
# F/T care staff/assisted living workers	6	7
# P/T care staff/assisted living workers	7	5

	Parsons Manor	Fleetwood House
AVENUES OF COMMUNICATION		
Community Meetings		
Purpose	For tenants to ask questions, express general feedback/concerns; receive updates on site events, operations, and day-to-day activities (e.g. reupholstering of chairs in the lounge, changes to the food options, and special occasion activities)	
Invited to attend	Site manager, recreation coordinator, tenant council representative, food committee representative, and all interested tenants	Recreation coordinator and all interested tenants; Site manager will be present on occasion
Location	Ground floor lounge	Multipurpose room
Monthly newsletter		
Distribution	Monthly	Bi-monthly
Assembled by	Receptionist	Organization's volunteer coordinator with support by the recreation assistants
Contributors	AL CEO, management, recreation staff, and tenants	Management, recreation staff, and volunteers
Content	Residence updates (e.g. events, birthdays, and tenant deaths); poems; fun facts; special interest stories	Upcoming events, tenant birthdays and deaths, health information, poems, and trivia.
Comment box		
Purpose	For tenants to leave anonymous feedback for recreation/management	
Location	Dining room	Front lobby next to the mailboxes
Bulletin board		
Purpose	To communicate recreational activities, upcoming outings, community activities, current news, visiting services (e.g. hair stylist or podiatrist), and changes in policies at the residence	
Location	Hallway in front of the dining room entrance; adjacent to the lobby; additional bulletins of events are located in the elevators	In the elevators; in stand-up signs on the dining tables in the shared lounge spaces on each floor

Appendix S.

Quantitative Measure Descriptive Statistics

	Parsons Manor (n=11)	Fleetwood House (n=10)	Overall (n=21)
EQ-5D-5L overall health % (analogue scale) ***(Scale range: 0-100%)***			
Mean	73.18	71	72.14
Median	75	72.50	75
Mode	50	75	50
Std. deviation	17.36	13.29	15.21
Minimum	50	50	50
Maximum	100	90	100
Overall QoL (ICECAP-O) ***(Scale range: 5-20)***			
Mean	16	14.70	15.38
Median	16	14.50	16
Mode	16	14	18
Std. deviation	2.1	2.36	2.27
Minimum	11	10	10
Maximum	18	18	18
General self-efficacy (*Scale range: 10-40)*			
Mean	34.91	32.40	33.71
Median	37	35	36
Mode	37	37	37
Std. deviation	3.99	5.70	4.92
Minimum	26	24	24
Maximum	38	38	38
Perceived social support (MSPSS) ***(Scale range: 12-84)***			
Mean	77.18	75.50	76.38
Median	81	79	79
Mode	84	84	84
Std. deviation	8.35	10.62	9.29
Minimum	60	50	50
Maximum	84	84	84

Appendix T.

Participant Summaries

Parsons Manor					
Participant Pseudonym	**Age**	**Sex**	**Tenancy***	**Marital Status**	**Description**
Betty	88	F	4 years, 3 months	Divorced	Blind; high functional and cognitive capacity; positive outlook on life; very social with everyone in the residence; has a close relationship with the recreation coordinator; will attend some cognitive activities; always moving – does exercises in her suite and frequently walks the corridors; high self-efficacy, social support (close relationships with her daughters), and walking confidence.
Karen	75	F	11 months	Widowed	Parkinson's diagnosis; friendly; soft-spoken; low self-efficacy for dealing with unexpected events and difficult problems; relationship with her daughter is most important in her life; has a close group of friends in AL she sees regularly at scheduled activities; feels restricted by her Parkinson's symptoms but manages with sleep and physical activity in the residence
Ruby	86	F	7 years, 5 months	Widowed	High cognitive capacity; some mobility problems and low walking confidence; easy-going; positive outlook; expressed gratitude for the staff and care services received; high self-efficacy and social support – has close relationships with family and friends outside the residence and a group of friends inside; belongs to the 'popular' group; likes to be involved; member of the tenant council; regularly participates in diverse scheduled activities
Holly	80	F	1 year, 9 months	Widowed	Wheelchair-bound; prioritizes relationships with family outside of residence who live close by; describes not having many friends; has made new friends in the residence but doesn't consider these to be close relationships; expressed having had a great life and is ready to die; speaks very 'matter-of-factly' about life; values independence and maintaining her cognitive abilities; doesn't participates in some scheduled cognitive/social activities; like her "quiet time" doing sedentary activities in her suite (e.g. puzzle books).

Participant Pseudonym	Age	Sex	Tenancy*	Marital Status	Description
Ella	83	F	1 year	Widowed	High cognitive capacity; some mobility impairment; easy-going, self-described social person; moved to AL for the socialization; describes herself as popular in the residence and having made acquaintances but not friends; participates in some scheduled social activities but not physical activities; periodically walks outside; great sense of humour; is learning French to keep her mind active; high self-efficacy; low walking confidence; has close relationships with family members; has a positive outlook and expresses gratitude for the relationships she has and place where she lives
Lucy	90	F	2 years, 4 months	Widowed	High cognitive capacity and walking confidence; easy-going; speaks honestly; moderate self-efficacy; has close relationships with family and several tenants in the residence; is fairly satisfied in the residence but has some concerns; doesn't feel she's getting her 'money's worth' of services since she feels she is still independent in many things; wants to move back to her previous community; participates approx. 1x/week in chair exercises; does regular physical activities in her suite and attends the bus outings; walks the corridors and outside the residence (when the weather is good).
Charles	77	M	1 year, 1 month	Widowed	High cognitive capacity; some mobility problems; likes to "take it easy"; 'can take it or leave it' with social relationships but is a very friendly person with a great sense of humour; enjoys spending his leisure time watching soccer and playing cards with friends from outside who come in to visit or other tenants who are interested; participates in select social activities in the residence but avoids physical activities because of pain; moderate walking confidence; obtains more social support from family than friends (as per MSPSS).
Margaret	93	F	4 years, 4 months	Married	High functional and cognitive capacity; positive outlook; high self-efficacy and social support; regular participant at morning physical activities; a member of the 'popular' group in the residence; spends afternoons with her husband in RC; easy-going and very socially active in the residence; sits on the tenant and food committees; has close relationships with family members outside of the residence; described having had a very good life and hoping it continues longer

Participant Pseudonym	Age	Sex	Tenancy*	Marital Status	Description
Grace	90	F	1 years, 4 months	Married	Forgetful in some things but has a good cognitive capacity; easy-going; positive outlook; close relationships with her daughters who visit frequently; regularly participates in the "fun" morning chair exercises then visits with her husband in RC in the afternoon; is very satisfied overall with her life but dissatisfied with the food in AL; high self-efficacy and social support; moderate walking confidence
Alice	87	F	3 years	Married	Early-stage dementia; outgoing; great sense of humour; full of energy and constantly moving; helps out recreation staff where she can; physically active and a regular participant at the scheduled activities; is very involved with family inside and outside of the residence; married to and living with participant, George.
George	90	M	3 years	Married	High cognitive capacity; easy-going; describes being happy with his life now; spends his time listening to audio books in his suite (has visual impairment) and going for walks outside approximately twice/day; isn't interested in the scheduled activities like his wife, Alice, although she's always encouraging him to join her; appreciates his independent leisure time and activities with family members outside of the residence.

Fleetwood House					
Participant Pseudonym	Age	Sex	Tenancy*	Marital Status	Characteristics
Harriet	84	F	1 year	Widowed	High functional ability; easy-going; positive outlook; likes to keep busy; very socially active in the residence and popular with the other tenants; takes it upon herself to help orient new tenants and make them feel welcome; spends a lot of time in the shared lounge spaces socializing with other tenants; goes out frequently with her family (often stays out overnight); is very happy where she is and saw FH as home right away; participates in some scheduled activities when she is not out with her family; doesn't use a mobility aid and has high walking confidence; high social support and general self-efficacy.
Henry	72	M	1 year, 10 months	Widowed	Wheelchair-bound; transferred to RC to meet dialysis needs after interviews; high cognitive functioning; values relationships with his family the most; high social support and self-efficacy; expressed difficulties relating to the other tenants, as he is a 'young man' and they are 'old ladies'; periodically attends social activities; prefers to do physical activities independently in the residence gym – perceives scheduled physical activities as too easy
Victoria	93	F	3 year	Widowed	High functional ability; regular attendee at most scheduled activities but avoids spending time in the shared lounge spaces outside of activity times – prefers the quiet of her suite; thinks the other tenants should participate more in the activities; likes keeping busy; popular with the other tenants; outgoing; positive outlook; perceives difficulties in life as "that's how it is"; high social support (particularly with family outside of the residence and fictive kin inside the residence) and high self-efficacy; low walking confidence

Participant Pseudonym	Age	Sex	Tenancy*	Marital Status	Characteristics
Anna	89	F	1 month	Widowed	High cognitive functioning and observed mobility; low walking confidence; high social support and self-efficacy; recently moved into FH – participates in almost all of the activities offered to find out what she likes and to meet people; walks leisurely outside when the weather is good; describes herself as shy but is very friendly and easy-going; positive outlook; socializes frequently with other tenants in the ground floor lounge between activities when not out with her family; has close relationships with her family members outside of the residence.
Martha	82	F	3 years	Widowed	Early-stage dementia – being managed with medication; easy-going; high self-efficacy; plays piano sometimes for the other tenants; likes keeping her suite clean for the staff; described not having close friends in FH, “just cohorts”; prioritizes her relationships with her daughters; regularly attends the social and cognitive activities – feels there’s not much else to do; does light stretching in her suite; stopped exercising because of hip pain (has had 2 hip replacements)
Mildred	84	F	4 years, 6 months	Widowed	High cognitive functioning; high self-efficacy and social support; spends a lot of time in the shared lounge spaces on the ground floor reading independently; attends some social/cognitive activities but not physical activities because it’s “baby stuff”; low walking confidence; enjoys spending time in her suite knitting and on her computer (emailing, playing games, surfing the net, etc.); describes not having close relationships in FH because she has her family for that but appreciates the social support of the other tenants; describes QoL as “doing until you can’t do anymore”.

Participant Pseudonym	Age	Sex	Tenancy*	Marital Status	Characteristics
Louise	83	F	3 months	Widowed	Wheelchair-bound; high social support; close relationship with her daughter; low self-efficacy but very resilient – describes being used to hard situations in her life (e.g. contracting polio, death of her grandson, etc.); greatly values independence – described difficulty getting used to needing to receive personal care services; has trouble hearing when in the dining room because of the background noise – prefers socializing with the other tenants in the lounge on her floor at breakfast time; periodically attends social/cognitive activities when they interest her, otherwise likes to 'keep busy' with number games in her suite (sees it as "work" to maintain her cognitive functioning); appreciates the quiet and enjoys watching out her window.
Olivia	87	F	2 months	Widowed	High functional and cognitive functioning; expressed feeling more comfortable talking about her problems with her friends outside of FH than her family; moderate social support; moved into FH recently and is still adjusting – she's not used to the food due to her South Asian ethnicity; high self-efficacy; low walking confidence; regularly goes for leisure walks around the building; regular participant in physical and social activities; phones her friends to talk or watches TV when not at activities or walking outside; enjoys meeting "different kinds of people"; is a social person but fairly shy – remains fairly quiet at activities but enjoys the company of others.

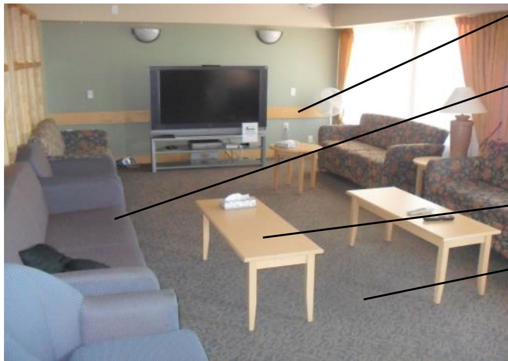
Participant Pseudonym	Age	Sex	Tenancy*	Marital Status	Characteristics
Marie	88	F	4 years, 6 months	Widowed	MCI; high functional impairment – very frail; thinks and moves slowly; easy-going; sometimes spends time in the ground floor lounge watching other tenants; doesn't participate in scheduled activities; spends her time in her suite looking out the window or sitting quietly; describes being old as "the pits"; severe hearing impairment; low walking confidence; low social support – describes having no friends; low self-efficacy
Evelyn	73	F	6 months	Divorced	High functional and cognitive abilities; values family relationships and activities with them outside of the residence the most; frequently spends time in the shared lounge cooking/baking – meets other tenants this way; doesn't attend the scheduled activities after a confrontation with another tenant when she first moved in; isn't afraid of confrontation; stubborn; opinionated; friendly; likes to exert control (e.g. maintenance of the kitchen on her floor); feels she was put in AL by her family and wants to be back in the community – has come to 'accept' the residence now that she has developed relationships with the other tenants; high social support; low walking confidence; low self-efficacy for dealing with unexpected events

*Length of tenancy is based on time participant had lived in the residence at the time of the first interview.

Appendix U.

Parsons Manor Photographic Analysis

Legend
(+) = positive/supportive feature
(-) = negative/hindering feature



(+) Contrast between walls, floor, and grab bar
(-) Absence of accessible grab bars along the side walls to the back of the room (due to furniture lining the walls) limits access for those with mobility issues
(-) Tables are difficult for those with mobility aids to navigate around
(+) Low pile carpeting increases accessibility of those with walkers

Figure U1. Parsons Manor ground floor lounge (angle 1)

(+) Windows provide natural lighting
(+) Curtains allow for natural light to be adjusted
(+) Open space allows for tenants to preview the activity before entering the space
(+/-) Variety of puzzles easily accessible to some but difficult for others, depending on ability to reach/bend.
(+) Continuation of grab bars from hallway into the room

Figure U2. Parsons Manor ground floor lounge (angle 2)

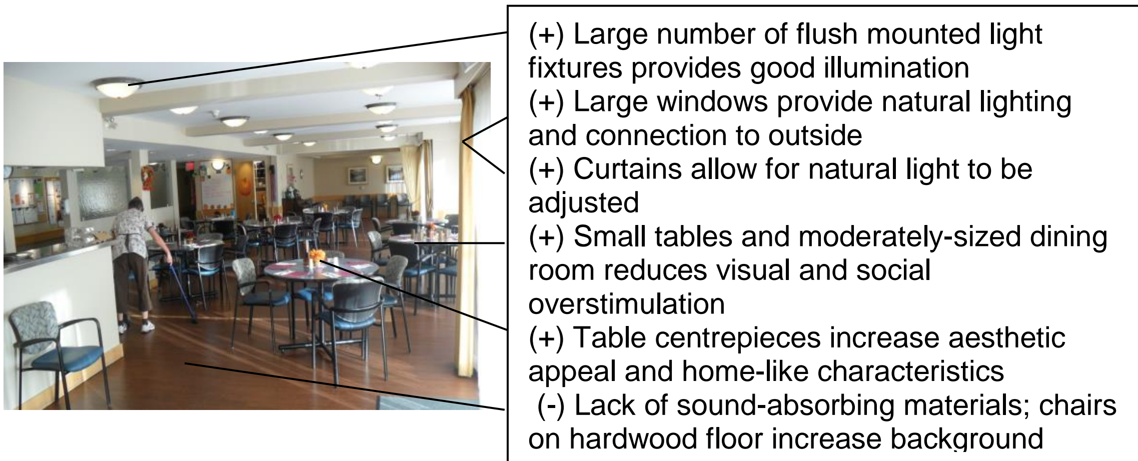


Figure U3. Parsons Manor dining room

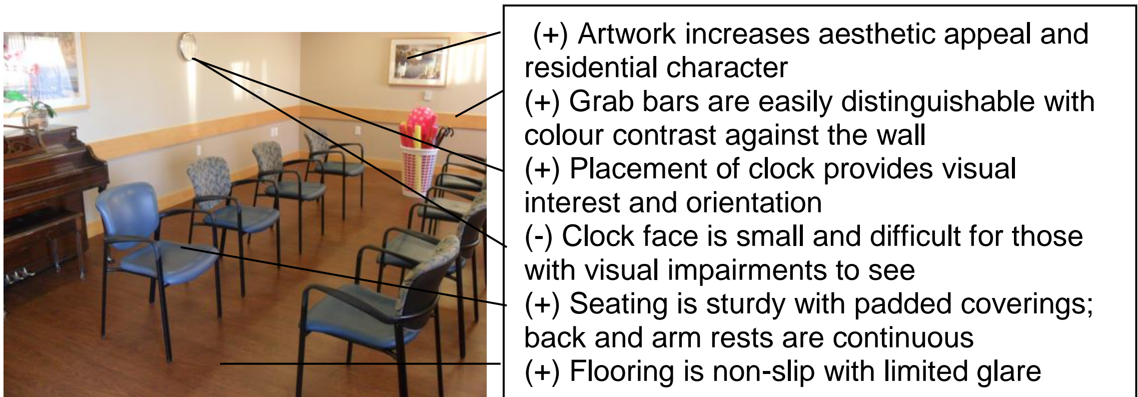


Figure U4. Parsons Manor exercise room

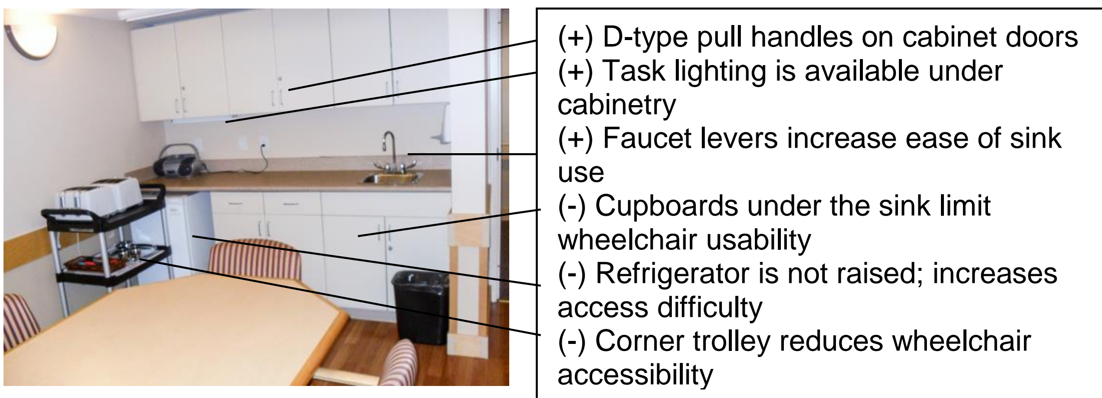
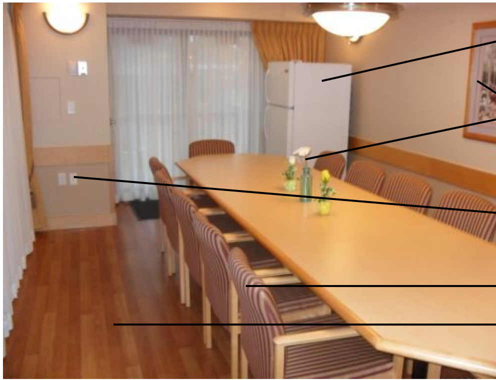


Figure U5. Parsons Manor meeting room (angle 1)



(-) Refrigerator generates sporadic background noise
(+) Table centrepieces and wall décor increase aesthetic appeal and home-like characteristics
(-) Electrical outlets are raised 18” above the floor
(-) Chairs are heavy with little space between them
(+) Limited turning radius for wheelchair accessibility

Figure U6. Parsons Manor meeting room (angle 2)

Appendix V.

Fleetwood House Photographic Analysis

Legend
(+) = positive/supportive feature
(-) = negative/hindering feature

(+) Overhead artificial light provides adequate illumination
(+) Columns provide spatial differentiation
(+) Seating is solid with padded seating; back and arm rests are continuous; back rests are high
(+) Adequate space between tables and chair for wheelchair accessibility
(+) Small tables reduce visual and social overstimulation

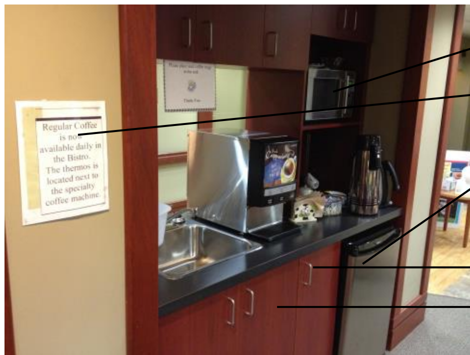
Figure V1. Fleetwood House dining room

(+) Large windows create connection to the outside
(+) Curtains allow for natural light to be adjusted to reduce glare
(+) Open seating facing dining room
(+) Reading material and piano adds an element of interest
(-) Open space subject to background dining room noise
(+) Carpeting provides a non-slip surface and spatial separation from hallway

Figure V2. Fleetwood House ground floor lounge

(+) Artwork increases aesthetic appeal and residential character
(+) Entryway is wider than 36”
(+) Visibility of lobby from seating provides opportunity for passive observation
(+) Activity area is semi-separated from a major circulation path, enhancing privacy
(+) Reading materials on tables provide elements of interest

Figure V3. Fleetwood House bistro lounge (angle 1)



(-) Raised microwave limits accessibility for those in wheelchairs
(+) Signage is simple and specific with large font
(-) Mini refrigerator is not raised; limited accessibility for those with mobility difficulties (specifically bending)
(+) D-type handles increase ease of use
(-) No under-cabinet space limits wheelchair accessibility

Figure V4. Fleetwood House bistro lounge (angle 2)

(+) Overhead artificial light provides adequate illumination
(+) Windows open partially for increased air flow
(-) Plain walls lack visual interest
(-) Lack of sound absorbing materials to reduce sound amplification
(-) Flooring subject to glare

Figure V5. Fleetwood House meeting room (angle 1)

(-) Clock face is small and difficult for those with visual impairments to see
(-) Column is an obstacle for getting by in a walker/wheelchair
(-) Limited contrast between counters and flooring
(-) Limited space for placing walkers

Figure V6. Fleetwood House meeting room (angle 2)

(+) Mix of artificial and natural light provides adequate illumination
(+) Close proximity to washroom and water cooler increases functionality of the space
(-) Lack of sound absorbing materials to reduce sound amplification
(-) Flooring subject to glare

Figure V7. Fleetwood House recreation room (angle 1)

(+) Large font reading materials, artwork, and fireplace provide elements of interest
(+) Furniture positioning creates distinct spaces within the room
(+) Bird provides a stimulus for conversation and residential character
(+) Trees provide a connection to nature
(+) Variety of furnishings accommodates diverse abilities

Figure V8. Fleetwood House recreation room (angle 2)

(+) Colour contrast between emergency exit door, walls, and floors increases visibility and safety
(+) D-type cabinet handles increase usability
(-) Cupboards under the kitchen sink limit accessibility of wheelchair users
(+) Adequate space for a wheelchair to turn around

Figure V9. Fleetwood House recreation room (kitchen; angle 3)

Appendix W.

Synthesis of Key Design Principles and Qualities of AL

Regnier & Pynoos's 12 Environment-Behaviour Principles	Regnier's 9 qualities for AL	8 selected Design principles for AL	Included principles and qualities
Privacy	Appear residential in character	*Homelike surroundings and residential character*	Familiarity; Aesthetics/appearance; Appear residential in character; Be perceived as small in size; Maintain connections with the surrounding community
Social interaction	Be perceived as small in size	*Individuality and personalization*	Personalization; Recognize the uniqueness of each resident; Foster independence, interdependence, and individuality
Control/choice/autonomy	Provide residential privacy and completeness	*Control and choice*	Control/choice/autonomy
Orientation/wayfinding	Recognize the uniqueness of each resident	*Social interaction*	Social interaction; Support family involvement
Safety/security	Foster independence, interdependence, and individuality	*Privacy*	Privacy; Provide residential privacy and completeness
Accessibility & functioning	Focus on health maintenance, physical movement, and mental stimulation	*Accessibility and safety*	Safety/security; Adaptability; Serve the frail
Stimulation/challenge	Support family involvement	*Sensory aspects*	Sensory aspects; Focus on health maintenance, physical movement, and mental stimulation
Sensory aspects	Maintain connections with the surrounding community	*Orientation*	Orientation/wayfinding; Accessibility & functioning;
Familiarity	Serve the frail	----	----
Aesthetics/appearance	----	----	----
Personalization	----	----	----
Adaptability	----	----	----