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Experiences of home as an aspect of well-being in people over 80 years: A mixed method study

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Abstract

Aims: To (1) describe experiences of home from a well-being perspective, (2) describe participant characteristics and well-being measures in relation to housing type (3) and how the aforementioned aspects may affect well-being in very old persons.

Design: Cross-sectional, convergent parallel-results mixed method design with semi-structured interviews analysed by qualitative content analysis, in relation to descriptive statistics and specific well-being outcome measures related to home.

Methods: A total of 50 persons 80 years or older living in ordinary housing were interviewed (July 2017 to November 2018) about home in relation to well-being, along with collection of participant characteristics and well-being measures related to home.

Results: Participants described how home had become increasingly important as it provided autonomy and acted as a social and occupational hub. However, autonomy was not unconditional, and home could also be perceived as a place of inactive solitude. Results were interpreted as relating to being in the margins of home and had a major impact on well-being. Housing type seemed of importance with higher measures of well-being for participants in single-living housing compared with those living in apartment.

Conclusion: Home is increasingly central to well-being in old age; however, very old persons also have to relate to being physically and mentally in the margins of being able to remain in the home. These aspects of home potentially have a major impact on well-being.

Impact: As very old persons living in ordinary housing will constitute a larger segment of society in coming years, aspects of home can potentially have a considerable impact on well-being for this age-group. This study describes aspects of home that contribute to, or has adverse impact on well-being. These aspects need thorough consideration in policy-making and planning of health care that can affect experiences of home.

KEYWORDS
80 and over, aged, aging in place, independent living, nursing, ordinary housing, qualitative approaches, well-being

1 | INTRODUCTION

Europe is experiencing an ongoing demographic shift, making persons age 65 and older an increasing segment of society for the coming decades (Eurostat, 2020). This shift is taking place in large parts of the world (United Nations, 2019) and according to Statistics Sweden (SCB, 2021), the proportion of very old (≥80 years) persons in Sweden is estimated to increase from 5% to 8% between the years 2021 and 2040. The term 'ageing in place' has been used for the past several decades to describe an intention to support possibilities for older persons to remain in their own homes rather than relocating to residential care. This intention is preferred by many older persons as well as by policy-makers and healthcare providers for its cost-effectiveness among other reasons (World Health Organization, 2007, 2015). In Sweden's 80+ age group, 87% of men and 80% of women remain in ordinary housing (SCB, 2018). Of these, 36.9% live in a one-family house (SCB, 2020). Compared with the 70–79 years age group, where 52.8% lived in an owned house, this would imply a shift in living arrangements as persons join the 80+ age group.

1.1 | Background

The phenomenon of home is used in various ways and different settings and may deal with the most central aspects of human life (Kelly, 1975). For example home has been described not only as a physical structure but also as the starting point for the development of the self (Sixsmith, 1986). Common aspects of the meaning of home have been identified throughout the life span, such as recognition, control, initiative, freedom, safety, privacy and togetherness (Zingmark et al., 1995). In prior research on persons of older age, the concept of home recurs as synonymous with place and process (Molony, 2010), making it a complex central aspect of life. Home is often at the centre of everyday life for persons of advanced age and gains even greater significance among the very old, whose needs to feel at home and to feel safe become stronger (Abramsson & Andersson, 2016) as most of their time is spent in or near the home (Baltes & Mayer, 2001; Dahlin-Ivanoff et al., 2007; Oswald & Wahl, 2005).

When queried about the prospect of ageing in place, persons of older age describe as central their ability to influence their living arrangements and to have access to amenities and services (Wiles et al., 2012). Further, attachment to place (Gilleard et al., 2007), having an accessible home environment (Green et al., 2005) and privacy (Stones & Gullifer, 2016) are reported to have an impact on well-being within this age group. However, being able to spend time outside the home is also important (Petersen et al., 2015).

One of the few theoretical models of well-being developed specifically from the perspective of older persons was suggested by Lawton in 'the four sectors of good life' model (Lawton, 1983). The model comprises four overlapping and interdependent sectors, of which 'objective environment', including environment and housing aspects, is one. In a previous study (Almevall et al., 2021), objective and subjective psychological aspects of this model were assessed and described in 52 individuals of very old age using the Philadelphia Geriatric Center Morale Scale (PGCMS) (Lawton, 1975). In the study, aspects of home were identified as being of major importance to well-being.

A majority of persons of older age wish to continue living independently for as long as possible (Boldy et al., 2011; Eckert et al., 2004). Reluctance to moving was more frequent with advancing age in a comparison of age groups 55 years of age up to 85+; however, this is contradicted by the actual frequency of relocating, which is higher in the 85 years and older group (Abramsson & Andersson, 2016). This seems to illustrate a paradox: remaining in the home becomes increasingly important with age yet equally difficult to maintain.

As both the frequency of moving and the reluctance to move peak in the very old (80+) age group, aspects of home and housing have a potentially major impact on well-being both on the individual and group level. Therefore, the perspectives of very old persons in regard to home and well-being should be thoroughly integrated in healthcare planning, community-building and policy-making in relation to housing and living arrangements. Knowledge of the well-being aspects of home and those aspects that make remaining in the home problematic are of the essence in order to increase well-being among this rapidly increasing demographic group. As current knowledge about these aspects is limited, there is a need to focus attention on the question of how very old individuals experience home in relation to well-being regarding both benefits and adversities, in combination with implications of how this relates to specific characteristics and housing type.

2 | THE STUDY

2.1 | Aims

To (1) describe experiences of home from a well-being perspective, (2) describe participant characteristics and well-being measures compared with housing type (3) and how the aforementioned aspects may affect well-being in very old persons.

2.2 | Design

This cross-sectional convergent parallel-results mixed method (Creswell & Plano Clark, 2011) study was a sub-study within a larger project. The longitudinal Silver-MONICA study was based on the MONICA research program (Tunstall-Pedoe, 1985). While MONICA was discontinued in most participating countries during the 1990s, data collection has carried on in Norrbotten and Västerbotten Counties in northern Sweden. The Silver-MONICA investigation was conducted in 2016–2019 and included 541 individuals aged 80 or older who participated twice in MONICA. The main purpose of Silver-MONICA is to study how socioeconomics and risk factors for middle-age cardiovascular disease, as well as

the development of stroke and myocardial infarction, are related to active and healthy ageing past the age of 80 years. Age-group–specific outcomes are studied, including cardiovascular disease, social participation, quality of life, falls or fear of falling, physical activity, dementia, depression, living conditions, care consumption and mortality. While Silver-MONICA mainly collects quantitative data, participants living within a geographically defined area were interviewed with open-ended questions about various aspects of well-being, including home. Data from these interviews were used for the current and another mixed method study (Almevall et al., 2021). The current study utilizes mixing of methods with integration and interpretation of results in the discussion section which adds nuance to the findings beyond what would be possible with one method alone.

2.3 | Participants

The current study included a subsample of the Silver-MONICA project. Inclusion criteria for this study were as follows: 80 years of age or older in 2017; participating in the Silver-MONICA project; and living in ordinary housing in a geographic area limited to two neighbouring municipalities in Norrbotten County. A total of 73 persons met the inclusion criteria and were sent a letter with information and an invitation to participate in the study. After a week or two, they were phoned and asked if they would like to participate. Eventually, 51 persons chose to participate, whereupon a home visit was conducted to provide additional information about the study orally and in written form. As one person was unable to answer interview questions, 50 persons (20 men and 30 women) ages 81–96 years living in ordinary housing were interviewed.

2.4 | Data collection

All data were collected at the same home visit by the first author. Qualitative data were collected during an interview session where participants were asked to share their perspectives on the well-being aspect of life satisfaction (Almevall et al., 2021). When participants had described their well-being in a broader sense, specific questions for the current study regarding well-being in relation to home were posed. Interview questions were open-ended and consisted of two areas: what are the most positive aspects of living in your home, and do you find that there are any difficulties involved with living in your home? The questions were followed up with cues designed to elicit additional information and clarification and included 'Tell me more' and 'How does that effect you?' Ranging between 5 and 31 min, all interviews were audio recorded and transcribed verbatim. Care was taken during interview sessions to minimize misunderstandings and other sources of error such as asking for other wordings of unclear statements. No interviews needed to be repeated. Since qualitative and quantitative data are collected simultaneously in the parallel mixed method design, interviews were not returned to participants at a later stage for correction. The number of participants in the current study was determined by having sufficient amount of quantitative data to integrate with the qualitative data, and by statistical power needed in the first study (Almevall et al., 2021). However, as all interviews had been carried out and analysed, data saturation was reached in the sense that the information would be enough to replicate the study, all coded meaning units aligned well with categories and theme, and no new information appeared that would prompt further interviewing (Fusch & Ness, 2015).

Quantitative data were collected in direct connection to the interview session and were as follows. Economic satisfaction was assessed with yes or no answer alternatives. Number of visits per week referred to visits by relatives, friends and such and excluded visits from home care service. Feelings of loneliness were evaluated with four response alternatives: often, sometimes, rarely and never. However, in this study, they were presented as dichotomized into sometimes/often or rarely/never. Impairment in reading vision was assessed as not being able to read 5mm capital letters from a 30cm distance with or without glasses. Hearing impairment was considered as being unable to hear a normal voice volume in conversation. The Katz Index of Independence in Activities of Daily Living (Sonn & Asberg, 1991) was applied to assess personal and instrumental independence in activities of daily living. The first question from the Short Form 36 (Ware Jr & Sherbourne, 1992) regarding general health is presented dichotomized as *excellent* to *good/fair* to *poor*. The second Short Form 36 question about changes in health during the previous year is presented dichotomized as *much better* to *the same/somewhat* to *much worse*. Depression was assessed using the 15-question Geriatric Depression Scale (GDS-15) indicating no depression at 0–4, mild depression at 5–9, and moderate to severe depression at ≥10 (Sheikh & Yesavage, 1986). The 17-question Philadelphia Geriatric Center Morale Scale (PGCMS) (Lawton, 1975) was used to evaluate morale as an aspect of well-being; specifically, the Swedish-translated British-English version was applied (Niklasson et al., 2015). Scores from 0 to 9 indicate low morale, 10–12 moderate and 13–17 high morale. The 30-question Mini Mental State Examination (MMSE) (Folstein, 1975) was used for assessing cognition, with lower scores indicating cognitive dysfunction.

2.5 | Ethical considerations

This study was approved by the Regional Ethical Review Board in Umeå, Sweden (dnr 2015–11–31 M, 2016–241–32 M and 2018/381-31). Participation in the study was preceded by oral and written information before a written consent form was signed. In the case of known or suspected cognitive impairment during the recruitment process, next of kin or a legal guardian was contacted and asked if participation was advisable. In addition, participants were informed that they could withdraw from the study at any time without stating any reason. In the event that findings suggested a need for medical attention or follow-up, the study had an assigned physician available

as needed. In order to ensure confidentiality, all data collected were anonymized prior to analysis.

2.6 | Data analysis

The interview data were analysed using qualitative content analysis (Graneheim & Lundman, 2004). Microsoft Office Excel 2013 was used for structuring coding and categorization. Before extracting meaning units corresponding to the study, the interviews were read in their original form to obtain a sense of the material. Identified meaning units were condensed to their core content and coded. A total of 375 meaning units responding to the specific research question of this study were identified. Codes were grouped in similar content areas that formed the first subcategory stage. By comparing and abstracting categories in several steps, the main categories took form. By further abstracting and interpreting the categories, a theme emerged.

Participant characteristics data are presented with mean and standard deviation for total sample and according to sex in Table 1. Morale level is presented by housing type as number and percent of sample in 3.2.

Qualitative and quantitative data are integrated as interpretation of the results in the discussion section.

2.7 | Rigour

All interviews were conducted in the participants' homes. As experiences of home in relation to well-being comprise the main subject of this paper, carrying out the interviews in this setting may contribute to the richness and relevance of the data. Naturalistic inquiry has been argued to be superior to other research paradigms for contextual relevance and richness (Guba & Lincoln, 1982). However, in order to further illuminate how aspects of home influence well-being, interview data are supplemented with psychometric evaluations of morale within the group. The triangulation of qualitative data has been advocated for offering alternative angles of approach and completeness in naturalistic inquiry (Tobin & Begley, 2004). As all interviews were conducted by the first author, there was a need for active reflection on how this might influence interviews and data analysis as an aspect of dependability. Reflexivity is central to all social science enquiry, and the impact of the researcher's perspective, beliefs or attributes on results and practice should be actively considered (Dean, 2017). The heterogeneous composition of authors in the current study is possibly an advantage for reflexivity. Two authors are male and two female, two MSc and PhD, one MD and PhD and one MSc and PT. The authors were at the time of the study working both clinically and within academia. The first author who is male, MSc and PT has extensive experience in home-care of older persons, and was trained specifically for data collection within the Silver-MONICA study. The relationship between participants and researchers, as well as research aims were established prior to interviews. The active participation of all co-authors in the continuous reflection on the interviews, as well as collaboration in the analysis, was pertinent in order to consider alternative interpretations, reach consensus and, thereby, strengthen trustworthiness (Graneheim et al., 2017).

3 | FINDINGS

3.1 | Participants' characteristics and statistics (Table 1)

3.2 | Housing type and well-being

Of the 50 participants, 29 were living in rented or owned apartments; remaining 21 were living in a single-family house. The well-being aspect *morale* as measured by the PGCMS was high in 17 (58.5%) participants living in apartments. Of the 21 participants living in single-family houses, 19 (90.5%) had high morale.

3.3 | Experiences of home from a well-being perspective

The qualitative analysis resulted in six subcategories, three categories and one theme describing experiences of home in relation to well-being among very old persons; see Table 2.

3.3.1 | Being in the margins of home

Being in the place known as home was described as a central aspect of well-being that was even more central in this stage of life than before. The categories constitute the framework for well-being in relation to home, along with descriptions of specific aspects that place remaining in one's home potentially or eventually in the margins of what is sustainable. A struggle with being in the margins of home was identified and expressed as a balancing act that involved the physical, emotional, practical and social dimensions of home. Having to relate to these margins, therefore, posed a psychological tension with a substantial impact on well-being.

3.3.2 | Home as a place of guaranteed or conditional autonomy

Participants described the paradox of home guaranteeing autonomy, independence and freedom while, at the same time, being dependent on others to sustain these aspects. Those enabling this seemingly conditional autonomy were mainly close relatives. The needed support was accompanied by frustration and feelings of guilt about being or becoming a burden. This caused a conflict between maintained autonomy and empathy for loved ones.

TABLE 1 Participants' characteristics, total sample and sex-disaggregated

Variable	Total sample *n* = 50	Men *n* = 20	Women *n* = 30
Age	85.8 ± 3.6	85.9 ± 4.1	85.7 ± 3.2
Education (>7 years), n (%)	27 (54.0)	11 (55.0)	16 (53.3)
Living in a single-family house, n (%)	21 (42.0)	10 (50.0)	10 (33.3)
Economically satisfied *(Yes)*, n (%)	50 (100)	20 (100)	30 (100)
Social aspects			
Living alone, n (%)	25 (50.0)	1 (5.0)	24 (80.0)
Number of visits/week	3.9 ± 3.6	2.7 ± 3.5	4.7 ± 3.6
Marital status (Widow/er), n (%)	23 (46.0)	1 (5.0)	22 (73.3)
Feeling lonely (*Sometimes/Often)*, n (%)	21 (42.0)	1 (5.0)	20 (66.7)
Functional assessments			
Reading vision impairment, n (%)	2 (4)	0 (0)	2 (6.7)
Hearing impairment, n (%)	5 (10.0)	1 (5.0)	4 (13.3)
Walking aid required indoors, n (%)	11 (22.0)	4 (20.0)	7 (23.3)
Walking aid required outdoors, n (%)	22 (44.0)	8 (40.0)	14 (46.7)
Pain during the past week, n (%)	24 (48.0)	8 (40.0)	16 (53.3)
Katz Activities of Daily Living	1.2 ± 1.8	1.6 ± 1.8	1 ± 1.9
Psychological assessments			
General health *(excellent* to *good)*, n (%)	38 (76.0)	17 (85.0)	21 (70.0)
Health compared with 1year ago *(much better* to *the same)*, n (%)	38 (76.0)	16 (80.0)	22 (73.3)
Geriatric Depression Scale–15	1.9 ± 1.6	1.6 ± 1.2	2.0 ± 1.7
Philadelphia Geriatric Morale Scale	13.4 ± 2.2	14 ± 1.7	12.9 ± 2.4
Morale *(Low/Midrange)*, n (%)	14 (28.0)	3 (15.0)	11 (36.7)
Mini Mental State Examination	25.9 ± 2.9	26 ± 3.0	25.9 ± 2.9
Medications			
Total number of prescribed medications	4.6 ± 3.2	5.4 ± 3.9	4.1 ± 2.6

Note: Values presented as mean ± standard deviation, unless otherwise stated. Number of medications excluding pro re nata prescriptions.

At home I am free and in charge of my everyday life

Participants described home as a guarantee of autonomy where no one else made decisions about them or their environment. Self-determination in the home provided autonomy and a sense of freedom. Having one's own space where it was possible to close the door was described as a fundamental aspect of home. Moreover, home symbolized a guarantee of not being forced to do something or being hindered in doing what one pleased, as well as not having to consider others' opinions or ask their permission. However, family members would occasionally try to constrain behaviour that they perceived as risky for participants considering their advanced ages. These opinions were taken into account but were sometimes disregarded if they were perceived as an infringement on a participant's self-determination.

> No, I don't like it when they try to stop me.... I guess they are concerned about me, but they don't need to be...so I do it anyway.
>
> (Participant #50)

Integrity of autonomy in the home was also reflected in a reluctance to let others help with household chores, not trusting others to meet participants' needs and expectations, or taking pride in being able to take care of the home independently. Being independent in household work such as cooking and cleaning was described as both desired and necessary. Participants living in more rural areas described being able to drive as an important aspect of remaining autonomous and independent. They also expressed gratefulness for the energy to remain independent in these aspects, even though some activities had become more difficult with age.

The freedom that autonomy in the home provided was described as independent of current housing type. Participants living in single-family houses believed that living in an apartment would mean having to consider neighbours in everyday life or not being able to go out into their garden, which would restrict the sense of autonomy and freedom. Participants living in apartments mainly considered what a move to specialized housing would mean for their lives; typically, this was described as strongly negative, mainly because of the presumed loss of autonomy and

TABLE 2 Categorization and thematization of interview material

Theme	Being in the margins of home				
Category	Home as a place of guaranteed or conditional autonomy		Home as a social and occupational hub or a place of inactive solitude		Home as a meaning-making place, increasingly important and presumptively lost
Subcategory	At home, I am free and in charge of my everyday life	I need help to remain in my home, but I don't want to be a burden	My home can be a social place or a place of confinement	My home enables me when it meets my practical requirements	My home becomes increasingly central to everyday life	I am in the process of losing my home and adjusting to a new home

self-determination, and having to consider others or be dependent on others in general.

I need help to remain in my home, but I don't want to be a burden

Participants described how assistance from family, friends or other carers was necessary in certain aspects of life in order to continue to live independently and not be forced to move. Depending on functional ability and living conditions, participants needed help with ordinary household chores, managing finances, preparing food, shopping or maintaining the property. Those living in single-family houses reasoned that more help with maintenance was needed compared with living in an apartment, and usually this was managed by a participant's family. The inability to do things they wanted or needed to do in or around the home or having to wait for help to accomplish such tasks was described as frustrating and adverse to well-being.

Generally, participants expressed a great deal of gratitude for being able to rely on others to take care of practical matters related to their home. Having relatives, mainly adult children, living nearby was described as positive for feeling safe and getting help with aspects of living at home when and if needed. Having help available also made spending time away from the home possible. However, the need for help caused conflicting feelings of wanting to remain at home but, at the same time, not wanting to be a burden to others.

The worry of being a burden mainly concerned family members, and help from family members was preferred to help from non-family carers. Some participants had verbalized these concerns with their family members, who in turn responded that helping out was only natural, yet their worry persisted. Although remaining in the home was described as important to a participant's well-being, several reflected on one day needing to move to specialized housing in order to avoid becoming too great a burden on their loved ones.

> It shouldn't be that I'm laying here and they [family members] have to come and…because they have their own life…. I'm grateful as long as I can keep living in my home. but when they realize it's time, I will have to come to terms with that [moving].
>
> (Participant #7)

As moving to specialized housing was described with aversion, participants struggled with these conflicting feelings. Several expressed the hope that relatives or loved ones would make this difficult decision for them if the day came when they were unable to make it themselves.

3.3.3 | Home as a social and occupational hub or a place of inactive solitude

Participants described home as both potentially enabling and hindering in interdependent social and occupational terms. As such, the

home functioned as a hub for engaging in relationships and meaningful work. Conversely, some described being disengaged and inactive in the home as they needed to care for a partner with a disability, feeling isolated because of difficulties going outside or experiencing other hindering factors, thus making the home a place of inactive solitude.

My home enables me when it meets my practical requirements

Participants described home as enabling in everyday life when it met their practical requirements. This referred to the size and layout of the home for being able to independently clean, get around or have guests. Participants also described considering how their home would function with a walking aid or wheelchair as the use of such mobility aids would enable their ability to remain at home in the event of future disability. Hoping for stability, several expressed being worried about changes in the practical arrangements of their home. In addition, proximity to services such as stores provided accessibility. Home also had economic implications, as affordable living would imply not worrying about struggling to make ends meet. Many participants who had owned their homes long term enjoyed low costs of living. For those living in single-family houses, however, moving to an apartment would be economically problematic as it would result in substantially higher living costs, even if it was recognized as more practical in some cases.

Furthermore, home provided an aesthetically pleasing environment that was often related to interacting with nature. Other aspects of the value of the home's aesthetics were its artwork, furnishings and being kept tidy. Participants described the importance of knowing where everything is and how the appliances work; otherwise, it would be difficult to manage necessary activities in the household. This was often described as an aspect of having lived in the home for a long time. In addition, habits and routines related to living in their particular homes were considered important to participants' well-being. Therefore, the prospect of moving was described as problematic as one might experience undue difficulty becoming oriented to new spaces amongst the items, appliances, furnishings and functions of a new home. Several had already relocated, which had resulted in such problems described as adverse to well-being.

> I have only lived here for a year, I haven't been able to figure out these things in the apartment.... It's been somewhat problematic getting to know things, the stove and... so it took some...it was difficult.
>
> (Participant #27)

Challenges of orienting themselves to a new home were especially problematic for participants with visual impairments or when carers or family members moved things even when this was done with good intentions. When talking about eventually moving to specialized housing in the future, some worried about not being allowed to bring all the furniture and other items that made their home comfortable as well as comforting. They remarked that it would be difficult to choose only some of the possessions that, together, constituted the home.

My home can be a social place or a place of confinement

As the main context for social interaction in daily life, participants described home as potentially both a social hub and a place of confinement in solitude. Home provided a place, a time and a reason for positive contact with others as well as being where friends and family were close, which was described as central to well-being.

> It's simply that I have a home that provides me and my dog and my friends with a space that we share.
>
> (Participant #40)

Time spent living in one place was described as an important aspect of connectedness to place. It also meant having had time to learn about the area and to develop positive relationships and activities, such as socializing with neighbours. Some of the participants had family living close by and commented on this as being positive for their well-being as it made regular visits and support possible and provided a sense of safety and feeling noticed. Family gatherings in the home were of overlapping practical, social and otherwise emotional significance to well-being. Participants summarized this as wishing to have family nearby.

Those who lived with a spouse or partner described this as an important aspect of well-being and much appreciated sharing the home. Caring for a spouse or partner with a disability was described as strenuous, yet the relationship still meant that they were not lonely. However, several of the participants described feeling like a lonely prisoner in the home. Therefore, being able to leave the house was important to well-being, and if they were unable to do so, this was considered as having a negative effect, often in combination with otherwise feeling lonely in the home.

Loneliness was described as a problematic aspect of home. Participants described different reasons for feeling lonely or isolated. Some had become lonely when their partner passed away or was in need of constant supervision, making it impossible for them to get away from the house occasionally. Social networks had often become constricted as friends, family or neighbours moved or passed away, or family members did not have much time to visit the participants. Living in a remote location or no longer being able to drive made some participants feel isolated. The same was true for physical difficulties that made getting out of the house a challenge, such as having to open heavy doors or negotiate steep steps. Perceived loneliness in the home also caused concern with falling.

> The loneliness is difficult... If I fall, I won't be able to get up.
>
> (Participant #6)

Participants with hearing or visual impairments described difficulties going outside the house or following and, thereby, taking

part in conversations, which would limit social contact and activities outside the home. Some were physically unable to go outside at all or even to access the balcony in a wheelchair. Several who were carers for their partners wished for assistance just so that they would be able to go outside the home for a while. However, some also described simply having to come to terms with no longer being mobile and accepting that being lonely and isolated is a normal aspect of ageing. Others described actively seeking social interaction outside the house in order not to feel lonely. Even if getting outside was sometimes an effort, it was acknowledged as worthwhile as it provided respite from boredom, isolation and difficult thoughts resulting from being in the house alone for extended periods.

3.3.4 | Home as a meaning-making place, increasingly important and presumptively lost

With advanced age, home had become increasingly central in representing safety, health and daily meaningful life as well as a sense of being rooted in place. This meant that not having to move had become correspondingly important. However, becoming aware that a decline in health or independence was inevitable within a more or less distant future, participants had mentally started preparing or were already coping with the consequences that moving had on well-being. In this way, rather than having simply practical significance, moving symbolized a decline or a loss that could potentially affect all aspects of their well-being.

My home becomes increasingly central to everyday life

Participants described that, with age, home has become a more central part of life for good as well as for bad. Simply being at home felt increasingly important to their well-being. The safety and security home represented was increasingly preferred to travelling or engaging in other activities outside the home. Even though some participants found the increasing time spent at home potentially adverse to their well-being, staying home more of the time was also considered a natural and normal consequence of aging.

Home meant being surrounded by objects and persons that brought back memories in an environment where participants felt rooted. The home and objects in it also represented what had been accomplished during one's life, and this gave participants a sense of pride.

> It means a lot…all the things around me…that I created from nothing…means that I was successful.
>
> (Participant #1)

Keeping busy at home and having meaningful activities to do there at all times were described as important to the participants' well-being. Often, the home itself provided these meaningful activities in the form of housework or gardening. Some considered being occupied by activities required by the home essential to well-being. Those living in single-family houses described how this resulted, in a positive sense, in plenty of work compared with living in an apartment. However, meaningful activities in the home also applied to those living in apartments and those with disabilities. Examples of such activities varied in the physical demands they required; for example they could include helping neighbours, listening to music or reading.

Home was described as a safety zone in life and provided a place of their own to retire to that no one could enter without their permission. Having their own door to lock behind them made participants feel protected and able to sleep well at night. Home represented calmness and a respite from conflict or threats. Furthermore, owning the home, as opposed to renting, was described as a positive aspect as it made them feel confident that they would be able to remain there even if something unexpected occurred, such as a partner passing away. Routines in the home were described as providing a sense of safety; however, these could also, at times, be perceived as somewhat boring. Some attributed a home's influence on well-being to a specific form of housing; those living in a single-family house often described how living in an apartment could never compare with living in a house.

I am in the process of losing my home and adjusting to a new home

Participants also described being psychologically somewhere in the process of potentially losing their home in the future and having to adjust to a new home. They described anticipating that, when health deteriorates in the future, remaining in the home would be difficult, and at that point, they expected to be forced to move. Some described that, as long as they lived in the home, it meant that they had their health; thus, living at home was synonymous with being healthy. Participants defined having health in relation to home as being mobile, independent and lucid. Furthermore, some compared themselves to neighbours the same age who had been forced to move as their health had deteriorated.

Several participants described family members and others expressing unwanted opinions about where they should live. Primarily, this referred to moving from a single-family house to an apartment, assisted living or other specialized residential options. Sometimes, these opinions were recognized as well-intentioned and based on concern for the older person's safety and well-being; in other cases, this was identified as an infringement on self-determination. Generally, frustration was expressed with others who were considered to be meddling in the participants' affairs. Many participants described ignoring such opinions and intending to remain in the house for as long as possible and making this decision on their own when deemed necessary.

Some participants living in single-family houses described how this had become more difficult over time in regard to keeping up with home maintenance, gardening, costs and the day-to-day demands of living in a single-family house. Several had also become widowed. Feeling unable to meet these demands and being reminded daily of things needing repair or worrying that things such as appliances would break down was described as frustrating.

> As a single woman, it's a bit difficult because you need…you see that needs fixing and that needs repairing…
>
> (Participant #31)

Some of the participants received help from relatives or enlisted help from others, while other participants did not know who to ask for help, making them feel helpless. Several reflected that being unable to keep up with the demands of the house would eventually force them to move to more maintenance-free housing such as an apartment.

Those who had made the move from a house to an apartment did, indeed, describe this as a result of no longer feeling able to keep up with the demands or for other practical reasons, such as having difficulty with stairs. However, the initiative to move had often come from family members, especially children who were worried that a parent would be alone in the house and unable to keep up with its demands. In some cases, the children wished to take over the house for themselves and their family. Participants described the time following such a move as a struggle since adjusting to a new home was difficult for several reasons. Some had a difficult time adjusting to the smaller space; others missed working in the garden or other work related to their home or described missing the natural surroundings of their former home. Some participants described the move as difficult at first, and then gradually becoming rooted, practically and emotionally, and thus making the new place a home, even if this sometimes took years.

> Initially, it was awful…. I moved from my house where I had so much to do…and when I moved here I had a lot of energy that I felt I had no outlet for here…. But that was five years ago and life changes…. Now I don't have as much energy and I'm more content living here.
>
> (Participant #12)

Other participants, however, described never getting used to the new home, which severely affected their sense of well-being. In some cases, they recognized that it wouldn't have been possible to remain in their old home, yet sometimes they regretted having moved. In some cases where children took over the old home, this offered at least some comfort as the house had been passed on in the family, making visits possible. Several participants told their family members that they were happy in their new home, even if this was not true, in order to avoid making family members feel guilty.

4 | DISCUSSION

The purpose of this study was to describe experiences of home as an aspect of well-being in very old persons and to identify aspects that make remaining in the home difficult or adverse to well-being, as well as describe participant characteristics and well-being measures in relation to home and housing type. The findings confirm that, with advancing age, home is described as increasingly central to different aspects of everyday life and well-being. However, in contrast, consequences of advancing age also made living at home increasingly difficult and potentially adverse to well-being. The descriptions were interpreted as participants relating to being in the margins of home. As psychological or physical difficulties became increasingly significant, participants found themselves closer to the margins and considering the meaning of or the eventual need to move from their home. The present study describes home in relation to well-being in very old persons and how the balancing act of being in the margins of home is perceived.

In Lawton's (1983) model of 'the good life', well-being is described as a sector in the good life most likely reflected in one or several of the other sectors. It is further suggested that the objective environment affects interaction with friends, engagement in activities and psychological well-being and time use both directly and indirectly through environmental satisfaction. However, Lawton also described a need for continuing investigation of how the different sectors interact or influence each other in concert. In the present study, rather than focussing strictly on objectively measurable aspects of environment, the focus is on very old persons' own descriptions of the importance of home as an aspect of objective environment in relation to well-being. This provides a description of how home as part of the objective environment affects or is affected by the various sectors in the model and how this, on the whole, affects well-being.

The environmental effects of well-being and adaptation to environment in persons of old age have previously been operationalized as the environmental press theory (Lawton, 1983; Lawton et al., 1978). In the model, competencies including functional and physical health, a sense of efficacy or mastery, affective and cognitive functioning and quality of life are shown in relation to environmental press including social, home and neighbourhood environments. The optimal level of environmental press is in parity with individual competencies; however, when the environmental press is too little or too much, there is a negative impact on well-being. In the present study, it seemed that competencies were extensively described in the category 'Home as a place of guaranteed or conditional autonomy' in relation to the ability to maintain self-determination, independence, autonomy and the sense of freedom that home provides. Moving at a very old age, therefore, also seemed to have the inherent meaning of no longer being free to make decisions about one's body, environment, social circumstances or routines. As long as one was at home, autonomy was guaranteed to some extent. This was described somewhat differently by those living in single-family houses and those living in apartments; however, both groups seemed to have the same main meaning of risking a loss of their autonomy and self-determination. Home as extremely valuable to autonomy in very old persons has been described in previous research (Haak et al., 2007); this may be influenced by independence in ADL, which has been previously described as central to well-being in very old age (Almevall et al., 2021). In the current study, well-being as measured by the PGCMS was generally high. Based on descriptions in this

study, it may thus be fair to assume that, to some extent this is due to the relatively high ADL scores within the sample. Likewise, the absence of severe cognitive disability within this specific sample as measured by MMSE may have positively affected the participants' possibilities of remaining autonomous. However, this would need to be further explored in a similar sample yet with greater variation in ADL and MMSE scores.

Furthermore, in relation to the environmental press model, as competencies in the present study did not sufficiently meet the press aspects, this had to be compensated in some way, or it would have potentially led to a negative effect on well-being or, ultimately, in moving. In this study, participants described relatives or other carers as essential to this compensation. This, in turn, resulted in participants worrying about being or becoming a burden, which had a negative impact on well-being, thereby highlighting the complexity and interdependence of different aspects of well-being, manifested in this case by the tension between autonomy and compassion. A social aspect of well-being in relation to home was further described in the category 'Home as facilitator or hindrance in daily life' where home was described as a social hub that facilitated socialization as well as constituting the basis for venturing out into society. Conversely, for some, home was described as a place of loneliness and isolation. In relation to this, it is important to point to differences within the sample, where 80% of women but only 5% of men were living alone. Furthermore, 66.7% of women and 5% of men reported feeling lonely. In society, the very old age group is not only unevenly distributed between the sexes due to differences in longevity but also previous research has identified differences in predictors of loneliness between the sexes. In women, widowhood, mobility problems and depression predicted loneliness, whereas for men, a reduction in the number of social contacts or having few contacts stood out as more significant predictors (Dahlberg et al., 2015). This would imply the importance of distinguishing subgroups in the very old age group as there are major differences in conditions and impacts of different variables of loneliness in the home.

Previous research (Granbom et al., 2014) has described perceived functional difficulties and dependence in house cleaning as predictors of a future move from a single-family house to other ordinary housing, along with accessibility problems, cognitive deficits and dependence in cooking as predictors for moving to specialized housing. The results of the present study showed a significant difference in the well-being aspect of morale as measured by the PGCMS (Lawton, 1975) within the objective environment aspect of housing type. Fewer participants living in an apartment (58.5%) had high morale compared with those living in single-family houses (90.5%). Such differences may be influenced by socioeconomic factors; however, for many participants, living in an apartment was described as a consequence of no longer being able to remain in their house, which had resulted in a move. This was described as adverse to well-being. The category 'Home as a meaning-making place, increasingly important and presumptively lost' may offer some explanation of why such pronounced differences in morale between living in one's own house and living in an apartment are present. Perceptions and assessments of well-being in this study show how large an impact relocating has on the well-being of very old persons and why this needs to be a carefully considered decision where the older individual's perspectives are taken into account and all other alternatives are investigated.

Ageing in place as a political vision might be misdirected if it fails to take into consideration the complexity and nuances of home and what these mean for well-being in very old persons. Rather than focusing on preventing this group from moving into specialized housing or offering alternative living adapted with only the built environment in focus, society must offer this group living conditions and support that maintain their sense of well-being. This requires efforts to promote self-determination, autonomy and independence by adapting the environment and supporting very old persons in other aspects so that they do not find themselves in the margins of their home. Strategies for preventing very old persons from feeling like a burden to relatives or other carers have implications for both clinical and societal practice and planning. This also applies to situations where remaining in the home is not possible or is potentially adverse to well-being, making relocation inevitable.

4.1 | Limitations

Being a cross section of a longitudinal study may introduce risk for survivorship bias as the sample may differ from a randomly selected sample. This might mean that the current sample is healthier or comprises persons with personality traits that differ from those of the general population. For this specific cross-sectional study, there are no longitudinal data on relocation within the sample; therefore, we are unable to draw definite conclusions on how this affects well-being beyond the participants' own descriptions and recollections. The number of participants in this study was determined in relation to another study (Almevall et al., 2021) and the potential to draw relevant conclusions from quantitative measures. Therefore, study size was not primarily defined by aspects of data saturation. Furthermore, the connection with said study in which the same authors conducted qualitative analysis on material originating from the same participants could affect interpretations.

5 | CONCLUSION

In this study, participants described the balancing act of physically and mentally or emotionally being in the margins of home. With advancing age, home had become an increasingly important aspect of life and well-being. Participants described how home represented health, autonomy, self-determination and safety and acted as a hub for meaningful activity and socialization. Conversely, the prospect of moving from the home symbolized a decline in health and a surrender of self-determination. Descriptions of consequences of ageing in relation to potentially not being capable of remaining in

the home or having difficulties managing the demands of a home, therefore, had a major impact on well-being. Diminishing capabilities were often compensated for by family members or other carers, making remaining in the home possible. While gratitude for this help was expressed, the situation also created conflicting feelings of guilt. As very old persons will comprise a larger segment of the society in upcoming years and a majority will remain in their own homes, society and health care must be aware of and responsive to the significance of home to the well-being of this age group. Furthermore, the integration of qualitative and quantitative data in this study adds to the discussion of how different aspects known to be important to well-being may relate specifically to well-being in relation to home in very old persons. As home will continue to be an important arena for nursing care in the decades to come, the context of home also provides possibilities for health-promoting ways of planning and delivering care. Moreover, as very old persons living in their own homes will constitute a larger segment of society, preventing them from having to relate to being in the margins of home and utilizing positive and promotive aspects that home can have on well-being will have significance for society in the coming decades.

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CONFLICT OF INTEREST

No conflict of interest was reported by the authors.

PEER REVIEW

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DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions.

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