

Exploring experiences of active ageing among older residents in a retirement village

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DEDICATION

This dissertation is dedicated to my family mentioned above. Words cannot express my gratitude for your love, patience, and support throughout my life. I truly appreciate all the sacrifices you have made for me. Thank you.

“You don’t choose your family, they are God’s gift to you, as you are to them” – Desmond Tutu

SUMMARY

The population of older persons has increased dramatically over the years in South Africa as well as internationally. As populations continue to age, the concept of active ageing has received increasing attention from researchers. Active ageing can be defined as the process of optimising older persons' opportunities for health promotion, participation, and security in order to enhance their quality of life. In this definition, "health" refers to physical, mental, and social well-being. "Participation" refers to the optimisation of participation in activities such as employment, education, the arts, and religion, and "security" refers to ways in which the protection, dignity, and care of older persons can be maintained and improved.

The distribution of older persons in South Africa by ethnic group is disproportionate with older white persons representing 21% of the total older population. Many of these white older persons reside in retirement villages resulting in their being populated by older white persons more so than by members of other ethnic groups. Retirement village policies and programmes generally incorporate an active ageing philosophy. However, most research on active ageing in retirement villages is conducted internationally, and, furthermore, it does not include the subjective experiences of older persons in these active environments. The aim of this research was therefore to explore the experiences of older residents in a retirement village with an active ageing approach.

Barker's behaviour setting theory and the continuity theory were applied in this study. The behaviour setting theory holds that the environment (retirement village) in which people function is important when explaining human behaviour and exploring the subjective experiences of older persons. The continuity theory rests on the premise that ageing is not a static process but rather an ongoing process and that continuity is a primary strategy used by people to deal with changes associated with ageing. According to this theory, people

endeavour to continue with the psychological and social patterns they developed and adopted during their lifetimes.

The study was conducted at a retirement village in Boksburg, Johannesburg (Gauteng, South Africa), that follows an active ageing approach, making it an ideal context for exploring the subjective experiences of older persons in an active ageing environment. The retirement village has a dedicated life style consultant who has developed specific programmes for every day of the week with time slots allocated for different activities in which older persons can participate. The programmes exclude frail people in the facility who cannot participate owing to their physical limitations. The director of the organisation that is responsible for many retirement villages, and this one in particular, contacted the researchers and asked them to explore the residents' quality of life experiences so that the services provided to them could be adjusted if necessary.

Ethical approval for the research was obtained from the Health Research Ethics Committee of the North-West University. The manager of the retirement village was also asked to distribute posters indicating the nature of the research. On the day of the data gathering, the participants were told about the research and that they would be required, if they wished to participate, to engage in individual interviews with the researchers and take part in the Mmogo-method®, a projective visual research method (Roos, 2008, 2012). The residents who agreed to participate gave their informed consent and confirmed that their participation was voluntary and they had been made aware that they could withdraw from the study at any time. Twenty participants were recruited for the study of whom 16 were women and four were men. The ages ranged between 65 and 80 years with an average age of 73. Two of the participants were English speaking, and the remainder were Afrikaans speaking. They were given the Mmogo-method® materials, which consisted of clay, straws, and colourful beads, and were invited to make visual representations of their lives and activities at

the retirement village. The research request was, “Build something that describes your life here at the retirement village”. When all the participants had completed their visual representations, the representations were photographed and served as visual data. The researcher then asked each participant what he or she each had made and why he or she had made it. An informal group discussion was subsequently held with the 18 participants who had taken part in the Mmogo-method®. Individual in-depth interviews with two participants were conducted after the Mmogo-method® had been carried out. All the discussions were audiotaped and served as textual data. The visual data were analysed by getting the literal meanings of the visual representations from the participants in relation to the specific research request. The textual data were analysed thematically, which involved identifying, analysing, and reporting patterns or themes in the data. Different techniques, including crystallisation and member checking, were applied to ensure the trustworthiness of the research process and findings.

The findings revealed that the participants were actively involved in a variety of activities on a daily basis. The activities included physical activities organised by the life style consultant or self-initiated activities such as playing tennis, doing line-dancing, going for brisk walks, working out in the gymnasium, and engaging in recreational activities such as fishing, reading, and scrapbooking. The objectives of these activities were to maintain joint flexibility, general health, and mental fitness. Some of the older residents had formalised roles in the retirement village, which they had previous experience of. The participants also took part in different social activities such as paying social visits and making friends. The spiritual activities of the participants were solitary as well as communal. The participants thus experienced the retirement village as a very busy environment with full schedules. In such an environment, people often engage in activities to distract themselves from dealing with difficult circumstances in their lives. Barker’s settings theory holds that

older residents' physical presence in an active environment influences their levels of activity and their subjective experiences. For some residents, an active environment fits into the continuation of the active life styles they developed during the course of their lives, but for others it may have implications for their psychological well-being if they do not have self-regulatory skills to navigate themselves and act merely on feeling obligated to do something. Using an active environment to deal with difficult circumstances can be either a constructive or a destructive coping strategy for older persons. The individual needs of residents should always be taken into account, and retirement villages with an active ageing approach should be aware that one size does not fit all. This study aimed to draw the attention of retirement village managers to the need to take cognisance of the experiences of older persons when implementing ageing policies in their facilities. It also shed new light on the experiences of active ageing among older residents.

Keywords: active ageing, ageing, experiences, leisure activities, older persons, retirement village, social interaction, social participation

OPSOMMING

Die bevolking van ouer persone het oor die jare, internasionaal en ook in Suid-Afrika, dramaties toegeneem. Soos wat bevolkings begin, en ook aanhou, verouder, het nuwe denke en navorsing oor aktiewe veroudering ontstaan. Aktiewe veroudering kan gedefinieer word as die proses waartydens beskikbare geleenthede ten opsigte van gesondheidsbevordering, deelname en sekuriteit optimaal benut word ten einde mense se lewenskwaliteit te verbeter soos wat hulle verouder. In hierdie definisie dui “gesondheid” op fisiese, geestelike en sosiale welstand. “Deelname” verwys na die optimalisering van aktiwiteite wat verband hou met werk, onderrig, kuns en spiritualiteit; en “sekuriteit” verwys na maniere waardeur die beskerming, waardigheid en sorg van ouer persone gehandhaaf en verbeter kan word.

In Suid-Afrika is daar ’n disproporsionele verspreiding van ouer persone per etniese groep, met wit ouer persone wat 21% van die totale ouer bevolking verteenwoordig. ’n Groot deel van hierdie wit ouer persone, woon in aftree-oorde, met die gevolg dat baie aftree-oorde deur meer wit persone as enige ander etniese groep, bewoon word. Baie aftree-oorde, beleide en programme volg die benadering van ’n aktiewe verouderingsfilosofie. Navorsing oor aktiewe veroudering in residensiële oorde, is tot dusver hoofsaaklik internasionaal gedoen. Sodanige navorsing het ook tot nog toe nie die subjektiewe ervarings van ouer inwoners in hierdie aktiewe omgewings, in ag geneem nie. Die doel van hierdie navorsing was daarom om ondersoek in te stel na die ervarings van ouer inwoners in ’n aftree-oord waar ’n aktiewe benaderring tot veroudering ingeneem word.

Uit ’n teoretiese perspektief, word die gedrag in konteks teorie soos voorgestel deur Barker, en die kontinuïteitsteorie, in hierdie studie toegepas. Die gedrag in konteks teorie beklemtoon dat die omgewing (aftree-oord) waarin mense funksioneer, erken moet word wanneer menslike gedrag verduidelik en die subjektiewe ervaring van ouer persone ondersoek word. Die kontinuïteitsteorie berus op die veronderstelling dat veroudering nie 'n

statiese nie, maar wel 'n voortdurende proses is, en dat kontinuïteit 'n primêre strategie is wat deur mense gebruik word om die verandering wat met veroudering gepaard gaan, te hanteer. Volgens hierdie teorie sal mense probeer om die psigologiese en sosiale patrone wat hulle gedurende hulle lewe ontwikkel en aangeneem het, voort te sit.

Die studie is onderneem in 'n aftree-oord in Boksburg, Johannesburg (Gauteng, Suid-Afrika). In hierdie bepaalde opset is 'n benadering tot aktiewe veroudering aangeneem, wat daarvan 'n ideale konteks maak waarbinne die subjektiewe ervarings van inwoners in 'n omgewing vir aktiewe veroudering, ondersoek kan word. Die aftree-oord het 'n leefstylkonsultant wat spesifieke programme ontwikkel vir elke dag van die week, met tydgleuwe vir verskillende aktiwiteite, en ook ouer persone aanmoedig om daaraan deel te neem. Deelname aan die programme sluit nie verswakte persone in die oord in nie, aangesien hulle as gevolg van hulle fisiese beperkings, nie tot deelname in staat is nie. Die besturende direkteur van die organisasie, wat oorkoepelend aftree-oorde verantwoordelik is, en spesifiek ook vir hierdie een, het die navorsers gekontak en versoek dat ondersoek ingestel word na die inwoners se ervarings van lewenskwaliteit, sodat die organisasie hulle dienste kan aanpas.

Etiese goedkeuring vir die navorsing is verkry van die Etiekkomitee vir Gesondheidsnavorsing aan die Noordwes-Universiteit. Die bestuurder van die aftree-oord is ook versoek om plakkate waarop die aard van die navorsing aangedui word, te versprei. Op die dag van die data-insameling, is deelnemers noukeurig ingelig omtrent die aard van die navorsing, en hulle is ook ingelig dat indien hulle aan die navorsing wou deelneem, dit van hulle verwag sou word om deel te neem aan individuele onderhoude met die navorsers, sowel as aan die Mmogo-metode®, 'n projekteerende visuele navorsingsmetode (Roos, 2008, 2012). Die inwoners wat ingewillig het om deel te neem, het ingeligte toestemming gegee dat hul deelname vrywillig is, en dat hulle ingelig is dat hulle te enige tyd van die studie mag onttrek.

20 deelnemers is vir die studie gewerf. Sestien van hulle was vrouens en 4 was mans. Hulle ouderdomme het gewissel tussen 65 en 80 jaar, met 'n gemiddelde ouderdom van 73. Twee van die deelnemers was Engelssprekend en die res was Afrikaans sprekend.

Deelnemers is voorsien van die materiaal vir die Mmogo-metode®, wat bestaan het uit klei, stokkies en helderkleurige krale, en genooi om visuele voorstellings te maak van hulle lewe en aktiwiteite in die aftree-oord. Die versoek aan die deelnemers, was: “Bou iets wat jou lewe hier in die aftree-oord beskryf.” Nadat al die deelnemers hulle visuele voorstellings voltooi het, is foto's daarvan geneem om te gebruik as visuele data. Die navorser het toe gevra wat elkeen gemaak het en ook waarom hulle dit gemaak het. 'n Informele groepsbespreking is gehou met die 18 lede wat aan die Mmogo-metode® deelgeneem het. Ná die sessie met die Mmogo-metode® is daar ook twee individuele indiepte-onderhoude gevoer. Klankopnames is van al die besprekings gemaak, wat getranskribeer is en dit het as tekstuele data gedien. Visuele data is geanaliseer deur die letterlike betekenis van die visuele data wat met die spesifieke opdrag verband hou, van die deelnemers te verkry. Die tekstuele data is met behulp van tematiese analise geanaliseer – wat die identifisering en analise van data behels het, asook verslaglewering oor patrone of temas in die data. Verskillende tegnieke is toegepas om die vertrouenswaardigheid van die navorsingsproses en die bevindinge te verseker– insluitend kristallisering en die kontrolering van data deur deelnemers.

Die bevindinge het uitgewys dat die ouer inwoners op 'n daaglikse basis aktief betrokke is by 'n verskeidenheid aktiwiteite. Die doelwitte waarvoor aan die aktiwiteite deelgeneem is, was om soepelheid, gesondheid en kognitiewe fiksheid te behou. Die ouer inwoners is ook formeel betrokke by die aftree-oord in rolle waarin hulle vroeër ervaring opgedoen het. Verder was die inwoners ook betrokke by verskillende sosiale aktiwiteite. Gedurende hierdie sosiale aktiwiteite het hulle nie net sosiale besoeke ontvang nie, maar ook

sosiale kontak geïnisieer. Die geestelike aktiwiteite van die ouer inwoners het beide geestelike aktiwiteite as enkelinge, en kommunaal gedrewe aktiwiteite ingesluit. Die ouer inwoners is ook betrokke by ontspanningsaktiwiteite soos visvang, lees en die maak van plakboeke (“scrapbooking”). Uit die subjektiewe ervarings van die ouer inwoners betreffende hulle betrokkenheid by aktiwiteite, het geblyk dat hulle die aftree-oord as ’n baie besige omgewing met ’n baie vol program, beleef. In hierdie aktiewe omgewing voel mense verplig om deel te neem, alhoewel aktiewe deelname aan aktiwiteite gebruik word as afleiding – weg van die hantering van moeilike omstandighede in hulle lewens. Barker se gedrag in konteksteorie het bygedra tot die begrip dat ouer inwoners se fisiese teenwoordigheid in ’n aktiewe omgewing, sowel as die vlakke van hulle aktiwiteit, hulle subjektiewe belewenisse rig. Vir sommige inwoners pas hierdie aktiewe omgewing in by die voortsetting van die aktiewe leefstyle wat hulle gedurende die loop van hulle lewens ontwikkel het, maar vir ander mag dit implikasies vir hul psigologiese welstand inhou as hulle nie selfregulerende vaardighede het wat hulle optrede kan rig nie, sodat hulle dus nie iets daaraan doen wanneer hulle verplig voel om aan aktiwiteite deel te neem nie.

Vir ouer persone wat die aktiewe omgewing gebruik om moeilike omstandighede te hanteer, kan dit óf ’n konstruktiewe óf ’n destruktiewe hanteringstrategie wees. Daar behoort egter ruimte te wees vir die individuele behoeftes van die ouer inwoners, en aftree-oorde wat ’n aktiewe benadering tot veroudering aanneem, behoort bewus daarvan te wees dat ’n pasklaar benadering van een patroon vir almal, nie werk nie. In die lig van die voorafgaande bevindinge kan hierdie studie hopelik die aandag daarop vestig dat beleide vir aktiewe veroudering in aftree-oorde kennis moet neem van hierdie ervarings van ouer persone en versigtig hiervoor moet wees wanneer hulle sodanige beleide by hulle fasiliteite implementeer. Die studie werp ook lig op hoe ouer inwoners aktiewe veroudering ervaar.

Sleutelwoorde: aktiewe veroudering, veroudering, ervarings, ontspanningsaktiwiteite, ouer persone, afree-oord, sosiale interaksie, sosiale deelname.

PERMISSION TO SUBMIT

The candidate opted to write an article with the support of her supervisor. I hereby grant permission for her to submit this article for examination purposes in partial fulfilment of the requirements for the degree Magister Artium in Clinical Psychology.

Prof. Vera Roos

DECLARATION BY THE RESEARCHER

I hereby declare that this research, **Exploring experiences of active ageing among older residents in a retirement village**, is entirely my own work and that all sources have been fully referenced and acknowledged.

Furthermore, I declare that this manuscript has been edited by a qualified language editor, as required by the university.

Ismat Tarr

DECLARATION BY THE LANGUAGE EDITOR

The dissertation *Exploring experiences of active ageing among older residents in a retirement village* was edited by me in September 2014. I, of course, cannot accept responsibility for the presentation or soundness of the content or for any language errors in changes or in new text that is not submitted to me.

A handwritten signature in black ink that reads "Tim Steward". The letters are cursive and somewhat slanted to the right.

Tim Steward

Accredited translator and editor

(South African Translators' Institute – No: 1000723)

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RATIONALE/BACKGROUND AND LITERATURE REVIEW

The research should be seen in the context of the phenomenon of active ageing populations, nationally and internationally, with the emphasis on healthy ageing, creating enabling environments, and encouraging people to remain active. Yet, little attention has been paid to how older persons experience ageing in an active environment, which was the focus of this study. In this literature review, the following topics will be discussed: ageing as a social construct, the rationale for the research, theoretical understandings (disengagement theory, continuity theory, behaviour settings theory), active ageing, limitations of active ageing, older persons' perceptions of active ageing, active ageing retirement villages, and retirement villages in South Africa.

Rationale for the Research

There are more older persons (aged 60 years and older) today than ever before (Bradshaw & Joubert, 2006). Worldwide, the proportion of people aged 60 and over is growing faster than that of any other age group (WHO, 2002). It is estimated that between 1970 and 2025, the number of older persons will grow to some 694 million or by 223 percent. According to the World Health Organisation (2002), in 2025 there will be more than 1.2 billion people over the age of 60, and by 2050 there will be two billion such people with 80 percent of them living in developing countries (WHO, 2002).

Population growth is not limited to developed countries, but also occurs in developing countries such as South Africa. The 2011 census survey indicated that an estimated 8.02% of the total population in South Africa, about 4,1 million people, was above the age of 60 (Statistics South Africa, 2011). The increase in the number of older persons, nationally and globally, has highlighted the need to take cognisance of the implications of ageing populations for society as a whole (Bradshaw & Joubert, 2006). The continued growth in

older populations has shifted the focus of research away from the disease model previously associated with ageing. The focus now is on ways to maintain and improve the functional abilities of ageing persons and to raise the quality of their lives. With this shift in focus, the philosophy of active ageing has come to the fore (WHO, 1998; WHO, 2002). While current research still supports the popular belief that being active leads to increased well-being, more researchers are focusing on the different ways in which older persons can remain active and functional.

In South Africa, particularly with the legacy of apartheid, ageing populations and their living arrangements are unique. The distribution of ethnic groups in the country is disproportionate. According to Statistics South Africa (2011), older white South Africans account for a large 21% of the entire white population, and it is estimated that within the next decade this figure will increase to 30%. Owing to factors such as migration, many of the retirement villages in urban South Africa are occupied by white people. Unlike in rural communities where the environment does not facilitate active ageing, older white persons in urban retirement villages have access to facilities and the opportunities for active ageing (Dhurup, Surujlal, & Sooful, 2009). This study therefore sought to investigate the experience of active ageing among older persons in an active environment.

Ageing as Social Construct

Ageing is an integral and natural part of life (World Health Organisation, 1998). The way in which we age and experience this process, our health, and our functional ability depend not only on our genetic makeup, but also (and more importantly) on what we have done during our lives and on how and where we have lived our lives (WHO, 1998). Ageing takes place across an individual's life span and is governed not only by age and genes but by the interactions between socio-environmental conditions and personal and behavioural events (Fernández-Ballesteros, Robine, Walker, & Kalache, 2013; Nolan & Scott, 2009). Ageing is

not only a population phenomenon but also an individual reality and experience (Fernández-Ballesteros et al., 2013). On an individual level, individuals are the agents of their own ageing process, and the capacity for ageing well to a certain degree emanates from the decisions taken by individuals themselves as well from their behavioural repertoires learnt across their life spans (Fernández-Ballesteros et al., 2013). In contemporary society, the cultural belief is that with increasing age, the experience of age and ageing becomes less positive and more negative (Nolan & Scott, 2009). How older persons perceive themselves in their own process of ageing depends largely on the society in which they live (Nolan & Scott, 2009).

Theoretical Perspectives

Theories on active ageing include disengagement and continuity theories. The active ageing of residents in retirement villages can be explained in terms of Barker's setting theory.

Disengagement Theory

Much of the research conducted on older peoples well-being has been influenced largely by the engagement and disengagement theories. The disengagement theory (originally developed by Elaine Cumming and William Henry in 1961) proposes that the older one gets, the more one tends to withdraw from society and focus on personal growth (Dhurup et al., 2009). The disengagement theory holds that disengagement is universal and inevitable. This notion was soon questioned by researchers who reported substantial numbers of engaged older persons (Boudiny, 2013). Disengagement theory was further criticised for largely ignoring older adults' own perceptions. Perceptions of older persons whose behaviour is considered indicative of disengagement could change if the meaning ageing persons attach to what they do is taken into account (Boudiny, 2013). The disengagement theory fails to consider differences in individual experiences, particularly in different contexts such as retirement villages (Dhurup et al., 2009). According to the engagement theory,

continuity and change in activity patterns play an important role in the adjustment process during retirement and old age which may eventually lead to life satisfaction . The theory predicts that older adults who use familiar strategies to adapt to changes can preserve inner and outward states and ultimately their well-being. The engagement argument evolved into the activity theory which stated that being involved and maintaining the activities and attitudes of middle age as long as possible were essential to well-being. When the activity is lost through retirement or other transitions, the individual must find a replacement. Both of these theories have failed to take into account individual or cultural differences in values, meanings of later life and loss and in definitions of what it is to age well (Dhurup et al., 2009)

Continuity Theories

Bearing in mind that age is not a static process, but rather an ongoing process, continuity theories state that continuity should be a primary strategy for dealing with changes associated with ageing (Dhurup et al., 2009). Older persons seek continuity between past and current activities when planning their futures (Ricon, Weissman, & Demeter, 2013). The assumption underpinning the continuity argument is that older persons desire stability with respect to behaviour and activity patterns throughout their lives. Older persons achieve continuity by maintaining existing or previous activity patterns into old age (Ricon et al., 2013). This implies that a person who was active in his or her younger years will seek opportunities to stay active in the future.

Barker's Behaviour Setting Theory

Barker's behaviour setting theory holds that older persons' experience of active ageing takes place in a particular environment, for example a retirement village (Barker, 1968). Due to the interdependence between people and the environment, the environment where people interact with each other and the environment is crucial (Popov & Chompalov, 2012). The behaviour setting theory states that various environmental determinants inform

the subjective experiences of older persons (Popov & Chompalov, 2012). Retirement villages have a specific geographical location in in this research, also an active ageing programme that take place on specific days thus referring to the temporal locus, serial occurrence, and duration dimensions of the behaviour settings theory, according to Barker (1968). In terms of the theory of Barker, occupancy refers to how the population (older persons) occupies the setting (retirement village). In the present study, the older persons resided there permanently and were involved in different action patterns that could be observed in the different organised activities such as educational, physical, social, spiritual, and leisure activities. Barker (1968) maintains that the behaviour patterns of residents vary in terms of their involvement in affective, gross motor, verbal, or thinking types of activities. The present study also assumed that the retirement village in question was influenced by occurrences within and outside the village thereby indicating its level of autonomy as well as the degree to which it catered for the needs of its residents (Barker, 1968).

Active Ageing

Active ageing is part of a broad global strategy for the management of ageing populations (Stenner, McFarquhar, & Bowling, 2010). In 2002, the WHO defined active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). In this definition, the word “active” refers to continued participation in social, economic, cultural, and spiritual affairs (WHO, 2002). Continued participation in economic affairs refers to older persons who remain actively involved in the labour market by continuing to work (Boudiny, 2013). Participation in social affairs refers to continued involvement in socialising and outdoor activities. Cultural and spiritual participation refers to individually designed combinations of active participation in community life (e.g. voluntary work and church activities) and active leisure activities (Boudiny, 2013).

The active ageing initiative aims to bring about a change in society's views and prejudices regarding ageing (Stenner et al., 2010). Active ageing is thus part of a new ageing paradigm that endeavours to replace the old decline and loss paradigm that has for years been associated with ageing (Stenner et al., 2010). Recently, the concept of active ageing has become a "buzzword" for researchers and gerontology policy makers and has undergone many changes. From a scientific perspective, gerontology can be considered an umbrella term encompassing healthy, successful, and productive ageing (Fernández-Ballesteros et al., 2013). In other words, active ageing refers to a way of ageing well by delaying the onset of senility and mortality through active engagement (Fernandez-Ballesteros et al., 2013).

The WHO lists six main determinants of active ageing, namely behavioural determinants, personal biological and psychological conditions, health and social services, the physical environment, and social and economic conditions (Fernández-Ballesteros et al., 2013). Behavioural determinants encompass the adoption of healthy life styles and active participation in one's own care, including engaging in physical activity. Research on active ageing has focused mainly on physical activity among older persons and has reported its many benefits (Pike, 2011). In recent times, researchers have begun to explore the effects of less physically strenuous activities, such as leisurely walking and volunteering as part of active ageing, and have reported their positive impact on well-being (Boudiny & Mortelmans, 2011; Dhurup et al., 2009). The personal, biological, and psychological conditions of active ageing involve the genetic as well as the psychological conditions and makeup of individuals (WHO, 1998; 2002). Biology and genetics have a major influence on how a person ages (WHO, 2002). Psychological conditions include an individual's ability to adapt to change and solve problems – both strong predictors of active ageing (WHO, 2002). Health and social services are important determinants of active ageing as active ageing is largely about enhancing the functional capacities of older persons (WHO, 2002). The physical

environment refers to the environment older persons find themselves in, for example a bounded system such as a retirement village. In the present study, the physical environment was a retirement village where the experiences of active ageing among the older persons were explored. According to the WHO (2002), social and economic conditions are the final determinants of active ageing. Social conditions can be regarded as the social engagement and social participation that remain consistent and maintain individuals in a particular society (Roanova, Keating, & Eales, 2012). Individuals' involvement in social activities in the form of supporting others, being socially connected, and being included can have a range of positive effects (Gleibs et al., 2011). Economic conditions as a determinant of active ageing are crucial, especially in South Africa where older persons who reside in deprived environments with little access to basic services may not easily be able to engage in active ageing due to their restricted economic circumstances.

Limitations of Active Ageing

Despite the benefits of active ageing, some limitations can occur in its application and implementation. Concern has been expressed that the idealisation of active ageing can become oppressive and can ignore those older persons who are frail and impaired in their functional abilities (Stenner et al., 2010). Frail older persons may experience pressure if active ageing is promoted in a way that makes them feel obliged to participate, or excluded from activities they can manage (Phoenix & Grant, 2009). Society's perceptions of ageing may further make it difficult for frail older persons. For example, labels such as being "over the hill" or being "too old" are often heard (Phoenix & Grant, 2009). These labels put pressure on some older persons to avoid being labelled with such negative terms and to remain as active as possible (Phoenix & Grant, 2009). In order to counter such pressurising of older persons, some researchers propose that an alternative approach to the emphasis on active ageing is simply to accept the physiological changes of normal ageing (Ranzijn, 2010).

In addition, it is important to construct an image of ageing that takes the pressure off older people to be fully engaged in ageing actively (Ranzijn, 2010). Walker (2002) maintains that active ageing should be implemented in a way that is flexible and represents a balance of rights by involving all stakeholders. He adds that active ageing runs the risk of marginalising certain groups if not properly applied (Walker, 2002). Against the background of these limitations, it is important to investigate how older persons experience active ageing.

Older Persons' Perceptions of Active Ageing

The literature indicates that the closest study to the present study was conducted in 2008 in Britain on a group of older persons (aged 65 and over) to determine their perceptions of active ageing (Bowling, 2008). The philosophy behind the study was to identify the older persons' perceptions of and self-ratings on active ageing as well as to compare them with the literature. It is also important to compare their perceptions with comparable literature on perceptions of successful ageing and quality of life (Bowling, 2008).

Overall, Bowling (2008) found that a large proportion of the older persons in the retirement village perceived active ageing as maintaining physical health and functioning. They rated leisure and social activities as secondary to physical health and did not attach much importance to mental functioning in their perceptions of active ageing (Bowling, 2008). Research in South Africa on older persons and active ageing has tended to focus on leisure activities (Dhurup et al., 2009). These activities among older South Africans, whether residing in a retirement village or not, include activities such as going to church, playing with children or grandchildren, going to the theatre, and gardening. However, not much research has been done in South Africa on how older persons experience active ageing, particularly in retirement villages.

Active Ageing in Retirement Villages'

The move to a retirement village can be a difficult transition for some older persons, according to international research on older persons in retirement villages. Research conducted in Australia at the National Seniors Productive Ageing Centre (2013) found that older persons often cite many benefits of living in retirement facilities and generally link relocation to such facilities with increased quality of life and participation in activities. In a similar study, Nathan, Wood and Giles-Corti (2012) found that the social environment in these facilities promoted active living and participation in activities, which was seen as beneficial by the residents. The older persons (participants) in the aforementioned study evidently experienced living in close proximity with other people of the same age as positive, encouraging, and promoting active participation (Nathan et al., 2012). Although retirement villages in South Africa, particularly those in urban areas, are increasingly adopting an active ageing philosophy, research on older persons in retirement villages has been limited.

Retirement Villages in South Africa

The Older Persons Act (Act 13 of 2006) defines a retirement village as “a building or other structure used primarily for the purposes of providing accommodation and of providing a 24-hour care to older persons”. The Act makes provision for three categories of retirement villages: Category A – Independent living, Category B – Assisted living, and Category C – Frail care. In Category C, the focus is on the physical care of older persons – active ageing is not prominent in these retirement villages. In the present study, the retirement village was a combination of all three categories. In this instance the focus will be on the residents in the first two categories. Active ageing and the promotion of participation in activities are more prominent in this category of retirement villages.

Retirement living has become a popular choice for many white older South Africans (Nathan et al., 2012). Although not many of these older persons spend their later years in

retirement facilities, some of them do for economic, safety, and mobility reasons (Bekhet, Nakhla, & Zauszniewski, 2009; Donaldson & Goldhaber, 2012). Retirement villages have attracted a lot of research attention with the focus on the impact of this environment on the residents (Nathan et al., 2012). The active ageing concept has become increasingly popular in retirement villages and has influenced the planning and design of daily activity programmes aimed at promoting the quality of life and well-being of older persons (Dhurup et al., 2009).

According to Brownie and Horstmanshof (2012), more and more retirement villages are promoting the concept of meaningful activity as an achievable goal for older persons residing in these facilities. These retirement villages form an important component of accommodation and support (physically, spiritually, and emotionally). Retirement villages give older people access to social and medical support in an environment aimed at fostering a sense of security and companionship and enhancing the residents' quality of life (Brownie & Horstmanshof, 2012).

Article Proceedings

The study is presented in article format. It was based on a literature review and endeavoured to fill the gap in the literature on older persons' experience of active ageing in a retirement village. The context was a specific active environment, and the findings can be used to develop policies and programmes for retirement villages generally. Finally, a critical reflection will describe how the findings impact on existing literature.

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ARTICLE

Exploring experiences of active ageing among older residents in a retirement facility

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ABSTRACT

Active ageing aims to promote an active life style among older persons so as to enhance their overall quality of life and prevent or reduce illness. Barker's behaviour settings theory and the continuity theory were used as a theoretical basis for this qualitative study. The aim was to explore the experiences of older persons in an active ageing environment. A retirement village in Boksburg, Johannesburg (Gauteng, South Africa), served as the research context, and the participants were recruited through purposive sampling. Two groups of nine people each participated in the Mmogo-method® (a visual projective data-gathering instrument) of whom two were men and 16 were women. The ages of the participants in the Mmogo-method® ranged between 65 and 80 with an average age of 73. Further data were obtained through individual interviews with a 63-year-old woman and a 80-year-old man. Visual and textual data were obtained and analysed using content as well as visual analysis. The findings revealed that the older participants were involved in different physical, social, spiritual, and recreational activities on a daily basis. Sentiments related to these activities were expressed as having felt too busy, obliged to participate, and considered active involvement as a form of distraction. The findings can be used to devise policies for active ageing in retirement settings.

Keywords: active ageing, ageing, experiences, leisure activities, older persons, retirement facility, social interaction, social participation

Introduction and Problem Statement

This research study forms part of a broader research project conducted in a retirement village in Johannesburg (Gauteng, South Africa) that sought to promote the active ageing of residents. The present study focused on the subjective experiences of older persons in an active ageing environment.

The aim of the broader study was to explore the quality of life of the residents of the retirement village. Many themes emerged from the broader study such as the needs of the residents, the dimensions of quality of life, and the subjective experiences of the residents.

The notion of active ageing developed as a result of the phenomenon of older growing populations. Across the globe, the proportion of people aged 60 and over is growing faster than that of any other age group (WHO, 2002). The World Health Organisation (2002) estimates that in 2025 there will be a world total of about 1.2 billion people over the age of 60, and by 2050 there will be some two billion with approximately 80 percent of them living in developing countries (WHO, 2002). The same trend can be observed in South Africa. The 2011 census survey revealed that an estimated 8.02% of the total population in South Africa, about 4.1 million people, was above the age of 60 (Statistics South Africa, 2011). The above statistic is significantly higher than that in other African countries and indicates the growing number of older people in South Africa (Bradshaw & Joubert, 2006).

The active ageing concept was developed to counter the disease model that was used to explain normal degenerative ageing processes (Bradshaw & Joubert, 2006). Many older persons do not suffer chronic illness or disability, and many function with good health despite the presence of chronic illness elsewhere (Bradshaw & Joubert, 2006). The WHO regards active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). In this definition, the

word “active” refers to continued participation in social, economic, cultural, and spiritual affairs (WHO, 2002).

Theoretical views on active ageing have changed dramatically over the years. According to the theory of disengagement, the older one gets, the more one tends to withdraw from society and to disengage in order to focus on personal growth. Disengagement theories have been criticised by some researchers because they fail to consider differences in individual experiences, particularly in different contexts such as retirement villages (Dhurup, Surujlal, & Sooful, 2009). Because ageing is an ongoing process, continuity theories are more appropriate for explaining active ageing. Continuity theories propose that older persons desire stability with respect to behaviour and activity patterns throughout their lives and strive to achieve continuity by maintaining existing or previous activity patterns into old age (Ricon, Weissman, & Demeter, 2013). The continuity theory is useful for explaining individual older persons’ adoption of a life style that they continue during old age, but does not consider the environment in which actions take place.

Barker’s (1968) behaviour setting theory states that in order to explain human behaviour, we need to look at the environment in which this behaviour takes place. This theory holds that the physical environment is a significant determinant of human behaviour as is the internal reality of the individual (Popov & Chompalov, 2012). The present study was also based on the assumption that the particular retirement village was influenced by occurrences both within and outside the village, indicating its level of autonomy as well as the degree to which the setting catered for the needs of the residents (Barker, 1968).

Active ageing involves the variety of ways in which older persons maintain levels of activity and contribute to society (Pike, 2011). Some researchers have focused solely on physical activity (Pike, 2011) while others have focused on older persons who engage

actively in other everyday activities such as reading or doing crossword puzzles (Boudiny & Mortelmans, 2011). More recently, researchers have begun exploring the role of less physically strenuous activities, such as leisurely walking and volunteering, as part of active ageing and have found them to have positive effects on well-being (Dhurup et al., 2009). In South Africa, research on older persons' experiences of ageing has been more inclined towards leisure activities. Little research has been done on experiences of active ageing in an active environment, particularly a retirement village.

South Africa's population is richly diverse, and this applies also to the older population of the country. Older persons are therefore likely to experience active ageing differently depending on where they reside (Statistics South Africa, 2011). Previously disadvantaged older persons often find themselves in community settings with limited infrastructure, unfavourable physical environments, and marginalised social environments (Roos, Kolobe, & Keating, 2013). In contrast, a large proportion of white older persons spend their later years in retirement villages, often for economic, safety, and mobility reasons (Bekhet, Nakhla & Zauszniewski, 2009; Donaldson & Goldhaber, 2012). The Older Persons Act (Act 13 of 2006) defines a retirement facility as "a building or other structure used primarily for the purposes of providing accommodation and of providing a 24-hour care to older persons". The philosophy of active ageing has become increasingly popular in some retirement villages and has influenced the planning and design of daily activity programmes to promote the quality of life and well-being of the residents (Dhurup et al., 2009). Active ageing is, however, highly subjective and depends on individuals' personal preferences, their environment, and the status of their health (Boudiny et al., 2011). The experiences of older persons living in these active ageing environments need to be explored. Apart from those who suffer from ill health, there are other older persons in retirement villages who live independently and are relatively active (Nathan, Wood, & Giles-Corti, 2012).

The main research question in this study was therefore: What is the experience of active ageing among older persons in a retirement village?

Research Methodology

Research Method and Design

The research paradigm for this study was both explorative and descriptive, and consequently qualitative research methods were used. Snape and Spencer (2003) state that qualitative research aims to study a specific phenomenon in its natural setting and attempts to understand and interpret different phenomena and the meanings that people attach to them. Interpretative description is used to investigate a phenomenon of interest in order to capture themes and patterns on the basis of subjective perceptions and to generate an interpretive description capable of informing clinical understanding (Thorne, Kirkman, & O'Flynn-Magee, 2004; Thorne, 2008).

Research Context and Participants

A retirement village in Boksburg, Johannesburg (Gauteng, South Africa), served as the research context. This particular retirement village was selected as the research context for exploring the subjective experiences of the residents regarding their quality of life because of its active ageing approach. At the time of the study, the retirement village had a life style consultant who developed specific programmes for every day of the week, with time slots allocated for different activities in which she encouraged the older persons to participate. The activities at the retirement village included snooker, bingo, line-dancing, bridge, Scrabble, choirs, and brisk walks. These activities filled up the day usually from 9 am until 4 pm. Each resident could choose which activity he or she would like to participate in and when. Living arrangements varied, as some of the residents had their own flats while others stayed with spouses. The residents in this particular setting were mainly white

Afrikaans-speaking people (although there were also some English-speaking residents) between the ages of 50 and 95 years. The retirement village had approximately 350 residents and a support staff of 35 care workers, 90 volunteers, seven permanent nurses, a life style consultant, and a centre manager. The life style consultant and the centre manager were responsible for the day-to-day planning and implementation of the activities.

Purposive sampling was used to recruit 20 participants for the broader study. Two of the participants were English speaking and 18 Afrikaans speaking. The majority of the participants were women (n=16) and the remainder men. The criteria for inclusion in the study were that the participants had to be functional, meaning that that they did not have any limiting cognitive challenges, and they had to be physically mobile. The health of the residents ranged from those who were healthy and engaged in active life styles, to those who had health problems and were less active. In the present study, one female participant (aged 63) and one male participant (aged 80) took part in in-depth individual interviews. Two groups of 9 participants participated in the Mmogo-method® of whom two were men, and 16 were women. The ages of the participants ranged from 65 to 80 with an average age of 73.

Data Gathering and Procedure

The director of the organisation contacted the researchers and had asked them to investigate the residents' quality of life experiences so that the organisation could adjust its services accordingly. The manager of the facility put up posters in the facility indicating the nature of the research as well as its aims and objectives. On the first day of the data gathering process, the research objectives were explained, and only after the participants had been informed about the goals of the research they signed informed consent forms agreeing to participate in the research project. The participants were then divided into two groups so that they could attend the data gathering sessions separately. This made the groups more manageable and ensured more in-depth data gathering. They were told that their participation

was voluntary and that they had the right to withdraw from the research process at any point and that only partial confidentiality could be ensured because the research took place in a group. They were also informed that the data would be treated confidentially by reporting it anonymously. The researcher posed the research question and facilitated the discussion to obtain the relevant information that forms part of the study.

Different data collection methods were used in the broader research project such as individual in-depth interviews, semi-structured interviews, the Mmogo-method® (Roos, 2008; 2012), the world cafe method, and the group reflecting technique, but, for the purposes of this study, only the individual in-depth interviews and the Mmogo-method® were used as these methods could best elicit the subjective experiences of the participants in an active environment. The Mmogo-method® was followed by one-on-one interviews with two of the participants in order to obtain more detailed information on how they used their time.

Mmogo-method®. The Mmogo-method® is a visual projective research data-gathering technique (Roos, 2012), which is based on the principle that people are relational beings and that their visual representations project something of themselves and the socially constructed contexts in which they function (Roos, 2008). Using this method, the researcher can better understand meanings and experiences on a personal level as it allows visual expressions of the self as a complex, dynamic system (Roos, 2008). In applying the Mmogo-method in the present study, the participants were given a lump of clay, colourful beads, grass stalks of different sizes, and a round piece of cloth. The research request was then put to them: “Build something that describes your life here at the retirement village”. They then proceeded to build a visual model and were allowed sufficient time to do so. The completed visual presentations were photographed and served as visual data. The participants were asked to discuss and explain, in-depth, their presentations individually. The rest of the group was asked to comment on the visual presentations and augment the discussion with their own

views, which served to enrich the individual participants' responses. The discussions were digitally voice-recorded and transcribed verbatim for thematic analysis. This technique was used to explore their experiences of their lives at the facility and yielded valuable data on the participants who were also given the opportunity to add their perspectives to other participants' models.

Individual in-depth interviews. Individual in-depth interviews are widely used by researchers to co-create meaning with interviewees by reconstructing perceptions of events and experiences (DiCicco-Bloom & Crabtree, 2006). In-depth interviews allow the interviewer to delve deeply into participants' worlds from their point of view and to unfold and understand the meaning of their experiences (DiCicco-Bloom & Crabtree, 2006). One-on-one in-depth unstructured interviews were held with one female and one male participant. The two participants were selected for the individual interviews based on their levels of involvement in activities within the facility. They were the only two participants that were English speaking and were willing at the time of data collection. The main questions that guided the conversation was: *Tell me about your activities here in the facility and what do you think about these activities?; What do you do?; What meaning do these activities have in your life?; With whom do you do these activities?* During the interviews, the participants were encouraged to express themselves openly and to be as detailed as possible while keeping within the framework of the questions.

Data Analysis

The data obtained were analysed by means of visual and thematic analysis.

Visual analysis. The visual data were gathered using the Mmogo-method® and were analysed by obtaining the literal meaning of the visual representations from the participants in relation to the specific research request. The participants were encouraged to explain their

visual representations to the group, and opportunities were provided for other members to contribute. The representations were analysed in terms of the research request and linked to the textual data to enrich the descriptions provided by the participants. In other words, the value the participants added to their own creations (representations) was linked to the research request (Roos, 2008; 2012). The visual representations of the participants were captured by visual aids such as cameras and video cameras.

Thematic analysis. The textual data were analysed thematically. According to Braun and Clarke (2006), thematic analysis involves identifying, analysing, and reporting patterns or themes within data.

By reading and transcribing the data, the researcher was able to familiarise herself with the data. During this phase, initial ideas about patterns or themes were generated from the entire set. Recurrent themes were then identified, reviewed, and named by the researcher and written up with appropriate extracts from the participants' responses (Braun & Clarke, 2006).

Trustworthiness.

Tracy (2010) lists eight criteria for qualitative research quality: (a) A worthy topic that is relevant. The topic is relevant, significant, and timely in the light of the older growing population. (b) Rich rigour, and sufficient and appropriate theoretical constructs were used to inform the research, including Barker's settings and continuity theories. Rigour was also ensured by prolonged engagement with the data. (c) Sincerity, in terms of transparency, was ensured by using methods that were appropriate for the study and by describing the methods in detail. The findings were also substantiated by the data. (d) Credibility through crystallisation. Crystallisation involves the use of multiple strategies and methods to elicit detailed, rich interpretations (Ellingson, 2009; Tracy, 2010). Credibility was ensured by

using more than one data-gathering method and more than one method of analysis. (e) Resonance was achieved by using the knowledge gained from this study in other contexts. (f) The findings made a significant contribution nationally, in particular, because very little research was available at the time of the study on older persons' experiences of active ageing in a retirement village context. (g) Procedural and relational ethics. Ethical considerations were of the utmost importance during the data gathering as well as during the data analysis and were clearly explained during the discussion of the research procedure. (h) The research report was presented in such a way as to ensure meaningful coherence by including all the research elements of a research article (Tracy, 2010). Following Krefting (1991), member checking was used to avoid drawing wrong conclusions and making misrepresentations, but rather relying on the participants to clarify information.

Ethical Considerations.

The requirements of the Health Professions Act (Act 56 of 1974), the Professional Board of Psychology's Ethical Code of Professional Conduct (2002), and the guidelines provided by the Health Professions Council of South Africa for Psychologists were adhered to at all times. Ethical approval for the research project was obtained from the North-West University, Potchefstroom campus. This project formed part of a broader research project with project number: NWU-00053-10-S1. Written consent was obtained from the participants prior to the data-gathering procedures, and the participants were informed as to the aims and objectives of the project. They were assured of the confidentiality of the data provided by them and that the data would be used for research purposes only. They were also informed prior to giving their informed consent of their right to withdraw from the research process at any point should they feel uncomfortable with the process. All this was done to ensure that the research was carried out in an ethical manner. Regular meetings were held with the management of the retirement facility as they acted as gatekeepers between the

researchers and the participants. The participants' right to confidentiality was protected in that the raw data collected were kept in a confidential computer folder for the confidential use only of the researchers involved.

Findings.

Two main themes emerged from the study: the different types of activities that the residents (participants) were engaged in and the experiences associated with being engaged in these activities. Table 1 shows both themes as well as the subthemes that emerged.

Table 1.

Themes and subthemes of the data

THEMES	SUBTHEMES
Types of activities	<p>Physical activities.</p> <p>Going to the gymnasium in the facility; going for walks outside the facility; playing tennis; playing snooker.</p> <p>Formalised roles in the facility.</p> <p>Member of house committee; involvement in fundraising; leading role in the church.</p> <p>Spiritual activities.</p> <p>Going to church outside the facility; Bible study classes in the facility; dance group as part of church activities; prayer readings.</p> <p>Social activities.</p>

Playing snooker with friends inside the facility; visiting friends outside the facility; sing-alongs in the facility; sharing experiences with other residents in the facility; having true friends in the facility; spending quality time with loved ones.

Recreational activities

Watching sport on television; taking photos and creating photo albums; reading books; studying; making birthday cards; scrapbooking; gardening; playing computer games; fishing.

Experiences of being involved	Experiences of being too busy.
	Feeling obliged to participate.
	Active involvement as a distraction.
	Social contact

Types of Activities

The first theme concerns the types of activities the older persons were involved in. These activities encompassed various aspects of human functioning such as physical, recreational, spiritual, and social activities. Some of the activities were more formally organised than others.

Physical activities. Physical activities ranged from the participants participating in formally organised to self-initiated physical activities. Formalised activities refer to activities offered by the retirement village that the participants could engage in voluntarily. These activities included physical exercise on certain days of the week: “*There’s gym on Monday mornings and Friday mornings*” (Participant 1, Female), or *line-dancing*.

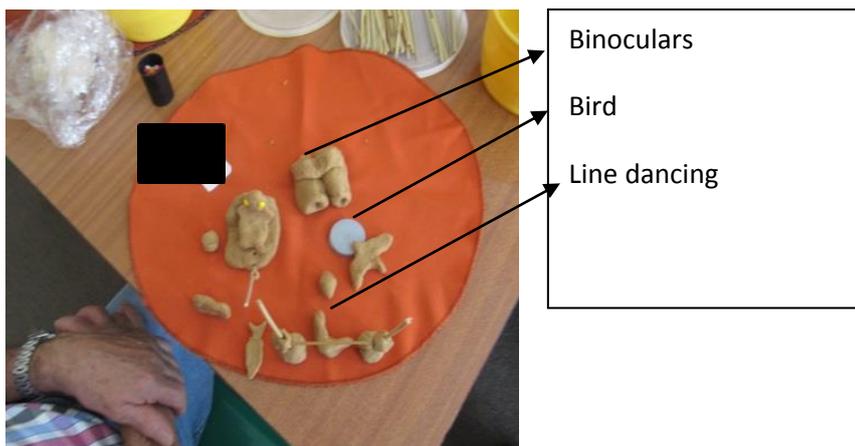


Figure 1. Visual representation of physical activity (Participant 2, Female)

Self-initiated physical activities refer to activities that the participants initiated on their own, such as playing tennis. The self-initiated activities were undertaken for the purpose of maintaining health. Participant 3 (Female) also said that tennis benefited her cognitive functioning: *“Tennis keeps me very fit and healthy, and my brain fit.”*

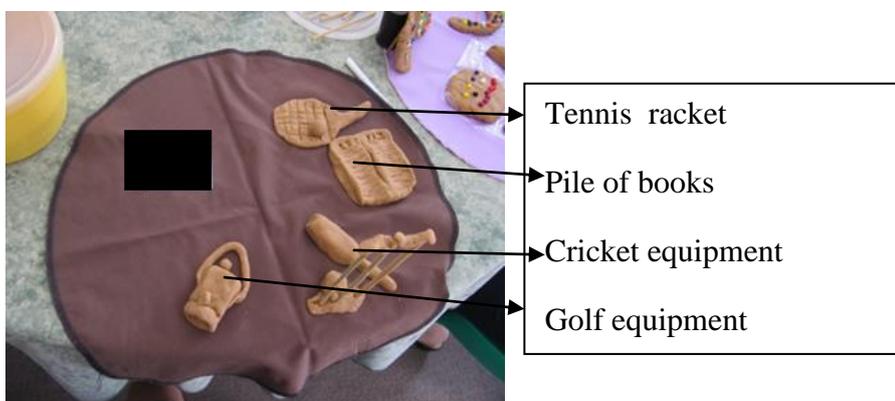


Figure 2. Visual representation of physical activity (Participant 3, Female)

Self-initiated activities also included walking and playing snooker. The participants (residents) independently organised themselves into groups to do the activities regularly, as reported by Participant 4 (Male): *“Tuesday afternoon at five to three, we meet outside, three of us, and we walk far. In an hour, we walk 5 km.”* The self-initiated activities also extended to involving residents from other facilities with the aim of forming a club: *“Occasionally on*

a Monday, we will have a game with one of the four other clubs that belong to the league; there's five of us, five different villages” (Participant 4, Male).

Formalised roles win the facility. Formalised roles mean that residents fulfil certain functions with certain responsibilities. Where self-initiated activities refers to activities that the residents do on their own, formalized activities have specific functions including serving as members of the house committee: *“I am part of house committee. We pour tea for all functions, like this morning and funerals, and we bake many pancakes” (Participant 6, Female).* Some of the residents undertook occupational roles they had had before entering the retirement village, such as being spiritual leaders. Participant 1 (Female), an ordained minister, fulfilled her ministerial duties at the facility: *“Being an ordained minister, I have to do certain prayers and readings every day, like a morning prayer and an evening prayer... and I try to pray the rosary every day.”*

Spiritual activities. Spiritual activities refer to regular involvement in activities of a spiritual nature: *“But before I came outside now, I prayed the rosary. But I lay on my bed or I sit in my chair and pray the rosary; it takes about half an hour and it gives you a time of silence, silence within” (Participant 1, Female).*

Spiritual activities were often conducted alone, but were also used as an opportunity to engage with other people: *“Sometimes on Friday mornings I have a Bible study group at 9:30.. and I try to pray the rosary every day...but the main thing for me is being able to get to church on a Sunday morning, which I do, because I have very kind friends who come for me.”* The residents, as a group, expressed their appreciation at being able to practise their spirituality in the retirement village: *“With every activity we have Christian norms. Everything that we do is opened with prayer and silence.”*

Social activities. The informal social activities of the participants involved visits from people or making contact with people. The social network of the participants included close family members, friends, and social acquaintances: *“I have visitors here, my family, mainly my son comes to visit me”* (Participant 1, Female), and: *“I have lots of friends here”* (Participant 7, Female).

The participants were not only recipients of social visits; they also initiated social contact with people: *“I go visiting mainly to see how they are getting on and to have a cup of tea”* (Participant 1, Female). They also organised their own social events, such as going out for meals with friends: *“I go out for lunch on a Sunday and sometimes I go out for lunch during the week as well with different friends”* (Participant 1, Female). Other informally organised social activities included playing snooker with people from neighbouring retirement villages: *“We belong to a snooker club. So, occasionally on a Monday, we will have a game with one of the four other clubs that belong to the league, there’s five of us, five different villages...we (unclear)...as part of the league and we, each one through the years, play 12 matches”* (Participant 4, Male).

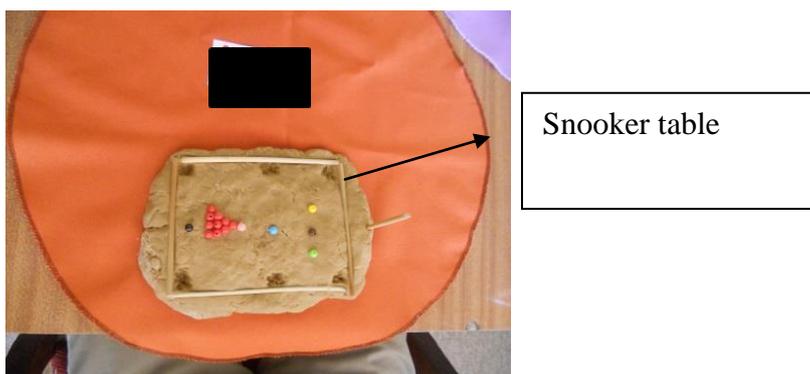


Figure 3. Visual representation of social activity (Participant 4, Male)

Social contact with people was pursued for companionship and to share fun and experiences, with the focus on the positive things in life: *Having fun together, having laughs*

together, sharing experiences, sharing the good things in their life, not the bad only the good” (Participant 8, Female). The participants also provided emotional and physical support to each other: “I’ve spent the whole day here. I won’t be doing anything in the afternoons, I just sit with her. Or I take her for a walk in the wheelchair” (Participant 4, Male).

Formally organised social activities were also used as opportunities for social interaction: “I go to have morning tea and afternoon tea in the lounge, in the sitting room there, and it’s really good” (Participant 1, Female). The participants also often joined together in a group in sing-along activities: “There’s people from here and then some others from different groups, and we have, we sing different songs” (Participant 4, Male).

Recreational activities. Recreational activities refer to any activities that are performed by individuals for their enjoyment and pleasure and that can be undertaken outdoors and indoors. Indoor recreational activities, for the purposes of this study, were generally performed alone such as reading, playing computer games, and making scrapbooks: “I read a lot, ja there’s my book okay, and I play computer games” (Participant 9, Female), and: “I help Participant 9 work with the cards; this is scrapbooking which we do often. I am also involved in helping each other club” (Participant 7, Female).

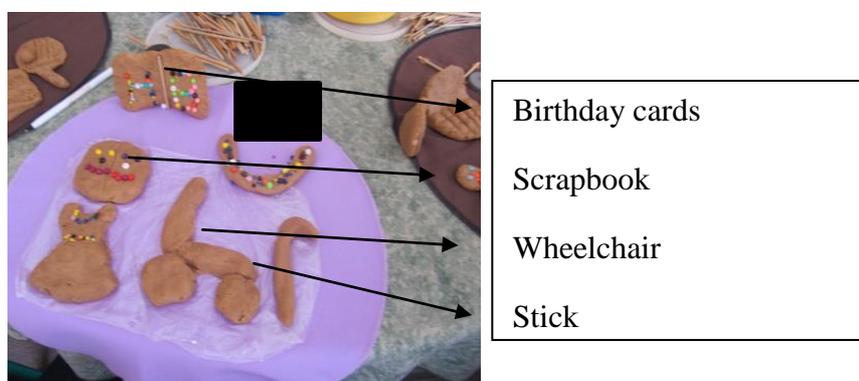


Figure 4. Visual representation of recreational activity (Participant 7, Female)

Indoor activities also included watching sport on television, reading, doing crossword puzzles, and watering plants: *“I look after the plants here, they get watered, these get watered every day (Participant 4, Male), or pursuing further studies: “Most of the time I am busy with the books. Believe it or not, we are busy studying theology, we are doing BA Ministry, but we have almost finished. When I’m not so busy, I sit and read, but don’t read these fictional books” (Participant 10, Female).*

Outdoor recreational activities included taking photographs of animals: *“I like taking. I take wild photos, birds, anything. I keep a good album on my computer to see” (Participant 2, Female), and fishing: “Harry is mad about fishing” (Participant 10, Female).*

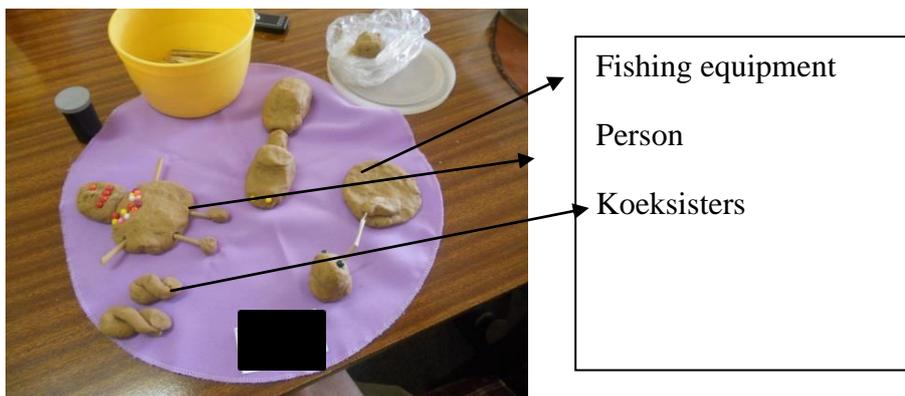


Figure 5. Visual representation of recreational activity (Participant 10, Female)

Experiences of Being Involved

Three subthemes emerged from the data, namely being too busy, feeling obliged to participate, and keeping busy as a way of coping.

“I am now too busy, I can’t”. The theme of being too busy recurred throughout the study. Some of the participants reported being too busy and expressed a need to disengage: *“Very, I am active, I need to switch off” (Participant 2, Female).* Despite enjoying most of the activities they took part in, the participants also indicated a need to have more control over their time to be able to dedicate it to other activities: *“And they’ve started a crochet*

club. I would join that but I really haven't had much time to join anything else" (Participant 1, Female).

The participants experienced their lives as being very busy, so much so that they felt they had not actually retired. They expressed a need to be able to enjoy activities as they once had done: *"You are really busy; we're actually more busy now because we haven't gone on retirement; now it's like a holiday. I want to still one day play snooker with uncle Stan as I did in my younger years when I was a policeman; I used to play it, but I haven't had a chance; I'm too busy"* (Participant 10, Female). However, even though they stated the need to take part in the activities of their younger days, they reported not having the time to do so: *"But, not yet, I am now too busy, I can't"* (Participant 11, Female). Some of the participants thought that their busy schedules complemented their personalities and therefore appreciated the ability to engage in as many activities as they did: *"I'm a very active person, I can't sit still. I do everything"* (Participant 11, Female).

Some of the participants were able to self-regulate and exercise their decision making in terms of what they wanted to be involved in: *"I don't take part in all of them, you don't have to sit in your room and do nothing because there's all these things going on"* (Participant 1, Female). Despite having the freedom to choose which activities to be engaged in, the participants experience their lives as being busy. This was confirmed by their stating that the expectations they had had about their later life had not included being this involved: *"Well it's busy. I never thought I would be this busy when I retired. Someone once said to me, who was already retired, 'just wait, you'll be busier than you've ever been!', and I thought, Oh what a load of rubbish! But I am, I'm very busy"* (Participant 1, Female).

Feeling obliged to participate. Some of the participants mentioned being involved by their own choice: *"When I can make it"* (Participant 1, Female). Although they exercised

free choice, some of the participants considered it necessary to participate because the activity was offered by the retirement village: *“It is really people that don’t come out that are alone in their houses, it’s out of choice; nobody forces you but it’s there to take part in”* (Group 1). Although the participants acknowledged the choice of others not to engage, it emerged that such disengagement was considered a need for personal space and time alone:

“Now I wonder if the people that don’t take part in activities don’t feel, you are going to intrude into my space, and I don’t want that. I am here and I don’t need anything, but then the day they do go to an activity they realise, but I missed out on a lot” (Group 1). It appeared that some of the participants who did participate did not always feel the freedom to sometimes stay in their rooms even if they desired time for solitude: *“I just wanted to say that it works both ways; if you are intruding into someone else’s space and they don’t like it. People also intrude into your space and you don’t like it. There are times where you want to be by yourself and you hear a knock at the door, and you think oh my goodness, who can that be? But you have to let them in.”* There was thus the feeling that they felt obliged to interact with others.

Active involvement as a distraction. The difficulty for some of the participants who were now in a new environment appeared to be the adjustment to and acceptance of their current situation. This, however, did not deter them from active involvement in the activities offered by the facility: *“Look I haven’t been here for long, say I’m here five months, so I’m busy trying to fit in and find my feet. Ja, it helps a person to learn to know other people, to find out alright you are okay and you are okay, but for you I will side step, you know people...the adjustment was for me in the first month very difficult”* (Participant 12. Female).

Some of the participants talked about difficulties such as looking after ill spouses for a large part of their time. One participant in particular, when discussing his painful

circumstances, said his philosophy was to make the most of his situation and not to focus on negative aspects, not to “mope” about them: *“Well yes, I enjoy life to the best of times, I don’t sit and mope and that sort of thing, there’s no use moping about it. I feel very emotional at times when I have to talk about it. But, otherwise I’m fine”* (Participant 4, Male).

Social Contact. The participants stressed the importance of being in contact with others, which gave them pleasure despite the difficulties they faced. These difficulties did not necessarily arise in the facility – they included troubles with family members staying elsewhere. Having special bonds with the people around them was considered helpful in dealing with their problems:

“Well it’s important to me that I can get in touch with people...I’m very upset in many ways because I don’t see a lot of my daughter-in-law, in fact since I’ve been here...and they live in Boksburg. But my son comes to visit, but my daughter-in-law doesn’t. And my grandchildren come very seldom. And that does upset me, but I’ve learnt to live with it” (Participant 1. Female).

Discussion of Findings

In this active ageing environment, the activities were formally organised, and the residents could choose to join in or initiate their own activities. The formally organised activities were arranged by the facility and allowed the residents to voluntarily get involved in those of their choice. This meant additional responsibilities depending on the choice of activity. The formal activities ranged from physical activities, fulfilling formal roles in the facility, and social and spiritual activities. Self-initiated activities are those that residents organized individually, and was highly dependent on their individual interests. Physical activities, whether formally organised or self-initiated, were aimed at maintaining joint flexibility, good health, and fitness, including cognitive fitness. The health benefits of

physical activities for ageing people have been well documented (Patel, Schofield, Kolt, & Keogh, 2013; Schomer & Drake, 2001; WHO, 1998; 2002). In this particular environment, the participants also occupied formal roles in the facility and were responsible for the performance of certain tasks. Using people's skills developed prior to retirement can be beneficial or can have negative consequences. The benefits are that they can contribute to making people feel needed and still valued. Research indicates that involving people in meaningful activities contributes to their experiences of inclusion and sense of belonging (Levasseur, Desrosiers, & Whiteneck, 2010). However, involving people in this way can also contribute to the unnatural social stratification of a group of people who share similar status (Brint, 2001). Some negative effects of social stratification are that it can exclude those who are functionally limited and frail.

Formal and self-initiated social activities in the retirement village involved being the recipients of social contact as well as making social contact (with family, friends, acquaintances) in or outside the facility. Social interactions give people the opportunity to enjoy companionship, to share experiences, to have fun, or just to be with other people. These activities are even more important in a bounded social environment where the opportunities for social interaction are limited (Tahmaseb-McConatha, Volkwein-Caplan, & DiGregorio, 2011). While the disengagement theory holds that older persons tend to withdraw from society as they age, interestingly, the participants in this study used physical and spiritual activities as an opportunity to engage with other people.

Recreational activities in the retirement village were conducted alone or with other people and were based on personal preferences, interests, and resources. This study revealed that leisure and recreation were positively associated with feelings of enjoyment and pleasure and the ability to relax. Research has consistently shown the positive impact of shared leisure experiences on the quality of life of older persons (Dhurup, 2012). It has also revealed that

leisure can be a form of social networking for the development of relationships among family members and friends and that positive relationships developed through social networks can contribute to the well-being of the elderly (Dhurup, 2012).

All of these activities and opportunities for engagement propose that older persons have choices which they can execute and self-regulatory skills to manage their activities and themselves. In this study, some of the participants said they were too busy and needed to “switch off”. They were often over-committed, which raises the question as to how can functional older persons navigate themselves in an environment where the focus is solely on being actively engaged? One could also speculate whether in such a context it is assumed that all people have the same skills to regulate themselves and whether attention should not also be given to vulnerable individuals who need support to navigate themselves in a very busy environment. As older persons age and experience change, their ways of self-regulation also change (Schunk & Zimmerman, 1997). Combining this with the norms of a group that emphasises active ageing, some individuals may be at risk of compensating to be able to still engage despite personal preferences and capabilities. Although an active environment fits the personal style of some individuals, others may prefer to disengage. However, group pressure and pressure from the well-meaning environment often dictates conforming, which can be to the detriment of some individuals. While the philosophy of active ageing is praiseworthy, there is a need to negotiate a space for personal wishes to be alone, to mourn, and to disengage (WHO, 2002). An environment that advocates active ageing should also assist people to develop healthy self-regulation skills and boundaries.

The approach towards active ageing in retirement villages is often characterised by a dichotomy, viewing healthy older persons as being active participants and the frail people as being the recipients of care (Boudiny, 2013). Barker (1968) argues that retirement villages

should follow a holistic approach where all groups can be included in meaningful activities (Boudiny, 2013; Walker, 2002).

Limitations and Recommendations

This study was not without limitations. The participants were chosen on the basis of being functionally well; in other words, only those older persons who did not have any limiting cognitive challenges and who were physically mobile. Frail older persons should be included in similar studies in future. Focusing only on those who are physically mobile can lead to the marginalisation of other older persons. Alternative approaches should therefore be explored. Future studies should focus on self-regulation among older persons who are actively involved and also on older persons who have physical and cognitive challenges, and explore how they experience such an active environment.

Conclusion

The active involvement of older persons in retirement villages covers a range of activities including physical, social, recreational, and spiritual activities. Formal programmes related to active ageing can be experienced by many older persons as being too busy. The need exists for them to be able to disengage and to have the choice not to participate and also to have more time to dedicate to other activities. Despite having the flexibility of choice of when to get involved, the participants in the study experienced pressure to become involved. They did however indicate towards a benefit in their active lives which encouraged social contact. They expressed often feeling obliged to participate in the activities offered by the retirement village. Active involvement distracted some of the participants from the difficulties in their lives, which they often preferred to deal with. Finally, while the

philosophy of active ageing is globally accepted, its implementation often impacts negatively on older persons in terms of how it is experienced.

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CRITICAL REFLECTION

Little attention has been given to older persons' experiences of active ageing (programmes) in an active environment, particularly a retirement village context in South Africa. The participants in this study drew attention to the necessity of more research in this regard. The philosophy of active ageing has been advocated for many years, with the benefits being clearly highlighted in the literature (Pike, 2011). In 2002, The World Health Organisation linked active ageing with many potential benefits. Indeed, in subsequent years, much research has been done on how older persons can benefit from an active life style. These benefits include health benefits such as combating disease and increasing an individual's psychological well-being. In recent times, it has become increasingly important to focus on the functional capacity of older persons in order to increase their ability to perform activities that promote well-being (WHO, 1998). The integration of three domains is crucial, namely the biological, psychological, and social domains. Biological refers to the reduction in chronic illness by ageing actively. Psychological refers to general well-being and satisfaction with life due to involvement in meaningful activities. Social refers to the presence of other people and the ability to maintain relations with others (WHO, 1998).

However, despite the positive aspects of active ageing, this study revealed that active ageing can also place pressure on older persons to participate and to be actively involved. It remains a challenge to adapt the active ageing concept to situations of frailty and dependency. Boudiny (2013) highlights principles that can help shape active ageing policies throughout the various phases of life. This study indicated that ageing actively and involvement in various activities can be experienced as being too busy, creating a longing for times of solitude and disengagement. Active ageing and its benefits are not denied. However, it becomes problematic when it becomes a norm created by others, particularly in a bounded system such as a retirement village.

Concluding Remarks

The rich descriptive data obtained from the study illustrate vividly how the participants experienced active ageing in the retirement village in question. The data-gathering methods and theory that were used to explore this phenomenon enabled the researcher to draw rich inferences from the data that can contribute meaningfully to the study of active ageing. Similar studies need to be conducted in order to gain a more comprehensive understanding of older persons' experience of active ageing in active environments.

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