

**WHEN WE WERE KIDS: STORIES OF HARDINESS FROM NEWFOUNDLAND
SENIORS**

by

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Abstract

While research continues to grow around healthy aging in seniors from different communities, there is a lack of qualitative research on the lived experiences of seniors. Furthermore, there has been a lack of research around this topic in Newfoundland and Labrador. This research explored the lived experiences of six seniors that grew up in communities across the island of Newfoundland by interpreting their stories of aging and meaningful aspects of their lives. Using exploratory research methodology and reflexive thematic analysis, four themes were generated, each containing three subthemes. The four themes included: Hardiness, Physical and Emotional Well-Being, Connection, and Core Values and Belief Systems. The results of this study contribute valuable findings that increase knowledge and understanding of how to address the complexities of aging. This sharing of seniors' stories and experiences underscores the significance of transitioning to a more comprehensive healthcare approach that incorporates lived experiences in the care and understanding of older adults.

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Dedication

To the tale-tellers of Newfoundland and Labrador. You make our home truly special.

Chapter One: Introduction

Newfoundland is my home. I was born and raised in this portion of the province and spent much of my time growing up around the older population that inhabits it. Throughout the 29 years of my life I have heard many stories about growing up on the island and the trials and tribulations that come with that. Living in Newfoundland and Labrador comes with obstacles such as difficulties accessing health care, harsh climates, and dwindling opportunities for work for a population struggling to keep its young people in the province (Walsh et al., 2015).

Newfoundland has a unique population in that, despite these obstacles, some people have chosen to stay here and have lived their entire lives on the island. Newfoundland has a rapidly aging population whose stories have yet to be told, which is exactly why this research matters. Through struggle and hardship there are factors that contribute to a long healthy life. I wanted to explore that in the context of Newfoundland and Labrador and the senior population that inhabits this province.

Significance of the Research

The older adult population in Newfoundland is projected to increase substantially from 2022 to 2042, with an increase of about 30% (Government of Newfoundland, 2023).

Newfoundland has seniors who have lived through trying times and managed to live well into their 80's and 90's. This research was intended to consider seniors' experiences of growing up in Newfoundland to further knowledge of healthy aging and advancing health care. Resiliency may play a role in that, which is a consideration that has not been given adequate focus in the literature. Wells (2012) highlighted that physical and mental health corresponded more with resiliency than demographic factors. This result, highlighted in multiple articles (Färber & Rosendahl, 2020; MacLeod et al., 2016; Wells, 2012), exemplifies the need to explore the

experiences and supportive factors of resiliency in seniors. A study in New Zealand by Wiles et al. (2012) critically examined the stories of seniors and demonstrated the knowledge researchers can help generate when they take a closer look at experiences and the meaning seniors attach to their stories. Therefore, the overarching goal is to advance knowledge and to contribute more research to the growing field of healthy aging by considering factors known and unknown in the literature regarding seniors.

Purpose of the Study

Prevailing literature focusing on seniors mainly addresses topics such as health care and discrimination, technology use, and housing issues (Dobrowolska et al., 2017; Pearson et al., 2019 Seifert & Schelling, 2016). These articles consider aspects such as ageism, technology awareness, and housing initiatives for seniors which are key areas for understanding aging. A crucial piece however, that many of these articles do touch on, is the need to explore the lived experiences of seniors. This may bridge the gap in understanding personal factors relating to healthy aging. There is something to be said about human beings and their ability to respond to threat and then cope with the effects of events in life that are complicated and difficult. My hope is that this research contributes to existing literature on senior's lived experiences, care, health, and well-being. I hope it bridges the gap between current articles and future research in this area by addressing the experiences of seniors through their personal lens.

Research Question

My primary research question is: What are the lived experiences of seniors as they aged in Newfoundland? My secondary question is: What helps us to better understand healthy aging and health care as it affects seniors living in Newfoundland?

Due to unique socio-economic factors in Newfoundland, especially pre-1970 as it was a

time of limited access to resources such as food supply and health care services, it makes sense to say life in Newfoundland was tough. Factors including isolation, long cold winters, little to no access to health care or adequate food supply all contributed to trying times in Newfoundland. The main question is how those factors interact with aging and living a healthy life. I was curious how seniors in Newfoundland would discuss growing up in Newfoundland and what common themes would arise through these stories. It makes sense given the factors listed above that Newfoundlanders may have increased grit, resilience, and hardiness but what would they say about it? This qualitative exploratory research focuses on the lived stories of seniors that may hold deeper truths behind health and longevity in life.

Terminology

For this research, it is pertinent to highlight the situation where Newfoundlanders across the island have their local dialects influencing language and the given meaning of words used. No outport community is ultimately the same as another in terms of language, which is important in terms of transcription and analysis of interviews. It would be more difficult for someone not coming from a Newfoundland background, who would struggle to understand the language or culture, to grasp the meaning behind the dialects.

Another appurtenant term to this research is senior citizen and how that is defined. Much of the literature defines a senior as an individual above the age of 65 (Sabharwal et al., 2015; Singh & Bajorek, 2014) These articles highlight the idea that chronology alone cannot define a senior citizen. Thus, using 65 and older as the indicator for senior citizenship is suitable and focuses on a broader, more inclusive age group for the purpose of this research.

Researcher Context

I situate myself as a researcher within the research context. This research is foundational

to my way of being both personally and professionally. I grew up in rural Newfoundland in a community with approximately 1500 people. I was raised in part by my grandparents and around many senior community members. Those individuals undoubtedly helped shape the person that I am today through their sharing of experiences and life lessons. This research is close to my heart in that sense, but it may also have relevance for others connected to seniors in Newfoundland.

One of my core ideas is that Newfoundlanders do have unique qualities and ways of being that contribute to a sense of self and community. Through my own experiences of hearing stories and being told of the lived experiences of seniors that I grew up around, I do believe that Newfoundlanders have a holistic sense of making meaning out of experiences. There have been many books written as a consolidation of stories that have highlighted the experiences of Newfoundlanders but little academic research. My research will provide a greater understanding of senior Newfoundlanders. Furthermore, approaching these experiences in an academic research context may aid in health care understanding and systems by addressing the mentalities of seniors in Newfoundland.

In a professional sense, this research feels like a major part of my growth and understanding as a counsellor. Throughout my undergraduate degree in Psychology and Master of Education in Counselling, I was drawn to the subjects of aging and mental health care of seniors. Gerontology has also continuously been a keen interest of mine. The relative proportion of seniors in relation to the world's population is growing, expecting to rise from 12% in 2015 to 22% in 2050 (World Health Organization, 2022). This statistic strikes as having impactful implications. Some articles suggest that the factors contributing to this are complex, including an aging workforce and immigration policies in Canada (Chen & Li, 2023). It is also important to consider the lived experiences of those individuals alongside these findings.

Merging the medical care portion of research with the lived experiences of aging seniors may create a narrative key to understanding and advancement in senior care.

Conceptual Lens

Social constructivism suggests that individuals understand and make meaning of their experiences through social interaction, culture, and connection (Amineh & Asl, 2015). My ontological lens is founded on the idea that people try to make meaning from experiences. In the context of this research, Newfoundlanders' experiences of growing up and facing challenges such as poverty, isolation, and lack of resources is the background. I think that the world can be better understood through the sharing of stories and lived experiences. My epistemological lens in research draws from the context of Newfoundlanders and their way of being (i.e., their way of existing and making meaning of their lives given their culture and lifestyle and how that can be used to understand the world better). Ontology refers to the essence of reality and being and epistemology to different ways of knowing (Saldana & Omasta, 2022). These are both reflected in my personal beliefs above and are important in understanding the lens from which my research was conducted.

Vygotsky, a psychologist well known for his sociocultural theory of cognitive development, leaned heavily on the concept of culture and interactions with others as instrumental in the development of learning and understanding (Amineh & Asl, 2015). Newfoundlanders have made meaning of their lives through interactions with each other and communities. Those experiences of growing up in Newfoundland and the stories of hardiness shape who Newfoundlanders are and how they understand the world around them. The expressions and understandings of personal experiences that human beings share can help researchers to better understand what healthy aging means to people. This is especially true in a

place like Newfoundland, where people's livelihoods are shaped not only by the harsh environment but also by a strong sense of community and belonging. Vygotsky's notion applies to Newfoundlanders in the sense that culture and social environment play a role in shaping the ways in which they make meaning of experiences.

Overview of the Thesis

Chapter One highlights the significance of my research and the purpose of conducting it. Chapter One also underscores the importance of recognizing the researcher context and lens from which one views the world and the research. Discussing those key pieces creates a foundation for understanding my research and its significance in an academic setting.

Chapter Two is a literature review focusing on different concepts connected to the topic of aging in seniors. The first part is a review of the literature describing lived experience and why it is essential to study in a research context. The second part focuses on resiliency and how it is considered and defined. This section also discusses factors that influence resiliency as it consistently arises as a theme in research on aging in seniors. The term hardiness is then discussed as it is used often in literature around resilience and in research on seniors. Next, the literature review focuses on the term successful aging and how this is relevant to the research. Lastly, the literature review highlights key events in Newfoundland and Labrador's history that may provide more context to the experiences shared by participants.

Chapter Three focuses on methodology, specifically qualitative exploratory research and why it was chosen for this research. It also looks at ethical considerations when working with seniors and vulnerable populations as well as in a research setting and the specifics of research procedures used. Chapter Three highlights specifically the recruitment of participants, consent process, interviewing process and questions that were asked, and the data analysis used.

The overall purpose of my research was to contribute to the existing literature on health and aging in seniors. There is a movement towards a more comprehensive health care system inclusive to personal accounts and experiences. I hope to spark more conversation around connecting lived experiences with health care.

Chapter Two: Literature Review

Much of the existing literature on seniors and healthy aging lacks a lived experience component. Researchers touch on the importance of including this piece, but the movement towards this inclusivity is still evolving. This literature review presents an argument for the value of conducting research including lived experience. It also provides a summary of some of the existing literature related to core components of this research; resiliency, hardiness, challenges pertaining to seniors in rural areas, and successful aging. The literature review emphasizes the gaps in current research while also highlighting key findings from researchers in this field.

Lived Experience

Lived experience can be defined as an “ongoing process, internally known, and an enactive approach to cognition.” (Dieumegard et al., 2021, p. 1). Dieumegard et al. (2021) reflected on what it means to study lived experiences and how complex that can be regarding reflection, rationality, and extraneous factors influencing perception of an experience. Each of these components, however, are what makes lived experience even more beautiful to witness and study. This can lead us to a greater understanding of the overall human condition and experience. A critical piece of lived experience is taking into consideration how multifaceted it is. Dieumegard et al. (2021) highlighted this concept stating that studying lived experience means:

to focus individually, as a starting point, on each subject, but also to take into account the social and material levels, through their subjective resonance; to consider experience from a relational point of view, given that during an experience, the subject affects the world just as much as the world affects her/him; to take into account the interwoven dimensions of experience (e.g. cognitive, emotional, motor, motivational dimensions); to study the *hic et nunc* experience through a particular moment for the subject, temporally situated and as integrating past and future. (p. 3)

Over the past few decades, researchers have developed a framework and understanding

for sharing lived experience in research. There has been increasing value placed on involving individuals with lived experiences in research and using their experiences to better form understanding of different concepts (Boydell et al. 2021; McAdams, 2001). McAdams (2001) described a culture whereby people are sharing knowledge, experiences, and understanding the meaning people make of them through research. It is fundamental to a developed concept of the world that there is an understanding of the narratives people construct around their realities and integrating that into existing knowledge of the world (McAdams, 2001). Throughout the history of psychology and life itself stories have been told to help people understand and make meaning of experiences. Bechard et al. (2022) further highlighted that researchers consider lived experiences to be invaluable in any research context. The lived experiences of individuals provide a view of personality traits and social contexts in different cultures, which allows researchers to deeply explore a person's inner world and their thought processes (McAdams, 2001). Lived experience can fill in gaps in our understanding and promotes a well-constructed knowledge of human experience.

It has been shown that seniors who share stories with an audience genuinely listening can improve their self-esteem (Langer, 2016). Newfoundlanders seem to take pride in storytelling and using it as a way of connecting. Through my experience working at clinics with seniors, I witnessed these outcomes. Langer (2016) highlighted that giving an older person an authentic and attentive audience can validate the importance of their life. An older adult has extensive lived experience in a myriad of settings and making space for them to share it can also spark growth in a therapeutic partnership (Langer, 2016).

Storytelling has been suggested as a meaningful way to help seniors develop resiliency (Mager, 2018). Exploring lived experiences and sharing them with others through storytelling

fosters a felt sense of purpose for seniors (Narine et al., 2023). Storytelling has helped seniors deeply consider their experiences and the ways in which those experiences have impacted them. This also encouraged seniors to realize a sense of resilience within themselves, and to then enact resilience in their current stage of life (Voie et al., 2024). The act of storytelling gave older adults space to navigate their feelings and ideas around their lived experiences. The profound impact of this exhibited using reminiscence therapy in patients with Alzheimer's disease (Cuevas et al., 2020). These researchers concluded that the use of reminiscence therapy could improve the quality of life, communication, cognition, and levels of depression in older adults with Alzheimer's disease.

Resiliency

Resiliency is a complex phenomenon and one that is constantly evolving in research. The knowledge researchers have of resiliency is growing through a greater understanding of the lived experiences of individuals. Given the focus in current literature on resiliency, there are fewer articles focusing directly on the lived experiences of older adults who display resilient characteristics.

Resiliency is being researched in a plethora of settings from inner city school systems to natural disaster responses. It is a concept vital to humanity and survival through difficult experiences. Researchers have looked closely at what factors contribute to resiliency or result in a lack thereof. There have been studies looking closely at people who seem to lack resiliency and the factors that consistently appear in the individual's circumstance (Mrazek & Haggerty, 1994). As a society, we tend to focus on the negative aspects and fall short in building resilience in people which leads to a lack of preventative strategies and programs (Kumpfer, 1999).

A few studies have linked hardships to greater resiliency in older adults. One study suggested that adverse experiences with war had created a sense of community resiliency in the older population in Israel (Eshel et al., 2016). This study highlighted how adversity had impacted Israelis and sparked development in protective factors reinforcing longevity in life. It is notable to recognize the fact that this study also looked closely at younger individuals and still found the older population to show more resilience and an attitude of belief and faith that things will be okay (Eshel et al., 2016).

Factors Contributing to Resiliency

There are ideas around the factors that contribute to resiliency through research on seniors themselves. Relationships, connection, frame of mind, religion, and spirituality appear often in literature around successful aging in seniors (Stark-Wroblewski et al., 2008).

When considering the resiliency lens instead of the successful aging lens, similar themes do arise but in different terms. These ideas stem from coping, grit, faith, and connection (Reynolds, 2019). Górska et al. (2022) conducted a systematic review and correlational meta-analysis of factors contributing to resiliency allowing a more widespread view from which to consider the main ideas brought up. Some of the main factors found to be associated with higher resilience scores were self-efficacy, purpose in life, and self-rated physical and mental health. Some of the factors associated with poorer resilience scores were loneliness, psychological distress, and poor mental health. An interesting point in Górska et al.'s article discusses factors that were looked at that were not associated with higher level of resilience. This included age, gender, race, marital status, and frequent negative emotion.

Resiliency is complex as displayed through these articles and others connecting many different pieces that seniors bring up when they think about resiliency. There are many factors

that can contribute to resiliency and they each play a different role in every individual's life (van Kessel, 2013). Seniors seem to thrive in environments and feel a great sense of resiliency when they have connection, health, and meaning (van Kessel, 2013). Van Kessel (2013) also looked at resilience from health, environmental, and internal perspectives which is interesting. She considered that health does play an influence on overall resilience while other factors such as meaningfulness, acceptance, supportiveness, and access to health care also contribute greatly.

Hardiness

Hardiness is defined in the literature as an ability to adapt to stressors effectively and, as an individual, having a belief that one can cope with life's difficulties (Hull et al., 1987, Kobasa et al., 1982). Maddi (1999) also defines hardiness as a sub-component of resiliency that is essential. Focusing on hardiness for my research was necessary, given the number of articles that have considered it when looking at seniors. Hardiness has consistently been found to relate to happiness, lower depressive symptoms, lower loneliness, and greater appetite in seniors (Engel et al., 2011; Ng & Lee, 2019; Sharpley & Yardley, 2007). Considering hardiness as a sub-component and a term that seniors may more closely identify with is valuable.

Hardiness is commonly intertwined with health when discussed in research. Researchers define health-related hardiness as an ability to respond well to illness and cope with it positively (Ghaffari, 2020). Hardiness closely aligned with better health and a stronger ability to cope with disorders and illnesses that may come up throughout life (Dursun et al., 2022, Ghaffari et al., 2020). Although called health-related hardiness, researchers were clear to label this as a psychological hardiness. Hardiness has also been associated with other personality traits that help to maintain health when dealing with stressors (Eschleman et al., 2010). Those specific personality traits have not been closely studied but are useful to think about because of what

often comes up in these studies, the mediating effects of social supports and community.

Sadaghiani (2011) studied stress, hardiness, and mental and physical syndromes specifically, within a population of senior high school students. Although this was not a study focused on seniors, the findings suggested something quite intriguing. First, hardiness did not significantly decrease mental disorders but that it was connected with a decrease in physical illnesses. Their findings, as stated, suggested that people who display more hardiness tend to have less stress and use more coping mechanisms through challenging situations. Hardiness fills in some gaps that resiliency leaves and connected here to better health, which could be a factor in seniors' lives. It also highlights the importance of considering hardiness and what that may mean for the seniors involved in research. It is pertinent to acknowledge that hardiness is something Newfoundlanders may align more closely with because seniors in other research contexts have.

Seniors in Rural Areas

Newfoundland and Labrador is a province made up of many rural communities where people thrive through connection to one another. The theme of community and connection comes through often when discussing resiliency (Levasseur et al., 2017, Stephens et al., 2014, Tian, 2019, Zhang et al., 2017). Paúl et al. (2003) found that seniors in rural areas actually reported greater life satisfaction and happiness with aging. This finding aligned with the themes of connection, community, and belonging. The three elements are particularly relevant to consider when researching seniors in Newfoundland and Labrador because of how rural most seniors are in this province.

One of the pieces that has been highlighted in the literature that is crucial is the influence of cultural perception of aging on resilience and happiness (Ladusingh & Ngangbam, 2016). Newfoundland and Labrador seems like a small province, but its diversity is extensive in terms

of language, belief systems, and family systems. Although the overarching cultural values are similar, within each small outpost there are individual differences and experiences, which is why it seems critical to piece together the lived experiences of people from different communities. The social influence on one's experiences and on meaning making has been shown time and time again given the cultural setting of Newfoundland.

An article by Howell and Cleary (2007), focused in on a rural region in the United States where they studied senior's perceptions of quality of life. This article is significant in that it drew more emphasis on rural region individuals and what factors they brought up compared to more urban centers. Quite noteworthy was the fact that similar themes emerged through their qualitative interviews as have been in more urban settings, such as community and belonging. Other themes that Howell and Cleary (2007) drew out were autonomy, responsibility, and changes in relationships. Altruism was a particularly unique theme and brought forth a more open mindset in terms of what themes could come through lived experiences.

Successful Aging

Among the research considering aging populations and life expectancy is the widely used term "successful aging". According to Rowe and Kahn (1997), "successful aging is defined by three components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life." (pg. 433). These factors are all explained in their model and relate strongly to a medicalized view of aging. As a result, some researchers are attempting to debunk this model as it seems a hollow term to describe aging.

Martinson and Berridge (2015) touched on some of the key criticisms of successful aging. Those being inclusive, but not limited to: 1) That Rowe and Kahn's model is not inclusive to those who have struggled through adversity and further exemplifies the need to move away

from “normative” models, 2) The model has been criticized in a few research contexts showing that disability or physical illness was not always a good indicator of whether seniors would say they have aged successfully, 4) Researchers felt that claiming that successful aging is based on a personal choice one makes to live a healthier lifestyle is a biased view ignoring social, personal, and cultural factors related to aging.

An article written by Harris (2008) highlighted the importance of considering the term resiliency or hardiness instead of successful aging. As Harris (2008) stated:

The true quest as we age should not be for successful aging, but our goal should be for resilience, an undervalued and not fully examined concept in aging. Developing resilience is possible for many older adults regardless of social and cultural backgrounds or physical and cognitive impairments, unlike successful aging. (p. 43)

This suggestion further exemplifies the need to conduct research altering and updating our terminology. Thus, creating an atmosphere for further learning and understanding where language is more inclusive to the true complexities of life and human conditions.

Although some researchers are trying to debunk the words “successful aging” and find wording that is friendlier and more representative it is still used widely in the literature. Reich et al. (2020), reviewed the literature on successful aging and used it to talk to seniors about what they thought about the subject. Many of the same themes came up for those seniors as do in other literature on resilience and what is contributing to seniors’ happiness. Although the term successful aging would seem to have medical implications, as per Rowe and Kahn’s (1997) model many of the seniors focused on topics such as social engagement, positive attitude, and spirituality, which is important to recognize. Even with a certain implication or difference in terminology, seniors seemed to redirect back to those key elements continuously. For this

research, the term healthy aging was used as it felt more aligned with the methodology and purpose behind conducting this research.

Historical Context

As Stebbins (2001) discussed, interview questions in exploratory research often are derived from information written about a population or by them. A few authors have written about Newfoundland and Labrador, specifically about major events in the history of the province that could be pertinent to this research as the individual's being interviewed would have lived through them. Some of these include Newfoundland joining confederation, the loss of the fishery, resettlement, loss of home and land because of storm surges. Below are some of the books, poetry, and other literature sources and how the themes they focus on may provide more context around life in Newfoundland.

One of the first books I read about Newfoundland was one by a relative, Enos Watts. This poetry book was published in 2005 and is titled *Spaces Between the Trees*. This poetry book is a collection of words describing some central aspects to life in Newfoundland, considering them in a nuanced and abstract way. Some of the themes included life in rural Newfoundland, church going, landscapes and weather of Newfoundland, and childhood. This collection of poetry reminds us that there is more to be seen than what we may assume or expect due to unique personal experiences and perceptions.

Another book written about the lived experiences of Newfoundland folk is called *As The Old Folks Would Say* (Furey, 2017). Hubert Furey set out on a mission to collect stories about outport Newfoundland and what life is like there. What is particularly beautiful about this book is the specificity and what is referred to as “mundane” Newfoundland ways that end up making this book even more meaningful. An ongoing point of stress and hardship for Newfoundlanders

is resettlement. Many communities in Newfoundland are dying out or the population becomes too scarce to maintain a community with adequate resources. People are forced to leave their life and home that they have often spent their entire lives in. Hubert Furey shared direct lived experiences from those who have been forced to resettle by government or due to factors mentioned above.

“Newfoundland’s history is Newfoundland’s culture.” (O’Dea, 1994, pg. 73). O’Dea’s article discussed some key components of Newfoundland settlement and the distinct qualities of it. His article discussed the fishery and how Newfoundland was considered a place not to be inhabited at one point in time. Not unlike today, many fishermen died or got injured through their pursuit of sustenance in fish and ocean life. We still see those traditions and incidents today in Newfoundland with those making ends meet through the fishery. O’Dea’s article highlighted key points in Newfoundland’s history that have shaped how it is today. “Newfoundland is a cultural refugium: “a place where archaic cultural forms... persist and develop their own peculiarities in relative isolation.” (O’Dea, 1994, pg. 73).

Don’t tell the Newfoundlanders by Greg Malone (2014) tells of a key piece of Newfoundland’s history in joining Confederation and becoming a Canadian province in 1949. This is a part of history that seniors would have lived through and experienced. It is important because this event was not one that all agreed with which can be seen by Newfoundlanders who still refer to the province as the Republic of Newfoundland. According to this book and other references to this event, Newfoundlanders really had no say at all in this decision which ended up impacting livelihoods.

A huge part of the history of Newfoundland and its initial development is also the fishery. Newfoundland began as a resource site for hunters and gatherers especially in the fishery sector.

Shrank and Roy (2013) wrote:

“On July 2, 1992, Newfoundlanders received a terrible shock. The federal Minister of Fisheries and Oceans, Newfoundland’s own John C. Crosbie, banned the commercial directed fishing of the northern cod stock, historically one of the greatest fisheries of the world... the northern cod stock did not recover in two years, nor has it recovered in twenty.” (pg. 397).

This event had a direct impact on the livelihood of Newfoundlanders who had built their entire income and life around being a fisherman. This disrupted families as well as caused great turmoil for families who relied on the fishery for food and income (Shrank & Roy, 2013).

The purpose of sharing some of these historical landmarks is recognizing events that shifted the lives of Newfoundlanders. These events all contributed to trying times in Newfoundland’s history that challenged families to alter their ways of being and to develop a sense of resiliency or hardiness, whether personally or through community. Zizka and Hinderaker (2023) discussed the experiences of 32 individuals in Newfoundland who were directly tied to the events of 9/11 and found that their narratives functioned as a construction of community resilience. These other events in Newfoundland’s history could serve a similar purpose to those having lived through them. These events may also provide context for some of the experiences shared in the current research.

Summary

There is widespread literature on seniors, healthy aging, and resiliency. However, research is still developing and being conducted to learn best practices around including lived experience. The existing articles highlight similar factors pertaining to resiliency and hardiness in different populations from various places. Although similar themes are suggested, unique

findings consistently arise as more qualitative and mixed methods research is conducted. The existing literature suggests limitations relating to a lack of qualitative research considering lived experiences. Thus, lacking adequate consideration for concepts such as quality of life which pertain to a more holistic health care system. This furthers the importance of my research in advancing the conversation around qualitative, exploratory research focused on seniors.

Seniors make up a large part of the population (World Health Organization, 2022) and in hearing their lived experiences and understanding aging through that lens, we may gain a greater understanding of the world. It is valuable to note that the existing literature is suggesting much of the same things, that resiliency shows up amid much adversity and differing circumstances. Furthermore, that considering terminology around rural living, health, and successful aging is critical in adapting a framework from which to work with seniors. My research aimed to explore the missing piece, the narratives of seniors, through the lived experiences as told by seniors themselves. My hope is that an awareness of seniors' experiences in rural Newfoundland can advance academic knowledge and development of practical approaches to health care.

Chapter 3: Methodology

Qualitative Research

Through exploring multiple texts on qualitative research, I found myself trying to put together the multitude of ideas of what qualitative research truly is. Aspers and Corte's (2019) definition of qualitative research touches on the basic tenets of what this research truly means. These being: 1) Qualitative research involves making new key distinctions with findings, 2) Qualitative research involves a process with multiple phases and iteration, 3) Qualitative research allows researchers to get close to the phenomenon being studied and those being investigated, and lastly, 4) Qualitative research leads to an improved understanding of the phenomenon being studied. Aspers and Corte (2019) highlighted that qualitative research is "a process that is iterative, an attempt to create new distinctions, the ability to get close to people and their contexts, and an effort to understand meaning." (p. 155).

Lincoln and Denzin's (2008) view of qualitative research and the researcher context align with the purpose of this research. The idea of a researcher being somewhat of a quilt maker who, through conducting qualitative research, helps make aspects of our world seen and heard (Denzin & Lincoln, 2008) was a fit for this study. We are all individuals who make meaning of experiences in different ways based on all the intertwined parts that make up who we are. Qualitative research focuses on the meaning we make of our individual experiences to help us better understand the world (Denzin & Lincoln, 2008). This research in Newfoundland deeply represents an ingrained part of who I am. Qualitative research and its methodologies fit the research and myself on a personal and professional level because of the beliefs I hold around how we make sense of the world as highlighted above.

Qualitative research is conducted to understand the social aspects of our world: the impact of events on individuals, how ideas and values are formed, and why people act the

way that they do to name just a few (Hancock, 2001). One of the most important aspects to understanding the world is understanding through the lens of people experiencing it. There is so much information and wisdom to be found in every individual's experience. When done mindfully, qualitative research has rigor, is internally consistent, and helps people better understand lived experiences and events (Lincoln & Guba, 1985).

Exploratory Research

When considering any framework from which to conduct research, it is crucial to fully understand that framework and where it comes from. A part of that for myself as a researcher was to consider the type of research I wanted to do and its purpose. It was necessary that I followed a framework that felt true to myself and was in line with the purpose of this research. Exploratory research is a flexible type of research focused on discovery (Jupp & Sapsford, 2006). I did not want this to be influenced by anything other than the lived experiences and my partnership in working with this population. This type of open methodology helps to explore the grey area of many subjects and new research topics.

It is important to understand the point and meaning behind conducting exploratory research. As Stebbins (2001) discussed in his book, exploratory research is often overlooked or at the very least poorly understood. It is useful when conducting research with a possible new research idea exploring the stories of individuals to see what they find. His definition is one that is particularly useful to highlight as it exemplifies the value of exploratory research:

“Social science exploration is a broad-ranging, purposive, systematic, prearranged undertaking designed to maximize the discovery of generalizations leading to description and understanding of an area of social or psychological life. Such exploration is, depending on the standpoint taken, a distinctive way of conducting science—a scientific process—a special methodological approach (as contrasted with confirmation), and a pervasive personal orientation of the explorer. The emergent generalizations are many and varied; they include the descriptive facts, folk concepts, cultural artifacts, structural arrangements, social processes, and beliefs and belief systems normally found there” (Stebbins, 2001, p. 9).

I conducted this research with the idea and research question in mind with seniors in Newfoundland and the personal meanings they find in aging. However, the broader purpose of conducting exploratory research in this setting was to work together with seniors to share their stories. The fact that this topic was broader and required more of an open-ended exploration supported exploratory research being the chosen methodology. I conducted this research taking an exploratory qualitative research approach to facilitate understanding the experiences and stories of the older-aged folks living in Newfoundland.

I believe one cannot understand, or at least would have limited knowledge of, any experience or phenomena without the lived experiences of individuals directly impacted. A researcher's decision to choose a particular methodology often underpins their belief about how we understand the world, where there are loopholes in our understanding of it, and generally, what we think the world is like (Firestone, 1987). I believe that the lived experiences that are described in research using an exploratory framework provide essential data on seniors' lives through a different lens than quantitative analysis.

Thematic Analysis

Thematic analysis is a means of analyzing a group, a situation, or a culture (Boyatzis, 1998). Thematic analysis, according to Braun and Clark (2006), is an advantageous method that uses a six-step framework (see Appendix A) to organize and analyze data consisting of 1) Becoming familiar with the data, 2) Generating initial codes, 3) Searching for themes, 4) Reviewing themes, 5) Defining themes, and lastly, 6) a Write-up. The overall value in conducting this research in this way was the openness to understanding and learning that it provided. A reflexive thematic analysis truly considers the data and makes meaning out of it (Maguire & Delahunt, 2017). Braun and Clark's method is focused on "people's words and how

they produce particular realities” (Terry et al., 2017, p. 17). We can better understand the complexities of human experience and meaning making through its use.

Braun and Clark’s (2013) method of reflexive thematic analysis was a useful one in the context of seniors’ experiences in Newfoundland. It allowed for deep exploration of the data and a meaningful distinction between semantic meaning and latent; semantic being the actual words being said and latent being the underlying or more exploratory analysis of the data (Braun & Clark, 2013).

Braun and Clark’s (2013) six-step framework fit with my research topic and with me as a new researcher. Situating myself as a Newfoundlander along with my research participants allowed a better understanding for familiarity with the data and generating codes to use in thematic analysis. Inductive and descriptive thematic analysis both fit with this intent with a focus on analysis connected only to the data itself (Braun & Clark, 2013). Given that there are only a few articles written on healthy aging in Newfoundland seniors, it was helpful to follow an inductive and descriptive framework in that it attempts to follow closely the meanings directly in the data (Smith, 2015). This analysis process also looks at patterns and draws meaning out of them. It is cardinal that through this process, that description and analysis is an effort by the researcher to understand meaning participants drew from their experiences.

In pursuance of the appropriate method of analysis, I considered the purpose of this research and how thematic analysis aligned with that purpose. The research was undertaken under the primary motivation of informing community health research and bettering community health outcomes. It is thus against this backdrop with which we should evaluate the lived experiences of the target population. We begin the journey of integrating medicine with lived experience by listening to the lived experiences of Newfoundlanders and not immediately

imposing a diagnostic theory. Instead, informing our practice under the assumption that lived experience is meaningful and contains themes that contribute to our hitherto unknown assessment of health care concerns of rural Newfoundlanders. Therefore, thematic analysis fit this research best in allowing space for construction of themes directly situated in the stories of seniors of Newfoundland.

Ethical Considerations

Part of conducting research in the context of storytelling and seniors of Newfoundland involves a great deal of consideration in gathering participants for research. About a quarter of Newfoundland's population is made up of seniors and older adults and many traditions and knowledge comes from them. This research is particularly special to me given that all of Newfoundland is filled with traditions, names, tales, and historical value that has a potential to die out when our seniors do. I do not believe it is in our best interest to let that happen without trying to preserve a province filled with so much wisdom and value.

University of Northern British Columbia's ethics review of research involving human participants focuses on three main purposes: Respect for Persons, Concern for the Welfare of Persons, and Justice (UNBC, 2020). Respect for Persons referring to ensuring that every individual is treated respectfully and with the care that is due, Concern for the Welfare of Persons referring to the actions of the researcher and ethics board to protect participants and consider any possible risks with research, and Justice referring to treating all people equally and fairly (UNBC, 2020). As a researcher, it is essential that those ethical principles are followed and always remained at the forefront of this research. It was of utmost importance that my participants understood their rights, and that I took proper care in ensuring they were informed and protected throughout the research process. This is inclusive of their rights to

withdraw consent, giving appropriate resources for support to participants, and considering ethical concerns as highlighted below when working with older populations.

Vulnerable Populations

When looking at the inclusion criteria for this research study, I recognized that I was focusing on an older population, which came with possible vulnerabilities. There have been many articles written about ethical concerns when conducting research on older populations (Altawalberh et al., 2020; İlgili et al., 2014; Provencher et al., 2014). These articles discuss a variety of concepts with some of the common ones being impairments, concerns around confidentiality and anonymity, respect for autonomy, difficulties with consent process and understanding their right to refuse, and beneficence and non-malevolence.

Impairment. One of the common themes that comes up in literature around ethical considerations with older populations is impairment (Altawalbeh et al., 2020, Provencher et al., 2014; U.S. National Library of Medicine, 2014). Some of the highlighted impairments included were visual, verbal, and physical. This is important to note especially in terms of consent with older adults. A person can consent when they can understand the decision being made both in what the decision is and what that means in terms of participation and involvement (Klykken, 2021). As a researcher, I was aware of the potentiality for older adults to not be able to fully understand what participation means and to then be able to explain it in a different way that helped them feel comfortable. It was also crucial that consent not just be looked at as a signature, especially in a circumstance where there is a physical impairment. Therefore, consent could also be given verbally. I worked to ensure that the participants felt like they understood completely their rights in withdrawing or needing clarification at any time in the research process.

Confidentiality and Anonymity. One of the most critical ethical considerations in

conducting research is ensuring the anonymity and confidentiality of research participants. Regarding this research study, confidentiality was considered in a different way because of the nature of the province of Newfoundland. Newfoundland is not a large province and, in some sense, we are all connected. Many Newfoundlanders know each other and even if they do not, will often ask about relatives to make some sort of connection. Telling the stories of individuals who live in this province and having it be public made confidentiality something to carefully consider. Ensuring that names were changed, and places were not defined helped in my research to ensure confidentiality and anonymity with participants. The focus truly was on promoting well-being and maintaining the dignity of participants who were willing to share their lived experiences (Seedat et al., 2004).

Given that Newfoundlanders generally do share stories and that many books and stories have been written about seniors and their experiences growing up in Newfoundland, it was beneficial to recognize that some seniors may have wanted to be named in my research. I felt that it was only fair and respectful to allow them to be if they gave consent for that. It is another cultural norm in Newfoundland that it is the stories and experiences that bind us together and create communities. One can recognize the meaning behind that for seniors and in having their stories heard and giving credit to them if they request that.

Respect for Autonomy. “Autonomy is a respect for a person’s ability to choose, decide and take responsibility for their own life” (Randers & Mattiasson, 2003, pg. 63). Participants in this research were clearly made aware of the research being conducted and the purpose of it. Acting with this in mind, I would not proceed with interviewing if I, as the researcher, did not feel that the participant was comfortable and knowing the purpose of the research. It also respected seniors’ autonomy to allow them to speak for themselves and decide to participate or

not after understanding fully what participation means (Randers & Mattiasson, 2003).

“Up until the 1980’s, people above the age of 65 were excluded from clinical trials” (İlgili et al., 2014, pg. 5). It felt important to note this and the detrimental effects it has had on the health of older adults to be excluded and, if included, respect of their autonomy not demonstrated. This may have created barriers for health care workers in taking care of older adults, potentially having a negative impact on their well-being (İlgili et al., 2014). It has also been shown that older adults often feel as though their autonomy is threatened when researchers allow their caregivers to provide informed consent (Altawalbeh et al., 2020). Excluding older populations from research and not allowing them to consent for themselves in terms of participation also violates ethical principles such as justice and respect for persons (İlgili et al., 2014).

Beneficence and Non-malevolence. A theme that came up for researchers İlgili et al. (2014) is beneficence and non-malevolence which was important to highlight for this research. A piece of participating in this research was the benefit for participants in having their stories heard and shared. A tradition in Newfoundland is sharing stories and lived experiences and that is at the core of this research. In considering potential risks of this research a possible one was that thinking about past events may trigger difficult emotions or thoughts. I was available to debrief with participants when requested by the person, and I also made sure to provide numbers and supports available on the consent forms.

It has been shown that seniors who share stories to an audience genuinely listening can improve their self-esteem (Langer, 2016). Newfoundlanders seem to take pride in storytelling and using it as a way of socially connecting. Through my experience working at clinics with seniors, I have seen similarities in that. Langer (2016) highlights that giving an older person an authentic and attentive audience can validate the importance of their life. An older adult has

extensive lived experience in a myriad of settings and making space for them to share it can also spark growth in a therapeutic partnership (Langer, 2016).

Research Procedures

Recruitment of Participants

I used purposive sampling for my research as it is meant to select participants that can give information to the researcher on the specific research topic (Creswell & Poth, 2018). I put up recruitment posters, located in Appendix B, in places such as independent living facilities and local stores. I was contacted requesting more information, and explained what participating looked like in more depth, outlining procedures, consent, and other associated processes. I took care to inform the individual's interested in participating that participation was voluntary and consent could be withdrawn at any time, even after the interview took place.

I hoped to have five participants for this research study and ended up having six. I decided to have five participants for this study as it aligned with pertinent research on adequate sample size in qualitative, exploratory research. During the process of collecting participants, I had an opportunity to have an added participant coming from a different community and decided to increase to six participants. As discussed by Sandelowski (1995), deciding on an adequate sample size becomes a “matter of judgement”. Conducting six longer interviews meant attaining rich information from the sample, indicating that a lower number of participants was appropriate for this research (Malterud et al., 2016). It was important to me, as a researcher, to have a smaller sample size to allow for deeper exploration of a uniquely studied phenomenon in Newfoundland.

The participants for this study were all above the age of 65 with the oldest being 88. Four of the participants were females and two were males. All the participants had been married, four were currently and two were widowed. Four of the participants currently lived in the same

community, two lived in other communities at least two hours away from the others.

This research study ended up becoming a mixture of a snowball sample and purposive sample given the cultural norm in Newfoundland. Putting up recruitment posters led to participants recruiting other participants. Although it was a snowball sample, it was realized during interviewing that all participants grew up in different communities across Newfoundland which reinforced diversity.

Consent

Voluntary informed consent was explained before the interview process and was reiterated at the time of member checking during data analysis. Signatures were obtained prior to the commencement of the interview procedures and audio recordings. A copy of the information letter and consent form is located in Appendix C. Participants were informed that they may drop out of the research process at any time. They were also informed after the interview when the recording has ended, that they could withdraw their consent at any time even after the interview. Participants were clearly informed about the intention of conducting the study and use of the results. They were also informed that my results would be checked with them after analysis to ensure accuracy and their comfortability with the findings.

Participants were informed of security procedures around confidentiality and that all recordings and documents would be stored on the secure UNBC server. Furthermore, that these documents and recordings would all be shredded and removed from that server two years after the research process as to allow time for presentations and possible submission of a manuscript for publication. Participants were made aware that they had the right to withdraw participation at any time. If it was felt that they did not want to continue, I asked them and offered the option to discontinue. Furthermore, if they chose to do this after the interview process

all information pertaining to them would then be destroyed. None of the participants in this study chose to withdraw.

Interviewing

“The choice of research practices depends upon the questions that are asked, and the questions depend on their context” (Grossberg et al., 1992, p. 2). Thinking about questions to ask in this interview given the context brought me to a few main ones. However, given the setting and population being studied, I anticipated that questions would come up because of what was being talked about. I could not anticipate the stories or lived experiences that participants would share and, therefore, felt it was necessary to have concrete questions to work from and allow the interviews to be as genuine and in the moment as possible.

Using a semi-structured interview style, six interviews were conducted, in person, in the participants location of choice (Appendix E). All interviews were conducted in participants homes. The interviews ranged from one hour to two hours long and followed safe research protocols as outlined by the Research Ethics Board at UNBC.

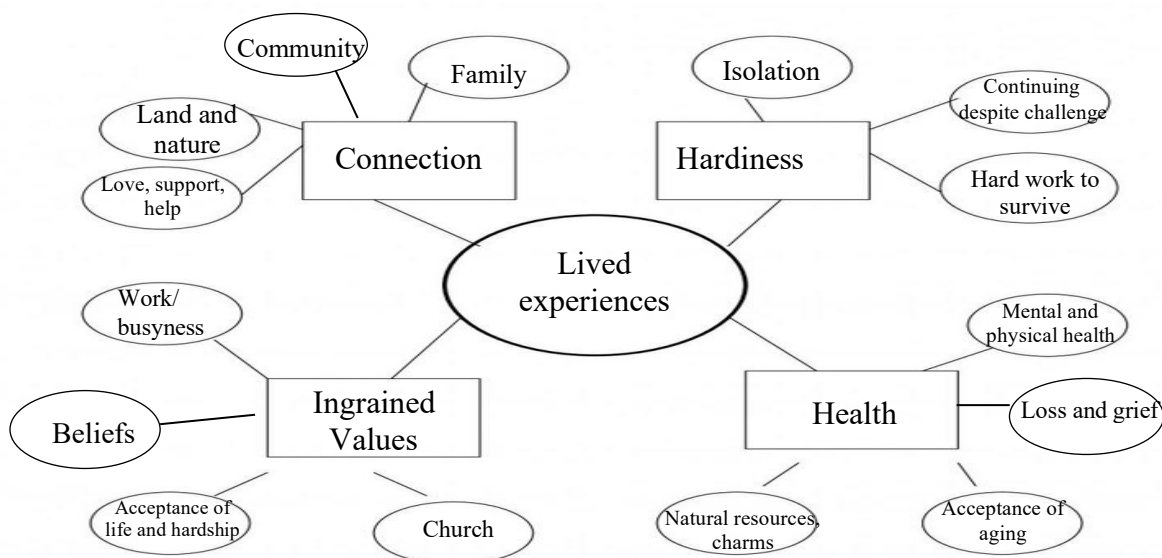
Data Analysis

Reflexive thematic analysis can be conducted in six phases as outlined above by Braun and Clark (2006). To begin my analysis, I familiarized myself with the data through the data collection process as hearing the lived experiences of participants generated ideas and thoughts. Those were immediately reflected in a reflexivity journal as that helped maintain awareness around perceptions, day-to-day procedures, and methodological decision points (Lincoln & Guba, 1985). Listening to those interviews before I transcribed them began to spark initial themes or ideas as I planned to use an open coding process. This aided in beginning to organize the data and was preliminary data analysis through the reflexivity journal in noting ideas and

understandings along the way.

The first step of open coding is to focus on larger concepts in the data and break them down into smaller parts that can be analyzed deeply (Vollstedt & Rezat, 2019). I considered the larger ideas frequently focused on by participants in their stories to allow the data to speak for itself. Many of the stories revolved around connections, health and hardiness, and values and belief systems. As Vollstedt and Rezat (2019) explain, I took the smaller parts and compared them, those with similarities were placed together as a new code. Each of these parts formed descriptions within each of the broader categories, which I highlighted using different codes. I considered the larger themes I had created and started to make initial observations. For example, that resiliency seemed to act as a component of hardiness in the stories of participants. This style of coding allowed interpretation in part by the researcher but also opened conversation with the participants in terms of accurate assessment of data. Piecing together words and ideas, as Braun and Clark (2006) suggest, and drawing on them to create potential themes helped create a clearer picture. Phase two was completed when I had an initial map of codes that were basic segments that, as the analyst, I felt were pertinent to the phenomenon (Braun & Clark, 2006).

Next was reviewing the initial codes and systematically going through the data to see if there were any repeated patterns or word associations. Data extracts were generated matching with codes to demonstrate them (Braun & Clark, 2006). Phase three involved focusing on broader themes that the codes were filed into using a deeper analysis and consideration of meaning (Braun & Clark, 2006). I used a mind map (Figure 1) as it helped me organize my thoughts and see where codes may be able to be placed under more than one theme.

Figure 1*Mind Map*

Note. Phase Three Initial Mind Map

The big themes in the mind map were the words and phrases that I noted consistently in the transcripts such as health, connection, and values. Then, I placed other common words or phrases under the heading they fit into. Some of them fit under multiple categories and I had to go back to the transcripts and analyze them more to figure out where they fit best. As explained in the findings section, many subthemes seemed to stem from a hardiness lens but upon closer analysis fit into different themes. This also helped me consider how the themes that came through related to one another. To end this phase, Braun and Clark (2006) suggest having a good sense of significant themes and subthemes but not to discard any information at this point as it may be relevant or fit somewhere else later in analysis. Before ending this phase, I reviewed my codes to see if any others came up during a read through. During this process, I continued to use a mind map to piece thoughts and ideas together of where new codes could fit.

Phase four then involved reviewing themes and subthemes and coming up with a more

concrete, and evidence-based, set of potential final themes. Braun and Clark (2006) highlight that this phase involves reviewing and refining themes which resulted in my reflexivity journal being a key component again. This allowed me to consider any personal biases and reflect on why I was making decisions around significance of themes and subthemes. I went through multiple iterations during phase four as I wanted to ensure that the themes being chosen were worded as accurately as possible. I understood that my personal bias around words and language would need to be deeply considered during this part of the process, and therefore went through multiple edits on the themes. Once the themes were selected, I then went into the validity part of phase four. This involved taking a closer look at the data again and ensuring that those themes truly did fit the data. Before moving onto phase five, I ensured that there were no new codes I could come up with through the data that added anything to the thematic map I created. I also member checked with my supervisor on these themes to ensure that triangulation was accounted for in the trustworthiness piece.

The fifth phase in Braun and Clark's (2006) data analysis is defining and refining. This is where I chose final themes and provided data and excerpts from interviews that fit the theme and was evidence of it being one captured in the data. These became the themes presented in the final chapters of my thesis as results from the research process. Braun and Clark's (2006) data analysis was particularly fitting at this point because it allowed me to tell the story of what each theme is telling the reader. Allowing for deeper analysis and meaning behind each theme and subtheme provided an answer to the research question, although this adapted as thematic analysis was conducted.

Lastly, phase six involved producing the report and write-up. I put all my themes and subthemes together to create a well-rounded, concise, logical account of the lived experiences of

participants. This is presented to provide evidence of themes that I extracted from the data as well as support my findings as a researcher. As Braun and Clark (2006) state this should be clear to the reader and show support and evidence of the themes. I included quotes from participants in my findings section as well to authenticate the themes and subthemes presented.

Braun and Clark's method has been updated in some ways since their 2006 publication. Although the six-step process has been maintained, they have placed even more emphasis on reflexivity and thematic analysis being iterative (Braun & Clark, 2019). The development and clarity offered by Braun and Clark (2019) provided a stronger rationale for choosing reflexive thematic analysis. It allowed for the process to be recursive and adaptable in shifting between phases as needed, even if that meant going back at times to ensure accuracy (Braun & Clark, 2019). This aligned with my social constructivist belief in that meaningfulness played a key role in identifying codes and themes (Byrne, 2021).

Evaluative Criteria

It is a key component of research to provide a solid basis of evaluative criteria which a researcher works from. Lincoln and Guba (1985) created trustworthiness criteria which are credibility, dependability, confirmability, and transferability. This criteria is an influential one and one that fit my research, particularly, their aligned focus with constructivism that "knowledge is constructed, and constructed knowledge is not perfect." (Loh, 2015, p. 5). There is also a strong emphasis in their criteria on the researcher in the research context, meaning the researcher recognizing their role and influence as a researcher. Being a Newfoundlander was an advantage, as I had familiarity with the social and cultural participants live in. However, it also provided greater necessity for member checks and a reflexivity journal.

Credibility

Credibility refers to how close the findings are with the truth (Lincoln & Guba, 1985). Triangulation in research is useful in promoting credibility which is a key component of Lincoln and Guba's model (Stahl & King, 2020). "Triangulating means using several sources of information or procedure from the field to repeatedly establish identifiable patterns." (Stahl & King, 2020, pg. 26). I used this during the data analysis process in ensuring that there were multiple codes that came together to identify a particular theme. I also used member checking as another source of information identifying and confirming a theme that I, as the researcher drew from the data. Credibility can also be promoted using member checking in that it represents congruency with reality as it connects a researcher's findings with participants true feelings around their experiences (Stahl & King, 2020).

Member Checking. "The methodological bricoleur is adept at performing many diverse tasks, ranging from interviewing to intensive self-reflection and introspection" (Denzin & Lincoln, 2008, pg. 8). A key point in research to ensure trustworthiness is having the researcher be accountable for their opinions or biases. Moreover, to conduct member checking with the participants to ensure that truth and accuracy of lived experiences is reflected through my analysis. I also used member checking to ensure that the stories reflected were as accurate as possible and aligned with the participants. Going back to participants after their interviews were transcribed, coded, and analyzed with the results was my form of member checking. The themes presented in the findings section are the ones that were created during thematic analysis, but having the opportunity to member check and discuss these with participants ensured a deeper level of understanding and trustworthiness. A researcher's thoughts and ideas are bound to come through in research and it is important to use methods to communicate that and to be aware

personally of them. I used both member checking and journalling as methods to communicate this piece.

Dependability

Another criteria used in Lincoln and Guba's (1985) model is dependability.

Dependability is an active effort made to build trust in the research process as it unfolds (Stahl & King, 2020). A method that is used to ensure dependability and create an atmosphere of trust of the findings is peer debriefing (Stahl & King, 2020). I used this in my research through collaboration with my committee members and supervisor, Dr. Linda O'Neill. This was particularly important as a new researcher in that it provided a sense of professional analysis. This was also a form of self-credibility in that "it provided insider analysis as well as professional feedback before the study goes public, reinforcing trust." (Stahl & King, 2020, pg. 27).

Confirmability

Confirmability refers to "getting as close to objective reality as qualitative research can get." (Stahl & King, 2020, pg. 28). Lincoln and Guba (1985) highlight reflexivity as a method useful in establishing confirmability. Being a new researcher made this criterion particularly key in that I needed to use clearer methods to ensure reflexivity. This helped me in maintaining a strong sense of awareness of my own ideas throughout the process, but also the thought process behind key decisions throughout analysis.

Reflexivity. Reflexivity is when researchers participate in clear self-awareness and personal analysis throughout the process of research (Finlay, 2002). This was particularly crucial to my research because I was conducting research on the people in my home province that share a similar identity to mine in being a Newfoundlander. As discussed within the ethical

considerations portion of this document, keeping clear around my mindset throughout this process was key. A reflexivity journal was kept maintaining a level of self-awareness but also throughout the coding and analyzing process to ensure that the stories were understood as close to what the individuals I was interviewing experienced. I also kept a reflexivity journal as a tool for reflection and processing. A reflexivity journal was helpful to look back on and consider my thoughts and feelings throughout the process while also maintaining a level of awareness of myself as a new researcher. My understanding and meaning making in life as a Newfoundlander has shaped much of my perspective, making it essential to incorporate a high degree of critical subjectivity in both analysis and interviews.

Summary

The research study was conducted through a qualitative social constructivist paradigm. It was designed to develop an understanding of seniors lived experiences around aging and growing up in Newfoundland. As this is an understudied area, I used an exploratory methodology to allow for more flexibility and partnership between the research participants and myself. This research was a partnership in that I, as the researcher, shared the lived experiences of seniors through interviewing and analysis including member checking to ensure accuracy. This was used to facilitate more of an inductive creation based on the meanings associated with the data. To carry out the research, I used purposive sampling which in turn became more of a snowball sample given the cultural norm in Newfoundland. After participants were chosen, and consent forms were signed indicating an understanding of all factors pertaining to participation, semi-structured interviews were conducted. The data was then transcribed by me and analyzed using thematic analysis adhering to Braun and Clark's (2006) six-step method. A reflexivity journal was kept and member checking done to ensure trustworthiness and validity. In

conducting research, I aimed to contribute to existing literature on seniors while also sparking a greater interest in research on the lived experiences of seniors. My research draws attention to the population living in Newfoundland and Labrador and underscores the importance of truly listening to the meaning people make out of their lived experiences.

Chapter 4: Findings

The six stories gathered during the interview process provided a co-construction of the experiences of growing up in Newfoundland. Each individual interviewed grew up in a different community in Newfoundland. Their experiences, however, were like one another in multiple ways. Following the analysis of the interviews, four main themes came to light. The four themes are: Hardiness, Physical and Emotional Well-Being, Connection, and Core Values and Belief Systems. This chapter focuses on concepts that have impacted the seniors interviewed throughout their lives. The research question focused on the lived experiences of seniors in Newfoundland as they now understand them in the hopes of gaining more knowledge about healthy aging. As the interviews went on, this research also focused on what concepts shaped and molded seniors in Newfoundland throughout their lives, primarily in their younger years. The sharing of these stories underscores the importance of getting a personal account of lived experience to better shape knowledge and understanding.

Theme 1, Hardiness

Throughout the interviewing process, the term hardiness was consistently used and alluded to by all participants. Hardiness was the fundamental shared factor and anchor point amongst all participants that was woven through all their experiences. Thus, creating an interconnected web of subthemes and stories that had an intrinsic hardy basis. These subthemes included: Survival, Isolation, and Resilience.

The first theme, Hardiness, detailed much of the harsher elements of growing up and living in Newfoundland. There were many stories about the adversity of growing up in Newfoundland, specifically around survival and isolation. Participants described daily activities that needed to be done for families and communities to survive, from cutting wood to harvesting food. They also described the sometimes-detrimental effect that isolation played in their lives in

terms of having less access to sustenance and health care. Although these experiences were tough and shocking to hear about in today's era, all the participants shared that things did not feel as tough as they sounded. They felt that the hardships made you who you are and looking at them through a hardiness lens was essential to fostering health and grit.

Hardiness is an interesting theme in this research as it was described by participants as the fundamental aspect of their longevity and health in life, rather than resiliency. Two of the participants even suggested that they did not necessarily feel resilient but felt that they were hardy individuals. This finding diverging from the usual findings in research on resiliency and hardiness where hardiness is displayed as a characteristic under the umbrella of resiliency. The reality of ingrained hardiness is something that most participants suggested as a factor influencing their quality of life in older adulthood.

The subtheme resilience was uncovered through the stages of thematic analysis. This was exemplified in participants' stories focusing on examples set by generations before them. It seemed that resilience was an underlying piece of the puzzle. Hardiness became the prominent theme but resilience acted as an enhancer. The participants' hardy personalities enabled them to maintain strength through adversity, but resilience helped them continuously do so throughout life.

1.1. Survival

One of the common experiences that participants discussed was survival. Every member of a family had a job to do to ensure that the family had food to eat and a place for shelter. Ultimately, it was an era that required everyone to work hard for the common goal of survival. Participant Three stated *"It was rough, you know. You had to have your wood and stuff to eat, right. And if you didn't repair it yourself, you'd have a hard winter."*

Every participant shared experiences around the hard work that they had to do to survive and maintain the homestead with their families. Participant One shared “...*you had to do your share of things and was a hard work at the time for young people, but nobody didn’t worry about that.*” Many of the families, at the time, were larger, which contributed to more of a team effort in keeping everything running.

1.2. Isolation

Many of the communities that the participants grew up in were very rural and disconnected from other communities in Newfoundland. Transportation systems, if they existed at the time, were limited so many of the participants did not have access to transportation until they were in their teen years. One participant remarked on growing up on a lone island off the coast of Newfoundland, even further removed than others. This living situation meant they had to cross the water on a boat or walk across the ice for hours to reach any store or post office. Participant Five shared “*Well, we’d walk from one end of the island to the other - it wasn’t a long distance, well, I guess about an hour’s walk or more... So you’d walk up there, and then go across on the ice to get to the store or post office.*”

All of the other participants grew up on the main island and discussed the lack of access they experienced due to limited transportation or a reliance on good weather to go anywhere. It was a journey to go to other places and many relied heavily on boats coming in with resources for their communities. Participant Three talked about waiting for the boat to arrive with groceries for the winter as they were so isolated from access to resources and had no transportation: “*They’d have the big horn on ‘er and he’d come on along by the cove there and blow the horn and people would come out and get their stuff, hey. They was glad when they seen that boat coming.*”

1.3. Resilience

“Everybody faces, you know, things along the way in life you know. As you journey through life there’s always things that crop up that’s tough but you get through it. And for the most part it makes you a better person.” (Participant Two)

While conducting and analyzing the interviews, a sense of resilience in each of the participants was present. Although each participant talked about hardiness, resilience shone through as an element of hardiness. It was not only a sense of mental toughness but also an underlying wisdom and understanding. Despite the hardships and the sometimes-challenging life circumstances, there was a deep acceptance and appreciation for those experiences. The participants accepted that life consists of trials as well as both tribulations and beauty. Participant Five shared a sentiment relating to this: *“Life goes on and so you just keep carrying on as life is going on... you change with the times and accept the things going on. And say well, it’s just that I’m fortunate that I can still see what is going on and go along with it.”*

Each participant brought up hardiness as an ingrained part of who they were based on their experiences growing up in Newfoundland. Part of that resilience has developed through generational wisdom and teachings that shaped their perspectives. A common perspective that was heard is the notion of being present, accepting what is, focusing on what you can control, and not worrying about everything else.

Well, we didn’t really feel the hardship, right... it was just that you didn’t have much, but you didn’t know any different. Like, you didn’t have a TV to show you what other people had, right. And, um, most people had one thing at Christmas, that kind of stuff. And you didn’t have any pocket money, you know, and because religion, Salvation Army, we didn’t have any bike. And bikes weren’t, we weren’t allowed to ride bikes on Sunday

anyway and we weren't allowed to go to movie theatres. We didn't have much money, so it didn't bother us, right. You just went on with what you had. (Participant One)

Theme 2, Physical and Emotional Well-Being

An aspect discussed in all the interviews was also Physical and Emotional Well-Being. This theme covered a plethora of different topics all tying into one another. These subthemes leant themselves to the overall idea of hardiness but emerged through more of a well-being lens which caused it to become a separate theme. These subthemes are Health, Grief and Loss, and Acceptance of Aging.

The second theme, Physical and Emotional Well-Being, considered factors instrumental to the well-being of participants and their families. A part of maintaining a quality of life, throughout their entire lives, was having good health. All participants felt that the ways in which they grew up, along with key components of daily living, enforced a level of health that they attached meaning to. This meaning carrying over to their later years in trying to stay healthy and doing small things every day to move and eat well.

Through the lens of aging and well-being, the subthemes grief and loss and acceptance of aging illuminated. Many ideas and perspectives were shaped by participants' experiences with their own grief process and acceptance of life experiences. The stories shared about grief and loss and an acceptance of aging were some of the most profound as they were filled with deep insights. One of the biggest insights being a sense of acceptance of aging because of experiences with loss and grief. The subtle but appreciable stability and quietude was present and resulted in the development of these subthemes.

2.1. Health

The discussion of health was common during participant interviews. However, it was not that participants had purposely made an effort to maintain good health throughout their lives, but instead the reality of their life circumstances that had necessitated regular physical labour and the consumption of food that came directly from the land. The activities that were necessary for survival during their younger years instilled the value of an active life, which created healthy lifestyle habits for the participants. Participant Three shared their perspective: *“Health is wealth. I’ll be 78 now in less than a month and yeah I’d say if you got your health and strength, you’ve got it all.”*

A component of health discussed by four of the participants was home remedies and “charms”. Charms are “spells” or spiritual beliefs that came from older people in the community. An older person would “charm” or say that they were making an ailment better and it was believed that this could heal. Charms and home remedies were, for many participants, all they had access to in their small, outport communities. These remedies were particularly important for everyday ailments. Even with today’s better access, many of the participants lean on those home remedies to handle things for themselves before seeing a doctor, another example of ingrained ideas and behaviours that began in childhood.

I tries to deal with it, you know. Like, I get a flu, I try to probably work on that for a week or two before; if I gotta go, I’ll go, you know, eventually, but I tries to fight it and, you know, go back to the old remedies of medicine years ago... Was nothing back then really. Molasses candy, you get it for flus. They put kerosene in that. Olive oil, we used to drink. Cod oil capsules, Dad used to make them and we used to take them. Oh my god, we used to cringe but it kept us healthy. And the way we ate back then,

you know, there was no hormones back then, everything was natural. And fresh air too, you know, we were outdoors all the time. Vicks was popular back then. Rub your chest with Vicks... And we used to, like uh, for like a cut, what was that we used for a cut now? Turpentine. Aloe vera, like the plant aloe vera, you used that for cuts and stuff. And baking soda was another thing that people sometimes still use. And salt for gargling for your throat if it was sore. (Participant Two)

2.2. Loss and Grief

A common theme that emerged through these stories was loss and grief. Many of the participants shared stories and experiences of loss and coping with it. Although many had been profoundly impacted by different types of loss, their mindsets about it were similar. They demonstrated an acceptance and understanding of the losses in life that seems to stem from experiencing loss throughout life and moving forward after it. This ability to cope and move forward after loss also came from generational wisdom as discussed previously. Participant Five reflected on losing her partner and a shift in mindset that happened in order for her to keep moving forward:

I've often heard people say, 'Oh, we can't all die for one.' So, and sometimes you feel like that and say, 'Well it's too bad and I wish that I had probably gone on too. I'm going to be living a lonely life.' But then you have to pick up the pieces and carry on and say, 'Well, I've already lived a good life with that person, so I think I'll just pick up the pieces and go on,' you know. And try to do the best I can, yeah.

This strong mindset of acceptance and understanding of death and dying was repeated across all participant interviews. Participant Five also said *"That life has to go on after death, life still has to go on, and you might as well accept it...try to keep moving forward."*

There were also some harsher realities in the outport communities that participants grew up in. Tragedy was not uncommon in communities given the lack of access to support and resources, such as doctors or hospitals. Participant Three shared a few stories about tragedies hitting their small community. *“Then another one, she had her blanket around her, a little girl, and then the blanket caught a fire and whatever it was, they saved the house and saved the rest of it, but the blanket stuck to her. She died.”* Another tragic recollection from Participant Three was

He was in Grade 10 and she was in Grade 5. Her father left the gun out in the shed and they were out running around, the youngsters playing, and he hauled her back and pushed, and when he did the gun went off. When she come around the turn, I guess he didn't think there was anything in her. But that was hard stuff down there, then.

2. 3. Acceptance of Aging

Many of the participants talked about getting older – what it means to age and how they handle aging. Participant Four discussed their perspective on aging and death.

But if you can stay well until your 80 odd, well, so be it. Then whatever comes, as long as you don't suffer too much, that's the part of living. Yeah, dying is part of living, so. So, I don't be very took up into all that stuff. No, no, no, not a bit. And I knows it's going to happen, it happens to everybody, so that's why I like to enjoy and do what we can.

Participant Five shared her experience of losing her license due to sight issues and how at first it felt like a loss of independence but ultimately acceptance and some humor persisted:

I lost my licence there and came home and started thinking about it. Well, I suppose I gotta be thankful still because I was 88. That was how old I was when I had the medical for it, I was 88. And I said, 'Well, I suppose I might as well accept that, too.' But it's kind

of, what it is. You're losing your independence and that's your worst thing. Now, it's so funny about it, I don't mind that I'm, it doesn't come to me that I'm losing my independence when I get aboard a taxi because see that's transportation and that's only the same thing as if I went to the airport to get on a plane and, well, I'm depending on them. But now, if I gotta get somebody to come, like a friend to come pick me up, now I feel that. [Participant laughs]

Many of the participants shared a wholesome acceptance of the life they have lived and a satisfaction with how they have chosen to live it. They talked about how they were raised, how the people they spent most of their time around shaped them, and how these things all collected together to help them become the adult they are. Moreover, these aspects had given them a strong self-concept that they appeared to be content with.

Theme 3, Connection

Participants narrated multiple lived experiences that illustrated connection. These connections were primarily related to the natural world, their community, and interpersonal relationships. Each form of connection helped mold them, develop their identity, face hardships, and continue through life with “peace of mind.” Connection is fostered through a mutual understanding of one another and life in Newfoundland. Having a network of individual's around that deeply understand the context of rural living and Newfoundland identity created lifelong support systems and communities. The personal connections felt by participants fostered a greater quality of life from childhood through to their older adult years.

The connection to nature was one effortlessly fostered as it was a part of daily life in work and play. Most of the daily tasks were outside, and when those were done, participants were often playing outside. Participants also reminisced about building things to play with using

things in nature and enjoying being in the fresh air every day. They deeply respected and understood nature in other ways as well. In the winter, cold weather gave them frozen ponds and ocean to skate on, shortened their walk to school and church, and to walk across to get to the store for resources. It also helped keep their food storage cold so that it lasted longer through harsh winter months. In the summer, warm weather helped boats get into outport communities to deliver mail and resources. It also helped people gain greater access to backcountry land to hunt and forage for food. The connection to nature was felt in older adulthood as well. Participants remarked on purposely spending time outside to feel a sense of grounding in themselves, whether it be by going for a walk or doing odd jobs outside. The fresh air and connection to nature maintained an importance in strengthening quality of life.

3.1. The Natural World and Simplicity

Every person interviewed talked about a connection to land and simplicity in life. The connection to the land was instilled from a young age. As noted previously, many of the participants grew up in circumstances that required working outside on a daily basis. This included jobs such as raising animals, planting and maintaining gardens, sourcing water, cutting wood, and so on. Participant Six spoke about her mom and all of the hard work she did to maintain their home while their dad was away for work. She shared a particularly special memory:

So anyway, that was something else in Western Bay, when the animals was born and one got sick, Mom would bring him in and put him on the oven, on a cushion on the heat from the oven, and we would have to look after him. That was something else that was really special.

Participants also spoke about how natural and fresh the food and water were back when they were growing up. They talked about feeling healthier then because they knew exactly what they were consuming as it was grown and harvested by their families or nearby. Participant Two shared, *“Everything was natural. And fresh air too, you know. We were outdoors all the time.”* Similarly, Participant Three remarked on the abundance of food resources they had access to by saying there was *“plenty of rabbits, plenty of moose. They all had their fish, plenty of jam. Bakeapples on the hills then, it was thousands.”*

All of the participants remarked on how much time they spent outside and how they loved being out in nature. The connection to nature was based on more than their outdoor tasks. The natural world was something to explore and have fun with when they had nothing else to do. Participant One talked about playing outside and making games from nothing:

You know, you played games with very little things... We used to go out playing on the ice pans and play different games all around the community and go up into the woods. We didn't have very much, but if we played hockey in the wintertime, we'd play on the pond, but all we had was skates and a stick, but the stick was probably a made one, right. But yeah, that's the best memory.

This particular experience lends itself to the simplicity of life and to a demonstration of the beauty found in the simple things.

3.2. Sense of Community

A major component of connection was a sense of community the participants experienced. All of the participants developed a foundational sense of community simply by living and working in their community for a long time and the connections that naturally creates. However, participants also made an effort to be a bigger part of their community through

volunteer work and involvement with such organizations as Scouts, the Legion, and church groups. Participant One shared that because he had been a principal, he had greater community connections and became more involved with the community, which he thoroughly enjoyed. *“The friends you made in those communities and the roles you played in those communities... that’s part of it when you’re involved, and you enjoy it at the time. It made you a part of what you are.”*

Another aspect of this sense of community for participants was knowing they had people to help them. Participants talked about a sense of duty to help others and that there was no hesitation to do so because everyone experiences hardships in life and everyone is doing their best to stay afloat, sometimes in harsh conditions with little resources. Participant Six shared, *“when you’re all hauled together as a community and show support, even if they might’ve been your enemies 10 minutes ago, but because of this situation now, you come together. Community support. Community spirit.”*

Participant Three shared her experience of getting older and feeling supported by the community around her.

That was it, though, and that was life. Everybody helped one another, and if you had someone sick, you had somebody to come to your door... And growing old. No matter where you go, you’re going to grow old. So, I’m lucky because I’ve got lots of support around me and it makes my life a lot easier.

3.3. Interpersonal Relationships

For the participants interviewed, interpersonal relationships was another concept at the core of their identities. Participants reflected on how relationships with partners, friends, family members, and community acquaintances had shaped them and guided them through life. These relationships made hardships easier to endure and created bonds that remained unbreakable.

Participant One reflected on how it did not occur to them that they were poor and how people came together for even simple things. *“You really didn’t know you were poor, so everybody was the same way, you know. We didn’t have a TV, forever, so long, and the neighbours had a TV, so we went over there to watch TV.”*

All the participants fondly talked about a deep sense of closeness with those around them that ultimately set the tone for anything that was happening in their lives. When discussing the key to living a long life, most participants stated that strong bonds and close connections are what they remember most and that no hardships ever seemed too difficult with that kind of support. Participant Two emphasized:

Yes, the closeness was, is what I think about mostly and what we used to have and the meals we all used to have together. Even though it would be a crowd, you know, nobody cared if they came in with their boots on, you know, you’d come on in and, you know, accept you and get up and sing, you know, play music and mummers and, yeah sure, everybody could tell you the same about back then. That’s just the way it was. But, you know, I liked it, I’ve got fond memories. Good memories of my parents and growing up.

Theme 4, Core Values and Belief Systems

The theme of core values and beliefs systems presented itself differently across the interviews because each participant had a unique relationship with their beliefs and values. Many of the same subjects, such as church, religion and Sunday school, were discussed, however, there was also mention of spirituality and a higher power, a nuanced distinction from religion. Additionally, the core value of busyness appeared across all interviews. As a result, this theme was broken down into the subthemes of Church, Spirituality, and Busyness.

The fourth and final theme stemmed from a multitude of stories pertaining to church,

spirituality, charms, and busyness. All participants spoke about the beliefs in their communities and families. Church was an essential and predominant theme in many of the lived experiences of growing up in Newfoundland. Church was a connecting piece in the community for all participants and their families. They respected it and most enjoyed going to church. Spirituality and beliefs formed another connection to self and others which encouraged a better quality of life lending itself to healthy aging (Lima et al., 2020).

Although stories about charms and home remedies tended to be light-hearted and humored, participants all had a belief about them and trust in their workings. This belief permeated through other themes in a general faith in life and things being okay. Similarly, a generational value passed down was regarding busyness. Participants discussed being kept busy which had an influence on their mindset and attitude towards different things happening in their lives. This seemed to foster an ability to be present and mindful in life lessening the internal stress levels of participants.

4.1. Church

Every participant interviewed mentioned going to church every Sunday and some went multiple times a week. Most discussed how much they enjoyed going to church as it was a time for socialization and learning. Church was not, to every participant, all about the religious aspect as much as it was a gathering place and a time for engagement with community members.

Participant Six shared a humorous story about just how fun church was for her.

I used to love [it]. We had this superintendent of Sunday school, he used to teach bible class. He used to be a lay reader in church, too. I must say, he was a good sport though. I used to think big of myself then, right, I knew more than they did and all that kind of stuff. And they'd say, 'C, what are you going to do today?' I'd say, 'nothing.' So anyway, he

would start the lesson and all that and something would hit me wrong. I wouldn't do it unless it hit me wrong, and I'd say, 'Mr., how can you say that?' He says, 'it says in the bible.' But I'd say, 'I know it says in the bible, but how do you know that the bible is true?' And then we'd get off. [Participant laughed] When he'd see me coming in the classroom, he used to laugh, as if to say, 'well, something is going to be coming out of that.' Yeah, but we used to have a lot of fun there because then when I'd start, the others would.

There was a respect around church and going to church. Each of the participants shared stories about dressing up for church, sitting a certain way in the church, and enjoying the experience of going to church. Participant Four shared fond memories of going to church:

Lots of good love and going out to church and, you know what I mean, to me it was just a lovely life that we grew up... Always went to church. I went to Sunday school and when it was Sunday, Pop would get us all up and get us ready, even if she (Participant's mom) didn't go, and we all walked around the harbour to the church. It was like a social life, too, and I loved to go to church back then.

Similarly, Participant Two spoke about a pride in being a part of the church and that community and continuing that legacy with her grandkids.

I always did my part, we always had to go to church. I remember Easter Sunday, that's when we'd get a new outfit for summer... we used to have the little shoes and little coats and hats and we'd go up over that hill there to the United Church and so proud of our outfits and stuff... We went to church, that was a priority... and I goes down to the Community Church now with the kids, grandkids now.

4.2. Spirituality

All participants talked about church and going to church. For some, this developed a sense of God and beliefs around God. For others, it became a spiritual side of themselves that believed in a high power, even if they were not sure of what that was exactly. For Participant Five, a belief in God meant a peace that came with coping with loss of people and with aging.

I've always, I've gone through it in as good a manner as I could. 'Cause when you're alone, you know, some people, you can feel lonely, but I never feel lonely. No, I never feel lonely. I always, well, of course in my case, I always feel, I say 'God is there with me' and that'll help you through anyway.

For Participant Three, a belief in “charms” got him and other community members through some ailments and difficult moments. He explained “charms” and how they helped him and those around him:

There was more charms than there was teeth hauled because they used to have people there to charm it, hey. Charm your teeth, you believed in that, hey. A charm was... well if you was bleeding, my grandmother, you'd go down and tell her that... whatever she used to say, she used to. My hands was full of warts. I used to be ashamed to put them on the table. Yeah, and this little words, whatever they done, and bang they goes. And my mother had a bad leg. She went to Twillingate, but now she always said that Aunt Charlotte cured her leg. She came up from P and she said, 'now I'm going to cure your leg' and the pain went. She told me when she put her hand on her leg, she'll never forget the pain went over her leg. Then her leg went right back to normal.

For other participants, going to church and being raised respecting church meant that they had developed a level of faith. That faith they had developed was not always relating to God, but a

faith that things would be okay no matter what hardships life was giving you. Participant Two reflected on this.

Still got a lot of faith and belief. It's a big part of my life... You know, you has your moments but you bounce back and you gets your strength. You know, for sure.

4.3. Busyness

Although many ingrained beliefs of Newfoundlanders have been documented in the literature, one particular belief persisted through this research: busyness. Busyness is the notion that it is an important part of life for one to be kept busy. Each interviewee reflected on the concept of keeping busy and enjoying it. They talked about how they developed the belief that keeping busy and working was respectable and how it meant less time for dwelling on problems or hardships. They often attributed their busyness belief to a healthy, hardy mindset instilled by generations before them. Participant One spoke of being busy growing up and how that had carried into older adulthood.

I always wanted something to do, you know... so, I get up every day and if I don't go outdoors, I go down to the shed and build something. I got to be doing something every day, right. Now I've been like that all my life... But being a way I think it's that you can do something, that you want to do it as much as you can do it, that you want to do it is important... but it's the way it worked, everybody likes to work.

Similarly, Participant Five talked about how things always seemed to be okay growing up because of how busy she was all the time.

It was a very isolated place... but I think why it seemed okay to me because I was busy with my schooling. In the, you know, 10 months of school and then the summertime, well my parents had gardens and I was into helping as much as I could with the gardening.

And, uh, then of course, my mother always did sewing and knitting and she, I always learned that. And when in spare time I always did some sewing or knitting. So that was my lifestyle as growing up you know. I was always kept busy, and I loved being kept busy.

Conclusion

At the outset of this research, the idea was to consider healthy aging in seniors and, through interviews, find out what this concept means to them. The interview questions did attempt to focus on this concept but, as a new researcher, I wanted to allow this research to be truly exploratory and not lead it in a certain direction. To do this, I allowed interviews to flow as genuinely as possible and took my own conceptions out of them to gain a greater understanding of life in Newfoundland for this generation. This resulted in the research focus altering to quality of life for seniors of Newfoundland and the factors that influenced them most throughout their lives. Although this deviated from my original research question it ended up posing a broader question: How often do we take into consideration the lived experiences of seniors and how this influences healthy aging and health outcomes? Furthermore, how impactful could it be to approach health care in Newfoundland and Labrador through an updated lens using quality of life concepts?

Lived experience integration into health care systems is crucial in the development of person-centered systems inclusive to the varying needs of different populations (Belton et al., 2023). The themes listed above provide a starting point for these conversations in Newfoundland and Labrador. Each of the themes presented acted synergistically with one another to create a well-rounded conceptualization of what factors have influenced seniors in Newfoundland throughout their lives. To develop strengthened policies and understanding around healthy aging and seniors, it is crucial to acknowledge what is and has been important to them. The sharing of

these stories lends itself to that concept and to unique findings in this research that contribute to ideas around healthy aging and quality of life.

Chapter 5: Discussion

In this final chapter, the findings from this research will be situated with existing literature for the purpose of expanding the framework and comparison of findings. Later sections will include limitations of the study, possible areas for future research, knowledge mobilization, and a conclusion focusing on my experience as the researcher.

In the present study, it was evident, through the lived experiences of participants, that meaning making throughout life had impacted them immensely. Also apparent was that an interconnectedness of the themes and subthemes presented above became a core part of participants' identities. Without the lived experiences growing up in rural Newfoundland, they would not have the complexities that make up the person they are in older age. These subthemes are fundamental to their self-concept and the way they view the world and what is happening in it. Participants expressed the profoundness of experience and the impact those experiences had on them and their families. The experiences shared created a construct of how growing up in Newfoundland had continued to influence them as they age.

There was a subtle but important underlying mindset that shined through in all the participants of this research study. This being that their mindset was one of hardiness and it did not occur to them to be or think anything otherwise. If something difficult happened, it was a part of life that you accept and move on from. If you had to walk an hour to get to school, it was turned into a game of who could get there fastest. If someone died, it was a rite of passage and a part of life so deeply accepted that, as much as it hurt, you keep going anyway. There was a common, core strength and wisdom that I had the privilege of witnessing in all the participants.

Kobasa (1979) coined the term hardiness as a personality trait and concept associated with better health outcomes and a mediator for stress. When considering healthy aging it makes

sense that seniors in Newfoundland may connect more with this term. It focuses on some of the key concepts discussed by participants such as survival and strength. This becomes clearer when one considers the words associated with hardiness and resiliency. Resiliency is frequently described using the terms flexibility, durability, and sturdiness. Hardiness is found alongside the terms toughness, healthiness, and strength. The two overlap immensely in the literature because they often go hand in hand. However, in the current research a clearer distinction was made by participants. Some participants were quick to apply the term hardiness to their lives, associating it more with hard work, grit, and strength. They felt that they had developed hardy personalities due to geographic isolation and the economic and societal state of Newfoundland during their childhood. Instead of this being considered a detriment, it was something that participants were grateful for and fostered within themselves as they aged. All participants suggested that the hardiness developed in childhood helped them to age in a healthier manner because it taught them healthy habits.

Seniors in Newfoundland may also align with the term hardiness as it is identified by three characteristics that apply to them: challenge, control, and commitment (Kobasa, 1979). Challenge is defined as welcoming change and viewing it as useful for development. Control is identified as one's belief that they have some control or influence over the events in their life. Lastly, commitment is the ability to feel involved and committed to the activities in one's life. As displayed through the themes and subthemes above, these underlying beliefs and commitments weave through the stories of participants. A clear component of healthy aging for the participants in the current study was developing hardiness and wisdom through these three core beliefs.

The theme of physical and emotional well-being bolsters the findings of healthy aging

research on seniors in that participants associated good health and physical activity with quality of life. Research has shown that physical activity, good nutrition, and purpose in life encourages longevity and healthy aging (Castruita et al., 2022; Sowa et al., 2016). The participants in this study discussed these aspects of their lives suggesting that the same concepts were key in their sense of healthy aging. They focused on daily physical activity and maintaining a healthy diet which contributed to an overall sense of health and well-being. Engaging in a healthy lifestyle inclusive to being active and taking care of oneself has consistently been a highly rated component for seniors in successful aging (Stark-Wroblewski et al., 2008). A distinction made in the current study is the link between these aspects of healthy living and geographic isolation. Despite the challenges associated with geographic isolation, participants had unique ways of supporting their health and well-being. A few common ways were walking to and from most places, creating games out of physically demanding chores, and maintaining livestock and gardens.

Loss and Grief and Acceptance of Aging emerged as two noteworthy findings. A few researchers have considered the impact of grief and best practices for supporting older adults through grief and loss (Perng & Renz, 2018; Schladitz et al., 2021). Ang (2022) suggested a similar finding to the current research in that time allows space for processing grief and offers an altered perspective on the meaning of life. Reichstadt et al. (2010) suggested that self-acceptance and self-contentedness connect with engagement with life and self-growth to form a well-rounded concept of healthy aging. These constructions situated directly in the current research as participants discussed the same ideas. A level of wisdom was formed by participants in that study as well as the current one in their keen sense of self and support of emotional and physical well-being through engagement with life.

Connection was, and still is, a deeply meaningful and ingrained part of the identities of

participants. The connection felt in participants' communities and through interpersonal relationships was and still is a cherished concept. The sense being that people were and are around to support each other through challenging times. Connection repeatedly encourages resilience, lower stress levels, and positive health outcomes (Levasseur et al., 2017; Wermelinger Ávila et al., 2017) which was reflected in the stories of participants. Participants echoed the sentiment that connection truly kept them going and was what they remember most about growing up in Newfoundland.

Freeman et al. (2019) discussed a refined theme of connection to the natural world that is developed further by the current research. They suggest that connection to nature at any age is important and aging lessens the resources available to directly experience nature. The participants of the current research suggest something unique to this. They grew up spending most of their time in nature and as they have aged created ways to get rooted back into nature. Living in a rural community made it necessary to use the land and nature to survive, but it also became a treasured part of their world. The connection to nature and land is a source of grounding and a reminder of core values instilled throughout childhood.

Core values and ingrained belief systems shape our identities and perception of the world around us. This is not unique to Newfoundlanders and extends to connect every part of the world. Although core values and belief systems vary, the idea behind them is a commonality we share. Certain beliefs and values have shaped the participants of this study. The main ones discussed in the findings of this research are church, spirituality, and busyness. Participants placed an importance on these aspects and how they have developed as they have gone through life. These were practices in childhood that led to core components of personality in older adulthood.

The idea that I had in conducting this research was to better understand healthy aging in seniors of Newfoundland. The findings from this research contribute to a conceptualization of

healthy aging by bolstering the findings in previous research while adding unique findings situated in the current study. The conclusion, however, is not that these findings only contribute to a sense of healthy aging. The findings from this research led to a much richer idea about what makes Newfoundlanders unique and what contributes to their well-being in older adulthood. The themes and subthemes in the current study contribute to the literature while suggesting that quality of life plays a great importance on healthy aging.

Historically and statistically, Newfoundlanders have not been found to be the healthiest individual's (Miller, 1951; Health Accord NL, 2022). They do, however, continue to age well into their senior years and consistently rate their life satisfaction and happiness levels highly when compared with other provinces in Canada (Statistics Canada, 2024). These statistics also convey that Newfoundlanders highly rate six components of quality of life: life satisfaction, sense of meaning and purpose, future outlook, loneliness, having someone to count on, and belonging to the local community. It is not a coincidence that life in rural Newfoundland reinforces these components and that participants in the current study told stories directly relating to all of them. As argued earlier in this paper, there has been a reductionist viewpoint from which healthy aging has been approached in medicine. The current literature suggests strong implications for how we consider community health and terminology around it. A broader conclusion for community health should be turning the view away from a medicalized insistence on longevity. Therefore, considering a holistic focus and appreciation for the crucial role played by individual well-being and community wide quality of life.

The methodology chosen for this research created space for a depiction of how the concept of quality of life impacted the lives of the participants. Although the participants in this study were generally healthy, they all discussed some aspect of health currently impacting their life. One participant was in the midst of recovering from a major surgery, and others were dealing with some of the effects of aging like bone density loss and arthritis. Despite these health

challenges, their quality of life was undoubtedly maintained.

Existing Literature

At present, there are few research articles focusing on the lived experiences of seniors in Newfoundland. The articles that do exist, in Newfoundland, mainly focus on the medical treatment of seniors as discussed in Chapter Two. This theme extends to other parts of the world as well with some articles beginning to focus on lived experiences (Chee et al., 2023; Dante, 2015; Üstel, 2013). These articles express a need for more research on lived experiences and how it can broaden our ability to work with different populations and understand them better. As expressed by some participants in this study, it is deeply meaningful to share experiences and have them truly listened to.

There have been a significant number of research studies on resilience and hardiness in older adults (Ng & Lee, 2019; Reynolds, 2019; Wilson et al., 2022). These studies all focused on different factors key to understanding aging in older adults; perceived loneliness, development of a resilience scale, depressive factors, health, and support. The current research study adds to the growing literature on this topic and uniquely adds seniors living in Newfoundland and Labrador to the conversation. This underscores the value of widespread research on lived experiences across the world and through different generations. It will also be crucial to consider differences between generations to understand the lived experiences that have shaped them. The generation focused on in the current study came from a different historical context than generations after them. They were met with obstacles that younger generations would not have faced in the same way, such as access to resources and isolation. The beliefs and quality of life of the participants were shaped by a different era, but they are rich in meaning and value. There are insights to be taken from them and implemented for quality of life in an everchanging society.

The current study also had similar findings to other research studies that considered

specific traits and factors that influence successful aging. Successful aging refers to maintaining good physical and cognitive functioning with age (Rowe & Kahn, 1997). It considers crucial life concepts such as family cohesion, marital stability, education, and coping mechanisms (Vaillant & Mukamal, 2001). Successful aging is connected closely with medicine and healthy aging concepts. Although this study set out to consider healthy aging and, by default, successful aging, it ended up looking more closely at an intersection of healthy aging and quality of life. Elements relating to successful aging were still discussed such as family life, education, and coping skills. Participants also spoke about physical and cognitive health in their daily activities.

Research by Wilson et al. (2022) bolsters the findings of the present study as they discussed main factors associated with resilience in the hope of developing a resilience scale for older adults. The hope is that this resilience scale could be validated and used for future research with older adults. The same key concepts they touched on as meaningful for seniors, confirming the efficacy of the resilience scale, were found in the present study and in others (Lima et al., 2020; Molzahn et al., 2010). These factors were sense of community, family support, friend and neighbour support, a spiritual factor, health, and a development of strong coping strategies through dealing with adverse experiences.

The factors above were also greatly tied to quality of life which relates more closely with the current study. The quality-of-life concepts directly tied other research studies and the factors that seniors discussed in the current study, such as health, physical activity, connections, belief systems, and spirituality (Lima et al., 2020; Molzahn et al., 2010; Walker & Hennessey, 2004). These studies all discussed the importance of quality of life in relation to other factors such as resilience and healthy aging. Each of the factors above, discussed through the lived experiences growing up in Newfoundland and how current life was for participants, had a direct impact on quality of life in older adulthood.

In 2016, Dan Buettner released an article presenting his journey to the Blue Zones of

the world. These zones characterized by longevity of life where individuals were consistently living to be over 100 years old. He travelled to five places around the world and described the aspects unique to each population in maintaining health and well-being contributing to longevity in life. The striking result being that he would create “nine evidence-based common denominators”. These factors are: 1) Moving naturally, 2) Purpose, 3) Downshift (routines to lessen stress), 4) 80% rule (eating until 80 percent full) 5) Plant slant (primarily eating plants) 6) Wine at 5, 7) Belonging, 8) Loved ones first, and lastly, 9) Right tribe (positive social networks). The purpose of discussing this existing literature is to connect Newfoundlanders to commonalities in these factors but also to suggest a new approach. These findings suggest an importance of quality-of-life concepts and how they interplay with healthy aging concepts. The combination of the two creating communities that not only have strong health outcomes, but the highest quality of life in the world.

Limitations of the Research

The participants in this study are from locations mainly on the east coast or west coast of the island of Newfoundland. Therefore, the study is not representative of seniors’ experiences across the entire island, or in the Labrador portion of the province. The stories shared are rich in detail but may pertain only to those specific locations. The stories shared also primarily pertain to rural communities in Newfoundland. As shown through one participant story, after moving to a larger area, experiences do differ in terms of access to resources and lifestyle during this era.

The participants in this study were also healthy in comparison to seniors struggling with health issues. None of the participants had any major ailments or chronic medical conditions which may have had an influence on their recollections of lived experiences. These interviews may have been different with a more diverse population or with some that were struggling with health. Health was one of the main subthemes in this research study, which may not be the same

conversation for the senior population that has dealt with or are currently dealing with more complex health concerns as they've aged.

"If I let myself really understand another person, I might be changed by that understanding." (Rogers, 1961, pg. 18). This research, pertaining to a subject that I am deeply connected to, created some additional considerations that required thoughtfulness. As a researcher from Newfoundland, I am interconnected with the culture and with the people simply by also being a Newfoundlander. Throughout the process of interviewing and writing, I became more familiar with researcher influence and bias. This was carefully navigated by maintaining a reflexivity journal to ensure that I was forthcoming about my role as a new researcher and one coming from a similar background as the participants in the study. I feel as though this mitigated any significant concerns, and my ability to member check and ask clarifying questions supported this further. In another sense, this was also addressed through the consideration of the words of the quote above. This sentiment has guided much of my practice as a counsellor and now, as a researcher. I wrote this quote in my reflexivity journal at the beginning of this journey as a reminder that the purpose was to learn and understand. In mitigating any concerns around researcher influence and considering this before conducting the interviews, I realized that I had to take a step outside of myself and my identity as a Newfoundlander. To allow myself to do this meant to accept that I may be changed, and my perceptions may be altered by my participants. The true beauty of exploratory research is precisely this, how much we are changed for the better by growing an understanding of other people and what has impacted them in life.

Future Research

Research on the lived experiences of seniors in terms of aging and meaning making in life is currently developing. There have not been many research studies conducted focusing on this through an exploratory lens, and even less in the province of Newfoundland and Labrador. It would be interesting to see this extended through other parts of the province and across Canada.

The senior population of Newfoundland and Labrador is growing, and I believe that there is a lot to learn and wisdom to be shared by them. This research also has implications for health care and healthy aging. Although this research ended up focusing more on meaning making and experiences that shaped participants, some values and belief systems around medicine and aging became clear. Listening to the lived experiences of seniors could play a role in medical care and the delivery of it (Black et al., 2018). Expanding on lived experiences in research, with this population, could have a major impact on how we understand the perspectives, identities, and values of different generations.

To advance the findings situated in the current research, it would be beneficial for future research to focus directly on how the factors that influence seniors growing up in Newfoundland impact healthy aging. Another idea to more closely consider is the confluence of healthy aging and quality of life. The participants in this study came from similar backgrounds in terms of active lifestyle, health and well-being throughout life, and connections to self and community. These factors all have connected to longevity in life in other research studies (Sisto, 2023; Crimmins, 2021). A mixed-methods approach would be useful in future research when addressing the connection between lived experience and health outcomes. This would intersect the stories told by those with experience with health factors more easily approached using a quantitative methodology, such as biological hallmarks and socioeconomic factors.

Another piece that future researchers could focus on is different populations in Newfoundland and Labrador. The current research did not include any participants from the Labrador portion of the province. It also did not look at seniors in Newfoundland and Labrador dealing with chronic health conditions which may impact the lived experiences of growing up and aging. Further research could also expand to consider specific sub-populations across the province such as Indigenous seniors or seniors living in isolated rural communities in Northern

Labrador.

Implications for Practice

Carl Rogers (1980) said “We think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know.” (p. 116). The essence of this quote speaks directly to the implications of this research in that integrating lived experiences in research can bolster quantitative research findings. There are many quantitative research studies conducted with older adults focused on health practices and outcomes (Josefsson et al., 2016; Kim et al., 2021; Musich et al., 2018). These studies focus on similar aspects found in the present study without directly addressing the lived experiences of older adults. Using lived experiences in research could help identify and address gaps in traditional research approaches (Brett et al., 2014). This, in turn, creating a comprehensive framework from which to approach health care initiatives and development. Through the amalgamation of lived experiences and healthcare treatment there is potential for greater understanding and advancements in health care.

As research and work around healthy aging and medicine can be complex, it is important that lived experiences are heard and valued. Newfoundland and Labrador is comprised of many outport, rural communities with little to no access to health care services (Hippe et al., 2014). Research in other rural communities suggests that there are additional barriers for residents related to stigma, beliefs, and a lack of knowledge of where or how to access health care (Boydell et al., 2006). Those factors related to some of the discussion in the present study around beliefs around healthcare and medicine.

The themes found in this research also have implications for how Newfoundland and Labrador approaches mental health services, social support networks, and policy development

aimed at rural health care. Considering the authentic experiences of those directly affected enhances the ability to understand and inform those involved in the development of policies and systems (Sunkel & Sartor, 2022). Newfoundlanders and Labradorians are faced consistently with the issue of lacking access to health care, inclusive to medical care and mental health care. Hearing the lived experiences and voicing the true concerns about this issue may help in developing new and innovative ways to approach care systems (Beames et al, 2021). Hearing about the perceptions of those living in Newfoundland and Labrador may also inform the approach we take with different populations. There is a need for more research on this integrative approach and how we can implement it. However, the findings in research, thus far, suggest that using lived experience in research not only produces higher-quality research, but also provides empirical evidence furthering our understanding of health care and medicine (Beames et al., 2021).

The factors discussed in the findings section relate closely to concepts researched in the field of health aging. The practical application to clinical practice is clear. If quality of life concepts are important to seniors in healthy aging, such as connection, spirituality, and physical and emotional well-being, then it is crucial that our health care system fosters these aspects of life in rural communities. Constructing a health care system that focuses on healthy aging concepts while also reinforcing the environment necessary for quality of life may enhance health outcomes.

Knowledge Mobilization

Findings from this research will be shared in several ways. It will be added to the UNBC Thesis collection, and the Theses Canada database hosted by Library and Archives Canada. Distribution through these channels will ensure that the findings are easily accessible and open to anyone in search of more information. A summary of the research findings will also be shared with the participants as per their requests. Lastly, findings from this study may be published in

academic journals, as a book, and/or presented at relevant conferences.

This research offers a new lens from which to view seniors and their lived experiences. Acknowledging that lived experiences play an integral role in the development of self and in healthy aging informs practice across multiple disciplines. This research in particular draws attention to Medicine, Gerontology, Psychology, Sociology, and Rural Studies. Much of the previous literature on seniors and aging has touched on integrating lived experience in research making this study a meaningful contribution to this discussion as it draws on some fundamental concepts to healthy development (i.e., hardiness, connection, active and healthy living, support systems, and spirituality).

Conclusion

This experience, as a new researcher, took me through an exceptional learning journey. At the start of this process, I did not fully grasp the amount of work it takes to organize and conduct exploratory, qualitative research. I also did not realize how much it would teach me and change me. I wanted to do justice to these stories and to my participants, and tell their stories as accurately as possible. It felt intimidating, as a new researcher, to undertake research that required a co-construction of knowledge and in-depth analysis of experiences. That feeling has shifted drastically throughout this process as it pushed me out of my comfort zone and into truly trusting myself and my ability to conduct qualitative research. This experience, in carrying out this type of research, has shaped me immensely and sparked growth as a counsellor and a researcher. I have grown a true passion and appreciation for research and learned what makes research truly meaningful. I look forward to my future growth and plan to conduct research on community health.

This research also sparked new connections and relationships for me in communities across Newfoundland. I have been profoundly impacted by the participants of this research study and their stories. I feel a great sense of privilege and appreciation in having the opportunity to

hear participants' stories and share them. After the interviews had been analyzed I had an opportunity to member check with all six participants to ensure that my findings were accurate. All participants shared that the themes and subthemes were precise and authentic to their lived experiences. In keeping with the notion of tale-tellers in Newfoundland, all participants told me even more stories when I did my member checks with them. It truly has been an honour.

My life and work experience, thus far, has been impacted greatly by experiences and stories shared with me. Being raised in rural Newfoundland offers me a unique perspective shaped by the people, land, and culture. Those experiences, along with my belief that listening to and sharing the lived experiences of people is invaluable in shaping our knowledge and understanding, influenced me in carrying out qualitative, exploratory research. The lived experiences of seniors in Newfoundland extend learning in this way by sharing the pieces of their stories and lives that have shaped their way of being. This truly being a gift of conducting this research and sharing these lived experiences.

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Appendix A

Braun and Clark's Six Step Framework for Thematic Analysis



Appendix B

Recruitment Poster

Research Participants Needed!

Understanding Resiliency and Healthy Aging In Newfoundland Seniors



Seeking participants who:

*Grew up in and are current residents of
Newfoundland*

Are 65 years of age or older

*Are willing to participate in a 1-2 hour
long interview about their experience
growing up and living in Newfoundland*

This research is being conducted to better understand aging and health in seniors of Newfoundland. Through the lived experiences of growing up in Newfoundland, this research aims to explore resiliency factors and healthy aging. This research is being conducted by a student researcher as part of a graduate degree, under the supervision of Dr. Linda O'Neill. If you would like to learn more about this study, please contact Bethany at bwatts@unbc.ca.

Supervisor: Linda O'Neill

Contact information: linda.o'neill@unbc.ca



*This research is being conducted
through the University of Northern British Columbia in accordance with the
standards and regulations of the Research Ethics Board*

Appendix C

Information Letter and Consent Form



Information Letter and Consent Form

Project Title: When We Were Kids: Stories of Hardiness from Newfoundland Seniors

Who is conducting the study?

Researcher: Bethany Watts
Masters in Counselling Program
Department of Psychology
University of Northern British Columbia
Prince George, BC V2N 4Z9
bwatts@unbc.ca

Supervisor: Dr. Linda O'Neill
Associate Professor, Counselling
Department of Psychology
University of Northern British Columbia
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Purpose of the Research

The purpose of this research is to better understand aging and health in Newfoundland seniors. By addressing topics such as quality of life and childhood experiences, we can build a better understanding of the factors that may affect healthy aging. I hope to contribute to bridging the gap between existing research and future research in this area.

How You Were Chosen

You were selected to participate in this study because:

- You are 65 years or older
- You grew up in Newfoundland
- You live in Newfoundland currently
- You have chosen to participate in this study

What is Involved

You will be asked to participate in a one-on-one interview with the main researcher, Bethany Watts. The interview will last approximately one and a half hours to two hours. You will be asked to share your experiences around growing up in Newfoundland. I will be asking

about your beliefs and opinions of resiliency and healthy aging. The interview will be audio recorded. You may decline to answer any question, and the recording may be turned off at any time. After your interview has been transcribed and analyzed, I will send you a copy with all identifying information redacted. At this time, we can discuss, and you can add comments and provide feedback regarding the interview and analysis.

Participation is Voluntary

Your participation is completely voluntary, and you may withdraw your consent for participation at any time by notifying the researcher. If you wish to discontinue, the interview will be stopped, and any information received will be destroyed and not be used in the study. Upon completion of the interview, you may also choose to have your information withdrawn from the study. We will withdraw any study materials at that point, however, once the analysis of the data begins we will not be able to remove your individual contributions. If you choose to withdraw, there will not be any consequences for you, and you will not be required to provide a reason.

Potential Benefits

While there may not be any direct benefits to you, some people may have a feeling of satisfaction or reward in sharing your knowledge or experience and contributing to research that may contribute to the field of counselling and help us better understand, resiliency, health care and aging.

Potential Risks

There are some potential risks to participating in this study. Topics that may arise in the interview, such as childhood experiences, may be difficult to discuss and cause emotional stress or discomfort. The interview may bring up uncomfortable experiences or memories. Should this arise, we will stop the interview and you will be asked if you wish to continue, reschedule, or withdraw. We will also provide you will be provided with a list of resources that you may choose to access for support.

Confidentiality

We will do our utmost to ensure that the information you provide during the interview will be kept confidential, however, anonymity cannot be completely guaranteed. We will ensure that all data collection will occur over a secure recording device. You will be assigned a number that will be used during transcription of the interview and analysis and will be recorded in a word document that only I will have access to. All electronic data will be stored on my personal drive through the UNBC servers, which is password protected and only I will have access to. The interviews will be transcribed on my personal computer in my home office that is protected through password and verification and that only I will have access to. For the process of coding and analysis, the transcripts will be printed with any names and identifying information redacted. The printed transcripts along with any written notes or printed documents will be kept in a locked receptacle in my home office that only I will have access to. The analyzed lived experiences will be shared with participants verbally to complete member checking. Only I and my direct supervisor, Dr. Linda O'Neill, will have access to any information and we will de-identify the study data you choose to share. Any identifiable information, such as your name, will be securely stored separately from the remaining study data. Following the completion of

the research project, physical notes and paper transcripts will be shredded and disposed of. Electronic data will be kept on the secure UNBC server for one year following the completion of the project. At that point I will permanently delete all files from the server. There are certain situations in which I would not be able to maintain confidentiality. This would occur under the following circumstances: there is a risk of imminent harm to yourself or a named other, if there is a suspicion of child abuse or neglect, or under court order.

Research Results

Your interview will be analyzed along with several others in contribution to the completed study. The research will be presented during my thesis defense at UNBC. It is anticipated that the results will be published in professional journals or reports and be presented at community organizations or conferences.

On the consent form, you will be given the option to indicate whether you would like to receive a summary of the results, which will be sent to you via email upon completion of the study. You can also contact me, Bethany Watts, at bwatts@unbc.ca, or my supervisor, Dr. Linda O'Neill, at loneill@unbc.ca to obtain a copy of the research results.

Questions or Complaints

If you have any questions, please feel free to contact me, Bethany Watts, at bwatts@unbc.ca. You may also contact my supervisor, Dr. Linda O'Neill, at loneill@unbc.ca. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the UNBC Office of Research at 250 960 6735 or by e-mail at reb@unbc.ca.

Resources

Bridge the Gapp:

<http://www.bridgethegapp.ca/>

Bridge the gAPP is a province-wide online resource designed to support mental wellness. This free online mental health resource instantly connects people to self-help information, tools and local supports through a searchable service directory. Visit Bridge the gAPP for adults (18+) or connect to local services in NL.

Canadian Coalition for Seniors Mental Health:

<https://ccsmh.ca/>

The Canadian Coalition for Seniors' Mental Health main focus areas are: Delirium; Depression; Long-term Care (mental health issues are common among seniors in LTC); Suicide Prevention. This site presents: Tools for seniors (pamphlets), their families, for Clinicians (pocket card and/or CCSMH National Guidelines) and Tools for Educators (power point slides)

Doorways, Western Health:

Doorways is a mental health and addictions walk-in service.

Counsellors offer single-session therapy services.

Bonne Bay: Walk-In Clinic – By Appointment at Bonne Bay Health Centre and Cow Head Medical Clinic, please call 458-2381 ext. 266

Burgeo: Walk-In Clinic – By Appointment (In-person or Telehealth Appointments Available), please call 886-1550 or 886-2185

Corner Brook: Walk-In Clinic – every Tuesday, 1:00 p.m. – 8:00 p.m. at 35 Boone’s Road(last walk-in accepted at 7:00 p.m.), please call 634-4506

Port aux Basques: Walk-In Clinic – every Thursday, 1:00 p.m. – 4:30 p.m. (last walk-in accepted at 3:15 p.m, please call 695-6250

(Evening Appointments available upon Request)

Port Saunders:Walk-In Clinic – By Appointment, please call 861-9126

Stephenville: Walk-In Clinic – every Wednesday, 1:00 p.m. – 8:00 p.m. (last walk-in accepted at 7:00 p.m.), please call 643-8740

DoorWays is not an emergency service.

To find Doorways in your area, call 811 OR Search the bridgethegapp.ca (attached website).

DoorWays is not an emergency service. **If mental health emergency is needed call 911 or if you are having a mental health crisis contact the 811 Health Line NEW or proceed to the nearest Emergency Department.**

Mental Health Screening:

<http://screening.mentalhealthscreening.org/western-health>

Western Health offers quick, free, and anonymous mental health screening. Check on your own mental health by visiting this site today. Immediately following the brief questionnaire, you will see your results, recommendations, and key resources.

211 NL:

<https://nl.211.ca/search/>

211 is a free and confidential Information and Referral Service for children, youth, young adults, adults and older adults.

Call 211 NL

Western Health Community Support:

<http://westernhealth.nl.ca/index.php/programs-and-services/services-a-z/assessment-and-placement-services-long-term-residential-care-and-personal-care-homes>

The following services are provided through Community Support:

- Home Support Services
- Nutritional Consulting Service
- Financial Assessment
- Special Assistance Program
- Home Nursing Care
- Personal Care Homes
- Assessment & Placement Services for Long Term Residential Care and Personal Care Homes: Apply by contacting your local Western Health office to have an assessment (review) completed by the Community Health Nurse or Social Worker. Once a medical is completed by a physician (at your own cost) and a financial assessment is done, the application can be given in. If approved (by a letter), you will be placed on a wait list until a vacancy is found.

Consent Form

Title: When We Were Kids: Stories of Resiliency From Newfoundland Seniors

Researcher:

Bethany Watts
Masters in Counselling
Department of Psychology
University of Northern British Columbia
Prince George, BC V2N 4Z9
bwatts@unbc.ca

Supervisor:

Dr. Linda O'Neill
Associate Professor, Counselling
Department of Psychology
University of Northern British Columbia
Prince George, BC V2N 4Z9
loneill@unbc.ca

I have read or been described the information presented in the information letter about the project:

YES NO

I have had the opportunity to ask questions about my involvement in this project and to receive additional details I requested.

YES NO

I understand that if I agree to participate in this project, I may withdraw from the project at any time up until the report completion, with no consequences of any kind.

YES NO

I have been given a copy of this form.

YES NO

I agree to be recorded.

YES NO

I agree to receive the interview transcript and analysis via email for the purpose of providing feedback.

YES NO

I would like to receive a summary of research results via email.

YES NO

Email: _____

Your signature indicates that you consent to participate in this study.

Participant Signature:

Name of Participant (Printed):

Date:

Appendix D

Introductory Letter

Hello,

My name is Bethany Watts, and I am a student in the Master of Education in Counselling program at the University of Northern British Columbia. I am working on completing a thesis under the direct supervision of Dr. Linda O'Neill. I hope to gain an understanding of the beliefs around healthy aging and quality of life in seniors that live in Newfoundland. I am hoping to understand factors that contribute to healthy aging in seniors that grew up in rural Newfoundland.

I grew up in rural Newfoundland and spent much of my time around seniors in my hometown. That has sparked an interest and passion in me to explore the lives of seniors in Newfoundland and share their stories in hopes to contribute to research on aging in seniors. My hope is that my research can be a contribution to existing literature and spark more conversations around senior care and understanding. I am looking to interview seniors who are above 65 years old, who grew up in rural Newfoundland. The interviews will be conducted in person and will be audio recorded and transcribed. To maintain anonymity, all identifying information will be removed from the transcripts and the data. Only myself and my direct supervisor, Dr. Linda O'Neill, will have access to the participants' information. The information will be destroyed two years after the research commences. At any time during or after the interview, participants will be able to withdraw their participation and their information will be destroyed. I have contacted your agency as I am looking for your support in recruiting seniors for the study. If you know of anyone who would be interested in participating, please feel free to share the attached study information letter, and/or contact me at any time if you have questions or want more information. Thank you for your time and consideration for participation in this study. Below please find my contact information. I look forward to hearing from you.

Sincerely,

Bethany Watts

Appendix E

Sample Interview Questions

1. Where did you grow up in Newfoundland?
2. What was growing up in Newfoundland like for you? What was your experience growing up in Newfoundland?
3. What do you feel were the hardest parts of growing up in Newfoundland and living here throughout your life?
4. What were your fondest memories of growing up in Newfoundland and living your life here?
5. Would you say resilience has played a part in your life, in terms of longevity and health? Would you call yourself resilient or would you call it something else?
6. What does healthy aging mean to you?