

**This is a self-archived version of an original article. This version may differ from the original in pagination and typographic details.**

**Author(s):** Sirén, Ann-Louise; Seppänen, Marjaana; Von Bonsdorff, Mikaela B.

**Title:** Life events and the experience of quality of life among residents of senior housing in Finland

**Year:** 2023

**Version:** Published version

**Copyright:** © 2024 the Authors

**Rights:** CC BY 4.0

**Rights url:** <https://creativecommons.org/licenses/by/4.0/>

**Please cite the original version:**

Sirén, A.-L., Seppänen, M., & Von Bonsdorff, M. B. (2023). Life events and the experience of quality of life among residents of senior housing in Finland. *International Journal of Ageing and Later Life*, 17(1), 53-81. <https://doi.org/10.3384/ijal.1652-8670.4865>

## Life events and the experience of quality of life among residents of senior housing in Finland

By ANN-LOUISE SIRÉN<sup>1,2</sup>, MARJAANA SEPPÄNEN<sup>1</sup> & MIKAELA B. VON BONSDORFF<sup>2,3</sup>

### Abstract

A more holistic view is needed regarding the impact of life events on the quality of life of older adults. We explored how senior housing residents perceive the influence of life events on their current quality of life, from a life course perspective. Semi-structured interviews were conducted with 33 residents aged 68 to 97 years from three senior houses. The thematic analysis suggested that events related to social relationships and human agency may influence quality of life in old age. Experiences that contribute to personal development, feeling safe, social connectedness, and a strong sense of human agency were perceived to add quality to life. Events that cause anxiety, reduces one's sense of autonomy, and involve loss of social closeness were perceived to detract from quality of life. Life events can also sometimes evoke

<sup>1</sup>Ann-Louise Sirén & Marjaana Seppänen, Faculty of Social Sciences, University of Helsinki, Finland.

<sup>2</sup>Ann-Louise Sirén & Mikaela B. von Bonsdorff, Folkhälsan Research Center, Helsinki, Finland

<sup>3</sup>Mikaela B. von Bonsdorff, Gerontology Research Center and Faculty of Sport and Health Sciences, University of Jyväskylä, Finland

conflicting feelings. The study implies that the influence of life events depends on whether human needs are met.

Keywords: independent living, life course perspective, life events, personal autonomy, quality of life.

## Introduction

In the light of population ageing, there has been an increased emphasis on investigating factors that may have an impact on older adults' quality of life. Research conducted over the past two decades has found vital links between quality of life and life events (Enwo et al. 2021; Gabriel & Bowling 2004; Ventegodt et al. 2006; Yilmaz & Tekin 2018), that is, significant experiences that may produce considerable and long-term effects either on an individual level or for a larger group of people (Hutchison 2019). The research to date has generally focussed on the impact of life events (Hutchison 2019) that have a disadvantageous influence on older adults' quality of life. Less attention has subsequently been paid to life events that may increase quality of life in old age. It is therefore important to have a more holistic understanding of the influence of life events in the shaping quality of life of older adults. Such events may have various effects depending, for example, on the individual's personal situation at the time of the experience (Cleland et al. 2016a; Swain et al. 2020), including whether the person has social resources at hand (Pocnet et al. 2016), such as a strong sense of closeness in relationships (Wiggins et al. 2004), financial resources (Swain et al. 2020), the experiences that precede the event, and whether the individual has a sense of autonomy (Shrira 2012) and control over the event (Zautra & Reich 1981). Many life events may subsequently be difficult to categorise definitively as either desirable or undesirable (Cleland et al. 2016b). This study therefore aims to contribute to existing literature by taking a step towards understanding the impact of life events on quality of life as a whole.

### *Quality of Life*

The concept of quality of life is widely used in research. In social sciences, such as gerontology, there is a consensus that quality of life is a

multidimensional concept (e.g. Van Leeuwen et al. 2019; Walker & Lowenstein 2009) comprising social, environmental, psychological and physical values (Theofilou 2013). Quality of life has both objective micro-societal and socio-demographic components (Gabriel & Bowling 2004) and subjective micro-individual components (Walker & Lowenstein 2009). The former includes for example the level of income, education and housing (Walker & Lowenstein 2009), and the latter includes individuals' own interpretation of this reality (Xavier et al. 2003).

According to Fernández-Ballesteros (2011), the definitions of quality of life based on lay views are similar to those proposed by experts. Therefore, older adults' own interpretations of what is important for quality of life need to be included in the definition of the concept (Gabriel & Bowling 2004; Walker & Lowenstein 2009). A systematic review by Van Leeuwen et al. (2019), which included 48 qualitative studies aimed at exploring what quality of life means to older adults, identified nine domains of quality of life and associated sub-themes. The domains included health perceptions, autonomy, role and activity, relationships, attitudes and adaptation, emotional comfort, spirituality, home and neighbourhood, and financial security. Clearly, there are many different areas that are important in old age. One of these is life events.

### *Life Events and Quality of Life in Old Age*

Some studies investigating associations between life events and quality of life have found that older adults who have experienced adverse childhood events, such as bereavement, exposure to violence (Enwo et al. 2021) and physical illness (Shrira 2012), are at risk of decreased quality of life. Yilmaz and Tekin (2018), who conducted a study examining the impact of negative events early in life on the quality of life among individuals aged 50–89 years, found that parental indifference to their child's health, and the number of negative events may be important determinants of quality of life.

Other studies have investigated associations between life events that have occurred near or after retirement and quality of life. Wiggins et al. (2004) had the overall aim of identifying and analysing life course and contextual factors that influence quality of life in older adults aged 65–75 years. Their results showed that recent bereavement and major

illnesses lowered quality of life and indicated that a strong sense of closeness in relationships may counteract the impact of such experiences. Another life event that typically occurs near or after retirement is relocating from conventional housing to more supportive housing, such as senior housing.

Relocating to senior housing is known to be one of the most stressful events in old age (Lotvonen et al. 2018) and has been reported to have an impact on quality of life (Roberts & Adams 2018). Senior housing refers to non-institutional residential accommodation that supports independent living for older adults with varying needs for assistance with activities of daily living (Lahti et al. 2021). Whether a move to senior housing causes positive or negative stress responses depends on many factors, including whether the move affects patterns of social interaction, daily habits, and how preceding life events are perceived in relation to the move (Ewen & Chahal 2013). Preceding life events constitute a common reason for relocating later in life, and the occurrence of stressful experiences prior to the move may exacerbate the stress and require making substantial adjustments following relocation (Ewen & Chahal 2013).

A retrospective study by Ventegodt et al. (2006) sought to discover whether previous major life events had an influence on the present quality of life of older adults aged 55–66 years. They found that many small events had a greater impact on quality of life than fewer but larger events. Similar results were reported in a longitudinal study with the aim of exploring associations between life events reported by adults 50 years or older, and quality of life and functional ability (Enwo et al. 2021). The results showed that experiencing maternal coldness, violence in combat, or being exposed to many adverse life events significantly increased the risk of poor quality of life. A similar conclusion was drawn by Shrira (2012) in another longitudinal study focussing on whether lifetime cumulative adversity had detrimental effects on depressive symptoms and quality of life in older adults in the age range 50 to 96 years. The results indicated that individuals with more life course adversity were at greater risk of continuous high levels of depressive symptoms and lower quality of life.

Thus, multiple life events may occur together (Enwo et al. 2021) and tend to cluster at certain stages of the life course (Plagnol & Scott 2011). Moreover, some life events keep individuals on a particular trajectory

whereas others either send life trajectories off track or bring them back on track; such experiences represent turning points, or lasting major negative or positive changes (Hutchison 2019). Turning points can influence quality of life since individuals shift their priorities in terms of what matters to them after such life events (Plagnol & Scott 2011).

### *Life Course Theory*

Understanding the life patterns described above is at the heart of the life course perspective, as they generate diversity and affect many people's lives at the same time (Hutchison 2019). The life course perspective, or life course theory (Alwin 2012), focusses on the experiences that individuals have in their lives from childhood to later life (Elder 1998), and provides a context for understanding how these experiences provide opportunities, or constitute challenges, for human development (Hutchison 2019). This theory has been profoundly shaped by the work of Glen Elder (Grenier 2012: 30), who in the 1990s identified four central interrelated principles (Elder 1994), or main themes, that characterised the life course perspective (Hutchison 2019). Two additional principles were later identified by Elder (1998) and Michael Shanahan (2000) (Hutchison 2019).

Together, these six principles form the framework for life course researchers (Hutchison 2019). The *historical time and place* principle states that the lives of individuals are embedded in and shaped by the historical times and places they experience (Alwin 2012), such as World War II or the Great Depression (Elder 1998). The principle of *timing of life* states that life events can be timely and synchronous in relation to age norms (Elder 1994), or they can be untimely (Elder 1998). The principle of *linked or interdependent lives* asserts that individuals' lives are embedded in social relationships with relatives and friends (Elder 1994); consequently, planned or unplanned transitions in one's life are preceded by transitions experienced by these "significant others" (Elder & Shanahan 2006: 696). The principle *human agency* states that the opportunity to make life choices enables individuals to choose the paths they wish to follow, depending on the opportunities and constraints of history, culture, and social structure (Elder 1998). The principle of *diversity in life course trajectories* asserts that individuals are simultaneously part of multiple socially constructed identity groups, such as gender, age, social class, ethnicity, ability, and

geographical location (Hutchison 2019). Finally, the principle of *developmental risk and protection* states that life events and transitions that occur at one point in time can set in motion other interrelated experiences at later points in time, which can trigger cumulative advantages or disadvantages (Elder 1998; Hutchison 2019) that shape one's entire life.

One of the main strengths of the life course theory is that it looks at all life stages and transitions to understand life patterns (Elder 1998). The framework can be used to understand how life events influence outcomes of interest (Alwin 2012). Therefore, the theory has the potential to further our understanding of how older people's quality of life is shaped by their experiences of life events in different life stages. Surprisingly, none of the studies examining associations between older adults' quality of life and life events appear to have applied life course theory. Instead, researchers have generally drawn on other models, such as Gilbert's evolutionary biopsychosocial model (Ferreira et al. 2021), cumulative inequality theory (Shrira 2012), and the holistic process theory of healing (Ventegodt et al. 2006).

### *The Present Study*

Existing research on older adults' quality of life in relation to life events is mainly based on quantitative data, and hence a more in-depth understanding of the phenomenon from the perspective of older adults themselves is needed. As Grenier (2012: 31) argues, adopting a life course perspective could allow their subjective experiences to take on greater meaning. Furthermore, what is known about the influence of life events on quality of life in old age derives from studies focussing on life events that are expected to have a negative impact, mainly involving study populations with a mean age under 65 years. There is therefore a need to include older adults who have reached retirement age. Since older adults residing in senior housing are typically 65 years or older (Ewen & Shahal 2013; Lahti et al. 2021; Silva-Smith et al. 2011), and senior housing also aims to improve quality of life (Ismail et al. 2021; Silva-Smith et al. 2011; Tyvimaa 2011), seniors residing in such housing were considered to be an appropriate population for this study. Complementing previous research, this study aims to focus on older adults' own interpretations of the changes they have experienced over their life course that shape quality of life in old age. The question we

wanted to answer was: How do residents in senior housing perceive the influence of the life events they have experienced over the life course on their current quality of life?

## Methods

This research is part of the BoAktiv Study, a project comprising two parts. The first part investigates physical functioning, mental functioning, loneliness, and health-related quality of life among senior housing residents, but also seeks to investigate whether the residents' functioning (Lahti et al. 2021) and active ageing differ from community-dwelling older adults (Siltanen et al. 2023). The overall aim of the second part of BoAktiv Study is to gain comprehensive data about the perspectives and characteristics of individuals who reside in senior housing and to use the information to create living environments that support good quality of life. While all three authors of the present study have been involved in designing the second part of BoAktiv Study, the first author has been responsible for collecting the interview data used in that part. The study has been reviewed by the ethical review board in the Humanities and Social and Behavioural Sciences, Helsinki University, Finland. All procedures were conducted in line with the guidelines of the Declaration of Helsinki.

### *Participants and Procedure*

Participants were recruited from three independent living facilities, two small ( $\leq 49$  apartments) and one large ( $\geq 100$  apartments), around the southwestern and southern coastal regions of Finland. Independent living facilities are called senior houses in Finland. People who receive a pension or are 55 years or older are eligible to live in the facilities regardless of their income level. The senior houses were run by Folkhälsan, a non-profit organisation that provides social and health services to Finnish citizens at all stages of life (Folkhälsan 2021). All participants lived independently but light supportive services such as housecleaning were available and included in the monthly service fee. Although all the participants were Finnish, most of them had Swedish as their first language, which is one of the two official languages in Finland and is spoken by about 5% of the population. The inclusion criteria were specified as



follows: age  $\geq 65$  years, intact memory function, and sufficient Swedish language comprehension and speaking ability. Table 1 shows the characteristics of the participants.

One of the smaller senior houses consisted only of rental apartments, whereas the other two had a combination of condominiums and rental apartments. The living costs for the senior houses varied depending on

**Table 1.** Characteristics of the participants

	<i>N</i> = 33 (%)
<b>Sex</b>	
Women	22 (67)
Men	11 (33)
<b>Age</b>	
70 years or under	3 (9)
71–80	11 (33)
81 years or over	19 (58)
<b>Marital status</b>	
Married	6 (18)
Divorced	6 (18)
Widowed	16 (49)
Unmarried	5 (15)
<b>Level of education</b>	
Primary or secondary	7 (21)
Tertiary	22 (67)
Postgraduate	4 (12)
<b>Chronic condition</b>	
None	5 (15)
One	13 (39)
Two or more	15 (46)
<b>Number of years in current housing</b>	
0–1 year	8 (24)
2–3 years	17 (52)
4 years or more	8 (24)

location, available services, and type of apartment. In the larger senior house, residents could purchase support services from the skilled nursing facility in the same complex. Daily activities such as aqua aerobics and gymnastics for older adults were also available in the larger senior house. One of the smaller senior houses and the larger senior house had a gym, which residents could use as they wished and which was included in the monthly fee.

The in-house manager of each participating senior house agreed to forward an information letter about the study to all Swedish-speaking residents. The letter explained that as senior housing has become an increasingly common type of housing, it is important to gain comprehensive information on the characteristics of senior housing residents and the factors that may influence their quality of life, such as life events. It was also explained that the information gained from the study could be used in the design and development of senior housing. The letter also included an invitation to receive oral information about the study, to ask questions, and to register as a participant. The first author then visited each of the three senior houses to provide detailed information about the study to residents who attended the meeting and were interested in obtaining more information. She explained that the overall aim of the study was to gain a deeper understanding of what senior housing residents associate with quality of life and which life events made life better or worse – either enhanced or reduced quality of life – across the life course as well as at the present time. The researcher also informed the participants that the study was part of her doctoral research and that she had previously worked on various public health projects, such as promoting healthy ageing and preventing unwanted loneliness among older adults. After receiving information about the study, the majority of those who had attended the information session in each senior house, 32 residents, agreed to participate and signed an informed consent form. The first author informed the residents who attended, as well as the in-house managers, that more participants were welcome, which resulted in one additional participant. None of the 33 participants dropped out. The few residents who attended the meeting but chose not to participate stated that they declined because of age-related conditions, such as severely impaired hearing.

### *Study Design and Analysis*

Since we wanted to ask older adults to describe key events they had experienced in their lives, we decided to conduct in-depth semi-structured interviews that allowed them to talk about quality of life in the context of their overall life (Gabriel & Bowling 2004). An interview protocol was created that included questions regarding quality of life, life events, and the life course. Pilot interviews were conducted by the first author with older adults who provided feedback that was used to improve the interview protocol. Consistent with Xavier et al. (2003), we found that the individuals in the pilot interviews found the term "quality of life" difficult to understand. We therefore decided to rephrase our questions to include only the word "life"; for example, instead of asking participants which life events enhanced or reduced their quality of life, we asked them about events that made life better or worse. This rephrasing was considered to preserve the intelligibility of quality of life as well as the validity of the original intention with regard to the questions (Xavier et al. 2003). To obtain relevant information about life events across the life course that the participants associated with their quality of life, they were asked about life changes or events that had occurred during different life stages. The open-ended question that everyone was asked for each life stage was: "What changes or events do you consider have made your life better or worse?" At the end of each interview, all participants were asked: "Which of the life events that you have talked about today, positive or negative, have most influenced your ability to live a good life at present?"

The first author also conducted all interviews with the participants in the present study. She had met all the participants before the actual interview and talked to them individually. The interviews were conducted in Swedish between September and November 2021 in the residents' apartments or another convenient location within the senior house. One participant had his son present during the interview and another had his wife present. The participants were asked if they were comfortable with the interview being recorded and with the interviewer taking notes during the interview. All interviews were audio recorded, except for one where the

researcher only took notes at the participant's request. The length of the interviews ranged from 45 to 128 minutes (mean duration 84 minutes).

Our collected data were analysed by performing thematic analysis because it offered a systematic technique for identifying, analysing, and interpreting patterns of meanings, namely themes, within the qualitative data (Clarke & Braun 2017). To conduct a reliable thematic analysis, we followed the six-phased iterative and reflective process suggested by Nowell et al. (2017), which included familiarising ourselves with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report. In the current study, thematic analysis was used to gain a broader understanding of how senior housing residents perceive the influence of life events on their current quality of life. As we wanted to apply existing theory and literature together with our raw data to explain the patterns and story behind the data, we decided to employ abductive reasoning in our thematic analysis (Thompson 2022).

All the interviews in the present study were conducted by the first author, who also transcribed them verbatim into MS Word documents during the data collection phase. Each participant was informed that their transcript was available upon request, and one participant asked to have his sent to him. The first author then actively read the transcripts to become familiar with the dataset as a whole and to identify potential codes in the raw data. Similar phrases and words were highlighted in the same colour. The first round of codes was discussed with the other authors. Some of the codes seemed to be irrelevant to our research question. Further rounds of coding were therefore conducted by the first author, a process that resulted in a reduced number of codes. Once all of the authors had reached a consensus on which codes to include in the analysis, we began to group the codes into different categories, or themes. We moved back and forth between the different phases numerous times before we felt that we had captured the essence of what we wanted to explore. Eventually, two main themes emerged that we considered to encapsulate the essence of how our participants related life events to their current quality of life. After some consideration, we added a third main theme with the codes "mixed feelings" and "both positive and negative consequences," which had originally been part of the other main themes. In the development

of the included themes, we considered both the raw data as well as existing literature, and the life course perspective.

Overall, the data in each main theme were intertwined and thus difficult to separate. One of the themes, however, included data that clearly captured different aspects and were accordingly divided into sub-themes (see Table 2 for an overview of the identified codes, sub-themes, and main themes). Finally, all the participants received information about our interpretations and had the opportunity to comment on them.

## Findings

In this section, we will present the findings from the three main themes and two sub-themes that reflect how our participants related life events

**Table 2.** Overview of the identified codes, sub-themes and themes during the analysis process

Codes	Sub-themes	Themes
Have something in common, belonging, new enriching relationships	Feeling socially connected	Experiences providing opportunities to live a life that one values
Make own decisions, freedom, develop skills, cultivate talent, develop interests, achieve goals, preferred lifestyle	Developing as a person	
Beyond one's control, worry, loss of independence, loss of freedom, anxiety, loss of enriching relationships, feeling out of place, insecurity		Disruptive experiences restricting the possibilities to live a life that one values
Mixed feelings, both positive and negative		Experiences providing both opportunities and constraints to live a life that one values

that they had experienced across the life course to their current quality of life.

### *Experiences Providing Opportunities to Live a Life That One Values*

Life events that our participants had found desirable and that had generated additional gains, such as new social connections or being the starting point for other positive life events, were perceived to add quality to life, making their current life better. Such life events allowed them to feel content over time.

**Feeling socially connected.** When the participants talked about life events that made life better, they often mentioned that these experiences had contributed to social relationships with people that had become very central to their lives. Some of these life events had been the starting point for other interrelated occurrences, such as meeting one's future spouse or getting married. Almost one-third of participants considered that such life events had improved their quality of life, primarily because they had led to other life events that had made life better, such as having children and grandchildren. When asked about the life events that had made their current life better, one participant said:

Meeting my wife was naturally the biggest change... and children and the grandchildren. I hadn't imagined a life with children. And it's been really lovely, not to mention the grandchildren. They're amazing, a great joy [...] (P33).

Many of those who had children similarly reflected that without marriage they would not have their children, who were the central people in their lives.

Several other life events were similarly perceived to add quality to life because they contributed to enriching relationships. Taking up a hobby was such an event for approximately half of the participants. While the hobby remained important because it was fulfilling and provided opportunities to develop skills and to progress, it also provided opportunities to develop satisfying social relationships with people who shared their interest. One participant, who was a member of a choir, illustrated this by saying:

Singing and socialising with others [in the choir] is something that makes life good. Those who sing in the choir have become dear to me over the years and are people I enjoy spending time with (P22).

A hobby could duly foster lasting and enriching relationships with people with whom they had something in common. This was considered an important aspect of several other life events that added quality to life because it built a sense of connectedness and belonging.

It was common for participants to explain that the social relationships they had developed in conjunction with life events continued to enrich their social life. The choice of education or profession were examples of such events. As one participant said:

I have a group of colleagues that I started collaborating and planning joint projects with for mother tongue teachers [...] The companionship was good and is still good and active (P28).

Even if the patterns of social interaction with former colleagues changed and often decreased after retirement, it was important for many of our participants to maintain and nurture friendships with people with whom they had something in common.

Diminished social connections, due to widowhood or a change in health status, had been a reason for relocating to senior housing. Nearly half of the participants said that the move had enriched their social life. For several of the participants, the move had enabled them to maintain social connections or to reconnect, which added quality to their lives. This was illustrated by a participant when he said:

These old friends of mine, like my classmates, are quite important; we all think so. It's pretty fantastic [...] I've met some of my old classmates from the 1930s [here at the senior house]. We started school together and now we live here together (P19).

The opportunity to socialise with fellow residents with whom they had something in common contributed to the feeling that relocating was a happy life event.

**Developing as a person.** Our participants emphasised how important it was to have the autonomy to make decisions regarding life events that could shape their entire future, and subsequently influence whether they

could live the kind of life they had planned and hoped for. The choice of education and profession were such events. One of the participants said that because he had stood up to his parents, he had been able to become what he wanted:

[...] my parents had wanted me to become an engineer, but I had a will of my own and did well - I became a military officer [...] (P5).

He felt that it was a profession that had suited him perfectly and he had developed people skills that had helped him to communicate and interact with others efficiently. Several of the participants similarly explained that the skills they had acquired thanks to their education or profession allowed them to contribute to the well-being of others. One participant exemplified this by saying:

My [nursing training] has been useful many times, even here at times [in the senior house]. Some [fellow residents] are tired and low, and I make them feel happier [...] It comes naturally to me. I see the need, so I'm pleased and happy (P9).

Having the autonomy to pursue a qualification or profession they had their mind set on could have been the starting point for other life events that enabled them to steer their life in a desirable direction from that point on. Some of the participants had taken purposeful actions to achieve their goals. As one participant stated:

It's like a stepladder... without the first step, I wouldn't have reached the others. So really, let's say it was a decision back in school to plan well for the rest of my life [...] without the first step, I wouldn't have succeeded [...] it was never that I was after money, but one thing led to another (P23).

As this quote illustrates, that first choice had also led to other positive outcomes such as financial security, both during working life and in old age.

Another life event that had often been well-planned was relocating to senior housing. Many of the participants considered that it had been one of the best decisions they had made, partly because the accommodation met their current needs. For example, the move enabled them to continue living independently and to come and go as they pleased, which facilitated an active lifestyle, such as spending a lot of time outdoors or taking



part in cultural activities outside the senior housing sphere. One participant who had an active everyday life said:

I have many illnesses, but I'm keen to try to take part in everything. I take part in senior dancing, and now we're starting choir [practice] again [...], and tomorrow is Oktoberfest, so we have a lot going on (P21).

Staying healthy for as long as possible was a vital goal for many residents, and the relocation facilitated physical activity. As one participant said:

There are so many opportunities here when it comes to what I praise the most, which I didn't have [when I lived] in the countryside, and that's the nice gym [...] So that makes it work for me because I have a will to live. I want to live as long as possible (P22).

The relocation had duly made it easier for some of the participants to pursue an everyday life that was in line with what they valued.

### *Disruptive Experiences Restricting the Possibilities to Live a Life That One Values*

In contrast to the theme presented above, this theme represents life events over which the participants had no control, and which could have led to a decline in quality of life. Such experiences involved either loss of social closeness or connectedness and/or a lack of autonomy.

Six participants said that the disruptive life events that had taken place during World War II had left a mark on them. Several of these respondents were worried about the possibility of being affected by war once again. As one participant put it:

War overshadows everything [...] There are so many troubles and sorrows that come with it [...] I hope that there won't be any more [wars before I die], but all the time you can see powerful military commanders and statesmen who have problems behaving themselves (P19).

More than half of the participants had been sent away as a war child during World War II. For those who had perceived it as a negative life event or

who had experienced adverse life events while away from their family, it was important to make sense of their experiences. However, some of them had never had the opportunity to do so, which made it difficult to heal and get closure because other people, particularly their parents, had been reluctant to talk about it. One of the participants called for redress:

I'm waiting for an official day [devoted to war children] [...] Or at least the opportunity to get therapy, or some sort of compensation (P 7).

Most of the participants who had experienced disruptive events due to the war reported that as adults they had increasingly begun to reflect on and think about the negative effects of their experiences.

Participants felt that certain life events had restricted their freedom to shape their lives in a desirable direction. Being prevented from pursuing the education they wanted was one such event. As one participant commented:

It was actually my aunts who decided my profession [...] Well, I enjoyed my job, but the [low] wages [...] I would rather have done something else [for a living] (P7).

This participant said that she had struggled financially throughout her adult life due to low wages and a low income after retirement.

Retirement could therefore be perceived as financially distressing for some. Several of them had retired too early due to the development of a chronic disease, for example, which had led to a much lower pension than they had anticipated. Untimely retirement was generally perceived as undesirable because most of these participants had wanted to continue working until full retirement age.

Developing a chronic disease or condition could therefore take life in a different direction than expected. Several participants said that their changed circumstances had led to a decline in their psychological well-being. One participant who had been diagnosed with an eye disease stated:

Sometimes I get depressed, and sometimes I feel that everything's so boring [...] I would like to have more energy to do the things I have the chance to do, but the eye disease restricts me. If I didn't have this bad eyesight, I wouldn't be living here [in the senior house], or even be in this country. When I was still working, I used to dream of spending my winters as a retiree [in a warm country] (P12).

Some of those who had developed a chronic disease said that they had become socially withdrawn and therefore seldom took part in social activities, both outside and inside the senior house sphere. These respondents stated that they felt rather isolated and lacked close relationships.

A life event that had also led to life taking an unwanted turn was having a spouse who had unexpectedly fallen seriously ill. These participants said that it was sad to witness their spouse's health deteriorate and no longer be able to do things together. They also reported that the changed circumstances had affected their psychological well-being.

Another type of disruptive life event involving the loss of close relationships was the death of a spouse, relative or close friend. Several of the participants whose spouse had died explained that the grief was always present, despite having an overall fulfilling social life and everyday life. One participant explained:

For the most part, I manage pretty well, but at the weekends, regardless of what I have planned, such as my granddaughter's birthday party next Sunday, I become a bit melancholy. It's only a little over two years since my husband died, and we had been married for 60 years. The loss becomes palpable every now and then. You never quite get over it (P21).

For some, losing someone close to them meant that they no longer had anyone to confide in or do things with. As one participant said:

It's an enormous sense of loss. She [my sister] was the only human being I could talk to about everything, everything. There were no secrets... Now there's no one [I can talk to] (P18).

Several participants who no longer had any close friends alive said that they longed to find someone with whom they had a similar connection. These respondents also expressed feelings of loneliness.

Losing someone close could be a life event that resulted in relocating to senior housing. Even if most of the participants had chosen to relocate of their own free will, some said that the move had not been their choice. Several of them had felt obliged to move because their children had insisted on it, and some said that it had

been the only available housing option when they had to move due to changing life circumstances. These respondents said that they felt out of place and would like to live somewhere else if they got the opportunity.

### *Experiences Providing Both Opportunities and Constraints to Live a Life That One Values*

Life events sometimes caused mixed feelings because they concurrently made life better in some respects and worse in others. For example, a life event could increase autonomy and decrease closeness or connectedness at the same time.

The death of a spouse was a life event that could evoke mixed feelings. This was especially the case if the spouse had been ill for a long time before dying. Several participants said that while they were grieving the death of their long-time partner, they also felt a sense of relief, for reasons such as being exhausted from worrying about their spouse's deteriorating health or being the primary caregiver which can lead to a rather restricted life. One participant illustrated this by saying:

If he [her husband] were still alive, I think my life would be quite boring because I would be taking care of him. Regardless of whether he was living at home and I was looking after him myself, or whether he was in an institution, I would still have to go there daily and keep in touch with him or his carers. I think my life would have been quite monotonous (P20).

Another life event that could cause mixed feelings was retirement. For some participants, for example, retirement meant that they were finally free to organise their days as they wished.

At the same time, they had a job in which they had felt useful, and which had been of benefit to other people or to the development of their workplace. Many participants also mentioned that they missed the social life that working life had provided. One participant described her mixed feelings towards retirement by saying:

It becomes less stressful [after retirement], and it's good of course that you can choose more freely, which is healthy [...]. [But after retirement], you don't have that dynamic human contact [...] (P4).

Just as retirement was perceived by some participants as a life event that evoked conflicting feelings, so was relocating to senior housing. For example, several participants said that although they felt fortunate to have found the perfect home to suit their personal preferences in a supportive environment, there was more variation in the age and health status of the residents than they had expected. Living in the same residential facility as people in very poor health could make them feel out of place or generally dissatisfied with aspects of their living environment.

## Discussion

This research set out to explore how senior housing residents experience life events and associate such changes with their current quality of life. In line with previous research, our findings suggest that it is rarely the life event itself that affects a person's quality of life (e.g. Pocnet et al. 2016; Ventegodt et al. 2006). Life events that provided our participants with opportunities to live the lives they valued, such as feeling socially connected and developing as a person, were perceived to improve their quality of their life. Conversely, disruptive life events that restricted their ability to live the kind of life they valued, such as loss of social closeness or independence, detracted from their assessment of their quality of life. Although their experiences of life events involved different aspects of the principles that are part of the life course perspective, two of the principles were much more prominent in our participants' accounts, namely the principles of linked or interdependent lives and human agency in choice-making. The discussion section will therefore be centred around these two principles.

Regardless of which life event our participants talked about in relation to their current quality of life, the subject of social relationships came up. This finding makes visible the way in which people's lives are embedded in various social relationships with relatives and friends throughout life (Elder 1994). Individuals thus position themselves in relation to one another (Grenier 2012: 31) and are accordingly affected by each other's actions, experiences, and transitions throughout life (Elder & Shanahan 2006: 696).

Life events that contributed to feeling socially connected were perceived by our participants to add quality to life, such as taking up a

rewarding hobby, because they were able to socialise with people who shared their interest. Taking up a hobby provides a regular forum for socialisation, which can contribute to quality of life (Gabriel & Bowling 2004). In addition, becoming part of a group promotes a sense of belonging, builds rewarding relationships and enhances self-esteem, but can also reduce stress and isolation in old age (Ismail et al. 2021).

Engaging in social activities was clearly important to our participants. Such activities can improve psychological well-being by allowing older adults to maintain an interest in life, keep busy and active, and meet other people (Gabriel & Bowling 2004). A life event that had facilitated participation in social activities and a richer social life for a number of participants was moving into senior housing. Some had experienced life events prior to the move that had resulted in reduced social closeness, such as widowhood. For some of the participants the move had provided an opportunity to make new social connections, maintain existing ones or reconnect with old friends. Relocation was therefore perceived to enhance quality of life. Previous research has shown that early social engagement after relocation helps residents make new friendships, integrate better (Lotvonen et al. 2018), and maintain a better quality of life (Roberts & Adams 2018; Silva-Smith et al. 2011).

While some of the life events that added quality to our participants' current lives related to quality friendships, others related to entering into a serious relationship, such as marriage. Previous research suggests that marriage may represent a turning point that has a major impact on individuals' perceptions of what is important in terms of quality of life (Plagnol & Scott 2011), and has been positively associated with mental well-being (Cleland et al. 2016a; Cleland et al. 2016b). Participants who were married said that one of the main reasons they perceived marriage as a life event that made their current life better was that it had been followed by other interrelated positive life events, namely having children and grandchildren.

Although many of our participants talked about life events that contributed to high quality social relationships characterised by connectedness or support, several also talked about events that led to a reduction in the quality or loss of close social relationships. For example, developing a chronic disease could lead to social withdrawal. These individuals lacked close relationships in general, but also with their neighbours. This

indicated that they perceived a lack of social support, which can have negative effects on quality of life (Pocnet et al. 2016). Several of our participants also said that the death of a spouse or other significant person could also lead to reduced closeness. For some, it meant that they had lost the only person they felt close to and a particular connection with. The loss led to feelings of bereavement, which can lead to poor psychological well-being and a poor outlook on life (Gabriel & Bowling 2004). These respondents said that they found it difficult to cope with the grief. Lacking strategies to cope with difficult life events, such as receiving compassion and support from others, can reduce quality of life (Ferreira et al. 2021).

We now turn to another finding in our data – human agency in decision-making. Overall, our participants emphasised that it had been important for them to have the freedom to make autonomous decisions regarding life events that could shape their lives in the desired direction, such as the choice of education or to relocate to senior housing. Many of them expressed gratitude for having had the freedom to make these choices without unwanted interference from others, namely to have autonomy (Shrira 2012). Autonomy can be regarded as an important domain of quality of life, but also a basic human need (Wiggins et al. 2004). Participants who had been able to pursue an education or profession of their choosing often talked about how this decision had led to other positive life events that had contributed to a good life, including financial security. These individuals had made purposeful decisions that eventually allowed them to achieve their goals. This brings the process of cumulative advantage to mind – they had their mind set on what they wanted to become, which serves as an incentive for action (Hutchison 2019), and accordingly followed a pattern of behaviour that had lasting positive consequences (Elder 1998; Elder & Shanahan 2006: 682).

A positive consequence of what can be interpreted as cumulative advantage was that it had allowed these participants to choose how and where to live in old age, which was one of the reasons why they had chosen to relocate to senior housing. For many, the relocation was perceived to make life better because their current needs were met, including the ability to have a social and active lifestyle, which is fundamental in the pursuit of high quality of life for many in old age (Tyvimaa 2011). They

valued an active everyday life, particularly physical activities, because they wanted to stay healthy for as long as possible and remain independent. To sustain a higher quality of life among senior housing residents, the residential staff should consider each resident's needs, values, autonomy, goals, and preferences (Silva-Smith et al. 2011).

However, several participants said that they had only relocated to senior housing due to circumstances beyond their control, such as the death of a spouse, and that they felt out of place and would rather live somewhere else. This suggests that they found it difficult to adapt to their new accommodation – not only did they find the move itself stressful, but they had also experienced stressful events prior to the move that required even more adjustment (Ewen & Chahal 2013).

Thus, although it is usually assumed that individuals have agency to make choices and act within the opportunities and constraints of the context in which they live (Elder 1998), our findings indicate that there may be situations in which people lack such agency. Just as relocating to senior housing could be such a situation, having been sent away as a war child due to World War II could also be perceived as an undesirable experience that detracted from quality of life. Events that are out of one's control are more likely to cause distress (Zautra & Reich 1981). Enwo et al. (2021), in keeping with Yilmaz and Tekin (2018), suggest that to improve quality of life in old age, it is important to consider and address the impact of adverse childhood events. According to Vente-godt et al. (2006), the damage inflicted by such events can heal successfully if they are processed, which can subsequently enhance quality of life, even in old age.

Thus far, we have discussed the principles of linked lives and human agency separately. However, as noted earlier, the two are interrelated, and this interrelation was evident in our findings. For example, a number of life events that could evoke conflicting feelings contained elements of both concepts. For instance, some of our participants said that retirement gave them more freedom to choose what they wanted to do with their time, but at the same time they missed the social life that had been a vital part of their working life. The impact of life events is clearly anything but straightforward because many life events seem to provide individuals with conflicting emotions (Cleland et al. 2016a). Some life events, such as relocating to senior housing, can



trigger both positive and negative stress responses; while the move can evoke fears of losing one's independence, for example, it can concurrently be perceived as an opportunity to increase social contacts (Ewen & Chahal 2013).

As regards the methodology used in this study, it has both limitations and strengths. In terms of limitations, qualitative methods involve interpretations of the data, and hence researcher and participant perceptions of what life events represent may differ (Swain et al. 2020). In addition, although we explicitly asked the participants about both positive and negative life events that they felt had influenced their quality of life, it is possible that some of them reported fewer positive events because their psychological outlook on life was less positive, or conversely, that some reported more positive than negative events because their outlook was more optimistic (Gabriel & Bowling 2004). Another limitation that needs to be addressed is the issue of saturation, that is when the data have reached *sufficient* conceptual depth to allow the researcher to theorise (Nelson 2017). While we addressed the five criteria for reaching sufficiency – range, complexity, subtlety, resonance, and validity – we cannot say with certainty that we managed to achieve it.

In terms of strengths, the life course perspective helped us to identify life course patterns in different life phases and transitions (Alwin 2012), but also to put the findings into context. Furthermore, using an abductive approach enabled us to maintain the balance between theorising and the empirical data (Thompson 2022). This approach also allowed us to consider unexpected themes in our data that deviated from existing research and theory, such as those relating to personal development and needs.

## Conclusions

Our findings suggest that life events may influence quality of life in old age, particularly those related to social relationships and autonomy. Life events that are perceived to add quality to life can contribute to personal development and social connectedness, and involve a strong sense of human agency. Life events that are perceived to detract from quality of life are those that may cause anxiety, reduce a sense of autonomy, and

involve loss of social closeness. However, some life events may be perceived in parallel as improving life in some respects and worsening it in others, as some experiences may, for example, increase autonomy but at the same time lead to a loss of closeness or connectedness. Overall, our findings support the view that good social relationships are one of the most central domains of quality of life for older adults (Gabriel & Bowling 2004).

Moving into senior housing is a life event that appears to influence the quality of life of older adults. Since many people move to senior housing in search of higher quality of life and hope that senior housing can provide the opportunity to age in place, it is important that it can provide an environment that supports autonomy and a sense of belonging – that is, a living environment that meets their needs. In terms of future research, it would be important to extend this line of enquiry and further explore how good quality of life in old age can be supported. Based on the provisional findings of our small-scale qualitative study, we suggest that further research be undertaken to explore how human needs relate to life events. Further research could also explore how personal development can be supported across the life course.

### Conflicts of interest

The authors do not have any potential conflict of interests to declare.

### Data availability statement

The analysed and interpreted data presented in this article are not readily available because it is in Swedish. The data will be available in English before the end of 2024. Requests to access the data should be directed to [ann-louise.siren@folkhalsan.fi](mailto:ann-louise.siren@folkhalsan.fi).

### Ethics approval

The present study is linked to the ongoing study BoAktiv, which has been approved by the ethical review board in Humanities and Social and Behavioral Sciences, Helsinki University, Finland (ethical review statement 34/2017).

### Consent to participate

Participants signed an informed consent after receiving written and oral information regarding the aim of the research.

### Consent for publication

Participants approved dissemination of the findings.

### Funding

This work was supported by Samfundet Folkhälsan, Jan Magnus Jansson Foundation and the Academy of Finland [grant no. 349336 to MvB]. The funders had no role in designing or conducting the study or interpreting the results.

### Corresponding Author

Ann-Louise Sirén, Folkhälsan Research Center, Topeliuksenkatu 20, 00250 Helsinki, Finland. Email: ann-louise.siren@folkhalsan.fi

### References

- Alwin, D. F. (2012). Integrating varieties of life course concepts. *Journals of Gerontology – Series B Psychological Sciences and Social Sciences* 67(2): 206–220. doi: 10.1093/geronb/gbr146
- Clarke, V. & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology* 12(3): 297–298. doi: 10.1080/17439760.2016.1262613
- Cleland, C., Kearns, A., Tannahill, C. & Ellaway, A. (2016a). Home truths: Are housing-related events more important for residents' health compared with other life events?, *Housing Studies* 31(5): 495–518. doi: 10.1080/02673037.2015.1094565
- Cleland, C., Kearns, A., Tannahill, C. & Ellaway, A. (2016b). The impact of life events on adult physical and mental health and well-being: Longitudinal analysis using the GoWell health and well-being survey. *BMC Research Notes* 9(1): 1–9. doi: 10.1186/s13104-016-2278-x

- Elder, Jr. G. H. (1994). Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly* 57(1): 14–15. doi: 10.2307/2786971
- Elder, Jr. G. H. (1998). The life course as developmental theory. *Child Development* 69(1): 1–12. doi: 10.1111/j.1467-8624.1998.tb06128.x
- Elder, Jr. G. H. & Shanahan, M. J. (2006). *The Life Course and Human Development* (Volume 1, 6<sup>th</sup> ed., pp. 665–715). R. M. Lerner (ed.). Hoboken: John Wiley and Sons Inc.
- Enwo, O. O., Player, E., Steel, N. & Ford, J. A. (2021). The impact of life events on later life: A latent class analysis of the English Longitudinal Study of Ageing. *Journal of Public Health* 43(2): 180–187. doi: 10.1093/pubmed/fdaa002
- Ewen, H. H. & Chahal, J. (2013). Influence of late life stressors on the decisions of older women to relocate into congregate senior housing. *Journal of Housing For the Elderly* 27(4): 392–408. doi: 10.1080/02763893.2013.813428
- Fernández-Ballesteros, R. (2011). Quality of life in old age: Problematic issues. *Applied Research in Quality of life* 6: 21–40. doi: 10.1007/s11482-010-9110-x
- Ferreira, C., Barreto, M. & Oliveira, S. (2021). The link between major life events and quality of life: The role of compassionate abilities. *Community Mental Health Journal* 57: 219–227. doi: 10.1007/s10597-020-00638-z
- Folkhälsan. (2021). *About Folkhälsan*. Available on <https://www.folkhalsan.fi/en/om-folkhalsan/> (Accessed: November 09, 2023)
- Gabriel, Z. & Bowling, A. (2004). Quality of life from the perspectives of older people. *Ageing & Society* 24(5): 675–691. doi: 10.1017/S0144686X03001582
- Grenier, A. (2012). *Transitions and the Lifecourse – Challenging the Constructions of ‘Growing Old’*. Bristol: The Policy Press.
- Hutchison, E. D. (2019). An update on the relevance of the life course perspective for social work. *Families in Society: The Journal of Contemporary Social Services* 2019 100(4): 351–366. doi: 10.1177/1044389419873240
- Ismail, A., Razak, F. & Faisal, W. N. M. (2021). Appraising a sense of community in designing senior housing for elderly quality of life. *Journal of Architecture, Planning and Construction Management* 11(1): 14–36.
- Lahti, A. M., Mikkola, T. M., Salonen, M., Wasenius, N., Sarvimäki, A., Eriksson, J. G. & von Bonsdorff, M. B. (2021). Mental, physical

- and social functioning in independently living senior house residents and community-dwelling older adults. *International Journal of Environmental Research and Public Health* 18(23): 1–11. doi: 10.3390/ijerph182312299
- Lotvonen, S., Kyngäs, H., Koistinen, P., Bloigu, R. & Elo, S. (2018). Mental well-being of older people in Finland during the first year in senior housing and its association with physical performance. *International Journal of Environmental Research and Public Health* 15(7): 1331. doi: 10.3390/ijerph15071331
- Nelson, J. (2017). Using conceptual depth criteria: Addressing the challenge of reaching saturation in qualitative research. *Qualitative Research* 17(5): 554–570. doi: 10.1177/1468794116679873
- Nowell, L. S., Norris, J. M., White, D. E. & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods* 16(1): 1–13. doi: 10.1177/1609406917733847
- Plagnol, A. C. & Scott, J. (2011). What matters for well-being: Individual perceptions of quality of life before and after important life events. *Applied Research Quality Life* 6: 115–137. doi: 10.1007/s11482-010-9119-1
- Pocnet, C., Antonietti, J.-P., Strippoli, M.-P. F., Glaus, J., Preisig, M. & Rossier, J. (2016). Individuals' quality of life linked to major life events, perceived social support, and personality traits. *Quality of Life Research* 25: 2897–2908. doi: 10.1007/s11136-016-1296-4
- Roberts, A. R. & Adams, K. B. (2018). Quality of life trajectories of older adults living in senior housing. *Research on Aging* 40(6): 511–534. doi: 10.1177/0164027517713313
- Shanahan, M. (2000). Pathways to adulthood in changing societies: Variability and mechanisms in life course perspective. *Annual Review of Sociology* 27: 667–692.
- Shrira, A. (2012). The effect of lifetime cumulative adversity on change and chronicity in depressive symptoms and quality of life in older adults. *International Psychogeriatrics* 24(12): 1988–1997. doi: 10.1017/S1041610212001123
- Siltanen, S., Keskinen, K. E., Lahti, A. M., Rantanen, T. & von Bonsdorff, M. (2023). Active aging in senior housing residents and community-dwelling older adults: A comparative study in Finland. *Journal of Aging and Health* 36(5-6): 299–307. doi: 10.1177/08982643231186627

- Silva-Smith, A. L., Feliciano, L., Kluge, M. A., Yochim, B. P., Anderson, L. N., Hiroto, K. E. & Qualls, S. H. (2011). Practice concepts and policy analysis. *The Gerontologist* 51(3): 406–414. doi: 10.1093/geront/gnq117
- Swain, J., Carpentieri, J. D., Parsons, S. & Goodman, A. (2020). Using a life course perspective to understand early labor market exits for people in their late 50s living in the UK. *International Journal of Ageing and Later Life* 14(2): 163–192. doi: 10.3384/ijal.1652-8670.3285
- Theofilou, P. (2013). Quality of life: Definition and measurement. *Europe's Journal of Psychology* 9(1): 150–162. doi: 10.5964/ejop.v9i1.337
- Thompson, J. (2022). A guide to abductive thematic analysis. *The Qualitative Report* 27(5): 1410–1421. doi: 10.46743/2160-3715/2022.5340
- Tyvimaa, T. (2011). Social and physical environments in senior communities: The Finnish experience. *International Journal of Housing Markets and Analysis* 4(3): 197–209. doi: 10.1108/17538271111152997
- Van Leeuwen, K. M., Van Loon, M. S., Van Nes, F. A., Bosmans, J. E., De Vet, H. C., Ket, J. C., Widdershoven, G.A.M. & Ostelo, R. W. (2019). What does quality of life mean to older adults? A thematic synthesis. *PLoS One* 14(3): e0213263. doi: 10.1371/journal.pone.0213263
- Ventegodt, S., Flensburg-Madsen, T., Andersen, N. J. & Merrick, J. (2006). What influence do major events in life have on our later quality of life? A retrospective study on life events and associated emotions. *Medical Science Monitor* 12(2): 9–15.
- Walker, A. & Lowenstein, A. (2009). European perspectives on quality of life in old age. *European Journal of Ageing* 6: 61–66. doi: 10.1007/s10433-009-0117-9
- Wiggins, R. D., Higgs, P. F. D., Hyde, M. & Blane, D. B. (2004). Quality of life in the third age: Key predictors of the CASP-19 measure. *Ageing & Society* 24: 693–708. doi: 10.1017/S0144686X04002284
- Xavier, F. M. F., Ferraz, M. P. T., Marc, N., Escosteguy, N. U. & Moriguchi, E. H. (2003). Elderly people's definition of quality of life. *Revista Brasileira de Psiquiatria* 25(1): 31–39. doi: 10.1590/S1516-44462003000100007
- Yilmaz, F. & Tekin, R. N. (2018). Effects of early life factors on the health and quality of life of older adults. *Psychogeriatrics* 18(1): 30–35. doi: 10.1111/psyg.12278
- Zautra, A. J. & Reich, J. W. (1981). Positive events and quality of life. *Evaluation and Program Planning* 4: 355–361. doi: 10.1016/0149-7189(81)90034-3

