What Supports Older Canadians to Age in Place? An Integrative Review

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Abstract

Background: Older adults working to age in place (AIP) work to balance the challenges and supports needed and they do so because ageing in place potentially contributes to a high quality of life.
Purpose: The purpose of this study was to determine the challenges and supports needed for older Canadians to age in place.
Methods: This study applied Whittemore and Knafl' integrative literature review methodology and used PRISMA reporting. A quality assessment on the included articles was conducted, using the Mixed Methods Assessment Tool.
Results: Themes developed from analysis included home, community, transportation, support, health, and personal characteristics. The key finding is the intersection of factors affecting aging in place, and the complex interplay between them. Older persons navigate the challenges of ageing in place in order to maintain their independence, autonomy, and to avoid residential care.
Conclusion: Ageing in place needs to be tailored to individual older persons as they are a heterogeneous group. The diversity of older persons contributes to disparities of access to resources that support AIP. More research is needed to understand the diverse experiences and needs of older persons and how government and healthcare can better support older adults in their work to AIP.
Implications for practice: When assessing older persons, nurses should ask questions about informal and formal supports, access to healthcare, transportation options, and their financial barriers as they have an impact on ageing in place.

Keywords: aging in place, older adults, integrative review, Canada

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A national survey found 78% of Canadians wanted to age in their current homes, but just 26 per cent predicted they will be able to do so (March of Dimes, 2021). However, one individual's desire to age in place (AIP) may mean moving within a community, while another's' is to remain in their home, emphasizing individual goals, needs, and support (Forsyth & Molinsky, 2020). There is a lack of consensus on the definition of AIP and limited efforts to provide a comprehensive conceptualization of the issue (Bigonnesse & Chaudhury, 2021; Forsyth & Malinsky, 2020). For our purposes, we used the definition of "an ongoing dynamic process of balance enabling an individual to develop and maintain place integration, place attachment, independence, mobility, and social participation" (Bigonnesse & Chaudhury, 2021, p. 65).

AIP can be complex as the role of the home can be either a resource or risk to quality of life (Wahl et al., 2012). For many, relocation in later life can be a painful separation from the connections that are familiar, comforting, and routine (Wahl & Oswald, 2016). Yet unpredictable needs may require adapting the environment, and changes to connecting with others can lead to uncertainty, isolation, and dislocation (Rosenwohl-Mack et al., 2020). Older persons place attachment can include physical, social, economic, psychosocial, and autobiographical dimensions (Aliakbarzadeh Arani et al., 2021) and be supported and or made more difficult by transportation, mobility, services, amenities, and personal health (Finlay et al., 2019).

AIP can be both a symbol of autonomy and independence for older persons (those 65+) and a cost-saving solution for healthcare and government (Bigonnesse & Chaudhury, 2021), with older persons constructed as the problem rather than as an ongoing adaptive process (Ahn et al., 2017; Dalmer, 2019). Policies can discourage relocation if they favor processes that enable older persons to remain in their home regardless of health status, disability, or housing conditions (Finlay et al., 2019). Yet it is unclear what supports older Canadians to AIP. Understanding and summarizing the research about AIP for older Canadians can guide future solutions and initiatives to support the growing population of older persons. Nurses can be health navigators who work with older persons to access available support and AIP options, if they have knowledge of the supports needed and those that are available. The purpose of this integrative review was to determine what are the challenges and supports needed for older persons to AIP.

Method

Integrative reviews have the potential to provide a comprehensive understanding of the topic of interest, support evidence-based practice while depicting the complexity of health care issues (Whittemore & Knafl, 2005). The framework proposed by Whittemore and Knafl (2005) guided this review. After consultation with a medical librarian, the following databases were searched: EBSCO host CINAHL Plus with Full text, Ovid MEDLINE®, Psychlnfo, and Scopus. Key concepts searched were older adults, ageing in place, social, financial, economic, family, caregiver, government, policy. "ageing in place" OR "ag?ing in communit*" OR "ag?ing at home" OR (("community-dwell*" OR "liv* at home") adj3 (old* OR elder* OR senior* OR ag?ing)) OR ("independent*liv*" adj3 (old* OR elder* OR senior* or ag?ing)) canad* OR alberta* OR "British Columbia*" OR manitoba* OR ontari* OR saskatchewan OR quebec* OR "Nova Scotia*" OR "prince Edward island*" OR "New Brunswick" OR newfoundland OR yukon OR "northwest ten-itories" OR nwt OR Nunavut ((social or financial or economic or family or familial or caregiver* or "care giver*" or government* or official or health* or

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communit*) adj3 (support* or care* OR an-angement* OR service* OR help* OR assist* OR aid* OR resource* OR program* OR access*)) or policy or policies

The inclusion criteria were research articles in English and those which focused on supports for older people aging in place in Canada. This included studies that considered caregiver, social and community support as well as economic, financial, policy, and health care services. Exclusion criteria were: did not include aging in place, or older person (persons over the age of 65). If articles included persons younger than 65, they were included if the information about those over the age of 65 could be parsed out of the findings.

The search results were screened by title, then by abstract, and lastly the entire article was read by two reviewers. This process was documented using the Preferred Reporting Items for Systematic Reviews (PRISMA) in Figure 1 (Page et al., 2022). The references of selected articles were reviewed for possible article selection. A data extraction table was used with the selected articles. See Table 1.

Selected articles were assessed using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). The MMAT is a critical appraisal tool developed for use to review five different categories of study design: quantitative descriptive, qualitative, randomized controlled, nonrandomized, and mixed methods (Hong et al., 2018). Each study must clearly identify a clear research question, and demonstrate the collected data aligns with the research question. Further, each study must meet defined quality criteria for the method chosen, Data was extracted from the selected articles of older persons 65 and older. We then analyzed collected date using a constant comparison method to identify patterns, categories, themes, and variations (Whittemore & Knafl, 2005). Similar patterns were grouped together to form categories and similar categories to form themes.

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Figure 1:PRISMA FIGURE

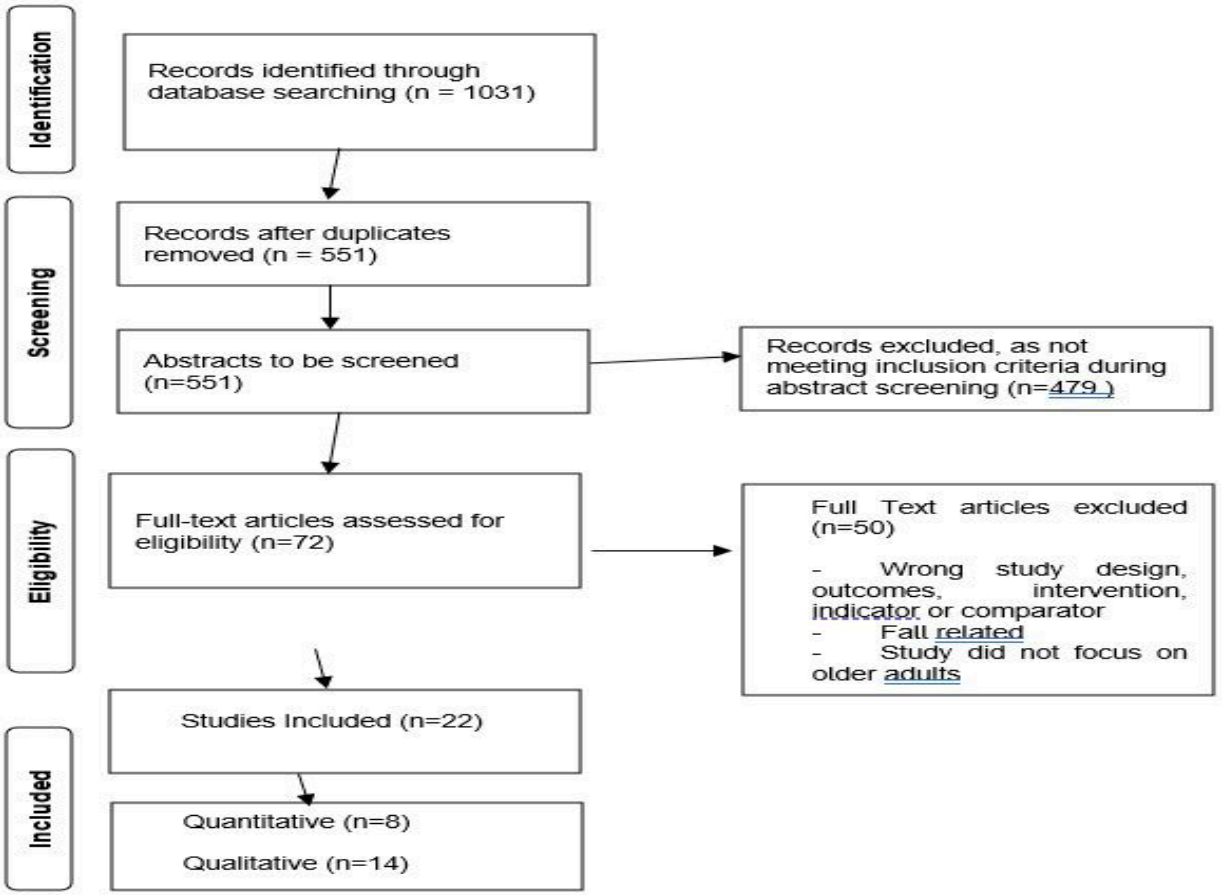

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Table 1: Integrative Review

Authors, Location	Purpose	Method	Sample	Appraisal score	Findings
Bacsu et al., 2014a Canada	To explore healthy aging in place perceptions among rural older adults living in Saskatchewan, Canada.	A Community based participatory research approach with semi-structured interviews	40 rural participants aged 65 years and older: 24 women and 16 men.	MMAT Qualitative 5/5	Social circles include friends, neighbors, and family. Reciprocity in relationships, interactions with people of similar age and younger generations was important. Mobility supported social interactions. Access to a variety of activities and being able to self-initiate supported keeping active. Independence was the ability to make one's own decisions, live self-sufficiently, and freedom over one's own life. An optimistic mental outlook was associated with remaining happy, optimistic, and not allowing age to determine one's ability. Cognitive health concerns and anxiety related to cognitive decline was expressed and participants identified activities they performed to support cognitive health.
Bacsu et al., 2014b Canada	To examine the interventions that enable rural seniors to remain within their homes and communities as they age.	Longitudinal study using community based participatory research, semi-structured interviews every 6 months over 2 years	40 rural participants aged 64 and older:22 women and 14 men.	MMAT Qualitative 5/5	Home care was poorly perceived due to the inconsistency of workers, schedules, and a lack of information on services. Safe sidewalks and roads were vital to mobility. Heavy doors and stairs were barriers to accessing services. Limited public transportation was an issue. Physician shortage and lack of medical services had seniors considering relocation. Services required was meals and senior housing. Community-level interventions included physical activity, church group, social activities, handypersons, and senior centers. Kin-level interventions were meals, social interaction driving and care giving.
Bacsu et al., 2012 Canada	To examine rural seniors' perspectives on	Ethnographic research approach, semi-	42 participants aged 65 years and older from	MMAT Qualitative 5/5	Supports for AIP for rural seniors were housing, transportation, healthcare, finances, caregivers, and resources for caregivers, and fall reduction. The strength of

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	the policy, community and kin-level interventions that influence rural healthy aging.	structured interviews	two rural communities: 24 women and 8 men.		rural communities was access to social engagement and large social networks, this was not for all participants. Informal support was accessed more frequently than formal support.
Barken, 2021 Canada	To examine the "time work" undertaken by older people with chronic health conditions and disabilities to navigate present and future support arrangements.	Interpretive qualitative approach, semi structured interviews	34 Caucasian adults aged 65 and older living in urban regions: 18 women and 4 men.	MMAT Qualitative 3/5	Participants valued maintaining continuity with the past and present and living in places where they had meaningful opportunities for inclusion and participation. A sense of comfort and security was generated based on plans to move should their care needs increase. Participants valued support options inclusive of clinical, personal care, cultural and social needs. Participants living in subsidized low-income housing and with small support networks felt relocation was out of their control.
Baron et al., 2020 Canada	To explore the perspectives of Inuit elders on the relationship between aging, health and place.	Qualitative approach.	20 adults aged between 50 and 86 years: 10 women and 10 men.	MMAT Qualitative 5/5	Spending time with children, grandchildren is the most important relationship. Social support provided daily activities and care of the house. Loss of a spouse increased the need for social support from family. Adequate housing conditions included a house in good repair, safe, space to live and host, and close to services and the land. Being on the land was important to promote well-being. Unequal access to resources created inequalities. Transportation was an issue. Overcrowding, poor-quality housing and homelessness had negative effects on health and well-being. There is a lack of adapted houses and long-term care facilities. Communication

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					barriers identified related to language, cultural and social transformation.
Downer et al., 2020 Canada	To describe the health, social and lifestyle factors affecting octogenarians with multiple sclerosis (MS).	Quantitative approach using the Canadian survey of health, lifestyle, and aging with MS.	23 people with MS between 80–89 years of age; 61 people with MS between 60-70 years of age; 1,093,230 Canadians between 80-89 years of age without MS.	MMAT Quantitative 5/5	Successful aging for those aged 80-89 years with MS was related to social support, financial security, attitude, positive lifestyle and participation in life roles. Participants maintained moderate levels of physical activity and a high degree of household, leisure, and out of home participation despite being more disabled than other Canadians their age. 66% of participants reported that they received outside assistance for housekeeping and personal care compared to 16% of those without MS.
Dubois et al., 2008 Canada	To measure the prevalence and identify the correlates of the perceived need for institutionalization among community-dwelling older adults without cognitive impairment.	Quantitative approach	781 participants aged 75 years and older.	MMAT Quantitative 5/5	27% of all participants had thought about institutionalization. The sentimental attachment for one's house does not appear to have an impact on the perceived need for placement. Physical limitations or health problems and insufficient resources are reasons for considering institutionalization. Those expecting placement were older, had a smaller social network and required more personal care and home maintenance support. Unwillingness to live in a rest home is strongly related to dislike of rest homes and preference for family care.

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Authors, Location	Purpose	Method	Sample	Appraisal score	Findings
Dupuis-Blanchard et al., 2015 Canada	To explore the strategies Canadian French-speaking seniors put in place to counter loss of independence and promote their ability to stay in their home.	Qualitative descriptive design with semi structured interviews.	39 adults 65 years of age and older and 14 family members. All participants self-identified as French speaking.	MMAT Qualitative 5/5	A positive attitude, staying in their own homes was associated with quality of life, tranquility, independence, and socialization was vital to AIP. Good health was related to lifestyle, daily health routines, and taking charge of one's health. Preparing meals, grocery shopping, cleaning, and managing finances were essential components of AIP which were provided by social supports. Transportation was mentioned most often, owning a car facilitates access to community, healthcare, and social activities. Bus services were not always accessible and taxi services were expensive. Rural areas access to transportation was problematic. Education level was associated with the ability to identify resources in the community.
Fang et al., 2016 Canada	To demonstrate the application of participatory community mapping workshops (PCMW) when examining transitions into affordable housing by a culturally diverse group of seniors	Qualitative research design.	38 adults 60 years of age and older and 16 local service providers.	MMAT Qualitative 5/5	Health and wellbeing are high priorities for participants and can be supported by positive living environments and physically and mentally stimulating activities. Geographic proximity to places that provided opportunities for community engagement such as libraries, cultural and community centers was reported to help reduce social isolation. There was a desire by participants to engage and/or befriend others regardless of culture or language.

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	over the age of sixty in Western Canada.				
Kalvari, 2021 Canada	To gauge the benefits and challenges of aging in community and develop conceptualization of the nature and form of attached social relationships and community concerns.	Exploratory study, semi structured interviews.	7 residents aged 66 years and older: 4 women and 3 men. 1 manager.	MMAT Qualitative 5/5	Co-caring included residents supporting each other with younger residents providing the caring. Co caring is a source of emotional support and reduces loneliness. Intergenerational exchanges are perceived as a source of joy and enhance quality of life for residents. Community networks enhanced quality of life and fostered social inclusion and community building. A collaborative decision-making style was a positive transition as it allowed for greater collaboration. Residents experienced different levels of anxiety at possibly having to move into institutional care, which conflicted with their philosophy and lifestyle.
Klicnik & Dogra, 2019 Canada	To understand the perspectives of a diverse group of older adults on the individual, environmental, and task constraints to participating in active transportation.	Qualitative study with a phenomenology approach, focus groups.	52 adults aged 55 years of age and older.	MMAT Qualitative 5/5	Constraints to active transportation were environmental, individual and task related. Participants identified unique interactions between various constraints that often interacted with one another, exacerbating the primary constraint. Active transportation was promoted by well-maintained paths, parks, gardens and good weather. Those using public transportation spent more time in active transportation. Lower socioeconomic groups were more concerned with safety and urban design with positive overall perceptions of their neighborhood. Adults of higher socioeconomic backgrounds had concerns with municipal policies and practices. Social isolation was associated with the constraints of active transportation.

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Kloseck et al., 2010 Canada	To outline the evolution of the Cherryhill naturally occurring retirement community (NORC) from an ordinary neighborhood to a sustainable shared learning partnership.	Qualitative approach using participatory action research over 14 years.	2925 participants over the age of 65 years: 2252 women and 673 men.	MMAT Qualitative 2/5	Input, understanding, and collaboration from businesses to health professionals is essential. A coordinator to maintain contact, relationships, and ongoing volunteer recruitment and training is recommended to ensure the NORC continues to run. A step-by-step approach as well as peer mentoring and support for those joining the NORC program was essential for what AIP
Lai et al., 2020 Canada	To examine the effectiveness of a peer-based intervention on older Chinese immigrants' psychosocial well-being.	Quantitative approach	60 participants aged 65 years and older. All participants were Chinese immigrants.	MMAT Quantitative 5/5	The peer-based intervention was effective in reducing loneliness and improving resilience among socially isolated older adults, specifically older ethnic minority immigrants. It provided social opportunities as well as informational, emotional, and social support. Face-to-face communication was more effective than digital communication in building peer support and reducing loneliness.
Mahmood et al., 2008 Canada	To explore the suitability and efficacy of South Asian older adults 'current housing and support service options.	Quantitative approach, semi structured surveys.	58 participants 65 years of age and older. All participants were South Asian immigrants.	MMAT Quantitative 5/5	South Asian older adults in this study are satisfied with their housing and living arrangements. Participants felt their current home did not prevent them from adhering to cultural or religious practices. Both groups had high rates of reliance on their ethnic community for social interaction and support. 80% of participants whose bus stop was within walking distance felt connected to their ethnic community. Safety, quality of the neighborhood and proximity to family are important. It is important to have South Asian-specific (meals

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					and linguistically sensitive staff) assisted living and long-term care facilities. Of those living in the housing project, 47% would consider assisted living compared to 25% for those in community living.
Mehrabi & Béland, 2021 Canada	To investigate the effects of social isolation on frailty and adverse health outcomes and to explore how this relationship varies according to different levels of frailty.	Quantitative study with a cross-sectional methodology.	1643 adults aged 65 years and older: 825 women and 818 men.	MMAT Quantitative 5/5	Older adults who engage in leisure activities, have social contacts with siblings, and perceive support from children and an intimate partner are less frail. Older adults who perceived a shortfall in social support were at greater risk of depression, comorbidities, and cognitive decline. The lack of an intimate partner, children and friends resulted in a higher likelihood of cognitive decline and depression. Social connection with grandchildren was positively linked to better cognitive function and higher levels of independence in ADLs.
Mirza & Hulko, 2022 Canada	To describe transportation issues from the perspective of older adults living in an urban and rural areas.	Qualitative study, structured interviews and focus groups.	83 participants aged 65 years and older: 56 women and 27 men.	MMAT Qualitative 5/5	Rural-dwelling adult's experienced barriers (financial, environmental, linguistic, and cultural) to accessing medically necessary health care services in urban centers and receiving care from health care providers traveling from urban centers.
Narushima & Kawabata, 2020 Canada	To explore the experience of aging among older Canadian women with physical	Qualitative approach.	12 women aged 65 and older living alone who were or had	MMAT Qualitative 5/5	Participants were comfortable in their homes as they preserved their personal histories and identities. Lack of affordable housing and mobility were a challenge, and all had made home adaptations. Technology was used to increase autonomy and control. Participants' self-identity as strong independent women developed from life experiences and

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	limitations who live by themselves		used home care services.		sustains them in later life. Participants' independent life is unattainable without support. Opportunities for civic engagement, social and physical activities gave participants a routine to socialize and play a social role in their communities.
Ploeg et al., 2019 Canada	To understand the experiences of living with multiple chronic conditions (MCC) from the perspective of community living older adults with MCC.	Qualitative study using an interpretive description approach, semi-structured interviews.	21 adults 65 years of age or older with an average of 7.4 chronic conditions including one of diabetes, dementia, or stroke.	MMAT Qualitative 5/5	Trying to stay healthy while living with MCC included enacting healthy lifestyles, taking prescribed medications, and social and community connections. Participants depended on family caregivers for support, which included activities of daily living, transportation, emotional and social support, and motivation to remain independent. Participants paid many out-of-pocket expenses which created financial hardships for themselves and their families. Expenses included medications and transportation. Participants felt they were receiving healthcare that did not address their complex needs, participants either fell in line with expectations of the system or took on missing roles (e.g., care coordination) themselves.
Thandi et al., 2018 Canada	To enhance understanding of community-dwelling older men's day-to-day experiences with physical activity.	Qualitative study using an interpretive descriptive approach, semi-structured interviews.	4 male participants between 70 and 86 years of age.	MMAT Qualitative 5/5	Participants found meaning and purpose by adhering to routines that they had become accustomed to. Participants' past experiences with physical activity influenced current activities and they were motivated by a desire to be self-reliant. The physical environment was important in motivating physical activity. Participants most common mode of transportation was walking. Physical activity was facilitated by neighborhood aesthetics, proximity to amenities, and familiarity with the neighborhood. Highly populated neighborhoods and high traffic areas posed challenges to physical activity and safety. Intersections between social

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					class, community involvement and physical activity patterns was identified. Community based activity supported socialization. Continued involvement in their communities and provided a sense of belonging and purpose.
Therrien & Desrosiers, 2010 Canada	To compare the level of participation of older adults living in a rural, urban, and metropolitan environment and exploring sociodemographic factors associated with participation according to each type of environment.	Quantitative cross-sectional study.	350 randomly recruited participants 65 years of age and older: 175 women and 175 men.	MMAT Quantitative 5/5	Participants living in rural regions reported less schooling and a lower income, had less access to stores and public transportation. Participants in the metropolitan region expressed less satisfaction with their social support, felt less secure in their neighborhood and a smaller proportion drove a car. Participation in daily activities and social roles did not differ according to the metropolitan, urban or rural environment. Living with others was associated with a lower level of participation for daily activities in all three regions. Age was associated with participation in daily activities in the metropolitan and urban regions only. Driving was associated with participation in all regions except for engagement in daily activities in the metropolitan regions.
Weeks et al., 2005 Canada	To examine the importance of proximity to family members in future housing, and how marital status, current co-residence with family	Quantitative approach, interviews.	100 participants aged 65 years and older: 73 women and 37 men.	MMAT Quantitative 5/5	94% of participants had no plans to move and preferred to remain living in the same area due to proximity to family and friends and familiarity. 40% would choose a location based on proximity to support services or care facilities. 50% of participants would consider congregate or senior housing as options. Four types of assistance required were visits, home repair, snow removal, heavy cleaning, and garden/yard/outside maintenance. Family most often provided support with visits, transportation, and home

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	members and family support influenced future housing. preferences.				repairs. Level of family support was linked to housing preferences.
Winters et al., 2015 Canada	To examine the activity patterns of those living in a highly walkable, or "ideal", neighborhood and compare this with those who live in more typical settings.	Quantitative approach.	184 participants aged 60 years and older: 118 women and 66 men.	MMAT Quantitative 5/5	Participants took on average 4.6 one-way trips per day, nearly two-thirds by foot. Those who used a walking aid had fewer trips and daily walking rates were higher for those without a car. Those with car access were more active than those without. Grocery stores, restaurants, malls/marketplaces, and people's houses were key destinations. The likelihood older adults living in highly walkable neighborhood would travel by foot was over 5 times higher. 37% of participants met physical activity guidelines.

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Findings

Our search yielded 1031 manuscripts. Screening of titles and abstracts yielded 72 articles. After full-text screening, 22 met the inclusion criteria. Of these, 14 were qualitative Within in the studies older persons lived in urban, rural, and Inuit communities, some spoke a minority language, were Asian immigrants, and/or frail older persons. Conditions reported were multiple chronic conditions.

All studies were conducted in Canada. Six themes—home, community, transportation, support, health, and personal characteristics—were developed through data analysis as factors required to AIP. Factors could be supportive to AIP for some individuals and barriers to AIP for other individuals. Factors could also be both supportive and a barrier to some individuals. For example, a home could provide sentimental attachment and yet keeping it up could create a barrier when an older person's health or finances deterorate.

Theme 1- Home

Home referred not only to the physical home but also the meaning associated with the home and how older persons navigated decisions to relocate. Twelve articles made mention of home or housing (Bacsu et al., 2012; Bacsu et al., 2014a; Bacsu et al., 2014b; Barken, 2021; Baron et al., 2020; Dubois et al., 2008; Dupuis-Blanchard et al., 2015; Kalvari, 2021; Kloseck et al., 2010; Mahmood et al., 2008; Narushima & Kawabata, 2020; Weeks et al., 2005). Older persons able to control their home environment, felt their home met their needs and wanted to avoid moving away from their spouse, family, friends, a familiar location, and cultural and religious practices (Barken, 2021; Baron et al., 2020; Dupuis-Blanchard et al., 2015; Mahmood et al., 2008; Narushima & Kawabata, 2020; Weeks et al., 2005). Older persons who felt their identity and history was encapsulated in their home preferred to remain in their own homes (Barken, 2021; Narushima & Kawabata, 2020). However, Dubois et al. (2008) found the sentimental attachment to one's own home did not appear to have an impact on the perceived need to move to congregate or senior housing.

When considering relocation, the decision was based on proximity to support services and care facilities and was due to physical disabilities and insufficient resources (Dubois et al., 2008; Weeks et al., 2005). Those expecting placement were older, had a smaller social network, and experienced greater need for personal care and home maintenance than did those not expecting placement (Dubois et al., 2008). Some older persons associated living in a "home" with a poor quality of life and care or reported it conflicted with their lifestyle and philosophy (Barken, 2021; Dubois et al., 2008; Kalvari, 2021). Rural communities lacked long-term care beds, resulting in relocation from communities and spouses (Bacsu et al., 2012; Baron et al., 2020). Older persons living in subsidized low-income housing with small support networks felt relocation was out of their control (Barken, 2021). Those living in housing projects are twice as likely to consider assisted living (Mahmood et al., 2008).

The need for affordable housing of various levels was identified (Bacsu et al., 2012; Bacsu et al., 2014b; Narushima & Kawabata, 2020). Adequate housing included having a home in good repair, is safe, has adequate space, provides a sense of home, and is located close to services (Baron et al., 2020). Some older persons desired senior housing with common spaces to support social interaction, support for meals, cleaning services, formal check-ins, and

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transportation options (Bacsu et al., 2012; Bacsu et al., 2014b). Knowledge gaps were identified by older persons related to housing option costs, waitlist, eligibility criteria, and contact information (Bacsu et al., 2012).

Theme 2- Community

How older persons were positioned in the community both physically and socially was referenced in eight articles (Bacsu et al., 2012; Baron et al., 2020; Dubois et al., 2008; Fang et al., 2016; Klicnik & Dogra, 2019; Mahmood et al., 2008; Thandi et al., 2018; Therrien & Desrosiers, 2010). Communities had a positive impact on AIP provided there was access to health services, close proximity to places, was safe and secure, and in close proximity to family (Baron et al., 2020; Mahmood et al., 2008; Thandi et al., 2018). Continued involvement in their communities and maintaining strong connections with community groups provided a sense of belonging and purpose that alleviated social isolation (Bacsu et al., 2014; Fang et al., 2016; Thandi et al., 2018). Therrien and Desrosiers (2010) found that although people living in rural, urban, or metropolitan regions differed on some health, environmental, and socioeconomic variables, their participation in daily activities and social roles did not. Educational level was associated with older persons' ability to identify resources in the community (Dupuis-Blanchard et al., 2015). Klicnik and Dogra (2019) found older persons of lower socioeconomic status were more likely to be concerned with safety and urban design; those of higher socioeconomic status had more concerns around policies and practices.

Theme 3- Transportation

Transportation included being able to drive, being driven, public transportation, and mobility. Eight articles discussed transportation (Bacsu et al., 2012; Bacsu et al., 2014b; Baron et al., 2020; Dupuis-Blanchard et al., 2015; Klicnik & Dogra, 2019; Mahmood et al., 2008; Mirza & Hulko, 2022; Winters et al., 2015). Environmental constraints to engage in active transportation included conditions in the weather, sidewalks, roads, urban design, transit, and regional policies and practices, while the individual constraints included health, fear of fall/injury, perception of personal safety, fitness, finances, and personal characteristics (Bacsu et al., 2012; Klicnik & Dogra, 2019).

Driving facilitated independence, participation in activities, AIP, access to community resources, healthcare, social activities, and compensated for poor mobility (Baron et al., 2020; Dupuis-Blanchard et al., 2015; Mirza & Hulko, 2022). Those with cars were more active than those without, and key destinations were grocery stores, restaurants, malls, and people's homes (Klicnik & Dogra, 2019; Winters et al., 2015). Bacsu et al. (2012) reported that women were more likely to need driving support or public transportation. Those living in rural communities faced an increased need for transportation to access centralized services and resources but experienced limited transportation options and self-imposed driving restrictions when accessing centralized services (Bacsu et al., 2012; Bacsu et al., 2014b; Baron et al., 2020; Dupuis-Blanchard et al., 2015; Mirza & Hulko, 2022). Public transportation had limited availability and taxi services were expensive (Bacsu et al., 2012; Dupuis-Blanchard et al., 2015). A study by Mahmood et al. (2008) found 80% of older persons whose bus stop was within walking distance felt in proximity to their ethnic community. Older persons living in highly walkable communities were five times more likely to travel by foot and more likely to meet physical activity guidelines suggested for older people (Winters et al., 2015).

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Theme 4- Support

Thirteen studies identified social support as important to AIP (Bacsu et al., 2012; Bacsu et al., 2014a; Bacsu et al., 2014b; Barken, 2021; Baron et al., 2020; Downer et al., 2020; Dupuis-Blanchard et al., 2015; Lai et al., 2020; Mahmood et al., 2008; Mehrabi & Béland, 2021; Narushima & Kawabata, 2020; Ploeg et al., 2019; Thandi et al., 2018; Therrien & Desrosiers, 2010; Weeks et al., 2005). Informal sources of social support identified by older persons included spouses, family, neighbours, and friends (Bacsu et al., 2012; Bacsu et al., 2014a; Baron et al., 2020; Dupuis-Blanchard et al., 2015). Social support provided activities of daily living, meal preparation, transportation, house cleaning, yard work, home repairs, and emotional support; without which the older adult would be unable to continue living in the community (Bacsu et al., 2014b; Baron et al., 2020; Dupuis-Blanchard et al., 2015; Narushima & Kawabata, 2020; Ploeg et al., 2019; Weeks et al., 2005). Social connection with grandchildren was positively linked to better cognitive function and higher levels of independence in activities of daily living (Mehrabi & Béland, 2021). The loss of a spouse increased the need for social support from family while a lack of family increased the incidence of depression, comorbidity, and cognitive decline (Baron et al., 2020; Mehrabi & Béland, 2021). In one study, older people described accessing formal support when informal social support was unavailable (Bacsu et al., 2014b).

Results show that actively engaging in social activities may alleviate the impact of activities of daily living limitations, depressive symptoms, and cognitive decline among older person (Mehrabi & Béland, 2021). Social interactions with those of similar age were important due to benefits of shared experiences while developing relationships with younger generations was desired by older persons but it was a challenge to create these relationships (Bacsu et al., 2012; Bacsu et al., 2014a). Reciprocity was important in relationships with co-caring found to provide emotional support and reduce loneliness (Bacsu et al., 2014a; Kalvari, 2021; Narushima & Kawabata, 2020). Peer-based interventions provided social opportunities and informal emotional social support which reduced loneliness, and improved resilience among socially isolated older persons, specifically older ethnic minority immigrants (Lai et al., 2020). Bacsu et al. (2014b) found social engagement to be the key strength of living in rural communities. Support options that included cultural and social needs were important to older persons (Barken, 2021). Older people wanted to engage and/or befriend others regardless of culture or language (Fang et al., 2016).

Social interaction facilitators include the internet, telephone, mobility aids, safe sidewalks, ramps, good weather, and driving ability (Bacsu et al., 2012; Bacsu et al., 2014a). Face-to-face communication was more effective than digital communication in building peer support and reducing loneliness (Lai et al., 2020). Opportunities for civic engagement and social and physical activities gave older persons a reason and sometimes a routine to leave their home to socialize and to keep playing a social role in their communities (Narushima & Kawabata, 2020; Thandi et al., 2018).

Assistance required to AIP included preparing meals, grocery shopping, meal delivery, house cleaning, visiting, handy person services, and managing finances and were essential components of being able to AIP (Bacsu et al., 2012; Downer et al., 2020; Dupuis-Blanchard et al., 2015; Weeks et al., 2005). Caregivers support activities of daily living, transportation,

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emotional and social support, and provide the motivation to remain independent (Ploeg et al., 2019). Needed was information for adult day programs, cognitive health services, respite care, in-home care, and transportation services (Bacsu et al., 2012; Bacsu et al., 2014b).

Theme 5- Health

Healthcare was included in five articles and referred to access, awareness of services, and how older persons perceived receiving healthcare (Bacsu et al., 2012; Bacsu et al., 2014b; Kalvari, 2021; Mirza & Hulko, 2022; Ploeg et al., 2019). Older persons lacked information on services offered by home care, the cost, eligibility criteria, and how to access home care; when received, it was perceived poorly due to a lack of adequate support, inconsistent staff, and schedules (Bacsu et al., 2012; Bacsu et al., 2014b). A lack of information on mental health support, podiatry, respite care, and healthcare coverage were also identified as challenges related to healthcare (Bacsu et al., 2012). The physician shortage and lack of medical services challenged older persons' ability to AIP, often leading to relocation or transportation issues (Bacsu et al., 2012; Bacsu et al., 2014b; Mirza & Hulko, 2022). Those having to leave the community to access health care identified the detrimental impact on their family members (Bacsu et al., 2014b). In one study, older persons were satisfied with the services when an Nurse Practioner would travel to older persons' homes (Bacsu et al., 2014b).

Older persons perceived formal care to be provided as expert-led, task-oriented, and that they were not considered as active decision makers (Kalvari, 2021; Ploeg et al., 2019). Those living with complex medical issues felt healthcare services did not address their needs, leaving them to accept this gap or take on the missing role of care coordination themselves (Ploeg et al., 2019).

Theme 6- Personal Characteristics

Older persons personal characteristics that influenced AIP were referred to in fourteen articles (Bacsu et al., 2012; Bacsu et al., 2014a; Bacsu et al., 2014b; Barken, 2021; Baron et al., 2020; Downer et al., 2020; Dubois et al., 2008; Dupuis-Blanchard et al., 2015; Fang et al., 2016; Kalvari, 2021; Klicnik & Dogra, 2019; Kloseck et al., 2010; Lai et al., 2020; Narushima & Kawabata, 2020; Ploeg et al., 2019; Thandi et al., 2018) and referred to their activity levels, personal contributors, and finances.

Older persons related the following elements as contributors to successful AIP: lifestyle, daily routines, proper nutrition, physically and mentally stimulating activities, taking prescribed medications, and taking charge of one's health (Bacsu et al., 2012; Bacsu et al., 2014a; Downer et al., 2020; Dupuis-Blanchard et al., 2015; Fang et al., 2016; Klicnik & Dogra, 2019; Ploeg et al., 2019). Meaning and purpose were found in adhering to routines the older adult had become accustomed to (Barken, 2021; Thandi et al., 2018). Psychological factors such as mood, attitude, resilience, and fatigue contributed to perceived quality of life for older persons (Downer et al., 2020). The importance of remaining happy, optimistic, and not allowing age to determine one's ability or as an indication of the aging process were identified as essential to AIP (Bacsu et al., 2014a; Dupuis-Blanchard et al., 2015). Concerns and anxiety related to cognitive decline and loss of independence were expressed by older persons (Bacsu et al., 2014a). Poor spousal health, loss of spouse, or lack of caregiver support challenged the maintenance of a positive outlook (Bacsu et al., 2014a). Mental health support was needed to maintain a positive mental outlook (Bacsu et al., 2014a). Autonomy and control were increased through the use of technology for

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many (Narushima & Kawabata, 2020). A sense of comfort and security was generated based on planning for and the availability of present and future support arrangements; those planning and exerting control over a future based on potential change had less stress (Barken, 2021).

Being active was identified as key to being involved, engaged, and participating in the community, while having a variety of activities and being able to self-initiate supported keeping active (Bacsu et al., 2014a). Older persons' past experiences with physical activity significantly influenced the activities they currently engaged in and were motivated by a desire to be self-reliant (Thandi et al., 2018).

Finances were of significant concern, and several older persons were concerned their pensions would not support their future needs (Bacsu et al., 2014b). Finance concerns were related to costs for medications, medical treatment, ambulance services, home care, long-term care, out-of-pocket expenses, and travel to receive care (Bacsu et al., 2012; Bacsu et al., 2014b; Ploeg et al., 2019). Older persons in good financial health were able to pay for private services to support AIP like housekeeping, transportation, and house maintenance (Dupuis-Blanchard et al., 2015).

Discussion

The key finding of this review is the complex intersections between the supports and challenges experienced by older persons desiring to AIP. This study contributes to the body of literature on AIP by highlighting the Canadian experience. Older persons prefer to remain in their own home but will consider relocation due to increased age, decreased social networks, finances, and an increased need for access to care and support (Baron et al., 2020; Dubois et al., 2008; Narushima & Kawabata, 2020; Weeks et al., 2005). Those living in substandard housing or housing projects felt relocation was out of their control, stressing the need for affordable housing options (Barken, 2021). Similar to Canada, Oceania (Australia and New Zealand) found the lack of affordable, suitable, and quality housing placed some older persons at risk of unwanted relocation and homelessness, highlighting that AIP cannot be considered a one size fits all approach (Bacsu et al., 2012; Bacsu et al., 2014b; Bigonnesse & Chaudhury, 2021; Narushima & Kawabata, 2020; Pani-Harreman et al., 2020; Rose et al., 2022). We found that transportation, particularly if the older adult could drive or had access to effective public transportation, fostered independence, participation in community activities and compensated for poor mobility, while a walkable neighborhood could also support AIP efforts (Baron et al., 2020; Dupuis-Blanchard et al., 2015; Klicnik & Dogra, 2019; Mahmood et al., 2008; Thandi et al., 2018; Therrien & Desrosiers, 2010; Winters et al., 2015). However, public transport could be challenging, and taxis were expensive (Dupuis-Blanchard et al., 2015). Similar to the findings in Canada, European and Oceania study findings identified transportation as essential to AIP as it impacted social supports, community engagement, access to services (Baron et al., 2020; Dupuis-Blanchard et al., 2015; Mirza & Hulko, 2022; Pani-Harreman et al., 2020; Rose et al., 2022).

In terms of accessing support, Canadian older persons were more likely to rely on informal support, drawing on formal support only when the informal support was not available or limited (Bacsu et al., 2012; Bacsu et al., 2014b). More research is needed to understand how to support informal caregivers and what types of formal supports older persons need. For older persons to AIP as was essential they were supported activities of daily living, meal preparation, transportation, care of the home, and emotionally (Bacsu et al., 2014b; Baron et al., 2020; Dupuis-Blanchard et al., 2015; Narushima & Kawabata, 2020; Ploeg et al., 2019; Weeks et al.,

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2005). Older persons identified the importance of reciprocity in relationships and co-caring being a source of emotional support and reduced loneliness (Bacsu et al., 2014a; Kalvari, 2021; Narushima & Kawabata, 2020). Thus peer-based interventions that provided social opportunity and support improved resilience (Lai et al., 2020). Similar to Canada, the literature related to AIP in other countries supports the importance of community as a link to services, amenities, social supports, and transportation, and the role of social support in the activities of daily living as well as socialization (Baron et al., 2020; Bigonnesse & Chaudhury, 2021; Mahmood et al., 2008; Pani-Harreman et al., 2020; Rose et al., 2022; Thandi et al., 2018). Canadian older persons found a sense of belonging by living in their home community if it provided access to services, family, and involvement in community life (Bacsu et al., 2014b; Bacsu et al., 2012; Dupuis-Blanchard et al., 2015; Weeks et al., 2005). Rural Canadians faced challenges to AIP if their community lacked the resources they needed and/or they did not have residential care options (Bacsu et al., 2014; Bacsu et al., 2014b; Baron et al., 2020). Older persons living in rural communities within Oceania and Canada had similar challenges in accessing healthcare, services, and transportation; yet these challenges were compensated for by the strength of their community connections which provided support, social connection, and access to local services needed to AIP (Bacsu et al., 2014a; Bacsu et al., 2014b; Rose et al., 2022). Rural older Canadians when faced with access challenges to heath care option such as access to physicians and healthcare services, including homecare, would consider relocation from community and family, while rural older persons living in Oceania would not (Bacsu et al., 2014b; Mirza & Hulko, 2022; Rose et al., 2022).

Other factors that supported older Canadians to AIP was the meaning and purpose of being able to adhere to accustomed routine, being active, and taking charge of one's own health (Barken, 2021; Dupuis-Blanchard et al., 2015; Narushima & Kawabata, 2020; Thandi et al., 2018). Mood and attitude, such as optimism and a disregard of ageism, fostered resilience for older persons (Downer et al., 2020; Dupuis-Blanchard et al., 2015). Being in control of and planning for AIP provided a sense of comfort and security (Barken, 2021). Similarly, a scoping review of the literature on older persons' experiences of AIP in Oceania found that older persons desired to maintain decisional control, which was supported through collaborative goal setting that fostered older persons' sense of autonomy and improved quality of life scores (Rose et al., 2022). Canadian older persons drew comfort and security from being active partners in planning for AIP and managing their own mental and physical health, however they are challenged in their efforts because of a lack of access to information related to home care, mental health support, podiatry, respite care, healthcare coverage, adult day programs, transportation services, housing costs and waitlists, and who to contact for relocation options. Although a scoping review with studies in many countries found that the use of technology may enable older persons to live independently at home while providing a sense of safety and security this was not evident in this review (Pani-Harreman et al. , 2020).

Outlined in this review and literature from other countries is the intersections between supports and challenges and their influence on AIP (Bigonnesse & Chaudhury, 2021 Pani-Harreman et al., 2020; Rose et al., 2022). For example, an older adult living in Canada without a driver's license or access to public transportation is at risk for social isolation, decreased community involvement and physical activity which in turn increases the risk for depression and cognitive decline (Klicnik & Dogra, 2019; Mehrabi & Béland, 2021; Thandi et al., 2018). Conversely an older adult without a driver's license living in a Canadian rural community may be challenged to access urban healthcare, but it is more likely they will have a strong social

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support network who are able to support access to services within the community (Bacsu et al., 2012; Bacsu et al., 2014b; Baron et al., 2020; Dupuis-Blanchard et al., 2015; Mirza & Hulko, 2022; Ploeg et al., 2019; Therrien & Desrosiers, 2010). Another example highlighting the intersection of factors related to AIP is the negative impact a lack of informal support has in the areas of social interactions, meal preparation, transportation, and home maintenance and if formal support is not accessible or is not financially feasible, older Canadians would likely require relocation (Bacsu et al., 2014b; Baron et al., 2020; Dupuis-Blanchard et al., 2015; Narushima & Kawabata, 2020; Ploeg et al., 2019; Weeks et al., 2005). A predominant assumption in the literature is that AIP contributes to quality of life and wellbeing (Dupuis, Bigonnesse & Chaudhury, 2021; Pani-Harreman et al., 2020; Vanleerberghe et al., 2017). While this is most often the case, AIP that is not adapted to meet one's needs can be detrimental to one's quality of life (Bigonnesse & Chaudhury, 2021; Pani-Harreman et al., 2020; Vanleerberghe et al., 2017). Yet, a literature review by Vanderburgh et al. (2017) revealed that the quality of life of older persons and its connection to AIP is seldom assessed.

Globally, older persons are as reluctant to move into residential care as Canadian older persons are, as it is associated with a loss of autonomy, independence, and decision making (Barken, 2021; Bigonnesse & Chaudhury, 2021; Dubois et al., 2008; Kalvari, 2021Pani-Harreman et al., 2020; Rose et al., 2022). This aversion appears to be the driving force behind efforts made by older persons worldwide to AIP (Bigonnesse & Chaudhury, 2021; Dubois et al., 2008; Rose et al., 2022). There is a tendency to consider older persons as a homogenous population and to conceptualize AIP as a one size fits all issue when the experiences of rural older persons and those of lower socioeconomic status reveal unique challenges to AIP requiring consideration of the diversity and disparities facing older persons (Barken, 2021; Ploeg et al., 2019; Rose et al., 2022). In this review we did not find a consensus on the definition of AIP, nor was a comprehensive conceptualization of the issue discussed in the literature. However, what was apparent is that AIP is a holistic concept inclusive of home, community, support, health, transportation, and the needs and characteristics of older persons who are heterogenous. It is important that healthcare professionals and policy makers understand AIP as an ongoing process where older persons need ongoing access to support, services and information to make adjustments to their individual experience of AIP.

Implications for Practice

Researchers and government policy makers should consider the importance of the intersectionality of home, community, transportation options, social supports, health, and individual characteristics related to AIP when developing initiatives and policies related to it. It is essential that nurses and other healthcare providers avoid compartmentalizing the issues and rather consider the complex connection between the issues that influence older Canadians' ability to AIP (Bigonnesse & Chaudhury, 2021 Pani-Harreman et al., 2020; Rogers et al., 2020; Rose et al., 2022). A quality-of-life assessment tool is required to evaluate the effect of policy and practice actions and if there is a need to intervene (Vanderburgh et al., 2017). As AIP is a public policy, it is important that researchers and government officials work together on quality-of-life instruments to assess the quality of life of those persons choosing to AIP. A quality- of-life assessment tool that encompasses factors that influence AIP could also aid nurses and other healthcare providers in understanding the balance between older adults desire to age in place and the challenges in doing so. There is a need for older persons, caregivers, communities, healthcare

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providers, and governments to collaborate on the exploration, development, implementation, and evaluation of AIP knowledge, initiatives, advocacy, and policies to work towards a collective approach to AIP that effectively supports older persons.

It is essential that researchers, government officials, and healthcare providers understand and address the strong aversion to residential care as expressed by older persons (Barken, 2021; Dubois et al., 2008; Kalvari, 2021; Rose et al., 2022). Nurses can advocate for changes to residential care standards and lead their care teams in providing collaborative care aimed at enhancing the autonomy of older persons. Secondly, nurses need to be aware of the complex intersections between the issues that can support or challenge AIP. Where gaps are identified, nurses can advocate for older persons. Nurses and other healthcare professionals are poised to collaborate with older adults in decision making, recognizing older persons as capable experts navigating their individual experience.

As nurses consider older persons as active partners and provide support to the process of AIP, they should consider incorporating a few key practices. When assessing older persons, they should ask questions related to the issues highlighted in this review such as their informal and formal supports, access to healthcare and transportation options and their financial barriers knowing the impact they can have on AIP (Dupuis-Blanchard et al., 2015). Healthcare professionals can provide information on the resources needed to support AIP and act as care coordinators. On a larger scale, nurses, in partnership with older persons, can advocate for policy and practice changes. One example could be to advocate for virtual healthcare options based on the understanding of the challenges older persons experience in accessing transportation and healthcare (Vo et al., 2024). More research is needed on effective healthcare professional-led strategies, programs, and initiatives aimed at supporting older persons in their AIP efforts.

The findings revealed that older persons have a strong desire to retain their autonomy and independence thereby calling for government, communities, and healthcare providers support older persons desires to AIP through attention factors that influence their ability to AIP. The WHO (2007) age-friendly city and community framework is built on an extensive body of research and is an example of an initiative aimed at supporting older persons to AIP whose efforts are driven by older persons. Similar to this work, in order to translate research on AIP into action, an empowering co-production approach that enlists a diverse group of older persons to identify and develop appropriate, flexible, and responsive support and services to accommodate AIP is needed. This work must consider an intersectoral approach that enlists the collaboration of researchers, government, and healthcare professionals to take AIP work forward in a manner that addresses the diversity and health disparities of older persons. Solutions to the challenges of housing, transportation, accessibility of services and healthcare, formal support, and financial support should be developed with older persons.

Limitations

A focus on the Canadian population means the experience of AIP is well explored, but this may reduce the generalizability of the findings to other countries. Data analysis and collection in this study were limited to research studies written in the English language, it is possible studies in French may have contributed to the Canadian content. As well, included studies were limited in terms of diversity related to racialized and/or ethnic groups of older Canadians.

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Conclusion

This integrative review revealed the factors related to AIP as experienced by older persons living in Canada and the particular importance of home, community, transportation, support, health, and personal characteristics in influencing AIP experiences. AIP is a complex process that requires striking a balance between the challenges that enhance resilience, autonomy, and independence and the challenges when AIP becomes a risk to quality of life. Researchers, government officials, and healthcare professionals should take into account the connections between the issues associated with AIP and work collaboratively with older persons to develop appropriate, flexible, and responsive initiatives, policies, and practices. Further research should include older persons from diverse populations and focus on improving our understanding of the interplay between factors at the individual level. By having a better understanding of how to support the complex interplay of the factors related to AIP, healthcare professionals can work together with older persons to coordinate care, provide access information, and improve how we provide nursing care in a way that respects older persons.

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