

SUCCESSFUL AGING IN HISPANIC ELDERS: A NARRATIVE INQUIRY

by

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A thesis

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DEDICATION

To my Lord, Jesus Christ, who has promised to be there helping me successfully age and to my husband, Randy, has promised to stay by my side until the end.

“And I’ll keep on carrying you when you’re old.

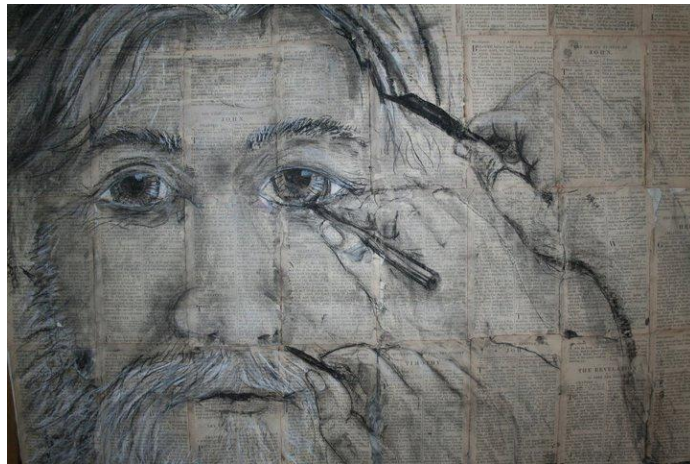
I’ll be there, bearing you when you’re old and gray.

I’ve done it and will keep on doing it,

carrying you on my back, saving you.”

Isaiah 46:4

(The Message Bible)



Drawing Me In ~ Randy Carr, artist

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ABSTRACT

Purpose: The purpose of this narrative study was to describe and provide an understanding of the unique cultural factors that are associated with successful aging in the elder Hispanic population.

Background: The number of aging Hispanic in Americans is on the rise. The Center for Disease Control recently released data showing the life expectancy for the Hispanic population is 80.6 years — a 2.5 year advantage over the non-Hispanic white population and 7.7 years over the non-Hispanic black population. With longer life spans resulting in an increased number of Hispanic older adults, we are presented with a difference that – as will be described below – has puzzled medical research and thus there is a need for more research into ways to assure quality of life and promote successful aging.

Methods: The research design used was narrative inquiry, as seen through the Story Theory lens, to explore the cultural significance of the Hispanic elders' stories related to successful aging. Data was identified and analyzed using both inductive and deductive processes. Inductive factors from the narratives of Hispanic older adults participating in this study, as well as deduced factors from the successful aging literature, were identified. The etic (formalized knowledge arising from research and reported what is written in the literature about the Hispanic culture and successful aging) was compared with the emic (the stories from the Hispanic elders about life and aging), and was brought back full circle into the construction of a new etic (the conceptual model presented below) produced through analytic induction.

Results: A purposive sample of four participants (n=4) were recruited to be interviewed for this study. The elderly Hispanics' stories underscored the importance of social support networks, in particular family (including peer and professional others), and faith communities. It is through the connections that these individuals have with family and faith that they are able to age successfully. A conceptual-network was developed through analytic induction; four interrelated concepts associated with what is needed to successfully age were derived. These concepts, activated by the participants' faith, are: (a) the ability to find personal peace, (b) the ability to practice self-discipline, (c) the ability to accept things that you cannot control, and (d) the ability to see yourself as a valuable individual.

Implications: The findings from this study provide nurses with knowledge that they can use to promote culturally congruent successful aging. Culturally sensitive nurses can enhance the well-being and satisfaction of this population, through maintenance of the conceptual-network as a unit and allowing patients to decide what is most important for him or her. This is in line with the goal from *Healthy People 2020* to assess how health status affects quality of life and how a positive outlook and satisfaction can bring a sense of well-being (United States Department of Health and Human Services [HHS], *Healthy People 2020*, 2010). As the aging Hispanic population increases, promoting health and successful aging will also become more important. Healthcare professionals can learn from the successful aging practices of the Hispanic elderly to promote successful aging.

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CHAPTER I: THE RESEARCH PROBLEM

Introduction

The number of aged people in America is on the rise. The United States (U.S.) population growth from 2000-2010 for those 65 years and older was 15.1%, compared to the 9.7% growth rate for the entire U.S. population. In Idaho, the percent of the population over 65 grew from 11.3% to 12.4% within a decade (Werner, 2011). In the past ten years, according to the 2010 U.S. Census information, the Hispanic population has grown by 43%, which is four times the rate of the total U.S. population growth during that same period. In that same time frame, the Hispanic population in Idaho grew by 73% compared to the 21.1% population growth in all of Idaho (Ennis, Rios-Vargas, & Albert, 2011). “According to the U.S. Census Bureau between 2008 and 2030 the Latino population aged 65 years and older will increase by 224 percent compared to a 65 percent increase for the white population aged 65 and older” (Greenberg, 2009, as cited by The Latino age wave, 2011). It has been predicted that within the next twenty years, the older adult Hispanic population will grow more than their non-Hispanic white or African-American counterparts (Ottenbacher et al., 2005). The Center for Disease Control and Prevention (CDC) recently released data that showed the life expectancy for the Hispanic population is 80.6 years — a 2.5 year advantage over the non-Hispanic white population and 7.7 years over the non-Hispanic black population (Arias, 2010). With this increase in longevity and in sheer numbers comes a need for more research into ways to improve quality of life and promote successful aging for this segment of the Hispanic population,

and to use what we learn about successful aging in the Hispanic population to promote successful aging in the non-Hispanic population.

Successful aging is defined as “the individual's perceived satisfaction in adapting to the physical and functional changes of aging, while experiencing spiritual connectedness and a sense of meaning or purpose in life” (Flood, 2003, as cited by McCarthy, 2011, p. 17). Successful aging is a way to look at the various components that encompass the idea of well-being in later life. This does not necessarily mean the absence of disease, but does include coping and functional health strategies employed by the population to promote well-being and factors the population deems necessary for successful aging. An exploration of the factors associated with successful aging can enrich nurses’ “understanding of the strengths and competencies that people bring with them or bring to bear in later life” (Phelan, Anderson, LaCroix, & Larson, 2004, p. 211). Nurses can then use this information to enhance a sense of well-being and quality of life for all members of the aging population while encouraging health promotion strategies. It is especially important to explore successful aging with the Hispanic elder community, as a health care outcome anomaly has been identified in this population. This anomaly is referred to as the Hispanic Paradox.

The Hispanic Paradox states that despite health disparities (defined below), Hispanics tend to live longer than all other ethnic groups and have better health outcomes than most non-Hispanic whites (Crimmins, Kim, Alley, Karlamangla, & Seeman, 2007; Lawrence, 2010; Morales, Lara, Kington, Valdez, & Escarce, 2002; Yang, Qeadan, & Smith-Gagen, 2009). This presents a conundrum to healthcare professionals and researchers, because research has previously linked poor health outcomes to disparities. It would therefore be

logical to assume that the Hispanic elderly population would experience worse health outcomes than their non-Hispanic counterparts (Braveman et al., 2011; Browne & Mokuau, 2008; Center for Disease Control [CDC], 2007; Health Policy Institute of Ohio, 2004; Idaho Partnership for Hispanic Health [IPHH], 2007; Marmot et al., 2008; Rogers, 2010; HHS, Healthy People 2020, 2010). If the Hispanic Paradox is accurate, the link between disparity and health outcomes may not hold true for the Hispanic older adults.

Regardless of the rhetoric surrounding the Hispanic Paradox, the Hispanic elderly are considered a vulnerable population with multiple health disparities. Health disparities are those inequalities within a population that affect health outcomes and access to health care (Health Policy Institute of Ohio, 2004, p. 3). Health disparities are especially challenging for vulnerable elderly members of our society because advanced age (associated with increased susceptibility to disease) intersects with their lower socioeconomic status (SES) and limited access to care, which typically exacerbates adverse health outcomes. According to the U.S. Department of Health and Human Services (USDHHS) (2007), there are a number of major health disparities for the Hispanic older adult population that affect their ability to receive health services. Some of these disparities are derived from barriers to healthcare access, such as:

- not speaking the language in which care is provided,
- not having transportation to get to appointments,
- not being able to read or understand written documents because of their level of education,
- not having insurance or having inadequate insurance,

- not having resources such as money or time to dedicate to health-care matters (Braveman et al., 2011; IPHH, 2007; United States Government Accountability Office, 2004)

With multiple barriers to health care access and disparities associated with this population's SES disadvantages, it behooves healthcare professionals to understand what the Hispanic population is doing that makes the positive health-outcome associated with the Hispanic Paradox so noticeable to the health care community.

The validity of the Hispanic Paradox has not been conclusively resolved and it is not the aim of this study to determine the veracity of the idea. However, if we assume that there is authenticity to the idea that elderly Hispanics do have better health outcomes despite disparities, then it becomes relevant to identify and understand what this population is doing to encourage this. Beyond the possibility of biological factors (which is the domain of biomedical research), we can ask if there is something innately different in the Hispanic attitude, culture, or make-up that helps them to have better health outcomes—factors that are more properly the domain of nursing research. There is some conjecture but little research that inspects cultural factors unique to the Hispanic population that could be protective against poor health outcomes for this population despite health disparities.

Statement of the Problem

As previously stated, the Hispanic older adults are considered a vulnerable population because their age, social and economic status, and language barriers put them at risk for poor health outcomes (de Chesnay, 2008). In addition, the Hispanic elderly population experiences major health disparities associated with inequality of health

services and the “exclusion from social, economic, or political opportunities,” also known as marginalization (Braveman et al., 2011, p. 150). However, despite these disparities, there appears to be protective factors within the Hispanic culture that improves health outcomes and promotes successful aging. Exploration of the cultural differences will provide nurses with a greater understanding of how to promote and support successful aging for the Hispanic elderly.

The purpose of this research study is to explore these issues with the goal of identifying and describing the interconnections between Hispanic cultural factors that may be protective against disparities. Once these factors are identified and described, additional research may be done to determine if they support successful aging.

Description of the Population

The population of interest in this study was Hispanic older adults. Hispanic is a broad term that according to the Idaho Partnership for Hispanic Health (IPHH) (2007) is a mix of cultures that come from many settings. There was a need to better define this term in the 2010 U.S. census. The term Hispanic was defined as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race” (Ennis et al., 2011). As represented by this definition, there are multiple cultures incorporated into the term Hispanic, each of which has its own rich traditions and values, as well as “unique views and approaches to health and illness” (Weiler, 2007, p. 33). For this research, the definition of the population was closely aligned with the U.S. census definition and included those who consider themselves to be of Hispanic origin regardless of their race. The target population for this thesis was

focused on the Hispanic population of community-dwelling (those not residing in institutional settings) elderly, 65 years and older living in Idaho.

Significance to Nursing

This study endeavored to understand the impact of cultural practices on the disparities associated with aging for the Hispanic population. This research provides nurses with information that can be incorporated into the offering of culturally congruent care to promote successful aging and for improved health outcomes regardless of the ethnicity or race of the patient. According to Leininger and McFarland (2006), culturally congruent care is when nurses bring to the table a deep appreciation and understanding of the values of their clients. With care to guide their actions, nurses have a unique role to play in understanding successful aging. This role is to act as the guide and interpreter *to* and *of* the population served.

Culturally appraised successful aging as presented by the elderly Hispanic population can guide nurses into best practice modalities for the treatment of factors associated with aging. This increased understanding will have the potential to promote practices that enhance well-being, quality of life, health outcomes, and satisfaction experienced in everyday life. This improved quality of life could lighten the load on family and even extend relief to the health care system, which has the potential to be overburdened by the increase in numbers of elderly in both the Hispanic and non-Hispanic population (McCarthy, 2011).

Summary

The number of aging Hispanics in the U.S. is on the rise. The Hispanic elderly are a vulnerable population with multiple disparities, which can cause adverse health outcomes. However, the Hispanic Paradox has noted there is something that counteracts the effects of disparities for this population. Understanding the unique cultural factors that play a part in this contradiction may be useful to promote successful aging for this population and all elderly regardless of their ethnicity.

CHAPTER II: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Literature Review

This chapter will discuss what has been written about successful aging, Hispanic culture, and the elderly Hispanic population. Gaps in the current literature will be exposed and explored. Then, an appropriate theoretical framework will be revealed on which this study was built. Finally, the purpose of this study and research questions are delineated.

The elements of successful aging in the Hispanic population have not been extensively researched. The scientific literature shows that members of the elderly Hispanic population have multiple health barriers and disparities (e.g., SES, age, education level, language, and health care access issues) that could lead to adverse health as they age (Braveman et al., 2011; USDHHS, 2007; de Chesnay, 2008; CDC, 2007; HHS, Healthy People 2020, 2010). Although controversial, researchers have purported the existence of a Hispanic Paradox whereby this population has been shown to live longer and thought to have better health outcomes than others their age in different ethnic groups. This has occurred despite disparities between the Hispanic and other populations in the U.S. (Crimmins, et al., 2007; Turra & Goldman, 2007; Yang et al., 2009). A social support network has been shown to be a key factor in the Hispanic culture, however the combination of these cultural factors with successful aging has not been explored (Beyene, Becker, & Mayen, 2002; Phelan et al., 2004; Leininger & McFarland, 2006). A

review of the current scientific literature is presented here, exploring the cultural and social connections unique to this population as it relates to successful aging in the Hispanic population.

The Hispanic Paradox

The Hispanic Paradox states that despite health disparities, Hispanics tend to live longer than all ethnic groups and have better health outcomes than most non-Hispanic whites as they age. This was first noticed in Hispanic infant mortality rates, which sparked an interest in research with other subgroups of the Hispanic population (Yang et al., 2009). Multiple studies have examined which factors influence health outcomes for the Hispanic population, but to date there have been no definitive answers (Crimmins et al., 2007; Maher, Lurie, Trafton, & Dozier, 2011; Turra & Goldman, 2007; Yang et al., 2009). According to the CDC, the life expectancy for the Hispanic population is 80.6 years, a 2.5 year advantage over the non-Hispanic white population and 7.7 years longer than the non-Hispanic black population (Arias, 2010). Scientific debate has continued to understand the factors associated with this advantage. Studies to date have focused on the Hispanic Paradox related to health factors such as: risk taking, health indicators, behaviors/conditions, age, gender, socioeconomic status (SES), education, race/ethnicity, and country of origin. Within the studies cited here each variable was compared or controlled in an effort to determine the factors that influence the Hispanic Paradox. However, there are still no definitive answers and not all researchers agree that the paradox exists. Some studies have suggested the Hispanic Paradox is nothing but the effects of the healthy migrant factor where data is skewed because only healthy people

migrate from their country of origin to the U.S. or that the sick tend to migrate back to their country of origin (Crimmins et al., 2007; Smith & Bradshaw, 2006).

In contrast, some studies have suggested that there may be some protective factors within the culture to account for this Hispanic Paradox. These cultural protective factors are thought to be connected to unique support networks (Gallo, Penedo, Espinosa, & Arguelles, 2009; Waldstein, 2010). While various determinants of health for the Hispanic population have been examined, research into the cultural milieu and associated characteristics is lacking. With the dearth of scientific research, these cultural characteristics need to be explored to provide an increased understanding of successful aging in the Hispanic population, which in turn can be used in health care to encourage culturally congruent health promotion.

Successful Aging

The Hispanic population appears to have a tendency towards longevity, which indicates a need to increase understanding of successful aging. Understanding successful aging will help nurses to tailor care for the older adult. Successful aging is a concept that centers on understanding the positive aspects of growing older (McCarthy, 2011). Flood (2002) completed a concept analysis using the lens of a nurse to gain a better understanding of successful aging. The resulting definition described successful aging as a decidedly individualized, positive perception of aging and the ability to cope with the effects of the aging process while maintaining an awareness of the significance and purpose in life, incorporating the whole person: their physical, mental, and spiritual aspects. However, while this may be individualized, it may also be the case that individualization is actually a variation within overall patterns of culturally-encoded

behavior and belief. Identifying these patterns and some of their variations is a goal of this study. Understanding successful aging in the Hispanic elders could shed some light on ways in which nurses can effectively support aging in this population. When care matches the individual cultural needs, increased adherence to health promotion is anticipated.

The MacArthur Foundation study, the sentinel work on successful aging by Rowe and Kahn (1999), focused on morbidity status and behaviors in aging. This study equated successful aging with lack of disease/disability, increased cognitive/physical ability, and an active life. However, this did not take into account those elderly with chronic illness who feel they are successfully aging (e.g., living to their full potential and have a positive, meaningful life). This study did, however, lay the foundation for future successful-aging research.

In 2004, Phelan et al. further investigated the concept of successful aging. The respondents in Phelan et al. (2004) were asked to rate the importance of several factors described in the successful-aging literature. The researchers identified four categories of contributing health factors: physical health, functional health, psychological health, and social health. This was the first study to include a psychological dimension within the concept of successful aging. The newly described psychological category highlighted the need for older adults to feel a sense of autonomy, control, and coping as they aged to experience the positive effects associated with successful aging. Phelan and co-researchers (2004) noted that their study did not include members of the Hispanic population. While the study did include the psychological domain, the researchers suggested a need for further research into the spiritual domain of successful aging as well

as to branch out and include other ethnic groups. Consequently, this present study included a search for spiritual factors.

Building on the recommendations from Phelan et al. (2004), Troutman, Nies, Small, and Bates (2011) developed a tool, the Successful Aging Inventory (SAI), to incorporate the spiritual domain of successful aging. The researchers found that this inventory was successful in measuring the participants' ability to utilize effective coping mechanisms to assist successful aging. The inventory was then further tested on black older adults (Troutman, Nies, & Bentley, 2010). The findings from both studies reported a significant relationship between successful aging (using the SAI tool) and life satisfaction, purpose in life, and depressive symptoms. During the analysis of the reliability and validity of the SAI tool, the researchers noted that the predominantly Caucasian sample showed a significant correlation in successful aging and a sense of personal control that the black population did not. This dichotomous result demonstrated the need to further explore successful aging in ethnic minority populations in order to develop appropriate successful aging, health-promotion strategies.

Fernández-Ballesteros et al. (2009) built on recommendations from Phelan et al. (2004) and examined successful aging in diverse populations. Fernández-Ballesteros et al. (2009) translated the Phelan 20-item questionnaire "Your Ideas about Growing Older" into Spanish, Portuguese, and Greek and used it in studies of populations using those languages. The results were compared across continents and cultures; however, none of the older adults in this study were Hispanics living in the U.S. The results showed that health, independence, social relationships, and life satisfaction were areas that were consistently important for the elders no matter what culture or continent they were from.

The information gleaned from this study was limited to the responses generated from the questionnaire and subsequent quantification of those responses, thus did not fully express the unique cultural perspectives, nuances, and aspects of aging as defined by the participants. For this reason, the present study used a qualitative design in order to better investigate cultural issues as they may impact successful aging.

Ferri, James, and Pruchno (2009) endeavored to show a relationship between health status, such as depression scales, number of diseases, and functional status with successful aging. Contrary to the MacArthur Foundation study (which related successful aging with lack of disease/disability, increased cognitive/physical ability, and an active life), this study showed that successful aging is independent of actual health status and more focused on the respondents' perception of health. This study also identified that social support and successful aging go hand in hand. The researchers further found that allowing the participants to self-define and self-rate successful aging provided invaluable insight into the concept of successful aging. As with previous studies, this study did not include any Hispanic older adults, which again emphasizes the need for successful aging research specific to this population.

Despite the multiple studies that assess successful aging across multiple venues, none have specifically researched successful aging in the Hispanic population in the U.S. However, there have been studies related to the Hispanic elderly population and their quality of life and sense of well-being, which research has purported to be related to the concepts of successful aging (Beyene et al., 2002; Dunn, Torres, & Tiscani, 2004; Marin & Huber, 2010; Raji, Reyes-Ortiz, Kuo, Markides, & Ottenbacher, 2007). Beyene et al. (2002) identified three key factors that contributed to the Hispanic elders' sense of well-

being, a concept consistent with the concepts of successful aging: (a) social/family support, (b) traditional role attainment, and (c) faith.

While there is literature available related to the importance of culturally congruent care for the Hispanic population *and* literature on successful aging, scientific literature to date has not addressed successful aging for the Hispanic older adult population in the U.S. Understanding the cultural characteristics and successful aging concepts enables nurses and researchers to support aging and health promotion in the elderly Hispanic population. If nurses fail to provide culturally congruent care, their clients may be conflicted in what to do if the care provided goes against their cultural values. Patients may also have ethical concerns and in the end may become noncompliant with care. Understanding successful aging within the Hispanic culture may result in improved quality of life for this population (Leininger & McFarland, 2006; McCarthy, 2011).

This study includes identification of the individual and culturally expressed aging perceptions of the Hispanic elders specific to physical, functional, psychological, social and spiritual health, and coping. Therefore, this study will help to address the identified gap in the literature. The knowledge generated in relation to successful aging will help facilitate culturally congruent wellness promotion for Hispanic seniors.

Table 1. Cultural Values of the Hispanic Population

Central Values	Definitions and Key Aspects of the Central Values
Support Network	<ul style="list-style-type: none"> • <i>Familialism</i>: formal term that contains the concept of social support** • <i>Pariente</i>: represents the support network of extended family, friends, and supportive professionals** <ul style="list-style-type: none"> ○ Interdependence with kin and social activities* • <i>La Familia</i> <ul style="list-style-type: none"> ○ Extended family valued* ○ Succorance (direct family aid) * ○ Involvement with extended family (“other care”) * • <i>Marianismo</i>: Traditional female gender role: self-sacrificing, passive, and pure; from the Virgin Mary † • <i>Machismo</i>: Traditional male gender role: bravery, invulnerability, and self-control † • <i>Promotoras</i>: Community Health Workers • <i>Curanderos</i>: Traditional folk-care healers
Faith	<ul style="list-style-type: none"> • <i>Espiritualismo</i> and <i>Religioso</i> <ul style="list-style-type: none"> ○ Religion valued* ○ Acceptance of God’s will *
Respect	<ul style="list-style-type: none"> • <i>Respeto</i> <ul style="list-style-type: none"> ○ High respect for authority* ○ High respect for elderly* • <i>Personalismo</i> building rapport† • <i>Confianza</i> building trust †
Health Beliefs	<ul style="list-style-type: none"> • Traditional practices: <ul style="list-style-type: none"> ○ Mother as care decision maker* ○ Protective (external) male care* ○ Belief in hot-cold theory* ○ Use of folk-care practices* ○ Native foods for well-being* ○ Healing with foods*

Notes: The items can be found in the following literature:

* Leininger & McFarland (2006) Mexican-American Culture (fig. 10-2, p. 289);

**Marin & Huber (2010);

†Ojeda, Flores, Meza, & Morales (2011).

The Hispanic Culture

It is speculated that the elderly Hispanic experience successful aging due to unique cultural characteristics and support networks within the Hispanic population

(Beyene et al., 2002; Gallo et al., 2009; Hatchett, Garcia, & Marin, 2002; Leininger & McFarland, 2006; Marin & Huber, 2010; Rogers, 2010; Waldstein, 2010). The areas that make the Hispanic culture unique revolve around the central values: support network, faith, respect, and health beliefs (Table 1, above). It is possible to examine each central value for its own merit in assisting the Hispanic elderly to achieve successful aging, but the uniqueness of the culture stems from the association of the each value as it interacts with the others (Beyene et al., 2002; Marin & Huber, 2010).

Support Networks

Beyene et al. (2002) found that social support helps the Hispanic elderly to attain a sense of well-being. The support network concept for the Hispanic population is well represented in the literature (Beyene et al., 2002; IPHH, 2007; Leininger & McFarland, 2006; National Alliance for Hispanic Health Services (NAHHS), 2001; Ojeda et al. , 2011; Weiler, 2007; Zunker, Rutt, & Meza, 2005). The social support network for the Hispanic elders includes not only *la familia* (the immediate and extended family) but also *los parientes*. Members of the Hispanic culture defined as *pariente* are not biologically related, but have invested in the family and supported the family through the years and are, in terms of the culture, considered family as well (Marin & Huber, 2010). The support network for the older adult Hispanic population includes the unique hierachal structure of the family, as well as supporting members of the Hispanic society such as health care providers, *promotoras*, *curanderos*, priests, coworkers, and friends.

Familialism

Familialism or *familism* incorporates the concept of family as the cornerstone of social support. Culturally the family is very important to the Hispanic population. Unlike the individualistic and egocentric values of the U.S. culture, Hispanics embrace a collectivist and allocentric (community-minded) ideology, where the needs and feelings of the family are considered more important than the needs of individual members (Hatchett et al., 2002; Ojeda et al., 2011; Weiler, 2007). In the Hispanic culture, family is the hub around which all relationships and all other values revolve (Hatchett et al., 2002). The loyalty and commitment to traditional family structure gives stability and protection to its members. Protective factors associated with the traditional family structure may assist the older adult in successfully aging, as the harmony of the family structure gives the elderly a sense of belonging and value (Hatchett et al., 2002; Marin & Huber, 2010). These protective factors include the value and high respect the elderly are afforded as well as the interdependence and hierarchical structure of the family unit that ensure that the elderly are cared for (Marin & Huber, 2010).

Each person's role in the traditional Hispanic family is clearly defined. The structure of the Hispanic family is patriarchal. This means there is a hierarchy where the men are at the top and are seen as the providers/protectors. Because of the importance placed on traditional roles in this society, the Hispanics have given the expression of this role a name: *Machismo*. *Machismo* means to have authority, courage, and self-discipline. The name given to the traditional role of women in the Hispanic society is *Marianismo*, which is representative of the Virgin Mary. Women who embody this ideal are selfless,

submissive, and wholesome. The women are given the role of caregivers to put the needs of their family first (Hatchett et al., 2002; Ojeda et al., 2011).

The role of the elderly is to be a repository of wisdom as respected members of the family. Wisdom is viewed as the result of a life where integrity is mastered (Giblin, 2011). This traditional role attainment is an important facet of aging in the Hispanic elderly population as identified by Beyene et al. (2002). Understanding the unique role the older adults play as well as their function within the Hispanic family unit is essential to effectively promote successful aging because this understanding will help healthcare professionals to navigate within and through the norms of this society.

Promotoras and Curanderos

Other members of the Hispanic support network (*los parientes*) include coworkers, healthcare providers, *promotoras*, and *curanderos*. *Promotoras* are community health workers from either an established organization or who have emerged naturally within the community. *Promotoras* are respected members of the Hispanic community. They work to promote health for the Hispanic population by visiting homes, advising, coordinating health activities, and acting as mediators between the community and local health care providers (CDC, 2008; Reinschmidt & Chong, 2007). *Curanderos* are traditional folk healers who use native healing methods, herbs, teas, and spiritualism to promote health. The use of *curanderos* and traditional health care practices are thought to not only pass on important cultural traditions, but to provide another avenue for health care not commonly afforded by traditional Western medicine (Higgins & Learn, 1999; Marin & Huber, 2010). The present study speculated that both *promotoras*

and *curanderos* have a place in supporting successful aging for the elderly Hispanic population through health promotion due to their unique traditional role.

Faith

Faith in God is a central value for most of the Hispanic population. According to the PEW Hispanic Religion Report (2007), the majority (68%) of the Hispanic population consider themselves Roman Catholic; the next largest religious group is evangelical Protestants (15%); and only 8% do not have any religious affiliation. However, regardless of which religious beliefs a member of the Hispanic population adheres to, it is likely that God and prayer play important roles in his or her life. The use of religious objects in their homes and regular church attendance are important to this population. Church and spirituality have a significant role in the lives of many from the Hispanic population (CDC, 2008).

Religioso and Espiritualismo

The results from a study by Beyene et al. (2002) demonstrated that religiosity and spirituality play a key role in promoting well-being (an important element in successful aging) for the Hispanic seniors. There is a difference between religiosity and spiritualism. Religiosity can be defined as the manifested practices, ideals, and beliefs of their faith. It includes public and private rituals as well as the internalizing of principles of their given faith. Spirituality on the other hand is harder to define in empirical or behavioral terms as it incorporates the search for and the faith/belief in a higher power/God without the explicit discipline afforded by adherence to a particular church or religion (Herrera, Lee, Nanyonjo, Laufman, & Torres-Vigil, 2009).

The benefits of religiosity and spirituality for the elderly population are multifaceted, affecting mental and physical health. These benefits can be seen in this population because religion plays a key role in the lives of many members of the Hispanic community. Religiosity and spirituality help the elderly to cope by allowing them to turn to a higher power for assistance with the mental and physical aspects of aging (Herrera et al., 2009). Religion and spirituality have been reported to have multiple health benefits, including an increase in life satisfaction, a decrease in negative health behaviors, and an increase in seeking health/treatment options. By attending services, the Hispanic elders reap the benefit of social interaction and a decrease in social isolation (Gallo et al., 2009).

Respect

Respeto is a central value among the Hispanic culture where absolute respect and deference are given to older adults and authority figures, such as healthcare providers (Ojeda et al., 2011). This high esteem is displayed in the courteous and respectful manner used to address elders. Because of their years of experience, grandparents' advice on matters is sought. *Respeto* is also displayed as reciprocity resulting from the culturally defined moral and social obligation of children to care for their aging parents (Beyene et al., 2002). The respect given Hispanic elders offers them a sense of security in the family system and inner strength (Hatchett et al., 2002).

Personalismo and Confianza

A look into the central value of respect in the Hispanic culture would not be complete without looking at the ways that these interpersonal connections and values are

expressed. *Personalismo* is the way that Hispanics engage with each other. They show respect by valuing others as more important than themselves. *Confianza* is the trust that is built by showing honor and respect. As a healthcare professional, understanding the cultural importance of showing and receiving respect will aid effective communication with Hispanic patients.

Health Beliefs

The unique cultural health beliefs of the Hispanic population are a central value and are entwined with family roles. For example, it is the mother's role to provide care in whatever way she deems best, and it is the father's role to provide the means to get care for the family (CDC, 2008; Leininger & McFarland, 2006). Traditional Hispanic health beliefs include reliance on herbal remedies made into teas and other drinks. Information on health is sought from friends and family, as well as *promotoras* and *curanderos* (CDC, 2008; IPHH, 2007). Rogers (2010) found in her study of the health beliefs of older Hispanics in the U.S. that participants felt their traditional medicine was superior to conventional Western medical approaches when the condition was not urgent or complicated. This belief came from the fact that traditional medicine is less expensive, readily available, and familiar, though not always thought to be as effective as Western medicine by the Hispanics in the study. The use of home remedies was found to be important to the Hispanic culture in other studies as well because it is a transmission of cultural practices from the respected elders (Higgins & Learn, 1999; Waldstein, 2010). For the Hispanic elderly, using Western health care in conjunction the traditional Hispanic health care from *promotoras* and *curanderos* may have a positive influence on successful aging for this cultural group.

In summary, social networks, faith, respect, and health beliefs are the central values and key aspects of the Hispanic population (Table 1). These individual central values do not stand alone, but are intertwined and emanate from the foundational concept of *Familialism*. This research explored the unique social network and cultural norms and their relationship to successful aging in the Hispanic culture.

Theoretical Framework

Story Theory

From the discussion above, we see that it is essential to understand and give culturally congruent care to the population served, in this case Hispanic community-dwelling older adults. Culturally congruent care can only occur when central values of the culture are recognized and acted upon by nurses as they interact with the people cared for (Leininger & McFarland, 2006). Story Theory emerged from the professional discipline of nursing that centers on caring (Smith & Liehr, 2008). The purpose of Story Theory is “to describe and explain story as the context for a nurse-person health promoting process” (Smith & Liehr, 2008, p. 205). Everyone has a story to tell and storytelling has been the quintessential mode for dissemination of information for as long as people have populated the earth. Story Theory uses story as a backdrop on which the nurse/researcher and the participant write and rewrite the newly developing health story.

Background

Story Theory is a middle-range nursing theory. Middle-range theories are the “well-adjusted middle children” of the theoretical family. Mid-range theories are aimed at application since they force the researcher to induce a composite story that allows the

researcher to more easily use it in a clinical practice. Thus, it brings a balance between the experiential concepts of the day-to-day practice/conceptual models and the more abstract grand theories; they add to the discussion by explaining through example how the specific experience relates to the healing discipline (Smith & Liehr, 2008). Mid-range theories are a bridge that allows for the theoretical connection between micro and macro theory and constitutes the basis for a theory that allows and justifies this linking into applied practice.

Story Theory is viewed through two different yet distinct nonreductionistic lenses or paradigms: the unitary and the neomodernistic perspective (Smith & Liehr, 2008). These lenses help to direct attention to the human health story as it unfolds into an innovative expression of the whole person. Story Theory was in fact originally called Attentively Embracing Story. The unitary lens aids in focusing the health story on the whole system or person and not dwelling on the diverse parts. Within the realm of successful aging, this is important because concepts surrounding successful aging are multifaceted and take in the whole human experience. As the Hispanic older adults tell their successful-aging stories, the researcher is able to see the big picture viewing them through the unitary lens. The neomodernistic perspective encompasses ideas that enhance and promote new ways of knowing, creative and critical thinking, and even postulates that within the realm of universal principles there is room for “individual uniqueness and local truths” (Reed, 2006, p. 37). The neomodernistic lens brings a balance to the unitary lens (which focuses on the whole) since the neomodernistic focuses on the diversity of people and the knowing they bring to create health. The neomodernistic perspective allows the researcher to view the Hispanic elders as the

experts in their successful aging story and to understand that the Hispanic elders have the potential to achieve successful aging according to their own definition (Smith & Liehr, 2008; Reich, 2011).

Theory

Story Theory has three concepts that are central to its use. These are “(a) intentional dialogue, (b) connecting with self-in-relation, and (c) creating ease” (Smith & Liehr, 2008, p 209). Story Theory uses the role of a caring nurse researcher engaged in therapeutic communication to guide the process of the narrative research (Smith & Liehr, 2005). Story Theory brings together the phenomena of an event, such as successful aging, with the energy of the researcher and participant with the end goal of understanding their unique experiences. The researcher brings ease to the participant as they share about their life experiences to develop the story-plot of the highs, lows, and the turning points with an end to understanding (Smith & Liehr, 2008).

Assumptions

Story Theory has three assumptions that lay the groundwork for its practical use in determining the unique cultural aspects that affect the successful aging process of Hispanic elders.

- 1) People “change as they interrelate with their world in a vast array of flowing connected dimensions” (Smith & Liehr, 2008, p. 209). For the Hispanic older adult, this can be viewed in the light of their unique cultural support networks, where their stories of aging are changed by their interactions with others and their environment.

2) People “live in an expanded present moment where past and future events are transformed into the here and now” (Smith & Liehr, 2008, p. 209). For the Hispanic elders this means that the past and future anticipated experiences unique to their culture are brought together to help them achieve successful aging in the here and now.

3) People “experience meaning as a resonating awareness in the creative unfolding of human potential” (Smith & Liehr, 2008, p. 209). When the Hispanic elders tell their aging health story, they will be able to see connections never made before. Becoming aware of the past and the future utilization of the cultural aspects that promote well-being can elicit change in the here and now.

Statement of the Purpose

The purpose of this narrative study was to describe and understand, from the cultural perspective of the Hispanic elderly, the unique cultural factors that are associated with successful aging in the elder Hispanic population.

Research Questions

This study is designed to answer the following research questions:

1. What unique socio-cultural factors influence the process of aging for the Hispanic elderly?
2. What do Hispanic elders’ stories reveal about aging?

Definitions

- Successful aging: Building on the definition from Flood (2002), successful aging for this study is the unique, individual, culturally defined positive perceptions of

the aging process and the ability to cope, while maintaining an awareness of the significance and purpose in life, which incorporates the whole person: including the physical, mental, and spiritual self.

- **Hispanic Paradox:** Despite health disparities Hispanics tend to live longer than all ethnic groups and some have suggested may have better health outcomes than most non-Hispanics whites.
- **Community-dwelling elderly:** Those elderly who are not residing in an institutional setting such as a long-term care facility.

Summary

This chapter illustrated the gap in the literature related to successful aging and the Hispanic population. Since the Hispanic population tends to live longer and are purported to have better health outcomes, research into the aging process within the Hispanic culture is warranted. Successful aging, a topic that looks at areas within the elderly population that encourage positive aging outcomes, has not been studied as it relates to the elderly Hispanic population.

Successful-aging literature has posited that social support networks are important to the older adult population. Literature points to the unique social support networks within the Hispanic culture. The theoretical framework of Story Theory was used in order to explore the connection between successful aging and the Hispanic culture. Story Theory uses the unique role of the nurse/researcher to encourage the Hispanic older adults to engage in dialog about the aging process. This includes helping the Hispanic elderly discuss the impact their family, culture, and environment have on their past and future thoughts on aging.

CHAPTER III: METHODOLOGY

This chapter presents the methodology of this study. Methodology is much like a blueprint that is used to design a building. As blueprints document the design and are used by the construction crew to guide them when building the structure, so the researcher uses the methodology to direct the design the study takes. This methodology chapter will detail critical design information useful for structural integrity. First, the foundation on which this study has been built will be discussed, which was the qualitative research design called narrative inquiry. A framework based on Story Theory was built upon this narrative inquiry foundation. Story Theory designated what shape this study took. The next stage of the research design determined the characteristics of the population recruited as well as the sampling strategy. Then, the process for the protection of the participants, recruitment, and collection of data is reported. Subsequently, the procedure for analyzing the data will be discussed. Much as a contractor needs to adhere to regulations to assure structural integrity, the researcher needs to make sure that the study will be sound by ensuring scientific rigor. Finally, researcher bias and the limitations of the study are addressed.

Research Design

This study utilized the qualitative research design, narrative inquiry, guided by the concepts and assumptions in Story Theory, to explore the socio-cultural factors that influence aging in the Hispanic elderly population. Narrative inquiry is the design

foundation on which the Story Theory framework is built. Narrative inquiry gathers stories from various people and sources, and then pulls them together to form a “composite picture” of experiences (LeCompte & Schensul, 1999a, p. 87). By tapping into life stories presented by the Hispanics elders, discoveries can be made into the cultural practices which influence successful aging.

Narrative inquiry, a qualitative research design, was used to collect the stories from an individual or individuals. This design laid the groundwork for exploring and discovering the significance that the Hispanic population assigns to social issues of aging. It captured the subjective lived experience of the elderly Hispanic population and attempted to represent their values and culture through the stories of their own lives. Story Theory guided the process of narrative inquiry research by providing the framework for the participants’ past experiences with environment, people, culture, and aging to connect with their anticipated future experiences (Creswell, 2007; LeCompte & Schensul, 1999a; Smith & Liehr, 2008). Nurses are ideally suited to the role of a qualitative researcher, as both “share the mutual goals of dealing with subjectivity, describing the complexity of lived experience, and appreciating realities where holism and intuition are valued” (Myers, 2000, Nursing Gains, para. 1). Narrative inquiry uses a variety of tools or instruments for data collection; however, the researcher is the main tool and the setting is where the people meet. In narrative inquiry the main sources of information come from open-ended interviews, observations, documents, archival material, and casual conversation (Creswell, 2007). This study primarily utilized interviews and observation data collection techniques.

Research Population

Participants for this study were recruited from settings where the Hispanic population and particularly Hispanic elderly members congregate. The participants had the following characteristics:

- **Community dwelling:** Community dwelling means that they did not live in an institutional setting, such as long-term care, nursing homes, or assisted living facilities. It was important for this study to focus on those members of the Hispanic community who were community dwelling either alone or with family members to document and assess social support networks that develop naturally within their culture. Social support networks within institutional settings might be contrived.
- **Hispanic origin:** The participants self-identified as Hispanic.
- **Men and women:** It was important to include both men and women in this study. As mentioned previously, the Hispanic culture has distinct traditional roles for men and women. In order to properly represent successful aging in this population it was important to include representation for both gender roles.
- **Age 65 and older:** Research on the elderly generally designates those older than 65 years of age. For this study, the designated standard was adhered to (CDC, 2007; Giblin, 2011; Werner, 2011).
- **Speak and understand either English or Spanish:** due to the nature of interviews, the participants needed to be able to engage in conversation. Thus, being able to both understand and speak was imperative. A Spanish interpreter was present during all Spanish speaking interviews, since I am not fluent in Spanish.

- No cognitive impairment: Interviews required participants to engage in conversation, thus an ability to communicate verbally using mental capacities was needed. Those who self reported any history of stroke, dementia, or Alzheimer's disease were excluded.

Sampling Method

For this narrative inquiry, a purposive sampling method was used. Purposive sampling means carefully selecting individuals who can help to answer the research questions. The sampling strategy was determined in advance in order to obtain optimal results (Creswell, 2007, p. 126). There are several different types of sampling that can be used in narrative inquiry. In many narrative inquiries, the sample size can be as small as one or two individuals who have stories to tell. However, for this study, the sample size was determined by finding representatives of the community who matched the criteria described above in order to create a composite story. For this study, the sample-size goal, two to six individuals, was achieved.

The methods used to select the purposive sample were a combination of criterion and snowball sampling. The criterion-based sample selection used was the Bellwether (ideal case) sampling method. The Bellwether sample selection made the factors associated with successful aging visible, since the ideal case had all the characteristics sought. The ideal conditions were determined in advance (e.g., Hispanic elders, aged 65+, who are willing to converse about the unique cultural experiences related to growing older). Then, individuals were selected who represented those traits: for example, making sure the sample had cultural/social support networks that were consistent with those found in the literature. However, if the sample selected did not have the support

networks found in the literature, an intensity sample would have been sought. An intensity sample is where a participant may display rich information that will help the researcher to determine the phenomenon of interest, such as a unique cultural influence that affects successful aging. In addition, participants in the study were asked to assist the researcher to find other participants. This is known as snowball sampling (Creswell, 2007, p. 127; LeCompte & Schensul, 1999a, p.114).

Protection of Human Subjects

IRB approval for this research was obtained from the Boise State University of Institutional Review Board (IRB) (Appendix A). Protecting the participants, being sensitive and respectful, while assuring confidentiality to all participants was essential. Part of ensuring protection for the participants included having a Spanish interpreter available at recruitment meetings, and Spanish speaking only screenings and interviews. This helped to ensure that language barriers did not hinder the potential participants' understanding of the research process, participation expectations, and participant rights. Informed consent was obtained from all participants prior to beginning the interviews. The interviews were conducted in a safe and comfortable environment agreeable to both the researcher and the participant, and a Spanish interpreter was employed as needed. The consent form, available in both English and Spanish, had a readability level of 6.3 on the Flesch-Kincaid scale (Appendix B). The consent form was read to the participants and questions were encouraged to ensure the participants understood their rights. The participants were informed that they had the right to withdraw from the study at any time and could refuse to answer any interview questions. Participants were given a copy of the consent form. All personal identifying information (names, locations, etc.) in notes

and interview transcripts were removed and replaced with pseudonyms. All reports describing this research will use pseudonyms to maintain the confidentiality of research participants.

Raw and coded interview recordings and transcripts were stored in a locked cabinet in the office of Dr. Dawn Weiler or stored on password protected computer systems at Boise State University. Only the researcher and Dr. Dawn Weiler have access to the raw data and transcripts. All data will be destroyed after three years in accordance with federal regulations.

Recruitment Process

Gaining the trust of Hispanic seniors was key to obtaining the data necessary for this research. When working with the Hispanic community, connections to the population helped gain access. One way to gain access was to partner with culturally embedded organizations in order to improve communication with the population of interest (CDC, 2008). For the past three years, I have cultivated trust with older adult members of the Hispanic community through attending meetings of Hispanic organizations as well as periodically bringing information and assistance. Access to key informants and gatekeepers within the community was another avenue employed to gain access to this population. From past experience, I was able to use my role as a nurse as another way to bring mutual benefit and build trust with the researched population.

To recruit Hispanic elders for this study, I asked to speak at meetings, in culturally embedded organizations, attended by the Hispanic elderly. (Appendix C). I also worked through connections made with key members of the Hispanic community. At the meetings, a Recruitment Script (Appendix D) was utilized and a Spanish

interpreter was employed to ensure that all Hispanic members understood the purpose of the study. A Recruitment Flyer (Appendix E) written in English and Spanish was distributed following the meetings and placed where the Hispanic elders were known to frequent such as Hispanic faith-based organizations, Hispanic markets, Hispanic community meetings, and senior centers. This flyer delineated the purpose of the research, the inclusion/exclusion criteria, incentive provided, as well as my contact information. Adherence to selection criteria was made certain by the Screening Tool (Appendix F), which was administered to members of the Hispanic community who had shown an interest in being interviewed. The interested parties were contacted by phone. I (with a Spanish interpreter when needed) called the prospective participants and set up interview times and dates with those who were eligible to be interviewed.

In the event that more participants were eligible, a screening contingency plan was developed (Appendix G). Although not needed for this study, the contingency screening would allow for a careful, purposive sample to be included in the study. Questions included at the end of the screening tool would have been used to determine which participants to select. These questions included information on the following characteristics:

- **Male/female:** Including both male and female participants will allow the collection of information from actual members of each gendered group from the different unique roles of men and women in the Hispanic culture.
- **Country of origin:** Each country has its own unique cultural variations and expressions of health. Since the Hispanic culture includes such a variety, using a

variety in the interviews will allow for more diverse information (Gallo et al., 2009).

- **Years in the U.S.:** “Hispanics with non-U.S. nativity also tend to show better health than those born in the United States, although this advantage dissipates with increasing time spent in the United States” (Gallo et al., 2009, abstract).
- **Age categories:** 65-74, 75-84, 85+: Aging is a developmental process. This means that the elderly have longer to reflect on their lives as they age as well as change their attitude regarding their future (Nilsson, Sarvimäki, & Ekman, 2003). When researchers include participants from each age category, the changes made in attitude reflected by the eighth stage of development represented by Erikson’s theory of psychosocial development (either toward integrity or despair) can be seen.

Data Collection Procedures and Instrumentation

After the participants were recruited, a 1 to 1.5 hour interview time was set up at a location and time agreeable to the participant and researcher. Follow-up interviews were conducted later to clarify comments made by participants or to obtain further details pertinent to the research question. After the interview was completed, the incentive, a gift card to Wal-Mart was given to the participant. A Spanish interpreter was available, if needed, throughout the interview process. Informed consent (Appendix B) was obtained and the participants were informed of their right to withdraw from the study at any time as well as the right to decline to answer any question. The consent form was written in both Spanish and English at a sixth-grade reading level as recommended by the Health Information Security and Privacy Collaboration, & RTI International (2009). The

consent form was read aloud and questions were encouraged to ensure the participants understood their rights. The participants were given a copy of the signed consent form. After consent was granted, the Demographic Questionnaire (Appendix H) was read aloud and completed. It was also available in both English and Spanish. The semi-structured interviews were conducted using the Interview Protocol (Appendix I) developed from a template design by Creswell (2007, p. 136). The interviews were audio recorded with two digital recording devices as a back-up. The English recordings were transcribed verbatim and the Spanish interviews were conceptually transcribed by a Spanish speaking professional transcriptionist to ensure meaning was maintained. Fieldnotes were written during or as soon after the interviews as possible. Interview transcripts and fieldnotes were reviewed following the interviews. Memos, observations, and impressions were noted in my journal. I then read and reread the data to become immersed and thoroughly familiar with it. This allowed me to analyze the data and identify factors to be coded. Throughout this study, a second Spanish interpreter was employed to assess the accuracy of the initial transcript translation.

Data Analysis Plan and Procedures

“There is no singularly appropriate way to conduct qualitative data analysis, although there is general agreement that analysis is an ongoing, iterative process that begins in the early stages of data collection and continues throughout the study” (Bradley, Curry, & Devers, 2007, p. 1760). Findings were analyzed using Story Theory’s seven phases of inquiry (Smith & Liehr, 2005, p.274):

- Gather the story from the Hispanic elderly
- Compose the reconstructed story through the eyes of the researcher

- Connect existing literature
- Name the health issue, i.e. what matters the most to the elderly Hispanics related to aging
- Describe the developing story plot
- Identify movement toward understanding
- Collect additional stories about successful aging.

This study utilized an inductive (from the ground up) process to analyze the data as well as a deductive process that takes concepts from the research literature. Using these, in combination, ensured that the data collected for this study could provide unique discoveries and insights while at the same time allow for the incorporation of important knowledge from prior research. The process was accomplished by transcribing the interviews and constantly comparing what each participant said or did with other comments by the same and other interviewees and other data gathered during the study.

Deductive codes were found from the literature on successful aging. Deductive coding looks to see if these successful aging ideas, cultural characteristics, and terms, commonly used in successful aging literature, are present or alluded to in the Hispanic elders' stories. The coded factors from the literature related to successful aging can be seen in the table below (Table 2). Codes and coded segments of data were then triangulated with other interviews, fieldnotes, as well as analysis of the interviews. Through triangulation, I examined the data through multiple lenses of various data sources to ensure validity and reliability (LeCompte & Schensul, 1999a; LeCompte & Schensul, 1999b). The interviews were coded in peer-debriefing sessions. The coded interviews from one colleague were compared to the others (triangulation) and the

frequency of each code was counted (Appendix J). Themes were then developed from the synthesis of the most frequently used codes.

Table 2. *Codebook for Successful Aging from the Literature*

Code	Categories	Items from the Literature
PWB	Psychological Well-being	<ol style="list-style-type: none"> 1. Feeling satisfied with my life the majority of the time. * 2. Being able to make choices about things that affect how I age, like my diet, exercise, and smoking. * 3. Not feeling lonely or isolated. * 4. Adjusting to changes that are related to aging * 5. Having a sense of peace when thinking about the fact that I will not live forever. * 6. Feeling that I have been able to influence others' lives in positive ways. * 7. Having no regrets about how I have lived my life. * 8. Feeling good about myself self image.* 9. Being able to cope with the challenges of my later years. * 10. Being able to act according to my own inner standards and values. *
PH	Physical Health	<ol style="list-style-type: none"> 1. Remaining in good health until close to death.* 2. Having the kind of genes that help me age well.* 3. Remaining free of chronic disease. *
FA	Functional Ability	<ol style="list-style-type: none"> 1. Being able to meet all of my needs & some of my wants. * 2. Being able to take care of myself until close to the time of my death. * 3. Being able to work in paid or volunteer activities after usual retirement age. * 4. Continuing to learn new things. * 5. I have been able to cope with the changes that have occurred to my body as I have aged. † 6. I manage to do the things that I need to do to take care of my home and to take care of myself (eating, bathing, dressing). †
SR	Social Relationships	<ol style="list-style-type: none"> 1. Having friends and family who are there for me. * 2. Staying involved with the world and people around me. * 3. I would rather have a few close friends than many casual ones. †
S	Spirituality	<ol style="list-style-type: none"> 1. I spend time in prayer or doing some kind of religious activity. † 2. A relationship with God or some higher power is

		important to me. †
		3. I think of my loved ones who have passed away and feel close to them. †
CM	Coping Mechanisms	1. I look forward to the future. † 2. I feel able to deal with my own aging. † 3. I feel able to cope with life events. † 4. I can come up with solutions to problems. † 5. I am good at thinking of new ways to solve problems. † 6. I enjoy doing creative new things or making things. † 7. I am in a positive, pleasant mood. †
PL	Purposeful Life	1. My life is meaningful. † 2. I am overall satisfied with my life right now. † 3. I feel that I serve a purpose in this world. †
Notes: These codes were taken from the following successful aging questionnaires: * Phelan et al. (2004) † Troutman et al. (2011)		

Inductive analysis for narrative inquiry was related to the story as it emerged. Relevant patterns in the data were identified from the interviews, impressions, and observations. These patterns were then categorized and new concepts were developed. There are several ways the researcher can develop the codes used to analyze the data. The story can be chronologically coded to focus on epiphanies and events. Another way it could be coded is by relaying a plot much like a play with characters, setting, problem, action, and resolution. Narrative inquiry stories can also be coded relative to three dimensional space: interaction, continuity, and situation. The final way these can be coded is relative to themes or patterns that emerge as the story unfolds (Creswell, 2007, p. 170).

The goal of this study was to produce a composite narrative of what successful aging is and how it can be accomplished, thus the analysis process for this study centered on discovering patterns associated with Hispanic elders' stories of culture and aging. Constant comparison of what each participant said or did allowed patterns to begin to be

seen. New concepts were derived by searching through the narratives to find patterns or frequently used items such as words or ideas. The similar items were put into categories. Categories and themes were then triangulated with other interviews, fieldnotes, as well as the analysis of the interviews (LeCompte & Schensul, 1999b). The reconstructed composite story needed to faithfully represent the Hispanic elderly. This was achieved by careful attention to detail and applying strategies to ensure scientific rigor.

Strategies for Validating Findings

Trustworthiness of the study (e.g. scientific rigor) is the process that validates the truthfulness of study findings. This study applied the Lincoln and Guba (1985) four-part validation scheme to document accuracy and trustworthiness. The four parts include credibility, transferability, dependability, and confirmability. Using these qualitative perspectives, the researcher maintained scientific rigor.

Credibility means that the findings are credible or probable. Credibility was established through member checks as well as triangulation of the data. The participants were asked to review and critique the results of the analysis to determine if the stories rang true (member checking). Member checking was an ongoing process where the researcher looked for cultural congruency in the research questions, as well as the analysis of the data. Member checking was completed by discussing the findings with the participants, key informants, and the Spanish interpreter. I discussed with the participants the findings from other study participants to check for agreement. As categories and themes were developed from the interviews, the study participants were asked to review the findings to ensure that the themes were true representations of their life stories. Definitions were presented to the participants to ensure that the meanings

were clear. In addition, I explored the data using other sources such as the literature related to Hispanic aging, journaling, and memos of the interviews (Issel, 2009; Weiler, 2007).

Transferability means that the findings can be transferred to other situations. This was achieved by making certain that the descriptions are vivid to enable comparisons with other situations. Another way to ensure transferability was through triangulation. Triangulation is related to how well the data lines up with other sources as well as identification of the consistency of the data (Schensul, Schensul, & LeCompte, 1999). I used several different avenues to ensure transferability. The results of the data analysis were assessed against (a) what has been written in the literature, (b) input from the participants on their interpretations, (c) insight from fieldnotes, memos, journaling, and observations, and (d) peer-debriefing sessions. Peer debriefing is where the researcher presents the information produced in the study to other researchers for comment and critique. Members of the research committee and other qualitative researchers were asked to participate in peer-debriefing sessions. These techniques enabled me to measure how well the study matched accepted processes and procedures of qualitative data analysis and how well it denoted an accurate representation of participant narratives (Creswell, 2007; Issel, 2009; Weiler, 2007).

Dependability is the reliability of the study to be reproduced, while confirmability correlates to objectivity. Both require a clear audit trail of notes detailing how each step of the interview process and the analysis of the data have been completed. I took copious notes in the form of fieldnotes, memos, and journaling. Peer-debriefing sessions were utilized to assess the paper trail, raw data, and the synthesis process along the way to

make certain the data made sense and that the process was clear (Issel, 2009; Weiler, 2007).

Researcher Bias

It is important to understand that the role of the researcher as an interpreter of the story will bring the researcher's biases into the story process. Understanding my bias as a researcher was instrumental in reducing their influence on the study. However, my experiences working as a nurse in a long-term care facility ultimately lead me to this research project when I noticed only one Hispanic elderly patient compared to the myriad of Caucasian patients. My view point is that the reason for this was the Hispanic family structure and social support network purported in the literature presented previously. In addition, this cultural support further enhances the successful aging process within the Hispanic community. Understanding personal biases means the researchers can guard against coloring their studies with preconceived ideas. To address this and other biases, I utilized carefully constructed questions to avoid introduction of personal ideas into the study. I used member checking and peer debriefing as an additional check against the effects of bias.

Limitations

Limitations of this study include my limited Spanish speaking ability. This limitation was partly addressed by employing a Spanish interpreter to interpret the sessions as well as having another interpreter who is familiar with the culture review the transcripts for accuracy. Member checking was also completed by having key members of the Hispanic community review the results. Another possible limitation of the study

may have been the presence of the interpreter, which may have caused the participants to be more reticent to share. This was addressed by making sure that the Spanish interpreter was a professional who understood the role of the interpreter and sharing the interpretation process and procedure with the participant.

Summary

For this study, narrative inquiry (as seen through the Story Theory lens), was used to explore the cultural significance of the Hispanic elders' stories as they relate to successful aging. Data was analyzed using both an inductive and deductive process. Inductive themes from the narratives of the elderly as well as deductive themes from the literature were identified. Scientific rigor was maintained by adhering to the criteria set forth by Lincoln and Guba (1985) for trustworthiness (credibility, transferability, dependability, and confirmability) (Creswell, 2007; Weiler, 2007). Adherence to the design, process, and procedures delineated in this chapter enabled me to build a study that had structural integrity and can help to bridge the gap in the literature related to successful aging for the Hispanic elderly.

CHAPTER IV: RESULTS

This chapter will present the recruitment, characteristics, and demographic information of the participants selected for this narrative inquiry. The study findings will be discussed as they relate to the literature, the conceptual framework, previous research, and each of the two research questions.

Description of the Participants

A purposive sample of four participants (n=4) was selected to be interviewed for this study. Participants were recruited from connections I had previously made in the community. Two participants were recruited after the recruitment script and fliers were distributed in a local Hispanic church. Two participants were recruited using the snowball criterion sampling method. Demographic data were collected on the participants (Appendix H).

There are different age categories within the literature (Werner, 2011; Nilsson et al., 2003). This study used the categories: young-old: 65-74; the old-old: 75-84; and the oldest-old: 85+. The participants for this study were all from the old-old age group. There were an equal number of male and female participants. Of the four participants, one was a widower, one a widow, and two were married. Three of the participants lived in their own homes and one lived with his daughter. All participants transported themselves in their own cars.

Three participants were born in the U.S.; of these, two were born and raised in the U.S. and one moved to Mexico as an infant and was raised in Mexico. One participant was born in South America and immigrated to the U.S. Of the two participants raised outside the U.S., one had lived in the U.S. for 57 years and the other for 30 years. The following table summarizes characteristics of the participants in the study.

Table: 3. *Demographic Information (n=4)*

Age Range	76-80
Average Age	78.25
Male	2
Female	2
Married	2
Widowed	2
Self-reported health status:	
Excellent	1
Good	3
Disease:	
High blood pressure	3
Cancer	1
Diabetes	1
Heart disease	2
Have Insurance	3
Average Monthly income	\$1464.75
Monthly income range	\$779-\$2600
Place of birth	
US	3
South America	1
Years in US	All longer than 30 years
Language used at home	
Spanish	2
Both	2
Number of years in school	6-13
Average years of school	9.25

All participants self-rated their health as good or excellent; however, in the course of the interview, each shared more information related to their health status than they provided on the demographic questionnaire. One participant disclosed that her rheumatoid arthritis and lupus were in remission. One participant related that she had recently had a pacemaker placed, which helped her to feel much better. The one participant who stated he had diabetes reported that it was controlled along with his high blood pressure as a result of diet and exercise. Another participant also disclosed that his high blood pressure was controlled.

Findings

Two research questions guided the inquiry for this qualitative study. The findings will be discussed as they related to each of these questions. Story Theory was the framework I used to convey the findings. As mentioned previously in the Methodology chapter of this thesis, Story Theory has seven phases of inquiry (Smith & Liehr, 2005):

- Gather the story from the Hispanic elderly
- Compose the reconstructed story through the eyes of the researcher
- Connect existing literature
- Name the health issue, i.e. what matters the most to the elderly Hispanics related to aging
- Describe the developing story plot
- Identify movement toward understanding
- Collect additional stories about successful aging

I did not follow any exact sequence of Story Theory, but used it as a non-linear guide to direct the analysis of the findings

Research Question 1

What unique socio-cultural factors influence the process of aging for the Hispanic elderly?

Using the first and third phases of Story Theory to answer the first research question, I gathered the stories from the Hispanic older adults. Then ,their stories were compared with existing literature related to the unique Hispanic culture as presented previously (Table 1: *Cultural Values of the Hispanic Population*, p. 16).

Support Networks

The Hispanic elders in this study have a unique culture that has helped them as they age. This finding was consistent with the literature related to the support from family and others (Hatchett et al., 2002; Ojeda et al., 2011; Weiler, 2007). The social support network, represented by the Spanish term *Familialism*, is related to the close family ties and social support and was evident in the participants life stories (Hatchett et al., 2002). The participants did not have many connections with childhood friends, but their family members were an active part of their lives even if they lived miles apart. The older adult Hispanics in this study did not just receive aid, but were also giving aid to others in their family. As described below, I was able to observe several of these interactions while conducting the interviews.

At one point in the interview with *Rosa* (pseudonym), her son stopped in to check if she needed anything and to borrow her car. Then, her sister called from South America. *Rosa* told how she goes to South America every year to visit her family. *Rosa* explained that even if she is old she wants to help others:

But maybe when I am too old to be helping people, I will die. But I like to be a help for someone. Like I sent a book to help a man who is working with poor children in the Dominican Republic and they get help for getting the books for the children and backpacks for the children. So it is who I help.

Nina (pseudonym) also had a call from her sister during the interview. Her son stopped by to bring her some apples and to check on how she was feeling. *Nina* shared that he stops by every morning. *Nina*'s sisters had been there to help her with bathing, grooming, and feeding when her rheumatoid arthritis had her bedbound and in constant pain.

My sister had to comb my hair, my sister had to feed me, my sister had to do everything for me, and I thought, "Oh my God, they're my older sisters. Why am I not taking care of them?"

Victor (pseudonym) lived with his daughter and her family, but gave back by caring for the garden and yard and baking the bread for the family weekly.

Xavier (pseudonym) described how he has not only cared for his aging parents, but also has raised some of his grandchildren and still cares for his ailing brother twice daily. These are examples of how each participant was connected to their family. They had a relationship built on reciprocal respect and care.

Pariente, which is a term that represents the support network of extended family, friends, and supportive professionals, was evident in their stories as well (Marin & Huber, 2010).

Nina told how their adopted son, who is a truck driver, stays over several days each week.

I have my son, he's not my real son, but I adopted, I adopt everyone. He's a truck driver and he sleeps here on Wednesdays and Fridays. He always drinks my mint tea.

Nina also described how her doctor was another avenue of support for her.

Like yesterday, I was very upset like the doctor says, you going to have a nervous breakdown. I was upset all day. I waited a long time. The doctor says to call her, and she tells me, 'You've come a long way, don't let this get you down.'

Victor's doctors were there to help him get his diabetes and cholesterol under control, and were a support for his health.

And that's why I told you that my health is good because the doctor has helped me control everything.

Nina's spiritual advisors were also there for her as support, visiting her in her home and teaching her:

I met this priest and this nun and they taught me how to meditate...Even my two priests that come to my house, they say, 'You are very strong with the Lord.'

As Hispanics age, their traditional gender roles can be stretched. For example, *Nina* is currently caring for her husband, who has dementia. She displayed the Hispanic characteristic *Marianismo* (self sacrificing) to allow her husband to maintain his *Machismo* dignity. At one point in the interview, her husband came in to say that he was going to go to the bank to get money out for something. *Nina* said to him,

Poppy, here is the money; you don't need to go to the bank.” Then she turned to me after he left and explained: [People ask] “Why you give him a hundred dollars. And it's so he still feels like a man.

These cultural support networks that the participants have built throughout their lives, *las familia* and *los pariente*, are something that they can count on to help them as they age. They have found comfort in the fact that these cultural norms from their network of family and friends are there to support them. *Victor* summed this up when he described what his family means to him.

They do everything they can to help me, they are watching if there is something I need or if something happens to me.

One surprising find was that even though these participants had lived in the U.S. for many years, some of them all their lives, they operated under the Hispanic cultural norms to care for their elderly parents even if they did not expect that their children would do the same for them.

For these individuals, successful aging is part of what they do and what others do for them. Successful aging is facilitated by membership in an active network of support that involves helping themselves, helping others, and accepting assistance from others. It also involves feeling as though they are contributing more than they are taking from this support network. This highlights the allocentric orientation toward supporting the network as the network supports them.

Faith

The elderly participants in this study were religious and each belonged to a local church. They valued faith in God and expressed that having faith in God was an important factor for successful aging. Three of the four participants felt that having faith in God was one of the most important aspects of successfully navigating old age. This was true for them for several different reasons, (a) preparing for the future, (b) coping, and (c) fellowship.

Xavier gave an example of the how faith is important to help them be prepared for the afterlife.

If you don't make it to God, to heaven, it's because you didn't get prepared. Be concerned about preparing yourself to die because you don't know when you're going to die. And that's it. You can't change anything after that.

Nina gave another reason faith is important because it allows her to cope with the challenges of growing older.

But God's been good to me, I'm 79 years old, I'm going to be 80, I'm going to be 80 years old and I'm walking, and I'm talking, and I'm healthy. Yesterday when I was at church I said to God, "I know that you're with me, and I know that you're going to lift me and pick me up."

Rosa shared another reason faith was important to her because of the kinship and fellowship she felt within her faith communities. *Rosa* was describing how the people from church and missionaries, who were staying with her, had helped her move:

I have my friends at the church; they have a pickup and they are coming to help us. And because always at home we have people to help.

From this, we can see that faith contributes to successful aging for these individuals in several ways. First, it provides a connection to others who may be members of their support network. Second, it provides an anchor to their lives, an incentive to continue to contribute to their own and others' support networks, and a means through which to optimistically address their own mortality.

Respect

The Hispanic elders in this study were respected members of their community, whether it be their church, family, or work. *Xavier* was a teacher in his church and grounds keeper at his grandchildren's school; *Victor* was a baker, who baked traditional breads for his family, church, and community; *Rosa* was a healthcare worker who was seen by her community as a health advisor; *Nina* was a leader in the community and helped Hispanics further their education. However, the respect they had in the community was not something they talked about in the interviews. It was a part of their story that had to be found by knowing them from previous connections. They showed respect to others. This respect was evident in their stories about how they respected their parents, but they did not discuss the respect they felt was due them. This would need to be observed through watching their interactions with others.

Respect serves as a touchstone for successful aging by reinforcing the connections to their own and others' support.

Health Beliefs

The participants were looking to someone for advice on healthy behaviors and practices. While none of them indicated they had used or heard of *curanderos* and *promotoras*, they sought to improve their health by turning to the Church, Western medicine (even Dr. Oz), and family for advice on healthy eating habits and activity. One participant shared that her mother encouraged various herbal teas to help with ailments ranging from bronchitis to yeast infections. Traditional practices, such as belief in hot-cold theory, use of folk-care practices, or healing properties of native foods, were not practiced by these participants, but they were all concerned with being healthy as they aged (Higgins & Learn, 1999; Leininger & McFarland, 2006; Marin & Huber, 2010).

The participants' care of themselves appears to be an extension of the Respect principle described above, but focused inwardly. This self care was not limited to the conventional Western orientations to health and well-being, but extended to traditional practices from their culture. The effects of these self-caring health beliefs appear in part to provide individuals with a means to connect with others and act in attending to their own well-being. As such, it is connected to the concepts of Respect and Support Networks as described above.

Research Question 2

What do Hispanic elders' stories reveal about aging?

The Hispanic elders' stories were filled with memories of the past that had shaped who they are today. They told of hard times that did not seem so hard because they had the support and love of their family. They told of the present filled with activities to keep their minds and bodies healthy so they can continue to help others. They shared their future hopes and concerns for their family.

Continuing to follow Story Theory, the stories of the four participants were reconstructed into one life story and told through the eyes of the researcher.

My name is Julio(a). I am a 78 year old Hispanic individual. I grew up working hard, not always being able to attend school because of work. My family lived on food grown in the gardens, animals raised on the farm, and wild meat, sometimes even armadillos. The garden was also used to provide herbs which the family sometimes turned into teas for medicine. I had parents who provided an example of the benefits of hard work, sometimes waking at three in the morning to finish the laundry for their employers. My mother moved in with my youngest sister, Maria, shortly after Maria was married. Maria had three children and the last delivery was especially difficult. My mother was 83 years old, but still insisted on cooking for Maria and her family. While cooking for the family my mother had a heart attack and passed away; all I can say is that it is a blessing to die while still working. As an adult, when I was sick, my sisters came to help take care of me. I raised children and worked hard at a job that was not always fulfilling, but I kept at it because it was a means to an end, caring for my family. My in-laws moved in with us while we were raising our three grandchildren. I go to

church regularly and made sure that my children went to church as well. Most of my friends have passed away or moved away, but church is a place where I can still meet regularly with friends. I am concerned that someday I will become a burden. I have seen family members die of cancer and this is not the way I want to go. So I spend time now being as healthy as I can be by eating right, exercising, and having a positive outlook on life. I am preparing for the future and my death by turning to spiritual activities and by having faith in God.

These stories of the Hispanic elderly highlight one of the assumptions of Story Theory, which states that people “live in an expanded present moment where past and future events are transformed into the here and now” (Smith & Liehr, 2008, p. 209). Reconstructing or re-storying the Hispanics’ aging experiences underscores the importance of the social support networks. It is through the connections that these individuals have with family and faith that they are able to age successfully.

Interpretation of the Findings Related to the Successful Aging Literature

One phase in Story Theory is to name the health issue. For this study, the issue, Successful Aging, was defined prior to the interviews. During the research, the story plot was developed further by looking at the successful aging literature (the etic) and comparing it to the stories told by the Hispanic elders (the emic). Interpretations that contributed to the study findings were completed by first exploring the etic theory from the literature on successful aging and the Hispanic culture. These were compared to the emic stories the elders shared. The interviews were coded in peer-debriefing sessions using the codebook from Table 2 *Codebook for Successful Aging from the Literature*

developed from the literature related to successful aging (Phelan et al., 2004; Troutman et al., 2011).

What was missing in the successful aging literature, which was evident in the stories told by the Hispanic elders, was the importance placed on helping and caring for others. Changes were made to the items from the successful aging codebook to reflect the allocentric (community mindset) cultural influences that emerged from the research. These are included in parentheses in the modified list below. During the peer-debriefing sessions, the interviews were coded and the frequency was counted (Appendix J). The top eight successful aging items the participants mentioned most from Table 2 were ranked.

1. A relationship with God or some higher power is important to me.
2. Having friends and family who are there for me (*and who I am there for*).
3. Being able to take care of myself (*and others*) until close to the time of my death.
4. Remaining in good health until close to death.
5. Being able to make choices about things that affect how I age, like my diet, exercise, and smoking.
6. Feeling that I have been able to influence others' lives in positive ways.
7. Being able to cope with the challenges of my later years.
8. I am overall satisfied with my life right now.

These eight items were then grouped by themes that were seen to be important to the participants as evidenced by their stories. The themes that emerged from comparing the stories with the codebook can be seen in the table below.

Table 4. *Successful Aging for the Hispanic Elders in this Study Means*

Themes	Successful Aging Codebook Items
I. Having a relationship with God and others	<ul style="list-style-type: none"> • A relationship with God or some higher power is important to me. • Having friends and family who are there for me (<i>and who I am there for</i>). • Feeling that I have been able to influence others' lives in positive ways.
II. Having good health and making healthy choices	<ul style="list-style-type: none"> • Being able to take care of myself (<i>and others</i>) until close to the time of my death. • Remaining in good health until close to death. • Being able to make choices about things that affect how I age, like my diet, exercise, and smoking.
III. Being content in life, able to deal with challenges	<ul style="list-style-type: none"> • Being able to cope with the challenges of my later years. • I am overall satisfied with my life right now.

Theme I: Having a Relationship with God and Others

Relationships were seen as an important aspect of successful aging in both the successful aging literature and in the participants' stories (Ferri et al., 2009; Phelan et al., 2004). The participants spoke of their relationships with family and God.

Rosa tells of her experience with relying on her relationship with God to help her sell her house when her husband was ill. She relates that,

All my life God is been guiding me. And he gave me this house, and why a Spanish person buy a house cash? Maybe Americans, but a Spanish one can buy a cash house, is a blessing, a big huge blessing. Maybe because I've been obedient with God all my life.

When asked what advice he would give to someone about the most important thing to do to have successful aging, *Xavier* stated,

I'm going to have to use what I believe. When I say believe, I'm talking about God, because really mean getting older or the best time that I had or what I think is getting old or coming to die is really is having faith in God... We need to ask God for help or to give us a faith.

When asked to give advice to somebody on how to age successfully, *Nina* shared the following,

You have to train yourself and put yourselves in the hands of the Lord, and say, 'Lord, give me the strength'. ... And I tell you I don't go to church and I don't read the Bible every day; it's the space that I have with Him. Directly with Him... He's my Doctor, He's my Friend, He's my Lover, he's my Everything, He's the whole package. Without Him I am nothing.

Not only did the participants find that a relationship with God was important, but every story shared included a reference to relationships with family or friends. This suggests that while God has a special position in their lives, God is also a member of their support network as are their family members, friends, and others in their life.

Theme II: Having Good Health and Making Healthy Choices

The successful aging literature described being healthy as part of successfully aging (Phelan et al., 2004; Rowe & Kahn, 1999). Having good health for these participants was not about being free from disease, but about an attitude of health and making healthy choices. Each participant reflected on their own definition of being

healthy and what they thought it meant to be healthy. They all expressed their healthy habits and what they do to achieve them.

When asked what she considered successful aging, *Rosa* stated,

I consider myself...I feel that for my age I am really successful. And I am in life an example, because I have energy...and I feel blessed from God in that way too.

Xavier shared what he thought being healthy was:

When you're young, you know, you take, you do this, you do that, you drink this, you eat this. Except that when you get older you pay for it. Especially if it wasn't good for you. Or whatever, or too much, or whatever. It catches up, that is what I see now...I want to teach you what Jesus says about eating and how to live and how to be happy and at the same time as be in good health. Because I teach the Bible about how to live healthfully.

Nina also shared about health and healthy behaviors:

The most important thing to have is to have good health, is to eat right and exercise...walking is very important. So food, exercise, walking, have a good attitude, don't get up in the morning and say, "I don't want to do this." Get yourself motivated, dress up, clean up, that's what motivates me, getting in the shower, getting my face done. I think, "I still look good, I still can do this"...Like I said, it's not hard when you make up your mind that that's what you want to do for your own health, and health is very important. Very, very important.

Victor described what he does to be healthy by stating:

I eat right, I sleep right. And, I do some work, but I do some exercise too. Walk, mow the lawn, and water the lawn; I do the yard weekly, and I take care of the garden also.

What can be seen in these stories is that at the center of these healthy habits is self-discipline. Successful aging means being able to stick to rules to stay healthy, not just for the individual's benefit, but also for the benefit of their support network.

Theme III: Being Content in Life, Able to Deal with Challenges

Each of the participants shared how they were able to be content and cope with growing older. These are topics in the successful aging literature (McCarthy, 2011; Phelan et al., 2004; Troutman et al., 2011).

Rosa, talking of being content in life, stated:

So I said, 'Well, I don't have a mission to be reached never in my life. I'm happy with what I have. I don't have a mission; I don't have vanity in my heart. I think that pleased God. He gave me this lovely house, and I know that it was a gift he gave. I've been faithful all my life in the tithe too, to give? back what belong to God.

Rosa also shared her secret to dealing with looking older:

Well, for me every day I found a new wrinkle and age spots on my face and my hands. And I know I said, 'When I look in the mirror, I notice that I am getting older, but in my heart I still can do many things, you know.

Xavier's secret to contentment was:

I just can't see a life without having a hope; I can't see it. Before I didn't have no hope. And I said, 'This is it; it is not great, really.' Anyway, that is what I see it, it is not too great. But now there is a hope, I can sleep hoping that having faith, that I will live again, you know.

Nina shared how she dealt with the challenges that have come her way:

Especially now with my husband's dementia sometimes I start to get angry, and I go outside and I go barefoot and I rub my feet in the grass. Lord, give me some energy; Lord, give me some peace; Lord, give me something.

Victor, when asked how to best grow old, stated,

Try to live peacefully. Yep; to be peaceful and tranquil. And to not live recklessly...If that person asked me for advice, I'd try to help them. One of the things would be like, don't worry too much, stuff like that. And if they are not enjoying good health, to take care of themselves.

And when asked if he could tell what he thinks successful aging is, Victor stated,

The first thing would be to enjoy good health. And to not have a lot of problems; that's what I think.

When asked, "What is the BEST thing about growing older?" Victor stated,

Ah, to be happy and it's not quite happy...to be content with being old.

Then he was asked, "How do you become content with growing old?" and he replied,

Well, to be thankful that God let you be as old as you are.

These three themes, having a relationship with God and others, having good health and making healthy choices, and being content in life and able to deal with challenges, act as three strands woven together that create a super ordinate network that supports these individuals as they successfully age. However, this network is not something that is given away, it comes at a cost and that cost is dedicated effort and self-discipline.

Summary

The first five phases of Story Theory were used in this chapter to compare the findings from the interviews (the emic) with the literature (the etic). First, the interviews were compared with what the literature says about the unique Hispanic culture. Second, the interviews were re-storied. Then, Successful Aging was named as the health issue. Finally, the interviews were compared to the literature on successful aging to develop themes.

The final phases of Story Theory, related to successful aging, will be discussed in the concluding chapter. These final steps, identifying movement toward understanding and collecting additional stories about successful aging, will be discussed. These final steps were completed by using analytic induction to assess for patterns from which a new conceptual model was developed

CHAPTER V: DISCUSSION AND CONCLUSIONS

This chapter will conclude the discussion on successful aging by completing the last two phases of Story Theory: movement toward understanding and collecting additional stories about successful aging. The limitations and implications for nursing will then be presented. Lastly, recommendations for further research will be explicated.

Analytical Induction

The next phase of Story Theory was achieved by taking the etic (what is written in the literature about the Hispanic culture and successful aging), and comparing this with the emic (stories from the Hispanic elders about life and aging), then coming full circle to a new etic (the conceptual-network model) derived by analytic induction. Through this analysis process, which included peer debriefing with members of the thesis committee and others, the broad range of data from the participants was broken into its component parts, abstracted, and then synthesized into new concepts. The stories of the elderly Hispanics underscore the importance of their social support networks, in particular family (including peers and professional others) and faith communities. It is through the connections that these individuals have with family and faith that they were able to consider themselves as ageing successfully. A conceptual-network was developed through analytic induction; four interrelated concepts associated with what is needed to successfully age were derived. These are: (a) the ability to practice self-discipline, (b) the ability to find personal peace, (c) the ability to accept things that you cannot control, and

(d) the ability to see one's self as a valuable individual. For this population, faith was seen as the heart or focal point that activated their ability to successfully age (Figure 1).



Figure 1. Conceptual-network model depicting successful aging



Figure 2. Conceptual-network mobile depicting successful aging

Another representation of the conceptual-network can be seen as a mobile with interconnected parts (Figure 2). Each piece in the mobile is a concept that is connected to each of the other concepts. If one piece is removed, the whole apparatus will become unbalanced. It is through the personally customized balancing of each factor, through their interconnections, that successful aging is possible. Depending on how the mobile is turning, which way the wind is blowing, or at what angle it is viewed, different facets of the sculpture will appear as primary, secondary, tertiary, etc. Similarly, depending on an individual's past life experiences, present situation, and one's look to the future, different factors will be more or less important in accomplishing successful aging. From the analysis conducted for this thesis, it is necessary for each of the above-mentioned factors to be present. However, it is contingent upon the individual to decide which piece of the conceptual-network alluded to by this mobile is the most important at any one time.

Extending these ideas to an institutionalized health care setting, one can imagine the light shining on the mobile as the nurse assessing the patient to help the patient determine his or her perception of successful aging. The nurse is instrumental in assisting the individual to improve their aging process by helping the patient to assess how they might establish the balance of these factors. The prism situated in the center is what causes the individual to activate their ability to successfully age. For the participants in this study, the activation point was their faith: in God, their support network, and themselves.

Activation Point: Faith

Faith is the hub or activation point for the participants in this study to successfully age. A nurse seeking to enhance the ability of this group of elderly to successfully age

needs to understand that for these individuals faith is the key. Faith is interwoven throughout the literature on successful aging (McCarthy, 2011; Phelan et al., 2004; Troutman et al., 2011). Faith is also a key element for the Hispanic culture (Beyene et al., 2002; CDC, 2008; Pew Hispanic Religion Report, 2007). Faith was also found interwoven through all the stories of the participants. Having faith and a relationship with God takes commitment, time, and self-discipline. Faith for these individuals centers on their faith in God and their relationships.

This is congruent with the findings from the deductive analysis of the participants' stories and successful aging (Theme I: Having a relationship with God and others). The participants' faith was the most important aspect of their lives. Faith for some meant faith in God.

Xavier was asked what advice he would give to someone about the most important thing to do to have successful aging and he said,

I would tell them ... in many more words, but I'm going to make it short and say 'Have faith in God'

Rosa has a relationship with God that has sustained her in all her life. *Rosa* explained throughout the interview how she turns to God for everything, from selling her house, to raising her children, to dealing with the death of her husband. She summed it up by saying,

All my life God guide me, I have beautiful experience how God listens to me.

For some of the participants, like *Victor*, it was faith in their own ability. *Victor* described how he (a) owned his own business; (b) grew food for the family; (c) gained

control of his health; and (d) brought his family from Mexico to have a better life. It takes faith in your abilities to enact change.

Others, like *Nina*, shared how faith in God *and* faith in self are important in her life.

Having faith in the Lord and in yourself, saying this is what I want to do, and I don't do it for anyone else, you do it for yourself.

Faith is central, connected, and interconnected with all the concepts of successful aging: (a) the ability to be self-disciplined, (b) the ability to find personal peace, (c) the ability to accept the things you can't change, and (d) the ability to find value in yourself. Each of these concepts, as will be shown in the subsequent sections, are centered in the participants' faith.

The Ability to Practice Self-Discipline

A concept derived from the participants' stories which mirrors the themes deduced from the successful aging literature is the ability to be self-disciplined (Theme II: Having good health and making healthy choices). There were many different aspects of the stories told by the participants related to the importance of self-discipline in order to age successfully. One area of self-discipline was related to diet and exercise, which is a theme noted in the successful aging literature. It takes self-discipline to continuously follow a diet and exercise regimen. Two of the participants were devout 7th Day Adventists and they followed the church dietary prescriptions and proscriptions, such as not eating meat and drinking plenty of water. *Rosa* and *Xavier*, members of the Adventist church stated,

My faith has helped me because it helps you with the knowledge of the healthy food.

And

There are a lot of things that God made that people don't know that is good for you. For even to help you in your sickness or in your health to have better health. We learn this from the church.

The two Catholic participants, *Nina* and *Victor*, even though they didn't mention specific dietary regulations from their church, sought the advice of health advisors.

I always fix my carrots and my apple and my seeds and have a glass of that in the morning and I drink that in the morning and at night I double my drink and drink that at night. I make my own drinks. I watch Dr. Oz a lot, he is wonderful.

And

the doctor recommended ... He gave me a diet to follow; and, I've been following it. I lost weight. And I feel good, eat less fat, eat more vegetables, and those kind of things. And I wanted to follow the diet and I have felt well (good).

The participants' ability to adhere to diet and exercise routines are examples of self-discipline. Self-discipline can either be external where you accept what the advice from the church or a health advisor or a shared form of self-discipline where the participants have accepted advice, but they also accept some responsibility and have learned how to build this into their own health structures and habits.

Self-discipline for this population was evident in other areas of their lives as well, for instance even when they were tired or discouraged they kept going. When I walked

into *Victor's* home, I noticed how beautifully manicured the lawns were. In the course of the interview, I learned that the lawn and garden were the responsibility of *Victor*. *Victor* walked slowly with a stooped back and a slight bowlegged gait. The tenacity required to keep the grounds beautiful even when tired or in pain shows self-discipline. Not only did he do the gardening, but he baked beautiful *pan dulce* (Mexican sweet bread) for the family every week, which he graciously shared with me.

Rosa loved to work in her garden. While I was there, she showed me her trees that she planted and her landscaping. She told me that she kept working on her yard even though three times she fell while gardening due to her heart arrhythmia. It wasn't until the recent placement of her pacemaker that she felt more energy. Continuing to work on the yard requires self-discipline.

I am in life an example [of successful aging], because I have energy, I have my patio and I work a lot putting plants and seeds and going to see how much grow everyday every day putting with and I am really good for that. And there are people who are younger than me that they can't do that, and I feel blessed from God in that way, too. Only that I was thinking I was going to die from my tachycardia and now I say God wants me to stay in this planet because now I know the energy comes from the pacemaker so I have the strength to do that, all my gardens all the plants.

Xavier has a bedridden brother that he cares for. It takes self-discipline to care for someone day in and day out.

I have taken care of my brother, he's got Muscular Dystrophy, he is home. I go there two hours in the morning and two hours in the afternoon ... So right now I

have a brother that I go take care of every morning, afternoon. Everyday doesn't matter if it is Christmas, New years.

Nina explains the importance of self-discipline in her life by caring for her husband with dementia even though she has been advised to take him to day care. She cares for him knowing that some day she might not be able to care for him, but for the time being she cares for him all the time.

We never got rid of our parents we took care of them. But now it's "why should we bother." We forget about them. That's what they tell me about my husband. My son, he has a master's in counseling and he tell me that I have to find a daycare for him, so I can have 4 hours to myself. But I don't feel good about it. Why should I dump him somewhere? I'm going to keep him as long as I can. A time is going to come where I can't keep him, but I'm working, I'm working to keep him at this point where he is right now.

The literature (etic) has shown that the Hispanic older adults value the family support network (Beyene et al., 2002; Hatchett et al., 2002; IPHH, 2007; Leininger & McFarland, 2006; NAHHS, 2001; Ojeda et al., 2011; Weiler, 2007; Zunker et al., 2005). The literature also reveals that healthy habits are a part of successful aging (Ferri et al., 2009; Phelan et al., 2004). The participants' stories (emic) show this to be true, but when these stories are analyzed closely, a concept is found at the heart of these stories: self-discipline. Self-discipline is an important concept that is seen as essential to successful aging. The Hispanic elderly brought to the forefront how the practice of self-discipline influenced their ability to successfully age. The analytic induction process has taken the etic and synthesized it with the emic to bring a new etic: the conceptual-network.

For this section, the new etic is the focus on the self-discipline concept of the conceptual-network mobile. Self-discipline is a concept that also connects to the ability to find value in yourself and what you do (working to make things beautiful for your family) and the ability to accept the things you cannot change (working through pain, caring for loved ones). Even though self-discipline is in the spotlight, the other concepts are visible as well. Viewing this conceptual-network is similar to watching a mobile and focusing on one part. Although you are focused, you are still able to see the other parts moving and swaying in the breeze. Participants in this study would not be able to practice self-discipline without seeing that they have value. Nor would they be able to accept the things they are unable to change without self-discipline. Being self-disciplined brings with it an inner peace as they accept and value themselves.

The Ability to Find Personal Peace

The ability to find personal peace is another construct of the successful aging conceptual-network model. This was found by examining the participants' stories for patterns. These patterns were compared to the deductive analysis of the successful aging literature that showed contentment and coping are needed to successfully age (Theme III: Being content in life, able to deal with challenges).

It requires self-discipline to have an inner peace. This was made evident to me when I asked *Victor* what it means to be successfully aging and he said it is to be “*peaceful and tranquil.*” Sitting in his kitchen, surrounded by noise and what appeared to be bedlam, my first thought was that *Victor* is certainly not aging successfully; he is surrounded by so much confusion. Then, a story came to mind about a rich man who commissioned an artist to paint him a depiction of peace. When the artist unveiled the

painting, the rich man was incensed because the picture was of a tumultuous storm. He questioned the artist on why he decided that this depicted peace and the artist pointed to a dove sleeping in the cleft of the rock with a ray of light shining on it. The artist stated that true peace is when you find tranquility in the storm. *Victor* had found true peace. I then remembered that other participants also had stories of peace in the midst of chaos.

Rosa told of a time she visited her sister in South America only to find herself in the center of an earthquake. She started,

It was really an experience, I don't like it. It was 3:30 in the morning, I was sleeping deeply and uh when it start moving my bed and I said, who is moving my bed? Who is waking me up? And I said and my sister is open my bedroom door and said it is an earthquake and I said oh my goodness, and I sat on the bed and I said "God, I'm here and if you want me to die now, it is up to you, I'm ready." But you know I was 76, And I was with my sister, my dear sister. There was only three of us, and the lights went off and cell phones off. And instead of going down, it was going UP! Stronger and stronger! But I sit on the bed you know and I wait. [She was showing self-discipline not to panic, while exhibiting personal peace].

Nina shared of her ability to find peace in the turmoil of caring for a husband with dementia,

Especially now with my husband's dementia sometimes I start to get angry, and I go outside and I go barefoot and I rub my feet in the grass [practicing acceptance and self-discipline]. Lord give me some energy Lord give me some peace [inner personal peace].

Xavier shared how he has peace even though he doesn't know how he will be cared for in his old age.

I don't depend on any human when I am finally going to be needing help. I hope to God I won't be alive ... Let's face it, it is true. I don't think about it. How what is going to happen. I'll make it. I don't know how, but I've been making it for all these years. I tell people if I didn't get rich in the first 50 years I'm not gonna be concerned about the next 50 years getting rich.

Each of these participant stories demonstrates personal peace. Personal peace for these individuals is not contingent on their circumstances. This personal peace is an inner contentment that comes from living a life that is filled with doing what needs to be done no matter what. The literature (etic) shows that being content with the challenges of growing older is essential to successful aging (Phelan et al., 2004; Troutman et al., 2011). The participants' stories (emic) illustrate how practicing this contentment brings personal peace.

The new etic is the concept of peace that comes from within, expressed as a facet of successful aging within the conceptual-network mobile. The focus for this section has been the ability to find personal peace. If participants do not have personal peace they will not be balanced. However, the other concepts can still be seen within these stories of personal peace, e.g. self-discipline in the earthquake, contentment for the future, and value amidst chaos. The interconnectedness of the conceptual-network reveals that by turning ever so slightly the shift can go to one or another concept.

The Ability to Accept Things You Can't Control

The third area connected to successful aging was the ability to accept the things you cannot control. Using the inductive process required finding the patterns in the stories, this pattern was evident in the stories the participants related about accepting the new culture of their children while adhering to their own cultural expectations. This concept was closely related to the theme deduced from comparing the participants' stories with the successful aging literature (Theme III: Being content in life, able to deal with challenges).

These elderly came from Hispanic cultures that subscribe to children caring for their aged parents. The participants described how they felt responsible for aiding and caring for their parents. *Xavier* described the idea of caring for his parents by saying,

It is something that you decide to do without thinking [the ability to practice self-discipline to care for someone else]. I mean it seems like it is something that inside of you that tells you or moves you or motivates you or inspires you to see somebody, and he [his father] wasn't a Christian, but to take in and that is why I say thank God that I have something [the ability to see yourself as a valuable individual], to take care of an old man and my wife's mother she was staying with us for nine years before she passed away. It is something that I don't understand but it has to come from some other place besides myself [the ability to find personal peace comes from deep within]. At least that is how I believe but You feel like it is something that you want to do but you don't think about that you need to do or you have to do it is something that you do. Maybe something like somebody have recently came out in the news and he said that "I'm not a hero I

just went in there because I felt I should help the poor lady, and he got her out of the water or something. When there was lots of water. So that's it. You don't think about it. Why some people don't think about it, I don't know.

Even though *Xavier* does not know why, he is able to accept that not everyone has the wherewithal to care for another person, and thus he has accepted that there are some things he cannot change. Although participants born in the U.S. accepted the culture from which they came, the same individuals did not expect that their children would take care of them in their old age. *Nina* explained how she has come to terms with this by saying,

I promised myself a long time ago that I was not going to be a burden to my children, that I never want to be a burden [It takes self-discipline to work hard and to not become a burden]. I work with the seniors all the time and I always hear, "my children they never come visit," they've got a life to live [accepting the things you cannot change], and now we tell them what did you do when you came here? You left your parents, so we are very fortunate that we had our children for 18 years. We cannot dwell on our kids they have a life to live, and it makes us sick it makes us sad and depressed that they don't come.

The participants accepted the fact that the culture their children grew up in was different than the culture they grew up in. They accepted the culture that they grew up in and the responsibilities that came with it. They also accepted that their children grew up in a different culture with different expectations. Accepting the situation, which also relates to finding personal peace, is being able to accept things you can't control.

The literature on successful aging related to satisfaction in life and the Hispanic participants' stories combine to divulge the conceptual-network concept: acceptance of the things you cannot control. This ability does not stand alone, but needs to be in balance with the other concepts. When an individual has enough self-discipline to do what they feel is right, but still have personal peace in knowing that they can only do what they can do, it shows that they also can see they have value and are successfully aging. This reminds me of the following:

“Lord, grant me the strength to accept the things I cannot change,
the courage to change the things I can,
and the wisdom to know the difference.”

—St. Francis of Assisi (n.d.)

The Ability to See Yourself as a Valuable Individual

The inductive process revealed the participants' stories described a pattern of caring for others. This caring gave them a feeling of self worth. The new concept, the ability to see yourself as a valuable individual, for this population was tied to others. The deductive analysis substantiated the pattern found by analytic induction that being successful in aging required relationships (Theme I: having a relationship with God and *others*). This is in line with the literature on the allocentric or community mindedness of the Hispanic culture (Hatchett et al., 2002; Ojeda et al., 2011; Weiler, 2007).

Each person had a story to tell of how they help others. *Xavier* visits people in the church; he has raised three of his grandchildren, and cared for his aging parents. *Victor* does the gardening and the yard work for his family. *Nina* helps the elderly in her senior group, takes in people and accepts them as family members, and cares for her husband.

Rosa visits family and takes care of sick family members. Each of these are examples of how the participants create and maintain value for themselves and others. When the participants see themselves as having value for others, it gives them a sense of feeling valued.

The value the elders have is thus puzzlingly egocentric yet outward facing. The discipline they impose on themselves is not just for their own health, it is so they can contribute in some way to their community and it is through these contributions that they see the value in themselves. From this, it would appear that a substantive part of successful aging for the participants in this study is to maintain practices that allow them to see that they are a valuable individual. “To be a member of a collective you’ve got to take care of yourself” (D. Winiecki, personal communication, September 19, 2012).

Nina takes care of her husband with dementia every day. It gives her a feeling of value and self worth, even though it takes self-discipline to care for someone day in and day out. She had to come to a place in her life where she found personal peace in dealing with the role reversal of having to care for her husband who had always been the one to care for her. She cannot change the fact that he has dementia, but she can make the most of every opportunity and moment she has with her husband.

People always say why you two are not at home and I say if I let him stay home he sleeps all day. And the doctor says wake him up so I pack a cooler with two sandwiches we drive, I sit in the park there and we feed the ducks because he loves that, and the other day I say I’m going to take my camera because he looks so cute sitting there feeding the ducks. When he gets tired then I take him home and he goes to bed.

Successful aging incorporates seeing value in yourself, being self-disciplined, finding peace, and gracefully accepting things you cannot control. Seeing value in yourself means establishing what you want and doing what you must to get there. Self-discipline is a central theme to accomplishing these things. If you value taking care of others, that will help you find peace and that takes self-discipline. If the participants value taking care of the lawn, planting, or somehow contributing to the family, that is where they find their sanctuary, their inner peace. When they know that even with everything going on around them they are still contributing, they find value in themselves and thus peace in the midst of the chaos. It takes self-discipline to get out and hoe the garden every day, but they do it, and then feel they have personal value, without that there is no inner peace. The participants established the benchmark for their contribution (e.g., taking care of others, taking care of the garden and the yard), and then they accept the things they cannot change. The balance of these interconnected concepts is the key to successful aging.

My Story about Successful Aging

The final phase in Story Theory is for the nurse to consider additional stories from her practice related to the health issues addressed (successful aging) and to compare these to what was learned from the Hispanic elders. The story that is closest to my heart is the story of how this journey of discovery, about the concepts related to successful aging, has caused me to become successful in “aging” as both a researcher and master’s student.

I started this journey several years ago. I originally had a different goal and a different idea that I wanted to pursue related to my population of choice. I went to speak with the Hispanic elders that I knew and that after three years developing the idea, that

the health promotion I wanted to address was not currently a priority for this group of Hispanics. I was supposed to graduate that semester, but realized that if I wanted my thesis to have value in my eyes, it needed to be of value for the people that I wanted to reach. I then changed my focus and decided I needed to find out more about this population, what makes them tick. In the process I discovered that the key to successful aging as revealed by the Hispanic elderly is the key to successful aging no matter what life brings to you. In the midst of the chaos of changing my thesis mid-stream, I found peace and was growing more successful in my aging as a researcher [the ability to find personal peace]. In the following months of working hard, researching, trying to learn Spanish, and meeting self-imposed deadlines, I learned what was shown to me by the Hispanic elders; if I want to be successful in my walk as a researcher I need to be self-disciplined [the ability to practice self-discipline]. When I had setbacks with things like my inability to become fluent in Spanish, or that I only had four participants (all within the same age category) who were willing for me to interview them, or the number of times I had to rewrite my thesis proposal; all these and more—things that I couldn't control, I had to accept and make the best of them [the ability to accept things that you cannot control]. All these areas molded me and shaped me into a successfully aging researcher. I found through this process I needed to most of all and at the center of it all to see myself and my work as valuable not just for the population I want to serve, but for myself [ability to see yourself as a valuable individual]. I have in the process become a successfully aging researcher.

Study Limitations

The limitations of this study were related to two categories: researcher issues and sample issues.

Researcher Limitations

Researcher/Participant Language Mismatch

I do not speak Spanish, and while this is not optimal, I tried to assure the participants would understand the questions by employing various different practices. I had become familiar with the culture and the people in previous encounters. The assistance of an interpreter was utilized when the participants did not speak English. The translated/transcribed interviews were independently checked for accuracy. The participants were given the questions in both English and Spanish prior to the interview so they would be familiar with the types of questions I would be asking. However, it should be noted that even with these safeguards in place, this is not the best practice. According to Ojeda et al., (2011), being able to not only understand the language but also the culture of the participants will help me to ask the right questions, to understand the nuances behind their responses, and to connect with the participants.

Researcher/Interpreter Issues

The interpreter and I had pre-planned how the interviews would be conducted. But the best laid plans do not always go as intended. Two issues arose that might have affected the study. First, I noticed when the Spanish interpreter translated what the participant was saying, it caused the participant to stop speaking. Second, even though the interpreter has a very good personal and professional reputation and is court translation certified, she was related to one of the participants and this may have had some influence on the way her relative responded in the interview.

Researcher Inexperience

I had practiced interviewing several Hispanic participants in the past, however they all spoke English. This was the first time I had used an interpreter for one-on-one interviews. I had the questions checked by different members of the Hispanic culture, but should have also practiced using the specific questions in a simulated interview setting. This would have provided me with an opportunity to practice constructing follow up questions. At one interview, once the recording device was shut off, the participant started to talk freely. I learned a hard lesson; never turn off the recording device until I have returned to my car.

Sample Limitations

Small Sample Size

The sample size, while within my goal number, was smaller than I had hoped. Only four participants agreed to be in this study. With more participants, there would be a better chance for diversity in the participant demographics. Despite the small numbers,

it is in keeping with the structure of narrative inquiry. This thesis serves as evidence that narrative inquiry and Story Theory can contribute to the development of theoretical concepts in the investigation of successful aging in the Hispanic community.

Homogenous Sample

At first glance, the sample was somewhat diverse: two males and two females from different countries of birth, and different education levels. However, all participants were from the same age category: the old-old (75-84). If the study contained participants with greater diversity of ages, then a greater variety of thought and reflection may have shown in the results (Nilsson et al., 2003). Looking closer, even though the participants had grown up in different places, they had all lived in the U.S. for many years, which may have affected their levels of acculturation to American society (Gallo et al., 2009). Every participant owned their own car, and several owned their own homes. They had all worked in jobs that allowed them a retirement income. There may have been different findings if the study included elderly Hispanics with lower socio-economic status or more recent immigrants to the U.S. Finally, the participants were all church members. This may be related to what the literature shows about the importance of faith for the Hispanic population, e.g. only 8% of the Hispanic population report not having a religious affiliation (PEW Hispanic Religion Report, 2007). Increasing the diversity of the participants in terms of age, duration of one's living in the U.S., participation in organized faith communities, and other factors would offer potential improvements to future research.

Implications for Nursing Practice

The findings from this study provide nurses with knowledge that they can use to promote culturally congruent successful aging. Nurses must be informed and aware of what is needed for people to age successfully in a culturally sensitive manner. This knowledge will assist nurses to provide culturally congruent care to ensure best practice outcomes.

This study shed light on a facet of well-being that up to this point has not been addressed, e.g. successful aging from the Hispanic elderly (emic) point of view. Using findings from this study, culturally sensitive nurses can enhance the well-being and satisfaction of this population by trying to maintain the conceptual-network as a unit and allow the patient to decide what is most important for themselves. This is in line with the goal of *Healthy People 2020* to assess how health status affects quality of life and how a positive outlook and satisfaction can bring a sense of well-being.

Nurses are key players in the quest for successful aging in the elderly population. Using this new concept will enable nurses to assess an elderly patient to see if he or she is successfully aging. Based on what we have learned in the previous chapters, we can postulate applications of this new conceptual-network. First, the integrity of this four-part structure must be maintained. This conceptual-network, depicted as a mobile (Figure 2) that can “turn” depending on the context, any application of the theory will not prioritize any one of the four concepts over the others. It is the patient who will show the nurse what that patient’s priorities are. As a nurse learns about a patient’s life, the nurse can determine what is most meaningful to the patient. The nurse will build a relationship with the patient from this entry or activation point. This activation point is the prism in

the mobile, which takes the light or inquiry from the nurse and deflects it onto the concepts. The goal is not to force these four concepts on the individual but to work with the patient to develop the four concepts in a manner that is natural and ecologically sensible for that patient. This application relies on nursing judgment and assessment. The nurse gradually learns what the entry point is for the patient and how to develop the four concepts so the patient is able to see how they are successfully aging. The nurse must also learn more on how to weave the concepts together and to build up the person's successful aging capacity.

Culturally competent nurses are in a position to bring the successful aging concepts into health promotion, as the elderly who are successful in their aging will have fewer adverse health outcomes. As the number of aging Hispanics rise, promoting health and successful aging has become increasingly important.

Recommendations for Future Research

This is the first study that has looked at successful aging from the viewpoint of the older adult Hispanic population. Research has only begun on the concept of successful aging in this population. Further work needs to be done to take these concepts to the next level. Research needs to test the conceptual-model both theoretically and practically using both quantitative and qualitative measures.

This study provides a new way to assess successful aging. Future research needs to include both clinical approaches and theoretical perspectives. In a clinical setting, nurses will be able to use the culturally congruent successful aging concepts to assess their clients' needs. A clinical perspective would include ways to apply the successful aging concept in a quantifiable manner. Researchers also need to pursue expansion of

these new theoretical concepts of successful aging. Additional research can uncover additional factors that will enhance or promote successful aging and expand our understanding of the successful aging process.

The next step for furthering this research includes replication and diversification of the study participants. This will include a wider diversity in participant demographics as well as exploration with other older adult populations. This future work will help to determine the transferability of this concept to other populations and further validate trustworthiness of this study.

Finally, instruments need to be developed to quantitatively measure the ability of the conceptual-network model to assess successful aging. The tool for testing the conceptual model should be studied not only with the Hispanic population, but other populations as well. This test of the conceptual model by application will aid the evaluation of the outcomes in other areas related to successful aging.

Summary

This study fills a gap in the literature related to successful aging among Hispanics. This study was not meant to establish statistically significant results. It has identified new factors that go beyond what previous research has identified. The concepts discovered related to successful aging have set the stage for further research.

This narrative inquiry was designed to share participant stories in order to provide an understanding of the Hispanic elderly population and their perceptions of culturally defined successful aging. Successful aging, according to Hispanic participants in this study, can be achieved even with chronic health issues, turmoil, and loss. The quality of

life of these participants is not measured in material gain or freedom from disease and chronic health issues, but was demonstrated in peace and tranquility and acceptance. It is a testament to the ability of the human spirit to overcome obstacles and achieve successful aging.

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APPENDIX A

IRB Approval

Appendix A

IRB Approval

**Office of Research Compliance**

1910 University Drive
 Boise, Idaho 83725-1138
 humansubjects@boisestate.edu | 208.426.5401

DATE: August 10, 2012

TO: Julie Carr (PI)
 Dr. Dawn Weiler (co-I)

FROM: Institutional Review Board (IRB)
 Office of Research Compliance

SUBJECT: IRB Notification of Approval
 Project Title: *Successful Aging in Hispanic Elders: A Narrative Inquiry*

The Boise State University IRB has approved your protocol application. Your protocol is in compliance with this institution's Federal Wide Assurance (#0000097) and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46).

Review Type: Expedited	Approval Number: 187-SB12-048
Date of Approval: August 10, 2012	Expiration Date: August 9, 2013

Your approval is effective for 12 months. If your research is not finished within the allotted year, the protocol must be renewed before expiration date indicated above. The Office of

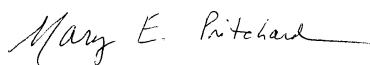
Research Compliance will send a reminder notice approximately 30 days prior to the expiration date. The principal investigator has the primary responsibility to ensure a RENEWAL FORM is submitted in a timely manner. If the protocol is not renewed before the expiration date, a new protocol application must be submitted for IRB review and approval.

Under BSU regulations, each protocol has a three-year life cycle and is allowed two annual renewals. If your research is not complete by August 9, 2015, a new protocol application must be submitted.

All additions or changes to your approved protocol must also be brought to the attention of the IRB for review and approval before they occur. Complete and submit a MODIFICATION/AMENDMENT FORM indicating any changes to your project. When your research is complete or discontinued, please submit a FINAL REPORT FORM. An executive summary or other documents with the results of the research may be included.

All relevant forms are available online. If you have any questions or concerns, please contact the Office of Research Compliance, 426-5401 or HumanSubjects@boisestate.edu.

Thank you and good luck with your research.



Dr. Mary E. Pritchard

Chairperson

Boise State University Institutional Review Board

APPENDIX B

Informed Consent

Appendix B

**INFORMED CONSENT**

Principal Investigator (PI): Julie Carr, BS, RN

Co-Investigator (Co-I): Dawn Weiler, PhD, APRN-ANP

Study Title: Successful Aging in Hispanic Elders: A Narrative Inquiry

This form will tell you why this study is being done. It will tell why you are being invited to participate. It will also describe what you will need to do to take part. It will describe any known inconveniences from being a part of this study. It will tell you the benefits that could happen from participating. I encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form. I will keep it as a record of your agreement to participate. You will be given a copy of this form to keep for your records.

➤ **PURPOSE AND BACKGROUND**

You are invited to take part in a study to help us learn more about the life experiences of Hispanic elders. The information will be used to help the medical community better understand the influence of culture on aging. You are being asked to join because:

1. You are of Hispanic origin.
2. You are over the age of 65.

➤ **PROCEDURES**

If you agree to be in the study, you will be asked to take part in one or more interviews with the principal investigator named above. Each interview will be about 1 to 1.5 hours long. During the interviews, you will be asked about your experiences as you have grown older. You will be asked to describe how your culture affects your decisions and actions. You will be asked about what sorts of help you have had as you have grown older. Interviews will be performed in a place that is agreed upon by both you and interviewer. The interviews will be audio-recorded. The researcher will take notes as well. A Spanish interpreter will be on hand.

➤ **RISKS**

Some of the questions asked may make you ill at ease or upset. You are always free to not answer any question. You may stop your participation at any time.

➤ **BENEFITS**

There will be no direct benefit to you from being part of this study. However, the information that you share may help the researchers find out how your culture influences aging. This can help healthcare providers assist others as they age.

➤ **EXTENT OF CONFIDENTIALITY**

Participation in this study may involve a loss of privacy. Your records will be handled as confidentially as possible. When the researcher is finished the recordings will be erased. Your name will not be used in any written reports or publications which result from this research. Only the PI and co-I will have access to the research data. Data will be kept for three years (per federal regulations) after the study is complete. Data will then be destroyed.

➤ **PAYMENT**

You will receive a \$10 Wal-Mart gift card to thank you for completing this study.

➤ **QUESTIONS**

Call if you have questions or concerns about being part of this study.

JulieCarr@boisestate.edu or (208) 426-2201.

Dweiler@boisestate.edu or (208) 426-1239

Do you have questions about your rights as a study participant? You can call or write the Boise State University Institutional Review Board (IRB). The IRB is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday. You can call them. (208) 426-5401. You can write them.

Institutional Review Board, Office of Research Compliance,
Boise State University,
1910 University Dr.
Boise, ID 83725-1138.

➤ **PARTICIPATION IS VOLUNTARY**

You do not have to be in this study if you do not want to. If you agree to help in this study, you may leave from it at any time without consequences of any kind. You will not lose any benefits to which you are otherwise allowed.

For this research project, the researchers are requesting demographic information. Due to the make-up of Idaho's population, the combined answers to these questions may make an individual person identifiable. The researcher will make every effort to protect your confidentiality. However, if you are uncomfortable answering any of these questions, you may leave them blank.

All findings used in any written reports or publications which result from this evaluation project will be reported in aggregate form with no identifying information. It is, however, useful to use direct quotes to more clearly capture the meanings in reporting the findings from this form of evaluation. You will be asked at the end of the interview if

there is anything you said which you do not want included as a quote, and we will ensure they are not used

DOCUMENTATION OF CONSENT

I have read this form and decided that I will take part in the project described above. Its general ideas have been explained to my satisfaction. The details of my involvement have also been fully explained. The possible risks have been explained to my satisfaction. I understand I can withdraw at any time. I have received a copy of this form.

Printed Name of Study Participant

Signature of Study Participant

Date

Participant Phone number: _____

Signature of Person Obtaining Consent

Date

Apéndice B



CONSENTIMIENTO INFORMADO

Investigador Principal (PI): Julie Carr, BS, RN

Co-Investigador (Co-I): Dawn Weiler, PhD, APRN-ANP

Título del Estudio: Envejecimiento Exitoso en Ancianos Hispanos: Una Investigación Narrativa

Este documento le dirá la razón por la cual este estudio es llevado a cabo. Así mismo, este documento le dirá por qué motivo usted está siendo invitado a participar. Aquí también le será especificado lo que usted necesitará hacer para participar. Aquí le serán señalados todos los inconvenientes conocidos que podría acarrear ser parte de este estudio y todos los beneficios que podrían suceder al participar. Le animo a hacer preguntas en cualquier momento. Si decide participar, será necesario que firme este documento. Conservaré este documento como registro de su consentimiento en participar. Una copia de este documento le será entregada para que pueda guardarla en sus archivos personales.

➤ **PROPÓSITO Y ANTECEDENTES**

Usted está siendo invitado a participar en este estudio para ayudarnos a aprender más acerca de las experiencias de vida de ancianos hispanos. Esta información será utilizada para ayudar a la comunidad médica a comprender mejor la influencia de la cultura en el envejecimiento. Usted está siendo invitado a participar por las siguientes razones:

3. Usted es de origen hispano
4. Usted es mayor de 65 años.

➤ **PROCEDIMIENTOS**

Si usted acepta estar en este estudio, usted tomará parte en una o más entrevistas con el investigador principal nombrado al principio de este documento. Cada entrevista tendrá una duración de 1 a 1.5 horas. Durante las entrevistas usted será preguntado acerca de sus experiencias al envejecer. Le pedirán describir cómo su cultura afecta sus decisiones y acciones. Le preguntarán qué tipos de ayuda ha recibido al envejecer. Las entrevistas serán llevadas a cabo en un lugar acordado por usted y el entrevistador. Las entrevistas serán grabadas en audio. El investigador también tomará notas durante las entrevistas. Un interprete de español estará disponible.

➤ **RIESGOS**

Algunas preguntas pueden incomodarle o disgustarle. Usted siempre tendrá la libertad de no responder cualquier pregunta que no desee responder. Usted puede dejar de participar en cualquier momento.

➤ **BENEFICIOS**

No habrán beneficios directos para usted al formar parte de este estudio. Sin embargo, la información que usted comparta puede ayudar a los investigadores a descubrir de qué forma su cultura influencia el envejecimiento. Esto puede ayudar a los proveedores de salud a ayudar a otros mientras envejecen.

➤ **EXTENSIÓN DE CONFIDENCIALIDAD**

Su participación en este estudio puede implicar una pérdida de privacidad. Su información será manejada de la manera más confidencial posible. Cuando el investigador haya terminado, las grabaciones serán borradas. Su nombre no será utilizado en ningún reporte escrito o en publicaciones que resulten de esta investigación. Únicamente el Investigador Principal y el Co-investigador tendrán acceso a la información de la investigación. La información será guardada durante 3 años (debido a regulaciones federales) una vez que el estudio haya sido completado. Pasados los 3 años la información será entonces destruida.

➤ **PAGO**

Usted recibirá una tarjeta de regalo de Wal-Mart con \$10 de crédito como muestra de agradecimiento por completar este estudio.

➤ **PREGUNTAS**

Contáctenos si tiene alguna pregunta acerca de su participación en este estudio.

JulieCarr@boisestate.edu o (208) 426-2201.

Dweiler@boisestate.edu o (208) 426-1239

¿Tiene alguna pregunta acerca de sus derechos como participante de este estudio? Puede llamar o escribir al Consejo de Revisión Institucional de la Universidad Boise State (IRB, por sus siglas en inglés). El IRB se preocupa por la protección de los voluntarios en proyectos de investigación. Puede contactar con la oficina del Consejo entre 8:00 AM y 5:00PM, de Lunes a Viernes. Puede llamarles. (208) 426 – 5401. Puede escribirles.

Institutional Review Board, Office of Research Compliance,
Boise State University,
1910 University Dr.,
Boise, ID 83725-1138.

➤ **PARTICIPACIÓN ES VOLUNTARIA**

Usted no tiene que participar en este estudio si no lo desea. Si usted acepta participar en este estudio, usted puede abandonarlo en cualquier momento sin ninguna consecuencia. Usted no perderá ningún beneficio al cual usted tiene derecho.

Para este proyecto de investigación, los investigadores están requiriendo información demográfica. Debido a la composición de la población de Idaho, las respuestas combinadas de estas preguntas podrían hacer que una persona individual pueda ser identificable. El investigador hará todos los esfuerzos posibles por proteger su confidencialidad. Sin embargo, si usted está incómodo respondiendo a cualquiera de estas preguntas, puede dejarlas en blanco.

Todos los hallazgos utilizados en cualquier reporte escrito o publicación que resulten de este proyecto de investigación serán reportados en forma agregada sin ninguna información de identificación. Sin embargo, es útil usar citas directas para capturar más claramente los significados al reportar los hallazgos de esta forma de evaluación. Al final de la entrevista se le preguntará si hay algo que usted dijo que usted no desea que sea incluido como una cita, y nosotros nos aseguraremos de que tal información no sea utilizada.

➤ **DOCUMENTACIÓN DE CONSENTIMIENTO**

He leído este documento y he decidido participar en el proyecto aquí descrito. Las ideas generales de este proyecto me han sido explicadas satisfactoriamente. Los detalles de mi participación también me han sido explicados satisfactoriamente. Los posibles riesgos también me han sido explicados satisfactoriamente. Entiendo que puedo abandonar este proyecto en cualquier momento. He recibido una copia de este documento.

Nombre del Participante del Estudio

Firma del Participante del Estudio

Fecha

Número de teléfono del participante: _____

Firma de la Persona que obtiene el consentimiento

Fecha

APPENDIX C

Permission to Use Facility

Appendix C

E-mail Permission to Use facility

Edwin Lopez edwlop5@aol.com

Aug 2

As the pastor of the Nampa Spanish SDA Church, I have granted permission to Julie Carr so she can visit the facilities of our church and talk to our congregation as part of her research for her Masters dissertation. Julie is welcomed in our congregation any time she wants to stop by to advance her research. We also make ourselves available to help her on anything she might need for the success of her research.

Sincerely

Edwin Lopez
Pastor

[208 921 3027](tel:2089213027)

APPENDIX D

Recruitment Script

Appendix D

Recruitment Script

My name is Julie Carr. I am a nurse and a student at Boise State University. I am doing a research project to complete my Master's degree in Nursing. I am interested in interviewing elderly individuals about aging within the Hispanic culture. These interviews will take place at a location and time that is convenient to both you and me. These interviews will take about 1 to 1.5 hours of your time. You will receive a gift card to Wal-Mart after completing the interview process. If anyone would like to be part of this study, I am passing out a flyer with this information on it as well as my contact information. If you are interested I will be available to answer your questions after the meeting. If you want you can give me your name and phone number so I can call you to set up an appointment.

Apéndice D:

Guión de Reclutamiento

Mi nombre es Julie Carr. Soy una estudiante de enfermería en la Universidad de Boise State. Estoy haciendo un proyecto de investigación para completar mi grado de Maestría en Enfermería. Estoy interesada en entrevistar a individuos ancianos acerca del proceso de envejecimiento en la cultura hispana. Estas entrevistas serán llevadas a cabo a una hora y en un lugar que sea convenientes tanto para usted como para mí. Estas entrevistas tomarán de 1 a 1.5 horas de su tiempo. Usted recibirá una tarjeta de regalo de Wal-Mart después de completar el proceso de la entrevista. Si alguien más está interesado en formar parte de este estudio, estoy difundiendo panfletos con información al respecto y con mi información de contacto. Si le interesa, estaré disponible para responder sus preguntas después de la reunión. Si lo desea, puede darme su nombre y número telefónico para que yo pueda contactarle y concretar una cita.

APPENDIX E

Recruitment Flyer

A Research Study about Growing Old in the Hispanic Culture



A student researcher/nurse at Boise State University wants to learn about the unique cultural factors that are associated with aging. This research study is for Hispanic elderly

Research is always voluntary!

Would the study be a good fit for me?

This study might be a good fit for you if:

- You are a **Hispanic** person **65** years or older
- Live at **home** by yourself or with your family
- Speak and understand English or Spanish



What would happen if I took part in the study?

If you decide to take part in the search study, you would:

- Answer some questions to make sure this study is for right for you.
- Complete a 1 page demographic questionnaire with assistance from the researcher
- Spend about 1 to 1.5 hours sharing what growing older is like for you.

Participants who complete the study will receive a Wal-mart gift card for \$10 to thank them for their time.



To take part in the information on aging research study or for more information, please contact Julie Carr at 208-867-0139

The principal researcher for this study is Julie Carr at
Boise State University School of Nursing



Un Estudio de Investigación Acerca del Envejecimiento en la Cultura Hispana



Una estudiante investigadora/enfermera de la Universidad Boise State desea aprender acerca de los factores culturales únicos que están asociados con el envejecimiento. Este estudio de investigación es para los ancianos hispanos.

¡La investigación siempre es voluntaria!

¿Será este estudio adecuado para mí?

Este estudio es adecuado para usted si:

- Usted es **Hispano** y tiene **65 años** o más
- Vive en **casa** solo o con su familia
- Habla y entiende Español o Inglés

¿Qué pasaría si tomo parte en el estudio?

Si decide tomar parte de esta investigación usted tendría que:

- Responder algunas preguntas para asegurar que este estudio es adecuado para usted.
- Completar 1 página de cuestionario demográfico con la ayuda del investigador.
- Pasar entre 1 y 1.5 horas compartiendo lo que ha sido la experiencia de envejecer para usted.

Los participantes que completen el estudio recibirán una tarjeta de regalo de Wal-Mart con \$10 de crédito en forma de agradecimiento por su tiempo.

Para tomar parte de la investigación de estudio de envejecimiento o para obtener más información, por favor contacte a Julie Carr en el siguiente número

208-867-0139

El investigador principal de este estudio es Julie Carr de la Escuela de Enfermería de la Universidad de Boise State

APPENDIX F

Screening Tool

Appendix F

Screening Tool

Participant name:

Phone number:

Thank you for your interest in participating in this study. If you are chosen to be part of this study you will agree to be interviewed for approximately one hour at a location that is agreeable to you. The interview will ask you to tell about growing old in the Hispanic culture.

I have a few questions to ask to find out if you meet the requirements to be a part of this study.

1. Are you 65 years old or older?
 - a. No: stop the screening and thank them for their time.
 - b. Yes: Continue to the next question
2. Do you consider yourself to be Hispanic?
 - a. No: stop the screening and thank them for their time.
 - b. Yes: Continue to the next question
3. Do you live in your own home or with family?
 - a. No: stop the screening and thank them for their time.
 - b. Yes: Continue to the next question
4. Do you speak and understand English?

- a. Yes No

5. Do you speak and understand Spanish?

- a. Yes No

6. If **both** question 4 and 5 are “No” thank them for their time and stop the screening.

7. Have you ever been told you had a stroke, dementia, or Alzheimer’s disease?

- a. No: stop the screening and thank them for their time.

- b. Yes: Continue to the next question

8. What is your age?

9. What country were you born in?

10. How long have you lived in the U.S.?

11. (Male or Female)

Thank you for agreeing to be part of this study related to aging as a member of the Hispanic culture. I would like to set up an hour of time to interview you about your experiences with aging as a member of the Hispanic community. When and where would you like to meet?

Qualified for Study Yes No

Apéndice F

Herramienta de Control

Nombre del Participante:

Número de Teléfono:

Gracias por su interés en participar en este estudio. Si usted es escogido para formar parte de este estudio, usted consentirá ser entrevistado durante una hora aproximadamente en un lugar acordado con usted. la entrevista requerirá que usted comparta acerca de el proceso de envejecimiento en la cultura Hispana. tengo unas cuantas preguntas que hacerle para determinar si usted cumple los requisitos para ser parte de este estudio.

12. ¿Tiene usted 65 años de edad o más?

- a. No: detenga el control y agradézcales por su tiempo
- b. Si: Continúe con la siguiente pregunta

13. ¿Se considera usted Hispano?

- a. No: detenga el control y agradézcales por su tiempo
- b. Si: Continúe con la siguiente pregunta

14. ¿Vive en su propia casa o con familia?

- a. No: detenga el control y agradézcales por su tiempo
- b. Si: Continúe con la siguiente pregunta

15. ¿Habla y entiende inglés?

- a. Sí No

16. ¿Habla y entiende español?

- a. Sí No

17. Si **ambas** respuestas a las preguntas 4 y 5 son “No” detenga el control y agradézcales por su tiempo

18. ¿Alguna vez le han dicho que ha tenido un derrame cerebral, demencia o enfermedad Alzheimer?

- a. No: detenga el control y agradézcales por su tiempo
b. Si: Continúe con la siguiente pregunta

19. ¿Cuántos años tiene? _____

20. ¿En qué país nació usted? _____

21. ¿Cuánto tiempo ha vivido en U.S.? _____

22. Encierre en un círculo (Varón o Hembra)

Gracias por aceptar ser parte de este estudio relacionado con envejecimiento como miembro de la cultura hispana. Me gustaría acordar una hora para entrevistarle acerca de sus experiencias envejeciendo como miembro de la comunidad Hispana.

¿Cuándo y dónde le gustaría reunirse para la entrevista?

Notas:

Cualificado para el Estudio Sí No

APPENDIX G

Contingency Screening

Appendix G:
Contingency Screening

In the event that more people qualify to be participants in the study these questions which are asked at the conclusion of the screening will be used to determine which participants will be selected.

Male/female: Including both male and female participants will allow the expressions from the different unique roles of men and women in the Hispanic culture.

Country of origin: Each country has its own unique cultural variations and expressions of health. Since the Hispanic culture includes such a variety; using a variety in the interviews will allow for more diverse information (Gallo et al., 2009)

Years in the U.S.: “Hispanics with non-U.S. nativity also tend to show better health than those born in the United States, although this advantage dissipates with increasing time spent in the United States” (Gallo et al., 2009, abstract)

Age categories: 65-74, 75-84, 85+: As people age they have longing lives of reflection as well as a changing attitude regarding their future “Tornstam (1996), following Erikson, understands aging as a developmental process” (Nilsson, et al.,2003, p. 347).

Contingency Screening Table							
	Male	Female	65-74 Young- old	75-84 Old- old	85+ Oldest- old	# of Years in U.S.	Country of origin
#1							
#2							
#3							
#4							
#5							
#6							

APPENDIX H

Demographic Questionnaire

Demographic Questionnaire

1. What is your age? _____
2. Are you:
 Male Female
3. Marital Status:
 Single Married Divorced Widowed Living with
unmarried partner
4. How do you rate your health?
 Excellent Good Fair Poor
5. Have you ever been told you have: (Check all that apply)
 Cancer Heart disease Diabetes
 High blood pressure Other Explain:
6. Do you have health insurance?
 Yes No
7. What is your average monthly income? _____
8. What is your country/place of birth? _____
9. How many years have you lived in the United States? _____
10. What language do you speak at home?
 English Spanish Both
11. How many years of school have you completed? _____
12. What is your mode of transportation?
 I drive myself Family or friends Bus
 Taxi Other Explain:

Cuestionario Demográfico

1. ¿Qué edad tiene? _____
2. Es usted:

_____ Hombre	_____ Mujer
--------------	-------------
3. Estado Civil:

___ Soltero	___ Divorciado	___ Vive en unión libre
_____ Casado	_____ Viudo/a	
4. ¿Cómo valora su salud?

_____ Excelente	_____ Buena	_____ Regular	_____ Pobre
-----------------	-------------	---------------	-------------
5. Alguna vez le han dicho que tiene: (Marque todas las opciones que apliquen)

_____ Cáncer	_____ Enfermedad del corazón	_____ Diabetes
_____ Presión arterial alta	_____ Otras	Explique:
6. ¿Tiene Seguro de Salud?

_____ Sí	_____ No
----------	----------
7. ¿Cuál es su ingreso mensual promedio? _____
8. ¿Cuál es su país/lugar de nacimiento? _____
9. ¿Cuántos años ha vivido en los Estados Unidos? _____
10. ¿Qué idioma habla en casa?

_____ Inglés	_____ Español	_____ Ambos
--------------	---------------	-------------
11. ¿Cuántos años de escuela ha completado? _____
12. ¿De qué manera se transporta?

_____ Yo mismo conduzco	_____ Familia o amigos	_____ Bus
_____ Taxi	_____ Otros	Explique:

APPENDIX I

Interview Protocol

Appendix I

Interview Protocol

BOISE STATE UNIVERSITY
EXAMPLE INTERVIEW QUESTIONS

Due to the nature of inductive, field-based research it is not possible to provide a closed list of all possible questions that may be asked during the course of data collection. Below are examples of the types of questions that will be asked.

Type of Questions to be Asked in Interview Sessions

Interview Protocol Project:

Interview Time:

Date:

Place:

Interviewer:

Interviewee:

1. Tell me about growing older in your community. What does that look like?
2. Tell me about how your culture affects aging.
3. Tell me how each of these may affect you as you get older:
 - a. Your family?
 - b. Your friends?
 - c. Your faith?
 - d. Traditional herbal remedies and healers?

4. Describe what you consider to be successful aging. Can you tell me about an example of this?
5. Describe what you consider to not be successfully aging. Can you tell me about an example of this?
 5. How is being Hispanic and growing older in the US different from how it was in your country of origin?

Follow-up and probing questions will be asked to solicit clarification and additional examples or more detail from answers to the questions noted above.

* Thank the individual for participating in the interview. Assure of confidentiality and potential future interviews.

Apéndice I

Protocolo de Entrevista

UNIVERSIDAD BOISE STATE
EJEMPLO DE PREGUNTAS DE ENTREVISTA

Debido a la naturaleza de la investigación de campo inductiva no es posible proveer un a lista cerrada de todas las posibles preguntas que podrían ser hechas durante el proceso de la recolección de información. A continuación hay algunos ejemplos de los tipos de preguntas que serán hechas.

Tipos de Preguntas a ser hechas en las Sesiones de Entrevista

Proyecto de Protocolo de Entrevista:

Tiempo de la Entrevista:

Fecha:

Lugar:

Entrevistador:

Entrevistado:

6. Cuénteme acerca de su experiencia de envejecer en su comunidad ¿Cómo ha sido?
7. ¿De qué manera su cultura afecta el proceso de envejecimiento?
8. Dígame de qué manera cada una de las siguientes opciones puede afectarle a medida que usted envejece:
 - e. ¿Su familia?
 - f. ¿Sus amigos?

g. ¿Su fe?

h. ¿Remedios de hierbas y curanderos?

9. Describa ¿Qué considera usted como envejecimiento exitoso? ¿Puede darme un ejemplo de ello?

10. Describa ¿Qué considera usted que el envejecimiento exitoso no es? ¿Puede darme un ejemplo de ello?

6. De qué forma ser hispano y envejecer en los Estados Unidos es diferente a envejecer en su país de origen?

Seguimiento y preguntas de sondeo serán hechas para solicitar clarificación y ejemplos adicionales o más detalle de las respuestas a las preguntas que se acaban de hacer.

* Agradezca al individuo por participar en la entrevista. Asegúrele de la confidencialidad y de la posibilidad de futuras entrevistas.

APPENDIX J

Sample Coding Sheet

Appendix J

Sample Coding Sheet

S2 - 7 times
 CM2 - 4 times
 CM1 - 3 times
 JC with XG
 CM4 - 1
 WB9 - 1
 WB2 - 2
 WB3 - 1
 WB4 - 4
 JR1 - 4
 R2 - 5
 FA2 - 2
 PH3 - 1
 FA2 - 1
 FA4 - 2
 3M6 - 1
 FA6 - 1

PL2 - 3
 PL3 - 7
 S1 - 3
 FAB - 4

PWB6 - 4
 PWB7 - 4
 PH1 - 2
 PWB2 - 3

CM1 - 1
 PH1 - 2
 CM7 - 2
 PWB10 - 3
 CM3 - 2

Code	Sentences	Notes
What advice would you give to someone about the most important thing to do to have successful aging?		
S2 CM2	<ol style="list-style-type: none"> 1. XG: I'm going to have to use what I believe , When I say believe, I'm talking about God, because really mean getting older or the best time that I had or what I think is getting old or coming to die is really is having faith in God. 2. That's the way I see it now that is the way I believe it. Umm concerning that question anyway. 	
PL2 CM1 S2	<ol style="list-style-type: none"> 3. I just can't see a live without having a hope, I can't see it, before I didn't have no hope. and I said this is it, it is not great really. 4. Any way that is what I see it, it is not too great. But Now there is a hope, I can sleep hoping that having faith that I will live again you know, but that is the way I am going to answer it 5. I would tell them you know to well I would say in may more words, but I'm going to make it short and say "Have faith in God" 	
S2	<ol style="list-style-type: none"> 6. We need to ask God for help or to give us a faith because as I understand from the Bible, we don't have faith that saves us unless we get it from God that by studying the Bible, that's what he says. in Romans 10:17, but anyway. 7. Maybe I shouldn't get into the Bible, but I can't see live and how it should be without God, without having faith. That's God's (too for?) to give you faith, because getting older, or being sick or coming to be, but anyway that is what I would tell them, tell them. 	
S1 Fa3 P13 PWB6	<ol style="list-style-type: none"> 8. Because that is what I usually do when I go study, go visit people there. 9. Because I go visit people in their homes, yes I take time to go visit and then I have Bible studies prepared already so they can study themselves and get to know and to learn themselves and to depend on God, I don't want them to depend on me. 10. That's a big problem, many people depend on somebody seems to have something that's way out here, no, no; everybody on the same level as far as I am concerned. 	