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Human and Social Services Direct Service Professionals' Perception of Late-Life Cumulative Grief and Loss

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Walden University
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Abstract

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by

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MPhil, Walden University, 2019

MSW, Stephen F. Austin State University, 2016

BBA, American Intercontinental University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Globally, the adult population 65 and older is anticipated to grow, signaling the necessity of awareness of late-life issues and concerns. Although research has shown that losses and changes in late life are anticipated, there is very little empirical evidence of how HSPs direct care professionals understand, assess, or perceive the complexities of cumulative grief and loss in their 65 and older clients. Charmaz's constructivist grounded theory (CGT) (2014) was used as the conceptual framework a qualitative methodology to explore the understanding, assessment, and perception of the complexities of late-life cumulative grief and loss of HSPs working with adults 65 and older. Recruitment occurred by placing flyers in identified partner organizations and approved social media groups and by snowball sampling. After informed consent received, prescreening tool completed telephone interviews were conducted, recorded, and transcribed with 15 HSPs working with at least one adult client 65 and older. Coding was conducted using hand analysis at three intervals: initial, focused, and theoretical coding. Theoretical coding identified connection as essential concept. Bowlby's (1970) attachment theory emerged as the most appropriate theory to explain how connection and attachment in late life. This study can be used to help guide and educate HSPs working with adults 65 and older and help understand the role of attachment in addressing the complexities of cumulative grief and loss in late-life. When the needs of adults 65 and older are met, and the most effective practices are exercised by professionals working directly with them, positive social change can occur that promotes successful aging.

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Dedication

First, giving all honor to God for the strength and perseverance to complete this doctoral journey. I dedicate this dissertation to my late father, L.D. Lewis who instilled in me the importance of hard work and dedication and to my forever first lady Sis Eula Hood for teaching me that without Godly knowledge, worldly knowledge is useless. To my children, Breyana and Braylon, thank you for being so patient and understanding and for being my rock. I hope that I have shown you that you can do anything that you put your mind to. You will forever be my greatest accomplishment. To my mother, thank you for all your support. I know that I will never be able to repay you, but I want you to know I am thankful. I hope that to my family, to show them we can break generational curses one at a time. To my church home, Saint Rest, thank you for your continued prayers and support. To all those who supported me along this journey, I send my sincerest thanks and appreciation.

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Table of Contents

Chapter 1: Introduction to the Study

Introduction

As adults enter later life, they may experience multiple irreversible life changes and losses that can impact their psychosocial and physical well-being (Manning et al., 2019; Yang et al., 2018). Older adults typically experience and address loss and change differently than any other age group (Van Humbeeck et al., 2016).

Typically following a loss or change, an adjustment period known as grief occurs; however, not all older adults experience bereavement after loss or change (Allie et al., 2018; Van Humbeeck et al., 2016). When older adults experience multiple changes and losses in repetition without an appropriate adjustment period, cumulative grief, also known as bereavement, overload can occur, causing increased physical and mental changes and decline (Allie et al., 2018; Tang & Chow, 2017).

Due to advancement in technology and medicine, accessibility of health care facilities, and disease prevention programs and activities, along with a decline in births, the older adult population is anticipated to grow globally (Goswami & Deshmukh, 2018; Mohammadpour et al., 2018; Utomo et al., 2019). This phenomenon is known as the "silver tsunami" (Englehardt et al., 2016). Across the globe, the percentage of adults 65 and older will increase significantly, with 82 countries predicting to have more than 20% of their population in this demographic (Population Reference Bureau, 2018). However, many of these countries are unprepared to meet the growing demand for services to meet the needs of their adult population 65 and older (Population Reference Bureau, 2018; Utomo et al., 2019). The United States Census Bureau (2019) predicted that by the year

2034, adults over the age of 65 (77 million) are anticipated to outnumber children under the age of 18 (76.5 million). Many countries face problems with inadequate support and infrastructure to support the rapidly growing older adult population (Utomo et al., 2019).

Human service professionals (HSPs) and policymakers should strive to collaborate to offer support and services to address older adults' physical and mental healthcare needs coping with stress, changes, and losses. HSPs play an essential role in helping clients address challenges after experiencing cumulative changes and losses (Allie et al., 2018; Yang et al., 2018). However, there will likely be a lack of HSPs with knowledge or understanding of the aging process's complex physical and emotional challenges (Englehardt et al., 2016). HSPs are responsible for engaging with, assessing, evaluating, and planning interventions that address the needs of their clients, in addition to providing emotional support to help clients overcome problems that impact their daily functioning (U.S. Bureau of Labor Statistics, 2011). The ability of the HSPs Understanding an older adult’s perception of their aging process can help the HSPs utilize the most effective interventions that address age-related loss and changes with older adult clients (Mohammadpour et al., 2018). This study contributed to the knowledge of the gerontological practice of HSPs and helped provide a better understanding of how direct service providers understand, assess, and perceive the complexities of cumulative grief and loss/bereavement overload in adult clients 65 and older.

When the needs of older adults are met and HSPs' best practices are exercised, positive social changes can occur that promote successful aging and provide an enhanced

quality of life. Successful aging impacts policies and resources that are currently straining already with limited resources to provide care and services to the expanding older adult population (Nelson, 2016).

In Chapter 1, I include a summary of the existing literature about the background of the aging population, bereavement overload, cumulative grief, and types of loss and changes unique to older adults. Also, in Chapter 1, there is an introduction to the problem statement, conceptual framework, methodology, research question, and definitions. I also provide information about the assumptions, scope and delimitations, limitations, and significance of the study.

Background

Adults 65 and older experience and address loss and change differently than other groups on the aging continuum (Hooyman et al., 2017; Van Humbeeck et al., 2016). Older adults may experience multiple irreversible life changes and losses that may impact their psychosocial and physical well-being (Manning et al., 2019; Yang et al., 2018).

Bereavement overload or cumulative grief first emerged in the literature 30 years ago by experienced older adult psychologist and gerontologist Robert Kastenbaum (Allie et al., 2018). When older adults experience multiple changes and losses in repetition without an appropriate adjustment period, bereavement overload or cumulative grief or bereavement overload can develop, increasing physical and mental changes and decline (Allie et al., 2018; Hooyman et al., 2017; Tang & Chow, 2017).

Aging includes physical, cognitive, and social role changes that affect the well-being of older adults (Goswami & Deshmukh, 2018). The experiences of grief,

bereavement, and loss are individualized and are not generalized (Lekalakala-Mokgele, 2018). Older adults experience loss through the death of their loved ones and may experience physical and social changes that cause feelings of grief and loss (Tang & Chow, 2017). Old age is typically associated with multiple losses, including-loss of social supports, self-confidence, vision loss and impairment, loss of physical abilities, financial loss, loss of professional identity, job loss and income declines, inability to be a support system to others, loss or changes to their sexuality, loss of social engagement, loss of independence, loss of homes or possessions, cognitive loss or decline, and awareness of their approaching death (Boulton-Lewis et al., 2017; Bratt et al., 2017; Cosh et al., 2019; Mohammad et al., 2018; Yang et al., 2018).

The loss of social support, financial changes, health concerns, and physical decline decrease older adults' life satisfaction (Bratt et al., 2017). Mohammadpour et al. (2018) reported that 15 to 25% of older adults have mental illnesses such as anxiety and depression. Cumulative late-life losses and changes may increase the chance of serious psychological problems in older adults. Changes, transitions, and losses associated with old age increase the risk of suicidal behaviors, including suicidal thoughts with plans and intent to act (Van Humbeeck et al., 2016). Although the aforementioned research has illuminated significant findings on grief, loss, and change in older adults, there is very little empirical research exploring cumulative grief and loss in adults 65 and older. Furthermore, most scholarly inquiries from multiple disciplines have misidentified prolonged grief in older adults as "complicated grief," not considering that older adults could be experiencing effects of cumulative grief and loss/bereavement overload.

Cumulative grief can be misdiagnosed as complicated grief as direct service providers may be unaware of signs or symptoms for bereavement overload/cumulative grief in older adults. However, there is a clear difference between both types of grief. Complicated grief is continuous, prolonged, and intensive and may emerge after experiencing one loss. However, by contrast, cumulative grief or bereavement overload occurs when multiple losses are simultaneously or close together without appropriate adjustment time (Allie et al., 2018; Nam, 2018). Both have adverse physical and mental health outcomes and different treatment approaches (Allie et al., 2018; Ghesquiere et al., 2019; Nam, 2018). Experiencing losses or changes places the older adult at a higher risk of developing depression (Fried et al., 2015).

The findings of this constructivist grounded theory (CGT) study addressed the current gap in the existing literature providing insight into HSP's direct service provider's understanding, assessment, and perception of the complexities of cumulative grief and loss in adults 65 and older. HSPs, especially direct service providers, play an integral role in helping clients manage challenges in addition to helping them find meaning and decrease negative behaviors of substance abuse and social isolation after multiple losses (Allie et al., 2018; National Organization for Human Services, n.d.; Yang et al., 2018). This CGT study helped contribute to the knowledge of human and social services professionals to increase awareness, assessment, and understanding of the complexities of cumulative grief and loss in adults 65 and older.

Problem Statement

Currently, in the existing literature, there is no clear explanation of HSPs' understanding, assessment, or perception of the complexities of cumulative grief and loss in adults 65 and older. As the population of adults 65 and older grows and the need for knowledgeable, direct service providers increases, HSPs should know how to understand, assess, and perceive the complexities of cumulative grief and loss in adults 65 and older.

Older adults experience and address loss and change differently than any other age group (Hooyman et al., 2017; Van Humbeeck et al., 2016). Typically, adults 65 and older experience more challenges during the grieving period that impact their psychosocial and physical well-being than any other age group (Manning et al., 2019; Yang et al., 2018). The impact that cumulative grief and loss/bereavement overload can have on the well-being of adults 65 and older further suggests the necessity for knowledgeable, understanding, and experienced HSPs providing direct service with older adults.

The loss of one's significant other is identified as one of the most commonly recognized and anticipated losses in late-life that may impair an older adult's ability to function; however, this is not the only loss or change that an older adult can experience (Bratt et al., 2017; Eckholdt et al., 2018; Fried et al., 2015; Ghesquiere et al., 2019). There are other noted types of losses and changes that older adults may experience in addition to the loss of their significant other. These losses include: loss of self-confidence, loss of vision, loss of physical abilities, losses within their social support systems, financial loss, loss of professional identity, job loss, loss of income, lack of

ability to be a support system to others, loss or change to their sexuality, the inability to engage in prior activities, loss of independence, loss of their homes or personal possessions, cognitive decline or loss, and awareness of their approaching death (Boulton-Lewis et al., 2017; Cosh et al., 2019; Mohammad et al., 2018; Yang et al., 2018).

HSPs provide emotional support to help their clients overcome challenges that can create problems with their ability to effectively meet personal needs (Bureau of Labor Statistics, 2011; National Organization for Human Services, n.d.). Fried et al. (2015) suggested that professionals working with older adult clients should have basic knowledge and understanding about the bereavement process and its role and impact on their quality of life. Failing to maintain social interactions increases the chances that older adults will engage in risky, maladaptive behaviors such as alcohol and illicit substance use that can increase risk factors for cognitive decline (Fried et al., 2017; Tang & Chow, 2017). After a loss, other harmful health risks include increased blood pressure and the immune system's decreased ability to fight off infections and diseases (Fried et al., 2017).

While current research has illuminated significant findings of grief, loss, and change in older adults, insufficient empirical research explores cumulative grief and loss in adults over 65. Furthermore, existing scholarly research from several disciplines has misidentified prolonged grief in older adults as "complicated grief," not considering cumulative grief or bereavement overload. After an extensive review of current literature, I found scant scholarly research about the cumulative loss in other demographics and

even less describing this phenomenon in adults 65 and older. Additionally, I found no research concerning HSPs identifying or evaluating cumulative grief in older adults.

Purpose of the Study

The purpose of this CGT study was to explore the understanding, assessment, and perceptions of the complexities of late-life cumulative grief and loss/grief overload through HSPs' professional experiences working directly with adult clients 65 and older. In this CGT study, I used a theoretical approach to explore and understand the who, what, and when of HSPs' professional experience working directly with clients 65 and older (see Neville et al., 2018).

In this CGT study, I explored HSPs' direct service providers' understanding, assessment, and perceptions of the complexities of cumulative grief and loss/bereavement overload in adults 65 and older. This study helped bring knowledge and understanding about how HSPs' direct service providers assess, understand, and perceive the complexities of cumulative grief and loss impact the overall health and well-being of their adult clients 65 and older. Finally, this study helped bring a clear theoretical perspective detailing HSPs' direct service provider explanation, understanding, and assessment of late-life cumulative grief and loss in older adults for future literature and education.

Research Question

The primary focus of this CGT study was to explore and understand HSPs' direct service providers' understanding, assessment, and perception of the complexities of cumulative grief and loss/bereavement overload in adult clients 65 and older. This

research study was guided by the following research question to help explore, understand, and develop a theory grounded in the data to explain this phenomenon:

Research question (RQ): What are the understanding, assessment, and perceptions of the complexities of late-life cumulative grief and loss/bereavement overload among HSPs working with adult clients 65 and older?

Conceptual Framework

No existing theory was found from the peer-reviewed literature that explained HSPs' understanding, assessment, and perceptions of the complexities of cumulative grief and loss/bereavement overload in older adults. As I aligned existing theories from the current literature reviewed with the problem, purpose, RQs, and background, GT emerged as an underutilized conceptual framework but was the most logical approach for this study. A GT approach helped generate a theory to explain HSPs' understanding, assessment, and perception of the complexities of cumulative grief and loss/bereavement overload in adults 65 and older.

This qualitative study included CGT as the conceptual framework. Historically, a GT approach focuses on the emergence of theoretical explanations after interviewing participants with experience with the phenomenon of interest (Babbie, 2017; Manning et al., 2019). Also, the GT approach relies on direct experiences to explain how individuals do things in a particular way. The use of GT as a framework is a systematic process helping the researcher to develop or emerge a theory or theories from collected data to explain HSPs' direct service providers' understanding, assessment, and perception of the

complexities of cumulative grief and loss in older adults. GT is most appropriate when no theory is readily available to describe a problem (El Hussein et al., 2014).

While there are existing death and dying theories and established therapeutic approaches for assessing grief and bereavement in the Human and Social Services profession, scholarly literature provides scant studies on the phenomenon of cumulative grief and grief overload unique to older adults. From the peer-reviewed literature, no theory relates or explains HSPs' understanding, assessment, and perceptions of the complexity of late-life cumulative grief and loss/bereavement overload in adults 65 and older.

In Chapter 2, I explain the significance and the critical elements essential in a GT study. I also provide additional insight into the role of GT in shaping the research problem, purpose, and background of this study. GT was used as a guide in developing this study to understand the phenomenon of cumulative grief and loss in adults 65 and older through the professional experiences of HSPs in direct practice with older adults.

As I aligned theories from the review of the literature, theories such as a dual-process model (see Tang & Chow, 2017) and stress and coping theory (see Girgis, 2018), with the problem, purpose, RQs, and background, the grounded theory emerged as an underutilized concept and the most logical approach for this study. GT emerged as the most appropriate conceptual framework because of its applicability and ability to explore the experiences of HSPs working with adult clients 65 and older. The use of GT in this study helped expand the knowledge that explained HSPs' understanding, assessment, and perception of the complexities of cumulative grief and loss in their adult clients 65 and

older (see Manning et al., 2019). Silva et al. (2018) used the GT approach because of its ability to construct a theory rather than test the appropriateness of the theory to explain or define a phenomenon of interest.

Nature of the Study

The nature of this study was qualitative, using Charmaz's (2014) CGT approach. The purpose of this study was to explore the understanding, assessment, and perception of the complexities of cumulative grief and loss of HSPs' direct service providers working with clients 65 and older and was consistent with the qualitative design. The qualitative design allowed for an exploratory approach to determine who, what, and where to identify descriptions of experiences, while the CGT approach allowed for the development and emergence of a theory to explain their experiences (see Neville et al., 2018).

A preliminary review of the literature was conducted to identify gaps for the justification of this grounded theory study. This review revealed that of the 20 reviewed journals, 11 used the quantitative methodology with secondary data, and none addressed cumulative grief and loss/bereavement overload in older adults (see Bouldin et al., 2018; Bratt et al., 2017; Cosh et al., 2019; Eckholdt et al., 2018; Fried et al., 2015; Ghesquiere et al., 2019; Liang et al., 2019; Nam, 2018; Nothelle et al., 2018; Utomo et al., 2019; van Ingen et al., 2017). The GT approach emerged from the literature as the most appropriate method to answer the RQ for this study, implementing Charmaz's (2014) constructivist approach as the conceptual framework. Additionally, of the 20 articles reviewed to identify the gap and justify the need for this study, only two (see Manning et al., 2019;

Silva et al., 2018) used GT as part of the methodology. The limited amount of empirical research suggested using the GT approach to increase knowledge and awareness of HSPs' understanding, assessment, and perceptions of the complexities of late-life cumulative grief and loss/bereavement overload in adult clients 65 and older.

The data from this qualitative CGT study was collected from telephone interviews with HSPs in direct service meeting the criteria of working with at least one client(s) 65 and older. Recruitment of participants occurred by purposive and snowball sampling in identified partner organizations. I provided participants the number to a 1-800-conference line to complete their interview. During each interview, I asked participants semi-structured, field-tested interview questions. Interviews were recorded with the consent of each participant. Each participant was assigned a fictitious and random number to protect their identity. After the interview was conducted and recorded, I later coded each participant interview and identified common themes and theoretical constructs.

Definitions

Anticipatory grief: Grief that may occur before the losses or changes occur (PDQ Supportive and Palliative Care Editorial Board, 2020).

Bereavement: The situation of having lost a significant person recently through death (Tang & Chow, 2017).

Cumulative grief and loss/bereavement overload: Experiencing multiple losses in repetition without an appropriate adjustment period (Allie et al., 2018).

Death anxiety: The fear of upcoming death or what happens after death.

Grief: Subjective and influenced by religious or cultural practices (PDQ Supportive and Palliative Care Editorial Board, 2020). Grief is the period of adjustment after experiencing loss or change; however, not all older adults experience grief after loss or change (Allie et al., 2018; Van Humbeeck et al., 2016). Grief reactions are internal processes and may include numbness or disbelief, separation anxiety, and the process of mourning, but most individuals recover from grief (PDQ Supportive and Palliative Care Editorial Board, 2020).

Human and social services professionals (HSPs): HSPs direct service is a generic term for professionals working with individuals and communities in a wide variety of settings, helping them overcome their problems and challenges. Examples of HSPs include psychologists, caseworkers and case managers, nurses, counselors, social workers, and human service workers (National Organization for Human Services, n.d; U.S. Bureau of Labor Statistics, 2011).

Mourning: The public display of grief may also be influenced by cultural or religious beliefs (PDQ Supportive and Palliative Care Editorial Board, 2020).

Older adults: For this study, this term refers to individuals 65 and older (see United States Census Bureau, 2019).

Assumptions

This study focused on direct service provider HSPs' professional experiences working with older adults over 65. I assumed that HSPs' adult clients 65 and older have experienced multiple losses and have disclosed this information to the professional during interactions. Also, in this study, I assumed that the participants were willing to

discuss their professional relationships and experiences of working with older clients. I further assumed that their responses would be honest and provide accurate and detailed accounts of their experiences of working with older adult clients in addition to their knowledge, understanding, and assessment of cumulative grief and loss.

Qualitative research assumes the possibility there are multiple realities and truths to explain a phenomenon (Babbie, 2017). Assumptions were examined throughout the study to minimize biases that can impact the validity and reliability of this study. Although assumptions of the study are common factors that are noted to be true in other qualitative studies, they cannot account for the anomalies and exceptions that can occur within the study (Babbie, 2017).

Scope and Delimitations

This study focused on HSPs' direct service provider understanding, assessment, and perception of the complexities of cumulative grief and loss in adult clients over 65. This study focused on HSPs providing direct services with clients within this age demographic. Still, it did not account for those HSPs who are not directly involved in the care and treatment of older adults or adult clients seen by HSPs younger than 65. The age 65 was selected for use in this study, consistent with the United States Census Bureau's (2019) definition of older adults.

I focused on direct service provider HSPs working with clients 65 and older for this research. The selection of HSPs for this study was not limited to a geographical area but was open to any HSPs working with older clients. The participant pool was both gender and racially balanced. There were no age limits for the professionals interviewed;

however, for this study's purpose, the older adult client must have been 65 years or older to fit the criteria of gerontological research and practice (see United States Census Bureau, 2019).

Limitations

Limitations of this qualitative, grounded theory study were examined throughout this study to ensure reliability. I focused on cumulative grief and loss in adults 65 and older, and the study's findings cannot be generalized to other demographics or age groups. The number of participants in qualitative research was another limitation of this study. No specific number of participants is required in a qualitative study, only that no new data emerge from the literature and the study achieves data saturation (Babbie, 2017; Ravitch & Carl, 2016). No matter the number of participants, qualitative studies cannot be generalized but can only lead to a greater understanding of the topic (Babbie, 2017). According to Starks and Trinidad (2007), the average sample size for a grounded theory study is between 10 to 100 participants, and Groen et al. (2017) suggested that saturation occurs within 20 to 30 interviews. Burmeister and Aiken (2012), as cited by Fusch and Ness (2015), implicated that saturation should focus on the data elicited from the participants instead of focusing on a specific number.

One of the most significant challenges lies in the qualitative methodology. Qualitative methodology is a more time-consuming process from data collection to analysis, and finally, data saturation (El Hussein et al., 2014; Ravitch & Carl, 2016). Similarly, using grounded theory can be a daunting task for a novice researcher and has higher risks for methodological errors (El Hussein et al., 2014).

Another limitation is the role of the researcher. I had to wear many “hats” and take on various roles to ensure adherence to scientific protocols. The researcher is the primary instrument for conducting and analyzing qualitative research data (Ravitch & Carl, 2016). The researcher's reflexivity is essential because it calls for the continued monitoring and assessment of the personal influences of the researcher throughout the research (Engward & Davis, 2015; Groen et al., 2017; Ravitch & Carl, 2016).

Another potential barrier for this study was limited research about cumulative grief and loss. Nonpeer-reviewed information about this phenomenon existed primarily on blogs, internet articles, magazines, and textbooks. I completed a thorough review of the literature to examine research and minimize bias. The use of GT was appropriate because of the limited available research and helped reduce bias in the study. As a geriatric practitioner, I brought prior knowledge and experience working with adults 65 and older. Awareness of my professional and personal biases throughout the qualitative process helped minimize bias. Throughout this study, I assessed and documented possible biases and influences and their impact on the reliability and credibility of this study.

Ensuring this qualitative study's quality, trustworthiness, and credibility was an ongoing process taken under careful consideration and had strategies in place before beginning this study. One challenge in conducting qualitative studies that can hinder the quality, trustworthiness, and credibility is the bias from the researcher based on their personal experiences with the area of interest.

Another strategy to help minimize bias through awareness of self is understanding that as the researcher, I do not have all the answers and that my understanding was not

the only nor the right one. Ravitch and Carl (2016) stated that researchers must be open and receptive to learning about the phenomenon through participants' experiences. Also, the researcher can maintain reliability and credibility to the study with triangulation. Triangulation employs using multiple qualitative methods for collecting the data to help strengthen the research (Babbie, 2017).

Significance

The findings of this qualitative study addressed the current gap in the existing literature regarding HSPs' direct service providers' perception of cumulative grief and loss in adults 65 and older. Insight from this study can help inform future HSPs' direct practice and interactions with older adult clients. HSPs play an integral role in helping their clients address challenges associated with cumulative grief and grief overload (Allie et al., 2018; Yang et al., 2018).

The data from this CGT study helped contribute to the human and social service professionals' knowledge and increased understanding of cumulative grief and loss in older adults. As the older adult population continues to increase, there will be a growing need for direct service providers HSPs with experience working with the aging population (Mallers & Ruby, 2017). Although the aforementioned research illuminates essential findings, I found no current research addressing the complexity of cumulative grief and loss in adults 65 and older from the perspectives of direct service providers HSPs.

When the needs of older adults are met and HSPs' best practices are exercised, positive social change can occur by promoting successful aging and an enhanced quality

of life. Successful aging impacts policies and resources with limited resources to provide care and services to the expanding older adult population (Nelson, 2016). The results of this study may also be beneficial to help current HSPs in addition to helping educate and train future HSPs working with older adults and inform their professional practice.

Summary

In Chapter 1, I introduced the background and justification for the study about HSPs' perception of cumulative grief and loss with adults 65 and older. I concluded this change by explaining the significance of the research and the implications to effect positive social change. In Chapter 2, I provide an expanded review of the literature in the discipline related to the topics studied and begin to build the case for the need for research and the choice of the conceptual framework. Following Chapter 2, in Chapter 3, I will address the research method, data collection methods, the role of the researcher, and potential issues of trustworthiness. Completing this study will be Chapter 4 and Chapter 5. In Chapter 4, I discuss the findings of the interviews conducted with the participants. Finally, in Chapter 5, I will reflect on this study's discussion, conclusions, and recommendations.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative CGT study was to explore the understanding, assessment, and perception of the complexities of late-life cumulative grief and loss/bereavement overload of HSPs working with older adult clients over the age of 65. The purpose of using CGT for this study was to formulate or emerge a theory from the data that could inform HSPs either currently working with or planning to work with adults 65 and older. Cox and Pardasani (2017) and Englehardt et al. (2016) noted that as the older adult population continues to grow, the necessity for professionals experienced in addressing challenges that occur in late life will also increase. However, despite the known growth of the older adult population and the documented need for experienced geriatric practitioners, many professionals have little to no knowledge, training, or experience working with older adults (Englehardt et al., 2016). The limited availability of educational programs geared at understanding and exploring challenges faced in late-life contributes to the lack of trained professionals (Englehardt et al., 2016).

Loss is not only associated with the death (passing) of a loved one but may also occur after experiencing a change from prior ways of functioning. Various factors influence how older adults address challenges faced after experiencing a loss. Bereavement overload or cumulative grief and loss is used to describe repetitive losses and changes that occur without an appropriate adjustment period and may lead to physical and mental changes or decline (Allie et al., 2018, Hooyman et al., 2017; Tang & Chow, 2017).

Older adults experience and address losses and changes differently than any other age group (Hooyman et al., 2017; Van Humbeeck et al., 2016). Grief is the period of adjustment after experiencing loss or change; however, not all older adults experience grief after loss or change (Allie et al., 2018; Van Humbeeck et al., 2016). Adults 65 and older experience more challenges during the grieving period that impact their psychosocial and physical well-being than any other age group (Manning et al., 2019; Yang et al., 2018). The loss of one's significant other is identified as one of the most commonly experienced losses that can impair an older adult's ability to function; however, it is not the only loss or change experienced by an older adult (Bratt et al., 2017; Eckholdt et al., 2018; Fried et al., 2015; Ghesquiere et al., 2019). Other losses or changes that older adults may experience include loss of their self-confidence, loss of vision, loss of physical abilities, loss of their social support systems, financial loss, loss of professional identity, job loss and income decline, loss of ability to be a support system to others, loss or changes to their sexuality, the inability to engage in prior activities, loss of independence including their homes or possessions, cognitive decline or loss, and awareness of their approaching death (Boulton-Lewis et al., 2017; Cosh et al., 2019; Mohammad et al., 2018; Yang et al., 2018).

Chapter 2, the literature review, contains an overview of current literature related to human and social services professionals, cumulative grief and loss, and bereavement overload. After an extensive review of current literature, I found scant scholarly research regarding the cumulative loss in other demographics, and there is even less describing

this phenomenon in older adults. I also found no research regarding HSPs' understanding, assessment, or perception of the complexities of cumulative loss and grief in older adults.

Literature Search Strategy

I reviewed current literature using various resource sites, including the Walden University Library and Google Scholar. The literature analysis from resource sites included but was not limited to the following fields: social work, nursing, human services, and psychology. Academic databases used included Academic Search, ProQuest Central, SocINDEX, PsycINFO, CINAHL & MEDLINE, SAGE Journals, and Google Scholar. The following keywords searched were *older adults, grief, loss, loneliness, geriatrics, depression, bereavement, coping, bereavement overload, complicated grief, prolonged grief, grief overload,* and *cumulative grief.*

Conceptual Framework

In this qualitative study, I used the CGT approach to construct a theory to explain HSPs' direct service providers' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss/bereavement overload in adults 65 and older. After reviewing the existing literature, I found few studies were qualitative. Even fewer studies used the GT approach to construct a theory that explained the phenomenon of interest (see Manning et al., 2019; Silva et al., 2018). The use of GT is underused in gerontological research. GT is the most appropriate methodology to use when there is very little known about an area of focus (Chun Tie et al., 2019).

The GT approach begins with an observation, then discovers patterns to develop or emerge from the new literature without preconceived notions or undue bias (Babbie,

2017). El Hussein et al. (2014) suggested that the researcher should not thoroughly review existing literature as it can create bias that can impact the validity and reliability of a study. This review allowed me to look at the new literature without preconceived ideas (see Babbie, 2017).

GT has three distinct methodological approaches. The traditional GT approach is associated with Glaser, which evolved into grounded theory associated with Strauss, Corbin, and Clarke, and finally the CGT, associated with Charmaz (Chun Tie et al., 2019).

The traditional GT approach developed from a collaboration of key theorists Glaser and Strauss (1967) to integrate quantitative and qualitative methodologies in social research (Babbie, 2017; Groen et al., 2017). Glaser and Strauss developed the GT approach from their study on terminally ill patients in their pioneering study *Awareness of Dying (1965).* Their study developed a theory that explained the perception of dying from terminally ill patients (as cited in Chun Tie et al., 2019).

Following this study, Strauss and Glaser wrote their first book, *The Discovery of Grounded Theory: Strategies for Qualitative Research (1967),* which explained how theories explain phenomena developed from data and challenge the fact that qualitative studies lack rigor for formulating theories (as cited in Chun Tie et al., 2019). After completing their work on GT, Glaser and Strauss separated and published their studies with differing views about the application of GT (Chun Tie et al., 2019).

The GT approach embodies both positivist and interactionalism to derive a theory after data analysis that explains a phenomenon (Babbie, 2017). GT is an inductive

process that, instead of beginning with theory, looks to develop or derive the theoretical framework from the data collected from the participants (Babbie, 2017). Instead of using existing literature to discover the theory to explain a phenomenon, the traditional GT approach focuses on the data from the analysis of the specific study to explore or describe an issue that is problematic to a particular population (Babbie, 2017; Chun Tie et al., 2019; Manning et al., 2019). According to Chun Tie et al. (2019), symbolic interactionism addresses the meaning that people give objects, behaviors, and events based on their personal experiences. Finally, associated with Charmaz (2014), CGT focused on how individuals construct meaning to a phenomenon of interest (as cited in Chun Tie et al., 2019).

There are two perspectives best known to describe the grounded theory approach. Those are the objectivist/positivist perspective and the relativist/constructivist perspective. The objectivist/positivist perspective is based on the classic GT approach from Glaser and Strauss (1967), while the relativist/constructivist perspective is based on the work conducted by their student Charmaz (as cited in Babbie, 2017; Groen et al., 2017). For the purpose of this study, I used Charmaz's (2014) constructivist interpretation of grounded theory as it aligned with the interpretivist epistemology and relativist ontology of this qualitative study. Social constructivism aims to help understand the world by interpreting the meaning of participants' interactions (Chun Tie et al., 2019).

Quantitative Review

After conducting a preliminary review of the literature, the literature provided information that helped identify gaps to justify this study's purpose. The following

literature was collected from quantitative studies during the literature review. Each journal was reviewed, and a synopsis is provided of each source. Bouldin et al. (2018) explored rural caregiver experiences while-caring for their loved ones. In addition, Bratt et al. (2017) studied the impact of both child and spousal loss and its effect on the life satisfaction of adults 60 and older. Moreover, Cosh et al. (2019) examined the correlation between vision loss and depression in adults aged 65 and older living in France. Researchers have suggested that loss of vision negatively impacts the psychosocial well-being of individuals and places them at a higher risk of having depressive symptoms.

The following quantitative literature used secondary data to complete gerontological studies. Eckholdt et al. (2018) used secondary data and examined the influences of loss-centrality in prolonged grief disorder and other complicated grief reactions in older adults four years after the loss of their spouse. Fried et al. (2015) examined the impact of late-life spousal loss in adults over the age of 65 living in the Detroit metropolitan area. Ghesquiere et al. (2019) used secondary data and examined the associations between complicated grief and pain in Japanese adults 50 and older who had a loved one receiving hospice/palliative care treatment. Liang et al. (2019) examined macrolevel interventions aimed at helping adults 60 and older living in rural/urban China cope with the loss of their child. Mohammadpour et al. (2018) explored how perceptions of the aging process may impact views about death anxiety. Nam (2018) compared the effectiveness of family-based and individual-based therapy models for treating complicated grief in Korean adults. Nothelle et al. (2018) examined the loss of usual healthcare for adults 65 and older living in the United States and the importance of the

accessibility of medical care. Tang and Chow (2017) used the dual-process model and examined bereavement in adults ages 65 and older living in Hong Kong. They suggested the need for investigating of traumatic level and correlated its impact on outcomes after a spousal loss. Utomo et al. (2019) explored the challenges that Indonesian adults 60 and older living in rural communities age successfully in their homes despite the challenges. Van Ingen et al. (2017) analyzed the role of technology in addressing loneliness in adults 55 and older.

Qualitative Review

Conducting an initial review of the literature helped identify the gap in the literature to justify the need for this study. This section is an overview of the qualitative articles used to analyze and critique current and existing scholarly knowledge. Using a phenomenological approach, Boulton-Lewis et al. (2017) explored Hong Kong and Australian adults 55 and older and the influence of loss on learning new skills. Girgis (2018) used a phenomenological approach and explored the lived experiences of older Egyptian immigrants and their coping strategies during their immigration to the United States. Goswami and Deshmukh (2018) examined how adults 65 and older living in rural India coped with the challenges of living alone in remote areas. Lekalakala-Mokgele (2018), in a phenomenological qualitative study, examined the experiences of grieving after multiple losses in women ages 60 and older living in Rankuwa, Gauteng. Light (2018) explored the challenges of caring for spouses 65 and older with dementia and the impact the caregiving had on their marriage. Manning et al. (2019) examined spiritual resiliency as a coping strategy for adults 52 and older during the aging process. Neville et

al. (2018) used Lawton's person-environment fit model and explored the engagement of adults living in rural New Zealand and how the physical environment and social networks played a role in remaining in their homes. Silva et al. (2018) examined the coping strategies of caregivers 60 and older caring for their older family members. Sriram et al. (2018) used Bandura's social cognitive theory to understand how social relationships influenced diet, physical activities, and tobacco use in adults 40 and older living in rural Montana. Strommen and Sander (2018), using Lawton and Nehemow's (1973) competence press model, examined the life experiences of adults 65 and older living in rural North Dakota to explore factors that influenced their decision to age in rural areas. Williams (2018) investigated the relationship between older, physically impaired male adults 65 and older and the influence of their animals on their physical, psychological, and social well-being. The following qualitative peer-reviewed literature, which helped identify the existing literature gap, was described in this section. In the next section, I will review concepts from the literature.

Concepts From the Literature

Critical themes emerged from the literature about the various losses and changes that older adults may experience contributing to cumulative grief and loss complexities. These losses and changes are described to provide greater insight to the reader about the impact that losses and changes play on older adults' psychological and physical well-being. The major themes include age-related loss, life satisfaction, social and role loss, loss of significant other, death anxiety, physical changes, loss of identity, vision loss, and loss of income.

Age-Related Loss

Aging is a physiological phenomenon that includes medical and psychological changes that affect the well-being of older adults (Goswami & Deshmukh, 2018). Old age is usually associated with multiple losses of individuals in their social support system as well as other losses, including loss of self-confidence, vision loss, loss of physical abilities, financial loss, loss of professional identity, job loss and income declines, inability to be a support system to other, loss or changes to their sexuality, loss of ability to engage in prior activities, loss of independence, loss of homes or possessions, cognitive loss, or decline and awareness of their approaching death (Boulton-Lewis et al., 2017; Bratt et al., 2017; Cosh et al., 2017; Mohammad et al., 2018; Yang et al., 2018). HSPs intervene to address age-related losses that lead to cumulative grief/bereavement overload. By assessing age-related losses, HSPs can improve service delivery through direct and interprofessional collaborations (Cox & Pardasani, 2017; National Organization for Human Services, n.d.)

Life Satisfaction

Life satisfaction is one's evaluation of how satisfied they are with their life based on past, present, and future experiences (Bratt et al., 2017). Life satisfaction increases and has some stability until age 65 (Bratt et al., 2017). According to Bratt et al. (2017), once an adult reaches old age, there is a decline in overall life satisfaction. Mohammadpour et al. (2018) revealed that higher life satisfaction increases an older adult's ability to cope after losses or changes in later life.

The loss of social support, financial and health, and physical decline decrease older adults' life satisfaction (Bratt et al., 2017). Englehardt et al. (2016) and Mohammadpour et al. (2018) reported that 15% to 25% of older adults have mental illnesses, such as anxiety, suicide, substance abuse involving alcohol prescription and illicit drugs, and depression, and late-life loss and changes increase the chance of serious psychological problems. HSPs assist their clients in functioning as effectively as possible and promoting an adequate quality of life (National Organization for Human Services, n.d.). This study explained HSPs' assessment, understanding, and perception of the complexities of late-life cumulative grief and loss/bereavement overload. The following types of changes and losses are attributed to symptoms, and HSPs should understand how they negatively impact older adults' psychosocial well-being.

Social and Role Loss

An adequate social support system is needed as an individual gets older. However, Liang, Sarwar, and Van Horn (2019) suggested there's insufficient evidence to support the need for social support for coping after a loss or change. Formal and informal support systems can help provide care and assistance around the home and transportation assistance to help older adults get to their appointments and errands (Neville et al., 2018).

As older adults age, they may experience social loss. Social loss involves losing social support systems, primary friends from old age, death, or moving to another community (Strommen & Sanders, 2018). Because of their social losses, some older adults move to more urbanized areas to fulfill their social needs and activities (Strommen

& Sanders, 2018). Bowlby (1980) suggested that losing a loved one from death is one of the most intense and challenging forms of social loss (as cited in Ghesquiere et al., 2019).

Familial support is essential for older adults because, without family support, older adults have increased risks of poverty, poor health and hygiene, hunger, and increased mental illness (Goswami & Deshmukh, 2018). Professionals working with older adults should understand the challenges of aging and how older adults perceive their well-being. Older adults have more difficulty recovering after experiencing a loss because they have more time to reflect on the deceased (Bratt et al., 2017). Developing new social support after a loss can prove more challenging for older adults (Bratt et al., 2017; Van Humbeeck et al., 2013).

Fried et al. (2015) showed that grief substantially impacts feelings of loneliness following a loss. Older adults with limited access to resources that promote successful aging are at a more considerable disadvantage and more susceptible to losses and challenges (Strommen & Sanders, 2018). However, Van Ingen, Rains, and Wright (2016) suggested that using technology helps provide social support to help older adults cope with their losses and changes. Depression is common after experiencing loss and may cause changes in weight, loss, or increases in appetite, insomnia, or hypersomnia (Fried et al., 2015). This literature showed that social role has such an impact on the well-being of older adults. This study assessed and understood if older adults being served by HSPs experienced this type of loss combined with other changes or losses, detailing how should HSPs assess, understand, and perceive its influence and impact on the functioning of the older adult.

Loss of Significant Other

When the significant other dies, the surviving older adult experiences the loss of their primary care support system (Utomo et al., 2019). Loss of a significant other is anticipated, especially in later life, with more than fifty percent of older adults widowed (Bratt et al., 2017; Tang & Chow, 2017; Utomo et al., 2019). However, earlier research suggested that of older adults 65 and older, only thirty percent (Federal Interagency Forum on Aging-Related Statistics, 2012) were widowed, suggesting an increase in spousal loss (Ghesquiere et al., 2019). Goswami and Deshmukh (2018) detailed the majority of those widowed were women. Bratt et al. (2017) detailed that the first year after experiencing spousal loss, an older adult is at higher risk of developing physical and psychological changes that negatively impact their overall health and quality of life. This study helped provide insight into how HSPs can understand, assess, and perceive the complexities of the loss of significant others with other age-related changes or losses that occur in late life.

Death Anxiety

As adults age and experience multiple losses of their loved ones, many begin to reflect on their death and ponder what happens after death (Mohammadpour et al., 2018). Acceptance of the aging process and loss or changes during this stage of life can reduce death anxiety and improve overall life satisfaction (Mohammadpour et al., 2018). Internet and social networking site usage may help improve life satisfaction and well-being in late life (Van Ingen, Rains, & Wright, 2016).

Death anxiety is a healthy and natural experience detailing one's fear of death; however, higher death anxiety can negatively impact an older adult's life satisfaction (Mohammadpour et al., 2018). Death anxiety includes a fear of death of others and provides feelings of avoidance and denial (Lekalakala-Mokgele, 2018). Death anxiety presents as symptoms expressed above; however, this study helped examine how death anxiety, along with other changes and losses, is expressed by the older clients and is also understood, assessed, and perceived by HSPs.

Physical Changes

Older adults can suffer from common chronic illnesses, including diabetes, hypertension, backache, myalgia, poor vision, impaired hearing, and respiratory problems (Goswami & Deshmukh, 2018). Physical impairments can create mobility challenges that limit older adults' ability to remain engaged in their communities (Utomo et al., 2019). Staying active in one's communities can be challenging for an older adult coping with the loss of independence and other anticipated physical changes, losses, or decline (Strommen & Sanders, 2018). Technology is proving beneficial to help older adults confined to their homes because of physical impairments maintain interactions with their support system (Van Ingen et al., 2016). Physical changes combined with other types of changes and losses associated with later life were examined in this study, including HSPs' understanding, assessment, and perception of the complexities of multiple changes and losses.

Loss of Identity

Older adults, especially those in rural communities, have a strong sense of identity with their communities. When internal or/and external factors challenge their ability to remain in their community, a sense of loss can occur (Strommen & Sanders, 2018). Mohammadpour et al. (2018) suggested that older women are more likely to negatively perceive the aging process than aging men. Societal roles and identity play a role in an older adult's perception of aging (Mohammadpour et al., 2018). Loss of identity and societal roles combined with other types of losses and changes experienced by older adults can influence their perception of aging (Mohammadpour et al., 2018). This study examined how HSPs understand, assess, and perceive older adults' loss of identity combined with other late-life changes and losses.

Vision Loss

Older adults can experience loss of vision associated with glaucoma, age-related macular degeneration (Cosh et al., 2019). Approximately a quarter of adults over the age of seventy suffer from visual impairments (Cosh et al., 2019). Cosh et al. (2019) showed a strong correlation between visual impairments and depression in older adults. Depression associated with loss of changes negatively impacts the quality of life and increases mortality risk in older adults (Cosh et al., 2019). After experiencing a loss of their vision, most older adults have a period of adjustment that can negatively impact their life satisfaction (Cosh et al., 2019). Loss of sight is not only associated with depression but can cause loss of social support, increasing social isolation, and decreasing their ability to engage in leisure time activities (Cosh et al., 2019). Loss of income can

disrupt the everyday living of an older adult. This study examined how the loss of vision and other types of changes and losses are understood, assessed, and perceived by HSPs working with older adults.

Loss of Income

Communities play a vital role in assisting older adults in coping with challenges associated with aging, including financial changes (Strommen & Sanders, 2018). Whether through retirement or changes that affect an older adult's ability to work, the older adult loses income. Loss of income presents challenges of maintaining their homes and purchasing food and medicines (Goswami & Deshmukh, 2018). Retirement is a stage of change/loss for older adults where they have to restructure and refocus their life to accommodate their new roles (Boulton-Lewis et al., 2017). Retirement can also lead to a loss of an older adults' sense of purpose (Boulton-Lewis et al., 2017). Cox and Pardasani (2017) showed that as individuals age, they have fewer employment opportunities and are subject to discriminatory practices in the workplace. By working with older adult clients, HSPs can help improve coping and problem-solving skills that can help overcome challenges of loss of income (National Organization for Human Services, n.d.). Understanding the impact of the loss of income and other changes and losses can help HSPs working with older adults understand, assess, and perceive the complexities of late-life cumulative grief and loss/bereavement overload and how it shapes clients' quality of life.

Summary and Conclusions

Old age is associated with multiple losses of individuals in their social support system as well as many other losses including- loss of self-confidence, vision loss, loss of physical abilities, financial loss, loss of professional identity, job loss and income declines, inability to be a support system to other, loss or changes to their sexuality, loss of ability to engage in prior activities, loss of independence, loss of homes or possessions, cognitive loss or decline and awareness of their approaching death (Boulton-Lewis et al., 2017; Bratt et al., 2017; Cosh et al., 2019; Mohammad et al., 2018; Yang et al., 2018).

There is scant empirical research regarding HSPs' direct service professionals' understanding, assessment, and perception of the complexities of cumulative grief and loss in older adults. This study aimed to increase awareness of HSPs working with the growing older adult population. Chapter 3 contains a description of the research methodology, data collection, ethical considerations, issues of trustworthiness, and the role of the researcher.

Chapter 3: Research Method

Introduction

The purpose of this CGT study was to explore the understanding, assessment, and perception of the complexities of late-life cumulative grief and loss/grief overload through the professional knowledge and direct experience of HSPs working with adult clients 65 and older. This qualitative study used a CGT approach to explore the who, what, and when of HSPs' professional experience working with a client(s) 65 and older (see Neville et al., 2018). The findings of this study can help inform HSPs' practice with older adults and help provide insight for future research of exploring, understanding, and examining the challenges, complexities, and experiences of late-life cumulative grief and loss/bereavement overload.

Research Design and Rationale

The RQ focuses on the purpose of the study. The RQ was as follows:

What are the understanding, assessment, and perceptions of the complexities of late-life cumulative grief and loss/bereavement overload among HSPs working with adult clients 65 and older?

The CGT approach emerged as the most appropriate methodology for this study as it allowed for in-depth exploration, discovery, and description of HSPs' perception of cumulative grief and loss in adults 65 and older (see Girgis, 2018). I used qualitative methodology for this research study because it helped me understand a problem without a clear explanation (see Paradis et al., 2016). The GT approach allowed for an iterative examination of the literature and data to ground theory to explain the complexities,

understanding, and perceptions of late-life cumulative grief and loss/bereavement overload among HSPs working with older adult clients. CGT was selected because it also allowed the development or emergence of theory from the data (see Groen et al., 2017) as no theory currently addressed or explained HSPs' understanding, assessment, or perception of the complexities of late-life cumulative grief and loss.

Role of the Researcher

As the researcher in this qualitative study, many roles were undertaken and examined due to their ability to affect the study's validity and reliability. According to Charmaz's (2014) CGT approach, the researcher's knowledge and experience within the population of study or the phenomenon of interest must be considered and monitored throughout the study as the influences of the researcher must be continuously monitored by the researcher (see Groen et al., 2017). Fusch and Ness (2015) contributed that if biases of the researcher are not considered and reviewed continuously throughout the study, the validity and reliability of the study can become compromised. Throughout this study, I had multiple roles and wore many hats. Remember that the researcher is the primary instrument to conduct and analyze data (Ravitch & Carl, 2016).

Reflexivity

The researcher's reflexivity is essential because it calls for the continued monitoring and assessment of the personal influences of the researcher throughout the research (Ravitch & Carl, 2016). Reflexivity in GT research shows the reader what was discovered and how the theory was derived from the data to determine the study's trustworthiness (Etherington, 2017). As a practitioner and a researcher, reflexivity was

challenging but necessary throughout the data collection and analysis phases to maintain the validity and reliability of this study.

Groen et al. (2017) detailed the importance of reflexivity in a study. Reflexivity requires that the researcher provide details regarding their personal, professional, and cultural experiences (Groen et al., 2017). These experiences can guide the interpretation of the data through the entire process and help further a study's analysis. Failure to acknowledge influences can cause researcher bias to flaw the study. Etherington (2017) stressed how understanding one's own experiences influences the research and how continued reflexivity contributes to a good GT study.

As a current HSP working with the identified population of this study, I understood a certain number of professional influences based on my experiences could be reflected throughout this study. By understanding and recognizing these influences, I minimized researcher bias that might have affected the validity and reliability of this study.

Methodology

Participant Selection Logic

This qualitative CGT study collected data from telephone interviews with HSPs' direct service providers who met the criteria of working with a client(s) 65 and older. Recruitment of participants occurred by purposive, snowball, and theoretical sampling in identified partner organizations. I posted announcements with administrators' consent of sites to recruit potential participants for this study. The announcement contained my

contact information for any prospective participant to reach me for additional questions or to begin the process to participate in this study.

Informed Consent

Before conducting the interviews, participants were emailed detailed informed consent for participation in the study. Informed consent detailed the purpose of the study, the procedures involved in research, alternatives to participation, any foreseeable risks to participation in the study, and benefits of the study to the Human Service profession and society. Informed consent additionally detailed the proposed length of time of the interview, the person to contact after the study for questions or concerns, the statement that participation in the study was voluntary and that consent could be withdrawn at any time without fear of reprisal, and finally, the steps taken to maintain and protect participant confidentiality. Each participant gave verbal and consent via email to participate in this study. Following verbal consent, the next stage was the prescreening tool and phone interview process.

Interview Process

Each participant was provided a number delegated as a conference line to call in and complete the interview questions. Before calling into the designated conference line, participants received prescreening questions in their email. The purpose of the interview questions was to ensure that each participant met the criteria for inclusion in this study. After using the prescreening tool to verify that participants were eligible, participants scheduled an appointment to complete the phone interview.

During the interview, I asked each participant semi-structured, field-tested interview questions to understand the understanding, assessment, and perception of the complexities of late-life cumulative grief and loss/bereavement overload in older adults. I recorded the interviews with the consent of each participant and later coded them to identify common themes and identify the theoretical constructs. Interviews continued until data saturation was achieved, and no new data, themes, or codes emerged.

Researcher-Developed Instrument

For this CGT study, I created and developed the interview guide. The interview questions explored HSPs' direct service providers' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss/bereavement overload in adults 65 and older. The instrument was field-tested/pilot tested before conducting interviews to help ensure reliability. However, because qualitative studies use open-ended questions, there was no specific way to measure the validity and reliability of the instrument. Field-testing/pilot testing of an instrument involves providing interview questions to a small group of individuals with knowledge of the population or research study. Field-testing/pilot testing of interview questions helped identify potential problems or challenges participants may encounter that can impact the validity and reliability of the study (Kallio et al., 2016).

Before conducting the interview, each potential participant completed a prescreening tool to determine their professional background eligibility for participation in this study. The criteria for inclusion in this study was that the HSP be in direct practice or service with at least one client 65 or older. The prescreening tool helped determine

eligibility for participation. The prescreening instrument asked information: gender, age, ethnicity, how long they have been in the human and social services field, and the highest level of education, practice setting, and familiarity with late-life cumulative grief and loss/bereavement overload. The completed prescreening instrument became part of the data if a participant was eligible to participate in the study. Participants who met the criteria were invited to participate in a telephone interview following the prescreening. Each participant was asked about their experiences working with older adults. The questions were directed around the research question. I asked questions about their understanding, assessment, and perception of the complexities of cumulative grief and loss as it applied to their professional experience with adults 65 and older.

Interview Guide

The interview guide was essential for this study, and the guide ensured that all participants were asked the same questions, improving the reliability of the study (Babbie, 2017). Creating an interview guide helps achieve data saturation as each participant is asked the same questions (Guest et al., 2006, as cited by Fusch & Ness, 2015). Girgis (2018) used an interview guide to ensure that the study's most important aspects were explored and that each participant was asked the same questions. For this study, I used the interview guide during each participant interview. A demographic information/prescreening tool ensured that participants met all inclusion criteria to participate in this study. Following the prescreening tool, interview questions focused on exploring direct-practice HSPs' perception, understanding, and assessment of the

complexities of late-life cumulative grief and loss. The demographic information prescreening tool used the following questions:

1. What is your age?
2. What is your primary practice setting?
3. How long have you been in this setting?
4. What is your official title?
5. How long have you been in the human and social services field?
6. On average, how many clients over the age of 65 do you see in a week?
7. Are you familiar with the cumulative grief and loss/bereavement overload?

The interview questions were as follows:

1. What are some late-life-specific losses and changes that your clients have reported?
2. What effect do you think that cumulative late-life losses and changes impact their mental health?
3. What effect do you think that cumulative losses and changes impact their physical health?
4. What is your understanding of cumulative grief and loss in your clients 65 and older?
5. How do you assess cumulative grief and loss in adult clients 65 and older? What does that mean to you?
6. What do you think are the outcomes of cumulative grief/bereavement overload?

7. Do you think there is a difference for clients who seem to be dealing with cumulative grief/bereavement overload compared to those who are not? What is your perception of that?
8. What, if anything, can health practitioners do about cumulative grief/bereavement overload?
9. What do you find is most rewarding/challenging working with adult clients over the age of 65?
10. What else would you like to share with me about cumulative grief and loss/bereavement overload?
11. Is there anything else you would like to share regarding your practice with older clients?

Procedures for Recruitment, Participation, and Data Collection

Recruitment for this study applied purposive, snowball, and theoretical sampling methods. Purposive sampling for this study was selected because this method allowed participants with professional knowledge of individuals in the targeted age group of 65 and older (see Babbie, 2017). Purposive sampling also me helped elicit initial data to analyze (see Chun Tie et al. 2019). Finally, snowball sampling helped me gather the necessary participants to achieve data saturation. According to Babbie (2017), using snowball sampling in a study may help recruit additional participants by eliciting support from current participants. Also, theoretical sampling allowed for following up on any leads of any potential participants who may offer insight and participate in this study (Chun Tie et al., 2019).

After institutional review board (IRB) approval, recruitment flyers were posted in the Walden participant pool and approved partner organizations. Interested participants called into a secure 1-800 conference line I provided. Recruitment continued until data saturation was achieved from data collection. Although there is no absolute number of participants required to reach data saturation, saturation was achieved when no new data emerged from the coding of the interviews (see Fusch & Ness, 2015).

After participants expressed interest in participating in the study, I contacted them either by email or telephone. Consistent with IRB procedures, I provided details with a clear description of the study, its goals, and the data collection method during recruitment. I also provided the purpose of this study which sought to understand, assess, and perceive the complexities of cumulative grief and loss in adult clients 65 and older. Before each interview, participants received an email with a letter detailing consent informed. Before receiving the prescreening tool, the participant had to reply to the email and consent to participate in this study. Each participant was informed that the interview would be recorded for transcription later and that the recording was subject to notetaking to conduct, present, and publish this study. Each participant was instructed to call the 1-800 conference line after completing the prescreening tool at their scheduled time.

As the researcher, I collected data for this study by conducting semi-structured telephone interviews with HSPs who met selection criteria. In-depth interviews allowed participants to express their thoughts, feelings altogether, and by extension, perceptions of cumulative grief and loss in adult clients 65 and older (see Moore et al., 2019). Telephone interviews lasted about 45 minutes to an hour. Telephone interviews are

emerging as the preferred method for data collection in qualitative studies (Oltmann, 2016). This method for collecting data from participants was selected as it allowed for a broader participant base of HSPs who met the criteria. Interviews were recorded with the consent of each participant, secured in a confidential file, and later coded to identify common themes and theoretical constructs.

Data Analysis Plan

Consistent with the CGT analysis, data was analyzed at various intervals of the data collection process. According to Chun Tie et al. (2019), the CGT focuses on initial, focused, and theoretical coding for data analysis. Consistent with Charmaz (2014), coding was conducted at various intervals of the data collection process and continued until saturation was achieved and theory emerged from the data. According to Chun Tie et al. (2019), GT data analysis requires concurrent data collection and analysis and constant comparative analysis. Data analysis was conducted using both traditional methods and NVivo data analysis software. NVivo software was used to analyze and manage the data during data analysis.

Transcription

Transcription of the interviews occurred throughout the data collection process. I was responsible for performing verbatim transcription with each participant interview. Girgis (2018) concluded that listening to interviews multiple times during transcription can help identify potential bias before data analysis. Following transcription, the data was analyzed, beginning with initial coding, followed by focused coding, and finally, theoretical coding. The goal of coding is to emerge a theory to explain direct provider

HSPs' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss/bereavement overload. Following transcription, consenting participants will receive their interview to review for errors or elaboration of answers.

Memo Writing

Reflective journaling (memo writing) was conducted during this GT research study's data collection and analysis phases. Memo writing helped monitor my interpretations of the data. Memo writing is a crucial element in data analysis in the CGT method that ensures the study's quality (Chun Tie, Birks, & Francis, 2019).

Memo writing began early in the data collection process and helped to analyze the code and data and develop codes into categories (see Chun Tie, Birks, & Francis, 2019). Memo writing is a reflective and ongoing process that helps inform findings (see Chun Tie, Birks, & Francis, 2019).

Initial Coding

According to Charmaz's (2014) CGT, the first step in data analysis is initial coding (as cited in Chun Tie, Birks, & Francis, 2019). Initial coding began analysis and was an in-depth process that required that each line of the data be analyzed, leading for broader categories of data for focus coding to be conducted afterward (Chun Tie, Birks, & Francis, 2019; Groen, Simmons & McNair, 2017). Initial coding was performed twice, utilizing hand analysis methods, and using the NVivo program again.

Focused Coding

Focus coding was the second stage of CGT analysis that utilized emergent coding methods to form relationships among data codes. Using Groens, Simmons, and McNair

(2017), I looked for frequent reoccurring codes during the focused coding stage and analyzed those codes against the data to develop categories.

Theoretical Coding

This study included theoretical coding as the final coding stage before theoretical saturation and the emergence of theory. Theoretical coding is the advanced coding stage utilized in a CGT study (Chun Tie, Birks, & Francis, 2019). During this stage of theoretical coding, categories will be formed to articulate the abstract meaning behind the categories (Creswell & Poth, 2018; Chun Tie, Birks, & Francis, 2019). Theoretical coding uses the categories created during the initial and focused coding stages and breaks down the categories to emerge a theory (Chun Tie, Birks, & Francis, 2019).

NVivo and Hand Analysis

There is some debate about using computer programs for data analysis versus using old pen and paper or solely using Word or Excel in this setting. Hand coding allowed more interaction between the researcher and the data (Rodik & Primorac, 2015). However, other vital determinants in the use of either by hand or software, including the cost of the program and the availability of the tech support and peers as the navigation of the software are difficult for first-time users (Rodik & Primorac, 2015). Maher et al. (2018) promoted using hand analysis and NVivo in GT research.

Member Checking

Following initial data analysis and transcription, participants were invited to participate in member checking to ensure that the analysis accurately depicted their experiences. After their interview, each participant was extended an invitation and a

follow-up invitation after the transcription of their interview. After receiving the second invitation to their email, each participant was given four weeks to consent to participate in member checking. According to Candela (2019), member checking is a practice that helps promote the trustworthiness and validity of a study.

Each participant of member checking was given a copy of their transcribed interview to their email. Each participant was encouraged to review the transcription of their interview to check for potential errors. By incorporating this practice, I received further feedback from the participants that allowed for corrections or elaborations from their perspective on the analysis of their interview.

Issues of Trustworthiness

Throughout the study, I made conscious efforts to continue to monitor and address any personal bias that could interfere with the validity of this study (see Babbie, 2017). Ensuring this qualitative study's quality, trustworthiness, and credibility was an ongoing process taken under careful consideration and had strategies in place at the beginning. One challenge in conducting qualitative studies that hinder trustworthiness and credibility is biasing from the researcher from personal experiences with the target population or the phenomenon of interest (Fusch & Ness, 2015). Rubin and Rubin (2012) suggested that keen awareness of personal beliefs and values that can bias the data must be examined and reevaluated throughout the study. Another strategy employed to help minimize bias through knowledge of self is understanding that my experiences are not the only experiences of working with older adults. As the researcher, I acknowledged that multiple factors influenced responses, and my perceptions are not the only nor the right

ones. The researcher must be open and receptive to learning, understanding, and acknowledging cumulative grief and loss in adults 65 and older through the professional experiences of HSPs currently working with the older adult population (see Ravitch & Carl, 2016). Maher et al. (2018) suggested that to ensure the trustworthiness of a study, the researcher must immerse themselves in the data to explore all limitations and potential conflicts by looking at data from various viewpoints. There are four aspects of trustworthiness that must be explored: credibility, transferability, dependability, and confirmability.

Credibility

The credibility of this research study was monitored through reflexivity, triangulation, and member checking and helped maintain the validity of this study (Candela, 2019). Credibility is maintained by linking the findings of this study with reality to demonstrate the truth of the findings (see Amankwaa, 2016).

Member Checking

Member checking helped to ensure the reliability of the researcher; however, member checking requires the sharing of the finding of the data, interpretations, and conclusions with participants (Candela, 2019). By sharing details with the participants, clarifications were made, and participants provided additional insight or feedback that helped maintain the study's credibility (Creswell & Poth, 2018). As described in the data collection, I allowed each participant willing and interested to do a second interview about the transcription of the original interview. Each participant was allowed to analyze the researcher’s analysis of their responses to the interview questions.

Triangulation.

Aside from being aware of personal influences, the researcher can maintain the credibility of the data through internal validity. Maintaining internal validity included ensuring that the study measures HSP's perception of cumulative grief and loss in adults 65 and older (Shenton, 2004). Also, by using triangulation, the researcher maintained the objectivity, reliability, and credibility of this qualitative study and helped determine when data saturation was accomplished. The use of triangulation in this study will help strengthen the research by combining multiple methods to gain a better understanding of what is being explored and to ensure that the findings are robust and well developed and an accurate depiction of participant's experiences (Candela, 2019; Creswell & Poth, 2018; Golafshani, 2003).

Transferability (Generalizability)

Transferability is also known as generalizability in qualitative research. When a study is generalized, sufficient data or evidence is provided to the readers, suggesting the study findings could apply to other populations or situations (Amankwaa, 2016; Creswell & Poth, 2018). However, not all studies can be generalized to other situations or populations. Still, by conducting a rigorous CGT study, I hoped to show that this study could be transferable to other populations as ever-changing experiences and situations.

Dependability

Another issue that could impact the trustworthiness of this study was dependability of this study. The dependability of a study hinges on the principle that the findings are consistent with the collected and analyzed data from the participants

(Amankwaa, 2016). According to Lincoln and Guba (1985), dependability is obtained through inquiry audits and using professionals or researchers with no knowledge or involvement in a study. To ensure the dependability of this study and its applicability to the field of gerontology, I will consult with outside colleagues/professionals with no prior experience with this study but experience with the aging/older adult population. Their role will be to offer consultation about data collection and analysis to monitor for researcher influence or bias and ensure the study maintains its dependability.

Confirmability

According to Amankwaa (2016), confirmability helped ensure that the data analysis is shaped by participant data rather than researcher bias or influence and is achieved by triangulation and journaling. Consistent with Charmaz's (2014), CGT researcher's knowledge and experience are examined and acknowledged throughout the data collection and analysis and evaluated to ensure that the data is not biased by the researcher (Groen, Simmons, & McNair, 2017).

Ethical Procedures

Ethical considerations for this study included protecting the rights of the participants. Each participant that participated in the research study was fully informed of the steps I would take to protect their rights. Obtaining approval from IRB before conducting research helped minimize risks and violations of participants' rights. The establishment of clear protocols and procedures about protecting the researcher and the participants and addressing concerns was submitted in the IRB proposal. Ethical research

should avoid deceiving participants, misusing or abusing their trust, or exposing them to public scrutiny or ridicule following their participation in a study (Woods, 2019).

Significant concerns with qualitative research stem from concerns about possible negative impacts on the participants for their involvement in this study. Although IRB at colleges and universities have guidelines that researchers must follow to protect participants from harm, these guidelines should be considered the minimum standard for studies (Ravitch & Carl, 2016).

The participants in this study understood that their participation was voluntary, and the participant could withdraw consent at any time without consequence. The researcher provided participants with informed consent detailing how their confidentiality would be maintained in addition to any risk or benefits of participating in this study. The informed consent also included permission for the audio recording of the interview.

The identity of the HSPs that participated in the study was kept confidential. No personally identifiable information including-respondent's name, medical diagnosis, date of birth) will be collected during the survey or interview process. Once the survey data has been input into an electronic database that will be password protected, the original survey forms will be locked away in my office for five years before they will be deleted and/destroyed. Each participant who decided to participate in the research study received a copy of their signed informed consent that stated how the data was collected, used and how their identity would remain confidential throughout this study. Each participant was given a random, unique identifier, and I was sure not to include any names, personal information, or identifying information in the final study or any resulting reports or

publications. These steps were taken to ensure this study's ethical principles and outlined and approved by the university's IRB (IRB Approval # 12-23-20-0739631).

Summary and Conclusion

In Chapter 3, I discussed the role of the researcher, participant selection and recruitment, ethical considerations, and issues of trustworthiness. In Chapter 3, I also provided an in-depth review of the generic qualitative research design and its rationale and use for this study. In Chapter 4, I will provide details from the results of the 15 participant interviews. Also, in Chapter 4, I will provide the justification and the steps taken using Charmaz's (2014) CGT approach to identify the theoretical concepts from the interviews with HSPs.

Chapter 4: Results

Introduction

In the previous chapters, I provided an overview of this study, a review of the existing literature regarding grief, bereavement, loss, and an overview of Charmaz's (2014) CGT methodology and implications. This chapter provides a detailed summary and explanation of the participants and the findings of this study. The purpose of this CGT study was to explore HSPs' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss among their clients 65 and older. Consistent with CGT, key themes are discussed in detail in this chapter.

Setting

The recruitment of HSPs for this study occurred remotely through email, social media groups, Walden participant pools, and various identified partner organizations after approval from IRB (IRB Approval # 12-23-20-0739631). Recruitment flyers were placed after the consent from group moderators and directors. Each interested participant contacted me through email to begin the process. Before completing the prescreening and phone interview, each participant was sent information regarding informed consent to participate in this study. Participants gave consent by replying to the email with "I consent." After their consent, each participant received my second email with prescreening questions. After completing the prescreening questions and sending the questions back to me, I reviewed the questions to ensure that each participant met all requirements for inclusion in this study. Finally, I sent a final email containing

conference call details and an agreed-upon interview time after ensuring each participant met the criteria.

There were no existing interview questions specifically designed to answer the question of HSPs' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss. To answer this question, I created an interview guide with in-depth questions asked in this study. To ensure the interview questions focused on the research question, questions were field-tested to identify any potential researcher bias or influence that could have impacted the quality of this study.

Field Testing

Before the recruitment of participants, a copy of the researcher-created interview guide was sent to six HSPs via their email. Field testing of the interview guide provided additional insight and identified problems and challenges that might have impacted the validity and reliability of the study. Professionals who engaged in field testing provided feedback and suggestions to interview questions. From their suggestions, I made changes to the interview guide. Additional questions regarding the professionals' demographic information asking their highest level of education and professional licensure were added. These questions provided additional insight into the professionals' human and social services expertise.

Recruitment

Recruitment flyers were placed after the consent of the administration of each partner organization. Any interested participants contacted me via email and phone contact information provided in the recruitment flyer. Following contact, each participant

received consent for participation in this research study. After reading the consent form detailing the study's protocol and procedures for collection and confidentiality, each interested professional responded "I consent" to my email address. After consenting to participate in this study, each participant was sent a prescreening tool to collect demographic information and ensure that each professional met the inclusion criteria for this study.

Data Saturation

Recruitment of participants continued until data saturation was achieved. Data saturation was achieved with the completion of 15 interviews. Data saturation was monitored through the initial analysis phase. After the transcription and initial analysis of the 11th interview, I recognized that similar phrases, responses, and ideas began to emerge from participants' responses. To ensure no new data emerged, I completed four more participant interviews. After completing, transcribing, and doing an initial analysis of the four interviews, I observed that no new information emerged from the four interviews. I then determined that data saturation had been achieved for this study.

Member Checking

After each professional's interview, the option of member checking was given. Professionals who agreed to participate in member checking received a copy of their interview transcribed verbatim. In addition to the interview, professionals received the initial coding of their interview, where key terms were identified. All professionals who participated in member checking provided feedback about their interview, transcription, and initial analysis. All HSPs agreed with the transcription and analysis of their

interviews. After the participant accepted the transcription and initial analysis of the interview, the data were categorized and analyzed for the second phase of coding, focused coding.

Demographic Information

Participants in this study were HSPs working with at least one adult client 65 and older. There were no restrictions on being a licensed professional, the number of years as an HSP, practice setting, or age. Before completing the phone interview, each participant completed the prescreening tool to ensure they met the criteria for inclusion in this study. The prescreening tool completed by the 15 participants asked if they were licensed, their primary practice setting, number of years an HSP, highest level of education, and age. The demographic information (prescreening tool) asked the following questions:

- How long have you been in the human and social services field?
- What is your highest level of education?
- Are you licensed in your field? If so, what are your credentials? How long have you been licensed?
- What is your primary practice setting?
- How long have you been in this setting?
- What is your official title or position in your setting?
- What is your age?
- On average, how many clients over the age of 65 do you see in a week?
- Are you familiar with the terms cumulative grief or bereavement overload?

All the information collected from the prescreening tool was tallied to see any trends with the HSPs interviewed for this study. Figure 1 shows the data collected from the prescreening tool.

Prescreening Tool Data

A. Number of Years as a Human/Social Services Professional

a.	Less than a year	0
b.	One-five years	0
c.	Six-ten years	2
d.	Ten-Twenty years	7
e.	More than 20 years	6
	Total Participants	15

B. Highest Level of Education

a.	High School Diploma	0
b.	Associates Degree	0
c.	Bachelor's Degree	1
f.	Master's Degree	10
g.	Doctoral Degree	4
	Total Participants	15

C. Licensure

a.	Yes	13
b.	No	2
	Total Participants	15

D. Prior knowledge of terms: *cumulative grief/bereavement overload*

a.	Yes	14
b.	No	1
	Total Participants	15

Data Collection

In this section, I review the data collected from telephone interviews with each participant. This CGT study consisted of interviews from 15 HSPs who discussed their understanding, assessment, and perception of the complexities of late-life cumulative grief and loss. The participants were selected using purposive, snowball, and theoretical sampling. Snowball sampling (see Babbie, 2017) involved asking after the conclusion of their interview if they knew of other HSPs who met the inclusion criteria and may be interested in participating in this study. Through snowball sampling methods, I obtained two participants for this study. The length of each participant's interview depended on their responses to the interview questions. Interviews ranged from 15 minutes to an hour and a half. I observed that the more experience a professional had in working with adults 65 and older, the more in-depth and richer the responses to the interview questions.

After completing consent and the prescreening tool, I interviewed each participant. Each participant scheduled an appointed date and time to call into my privately owned and managed conference line. Along with the details of the time and date of the scheduled interview, each participant received an email with the phone number and the security code for calling into the secure meeting room. Each telephone interview was recorded to be transcribed at a later time. Before beginning each recording, I received verbal consent from the participant. Following their consent, each participant was asked questions that explored their understanding, assessment, and perception of the complexities of late-life cumulative grief and loss, through their professional interactions with adult clients 65 and older. The planned frequency of these interviews was

approximately three to four interviews a week. This frequency of interviews allowed me time to sort, reflect, analyze, write memos, transcribe, and code the interviews, allowing for the continued monitoring of participant data.

Transcription

Following the conclusion of each interview, each of the participant's interviews was recorded and stored to my 1-800 conference line password-protected account. A copy of each interview was downloaded from the conference line account and saved to my computer using a random, unidentifiable number assigned to each participant for transcription. Transcription of the 15 interviews was completed by hand and monitored throughout the data collection process. The transcription of each interview was completed verbatim. Completing verbatim transcription required listening to each interview multiple times to ensure that each participant's response was recorded accurately for analysis. Verbatim hand transcription was chosen as the most effective method as it allowed me to become more involved and focused in the transcription and analysis of the data.

Data Analysis

Consistent with Charmaz's (2014) CGT, data analysis occurred throughout various intervals. Initial analysis began after I transcribed each interview. Coding intervals included initial, focused, and theoretical coding (see Chun Tie et al., 2019; Saldaña, 2016). All interviews were transcribed and coded by hand. Data collection and analysis continued until data saturation was achieved and no new data emerged from the participant interviews. During the data analysis phase, participant interviews and analysis were sent to HSPs not involved in this study. Their role was to monitor for researcher

bias and influences that could have impacted the dependability of this study (see Lincoln & Guba, 1985).

Initial Coding

During the initial coding, each line of the interview was analyzed to identify key themes that led to broader categories of data. Transcription of each interview occurred after each participant's interview, so details were relevant and still fresh on my mind. During data collection, memo writing helped me monitor my interpretations of the data and helped minimize researcher bias and influence. Initial coding was conducted once by hand using In Vivo coding. Initial coding was conducted by analyzing every line of data from the interviews, looking for themes and ideas that led to broader categories of data for the second phase of Charmaz's (2014) CGT analysis, focused coding (see Chun Tie et al., 2019; Groen et al., 2017; Saldaña, 2016).

Focused Coding

In the second phase of Charmaz's (2014) CGT analysis, focused coding, I took identified themes/codes discovered during the initial coding phase (as cited in Groens et al., 2017; Saldaña, 2016). Focused coding revealed frequent reoccurring codes for further analysis to identify a theory to describe HSPs' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss in their adult clients 65 older.

Theoretical Coding

In the third phase of Charmaz's (2014) CGT analysis, I used theoretical coding to further analyze the categories and themes that emerged from the data of the 15 participant interviews. The categories formed that identified the abstract concept of "connection."

The core concept emerging from the data was “connection” in late life. Theories that explore this concept are described in the following chapter, Chapter 5.

The interview guide was used to help ensure that each participant was asked identical questions to ensure uniformity and that the study was valid. Here are the details that framed each participant interview:

- **Conference Line Details:**
    - xxx-xxx-xxxx
    - Access Code: 3923444
    - Pin: 3976
    - Press *9 to begin recording.
    - Remind participants that this call is being recorded.
    - Proceed to interview guide.
- **Interview Guide**
    - How would you define cumulative grief and loss/bereavement overload?
    - What are some specific late-life loss(es) and/or changes that have reported by your client(s) 65 and older?
    - How do you think that late-life cumulative grief and loss/bereavement overload impacts your 65 and older client(s) mental health and wellbeing?
    - How do you think late-life cumulative grief and loss/bereavement overload impacts your 65 and older client(s) physical health and wellbeing?
    - How would (do) you assess cumulative grief and loss/bereavement overload in your 65 and older client(s)?
    - What is your perception of how clients 65 and older are coping with the effects of cumulative grief and loss/bereavement overload compare to those who are not dealing with the grief, bereavement or loss?

- How or what can human/social services professionals in general do to better address cumulative grief and loss/bereavement overload with individuals 65 and older?
- What is your overall perception and/or understanding of cumulative grief and loss/bereavement overload in your client(s) 65 and older?
- What do you think are possible future outcomes for cumulative grief and loss/bereavement overload in adults 65 and older?
- What do you find most challenging/rewarding working with adult client(s) 65 and older?
- Is there anything you would like to add about either your work with older adults 65 and older or cumulative grief and loss/bereavement overload?
    - Ask the participant about member checking**
    - **Ask participants about informing colleagues about study**
    - Thank the participant for their time.

Evidence of Trustworthiness

Throughout this study, I took steps to ensure the validity, reliability, and minimization of researcher influence and bias. As a current HSP working primarily with adults 65 and older, my personal experiences, understanding, and knowledge had to consistently be monitored to minimize any bias that could impact this study's validity, trustworthiness, and reliability. Ensuring the quality, trustworthiness, and credibility of this study was an ongoing process that was taken under consideration, and strategies were put into place and monitored throughout the data collection and analysis phase of this study.

Memo Writing

Before data collection and analysis of this study, I explored my personal experiences as a social worker working with adults 65 and older. Throughout data analysis, I engaged in memo writing. Memo writing was a reflective and ongoing process that helped me understand how personal experiences and interactions can lead to researcher influence in the data that can affect the trustworthiness and validity of the study (see Chun Tie et al., 2019). Through memo writing, researcher influences, personal values, and beliefs about the older adult population or the understanding, assessment, or perception of the complexities of late-life cumulative grief and loss were explored through education and additional learning.

Credibility

The credibility of this study was monitored through researcher reflexivity, triangulation, and saturation (see Candela, 2019). Maintaining reflexivity during this study was difficult as it required understanding how my professional, personal, and cultural influences could influence research (see Etherington, 2017). Memo writing was incorporated as a process to help bring awareness of my thoughts regarding participant responses and continued throughout data analysis (see Candela, 2019). Triangulation involved using multiple sources to verify themes (see Candela, 2019). For this study, triangulation was achieved using existing evidence and research and member checking with participants. The monitoring for saturation in this study also helped maintain credibility by exploring the richness of the data and stopping when no new data emerged from participant interviews (see Guest et al., 2020). Consistent with Charmaz (2014)

CGT, my knowledge and experiences were examined and acknowledged throughout the data collection and analysis process, but the number of participant interviews was monitored to ensure the data were credible and applicable to this study (see Groen et al., 2017).

Transferability (Generalizability)

Through an inductive process, the results of this study were analyzed to check its applicability to other populations. A limitation of CGT research is that the data is less likely to apply to other populations due to its specificity (El Hussein et al., 2014). In this study, I focused specifically on cumulative grief and loss in late life cumulative grief and loss in adults 65 and older. Due to the topic and the population studied, the results of this study are not generalizable to other demographics.

Dependability

The dependability of qualitative data was another aspect that could impact the trustworthiness of the data. To ensure that the data collected data were both applicable and dependable, the findings of this study were shared with HSPs with no involvement or prior knowledge of this study (see Lincoln & Gruba, 1985). Their role was to look at the data collection and analysis methods to monitor researcher influence or bias. Feedback from professionals was collected twice, once after the first and finally after the last three interviews were conducted, transcribed, and analyzed. This method helped me ensure the data collected was dependable with minimal researcher bias and influence

Confirmability

The confirmability of this CGT study was achieved through triangulation and journaling (see Amankwaa, 2016). Triangulation helped me better understand HSPs' perception, understanding, and assessment of the complexities of late-life cumulative grief and loss. Details of the analysis were shared with human and social services professionals to develop a greater understanding and minimize researcher bias**.**

Results

The purpose of this CGT study was to explore human and social services professionals' (HSPs) understanding, assessment, and perception of the complexities of late-life cumulative grief and loss in adults 65 and older. From the analysis of the interviews, seven key themes emerged:

1. Defining/understanding grief and loss involves loss, time, and impact on health/well-being
2. Changes and losses are focused on self, identity, and their support networks
3. Cumulative grief and loss impacts physical/mental health and well-being
4. Assessment of cumulative grief and loss involves connection with HSPs
5. Society, the older adult, and HSPs impact the treatment of cumulative grief and loss
6. HSPs influences and roles help older adults experiencing cumulative grief and loss
7. Positive/negative coping strategies impact life outlook and ability to cope with cumulative grief and loss

The essential concept adopted by most HSPs interviewed was that the concept of connection in late life is essential to promote the psychosocial well-being of the older adult after experiencing late-life cumulative grief and loss. Continued loss of connection to familiar people, places, and things can negatively impact the physical and mental health of the older adult. However, HSPs have an essential role in assessing and helping the older adult re-establish connections to promote coping from cumulative losses and changes.

Theme 1: Defining/Understanding Grief and Loss Involves Loss, Time, and Impact on Health/Wellbeing

The findings of this study defined/understood that cumulative grief and loss involves identifying types of losses and changes, the impact on physical/mental health and wellbeing, and outcomes for cumulative grief and loss. First, to understand the HSPs' perception, understanding, and assessment of the complexities of cumulative grief and loss, the interview questions inquired how HSPs defined cumulative grief and loss/bereavement overload. HSPs explained that cumulative losses and changes in late-life involved a sense/perception of loss of connection to loved ones, places, and treasured things. P63075 stated that after experiencing cumulative late-life losses/changes, "it's finding difficulties on how to get over it and to allow us to return back to normal." P41594 shared their perspective in defining cumulative grief and loss:

> Some of those old hurts and pains can manifest and then build upon one another to create an even greater sense of loss or feelings of sadness that may not be

> connected to the current situation but also coming from past traumas and past hardships.

Lastly in defining/understanding grief and loss involves loss, time, and impact on the older adults health/wellbeing P98730 reported, “In my experience with the older population there’s pieces of grief that they’ve held on to throughout their lives, and so as they age, as they get closer to the end of life it’s like it gets tangled together.”

Theme 2: Changes and Losses Are Focused on Self, Identity, and Their Support Network

Participants identified a definition and the types of losses and changes identified by their clients. In asking to describe the types of changes or loss reported by older adults, P60036 identified that “loss is commonly associated with death; however, any changes that are experienced by an older adult can trigger symptoms of grief.” Across interviews, professionals recalled interactions with their older adult clients. Types of losses and changes identified were loss of self/identity, physical changes/losses, and losses/changes to their support system. P56830, a professional with 14 years of experience in the field, reported that cumulative losses with loved ones could create losses or changes within other areas of their lives:

> I had a client who lost his wife to an overdose one-year ago, and he is still attempting to get through that work past that. However, on the day of her anniversary, he found himself relapsing. In addition to that, he just lost his roommate three days prior to that who was also dealing with addiction, but he died from liver cancer. So now, you know that’s two situations that are still going

> to be very present, and he is still trying to deal with his own life. And people continue to leave this world before they can deal with it.

The next section addresses the theme of cumulative grief and loss impacts health and well-being.

Theme 3: Cumulative Grief and Loss Impacts Health and Well-Being

Cumulative losses and changes can negatively impact older adults' physical and mental health and well-being, potentially increasing the risks or more losses and changes in their lives. HSPs should understand the psychosocial impact cumulative grief and loss can cause for their older clients and its influence on the mental and physical health and wellbeing of adult clients 65 and older.

All professionals identified signs and symptoms of mental health, specific diagnoses, and impacts to mental health stemming from cumulative grief and loss. Professionals noted negative emotions and symptoms of mental health decline included decreased motivation leading to feelings of hopelessness, leaving them to feel that they are ready to die. The professionals revealed three specific mental health diagnoses depression, anxiety, and PTSD. Finally, professionals discussed the impact on wellbeing caused by the complexities of cumulative grief and loss. One HSP talked about the importance of connection and mental health. The HSPs reported that feeling connected is fundamental to mental health. Impact to well-being involves personality changes, impaired ability to grieve the loss, and diminished ability to enjoy life. Additionally, across, the interviews professionals reported changes to their social interaction and

connection that increased mental health changes and impacted the older adults' ability to effectively cope with cumulative losses and changes experienced in late life.

Each HSP identified late-life cumulative grief and loss on the physical health and wellbeing of their older adult clients. Physical changes included changes that caused them to lose their independence and their ability to care for themselves. The greatest impact on their well-being was changes in their mobility. Looking at the changes and the reactions of physical changes were explained by the professionals. HSPs discussed increased confusion and fatigue in addition to poor diet and weight gain/loss. One professional explained the importance of physical health and the link between physical health and emotional health. In the next section, I will reflect on the theme, assessment of cumulative grief and loss involves connection with HSPs.

Theme 4: Assessment of Cumulative Grief and Loss Involves Connection With HSPs

HSPs play an integral role in helping older adults cope with the effects of the complexities of late-life cumulative grief and loss. Assessment of cumulative grief and loss involves a professional/client relationship in which the older adult feels a connection to disclose their cumulative losses and the impact on their physical and mental health and wellbeing. All HSPs interviewed reported no formal assessment tool created or utilized in their practice that specifically assesses the complexities of cumulative grief and loss. However, there were several assessments identified by participants to help determine the amount of loss, the length of time, and the impact on the physical and mental health of the older adult. The assessment for cumulative grief and loss involves assessing the older

adults' spiritual, physical, and emotional well-being. Professionals perceive that assessment should include late-life losses and changes and encompass losses and traumas that may have s been experienced from as early as childhood and throughout the lifespan. To further explain how to assess the complexities of late-life cumulative grief and loss, HSPs identified assessment skills used during their experiences working with adults 65 and older.

To effectively assess for cumulative grief and loss and not any of the other various normal or complicated grief. Before assessing the complexities of cumulative grief and loss of their older clients, professionals should understand their own losses and grief. After the professional explores and understands their own patterns related to grief work, the professional has a better grasp on how to address the complexities of cumulative grief and loss with their 65 and older clients. Assessing for cumulative grief and loss begins with the professional establishing a relationship with the older client. One of the challenges identified by the majority of the professionals is that older adults are slow to trust, especially mental health professionals. P98730 detailed that using a "humanistic approach" and person-centered models were both ways of helping older adults trust them is enough to help them assess the complexities of late-life cumulative grief and loss. The assessment skills required involved asking in-depth questions to better assess the complexities of cumulative grief and loss in adult clients 65 and older. P44121, a 50-year-old professional with nine years of experience in the field, recalled that assessing the complexities of cumulative grief and loss happens:

> Pretty much through just conversation. The sessions that I have and the ones that are more open to opening up. It is through conversation and then gaining trust in me to open up, to start sharing some of the losses that they have already dealt with, and then we start talking about loss in general and start looking at the most recent losses having to do with this past year and how they are cumulative on top of what they have already been having to deal with.

In the next section, I examine the theme of society, the older adult, and the HSPs' impact on the treatment of cumulative grief and loss.

Theme 5: Society, the Older Adult, and HSPs' Impact on the Treatment of Cumulative Grief and Loss

The treatment of the complexities of late-life cumulative grief and loss is shared by the older adult, the professional, and society. Once the professional has assessed and identified that the older adult is experiencing challenges in effectively coping with their cumulative losses and changes, they must determine the most appropriate and effective treatment method. P57162 shared their experiences of using hypnosis to help their older clients cope with prior and current trauma and loss:

> What hypnosis does is it increases neural integration so that when a client is in hypnosis, you can actually go back to preverbal memories, re-evaluate them, re-evaluate the meaning of them. Help that part of the brain that still feels like a newborn baby who's alone and has to fend for themselves in the world. Re-evaluate, feel connected and then continue to work on later losses, resolve those later losses and teach someone to feel connected. Hypnosis is something that is

> built into the capacity of the human brain. And when that human can come to somebody who's skilled, I mean that's what the old shamans and medicine healers. And its I truly believe it's one of the reasons why laying on of hands works, ok, because that person brings up the difficult feeling, gets forgiven and blessed, and that they're in that state where the brain is able to absorb new information on deeper levels.

Professionals all agreed that adults 65 and older have individualistic approaches to coping with the complexities of their cumulative losses/changes. However, there were differing viewpoints regarding whether age impacts coping strategies. Some HSPs reported that older generations cope differently than younger ones. P63075, a 47-year-old HSP with 17 years of experience in the field reflected on the differences one's age can affect abilities to cope with the complexities of cumulative grief and loss:

> So, at 65 and older, chances are that they have established a lifelong relationship, and they no longer indulge you to active stage in life where they can easily, you know, readjust, or adapt to their new lifestyle. For all the people who are younger, it makes you can easily bounce back, making new friends and developing an interest or new coping skills they can use to keep you busy. Before someone was 65 when the ball is difficult to start a new hobby, to start a new relationship with people. And yeah, it is difficult to start all over again. So, it makes grieving takes a longer-term, and that's why to help patients, sometimes it is they are living at home by themselves, sometimes you want to work with them and see if it is possible to live in a senior community where they have, you know older patients

> or older clients the same age would probably the same interest for their life to be meaningful.

The professionals disclosed positive and negative coping strategies utilized by their adult clients 65 and older to adjust to life after cumulative losses and changes. In the next section, I will review HSPs' influence and role in helping older adults cope with the complexities of cumulative losses and changes.

Theme 6: HSPs' Influences and Roles Help Older Adults Experiencing Cumulative Grief and Loss

HSPs have an important role in helping older adult clients through education and treating cumulative grief and loss. HSPs should promote change through an individual level and a societal level. P39929 reflected that by providing an "accepting and nonjudgmental environment," the HSPs can establish rapport with their older adult clients. In addition to providing an accommodating environment, HSPs can meet the older adult where they are to help the client feel comfortable talking to the HSPs about their losses and changes. P43094 provided their insight about how professionals should prepare to do grief work:

> As professionals, I think we have to recognize that and be aware of our own self reflect is how uncomfortable are we with this? Because I do find even professionals are very uncomfortable with sadness and loss. So. It's it's one. It's professionals being comfortable with it, being comfortable talking about death that people do not want to talk about death generally being comfortable talking about. Being comfortable with clients who are sad and to let them know, hey, it's

> okay that you're sad, and it's following the lead of what the client wants. You get to know them so you can individually figure out, well, this will be helpful. You know you can ask questions, you can recognize the mood, and you go from there.

P39929, a 54-year-old licensed HSP with decades of experience in the field, talked about how HSPs can address cumulative grief and loss:

> The first preference would be to get educated or get a really good and clear understanding of grief, and what grief is and that and what grief looks like. And that there is you know it is not grief does not last two or three or size months, you know and recognize what is normal grief and be able to that way, be able to identify, you know, who may be, you know where someone's getting stuck or something like that.

Across the interviews, professionals disclosed ways to help establish rapport with their older adult clients to help them cope with cumulative grief and loss. Professionals recommended focusing on quality care and not quantity by spending more time with older clients to help them accept things they cannot control. Suppose the older client is experiencing challenges outside of the professional's scope of practice or expertise. In that case, the professional can refer to grief support specialists and groups and provide appropriate referrals to resources. P57959 stated, "There's like support groups referring to support are getting people that have the same experience together to talk about it because older adults do well when they, you know, socialize and talk together about their experiences."

On a larger level, HSPs can help older adults cope with cumulative grief and loss by promoting changing societal stigma about death and normalizing grief talk to help change societal stigma and grief, loss, and mental health changes that can create challenges to successful aging adults 65 and older. P43094 shared their views on how professionals should get involved in helping older adults cope with the complexities of late-life cumulative grief and loss:

> I think we're having more and more people who are living longer, even though I know sometimes our mortality goes, but I think helping people. And I know I'm a little Pollyanna-ish is helping people embrace the different times of our life and the different losses and helping people build natural support systems and helping their families and everybody else to see it as kind of an amazing aging thin amazing and. Beautiful thing it can really help people move forward, having programs that are helpful, but not maybe restrictive so much, just making sure there's services out there with help with bereavement, because you can't deal with your feelings if you're not sure where you're going to live. You can't deal with your feelings if you know you. You're so sick and nobody you don't have any help, so making sure there's support in for people and making sure. People's mindsets can be what is working rather than not working to be amazing at that point.

In the next session, I examine HSPs' perception of positive and negative coping strategies for clients processing the complexities of cumulative losses and changes in late life and their impact on their life outlook.

Theme 7: Positive and Negative Coping Strategies Impact Life Outlook and Ability to Cope With Cumulative Grief and Loss

Positive coping strategies involve connecting with someone or something to help fill the space left by cumulative losses and changes. P57959 reported that older clients with positive coping strategies "have a better outlook on life" than older adults with negative coping strategies. Positive coping strategies involve connection with activities, support systems, and HSPs. HSPs help promotes positive coping strategies through therapeutic interactions. Professionals reported various treatment methods to help an older client develop or utilize positive coping strategies, but all indicated that connection was essential to cope with loss. Connection took on various methods, including social and spiritual connections. Professionals had different viewpoints about whether age was a determining factor in whether their clients could develop positive coping strategies to help cope with the effects of the complexities of late-life cumulative grief and loss. P57959 shared other HSPs' viewpoints about how many older clients are "stuck in their ways" because of their self-limiting behavior towards HSPs the older adult processes the complexities of cumulative grief and loss slower than younger adults. Although there were differences in the views regarding age, most HSPs agreed that older adults were capable of coping with the effects of complexities of late-life cumulative grief and loss by developing positive coping strategies. The next section explores negative coping strategies and how older adults with negative coping strategies address the complexities of late-life cumulative grief and loss.

In the previous section, I explored positive coping strategies and their impact on the ability of older adults to overcome the complexities of late-life cumulative grief and loss. One professional recounted their experiences of working with older adults who were using prior maladaptive coping strategies to deal with their grief after experiencing cumulative losses and changes. P57162 stated about their older client's maladaptive coping strategies and reported that "coping strategies learned in earlier life stages of life are maladaptive." HSPs reported alcohol and substance use as two of the most utilized negative coping strategies of older adults. Many professionals perceived the challenge of helping older adults change from their negative coping strategies to positive coping strategies is their age and lack of trust of healthcare professionals.

Summary

With this study, I answered the following RQ: What are the understanding, assessment, and perceptions of the complexities of late-life cumulative grief and loss/bereavement overload among HSPs working with adult clients 65 and older? The data analysis revealed that HSPs identified connection as an integral component of how the complexities of late-life cumulative grief and loss were understood, assessed, and perceive through their professional experiences with working with older adults 65 and older

Following Charmaz's (2014) guidelines for a CGT analysis took three phases: initial, focused, and theoretical coding. Theoretical coding identified seven themes: defining/understanding cumulative grief and loss involves loss, time, and impact on health/well-being, changes and losses are focused on self, identity and their support

networks, cumulative grief and loss impacts physical/mental health and well-being, assessment of cumulative grief and loss involve their connection with HSPs, society, the older adult and HSPs impact the treatment of cumulative grief and loss, HSPs' influences and roles help older adults experiencing cumulative grief and loss, and positive/negative coping strategies impact life outlook and ability to cope with cumulative grief and loss. Each theme was described in detail, and verbatim data was included to further understand participants' responses.

In the final chapter, I discuss these results' interpretation and potential implications for HSPs working directly with adults 65 and older. The final chapter will provide in greater detail the theoretical explanation of the impact of connection in late-life related to how HSPs understood, assessed, and perceived the complexities of cumulative grief and loss.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this CGT study was to emerge a theory that explained HSPs' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss. This chapter discusses major findings related to the literature on cumulative grief and loss in late life, HSPs, and the older adult population. This chapter also addresses implications for professionals working with older adults 65 and older. This chapter concludes with a discussion of the study's limitations, recommendations, and implications for positive social change.

The following question guided this study:

RQ: What are the understanding, assessment, and perceptions of the complexities of late-life cumulative grief and loss/bereavement overload among HSPs working with adult clients 65 and older?

The core concept that emerged from the data was connection or attachment. Connection is a concept that is felt and expressed from one's heart while attachment comes from the mind; both suggest ways that older adults interact with people, places, and things which provide purpose and meaning in their lives. Dozier and Ayers (2021) suggested two forms of attachment: interpersonal and object. Interpersonal attachment is the one that explains attachment to people, while object explains one's sense of connection to personal belongings and things. Dozier and Ayers (2021) suggested that the changes or losses experienced in later life can influence how an older adult feels about said attachment. These two types of attachment explain how HSPs understand, assess,

and perceive the complexities of late-life cumulative grief and loss/bereavement overload in their older clients 65 and older. Interpersonal attachment involves attachment to support systems, professionals, and community members. Object attachment in late-life entails connection to personal items that are not necessarily monetary value but also sentimental value (Dozier & Ayers, 2021). Objects are a means to the memory they represent to the older adult.

While there is no clearly defined theory to explain the significance of connection and attachment regarding how HSPs understand, assess, and perceive the complexities of late-life cumulative grief and loss, Bowlby's (1973) theory of attachment provides the best explanation regarding how attachment and connection play a significant role in how the complexities of late-life cumulative grief and loss are perceived by HSPs working with adult clients 65 and older. While other theories explained the connection or attachment and the impact the loss of connection plays in later life, Bowlby's attachment theory provided the best explanation of how connection impacted HSPs understanding, assessment, and perception of the complexities of late-life cumulative grief and loss.

Interpretation of Findings

The findings of this study addressed HSPs' perception, understanding, and assessment of the complexities of late-life cumulative grief and loss. The HSPs were asked specifically about their interactions with adult clients 65 and older. The key concept that emerged through initial, focus, and theoretical coding was connection. The concept of connection was expressed through loss, needs, and gaining connection to a person, place, or even treasured things or possessions. However, there is no clearly

defined theory(ies) to explain the significance of connection to explain HSPs' understanding, assessment, and perceptions of the complexities of late-life cumulative grief and loss. Although various models and theories explain the various aspects of grief, bereavement, loss, and models for coping, no one particular theory explains the influences of HSPs and their role in helping the older adult cope with the complexities of cumulative grief and loss in later life.

Continuing Bonds Theory

The continuing bonds theory emerged as a possible theory to explain HSPs' understanding, assessment, and perception of the complexities of cumulative grief and loss. Continuing bonds theory builds off of Bowlby's attachment theory and looks to explain the importance of keeping the connection of attachment to a loved one after death (Currier et al., 2014). Although this theory explains coping strategies implemented after experiencing loss, it did not explain the sense of connection or the effect of a connection disturbed through cumulative losses or changes. HSPs interviewed described that connection explained how the older adults addressed, described, or detailed the complexities of their cumulative losses and the grief experienced after the multiple losses or changes.

Attachment Theory

Bowlby, known as the "father of attachment theory," proposed that attachment styles play an integral role and influence one's emotions, actions, and behaviors from infancy to the grave (as cited in van Rosmalen & van der Horst, 2016). Bowlby identified four types of attachment styles: secure, anxious-ambivalent, disorganized, and avoidant.

Secure attachment style is often synonymous with individuals with a greater quality of life and self-worth, those with avoidant attachment styles tend to have poorer methods for coping with life challenges, and anxious attachment styles tend to focus more on the wellbeing of others and less on themselves (Sharif et al., 2021).

Specifically, and primarily, attachment theory focuses on the interpersonal connection and interaction between humans; however, there are other types and styles of attachment and connection which can also create a sense of grief or loss in late life. Social attachment includes social ties that provide a sense of emotional, social, or financial support (Wright & Brown, 2017). Other types of attachment include object attachment. CGT was used to show that older adults can form a strong emotional attachment to people and treasured objects.

Although originally Bowlby's attachment theory (1973) focused on the need for infants' attachment through young adulthood, this study revealed that attachment styles developed in childhood still impact how the older adult processes and copes with cumulative losses and changes experienced in late-life. Strong connections are vital in helping older adults cope with the complexities of late-life cumulative grief and loss.

Bowlby's attachment theory primarily focused on the attachment styles between people. This study suggested that older adults can form strong emotional attachments to people and their treasured objects. Using Bowlby's attachment theory (1973), I explain how attachment styles in later life are perceived to influence older adults experiencing cumulative grief and loss using the experiences of the HSPs working with this growing segment of the population.

According to Bowlby (1973), the concept of connection is regarded as an essential component of one's development. In this study, I showed the necessity and importance of connection in late-life, especially after experiencing cumulative losses/changes. For adults 65 and older, attachment can impact their quality of life (Sharif et al., 2021). HSPs working with older adults need to understand the complexities of late-life cumulative grief and loss. When HSPs understand, they can help discover effective interventions to help other professionals provide their older clients with evidence-based interventions to address the challenges of late-life cumulative grief. Understanding and identifying the attachment style of the older adults can help HSPs identify the most effective intervention method to address the complexities of cumulative grief and loss (Ilali et al., 2019).

Attachment styles influence coping styles and can impact how older adults view their quality of life in terms of mental or physical health (Sharif et al., 2021). Furthermore, this research revealed that understanding the attachment styles in older adults can help the professional assess, understand, and perceive the impact of the complexities of late-life cumulative grief and loss, which can have negative and adverse effects on the physical and mental health and wellbeing of an older adult client (Ilali et al., 2019).

Understanding Cumulative Grief and Loss

HSPs explained their understanding of the complexities of cumulative grief and loss by defining cumulative grief and loss, identifying types of losses and changes, the impact on mental health, physical health, and outcomes for cumulative grief and loss.

According to Bowlby's attachment theory (1973), the older adult must feel a sense of connection or attachment to the person, place, or thing to consider that the connection or attachment has been lost or changed. Understanding the attachment style of the older adult plays an important role in how HSPs perceive the complexities of cumulative grief and loss experienced by their older adult client.

In defining cumulative grief and loss, HSPs identified that the number of losses, the length of time between losses, and the impact on the older adult's health and well-being helped them understand what cumulative grief and losses mean in late-life. A sense of loss can be experienced when attachment to someone or something is disturbed temporarily or permanently (Dozier & Ayers, 2021; Sharif et al., 2021). Ilali et al. (2019) and Kho et al. (2015), based their research on Bowlby's attachment theory (1973), detailed that the loss of attachment to either persons or objects can create stress but also determined what coping strategies used by the individual to overcome the complexities of cumulative losses or changes even in late-life.

HSPs were asked to provide professional insight detailing their understanding, assessment, and perception of the complexities of cumulative grief and loss. The effects of cumulative grief and loss are felt when multiple connections are lost over a certain length of time. This study revealed that multiple and repetitive losses could negatively impact an older adult's physical and mental health and well-being.

Helping Older Adults Cope With Cumulative Grief and Loss

Helping older adults cope with cumulative grief and loss is explained through assessing cumulative grief and loss, treatment of cumulative grief and loss, HSPs' role

and influence, and coping strategies. Attachment styles of the older adult influence how, the older adults cope after experiencing multiple cumulative losses (Ilali et al., 2019; Sharif et al., 2021). Older adults with more secure forms of attachment are more likely to seek help and support from HSPs to address the complexities of their cumulative late-life losses and work on promoting a healthier quality of life to reduce the negative effects of grief that can impact their physical and mental health and well-being (Ilali et al., 2019).

Assessment of the complexities of late-life cumulative grief and loss requires HSPs and the older adult to have a good connection built on understanding and mutual trust. Once trust is established, the older adult feels more comfortable talking about their losses and the impact those losses have had on their health and wellbeing. The ability of the older adult to attach or connect with HSPs suggests that the attachment style of the older adult influences their interaction and capability to receive treatment from the complexities of late-life cumulative grief and loss. Older adults with a secure form of attachment are more trusting of others, while those with avoidant attachment styles tend to avoid getting close to others, including HSPs (Sharif et al., 2021). The assessment of cumulative grief and loss detailed that HSPs could not identify any specific formal assessment tool they have either heard of or used in their interactions with older adult clients. Although there was no identified assessment tool(s), HSPs identified vital assessment skills that would help professionals better understand the types of loss older adults experience and their impact on the wellbeing of the older adult.

The attachment style of the older adult can have an impact on their willingness to seek support from the professionals and even their abilities to be open and honest about

the changes that are creating more feelings of grief and loss. Although there is no formal assessment tool, the older adult's attachment style plays a role in perceiving their cumulative losses/changes to impact their spiritual, physical, and emotional wellbeing (Sharif et al., 2021). Many of these strategies were developed in childhood and carried throughout adulthood. Currier et al. (2014) claimed that those with avoidant attachment styles have significant impairments to their physical and mental health. Understanding the attachment style of the older adult can help determine not only the best treatment method but can also help identify positive and maladaptive coping strategies older adults use to help cope with the complexities of cumulative grief and losses.

Treatment of the complexities of cumulative grief and loss could involve identified methods, including peer support groups or interventions with knowledgeable and experienced professionals. Social connection is necessary for good health and quality of life (Saeri et al., 2018). However, older adults with avoidant attachment styles can dismiss their problems and be reluctant to speak with a professional about their concerns (Sharif et al., 2021). Additionally, older adults with a more secure form of attachment are more likely to benefit from peer support groups and social engagement and interactions. Older adults with secure attachment styles tend to have a more positive outlook and understanding of the importance of interactions with others on their physical and mental health and wellbeing. Spiritually based and peer support groups can help those older adults with ambivalent attachment styles loss (Ilali et al., 2019).

Additionally, Wright and Brown (2017) detailed that those older adults with more social engagement and interactions have a higher quality of life than those without. Social

connection is essential in all phases of life, especially in late-life, and is correlated to physical and mental health (Saeri et al., 2018). Attachment styles explain how an older adult interacts with people and things and explain how the older adult copes after they experience multiple losses or changes to people or things they have formed an attachment to within their life (Currier et al., 2014).

Limitations of the Study

The limitations of this CGT study were examined throughout this study to ensure reliability and validity. The purpose of this study was to explore HSPs' understanding, perception, and assessment of the complexities of late-life cumulative grief and loss in adults 65 and older.

One of the limitations of this grounded theory study was the specific focus on the experiences of HSPs working directly with adult clients 65 and older. Many diverse professions with experienced professionals play an integral role in providing necessary care and treatment to adults over 65 and older.

Another limitation of this study was the age distinction for older adults being 65 and older. I specifically explored that segment of the older adult population, although other researchers may define the older adult population with a younger age demographic. Despite these limitations, this study provided useful insights into the understanding, assessment, and perception of the complexities of late-life cumulative grief and loss from HSPs working with older adult clients 65 years and older, especially considering that research in this area is limited.

Recommendations

While I still agree that qualitative research was the best choice to explore HSPs' understanding, assessment, and perception of the complexities of late-life cumulative grief and loss, more credibility could be given to this study if combined with quantitative research. The data collected in this study were compiled from telephone interviews with HSPs currently working with adult clients 65 and older, a survey designed for quantitative research, and subsequent statistical analysis may offer more evidence to strengthen and support the data discovered using qualitative data research tools.

Cultural influences impact cumulative grief and loss, as well as bereavement. These terms can have various meanings depending on the cultural background and influences of the older adult. As the world's population of 65 and older adults continues to grow, more research is needed to explore gerontological concerns within this growing demographic and the role of culture impact the professionals understanding, assessment, and perception of the complexities of late-life cumulative grief and loss.

Implications

Positive Social Change

In this study, I identified a gap in the current literature regarding cumulative grief and loss in late-life. When the needs of older adults are met, and HSP's best practices are exercised, positive social change can occur by promoting successful aging and an enhanced quality of life. This study was beneficial to help provide insight from current professionals, help educate and train future HSPs working with older adults and help

inform their professional practice. Helping to inform HSPs on how to best meet the needs of the growing older adult population helps address direct care practice.

The findings of this CGT addressed the current gap in existing literature depicting HSP's direct care providers' perception, understanding, and assessment of the complexities of late-life cumulative grief and loss. Findings from this study can inform current and future professionals who will be working with older adults 65 and older.

HSPs working with adults 65 and older should possess basic knowledge and understanding about the complexities of late-life cumulative grief and loss and the impact the losses/changes have on their clients. Although there is no clear tool to assess cumulative grief and its impact, professionals should have assessment knowledge and skills to gain rapport and help older clients process the complexities of late-life cumulative grief and loss. This study can help bridge the lack of specific assessment tools for late-life cumulative grief and loss by understanding how it is defined by current professionals working with the adult population 65 and older.

COVID-19 Implications

Although not addressed at the start of this study, the recent COVID-19 pandemic was mentioned by each professional interviewed and should be researched in detail to examine the impact on the cumulative losses tied to COVID-19. It was discussed that many older adults were not able to have access to their social support network and that had an impact on the perception of the cumulative late-life losses they experienced, with the primary focus being connection. According to Van Orden et al. (2020), social connections are essential to promote the well-being of older adults. Even though the

recent COVID-19 pandemic has altered how older adults engage with others, it is still important that adults 65 and older still have social engagement and interactions with others.

Conclusion

The purpose of the study explored the assessment, understanding, and perception of the complexities of late-life cumulative grief and loss through experiences of HSPs working with older adults 65 and older. The findings add to the current literature on older adults and cumulative grief. The study provides insight from HSPs currently working with adult clients 65 and older. The knowledge and information from this study can be used to develop training and educational curriculum to help current and future HSPs working with the growing older adult population. This study showed how HSPs play an integral role in helping older adults cope with the complexities of late-life cumulative grief and loss that can impact their quality of life and lead to decreased life satisfaction.

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