



The timescapes of older adults living alone and receiving home care: An interview study

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ABSTRACT

In this study, we drew on Barbara Adam's (1998) *timescape* perspective and applied a timescape lens to our analysis of how nine older adults who live alone, receive home care and are considered by home care professionals to be frail, experience living (in) time. Over a period of eight months, we conducted three interviews with each of the nine participants. We analysed the data using reflexive thematic analysis and drew on timescapes to further interpret our preliminary analysis. Our results show that situated everyday time, place across time, and large-scale time interact in the framing and shaping of older adults' everyday lives. Older adults' embodied experiences of being of advanced age, living alone and receiving home care influenced their timescapes. We propose that paying attention to older adults' timescapes can enable home care professionals and other supporters to consider older adults' health, well-being, vulnerabilities and strengths from a broader perspective than the 'here and now' and thereby enhance the provision of person-centred care.

Introduction

In Norway and many other countries, older adults are encouraged and expected to live in their own homes and communities for as long as possible (Hatcher et al., 2019; Norwegian Ministry of Health and Care Services, 2018). Institutional care has been downscaled, and more people than ever before now receive health and care services in their own homes (Ågotnes et al., 2022; Bravell et al., 2021). Many older adults who use home care services live alone (Brändström et al., 2022; Mørk et al., 2018) and many are considered to be 'frail' in the sense of living with a clinically defined state of vulnerability (Olaison et al., 2022; Turner & Clegg, 2014). To provide person-centred care, home care professionals need to take individual home care service users' life stories, needs and wishes into consideration (Nolte et al., 2020; Norwegian Ministry of Health and Care Services, 2018).

Previous research has shown that everyday routines are important for older adults (Nicholson et al., 2012; Skilbeck et al., 2018) and that home care professionals' approach to clock time and time schedules might conflict with older adults' needs, including their need for control

over their own time (Bravell et al., 2021; Palmqvist, 2022; Twigg, 2000). Life course theorists and researchers have also emphasised the relationship between subjective and contextual experiences of time related to ageing (Baars, 2016; Grenier, 2012; Katz, 2003; L. Lloyd et al., 2017). Other studies have shown that while some older adults plan for the future, others prefer not to think about the future (Clarke & Warren, 2007; Olaison et al., 2022). While people's perspectives of time might change with advancing age (Heikkinen, 2004), a connection between the past, the present and the future is crucial for creating and maintaining continuity and life satisfaction in later life (Bergland & Slettebø, 2018; Carstensen et al., 2019).

Notwithstanding this research connecting older people's experiences of time with life satisfaction in later life, and research focusing on explaining the relationship between continuity and change across the life course (Grenier, 2012; Heikkinen, 2004; L. Lloyd et al., 2014), few studies have delved into the subjective experiences of time among the oldest old (Gabrian et al., 2017, p. 357). Older adults have lengthy experience of living (in) time (Baars, 2013, 2016). Empirical research that considers the multiple social dimensions of time and the interplay of

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objective and subjective elements of time is, however, scarce in gerontology (Baars, 2016; Ferraro, 2014). On the contrary, time is often treated as “a backdrop to experience” rather than as “a significant contextual dimension that contributes to how people make sense of themselves, their experiences, and their worlds” (Compton-Lilly, 2016, p. 576). Hence, with the overarching aim of learning more about the everyday lives of older adults who live alone, receive home care, and may experience frailty, we focus our inquiry on older adults’ experiences of living (in) time.

Timescapes

Scholars have suggested that gerontologists inquiring into perspectives of time should turn to the work of Barbara Adam (Bytheway, 2011; Schwanen et al., 2012). Adam’s (1998) timescape perspective connects time and space and emphasises the temporal features of living, rhythms, timings, tempos, and the changes and uncertainties of activities and interactions. A timescape analysis is not concerned with what time is but rather with what we do with time (Adam, 2000, p. 137). Time is understood as multidimensional and complex (Adam, 1998), and a timescape perspective encourages relational thinking about the links across everyday time and temporality, lifetime and large-scale time (Liu, 2021, p. 356). Everyday life is the mundane, familiar and unremarkable in our daily lives (Scott, 2009, pp. 1–2), and everyday time consists of personal routines, spontaneity, interruptions and recovery (Palmqvist, 2022, p. 4). Large-scale time includes past and future times (Liu, 2021).

Taking a timescape perspective means considering time as having structural temporal elements, such as *timeframe*, *temporality*, *tempo*, *temporal modalities* and *timing* (Adam, 2000, 2008). Timeframe is about beginnings and ends, a specific day or a lifetime. A timeframe can be stable and fixed or relative and mobile. Temporality is the time ‘in’ things and processes. As human beings, our temporality is unidirectional and irreversible since we are growing older rather than younger. The timescape element of temporal modalities refers to the past, the present and the future, and our memories, experiences and anticipations, whereas timing is about social synchronisation and coordination. Times that are routinely synchronised in our lives are clock time, body time and the seasons (Adam, 2008). *Clock time*, which is time as measured by clocks and calendars in modern societies (Scott, 2009), is invariable and unaffected by social context (Adam, 2008). Clock time enables us to align our experiences of time with others and coordinate our schedules (Scott, 2009, p. 70). *Body time* refers to the physiology of our bodies, which are temporally organised with circadian rhythms tied to light, day and night (Adam, 1995; Twigg, 2000, p. 94). Body time is affected by age and degrees of well-being (Adam, 2008).

Adam (2008) challenges us to engage with the time-bound nature of social life, and with temporal complexity, such as the intricate interplay of past and future processes. These subjective, context-dependent and embodied flows of time, inherent in and emerging from our social events and practices, are embedded within our everyday lives (Neale, 2019, p. 25). While timescapes shape people’s experiences, they are also shaped by people and practices (Liu, 2021; Neale, 2019). Our location, positionality and experiences influence how we live, and experience and (re)construct time (Bennett & Burke, 2018). For example, as people move along their life course, their implied past and future expands and contracts (Adam, 2008). The ‘scape’ part of the concept illuminates the interrelation between time, space and matter, and highlights the importance of context (Adam, 2008, p. 1). When time is recognised as multiple, contextualised and complex, with social practices seen as constituting (and constituted by) time, our understanding of change and causality shifts; the life course does not always unfold in “chronological order, through discrete stages, in one linear direction” (Neale, 2019, p. 24).

In the present study, we assume that older adults’ experiences of time are related to place and to experiences of the body, health and ageing. We conceptualise place as both physical space (Ågotnes et al., 2022) and

as a “setting which is experienced, and which holds meaning” (Wiles, 2003, p. 101). While our study acknowledges that frailty represents a bodily state, we also consider frailty as socially constructed and as a lived experience involving a person and the person’s social and physical environment (Grenier, 2020).

Drawing on a timescape perspective, we addressed the following questions in our analysis: How do timescapes frame and shape the everyday lives of older adults who are living alone, may experience frailty, and receive home care? How do older adults’ experiences of being of advanced age, living alone and receiving home care shape their timescapes?

Methods

Study design and context

This qualitative serial interview study had an interpretive descriptive design (Thorne et al., 2004) and a timeframe of eight months. From the outset, we assumed that eight months would be sufficient time for older adults to experience some kind of change in their everyday lives. The study was conducted in a municipality in northern Norway. In this area, which is located within the Arctic Circle, winters are long. For one to two months during winter, the sun does not rise above the horizon. Heavy snowfalls, icy roads and a lack of sunlight may affect people’s everyday lives.

In Norway, the provision of necessary and appropriate primary care services, including home care, such as home nursing and personal assistance, is a municipal responsibility (Helse- og omsorgstjenesteloven [Health and Care Services Act], 2011). Based on an assessment of the needs of individual applicants, the municipal authorities decide whether to provide home care and what type of services. Most municipalities offer adult day care centres to home-dwelling people living with dementia, disabilities or impairments (Helsedirektoratet [Norwegian Directorate of Health], 2019). Recent statistics show that around 50% of Norwegians aged 80 years or more live alone (Statistics Norway, 2023b, 2023c) and nearly 30% receive home care (Statistics Norway, 2023a, 2023c). Among those who use home care services, 60% of the age group 80–89 years and 75% of people aged 90 years and above live alone (Mørk et al., 2018, p. 44). Almost 90% of those aged 90 years and above receive one or more primary nursing and care services (Mørk et al., 2018 p. 5), including the around 50% in this age group who receive home care (Statistics Norway, 2023a, 2023c).

Recruitment and participants

We recruited participants with the assistance of managers in the home care services. Care professionals from the respective home care units distributed invitation letters to individuals who met the following inclusion criteria: aged 80 years or above, receiving home care services in their own home, considered by the home care professionals to be frail, and able to provide informed consent. In the context of home care, the participants were thus considered to be living with frailty. The first author received signed consent forms in a prepaid envelope from those who agreed to participate in the study and phoned each person to make an appointment for the first interview.

Six women and three men participated in the study. The participants had a median age of 90 years, with an age range of 17 years. All participants were widowed. The majority of the participants had lived in the same house or flat for most of their adult lives. Most participants lived geographically close to their family members. However, a minority had moved to their current residence within the last ten years, and a very small minority lived at a considerable distance from their family. All participants received some practical support from family and/or friends, such as grocery shopping.

Data generation

Between May 2019 and June 2020,¹ the first author conducted a series of three interviews with each participant at four-month intervals. Each participant was thus interviewed in different seasons. The first and second interviews were conducted in the participants' homes. The third interview with four of the participants was conducted by phone due to COVID-19 restrictions. Prior to the interviews, the interviewer explained that we were interested in understanding the older adults' experiences of being at an advanced age, living alone and using home care. We used a semi-structured interview guide which was responsive to participants' developing narratives. The first and most comprehensive interview covered topics such as everyday life, ageing and health. The opening question was, "Could you please tell me a little about yourself?". Other questions were, for example, "Could you tell me about an ordinary day in your life?" and "Could you tell me about a day, during the last few weeks, which you experienced as a good day?". The shorter second and third interviews dealt with well-being and everyday life, changes since the last interview, and thoughts about the future. These interviews began with the question, "How are you feeling today?" The interviews lasted between 30 and 80 min and were digitally recorded.

Ethical considerations

The Norwegian Centre for Research Data (reference number 428509) approved the study. We asked the home care professionals who assisted with recruitment to inform potential participants that declining to participate would not affect their home care services in any way. This was also stated in the written study information for the participants, and before all interviews the first author repeated this and explained that the participant could withdraw from the study at any time. All participants provided written consent before the first interview and gave new consent, written or oral, before the second and third interviews. None of the participants chose to withdraw. The research process adhered to the ethical guidelines outlined by the [National Committee for Research Ethics in the Social Sciences and the Humanities \(2022\)](#) and all audio recordings were stored digitally at Services for Sensitive Data, which is owned by the University of Oslo. All participants' names used in this article are pseudonyms.

Analytical approach

The first author transcribed all interviews verbatim and de-identified the transcripts. We used the reflexive thematic analysis approach outlined by [Braun and Clarke \(2022\)](#) to search for patterns and tensions across the relatively large dataset (approx. 250 pages). Reflexive thematic analysis enabled us to start by conducting an inductive analysis and then use a theoretical framework to further develop the analysis and, finally, present descriptive and interpretive accounts of the data ([Braun & Clarke, 2022](#), p. 124). Our epistemological stance aligns with critical realism. This means that we consider reality to exist independently of our awareness of it, while we also acknowledge that our knowledge of reality is historically, socially and culturally situated ([Archer et al., 2016](#)).

To gain an initial impression of the data, three of the authors (KSV, KSM, MK) read the transcripts. With the support of QSR NVivo, the first author then searched each transcript for content of relevance for older adults' experiences of everyday life and coded these segments of text. These codes primarily captured the descriptive surface meaning of the text. Before the initial discussion in the author group, the first author

had organised codes with similar content into descriptive groups, for example related to living alone, the seasons and home care, and also translated illustrative quotations from each group from Norwegian into English. Through the preliminary analysis, we identified that the participants' everyday lives were strongly influenced by contextual aspects, such as time and place. We agreed to focus on 'time' in our continuing analysis, and the first author conducted a new round of close-to-text coding (this time on paper). After grouping this material together into preliminary themes and discussing them in the author group, we used timescapes as a lens for further interpretation. All authors discussed and revised the preliminary themes. The author group consisted of trained nurses and researchers with backgrounds in health services research, social sciences and critical gerontology. Our diverse methodological and theoretical expertise and the discussions in the author group strengthened the analysis. The analysis continued throughout the writing of the article.

We identified three themes in our analysis. The first theme, 'Situated everyday time', has two subthemes: 'Living alone shapes everyday time' and 'Out of everyday routine time'. The second theme is 'Place across time'. The third theme, 'Contextualising everyday life with past and future times', has two subthemes: 'Everyday life in light of the past' and 'Going on with a changing and finite life'.

Results

"We used to sit there. At that table [points to the table]. So I cannot move. I must eat there." This statement from one of the first interviews serves as the point of departure for our presentation of the results. In this interview, Jane, a woman in her 90s, talks about her everyday life and her daily routines. In Jane's description of her everyday time and what she does with her time, time and place are closely related.

Situated everyday time

Jane's statement ("We used to sit there") shows that Jane's everyday time included a breakfast routine that she previously shared with others, while it is now a solitary experience. Living with others in the past, and currently living alone, shaped the participants' everyday time. However, despite living alone, the participants' everyday time still included and required the coordination of different times and activities.

Living alone shapes everyday time

All the participants were widowed. For some, becoming used to living alone had taken time. Joe, for example, described how he had slowly adjusted to a new everyday life after his wife passed away: "...in the beginning it was tough. No one to talk to, only yourself. ... Eventually, it became better. Better and better. Now it is... ok." For Joe, the passing of time had made living alone easier. Many participants spoke about the advantages of living alone. Max said: "I have my routines and... I never find it boring. [...] I like being alone." Jane described how she used to take "a little nap" on the sofa when the home care professionals had left her, and when she woke up, she used to think:

"What am I going to do today?" ... I can do whatever I like. And if there is a day when I don't think I'll manage to do anything, then I say [to myself], "Today I'll take the day off. I'd rather see how I am tomorrow".

For Jane, as for other participants, having a good everyday life was closely related to living at home and having the opportunity to choose what to do each day. When Joe spoke about the freedom he experienced at home, he concluded: "In a [nursing] home, it is probably different." Many participants linked nursing homes to a lack of freedom in similar ways. Other researchers have suggested that the fear of ending up in an institution might help to explain why older adults emphasise their liberty to make decisions ([Leibing et al., 2016](#)).

While few participants explicitly stated that they felt lonely, many

¹ The time taken to publish was influenced by the first author's status as a PhD student (in a learning position), the sequential nature of our research publications, and the iterative process of refining our results to ensure the highest quality of scholarship.

described living alone as occasionally involving too much aloneness. For example, in the first interview Lucy stated that she was not “exactly lonely”, and in a later interview she described how the days went by with “...above all... being alone”. Closely related to the participants’ talk about living alone were their descriptions of having too much time. When describing his daily routines, Sam stated: “I do crosswords and play card games. It makes the time pass.” Sara talked about how she preferred to do things herself in her life and added: “I don’t like to just sit in a chair. The days get to be so long.” The participants explained that they engaged in activities to make the time pass. Hence, being occupied with activities such as crosswords, housework or reading not only seemed to have a value in itself (Wright-St Clair et al., 2011), but also seemed to counter the participants’ experience of time passing too slowly. Some participants stated that engaging in activities distracted them from thinking about pain or other challenges. Time shaped the participants’ experiences of living alone, and living alone shaped their experiences of time.

Out of everyday routine time

The participants’ narrations illuminated how the temporal element of timing, the synchronisation and coordination of different times such as related to the seasons, social relations and home care, were central aspects of the participants’ everyday lives. They often shared their stories about what constituted a truly fulfilling day, with a particular focus on experiences that occurred outside their home and in the company of others. Sam, for example, described a particular experience:

We were sitting outside, drinking coffee, talking and eating some ice cream, and... [...] after a while, a neighbour came [...] and sat down. We sat there for hours. That was a good day.

Compared to the winter season, the summer season seemed to include more relational time for the participants in this study; they described being more active, both physically and socially, during the summer. In the winter, snow and icy roads limited their opportunities for walks outdoors, and they were more housebound. In interviews conducted in the autumn, many participants spoke about visits from family members or visiting other places, such as their family homes, during the summer holidays. The participants described shopping and/or outdoor walks during visits from family members who lived further away. Such events seemed to break the quiet of their everyday routines, demonstrating the impact on the participants’ everyday lives of organising time as working time and the holiday season. They also described occasions that provided opportunities for family time, such as celebrations and other family get-togethers. For some participants, daily visits from family members and visits to the day care centre were routines that improved their everyday lives. Sam said: “I look forward to every day when I can visit the day care centre.”

Participants who went to a day care centre described how they were picked up by a bus in the morning. For some, this could involve a need to rush, while for others it involved waiting. Visits from home care professionals also included uncertain timekeeping. However, most participants did not talk about waiting as a great concern. Sam, for example, said: “Sometimes they [home care] don’t arrive until quite late in the day. But I know they’ll come, so that’s okay. They are not that late. I... sit here... lie here and wait.” Lucy said:

...they’re often in a hurry. I’m never in a hurry. So I told them, they don’t need to rush for me. Because I don’t think it matters for my body whether I receive my medication at nine o’clock, or at eleven o’clock.

Sam and Lucy were certain that the home care professionals would be there eventually and seemed to have adapted to the situation. Lucy’s statement about not being in a hurry was echoed in other interviews and contrasted with descriptions of the home care professionals as often in a hurry. Mary said: “Sometimes, it feels like they use a stopwatch. Because in the evenings, they have many visits left to do. They’ve had cut-backs.”

Mary’s statement highlights how home care services are organised in accordance with clock time and indicates that she finds a discrepancy between home care professionals’ tasks and the time available for performing the tasks. Inopportune timing was also evident when participants described how, at the day care centre, the time between breakfast and dinner was so short (three hours) that when dinner was served, they were still full from breakfast.

Place across time

Jane’s description of having her meals at the same place as before, because “...we used to sit there”, illuminates how continuing to live in the same place provides a sense of continuity with past identity and relationships (Twigg, 2000, p. 78). A strong sense of attachment to place was also evident from the participants’ stories about how and when their house was built, and the advantages of the outdoor area, and living close to family and friends. These stories suggest that for Jane and for others, living in the same place for a long time provided what Rowles (1983) termed *autobiographical insideness*, as a sense of identity and belonging resulting from having lived in the same place for a long time. Rowles (1983) described how the events and places that a person chooses to remember and inhabit are linked to the person’s sense of self and provide a sense of continuity between what has happened and what can be passed on to the future (p. 308). This resonates with how several participants spoke warmly of the place where they grew up and which they continued to visit with their family members. Participants’ stories showed that their sense of ‘insideness’ was not restricted to one place and that attachment to place could be ‘passed on’ to later generations.

Participants who had moved to a new home within the last ten years also expressed feelings of emotional attachment to their current home. Lucy, who had moved from a detached house to a smaller flat, talked about the social and material advantages of her new home, and stated: “I don’t want to live anywhere else. I was so lucky to get this flat, where I really feel good.” We suggest that Lucy’s narration reflected what Savage et al. (2005) articulated as *elective belonging*, as a sense of belonging resulting from how people can attach their own biography to a place where they have chosen to live. Sara spoke about how her family had encouraged her to move as her circumstances had changed and said: “Now I’m used to living here. [...] It’s much better to be here.” Participants’ experiences of place could change across time.

Most participants conveyed preferences for continuing to live in their current home for as long as possible. Some talked about moving to a nursing home in the future, with a sense of insecurity as to whether a place in a nursing home would be available when they needed it. This was expressed by May: “...I am aware that the day will come when I won’t be able to live here alone. I presume I’ll be able to get a place in a nursing home. I presume I will.” In the continuation of the conversation, May stated that it would be her “dream wish” to know that a place in a nursing home was available to her when she felt that she needed it.

Contextualising everyday life with past, present and future times

Jane’s statement illuminated how the past (“We used to sit there”) and the future (“I must [continue to] eat here”) are intertwined with everyday life in the present (“I cannot move”).

Everyday life in light of the past

For the participants in this study, having a good everyday life in the present was related to the lives they had lived in the past. This perspective was prominent in the first series of interviews, which started with an open invitation for participants to speak freely about themselves and their lives. They described long and rich lives through stories about work, travel, places, adventures and family. Many participants talked about how they had overcome hard times and challenges in their past, and some statements indicated that challenges in the past had shaped their experiences of life in the present. Jane said:

Life today is worth its weight in gold. [...] People have money, they build and they buy... We couldn't. We were not allowed... We're doing so *well* [today] that we don't even know how well we're doing.

When the participants spoke about having a good life in the present, many compared their everyday lives today with previous times in their lives, times of war, times with little food, and times without home care services. While describing how his health had at one point started to decline, from one day to the next, Joe stated, "All in all, I have lived a good life". Sara said,

I'm grateful for every day when I'm able to get up by myself, get dressed, prepare my own food and... have a clear head. I'm also thankful for having had a long and rich life, that my children are healthy and... [...] I miss my husband, but ... eventually, we pass away.

For the participants in this study, a good old age was not only about their experiences of health and well-being in the present. The participants contextualised the present within their past life experiences.

Going on with a changing and finite life

A prominent theme in the interviews was related to continuity and change in everyday life. When asked in the later interviews about changes in their lives (in the time that had passed since the previous interview), few participants recalled any particular changes. Nonetheless, our data included descriptions indicating that participants had experienced bodily change. Sara's description of frailty changed from talking about it as an occasional feeling in the first interview to describing herself as being frail: "But... Now I'm frail. ... I'm so stiff in the morning. However, I can still manage to get out of bed. And go to the bathroom. And wash myself." Previous research on older adults' perspectives has described an emotional threshold between *feeling frail* and *being frail* (Grenier, 2006, p. 304), and has also distinguished between being frail and *identifying as frail* (Warmoth et al., 2016). Sara's description of how she still managed to take care of herself suggests that she did not self-identify as frail by incorporating what Warmoth et al. (2016) described as "...the negative, and feared, views about older people as feeble, dependent and vulnerable" (p. 1490). Instead, Sara seemed to describe how she experienced bodily changes while going on with her life. The cultural value of independence influenced the participants' reflections on their everyday lives (see also Voie et al., 2024).

The interviews also included reflections on potential future change. This was evident at the end of the first and second interviews, when the interviewer asked if she could contact the participant again after four months. Some participants said with a humorous tone, "If I live that long". Others responded that they did not know what their situation would be in four months' time. Although the participants acknowledged that their life situations could change rapidly, they all described continuing with their everyday lives. The following dialogue about ageing took place in the first interview with Lucy:

Lucy: No... I don't think much about becoming older, growing old. [...] I only consider whether I can manage to... take care of myself... [...].

Interviewer: Do you remember being in a situation where you came to think about your age? Where you became 'aware' of your age?

Lucy: ...I know what you mean... [...] When you know that you're really close to... That you soon will wander... out of this world. Because it [death] is getting closer... But I'm not the kind of person who says 'I cannot sleep or...' I'm a much calmer person. I don't think you can write that I'm terrified. That old age troubles me. It doesn't. Because I've had a good life. And I've got every reason to... Well, when you have friends, as I have, it means a lot.

This dialogue provides one example of how participants talked about

the end of life and about getting on with life. Talk about death, as previous studies report, is often embedded in the work of getting on with everyday life for older adults (Nicholson et al., 2012, p. 1431). Baars (2017) argued that integrating experiences of finitude in life while simultaneously getting on with life is "...the art of living a finite life" (p. 972). He highlighted that learning to face finitude in life, to *practise dying* is not the opposite of life, but a way of living. Many participants explained that they did not take everyday life in the present for granted. Some used phrases such as "...taking each day as it comes". Joan, for example, stated that she lived one day at a time because:

No one knows what tomorrow will bring, of sorrow or of happiness. I don't know, and you don't know. As I once told a doctor, 'You might be a doctor, but you don't know what tomorrow will bring'.

By living from one day to the next, Joan was prepared for whatever would happen in the future. Joan also seemed to convey that everyone should appreciate their lives in the present and that, in her experience, we are all living vulnerable lives.

Discussion

By applying a timescape perspective, this study has provided insight into how older adults who live alone, use home care services, and are considered by home care professionals to be frail, experience living (in) time. Our results show that situated everyday time, place across time and large-scale time interact in the framing and shaping of older adults' everyday lives. The study also demonstrates that older adults' embodied experiences of being of advanced age, living alone and receiving home care influence their timescapes.

For the participants in this study, being of advanced age and living alone included experiences of aloneness and sometimes of loneliness. However, our results also illuminate that time could serve as a friend and decrease their feelings of loneliness. Participants' engagement in meaningful activities moderated their experience of time passing too slowly, which again shaped their timescapes. Nicholson et al. (2012) describe frailty as an uncertain and marginal state that is constant yet also subject to change, providing opportunities for redefinition, critique, creative adaptation, as well as experiences of loss. They found that older adults used their daily routines to anchor themselves and to create balance as their circumstances changed. For older adults who live alone and use home care services, familiar activities might be what keep things in place, hold things together and give meaning (Wright-St Clair et al., 2011, p. 94). Our results suggest that activities, events and relational time that require the co-presence of people in space and time are crucial for older adults' experience of having really good days. The study also indicates that for older adults living in northern Norway, spaces that offer opportunities for social interaction outside the home may be especially valuable during the winter season.

The timescapes of the older adults participating in this study included times which were not very well synchronised, sometimes resulting in waiting time. Although our results support daily routines as being important for older adults ("I have my routines, I never find it boring"), the study also shows that most participants did not consider waiting for the home care professionals as a general barrier to their everyday activities. While this result is in line with the results of some previous studies (Twigg, 2000; Witsø et al., 2015), it contrasts with the results of other studies showing that older adults often experienced to have their daily routines disrupted (Bravell et al., 2021; Nicholson et al., 2012). Experiences of home care are likely to be influenced by, for example, differences in care needs, length of waiting time, and perhaps also the relationship between the service user and the home care professional and/or personal disposition. For some older adults, not being bothered by home care professionals' lateness might be a strategy to help them feel in control of an uncontrollable situation. Depending on their ability to control their circumstances and situation, older adults may view their current health and their self-management of health

challenges positively, and as being under their control (Leach & Schoenberg, 2008). Not being bothered can also be regarded as an act of tolerance, reflecting the presumption that when services and support are needed, one may need to tolerate shortages and adverse effects that may arise (Kiuru & Valokivi, 2022).

In her seminal work about bathing in community care, Twigg (2000) outlined three reasons that could explain why most of the older adults in her study did not complain about the home care professionals' time-keeping. These were "...the low valuation put by older people on their own time", "...the way in which lives have become re-ordered around care", and "...actual changes in the service world that mean that time-keeping has in fact become more reliable" (p. 102). The results of the present study support the idea that older adults' experiences of waiting time are influenced by the reliability of the home care professionals ("But I know they'll come, so that's okay"). Furthermore, our results demonstrate that older adults acknowledge having more available time than the home care professionals, and they might also support the notion that older adults place a lower value on their own time ("...they don't need to rush for me"). Adam (1995) argues that society privileges some kinds of time over others. All work relations relating to clock time are tied up with hegemony and power. Times that are constituted outside the economics of employment relations and times that cannot be given a value in monetary terms, such as relational time and time-giving, become *shadow times* (Adam, 1995). Following Adam's argument, the everyday time of people who have retired from working life might be considered to be shadow time, including by older adults themselves. Home care professionals' time, as paid time, is not.

Our results indicate that older adults make important adaptations to accommodate the unreliable timekeeping of the home care services. However, lack of time to provide necessary care can also be a source of frustration for home care professionals. In a study involving older adults and home care professionals, Strandås et al. (2019) found that both groups seek to compensate for the professionals' lack of time and other unfortunate consequences due to the organisation of the home care services. They argued that these practices made the organisation of home care appear to be more successful than it was. Care services that are organised in accordance with clock time rather than service users' bodily needs might mean that care is lacking when it is needed (Baines & Daly, 2021; Palmqvist, 2022). Governments aiming to enable older adults who live alone and receive home care to age in place should thus acknowledge and try to respond to such mismatches in timing.

By using words such as "stopwatch" and "cut-backs", participants in this study related their experiences of home care professionals' lack of time to the larger policy contexts of care. Research from a nursing home context has shown how the organisation of care based on clock time shaped and hindered care providers' opportunities to spend time caring for and about their residents (Baines & Daly, 2021). Similarly, studies have found that predefined tasks and time constraints made it more difficult for home care professionals to provide relational and person-centred care (Nässén et al., 2023; Strandås et al., 2019). In home care provision, time-giving activities are shadow times. Home care professionals might associate time-giving activities with being unprofessional (Nordin et al., 2023). Nevertheless, in time-giving activities, such as an older service user offering the professional a cup of coffee or some advice about life, the service user is an active participant in an ongoing social relationship (Lewinter, 2003). Hence, more attention should be paid to the (shadow) times that home care professionals and service users who live alone experience as pleasant and valuable.

While the timescape element of timing influenced the older adults' everyday time, issues related to timing also shaped their experiences of and expectations for their future living situation. For example, this was evident in how some participants worried about whether a place in a nursing home would be available when needed, and the underlying assumption that there would be a time in the near future when moving to a nursing home would become necessary. The participants' experiences of place included all temporal modalities: past, present and future

times. While home care professionals continuously negotiate how to use their restricted time (Nässén et al., 2023), previous research involving older adults has shown that contact with unreliable home care services (Nicholson et al., 2012) and episodes of uncertainty related to feeling frail (Skilbeck et al., 2018) challenged older adults self-identity. Continuity between past and present identities from having lived in the same place for a long time might thus be important for older adults living alone and receiving home care. Our results suggest that moving late in life does not necessarily preclude a sense of belonging. This view is supported by the work of Leith (2006), who found that older women's attachment to place was related to the decision to find a place and efforts to feel in place and to stay placed. Older adults' circumstances and living environments, such as their neighbourhoods, change across time. These changes influence their experiences of place and of ageing in place (Lewis & Buffel, 2020). The present study suggests that for older adults who live alone and use home care services, living in an environment that provides a sense of safety and allows for relational time might improve their sense of belonging. Thus, what is considered the right place for ageing in place might change across time.

Our results show that older adults contextualise everyday life with past, present and future times. By taking life as a whole into account and comparing past times with everyday life today, the participants mitigated their challenges in the present. This result concurs with previous research describing how older adults' life experiences and memories framed current life situations and perspectives on what constituted good old age (Carstensen et al., 2019). For some of the participants in this study, 'going on with a changing and finite life' (our third theme) included the strategy of living one day at a time. Baars (2017, p. 969) argues that ageing is about living through changes that are mostly beyond our control and require active responding. While previous research has considered older adults' day-to-day living as being contrary to thinking about the future (A. Lloyd et al., 2016, p. 4; Olaison et al., 2022, p. 7), our results suggest that living one day at a time might also be a way of responding to a strong sense of finitude and a future that is beyond control. As described by L. Lloyd et al. (2014), managing the everyday changes associated with late life requires considerable physical, mental and emotional work. In their study, older adults used "mind over matter" to manage changes in everyday life (L. Lloyd et al., 2014, p. 11). Yet they were also keenly aware that eventually matter would "trump mind" (L. Lloyd et al., 2017, p. 656). Being able to prepare for expected future change, including the use of strategies such as living one day at a time, might enable older adults who live alone and receive home care and/or who are considered to be frail to retain a sense of control of their lives.

Strengths, implications and limitations

We conducted this study in northern Norway, interviewing nine participants three times over eight months. Therefore, the transferability of our results to other geographical locations needs to be considered. Although this study is far from exhaustive in terms of older adults' experiences of living (in) time, we have demonstrated that older adults narrate links between their everyday time and large-scale time. Applying a timescape lens to our analysis enabled us to emphasise time, to consider time as multifaceted and complex, and to learn how everyday lives and the life course "can be understood through varied temporal registers" (Neale, 2019, p. 4). Seeing time as multidimensional challenges the notion of the life course as consisting of stable and fixed stages (Neale, 2019), and seems to be more in line with older adults' own perspectives (Grenier, 2012; L. Lloyd et al., 2017). Transitions, for example, may involve flexible and relational aspects, including a liminal period of being and feeling in-between (Grenier, 2012, p. 59). The present study shows that experiences of being of advanced age, living alone and receiving home care shape older adults' timescapes. As illuminated especially by the 'out of everyday routine' theme, the timescapes we occupy are tied to our socio-cultural positioning and context

(Bennett & Burke, 2018).

The results of this study indicate that having access to necessary primary care, including receiving home care at the right time and ageing in the right place, might promote feelings of safety and control and enable older adults to live in place longer. Research connecting time and giving and receiving care (Wiles, 2003), and studies conducted in diverse geographical locations and contexts, might provide additional insights into older adults' experiences of living (in) time. While the thematic analysis enabled us to focus on patterns and shared meanings, thematic analysis is less sensitive to variations within individual stories (Braun & Clarke, 2022, p. 281). Moreover, reading about timescapes in advance of the coding process may have increased our awareness of various types of time. Our initial analysis may have been influenced by our pre-understandings of time primarily as clock time. Nevertheless, we consider it a strength of the study that the analysis was firmly grounded in the data and in the time-sensitive design of the data production itself.

Conclusion

Adding to previous research exploring older adults' everyday lives, this study has shown how everyday time, place across time and large-scale time frame and shape older adults' lives. In contrast to the typical focus of home care service delivery and organisation on tasks taking place 'here and now', the study indicates that older adults' health, well-being and social relations should be considered in a broader context, including the past, present and future. Experiences of being old, living alone and receiving home care shape what older adults 'do' with their time and their timescapes. Older adults' narratives can highlight their strengths, resources, wishes and needs. For practitioners in home care, paying attention to older adults' narratives and timescapes can thus contribute to person-centred care.

Statement of ethical approval

The Norwegian Centre for Research Data approved the study (reference number 428509).

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CRedit authorship contribution statement

Kristin S.: Writing – review & editing, Writing – original draft, Project administration, Methodology, Formal analysis, Conceptualization. **Janine Wiles:** Writing – review & editing, Methodology, Formal analysis, Conceptualization. **Kjersti Sunde Mæhre:** Writing – review & editing, Supervision, Project administration, Methodology, Formal analysis, Conceptualization. **Margrethe Kristiansen:** Writing – review & editing, Supervision, Methodology, Formal analysis, Conceptualization. **Ann Karin Helgesen:** Writing – review & editing, Methodology, Formal analysis, Conceptualization. **Bodil H. Blix:** Writing – review & editing, Methodology, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare none.

Data availability

The data set that supports the results of this study is not publicly available.

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Appendix A. Supplementary data

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