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EXPLORING THE DYNAMICS OF AGING IN PLACE: A QUALITATIVE STUDY IN SOUTHEAST ATLANTA

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ABSTRACT

This paper presents a qualitative exploration of the experiences and perceptions of community-dwelling older adults in southeast Atlanta regarding their living environments, focusing on aging, functional needs, and the decisions surrounding home modifications or relocation. The study, conducted through in-depth interviews and thematic analysis, reveals how these individuals compensate for changes in functional ability within their homes, their decision-making processes regarding home modifications, and the factors influencing their thoughts on relocating to senior living facilities.

Key findings include diverse strategies for adapting homes to meet changing needs, the role of home modifications in maintaining independence, and a pronounced preference for aging in place over moving to institutional settings. The research highlights the complex interplay between personal, environmental, and psychosocial factors that influence older adults' choices about their living situations. It emphasizes the importance of considering a wide range of adaptations, from physical modifications to integrating smart home technologies, to support the autonomy and quality of life of the aging population.

The study also identifies barriers to modifying homes, including lack of information, financial constraints, and a reactive rather than proactive approach to making changes. These insights contribute to a deeper understanding of the needs and preferences of older adults, informing better strategies and policies for supporting aging in place effectively. By engaging directly with the population most affected by these issues, the study offers valuable perspectives that can drive improvements in housing, community planning, and healthcare services tailored to the needs of older adults living independently in their communities.

KEYWORDS

May include up to five key words or terms, separated by semicolons.

1. INTRODUCTION

The rapidly increasing aging population necessitates an exploration of sustainable living solutions that support independence and quality of life in older adulthood. This study focuses on community-dwelling older adults in southeast Atlanta, examining their perceptions of and experiences with their living environments, particularly as they relate to aging and functional needs. By engaging directly with this demographic, this research seeks to understand the real-world applications and implications of home

modifications and the decision-making processes surrounding potential relocations to senior living facilities.

2. BACKGROUND

Remaining in one's home while aging (i.e. aging in place) is a preferred option for many older adults (Bayer & Harper, 2000; Binette, & Vasold, 2018; Ewen, et al., 2014; Hobbs & Damon, 1996), as it is associated with greater comfort, autonomy, and connection to the community. However, aging often brings about changes in physical and cognitive abilities that may require home modifications to ensure safety and functionality (Jutkowitz, et al., 2012; Liu & Lapane, 2009; Stineman et al., 2011).

Beyond the built environment, there are many factors that influence aging in place, including cost and affordability (Abramsson, et al., 2016), market forces (Wiley, et al. 2012), social structures and culture (Baldwin, et al., 2013; Easthope, et al., 2015; Forsyth, et al., 2019); municipal regulations and policies including permits and best practices (Aung, et al., 2021; Maaoui, 2018; Pettersson, et al., 2020).

The home environment is also able to act as a moderator for non-physical variables such as independence, social connectedness, choice, identity, and generativity, all of which impact how successfully a person can age in place. Successfully being able to age in place can be determined how certain important needs are met, such as the expression of one's identity, the need for choice and self-determination, and social connectedness. While not directly physical or environmental, these variables can be supported or hindered by the environment.

2.1. Study Setting

The setting and sample for this study was ultimately one of convenience, recruiting participants that live within the proximity of my neighborhood, in East Atlanta. This study took place in the neighborhoods in southeast Atlanta adjacent to interstate 20, along Moreland Avenue and Memorial Drive. The neighborhoods included are East Atlanta, Ormewood, East Lake, and Kirkwood.

2.2. Study Aims

By focusing on the lived experiences of older adults, this research contributes to the broader understanding of aging in place, offering a basis for recommendations to improve housing policies, community planning, and support services tailored to enhance the autonomy and well-being of the aging population.

3. METHODS

This study took a qualitative interview based approach to better understand community-dwelling older adults' perceptions of their homes, their interactions with their home environment, and their needs for home-modification. The rationale for selecting a qualitative approach was that qualitative studies help us to understand experiences, affect, and reasoning behind decisions.

The methods were first pilot tested with one participant and were refined to align with the study objectives. Prior to the refinement, the study also included a survey, which was removed, and the survey questions were included as part of the interview questions to avoid missing data due to participant fall-off.

3.1. Recruitment Strategy

Participants were required to be 65 years or older, live independently in their own homes, reside within specific southeast Atlanta neighborhoods (East Atlanta, Kirkwood, East Lake, Ormwood Park). Those in residential

care facilities were excluded. The study protocol was approved by the Georgia Tech Institutional Review Board (Protocol H22307), and 15 participants were ultimately interviewed.

Participants were recruited through three primary methods: 1) Direct Outreach; 2) Referrals; and 3) Social Media. Interviews were conducted either in-person or virtually via Zoom, depending on participant preference, to accommodate comfort and accessibility. All interviews were conducted by the researcher, recorded for accuracy, and participants were offered the option to have a companion present during the interview for added security and comfort.

3.2. Data Collection

The interview script was developed by examining the relevant literature. The interview questions were geared toward exploring older adults' experiences with home modifications, what may or may not have informed them, and whether or not they think they need to modify their home in any way. The primary objective was to gain insight into whether such modifications have been made and if they were implemented to mitigate the risk of injury or loss of independence in the future.

Furthermore, the interviews sought to ascertain whether or not participants consider the ways that their ability to perform various tasks safely and independently might change as they continue to age; in other words, have they thought about how their home-life might be impacted as their physical and cognitive abilities change over time, or is this something that they avoid thinking about altogether. Additionally, the study aimed to understand the perceptions of senior living facilities among older adults and their preference for where they would rather reside, what is a priority considering the home environment, and what aspects of senior living are viewed as deterrents.

3.3. Data Processing

The interview recordings were transcribed using the software Descript by the same interviewer. Transcripts were exported from Descript as .docx files and are imported into NVivo 12 for labeling, coding and organizing.

3.4. Thematic Analysis Framework

The interview transcripts were analyzed using thematic analysis (TA) methods (Braun & Clarke, 2006) where text from the transcripts were coded and organized under themes that emerged from the literature a priori. TA, as described by Braun & Clarke (2006), is a method for identifying, analysing, and reporting patterns within data. This qualitative analysis method is flexible and can be applied in various research contexts, including those focusing on aging in place (Dalistan, George, & Laver, 2023). Its inherent flexibility is an advantage, accommodating various research designs and questions relevant to aging in place. TA facilitates the identification of key themes and patterns in data, offering insights into the diverse experiences of older adults. This approach is particularly adept at capturing the nuanced perspectives of research subjects, which is essential for a comprehensive understanding of aging in place. Additionally, it supports comparative analyses, highlighting essential factors that influence successful aging in place. By leveraging TA, researchers can uncover deeper understandings of the needs and experiences of older community members, contributing to more effective strategies and policies for aging in place that go beyond spatial clearances and ramp slopes for accessibility.

This study approached the analysis in a *deductive-constructionist* way, which is to say that the coding and theme development were first directed by existing concepts and ideas, and the analysis focused on exploring the realities produced within the data (Braun & Clarke, 2021).

4. RESULTS

The results presented in this report have been greatly condensed, and not all themes are reported. An unabridged version of the results is also available by contacting the author.

Ten interviews were completed between October 2022 and October 2023. They were 47.5 minutes on average, with the longest and shortest being 74 minutes and 31 minutes, respectively. Two interviews were virtual, and eight interviews were in person at the participants home. See table 1 for the data collection results.

A total of 15 subjects were interviewed; half of the interviews included a second person and in three of those cases the second person lived in the same home (two sets of spouses and one set of sisters). The second person often had a similar lived-experience (close in age, shared priorities, similar experiences) except for one interview (interview number 8) where the second participant (P8-2, Female) was a neighbour that had also become an informal caregiver to the homeowner and primary participant (P8-1, Male). P8-1 often responded to questions referring to his younger, more able-bodied self, and his functional needs at the time as opposed to his current level of functional need or ability, and in these cases P8-2 reminded him of recent events at home (e.g. a recent fall) or would fill in any incomplete responses (e.g. correct P8-1 when he referred to the rehabilitation facility as assisted living). Four participants were male (26%) and eleven were female.

4.1. Thematic Analysis Findings

After the completion of data collection, and coding of the transcripts, new themes emerged, and previously defined themes had to be redefined to align with the data. Table 2 presents the emergent themes and sub-themes.

Interview No.	Participants	Relation	Code	Type of Home	Tenure (years)	Age (years)	Gender	Marital Status
1	1	n/a	P1	House	53	75	M	Married
2	2	Sisters	P2-1 P2-2	House	28	67 -	F F	Unmarried Unmarried
3	2	Spouses	P3-1 P3-2	House	1*	62 76	F M	Married Married
4	2	Spouses	P4-1 P4-2	House	32	84 85	F M	Married Married
5	1	n/a	P5	House	7*	77	M	Married
6	1	n/a	P6	House	15	76	F	Married
7	1	n/a	P7	House	22	76	F	Widow
8	2	Neighbor Caretaker	P8-1 P8-2	House	93 -	93 -	M F	Unmarried -
9	1	n/a	P9	House	10	75	F	Widow
10	2	Friends	P10-1 P10-2	Condo	8 -	79 -	F F	- Married

Table 1. Study participant demographic data

PSYCHOSOCIAL AND SOCIOECOLOGICAL FACTORS IMPACTING AGING IN PLACE	
Themes (6)	Sub-themes (when applicable) (15)
1. Attachment	1.1 To place; 1.2 To past labour; 1.3 To memories; 1.4 To self-image
2. Generativity & Autonomy	2.1 Self driven; 2.2 Social life; 2.3 Hobbies and activities; 2.4 Engagement
3. Cost	3.1 Cost of home modification; 3.2 Cost of relocation; 3.3 Cost of senior living
4. Advocacy	4.1 Advocating for yourself; 4.2 Having someone advocate on your behalf
5. Life Sustainability	5.1 Scaffolded and supported everyday life; 5.2 Lack of scaffolding and support

Table 2. Themes and sub-themes developed using a thematic analysis of the interview data

Theme 1 Attachment:

This theme encompasses the deep connection to one's home, neighborhood, and the memories associated with these spaces. Participants expressed strong emotional ties to their current homes, often linked to significant life events like the loss of a family member, personal efforts in landscaping and home modification, and the comfort of familiarity. The fear of losing this attachment, especially in the context of selling a home to move into assisted living, poses a significant psychological barrier:

> P4-2: A year after we moved here, our youngest son died. The neighborhood was very supportive and bought a tree in his memory. This connection to the place holds significant sentimental value for us, making it difficult to leave.

There is also the behavior attachment, or procedural memory, to place and the subconscious familiarity with an environment. The longer the tenure, the more familiar a resident is where to step when going to the bathroom, for instance, or where to reach to turn on the lights:

> P6: You don't have to relearn every step. You don't have to relearn where to step down. You don't have to relearn, you know, where the cabinet doors are, all that kind of stuff.

One participant discussed his concern with leaving his long-time home to move to somewhere more accessible that would also offer assistance with daily tasks, stating that his worry is that if he doesn't like it then he can't move back to where he previously was – that it wouldn't be available to him anymore.

Another form of attachment is the attachment to significant life events that are intertwined with the built environment, such as memorials dedicated to a loved one that has passed, or a doorframe marked with height measurements. Finally, there is the attachment to community, where someone has developed deep, long-term relationships with neighbors and the local businesses that they frequent. These attachments contribute to a person's sense of identity and can be difficult to part with.

Theme 2 Generativity and Autonomy:

Many participants find meaning and satisfaction in maintaining their homes and gardens. This activity not only provides a sense of purpose but also keeps them physically and mentally engaged. Generativity, a term coined by Erik Erikson (Slater, 2003), describes actions and behaviors that give a person a sense of purpose. The acts of watering a houseplant or feeding a pet are generative ones because they are dependent on a person to perform them, and without that person, the pet would go unfed, and the plant would go unwatered.

> P1: The house is not the same house it was 50 years ago when we bought it. We've done a lot, so I've done a lot of remodeling to the house and some of it I've done myself, some of it I've done with contractors. You know, I try to stay active, even though I'll soon be 76 next month. But I still try to stay active, do things consciously. That's why I like yard work too. Free exercise

The loss of this aspect of their lives when moving to senior communities, where maintenance is typically handled by others, can lead to a feeling of loss of identity and a disconnect from a lifelong habit of taking pride in one's living space.

> P8-1: I used to do a lot of maintenance work myself and had friends who helped, but they've all passed away or can no longer assist. Now, I'm mostly reliant on P8-2 for help. Yeah. Except [P8-2]. She's still here.

Autonomy emerges as a factor in the decision-making process about aging in place. Participants expressed a desire to maintain their independence and control over their lives. The fear of losing autonomy, especially in long-term care facilities where they might not be able to make decisions about their daily activities, is a concern.

> P2-1: I'd prefer to spend time gardening in my backyard with my dog rather than attending social activities I might not enjoy at a senior living facility.

> P8-1: Like, do I want to pay to have somebody do something that I used to be able to do myself.

The ability to make choices, even in small matters like garden layout or participation in social activities, is crucial for psychological well-being. The perception of senior living facilities is that they are completely managed and maintained by the facility which then means the residents would have no say in what their environment looks like, or who they interact with.

> P2-1: senior communities, people keep trying to direct us there because we are single women. And we don't have community…and isolation isn't good, but to me, equally damaging to my psyche would be stuck on a little plot where some guy comes through and buzzes up the lawn and then spreads chemical fertilizer all over it. That I can't put up a fence to contain my dog because they don't allow fences in senior communities because maintenance is included, and they want to be able to buzz through.

> P8-2: In one facility, he wore a wristband indicating fall risk, which restricted his independence. He couldn't walk alone, go outside, or [even] get timely assistance when needed.

There is a worry about the quality of life of residents of long-term care facilities, and that their days are spent in a drug induced fog. The concern is more so for residents that may need a higher level of care that are in understaffed facilities leading them to living a life of only having their bare minimum needs met:

> P5: I had to go over and see her a couple of times to sign some papers and everything. And the last time I went over to see her, she wasn't in her room, and they told me she was down in the lounge, and I went down. She was sitting there. With her head down in a daze. And I said to myself, wow, this is awful because they just drugged her up so much that she had no real quality of life anymore. So, I said to myself right then and there, I never want to live in assisted living. That that is, it's just, I guess it's more the experience I've had with dealing with people that have been in there.

The ability to choose how to spend your day and what activities to engage in, and who to spend time with is important. Organized activities were not necessarily viewed as negative, but being limited in what you could participate in, and not catering to individual personalities are deterrents. Autonomy, choice, and generativity cannot be separated from one another because they are so dependent on one another. Having less choice inherently means having less autonomy. Generative behaviors and activities have a protective effect on long-term health and when environments are completely maintenance free, then there are no generative acts to perform. When considering an action as simple as sweeping the porch from this perspective, we see that it represents a complex experience for the resident – it is a maintenance activity that is completely dependent on a resident to be completed, and it is a public-facing representation of a person's life. This theme highlights the satisfaction and purpose derived from maintaining one's home and garden, which keeps individuals physically and mentally engaged. The concept of generativity implies that activities like gardening or home maintenance not only provide a sense of accomplishment but also contribute to one's legacy. Losing these roles can lead to a sense of loss of identity. Moreover, autonomy is a factor; the ability to make choices about one's living space and daily activities is crucial for psychological well-being. In senior living facilities, this autonomy might be perceived as diminished, affecting the desirability of such environments.

Theme 3: Cost

Financial considerations play a vital role in decisions about aging in place. The high cost of assisted living and long-term care facilities is a barrier for many. Participants expressed concerns about the affordability of such facilities and the financial implications of selling their homes. This financial strain affects not only their living arrangements but also their sense of security and autonomy:

> P8-2: cost was a huge and I think that it was an inability to see what he was getting for the money. Also, the only way that he was going to be able to go to this long-term care facility is if he sold his house. That's the only way you're going to have enough money to stay there any significant period of time. Selling the house meant "if I hate this place I can't go back to my house 'cause then my house is gone." So that kind of built on itself. I think that if he could've, if he had the money to keep the house totally intact for some period of time while he moved to this place and decided like a year if he liked it or not. And then if he didn't like it always in his mind, he's like, well, I can just go back to my house if I don't like this place.

The financial burden can lead to difficult decisions being made, and in some cases the legal status of an individual, and the licensure requirements for certain care needs impose barriers to aging in place:

> P6: We had to declare my mother a ward of the state to afford her nursing home care, which cost several thousand dollars a month. This financial burden took all her social security and annuity, leaving only $150 for personal care.

The risk of taking on the financial responsibility also sometimes implies an irrevocable commitment especially for those whose main asset is their home that they have to sell to pay for assisted living:

> P9: I've told my daughter not to feel bad about moving me into a facility if needed, as I have long-term care insurance.

In the case of P8-1, one of his neighbors bought his house from him, and then allowed him to continue living there as a renter. This gave him financial liquidity that allowed him to modify his home and also hire at-home care which, ironically, costs more than it would have for him to live in a long-term care facility. There are other options that can allow a person to move into a long-term care facility that will not pose a financial burden on the rest of their family:

Theme 4 Advocacy:

The need for advocacy, especially in healthcare and living arrangements, is a recurring theme. Participants highlighted the importance of having someone to stand up for their needs, whether it's in negotiating with care facilities, managing healthcare decisions, making home modifications, or getting accommodations.

> P6: You can't put somebody there and go, "I'm going to see you, you know, next month". You have to be there all the time…Because that way the staff knows that you're always looking after them. And it makes a big, big difference.

> P8-1: The night was the worst time. They're understaffed. Sometimes there'd be one nurse on the whole floor. And I'd turn on my light and she'd come down there and she'd say, "I've got the whole floor by myself." I said, "well, I'm not expecting any great special treatment, but just don't forget me because I'm in a mess". Yeah. And she said, "well, get your ass out of bed. Do it yourself". And I said, "I can't do that. I can't get up by myself, they don't want me out of bed unless I got help". And they were horrible.

The need for advocacy reflects the challenges faced in navigating complex systems and the importance of having support in maintaining autonomy and quality of life. The standard of care and treatment that older adults receive can sometimes be in conflict with the needs of that individual.

This need for advocacy goes beyond institutional care-settings. Older adults sometimes need a friend or a family member to be assertive, and push for home-modifications because their environment poses a risk to their safety but modifying the home is conflicting with the older adult's self-image:

> P8-1: I wouldn't have made the modifications myself, as I managed fine with my routine, but others insisted for my safety.

> P8-2: He did have somebody come by probably after the first fall. There was a Somebody from Georgia Home Health, I think. They came and they, they did exactly what you just said. They made an assessment. They said, you know, this doorway is too narrow, etc. And they made, they made suggestions and recommendations. Which mostly what that did was help us be like, "see there's another person. I think this and here's a professional [agreeing]". There was another lady who was also helping take care of him. She was his power of attorney and so the two of us who are not related to him were like, "we think this should be done, it's going to cost this amount of money. And also, this professional person who came in and assessed this also agrees". So that was helpful for us. As people who are advocating for these changes. That he was feeling a little bit like I haven't needed them for 90 years. Why do I need them now? It was helpful for us to have that assessment. Because I don't think that either just me or just the assessment could have necessarily made that happen. The assessor could have said whatever she wanted to him, and he'd be like, whatever, I can deal with it.

Being advocated for is inherently dependent on having strong social ties and relationships with people that have an insider knowledge of a person's life.

Theme 5 Life Sustainability:

This theme revolves around the practical aspects of daily living and the adjustments needed to sustain life in one's own home. It includes considerations like pet care, yard work, and the need for occasional assistance from neighbors or hired help:

> P1: Ginger, our dog. As you know we've got to walk her with a leash because she is crazy. You know, she just reacts to everything. It's just her nature. So, you have to walk her with a leash and I couldn't do that for weeks, probably 2 months I couldn't do that. So, my youngest son would come by – try to come by twice a day to take care of that chore.

The physical ability to maintain a household and the availability of support play crucial roles in the feasibility of aging in place, and this support is sometimes the reason an individual is able to stay in their own home safely:

> P4-1: Well, we have a number of people just in our area that we have known for a long time. And you know, if something happens, if something breaks and you have got to do something about it, you can, you know, talk to the person next door. If something goes on and you're annoyed about it, you can always go to your friend and say, "hey, you know, do you know what happened", kind of thing. We have some really great guy friends who come over here anytime. You know, on the weekends and stuff, and you know, I think they would help us if we needed help.

These themes are deeply interconnected and highlight key aspects of successful aging in place. Attachment to one's home, stemming from significant life events and familiar routines, offers comfort and a strong sense of identity, making the idea of moving to assisted living challenging. This attachment is also rooted in the past generative experiences. Generativity, maintenance, and autonomy emerge as crucial elements, where individuals find satisfaction and purpose in home upkeep and gardening, activities that foster a sense of legacy and mental engagement. The autonomy to make decisions about daily life and living space is vital for psychological well-being, with concerns that this autonomy may be reduced in senior living facilities. Financial considerations are significant, with the high costs of assisted living and long-term care posing barriers. The financial strain can affect not only living arrangements but also feelings of security and independence. The need for advocacy in healthcare and living decisions reflects the complexities of navigating care systems and underscores the importance of having support to maintain autonomy and quality of life, and life sustainability which focuses on practical daily living aspects. Reliance on social and community support is necessary, even if it involves depending on help from friends and family.

5. DISCUSSION

The analysis revealed insights into how changes in functional ability are compensated for in the home environment, how decisions are informed for planning and implementing home modifications, and the factors influencing the decision to relocate to senior living facilities. The participants' responses illustrated the complexities of these decisions, reflecting a balance

between practical considerations (like home modification and accessibility) and emotional factors (such as attachment to home and neighborhood).

Participants expressed a strong emotional attachment to their current homes, often linked to personal efforts in landscaping and home modification, significant life events, and the comfort of familiarity. This attachment posed a psychological barrier to the idea of relocating to assisted living facilities. Additionally, the study uncovered the challenges older adults face in acquiring the right information or resources for suitable home modifications, reflecting a degree of adaptability but also highlighting limitations due to physical constraints and informational gaps. Decisions about home modifications are informed by a combination of practical needs (like mobility and safety), personal preferences, and financial considerations. A crucial finding relates to the proactive vs. reactive nature of home modifications. The literature often promotes early planning for age-related changes (Laforest et al., 1990), yet this study reveals a tendency towards reactive modifications.

The threshold for relocating to senior living facilities appears to hinge on the individual's ability to navigate and maintain their current home, especially in the context of declining health or loss of a spouse. Factors like the inability to climb stairs, the need for extensive home maintenance, and a desire for more social interactions were cited as reasons for considering relocation. The decision is complex, influenced by both practical considerations and emotional attachment to the current home. It is evident that support from friends and family members is effective at compensating for a decline in health and functional ability. Senior living facilities are viewed with mixed feelings, and concerns about loss of independence, privacy, and autonomy are significant. Additionally, many facilities are perceived as not adequately addressing the practical needs of older adults, with issues like insufficient storage, complex layouts, and inadequate accessibility features. The financial cost of these facilities is also a major concern.

The findings of this study offer several insights that extend the current literature on aging in place. Firstly, the emotional and functional attachments to the home environment, as reported by participants, corroborate with the existing literature emphasizing the significance of 'home' in the context of aging (El Haber et al., 2008; Mojon-Azzi et al., 2008). However, this study goes further by delving into the nuanced decisions around home modifications and the reluctance to relocate, illustrating a complex interplay of personal, environmental, and socioecological factors. This research contributes to the literature by highlighting the importance of community and neighborhood connectedness in the aging in place decision-making process. It showcases that while the built environment is critical, the socioecological context, including community networks and support systems, play an equally vital role.

6. CONCLUSION

This study, conducted in southeast Atlanta, has contributed to our understanding of older adults' perceptions and experiences regarding their living environments, particularly in the context of aging in place. By engaging directly with the aging community, this research has illuminated several crucial aspects, including home modifications, decision-making processes for such changes, and the factors influencing relocation decisions.

This study expands our understanding of aging in place, demonstrating that decisions around home modifications and relocation are influenced by a tapestry of factors, including but not limited to, physical and cognitive abilities, financial constraints, emotional attachments, and community ties. These

findings underscore the need for a holistic approach in supporting older adults to age comfortably and securely in their preferred environments.

6.1. Limitations

The study's focus on older adults in southeast Atlanta limits the generalizability of the findings to other regions with different cultural, economic, or environmental contexts. With a small sample size of 15 participants in 10 interviews, the diversity of experiences and perspectives, particularly in terms of socioeconomic status, ethnicity, and functional ability, may not be fully represented. However, the number of interviews provided a sufficiently rich dataset for this dissertation.

Data collection relied on participants' ability to recall and articulate their experiences, potentially missing aspects due to memory or communication difficulties. The study might also be affected by interviewer bias, where the researcher's presence and questioning style influence responses, and selection bias, with participants self-selecting based on their willingness and ability to participate.

Additionally, the data was not analyzed by a second coder, lacking inter-rater reliability. The self-reported nature of the data may be influenced by participants' current mood, health, or other personal factors, affecting its accuracy and reliability.

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