

# Need for uniqueness in older women: an exploratory look

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**Problem.** Information about older women dwells on age-related illness and disabilities yet, other empowering traits could be promoting positive forces.

**Aim.** While everyone desires some distinctiveness, this study explores higher levels of the motivational construct need for uniqueness (NU) in older women. NU concepts are: 1) perceived feelings of being or thinking different, 2) outspoken social behaviour, and 3) creative consumer consumption.

**Design.** An exploratory, descriptive cross-sectional study provided quantitative data and focus groups generated qualitative data.

**Major results.** Significant differences in all three NU concepts were evident between 87 (42%) with no/weak NU and 122 (58%) who 'preferred to be different from other people'. Focus groups provided examples over their lifetime within the context of their societal expectations.

**Relevance to clinical practice.** The nurse's strategy to partner with older women to individualize their care and teaching will be important in maintaining their well-being. Examining their decision-making with how they respond to perceived feelings of being or thinking different (such as taking risks), how outspoken are they, and their patterns of consumer consumption are a few questions that could be asked to examine an older woman's NU. Further research examining specific health care decisions in those with NU will also be needed to note their responses toward future self-care activities.

**Key words:** Desire for Unique Consumer Products scale, differentness, need for uniqueness, older women and well-being, Red Hat Society, Self-Attributed Need for Uniqueness Scale

## Introduction

Our world's population of over 6 billion people has more than tripled since 1990 and an estimated 8% of that number is 65 years and older (Moore *et al.*, 2004; <http://www.cia.gov/library/publication/the-world-factbook>). Frequently, we hear that 'women have come a long way'. They have – women begin to outnumber men around 55 years of age; the current 2008 estimated ratio is 1.28 females to 0.78 males. Now, some of the visible demographic and societal outcomes in the 21st century are the increased life expectancy, improved education, and better health of older women after 60 years of age in developing countries (Cipriano, 2008).

## Problem

Choi (2001) believes that with 'the increasing number of older women in the population, research on factors contributing to older women's perceived quality of life or well-being is an important step in promoting successful ageing for this large population segment' (p. 47). Yet, the literary lens on older women still seems to be fixed on 'age-related illness, disability, and increasing frailties' (Keating, 2005, p. 3). Few studies are exploring traits that could be motivating an older women's behaviour and enhancing positive forces within their lives (Reed, 2008a).

## Aim

The purpose of this descriptive study was to examine an older women's life experiences for the presence of the motivational construct need for uniqueness (NU) (Tiggeman & Golder, 2006; Veazie & Cai, 2007), and if any, what was the impact of NU within their lives. As this topic is explored it is important to note that all individuals have a basic need (or desire) for some dis-similarities, however, the object of NU is about those people who have higher levels or increased strength of these individual differences (Snyder & Fromkin, 1977, 1980). For this article the terms NU, distinctiveness, and differentness will be used interchangeably.

## Background

### Examining the concept need for uniqueness

In 1977, psychologists Snyder and Fromkin began to postulate a need for 'greater social acceptance of human differences', and believed there should be a more positive view for some of these differences (Lynn & Snyder, 2002, p. 395). Tian *et al.* (2001) have defined NU, as 'the individual's

pursuit of differentness relative to others, ... for the purpose of developing and enhancing one's personal and social identity' (p. 50). These NU researchers, as well as others, believe that those with a higher strength of NU (1) look at their world differently, (2) think and (3) respond differently and (4) are willing to take risks to accomplish their NU goals (Ames & Iyengar, 2005; Lynn & Harris, 1997a, 1997b; Lynn & Snyder, 2002; Snyder & Fromkin, 1977; Tian *et al.*, 2001; Tiggeman & Golder, 2006; Veazie & Cai, 2007). Besides the self-reporting of NU, two other components of NU are outspoken social behaviour, and creative consumer consumption.

Consider a group of older women preparing to sing for a concert. All decide they will wear black jackets and slacks, with white blouses. Everyone arrives for the concert with the required clothing items in the right colours, yet one is wearing a large gold lapel pin on her black jacket, and another, a brightly coloured, draped neck scarf. The latter women's behaviour could be judged negatively, often times thought of as abnormal (psychological view) or deviant (sociological view) behaviour (Lynn & Snyder, 2002). Those with a higher strength for NU find their need for uniqueness is aroused when they see themselves as being highly similar to others, as in the example. Then, they are motivated to 'pursue some degree of distinctiveness' (Lynn & Snyder, 2002, p. 236), such as the use of jewellery or the scarf in the previous examples. Or, consider the nurse who has to wear a similar scrub uniform as others, but wears large loop earrings to create some differentness.

As in the examples, those with NU will conform (the nurse and older women were part of the decision making for the specific clothing items) yet, overall, those with NU traits often see themselves as being distinctive from others. Not because they perceive themselves as better or superior (Lynn & Snyder, 2002), but because they know they have different perspectives, and/or take different actions. They tend to express themselves in different forms and outlets, and are often prepared to take risks to accomplish their NU. Again with the examples, their perspective to the conformity was different so the nurse used her earrings to 'spruce up' her uniform and the older women used their jewellery and scarf accessories. In addition, if the person with NU does not want to conform, then they have to decide how much risk they want to take to re-establish themselves or expend, to pursue their differentness. 'Most choose actions so the penalties for their distinctiveness are not severe' (Lynn & Snyder, 2002, p. 397).

Another example is the societal analogy of today, 'thinking outside the box'. Those who are able to accomplish that do not achieve their success by overcoming challenges in a

similar way to others. Instead, they are motivated to do something different, they have a different vision, perform it differently, and are not afraid of the risks to achieve the distinctive changes. While they believe that most others will like their unique ideas (Ames & Iyengar, 2005), many with NU do not set out to be leaders and may not even want to lead, yet their differentness tends to be viewed as a positive leadership quality.

### Previous research with NU

Three different perspectives have been studied to better explain the basic components of NU: outspoken social behaviour, creative consumer consumption, and self-reported feelings of uniqueness. The initial scale to examine NU was designed by Snyder and Fromkin (1977) and focused on 32 items of outspoken social behaviours. These outspoken social behaviours included how and when they express themselves at meetings regardless of other audience sentiment, such as 'I speak up in meetings in order to oppose those whom I feel are wrong or whenever I take part in group activities, I am somewhat of a non conformist' (Lynn & Snyder, 2002, p. 405). Themes found within this scale include: (1) lack of concern for the reaction of others, (2) desire to not always follow rules and (3) willingness to publicly defend one's belief.

Some researchers found Snyder and Fromkin's (1977) original survey items lengthy, harsh and concerning when the aim was to extract positive perspectives of socially acceptable human characteristics of differentiveness. Thus, two more scales (Lynn & Harris, 1997a; 1997b) were developed to provide more sensitivity to the expression of individual, private, and more acceptable displays of NU. The first one (Lynn & Harris, 1997a) included a four item Self-Attributed Need for Uniqueness Scale (SANU) which documents the individual self-reported feelings of being and/or thinking different.

Lynn & Harris (1997b) developed a second scale which focused on another idea from Snyder and Fromkin (1980) about NU, that is, purchases of material possessions as an extension of ourselves. Those with an increased strength of NU tend to shop and purchase products differently. This scale centred on creative consumer consumption and examined whether those with NU had a desire for different consumer products, shopping in unusual type retail shops (antique, rather than traditional department stores), or seeking out custom-made materials. The eight item NU scale is called the Desire for Unique Consumer Products (DUCP). Examples of questions on this scale include 'I am more likely to buy a product if it is scarce' and 'I rarely pass up the opportunity to order custom features on the products I buy'. Both of Lynn and Harris's (1997a, 1997b) scales

have been extensively used in consumer marketing research; their reported  $\alpha$  value for the scales were 0.80 and 0.86 respectively.

## Method

### Study design

Two methods of inquiry, at different times, provided a robust amount of evidence to explore the motivational construct of NU in older women (Diener *et al.*, 2002). An exploratory design was used for the descriptive cross-sectional study with a questionnaire to provide quantitative data as well as with focus groups to extract qualitative data. The focus groups were scheduled at different times and places from the survey completion so if the older women had NU, they could present personal examples. The aim of the focus groups was the content analysis for human communication, perceived meanings, intentions, consequences and context or environment (i.e. listening to the voices of these older women about their everyday experiences) (Downe-Wamboldt, 1992). By incorporating these two research methodologies, study findings were enhanced by continually relating emergent themes to the context or environment, thus providing another systematic means to make valid inferences from verbal, visual and the written data (Bryman, 2001).

### Instruments

Scales that related to the three concepts of NU (outspoken social behaviour, creative consumer consumption, and self reported NU) were incorporated in this study's survey to examine NU in older women. Two of the scales, the four item SANU to measure perceived feelings of being or thinking different and the eight item Desire for Unique Consumer Products (DUCP) for creative consumer consumption were used as published (Lynn & Harris, 1997a, 1997b). Both used a 5 point Likert scale (1 = never, weak to 5 = extremely, always, very strong) for participant responses.

For the last NU component of outspoken social behaviour, the researchers were concerned about the length of the survey (32 items) for the intended older respondents so the questions associated with the three themes were reviewed (Snyder & Fromkin, 1977, 1980). The tool was modified to 15 items by using five statements associated with each of the three themes: (1) lack of concern for the reaction of others, (2) desire to not always follow rules and (3) willingness to publicly defend one's belief.

Additional demographic questions were included to collect information on each woman's ethnicity, education, age,

**Table 1** Demographic characteristics  
(*N* = 209)

General variable	'I prefer being (no or slightly) different from other people'. ( <i>N</i> = 87) Group I	'I prefer being (moderately, very, or extremely) different from other people'. ( <i>N</i> = 122) Group II
Ethnicity	Caucasian 80/92%	Caucasian 114/94%
Education	High school 25/29% Attend college or undergrad degree 45/52% Grad degree/ more 14/16%	High school 23/19% Attend college or undergrad degree 61/70%
Age	60 years or under 12/14% 61–70 years 40/46% 71–80 years 26/30% 81 or older 9/10%	60 years or under 25/20% 61–70 years 63/52% 71–80 years 26/22% 81 or older 7/6%
Marital status $\chi^2$ (4, <i>N</i> = 86), 15, <i>P</i> = 0.006	Married 51/59% Divorced 9/10% Widowed 20/23%	Married 73/60% Divorced 12/10% Widowed 25/21%
Income	\$30 000 or less 17/20% \$30–60 000 30/35% \$60 000 or more 19/22%	\$30 000 or less 25/21% \$30–60 000 41/34% \$60 000 or more 35/29%
Religious/spiritual faith	Mod-very strong 76/87%	Mod-very strong 106/88%

marital status, income and religious/spiritual faith (Table 1). Face and content validity of the survey and focus group questions were reviewed for content, wording, and format by an expert panel of interested faculty, as well as 3 older women, similar to the proposed participants. Large font (14) and margins were used to ensure readability for the older women. Several excellent suggestions were received and inserted. Then, study approval was obtained by the University's Institutional Review Board.

## Data collection procedures

### Survey distribution

Attempting to find volunteers for this study proved challenging, thus a convenience and snowball sampling was chosen using a variety of settings, including Senior Centers and golf courses. Additionally, women in an organization called the Red Hat Society were sought, "an organization with over 1.5 million women 50+ years old in 30+ countries who claim to have an "unique 'dis'organization of women who support social interaction and make fun" (Cooper, 2004, pp. xi, 15, 20). All of these venues were used to locate older women and the participants were found in four locations of a predominantly politically and religiously conservative southwest state. Inclusion criteria was women 57 years of age and older who believed themselves to be active and busy in their communities, could read at least at a 10th grade level, and

were English speaking. All those approached agreed to participate.

The lead researcher introduced the study, invited participation, and distributed the surveys. Participants were told they could stop at any point during the completion of the questionnaire if they were uncomfortable with a question (s). Anonymity was ensured by coding each survey with a number to increase the candidness of the respondents and to decrease possible bias. Completed questionnaires represented the subject's consent to participate.

### Focus groups

Depending on the location and circumstances, participants were either solicited for the focus group before or after they had completed the survey. Suggested ideas for conducting research with older adults in focus groups (Loeb *et al.*, 2006) were followed: focus group sites were conveniently located for the participants, either in an attractive senior citizen centre with chairs arranged around long tables in a square, or in conference rooms of educational facilities with similar sitting arrangements; and snacks and water were available on the tables. Group size ranged from 6 to 10 and they lasted between 60 and 70 minutes to encourage adequate dialogue, maintain interest, and yet, avoid fatigue.

At each focus group, the primary researcher introduced the study, invited participation, and reviewed the informed consent. Everyone remained for each focus group. A signed

consent was obtained and then a copy of their signed consent form was given back to each participant. Confidentiality expectations within the groups were stressed (Loeb *et al.*, 2006). Following introductions, the open-ended interview format became more conversational and focused on examples of questions such as: Do you have a need for uniqueness? If so, describe some of your feelings and common life activities? If NU was present, specific examples of definitive behaviours, perspectives, and the impact of their NU were sought. Each focus group discussion was audiotaped with 2 devices to capture information at different areas of the sitting arrangement, and then transcribed verbatim. After each focus group session, the investigators also recorded field notes that documented their thoughts, impressions, and events capturing the group context and processes. To maintain confidentiality, all names and identifying information were removed from the interview transcripts. Audio tapes were erased by the investigators after they had been listened to, transcribed, and the accuracy of transcribed content validated.

### Data analysis

Survey data were managed by obtaining frequencies, means, standard deviation and *t*-tests in order to identify the presence of NU in this sample of older women (SPSS, 16th edition). Uniqueness subscales were examined for internal consistency using Cronbach's alpha (SPSS, 16th edition). Thirty-two transcribed interview texts were analysed to identify common themes (DeSantis & Ugarriza, 2000). After independently reading and re-reading the interview texts, both researchers generated emergent themes accompanied by the supporting transcribed narrative. These interpretations were shared and compared at the peer debriefing meetings. Inconsistencies were discussed and resolution was attained by returning to the text and journal entries. Content analysis included multiple levels of interpretation to detect inconsistencies, contradictions, and researcher bias (Baptiste, 1995; Diekelmann, 1992). Auditability was met by maintaining journals that explicated all methodological decisions. Transferability was met by supplying the reader with descriptions of the setting and participants (Lincoln & Guba, 1985). Validity was met by conducting multiple focus groups with participations of differing characteristics in separate groups (Burns & Grove, 2007).

## Findings

### Quantitative analysis

A total of 209 women ranging from 57 to 91 participated in this study, recruited from a senior centre ( $n = 6/3\%$ ), golf

courses ( $n = 126/60\%$ ), and from 2 Red Hat Meetings ( $n = 77/37\%$ ). The average woman in this study was Caucasian, married, between the ages of 65–68, attended undergraduate education or graduated, reported a strong religious/spiritual faith, and had an income range of \$40 000 to \$50 000 (Table 1). Almost 90% believed they were in good to excellent overall health.

To initially determine any presence of the motivational construct need for uniqueness (NU) within this sample of older women, item responses from the SANU scale 'I prefer to be different' were examined. From the total sample two groups of older women were evident: Group I, non-unique (87 / 42%) answered with a 'no or slightly', whereas 122 (58%) (Group II, unique) answered they 'preferred to be moderately, very, or extremely different from other people'. Additionally, demographics significantly different within the two groups were: (1) seeking new and exciting experiences [ $\chi^2$  (16,  $n = 208$ ), 41,  $P = 0.001$ ] and (2) considering themselves risk-takers ( $\chi^2$  (16,  $n = 209$ ), 42,  $P = 0.000$ ).

### *Self-report need for uniqueness*

There was significant difference between the unique (Group II) and non-unique (Group I) in their self-reporting of NU. The mean of Unique Group II for the 4 items of this SANU scale was 8.7 (SD = 1.2), on a scale of 5–20, whereas the mean for Group I (Non-unique) was 5.6 (SD = 1.8). Cronbach's alpha for the total sample was 0.88, for Group I was 0.72 and Group II was 0.78. Pearson correlations from the total sample completing the SANU inter-items ranged from 0.625 to 0.734, significant at the 0.01 level (two-tailed). Group responses from each item's mean and SD are presented in Table 2.

### *(Modified) outspoken social behaviours scale*

There was a significant difference between the unique (Group II) and non-unique (Group I) regarding their outspoken social behaviours. Of the 15 questions created by the researchers for this Modified Outspoken social behaviours scale, only six clumped together reliably; the Cronbach's alpha of those six items for the total sample was 0.80; Group I was 0.79 and Group II was 0.80. Group II who answered that they preferred to be different from other people disagreed with most of the six items (Table 2), demonstrating some of their assertiveness about defending their beliefs. The mean of the six items for the Unique Group (II) was 16 (SD = 4.5), on a scale of 5–30; for the Non-Unique Group I, it was 18 (SD = 4.3). Pearson correlations from the total sample completing this modified scale for outspoken social behaviour inter-items ranged from 0.297 to 0.555, significant at the 0.01 level (two-tailed). Group responses from each item's mean and SD are presented in Table 2.

Table 2 Means and standard deviations for scale variables (N = 209)

	Mean/SD No/slight difference from others (N = 87)	Mean/SD “Moderate, very, or extremely different from others” (N = 122)	Discussed in focus groups
<b>Need for uniqueness (NU) concepts</b>			
<b>Self Attributed Need for Uniqueness (SANU)</b>			
Prefer being different than others	1.7/0.4	3.2/0.5	x
Being distinctive is important	1.9/0.8	3.0/0.8	x
Intentionally make myself different	1.9/0.7	2.8/0.7	x
Have a need for uniqueness	1.9/0.8	2.9/0.8	x
<b>Outspoken Social Behaviour</b>			
Hesitate to use my own ideas	2.7/1.1	2.5/1.1	x
People change my mind	2.7/1.3	2.3/1.0	x
Play it safe than gamble with life	3.8/0.8	3.4/1.0	x
Feeling “different” makes me uncomfortable	3.1/1.1	2.5/1.2	x
Quiet in presence of persons of higher rank & experience	3.2/1.1	2.8/1.2	
In a group, agree w/ideas to avoid arguments	2.6/1.0	2.2/1.0	x
<b>Creative Consumer Consumption</b>			
Attracted to rare objects	2.8/1.1	3.2/1.2	x
A fashion leader rather than follower	2.4/0.9	3.0/1.2	x
Buy products when scare	2.1/0.7	2.5/1.0	x
Prefer custom-made to ready-made	2.5/1.1	2.7/1.2	x
Enjoy things that others do not	2.4/1.0	3.0/1.2	x
Order custom features on products	2.3/1/3	2.6/1.1	
Like new products & services	2.4/1.0	2.6/1.1	x
Enjoy shopping for merchandise different and unusual	3.0/1.2	3.5/1.2	x

### *Desire for unique consumer products*

Regarding the creative consumer consumption scale, for Group II, the summary mean of this scale was 23 (SD = 6.4) on a scale of 8–40. The Cronbach’s alpha scale for the total sample was 0.85, Group I was 0.80 and Group II was 0.86. Pearson correlations of the DUCP inter-items for this subsample ranged from 0.18 to 0.60, significant at the 0.01 level (two-tailed). Group responses from each item’s mean and SD are presented in Table 2.

In summary, quantitatively, there was significant difference in all components of a need for uniqueness between the unique (Group II) and non-unique (Group I) regarding their self-reporting of NU ( $t = 11.6$ ,  $P = 0.000$ ), their outspoken social behaviours ( $t = 3.5$ ,  $P = 0.001$ ), and their perspectives of shopping ( $t = 4.0$ ,  $P = 0.000$ ). Other significant findings of NU were present in their seeking new and exciting experiences and considering themselves risk-takers.

### **Qualitative analysis**

A total of 32 (15%) older women from the total group volunteered to participate in the focus groups; their ages ranged from 58 to 89 with 28 Caucasians, 3 Asians, and 1 African American. Participants who volunteered for the focus groups included 6 (18%) from a Senior Center, 14 (44%)

from Golf Courses, and 12 (38%) were Red Hat Society (RHS) members. Most of the older women in each group did not know each other, or only superficially, but during the focus group dialogue, they became very supportive of each other and encouraged life stories; they also displayed a lot of humour and spontaneity throughout their session. After the focus groups, participants called to tell the researchers of serendipitous happenings among members of their focus group; one spoke of older women helping a new widow as a form of her ministry and another joined the local Red Hat Society because it sounded like ‘such a spunky group’.

### **Lifetime knowledge**

The first theme that emerged was *lifetime knowledge of their need for differentness (uniqueness)* which focused on their self-reporting of NU. Participant examples were: ‘it’s all in your perception’; ‘I always knew I was different’; ‘I dared to be rare’; ‘I was a conformist in that I would never do what other people wanted to do’ and ‘uniqueness is displaying yourself in a personal way’, ‘I’ve never fit in. From childhood, I just never thought in ways that other little girls my age thought ... I liked that little something that sets you apart’.

Interestingly, this theme of *lifetime knowledge of their need for differentness (uniqueness)* was discussed in the context of

their generational societal environment and their perceived societal expectations, 'we grew up with some restrictions in our life that are not there now'. Their lives were impacted by who they married, 'They [the husbands] were who they were, it did not matter who they were married to, they didn't change, and they kept their same kind of job'. But as their wives, 'we've been so influenced by who we married, we entered their lives' – 'we were who they were, being a military, or professor's, or pastor's wife'. With this felt inhibition to express much of their NU, they described the special ways they cooked, baked, sewed, quilted, developed crafts, or collected dishes.

Regarding the component of NU and outspoken social behaviour, one said 'I fight like crazy with my husband who I love dearly, ... to just keep things stirred up ... if I feel like doing something, I want to do it'. Another said 'It just never seemed that when people wrote the rules down, that they wrote them down for me'. Others described group actions as 'I listen and digest the negatives and the positives, then I try to think out of the box, and throw out ideas'.

Creative consumer consumption examples were also provided. One said 'I would not necessarily pick something because it was different, but the things that I picked a lot of times turn out to be different'. Another said: 'I would find things in the basement of (department store) or I would add beads and bangles to things – go scrounging in thrift stores to find unique jewellery and I've always found it ... if you have to wear reading glasses, make them 'rad' and make them glitter, because ... it's just more fun'. Another said 'I like old pieces [of furniture] and not necessarily everything to match, trying to get my house to be a little different'.

## Liberation

*Liberation*, or the freedom that they now were experiencing, again in the context of their perceptions of the current societal environment, as well as their age, was mentioned frequently. During this part of the focus group, there seemed to be more excitement to their conversations when they talked about their NU. They talked about having 'more control to do what they want [ed] to do, to express themselves'. They could 'enjoy the remaining days of [their lives] because society is different now'. 'When you're raising a family and you're working and you're on a schedule, the children are in school, they're on a schedule and then when you get home, there is always lessons to get and meals to prepare, and then I think as you get older, you have more time to bring out this uniqueness that you want to do'. They were 'free at last, to start over', almost a reincarnation from their previous roles, and their perceived societal limitations.

One participant described 'sending a package of seeds to my six dearest buddies inviting them for a slumber party "to grow new memories"', then the next night they went downtown [name of big city] for a 'grammy gone wild' party'. Regarding being widowed, one participant said 'my task was to take care of him and now that task is done, now, I can be more carefree, free to be me'.

## Discussion

This study used qualitative and quantitative data to examine for any presence of the motivational construct, need for uniqueness among older women, aged 57 or older. Three specific scales [Self-Report NU, Outspoken Social Behaviours (Modified) and Desire for Unique Consumer Products (DUCP)], were used to extract quantitative data and focus groups generated qualitative data. The participation of active and busy, older women as responders provided richness to the data.

### Need for uniqueness

There was no difference in the general demographics of the total sample, however, when it came to declaring NU, there was significant Group II (Unique) differences with the SANU scale, the modified outspoken social behaviour scale, and the DUCP scale. Likewise, the focus groups provided examples of all three components of NU of how they looked at the world differently, some of their outspoken social behaviours, and how they shopped differently were present. Significant perceptual feelings of being a risk taker and seeking new and exciting experiences, even when unconventional, also were documented to further validate their NU.

Interestingly, over a third of participants in both the qualitative (38%) and quantitative (37%) activities were affiliated with the Red Hat Society (RHS), a popular organization not only in the US, but also located in 30+ different countries. Perhaps the RHS organization has more of a propensity to attract members with NU and allow more NU expression, as they push for 'doing things out of your comfort zone' (Cooper, 2004, pp 32). Two philosophical tenets, similar with the RHS, surfaced within the focus group responses (Radina *et al.*, 2008). First, is the strength of female friendships; this was seen in the kindred relationship exhibited during the entire focus group sessions, probably due to the presence of hearing stories and experiences that they could identify with.

The second similar element of RHS's philosophy was the 'sloughing off social expectations which were carried as part of being a proper women'; they could now see beyond their

previous identities to experience a liberation in their life (Radina *et al.*, 2008, p. 101). The focus group participants spoke of NU encompassing their life span, continuing to thrive over decades of their childhood, adolescence, and marital experiences, since before their identities were submerged with their husbands and/or children and their pursuit of uniqueness was constrained by their generational self-perceived concerns of societal expectations (Lynn & Snyder, 2002). At that time they had to latch on to a variety of societal acceptable methodologies such as the special ways they cooked, baked, etc. Now, they felt more freedom, together with their resources in today's society, to individually express their NU as they continue to age (Goldfield, 2003; Hansen-Kyle, 2005). Additionally, with their age, these women seemed to be more willing to take more risks because they seem less concerned about what others think.

### Study limitations and generalizability

These findings should be interpreted cautiously as this was a small sample of convenience and presents a specific population in the US with an interest in social and group pursuits. Those that volunteered may be a specific sample wanting to discuss their life experiences. Self-reporting can be subject to bias due to inaccurate recall and a desire to relate things as they should be. Additionally, the modified Outspoken Social Behaviour scale could have changed the original depth of that NU component so the results are also limiting. The perceived societal limitations discussed by this NU sub-sample could be more of a regional perspective in one country, thus more studies about NU and older women are recommended in different regions of the world to note if there are similar perceptions of societal restrictions. Yet, in spite of all these limitations, the methodologies did obtain some exploratory data that could stimulate further qualitative and quantitative data about the presence of NU in older women.

### Relevance to clinical practice

Outside of consumer marketing there are few published articles about the motivational construct of NU (Armstrong *et al.*, 2004; Veazie & Cai, 2007) and to our knowledge, this is the first study conducted with NU and older women. Yet, the presence of NU could have direct application to many of our clinical settings in the world. Further exploratory research of NU in older women is important because of the amount of women (1.28) to 0.78 males worldwide; for the United States there are nearly 6000 American older women turning 65 every day (Moore *et al.*, 2004). Interestingly, it is felt because ageing is at different stages around the world,

there are opportunities for nations to learn from each other's experiences and take advantage of the cross-national planning and coordination of research and data collection. Currently, Europe has the highest proportion of population aged 65 and over, yet those in Asia, Latin American, the Caribbean, and the Near East/North Africa will more than triple by 2050 (Rand Program, 2001).

Individualized patient-centred care is desired, but often difficult to achieve. In the current health care arena, older patients are often expected to adhere to the health care provider's suggestions '(practitioner-led)' with virtually little leeway for other viewpoints of how to manage their care '(user-led)' (Reed, 2008b, p. 77); otherwise they are labelled non-compliant, perhaps even senile. While we know that those with higher strengths of NU look at their world differently, think and respond differently, and are willing to take risks to accomplish their NU goals, health providers do not know how those with higher strengths of NU could be viewing and responding to various health care situations. What kind of risks are they willing to expend for their NU perspectives? The older woman's need for NU could influence her perception positively or negatively toward self-care and self-care activities, which in turn could ultimately affect her health outcomes (Teel & Leenerts, 2005). Currently, researchers are examining further relationships between 'medication non-adherence, the personalization of statistically-based health care information, and a patient's sense of uniqueness' (Veazie & Cai, 2007).

What are the 'older women's everyday life experiences that assist in her mental, social, and physical well being?' (Reed, 2008a, p. 65). Nurses need to help older women maintain their active lifestyle, health, and recognize that older women 'become more unique, individualistic, and complex with age' (Cipriano, 2008; Dollinger & Dollinger, 2003, p. 227). Acknowledging the older woman's presence of NU could create an extraordinary opportunity to empower them to capitalize on their strengths and capacities. Rather than trying to 'change their behaviour, or correcting it, [nurses] could re-direct their activities by incorporating the patient's own patterns of response and behaviour into positive health as they age' (Goldfield, 2003, p. 186; Reed, 2008b). Individualizing any teaching to the older women's perspective would keep them 'engaged and highlight ways to motivate them to meet their personal goals', while reinforcing the education (Burkhart, 2008, p. 507). This re-direction could promote purposeful activities and positive interaction as well as respect and appreciation for their unique contributions; thus, 'maximizing the positiveness in their lives, while minimizing the impact of inevitable age-related losses' (Cipriano, 2008; Goldfield, 2003, p. 146).

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