Older people perceived health as going and doing something meaningful


QUESTION: What constitutes and contributes to the health of older people?

Design
Grounded theory type analysis.

Setting
Healthcare facilities of a group practice health maintenance organisation in the US.

Participants
22 older individuals who were randomly selected from those whose reported perceived health differed from that predicted by a regression model constructed from data from a randomised trial of a primary care intervention.

Methods
Semistructured interviews lasted approximately 45 minutes and took place in participants’ homes or in healthcare facilities. Questions targeted perceptions of health; wellbeing; valued abilities, activities, and relationships; social control; sense of coherence; and personal outlook. Analysis of the interviews employed grounded theory type immersion into the material. This process led to the identification of a central phenomenon and the relation of other factors with it.

Main findings
For these older individuals, health meant going and doing something meaningful. Going meant more than mobility and doing meant more than physical function. Going and doing did not have to involve physical activity, but required 4 components: something worthwhile and desirable to do, balance between abilities and challenges, appropriate external resources, and personal attitudinal characteristics.

Something worthwhile and desirable to do involved activities that were valued such as social activities, travel, reading, housework, fishing, swimming, and creative activities. The number of valued activities identified by an individual did not necessarily relate to a more positive assessment of health. Pain, disability, and depression affected individuals’ abilities to identify or engage in meaningful activities.

Balance between abilities and challenges affected how satisfactorily these older individuals could accomplish valued activities. They spoke of mobility, vision, and mental function as particularly important. Remaining independent emerged as an important contributor to positive perceived health. Perspectives ranged from being resigned to limitations attributed to aging to a determination to continue to do as much as possible.

Appropriate external resources were necessary to support going and doing. Almost all participants spoke of friends and family when asked about valued relationships. Having a spouse did not guarantee a positive perception of health, especially if the spouse had poor health and required caretaking. Cooperative marriages appeared to support positive perceptions. Social support was only part of what people needed. Participants also spoke of health care as a resource.

Personal attitudinal characteristics emerged as the most important contributor to positive perceived health. Factors thought to contribute to a positive attitude included upbringings, religious faith, and control or willpower. Individuals who expressed positive attitudes, assertiveness, determination to continue to be active, and a desire to take charge perceived their health status more favourably than those who did not.

Conclusion
Older people perceived healthy aging in terms of going and doing something meaningful, which comprised 4 components.