



Response shift in self-rated health after serious health events in old age



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ABSTRACT

Objective: Although health generally deteriorates with advancing age, how older adults evaluate their health status (i.e., their self-rated health, SRH) remains rather positive. So far, however, little is known about how SRH in old age may change in the face of an abrupt health decline. Because change/stability in SRH may reflect not only change/stability in health but also changes in the meaning people assign to the concept of “health”, response shift effects in SRH for people with and without a serious health event are investigated in the present study in the older general population.

Method: Longitudinal data from 1764 participants of the German Ageing Survey aged 65 + assessed at two occasions three years apart was used to investigate changes in SRH and three types of response shift: recalibration (change in standards for good health), reprioritization (change in the importance of different factors for health), and reconceptualization (omission/inclusion of new factors). The so-called “then-test” was used to examine recalibration response shift and path analyses, to examine reprioritization and reconceptualization response shift.

Results: SRH declined between the two measurement occasions. As expected, people who experienced a serious health event indicated stronger declines in SRH. The study found evidence of two types of response shift. Regardless of whether they experienced a serious health event or not, individuals on average retrospectively overestimated their baseline health relative to the concurrent rating (recalibration). Furthermore, the predictive importance of depressive symptoms and optimism for SRH increased for individuals who experienced a serious health event (reprioritization).

Conclusion: The results indicate that older adults maintain stable SRH by using two types of response shift: recalibration and, when faced with a serious health event, reprioritization response shift.

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1. Introduction

Although physical health problems and functional limitations become more and more prevalent with advancing age, self-rated health (SRH), which is the evaluation of own health status, remains rather positive. Age-related declines in health status are indeed reflected in a slight worsening of SRH but many older adults still rate their health as good (e.g., Jylhä et al., 2001). The ability to maintain good SRH reflects adaptation mechanisms which are referred to as *response shift* (Sprangers and Schwartz, 1999; Rapkin and Schwartz, 2004). However, less is known about changes in SRH

and adaptation mechanisms due to abrupt disruption of routines, for example due to serious health events, to distinguish it from rather continuous age-related changes without the experience of a serious health event in the general older population. Studies that did examine effects of a serious health event on SRH were mostly conducted in the clinical context and therefore only able to look at changes after a serious health event without having data before the event (e.g., Benyamini et al., 2014; Hillen et al., 2003). In these studies, SRH did change to some degree after the serious health event in some studies (e.g. Benyamini et al., 2014; Perruccio et al., 2010) while it remained rather stable in other studies (e.g. Hillen et al., 2003). However, none of these studies could compare changes in SRH for older people with or without a serious health event in a non-clinical sample. Thus, this study aims at shedding more light on response shift-effects in the general older population

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in which both people with or without a serious health event can be compared and in which health data are available which were assessed before a serious health event had occurred.

1.1. Self-rated health after a serious health event

The fact that a substantial proportion of older individuals continue to rate their health as good (e.g., Jylhä et al., 2001) implies that age-related declines in physical and functional health do not necessarily lead to an equally strong decrease in SRH as individuals rather adapt to these age-related health changes. One reason why SRH remains rather positive despite age-related health declines might be that decreases in health status in old age are to some extent expected (i.e., they are experienced as “on-time”, Neugarten, 1996) and attributed as being part of a normal aging process. Maintaining a perception of good SRH following an abrupt health change as a result of a serious health event relative to less severe health changes may, however, be more difficult since a serious health event often comes along with extensive medical treatment and a longer recovery period.

To date, most evidence with regards to how SRH may change after a serious health event comes from studies based on clinical samples and results have been mixed. Clinical studies have shown, for example, that in a sample of older people who experienced a myocardial infarction, almost 50% reported a decline in SRH (Benyamini et al., 2014). In another study on patients undergoing primary total joint replacement surgery for hip or knee osteoarthritis, less than one third reported no change in SRH over a 6-month period after the surgery (Perruccio et al., 2010). In contrast, SRH did not vary significantly over a three-year period after the experience of a stroke (Hillen et al., 2003).

Besides the limited available information on SRH before the experience of a serious health event one further important limitation of clinical studies is that they usually consider how a specific health event (e.g., myocardial infarction) has affected SRH. Hence, it is difficult to generalize results to other health events or to serious health events in general. Additionally, studies based on clinical samples are unable to compare data from people experiencing a serious health event with data from people who did not experience a serious health event.

To date, only a handful of longitudinal studies have examined the general effects of various serious health events on SRH in the general (older) population (Diehr et al., 2001; Wilcox et al., 1996; Wurm et al., 2008, 2013). These studies have consistently shown that on average the experience of a serious health event leads to decreases in SRH but that many older people report stable or even better SRH after the experience of a serious health event. Wilcox et al. (1996), for example, concluded that changes in SRH after a serious health event might indicate individual adaptation to the serious health event as opposed to the actual impact of the event on the physical health status.

1.2. Response shift and self-rated health

Response shift is considered as a possible explanation for stable SRH despite the experience of a serious health event. Response shift refers to various cognitive processes, which might help to maintain stable SRH despite declines in physical and functional health. Sprangers and Schwartz (1999) distinguished between three types of response shift: recalibration, reprioritization, and reconceptualization response shift.

Recalibration response shift refers to a change in internal standards, which means that stable SRH during the aging process results in lowered standards for good health. SRH is not only rather stable during the aging process despite health declines (Jylhä et al.,

2001), but there also is often no change in SRH pre and post a health event (Bernhard et al., 2001; Hillen et al., 2003; Yardley and Dibb, 2007). Several studies suggest that people tend to retrospectively overestimate their previous health assessment, which is noteworthy as a number of clinical studies used this question to assess SRH before a health event. However, if people are directly asked for change in SRH, individuals indeed experienced a decline in health. For example, Hillen et al. (2003) showed that stroke patients tend to retrospectively overestimate their previous given health assessment. Likewise, Galenkamp et al. (2012) showed that individuals who experienced an incident chronic disease were more likely to retrospectively overestimate their previous given health assessment as compared to individuals who did not experience an incident disease in the same time period (mean follow-up: 3.6 years). This means that, although SRH might be rather stable on an observable level, individuals might indeed experience a decline on a subjective level but adapt to this experienced health decline by lowering their standards for good health and consequently tend to retrospectively overestimate their previous health assessments. Therefore, if standards for good health decrease with age-related decreases in health (Galenkamp et al., 2012; Idler, 1993), recalibration response shift should be observable for all people experiencing age-related health declines, but should be even more pronounced among individuals faced with an abrupt health decline in form of a serious health event.

Reprioritization response shift refers to changes in values or priorities. Although physical health is the main determinant of SRH throughout the lifespan (e.g., Manderbacka et al., 1999; Quinn et al., 1999), numerous other factors such as functional health, depressive symptoms (Schnittker, 2005; Spuling et al., 2015), positive affect (Benyamini et al., 2000; Pressman and Cohen, 2005), optimism (Steptoe et al., 2006), and subjective age (Spuling et al., 2013) are also related to SRH. This means that stable SRH during the aging process despite worsening physical and functional health might be a result of reweighting predictors regarding their importance for SRH. Empirical evidence indeed suggests that health factors loose, whereas psychological well-being factors (such as depressive symptoms, positive affect) gain in importance for SRH with advancing age (e.g., Schnittker, 2005; Shoostari et al., 2007; Spuling et al., 2015). This means, to maintain good SRH despite experiencing physical health declines, the individual weighting of factors that contribute to good SRH might change. Consequently, reprioritization response shift should be observable for all people experiencing age-related health declines, but should be particularly apparent among people coping with strong health declines, that is, among individuals experiencing a serious health event.

Reconceptualization response shift refers to a change in the definition of a concept. In the current context, people may adapt to age-related declines in health and/or a serious health event by changing their definition of health such that a factor associated with SRH at one point in time is no long related to SRH at a later point in time (or vice versa). Reconceptualization response shift therefore represents an extreme case of reprioritization response shift because factors are not merely reweighted (reprioritization), but instead deemed irrelevant (or, vice versa: formerly irrelevant factors become relevant at a later stage; reconceptualization). Consequently, it was expected that reconceptualization response shift is more likely to be observable among individuals experiencing a serious health event.

1.3. Study goals and hypotheses

The aim of the present study was to investigate response shift in SRH in old age depending on the experience of a serious health event. It was expected that participants experiencing a serious

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