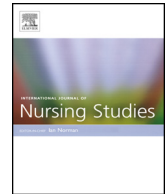




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## Review

## Older adults' definitions of health: A metasyntesis

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## ABSTRACT

**Background:** Despite many gerontological studies focusing on the health of older adults, little attention has been paid to their perceptions of health. Understanding older adults' health perceptions is important because their self-perceptions are important predictors of and strongly related to survival and mortality. Older adults have different perceptions of health compared with younger adults because of their age-related changes, diseases, and limitations. There are also differences between older adults' and health professionals' perceptions of health.

**Objectives:** The purpose of this systematic review was to analyze and synthesize qualitative studies that have explored older adults' perceptions of health.

**Methods:** Four electronic databases were searched for qualitative studies published from the earliest year to 2013, revealing 12 studies for inclusion. The systematic review employed three components of the meta-study including meta-data-analysis, meta-method, and meta-theory.

**Results:** Five health themes are identified from the included studies: ability to do something independently, absence or management of symptoms, acceptance and adjustment with optimism, connectedness with others, and feeling enough energy.

**Conclusion:** Future gerontological research should use appropriate existing health theories and develop new health theories specific to older adults. Healthcare providers should evaluate and revise their health definitions according to older adults' health perceptions and provide appropriate health interventions. Policymakers should have an in-depth understanding of older adults' health perceptions to establish effective older-adult-centered health policies.

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**What is already known about the topic?**

- Health greatly affects older adults' quality of life, life satisfaction, happiness, well-being, and successful aging.
- Understanding older adults' health perceptions is important because their self-perceptions are important predictors of survival and mortality.

- During the last two decades, there has been an increase in qualitative studies focused on older adults' health perceptions. There is, however, a scarcity of research integrating the results of these studies.

**What this paper adds**

- Older adults perceive health as everything, high priority, life process, way of life, or philosophy.
- Older adults define their health as the ability to do something independently, absence or management of symptoms, acceptance and adjustment with optimism, connectedness with others, and feeling enough energy.

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- The ability to do something independently was identified as the most important health theme among older adults.

## 1. Introduction

The population of older adults is growing globally by 2% each year and is expected to continue to grow and reach 21% of the general population in 2050 (United Nations, 2002). Health greatly affects older adults' quality of life, life satisfaction, happiness, well-being, and successful aging (Bishop et al., 2006; Smith et al., 2002). Regarding health definition, the World Health Organization (WHO) (1948) offered, "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." O'Donnell (2009) defined optimal health as "a dynamic balance of physical, emotional, social, spiritual, and intellectual health" (p. iv). Through concept analysis, Wang (2005) defined health as "a process and outcome that involves subjectivity, individuality, objectivity, culture, dynamics, self-control, external control, changeability, and development" (p. 40). Although the term "health" has been commonly used, its definition is still very broad, ambiguous, complex, various, and multidimensional (Maben and Clark, 1995; Wang, 2005; Williamson and Carr, 2009).

Despite many gerontological studies focusing on the health of older adults, little attention has been paid to their perceptions of health. According to research, older adults have different perceptions and experiences of health compared with younger adults because of their normal age-related changes, chronic diseases, disabilities, and limitations (Tan et al., 2014). In addition, Giummarra et al. (2007) reported differences and similarities between older adults' and health professionals' health perceptions. Understanding older adults' health perceptions is important because their self-perceptions are important predictors of and strongly related to survival and mortality (Alfonso et al., 2012; Blazer, 2008; Inchingolo, 1997). During the last two decades, there has been an increase in qualitative studies focused on older adults' health perceptions. In addition, Noghabi et al. (2013) conducted a concept analysis of health in older adults and reported health as physical, mental, social, familial, spiritual, and economic welfare. There is, however, a scarcity of research integrating the results of qualitative studies regarding health perceptions of older adults. Therefore, the purpose of this systematic review is to describe and synthesize qualitative studies regarding older adults' health definitions.

## 2. Methods

### 2.1. Synthesis methodology

This review was conducted using the Paterson et al. (2001) research process of meta-study: "formulating a research question, selection and appraisal of primary research, meta-data-analysis, meta-method, meta-theory, and meta-synthesis" (pp. 11–12).

### 2.2. Search methods

The authors planned the search strategy before starting the search. The two authors discussed appropriate databases and search terms before the search and then independently conducted database searches. Inclusion and exclusion criteria (Table 1) were applied in the selection of primary research. Four electronic databases related to health of older adults were searched from the earliest year to 2013: Ovid MEDLINE (1946–2013), CINAHL (1981–2013), EMBASE (1966–2013), and AGELINE (1978–2013). The database searches were conducted with combinations of the following keywords: *health\**, *health behavior*, *health promotion*, *health beliefs*, *aged*, *elderly*, *older adult*, *older people*, *seniors*, *qualitative research*, *qualitative study*, *qualitative methods*, *qualitative analysis*, *grounded theory*, *phenomenology*, *ethnography*, *narrative*, *qualitative descriptive*, *interview*, *focus groups*, and *anthropology*. The searches retrieved numerous papers. Therefore, the database search was limited to published research articles and dissertations in English. Studies that targeted older adults with specific diseases were excluded because those studies focused on the impact of the disease on health and the process of transition. The authors also excluded papers that included any of following keywords in the research title: *cancer*, *dementia*, *Parkinson*, *cognitive*, *HIV*, *stroke*, *vascular*, *oral*, *dental*, *mental*, *spiritual*, and *social*. In addition, the reference lists of related review articles were hand searched by the authors.

### 2.3. Study selection results

Fig. 1 outlines the search procedure and outcome. The initial literature search yielded 1464 papers. Using EndNote X7, the search results were exported and 136 duplicates were removed. In case of insufficient or unclear contents of some abstracts, full-text articles were obtained and screened by the two authors. They independently examined the retrieved studies and judged them against inclusion and exclusion criteria. To include more articles, the quality of articles was not included in the exclusion criteria. Disagreements regarding inclusion between the authors were resolved through discussion or consultation with another expert. A total of 12 studies were finally included.

### 2.4. Study characteristics

Each of the 12 studies clearly described its purpose: describe health definition, perception, belief, view, image, or meaning (Table 2). Regarding the type of qualitative inquiry, four were descriptive studies (Ballard-Ferguson, 1991; Kaufman, 1996; Oudt, 1988; Viverais-Dresler and Richardson, 1991), two used phenomenology (Ebrahimi et al., 2012; Wondolowski and Davis, 1991), and one was a grounded-theory study that generated an older-adult health model (Bryant et al., 2001). Five studies did not report the type of qualitative inquiry (Collins et al., 2006; Davis et al., 1991; de la Rue and Coulson, 2003; From et al., 2007; Perry and Woods, 1995).

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