



Perceptions by the oldest old of successful aging, Vitality 90 + Study

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ABSTRACT

Purpose: To discover how 90–91-year-olds see a good old age and identify the dimensions of good and successful aging that appear in their talk.

Design and methods: Life-story interviews with 45 community-dwelling nonagenarians (25 women and 20 men), conducted in the context of the Vitality 90 + Study. In the interviews the respondents were asked to give their opinions about a good old age and its constituents. The answers were subjected to thematic analysis with an inductive approach.

Results: The dimensions identified in most popular theories of successful aging, such as the physical, the cognitive, the psychological and social functioning, were also found in our study. But we were also able to identify new themes that have rarely been mentioned in previous studies of successful aging. These themes were “living circumstances”, emphasizing the importance of having one’s own home and living there as long as possible, “independence” in relation to various aspects of life and a “good death”. The respondents saw themselves as having a good old age.

Implications: Definitions of a good old age provided by the oldest old themselves give new insights into the concept of successful aging. Good health is important, but more in the sense of being pain-free than of being disease-free. Social and cognitive aspects seem to be more important than physical health. The important things for our nonagenarian respondents were to continue living independently, preferably in their own homes, and to have a quick and easy death rather than being institutionalized.

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Increasing life expectancy and attempts to add quality to those extra years of life have heightened interest in understanding successful aging and developed a higher expectation for a good life in old age. In societies where longevity is common, quality of life and a good old age are challenges and achieving a good old age enhances continued quality of life during aging. The complexity of the aging process and ongoing social changes in the context of varied cultures and norms, in addition to the ambiguous meaning of success, make it problematic to find a universal definition for successful aging

(Iwamasa & Iwasaki, 2011). Indeed, success in aging still remains a challenging topic in the field of gerontology. Different interpretations have led to a shift in the discourse, from successful aging to terms such as “healthy aging”, “aging well”, “harmonious aging”, “robust aging”, “optimal aging”, “positive aging”, “productive aging” and “active aging” (Depp & Jeste, 2006).

According to Von Faber et al. (2001), successful aging can be approached from two main perspectives. One perspective examined the concept of successful aging as a state of being at a certain moment. An example of that is Rowe and Kahn (1997) which adopts a biomedical approach and objective measures, referring to successful aging as a “positive extreme of normal aging”. The other perspective regards successful aging as a process, and one’s adaptation to that aging process, such as that shown in Baltes and Baltes (1990) which defines

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successful aging as a process involving three components: selection, optimization, and compensation. Bowling (2007a) mentioned that most researchers have chosen their own outcome indicators and created their own definitions of successful aging. Those definitions and models of successful aging attempt to prescribe how people should age rather than understanding how elderly people as a heterogenic group define the process themselves as they age (Chapman, 2005). The perspectives of older adults are needed due to the disagreements which can occur regarding any single definition. Lay models of successful aging give elderly lay people the possibility to voice their understanding and express their opinions on the topic of successful aging. These lay views can be varied or overlap with professional opinions (Cosco, Prina, Perales, Stephan, & Brayne, 2013). Those personal views are essential to a better understanding of the reality of successful aging. They could also help in developing a realistic definition of successful aging and in contributing to providing better patient-centered care (Phelan, Anderson, Lacroix, & Larson, 2004). It is thus important to investigate lay views in order to ensure that theoretical models have social significance and are representative of people's values ((Bowling & Dieppe, 2005). Perceptions of what constitutes successful aging are not only individual but also cultural. Prevailing cultural concepts of what is required for successful aging have an impact on old people's experiences. If perfect health is valued as an ultimate goal, old age, with its increasing health problems, may be experienced as a form of failure. On the other hand, if social dimensions and adaptation are emphasized as important elements of successful aging, it could well be easier to feel satisfied with life.

In earlier studies of lay views, definitions have included such parameters as physical, mental and cognitive health, psychological well-being and life satisfaction, happiness, social relationships, support, activity and productivity, personal growth, a sense of purpose, self-acceptance, coping, spirituality, one's neighborhood, and financial circumstances and security (Bowling, 2007a, 2007b; Bowling & Iliffe, 2006; Glass, 2003). Bowling and Dieppe (2005) compared various models and definitions of successful aging, finding that lay views seem to overlap with biomedical and psychosocial models, but were more multidimensional and contextual.

Many studies suggest that in the context of successful aging we cannot use a universal model for all age groups, different backgrounds and cultures. However, most studies have focused on people younger than 85 years of age, and the situations of the very old—who face the greatest challenges concerning quality of life—is largely unknown. An investigation of the views of the oldest old themselves, without using predetermined operational definitions, is therefore needed.

The main aim of this study was to investigate the meaning and content of good and successful aging by the oldest old people, aged 90+ in Tampere, Finland. The topic of good and successful aging among those people was approached by using qualitative data from life-story interviews with the oldest old.

Methodological approaches of the study

Participants

The data set used in this study comes from the larger life-story interview study, Vitality 90+ in 2012. The whole data

corpus consists of some 1200 pages. For this study we analyzed only one question posed during the interviews. The total transcribed data set analyzed here is 33 pages. An invitation to the life-story interview and a short questionnaire were sent to every fifth woman and man born in 1921–22, living in the city of Tampere, Southern Finland. The response rate to the questionnaire was 46% among women and 63% among men. Only 25% of the female respondents were willing to grant an interview, compared with 48% of the male respondents. The interview participants included 25 women and 20 men aged 90–91. Informed consent was obtained from all respondents or from their legal representatives.

Demographic characteristics of the participants are presented in Table 1. According to the questionnaires, 24 of the interviewees did not need any outside help with light housework, 14 sometimes needed help and 7 needed help daily. The most frequent response regarding self-rated health was “average” (28 persons); 14 said their health was good or fairly good and three said it was poor. One interview, which was carried out with a woman suffering from severe dementia, was excluded from the study.

The life-story interview technique was applied, thus putting emphasis on eliciting individual narratives (Atkinson, 1998). Participants were interviewed in their own homes. The interviews were conducted by three researchers who were experts in the field of aging studies and by two medical students who had received training in conducting interviews. All interviewers were native Finnish speakers. All interviews were tape-recorded and transcribed. The shortest interview lasted 34 min, and the longest 3 h and 20 min. Most of the interviews took between 90 min and 120 min.

During individual interviews, the participants were first asked to tell their life story from childhood to the present day in their own words. After the life story had been related, additional questions were posed concerning health, retirement, hobbies and housing, as well as the person's opinions regarding old age, longevity and older people's status in society. The respondents were also asked to define what they considered to be a good old age (in Finnish “hyvä vanhuus”) and what they felt was needed to achieve it.

Table 1
Demographic characteristics of participants (numbers) in the life-story interviews.

	Men n	Women n	Total n
Number of participants in interviews	20	25	45
Marital status			
Single	1	4	5
Married	9	3	12
Widowed	11	17	28
Former occupation			
Blue collar	10	17	27
White collar	10	18	28
Place of living			
At home	20	24	44
In an institution		1	1
Living condition			
Alone	11	23	34
With a spouse	9	2	11

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