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Feature Article

A qualitative study to examine older adults' perceptions of health: Keys to aging successfully

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ABSTRACT

Older adult health is often defined in clinical terms. Research has demonstrated that many older adults self-report aging successfully regardless of clinical health status. This qualitative study used claims data to identify older adults on three levels of health status: healthy and active, managing diseases, or very sick, to better understand how health is defined and maintained. In total, 32 participants from two cities were interviewed. Interviews were audio- and video-recorded and then transcribed. Thematic analysis identified five themes: disconnectedness between objective and subjective health; health defined to include psychological and social components; resilience and coping mechanisms indicative of successful aging; social support systems integral to health; and the goal of maintaining functioning. These results indicate the importance of individual perceptions of health rather than just counts of chronic diseases. Health management programs should provide holistic approaches to maximize health outcomes and to promote successful aging.

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Introduction

Interest in optimizing older adults' health and promoting successful aging has increased as this population grows due to both the aging of Baby Boomers and increasing life expectancy.¹ Although older adults are living longer, they often face a number of health conditions and chronic diseases. Therefore, supporting older adults is of great importance as they strive to live healthy lives, while managing their chronic conditions. The National Council on Aging (2014) reports that 92% of older adults have at least one chronic disease (such as heart disease or diabetes) and 77% have at least two conditions.¹ The ability to manage these conditions and adapt to associated physical or psychological changes is essential to the comprehensive understanding of successful aging. Furthermore, older adults who are able to manage and adapt are less likely to become high health care utilizers.²

Defining successful aging

Understanding how older adults evolve and adapt to life changes is best illustrated by successful aging theories. Successful aging was first defined by Rowe and Kahn^{3,4} as the absence of disease, sound physical and cognitive functioning, and social engagement. However, this definition limits the number of individuals who can be considered successful agers and is confounded by other factors such as income and education.^{5,6} Research demonstrates that older adults rate themselves as having aged successfully regardless of their clinical health status.^{5,7,8} Therefore, other successful aging theories integrate more psychological and social resources.^{9–12} For example, other theories describe how older adults capitalize on their own individual internal and external resources and coping mechanisms.^{9,11} These provide them with the ability to adapt to stressors and compensate for losses in their lives as they age.^{9,11} As aging advances, older adults may be able to draw increasingly from life experiences and resources, thus life satisfaction actually increases with age.¹³ Integrating social and psychological resources provides the ability to buffer potentially harmful stressors that arise from disease and other factors that occur with

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aging.¹⁴ The integration of these theories provides a broader definition of health for older adults.

The key concepts of successful aging include self-perception of health, psychological and social resources, coping mechanisms, and the ability to adapt to life's changes. Thus, the health of older adults can be conceptualized as a dichotomy between the objective and subjective perspectives. The objective aspect of health is the clinical or medical status, such as number of chronic conditions or diseases, while the subjective aspect is self-reported health. Although conditions and diseases are integral to health, the subjective component, or perception of health, is important to consider as well, as it is a powerful predictor of mortality regardless of clinical health status.¹⁵

Little is understood about how to integrate the subjective and objective aspects of health and aging into practical, cost-effective interventions for delivery to older adult populations. Health program design requires an understanding of how older adults define their health, well-being, and the programs they might consider helpful to support their efforts. Older adults' perceptions of health as clinical health status changes over time could help researchers design more effective programs to help maintain and/or improve health status. Thus the focus in this study incorporates a holistic view of health including psychological and social determinants, coping skills, and maintaining health/functionality over time.

Psychological and social determinants of health

Psychological determinants of health generally refer to the internal domains of quality of life, including levels of stress, anxiety, depression, perceived social support, and locus of control.¹⁶ Social determinants of health relate to social structure, environment, income, and access to health care.¹⁷ Coupled together the psychological and social determinants of health significantly affect the health outcomes and mortality of older adults.^{18–21} Older adults who report high levels of life satisfaction, strong social networks, and low stress tend to be lower risk, are more likely to utilize preventive care services, and are thus likely to accrue lower healthcare costs.^{18,22,23} Older adults with high levels of depression and low social support have higher healthcare utilization and therefore higher costs.^{21–23}

The ability to cope with life changes and stressors, such as loss of friends or family, illness, or retirement, and maintain psychological well-being demonstrates high levels of internal resources such as resilience. Resilience is the ability to cope with challenges and adapt to the demands in a psychologically healthy way²⁴ and is associated with high levels of social support and better health behaviors.^{8,25,26} Research has found that high levels of resilience are also associated with adaptive coping skills, optimism, spirituality, and social support.^{26,27}

Other aspects of health for older adults include social support and the ability to maintain independence. The health benefits of social support for older adults are profound.^{19,28,29} Social support is an important resource provided by one's social network and provides the sense that one will receive care in times of need.¹⁹ Older adults derive health benefits both receiving and providing social support to members of their social networks.^{29,30} Pathways include emotional support (providing comfort), informational support (providing information), and instrumental support (task-oriented support such as being driven to a doctor's appointment).¹⁹ Higher levels of social support are associated with better health behaviors, higher self-rated health, better adherence to lifestyle modifications, better cognitive functioning, and less loneliness.^{31–33} Social support is also considered to be a positive coping mechanism as it relies on external resources to assist with health, stress, and emotional regulation.^{34,35}

For older adults, self-reported health also includes the ability to take care of and manage oneself independently. Autonomy or independence is a key driver in maintaining health and successful aging for older adults.^{36,37} The ability to make health decisions, perform activities of daily living (ADLs), continue to drive, and manage medications may significantly influence how older adults perceive their health and well-being.^{38,39}

Statement of purpose

The purpose of this study was to better understand how older adults across a spectrum of health describe their perceptions of health, and to consider how their definitions may influence programs to support health maintenance. This approach attempts to move beyond the clinical model of health and instead provides a holistic insight into what older adults consider the determinants of health and their health needs over time. This qualitative viewpoint can provide an invaluable perspective of what older adults may need from their own resources, families, communities, or support systems (including health plans) to maintain their health and well-being over time and thus consider themselves as aging successfully.

Methods

This study was the first phase of a larger multi-phase study to better understand the health-related issues of older adults with AARP® Medicare Supplement plans insured by UnitedHealthcare Insurance company (for New York residents, UnitedHealthcare Insurance Company of New York). These plans are offered in all 50 states, Washington DC, and various US territories. Of those with fee-for-service Medicare coverage (an estimated 34 million Americans), about 27% (4.2 million) purchase a Medicare Supplement (i.e. Medigap) plan to help defray the out-of-pocket expenses from co-payments, coinsurance, and deductibles that Medicare does not cover in entirety. Participants were recruited for in-person interviews from Phoenix, AZ and Chicago, IL. These cities were identified based on their geographic location, enrollment in an AARP Medicare Supplement plan, frequency of research conducted in these markets, and availability of facilities to conduct the interviews. The goal of this first phase was to conduct individual interviews with older adults to better understand their perceptions of health, determinants of health, and resources they may use to maintain health as they age. This study was approved by the New England Institutional Review Board.

Participants

Participants were recruited to achieve a balance across gender and clinical health status. To obtain a diversity of health-related issues, participants were selected based on their Hierarchical Condition Category (HCC) risk scores.⁴⁰ HCC scores are derived from CMS based on medical claims and represent an individual's medical health status. For example, an HCC score of 2 means an individual will likely have healthcare expenditures twice as high as the average Medicare member. The sample was divided into three categories based on these HCC scores: Healthy and Active (HA) (HCC, 0.50 or below), At Risk (AR) (HCC, 0.51–2.80), and Very Sick (VS) (HCC, above 2.80). We oversampled the AR category, since older adults often have multiple chronic conditions. We subdivided the AR category into high and low risk (based on HCC scores) to get health diversity within that group.

The research staff worked with a marketing company to recruit participants. All participants were between the ages of 65–85. Recruiters called members and followed a scripted screener. Eligibility to participate in this study included confirmation of

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