

Older People and Well-Being: Perception and Influencing Factors

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MA in Education and Well-being of the Older Person



Mairead Spillane is a healthcare professional with over 30 years' experience working in the acute medical setting, particularly in the field of cardiovascular and respiratory disease. She is passionate in her belief that each individual is capable of achieving and maintaining his or her optimal health and overall well-being. This guiding principle continues to fuel her interests and activities, including setting up and running a successful business venture within the complementary health sector for more than twenty years. Successfully completing the MA in Education and Well-Being of the Older Person in MIC, cemented her commitment to engage with this target age-group so that those in mid-life and beyond can be active participants in determining how they negotiate the challenges of the ageing process.

KEYWORDS: Well-being, Health, Aging, Education

INTRODUCTION

Ageing is an irreversible process, a natural occurrence which forms part of our shared human experience. The ongoing worldwide phenomenon of an increasing older demographic is widely documented and universally accepted. With population ageing, policies for healthy ageing have become key to preventing disease, disability and loss of well-being. In Ireland, policy in relation to health and well-being over the trajectory of ageing is underpinned by the National Positive Ageing Strategy (DOH 2013). The stated vision of the NPAS is to create a society for all ages where population ageing is celebrated and *'the equality, independence, participation, care, self-fulfilment and dignity of older people'* is enabled and enhanced (NPAS 2013). One of the goals outlined in the foregoing is to support and utilise research in relation to all aspects of ageing and older people and, to ensure a comprehensive, holistic, multidisciplinary, all stakeholder approach to policy formation.

This study examines the older person's perception of well-being and the factors which influence this perception. Older people's health and well-being can only be maintained and improved if policies take account

of their specific physical, psychological, educational and socio-economic needs. The dearth of research into the subjective experiences of older people living in the community setting was a key motivation for this study. The aim of which was to explore the older persons subjective perception of the factors which impact their well-being rather than the previously much studied professional perspectives. This study seeks to create a better understanding of the process of ageing and to reflect the experiences, beliefs and abilities of older people themselves. This research exploring the facilitators and barriers to the layperson's positive perception of well-being provides an important contribution to the body of knowledge. Understanding the older person's perception of well-being is necessary to inform strategic planning and future public policy.

This article presents a snapshot of the study findings. The findings presented, evidence the positive impact of maintaining opportunities for education, intellectual stimulation and social connection on the perception of well-being among older people.

CONTEXT

Diener and Seligman (2004) contend that policy decisions at organisational, corporate and government levels should be influenced by issues related to well-being. They further argue that current policy focuses only on economic outcomes omitting the measurement of well-being. The concept of well-being and maintaining a positive perception of well-being throughout the ageing process is particularly relevant in the light of the currently extending human lifespan. The United Nations 2017 population prospectus predicts that globally by 2050 there will be 2.1 billion people aged 60 and over, with the number of people aged 80 and over projected to triple within the same time frame (UN 2017). In Ireland Census 2016 recorded a 19.1% increase in those aged 65 and over when compared with the 2011 census, recording in addition 456 centenarians; an increase of 17.2% (CSO 2016). It is universally accepted that this trend is set to continue.

Well-being is a broad, complex and multifaceted construct (Pollard and Lee 2003). As a theory it is open to various conceptualisations, many definitions and various methodological approaches (Crivello et al 2009). This has led to ongoing interdisciplinary debate (Michalos 2008) as researchers seek to develop a level of clarity around a concept which is difficult to define and even more difficult to measure (Thomas 2009). Despite there being no universally accepted definition of well-being, in relation to older people it is associated with affirmative concepts such as *'healthy, active, positive, productive and successful ageing'* (NPAS 2013).

Older people bring their own personal feelings, experiences and opinions to the complex question of what constitutes well-being (Stanley and Cheek 2003), defining well-being in both subjective and objective terms. The perception of well-being is fluid. It is influenced by current events and challenges and reflects the individual's ability to achieve a point of balance between challenges and resources (Headley and Wearing 1989).

Studies comparing the views of older people with those of healthcare professionals in relation to the

concept of health and well-being in older age, found that their perspectives differed in relation to how a positive perception was achieved and maintained (Giummarra et al. 2007). The primary focus of much of health literature relates to the negative aspects of the human condition (Ryff and Singer 2008). Healthcare professionals conceptualise the absence of disease and maintenance of normal functioning as fundamental to good health, older people in contrast perceive a certain amount of loss as inevitable and accept the need to accommodate age-related changes. Studies show that despite being classified as being physically and clinically ill or having multiple chronic conditions, many older people continue to report a positive sense of well-being (Cummins 2005; Schickler 2005; Simon et al 2005). Research studies involving in-depth interviews with older people are necessary to better understand this phenomenon (Strawbridge et al. 2002).

The more researched traditional theories have failed to sufficiently consider the broad range of factors which influence the layperson's perception of well-being (Jopp et al (2015)). In fact, the perspective of the older person is frequently absent from discussions. The views and perceptions of the oldest old have been found to be even more diverse and complex; the absence of disease perceived as even less important. While there is no universally accepted definition of older old there is a precedent for defining 75 years as a transition point where older age commences (UN 2012). The older old focus on maintaining cognitive ability, being pain-free and being able to carry out certain tasks (Nosarty et al 2015; Cherry et al 2013). This highlights the need for studies to explore and compare perceptions of ageing and well-being among different older age groups (Nosarty et al 2015). Stanley and Cheek (2003) advocate the use of qualitative research methods to study well-being as the lived experience of the older person, thereby facilitating a move away from an external examination of criteria to a study of well-being grounded in the reality of human experience. The subjective perspective of the older person is necessary to increase clarity around the concept of well-being and the factors which influence the older person's perception of well-being (Koistinen et al. 2012).

METHODOLOGY

The interpretivist paradigm and phenomenological approach of qualitative research was employed to examine the research question: *What does the older person perceive as well-being and what influences that perception?* As discussed previously, research indicates that significant changes in perceptions and attitudes to ageing, health and well-being are associated with progressive ageing (Nosarty et al 2015). This led the researcher to use purposive sampling. Purposive sampling is a method of selecting participants for a specific purpose rather than randomly selecting participants (Teddlie and Yu 2007). To ensure the integrity of this study participants were selected from different age cohorts and gender balance was maintained. Two participants one male and one female were selected from each of the following age cohorts 60s, 70s and over 79. The research was carried out in two phases. In phase one

participants completed a questionnaire which was based on the Ferrans and Powers quality of life index (1985), while phase two consisted of a face-to-face semi structured interview. The resultant data was analysed using Braun and Clarkes (2006) six phase model of thematic analysis.

As part of this process the data was coded manually, each code identifying a meaningful piece of data (Tuckett 2005). Correlating codes were then merged to create categories which were analysed and organised in order to establish possible themes (Braun and Clarke 2006). These proposed themes were further refined to identify distinct patterns and similarities from which the overarching themes and sub themes were identified. The use of systematic processes identified procedures and rigorous standards (Creswell and Miller 2000), together with an acknowledgement of the researcher's lens as part of the research process, ensured the validity of data generation, data analysis and researcher interpretation.

FINDINGS AND DISCUSSIONS

This comprehensive analysis of the data elicited a number of key findings. The findings presented herein are of particular relevance to educationalists with an interest in the research and development of education and learning opportunities which span the trajectory of ageing. Older people accept ageing as a process, later life leading to increased vulnerability and diminished physical capacities requiring acceptance and adaptation *'physically you change you know, more aches and pains [...] That's one of the penalties of old age;'* *'it's an ageing process and natural thing.'* While older people accept ageing as a process, they work hard at active ageing seeking to both accept and mitigate age-related change. All of the participants perceived engaging in activities which promote and maintain physical, mental and psychological well-being as hugely important. Participants felt that engaging in activities to maintain their global well-being was their responsibility and maintained this attitude of self-responsibility irrespective of how well or how limited their own level of engagement, *'...it's up to yourself to have a good time or not.'*

Activities such as walking were identified as providing both physical activity and opportunities for social connection, *'I like to get out walking it keeps me in touch, meeting someone.'* For the study participants, maintaining mental acuity was considered of even greater importance than maintaining physical abilities. The participants perceiving physical decline as something which could be mitigated more easily than mental decline *'you have to learn new things all the time.'* Activities such as participating in poetry groups, song writing, reading and doing crosswords were all seen as promoting and maintaining mental acuity; *'They are elderly now who are doing poetry with me and their minds are clear as crystal! I believe its great therapy [...] Keep the mind busy and especially in anything that's creative.'*

Hunger for opportunities to engage both socially and intellectually was a recurring theme and is reflected particularly well in this declaration by one of the participants, *'Social engagement is hugely*

important to me and intellectual engagement. I find I still get a kick out of learning something new whether it's from a child or an adult whatever circumstance, I still get a buzz from learning. I love this! I would hate to ever lose it.' Despite the foregoing however, for older people maintaining social connection and finding suitable opportunities for intellectual engagement can prove difficult. Speaking of walking and shopping locally one participant stating, *'we will not see a face we know.'* This social disconnect was also reflected strongly in comments such as *'it is not like before, you don't meet people now like you did before. Everyone seems to go their own way [...] You don't visit your neighbours anymore.'*

In relation to finding and engaging in suitable intellectual activities for many older people, particularly the older old, technology was perceived as a barrier rather than a tool. Some of the participants perceiving that their lack of competency in relation to technology created an overall negative perception of them as human beings, *'people presume that you are almost stupid if you are not particularly interested in technology;'* *'we are only a nuisance, particularly if we are ignorant of online business, they don't want us.'* This has led some older people to reflect a strong sense of social disconnect and created a reluctance around engaging with further learning and education opportunities. This is expressed in participant comments such as *'we feel at times shut out;'* *'they are nice people as I say, aah, life belongs to them it doesn't belong to us;'* *'the younger crowd mightn't have much time for you [...] it's the same for everyone.'*

The continued engagement of older people in education and lifelong learning has been shown to positively impact their perception of well-being; increasing their knowledge, motivation, resilience and independence while also providing them with opportunities for social connectivity (NPAS 2013). The data collected in this study further reflects this.

CONCLUSION

This research study set out to examine the older person's perception of well-being and the factors which influence this perception. This snapshot of the research findings demonstrate that older people view ageing as a natural process and adapting to its related challenges a normal part of later life. The older person's perception of well-being is largely positive. Older people seek to optimise their physical, emotional and intellectual well-being. They view social connection and intellectual stimulation as integral to their well-being. In contrast diminished opportunities for social connection and intellectual stimulation were found to negatively impact the older person's perception of well-being. This creates both opportunities and challenges for future policy in all areas including in relation to education policy. Education policies must seek to provide adequate opportunities for engagement with formal, informal and non-formal education across the lifespan.

As previously discussed, the global phenomenon of an increasing older demographic makes healthy ageing policies which aim to prevent disease, disability and loss of well-being a key part of health, social and education policies worldwide. Despite the acknowledged health, social and economic benefits of life long education and learning there remains, a deficiency of research seeking to identify the facilitators and barriers to the ongoing intellectual engagement of the older person. The findings of this research have value in the development of programmes and services which seek to minimise the barriers and support the facilitators of a positive perception of well-being among older populations. A study limitation was sample size. The research findings presented highlight the need for further research studies to examine the type of approach necessary to enable and to promote the continued engagement of older people in education and learning over the trajectory of ageing. This research should include an examination of both the facilitators and the barriers to this engagement including but, not limited to those highlighted within this study.

'Education is a crucial basis for an active and fulfilling life' (UN 2002).

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