

The 2019 fiscal year Doctoral thesis (Abstract)

Characteristics of Reference Points in Self-Rated Health  
among Older Adults who Need Support or Care

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This abstract describes present study as “Characteristics of Reference Points in Self-Rated Health among Older Adults who Need Support or Care.”

The study was conducted based on the research question that why older adults who need support or care evaluate their health “good” in self-rated health. Therefore, the aim of this study is to clarify characteristics of reference points in self-rated health among older adults who need support or care. The relationship between primary and secondary study conforms to the “Parallel Triangulation Approach Method” in mixed methods, as follow.

The title of primary study is “Characteristics of Factors Affecting Self-Rated Health in Older Adults Requiring and Not Requiring Support or Long-Term Care.” The aim of this study was to explore the characteristics of factors affecting self-rated health (SRH) in older adults requiring support or long-term care. The participants were 1,059 older adults requiring support or long-term care and 1,699 older adults not requiring support or long-term care. We selected each group through a random sampling design in same community, and the older adults who required support or long-term care were all the long-term care insurance system beneficiaries. We collected their physical factor, psychosocial factors and SRH using a common mail-questionnaire.

We clarified the factors affecting SRH in each groups with multiple logistic regression analysis. The results showed not only physical factors as diseases, fall, and ADL but also psychosocial factors as loneliness and emotional support were significantly associated with SRH in older adults requiring support or long-term care. In another group, however, physical factors as diseases, fall, and IADL were mainly associated with SRH. These finding indicate that psychological aspects of social relationship are more important rather than ability to social environment, in order to facilitate SRH of older adults requiring support or long-term care.

Next, title of secondary study was “Reference Points for Good Health in Self-Rated Health among Older Adults who need support or care.” The aim of this study was to elucidate reference points for good health in SRH among older adults who need support or care, using a qualitative method. Semi-structured interviews were conducted with 15 older adults. They were all day-care user requiring support or long-term care. And the interview contents were analyzed with the qualitative descriptive analysis. The analysis process showed reference points of SRH consist six core-categories as follow:

- “stable of Illness and physical condition”
- “independence in my daily life”
- “good relationship with me and around people”
- “unchanging confidence in myself”
- “living my life with worthiness” and

- “living with ageing and illness”

In physical aspect, from these results, reference points for good health in SRH are to stabilize the disease and physical condition with self-care, and to live in their daily living with independent as possible. In psychological aspect, having confidence for being health and living well are important. In social aspect, reference points in SRH is that older adults play own roles in home and day-care. And addition, they have emotional supports such as enjoying interaction with others, and motivating to join several activities. In other aspects, the narrative of some elderly show transcended reference points that older adults accept aging and illness. In addition, they evaluate own overall health based on the meaning of their life and the degree of achievement gero-transcendence.

Two studies from the above conclude characteristics of reference points in self-rated health among older adults who need support or care as follow:

- Stability of diseases and several symptoms is important for older adults. In order to stabilize the diseases and several symptoms, not only self-management of own health but also proper diet and sleep are important in daily life. And it is also important that the older adults are independent in their current life, because they desire to continue their independent lives as much as possible.

- Positive attitudes such as awareness that oneself is healthy and confidence to continue the current life in the near future indicate determinants of SRH among older adults. These attitudes are paraphrased as a confidence, and positive points as self-confidence may be a reference in SRH among older adults who need support or care rather than the negative points such as loneliness of psychological aspect among them.

- The qualitative factors as interaction from older adults and around people effect reference points for good health, rather than the quantitative factors such as number of social activities and frequency of going out. It is important that older adults play domestic roles in home and day-care, such as putting a trash and doing laundry.

- In addition, it is necessary to consider what meaning “aging” has in order to clarify about characteristics of reference points in SRH among older adults in-depth because primary and secondary study indicate getting age affecting SRH, in the near future.

In the research field of SRH among older adults, research design have to conduct not only cross-sectional study but also longitudinal study. In order to further develop present study, several factors related to SRH from results of qualitative study have to verify a correlation by quantitative study. Furthermore, it is necessary to clarify the causal relationship between several factor and SRH by proceeding to longitudinal research.