

Session Identifier: D.3

Session Theme: Healthy Aging and Self Care

Friday, June 17, 2016

11:00 a.m. – 12:30 p.m.

“I’ll try my darnedest to stay healthy.” The Self-Care Practices of Older People Receiving Care
Dr. Rachel Barken, York University

Objectives: Research on later life care typically focuses on the types of support that older people receive from family, friends, and formal care providers. Older people receiving care from others, however, often continue to care for themselves as they direct and maintain their own health, engage in preventive behaviour, and respond to illness. The purpose of this paper is to explore the intersections between older people’s self-care practices and the receipt of support from others. Methods: Findings are derived from semi-structured, qualitative interviews with 34 older people receiving home care services in Ontario, Canada. Interviews were designed to elicit the meaning and value that participants attached to self-care in the context of caregiving relationships. Results: Participants expressed a strong desire to continue to engage in self-care to whatever degree possible even while they received care from others due to chronic health conditions and disabilities. The high value that participants placed on self-care may be understood in a socio-cultural context that emphasizes individual responsibility for health and well-being in later life. Yet, participants often expressed a sense of interdependence between their capacity to care for themselves and the support they received from others. In doing so, they challenged dominant understandings of self-care as entirely an individual responsibility. Conclusions: Self-care is an important aspect of caregiving relationships. Services that support older people’s capacity and desire to practice self-care can improve their sense of well-being as they receive both formal care and care and family support.

Maintaining Cognitive Health after Retirement

Dr. Judith Godin, Nova Scotia Health Authority; Dr. Olga Theou, Dalhousie University; Dr. Joshua J. Armstrong, Dalhousie University; Dr. Melissa Andrew, Dalhousie University

Researchers have examined the association between cognition and retirement; however, results are inconsistent. Possibly, risks may be context dependent. Some people look forward to retirement as an opportunity to pursue interests and hobbies, whereas others derive meaning and benefits from employment. Our purpose was to explore predictors of cognitive impairment in employed and retired individuals over the age of 50. We conducted secondary analyses of data from the English Longitudinal Study on Aging. Cognitive impairment and frailty were measured using a deficit accumulation approach. At Wave 1 there were 3704 employed or self-employed individuals and 5712 retired individuals. Preliminary results indicated retired individuals were more cognitively impaired than employed individuals; however, after controlling for demographic variables there was no significant difference and after controlling for frailty, retired individuals were less cognitively impaired. For both retired and employed individuals, being younger, more educated, and perceiving higher social status were associated with lower levels of cognitive impairment. Frailty was associated with more cognitive impairment in both groups. For retired individuals, being female and perceiving a fast pace was needed to get things done were

associated with lower levels of cognitive impairment. For employed individuals, perceiving more control at work was associated with lower levels of cognitive impairment. Longitudinal results will also be discussed. Understanding the link between retirement and cognition can facilitate the development of appropriate interventions to help people maintain cognitive health in retirement.

How Can There Be Anything Wrong with Taking Responsibility for One's Own Health?

Dr. Hazel MacRae, Mount Saint Vincent University

Most people, younger and older, are likely to regard good health as central to quality of life. But what is 'good health'? How is it achieved and maintained, and who is responsible for it? Based on in-depth, face-to-face, qualitative interviews with 36 older women, this paper examines older women's definitions of good health and their views about healthcare and responsibility for health. The study findings illustrate how older adults' definition of health and allocation of responsibility for it can potentially adversely affect quality of care expected and received. Highlighting the significance of social and psychosocial factors in identifying and understanding potential barriers to good health and adequate healthcare for older adults, the policy implications of the findings are discussed.

What Self-Management Strategies can be used to Help Family/Friend Caregivers Manage their Role as Caregivers?

Dr. Grace Warner, Dalhousie University; Dr. Susan Hutchinson, Dalhousie University

Objectives: To present the results from a scoping review of self-management interventions for family/friend caregivers. The research question addressed by the review was: What is known from the existing literature about the delivery and effectiveness of self-management interventions for improving psychosocial and self-care outcomes of family caregivers of older adults? **Methods:** The scoping review used Arksey & O'Malley's methodology that included a consultation exercise with stakeholders to provide insights on the review. Five major databases were searched to identify quantitative studies published 2000-2012 that assessed self-management programs delivered to caregivers only or caregivers and care recipient. Two individuals reviewed the abstracts, conflicts were resolved using consensus. **Findings:** After completing the review 26 studies met our inclusion criteria. The interventions ranged from leisure-based programs to online text-based chat groups, with program durations ranging from three weeks to one year. Our review found self-management programs were most commonly provided to caregivers of individuals with dementia. The most common focus of interventions was to help caregivers manage the emotional sequelae resulting from caregiving. This was often in conjunction with information on how to manage the medical aspects of the recipient's condition. Stakeholder feedback indicated a telephone-based intervention might be more feasible and the complexity of interventions made it difficult to pinpoint which aspect of the intervention was essential to its effectiveness. **Conclusion:** The consultation stage was essential for translating findings into program recommendations.