

Frail elders' experiences of health

A combination of qualitative and quantitative studies with a salutogenic perspective

Akademisk avhandling för avläggande av medicine doktorexamen vid Sahlgrenska akademien vid Göteborgs universitet kommer att offentligen försvaras i Göteborg, Arvid Wallgrens Backe 7 (hälsovetarbacken), hus 2, plan 1, sal 2118,

Fredagen den 13 juni 2014, klockan 13.00

Av

Zahra Ebrahimi

Legitimerad Sjuksköterska

Fakultetsopponent:

Docent Ulla Hällgren Graneheim

Institutionen för omvårdnad, Umeå universitet

This thesis is based on the following studies:

- I. Ebrahimi Z, Wilhelmson K, Moore Dea C, Jakobsson A. Frail elders' experiences with and perceptions of health. *Qual Health Res.* 2012;22(2): 1513-1523.
- II. Ebrahimi Z, Wilhelmson K, Eklund K, Moore Dea C, Jakobsson A. Health despite frailty: Exploring influences on frail older adults' experiences of health. *Geriatric Nursing.* 2013;34(4): 289-294.
- III. Ebrahimi Z, Dahlin-Ivanoff S, Eklund K, Jakobsson A, Wilhelmson K. Self-rated health and health strengthening factors in community-living frail elders. (Submitted to *Journal of Advanced Nursing* 2014-03-18).
- IV. Ebrahimi Z, Eklund K, Dahlin-Ivanoff S, Jakobsson A, Wilhelmson K. Effects of a continuum of care intervention on frail elders' self-rated health, experiences of security/assurance and symptoms: A randomized controlled trail. (Submitted to *Journal of Geriatric Nursing* 2014-04-29).

Permissions to reproduce and use content from the above published articles were obtained from the publishers.



UNIVERSITY OF GOTHENBURG

Frail elders' experiences of health

A combination of qualitative and quantitative studies with a salutogenic perspective

Zahra Ebrahimi

Department of Public Health and Community Medicine
Institute of Medicine
Sahlgrenska Academy at University of Gothenburg, Sweden, Gothenburg

Abstract

The overall aim of the thesis was to explore experiences of health and its' influencing factors among frail elders and to evaluate the effect of the intervention *Continuum of care for frail elderly people, from the emergency ward to living at home*.

Studies I and II had a qualitative approach, and aimed to explore frail elders' experiences with and perceptions on the phenomenon of experiences of health (study I), and to explore and identify influences on frail older adults' experience of health (study II). Studies III and IV had a quantitative approach, and aimed to analyze the explanatory power of variables measuring health strengthening factors for self-rated health among community-living frail elders (study III) and to evaluate effects of the intervention on self-rated health, experiences of security/safety and symptoms (study IV). The two quantitative studies are based on the data from the intervention *Continuum of care for frail elderly people, from the emergency ward to living at home*.

The results showed that frail elders described the phenomenon experienced health as harmony and balance in everyday life which occurred when interviewees were able to adjust to the demands of their daily lives in the context of their resources and potentials (study I). To feel assured and capable was the main theme, which consisted of five subthemes: managing the unpredictable body, reinforcing a positive outlook, remaining in familiar surroundings, managing everyday life, and having a sense of belonging and connection to the whole (study II). We further found that being satisfied with one's ability to take care of oneself, having 10 or fewer symptoms, and not feeling lonely had the best explanatory power for community-living frail elders' experiences of good health (study III). The results from study IV indicated a positive effect of the intervention on the elders' self-rated health and experiences of symptoms. Regarding elders' experiences of symptom, the result showed statistically significant differences between intervention- and control group at the six month follow-ups. Concerning elders' self-rated health, the result showed statistically significant improving within intervention group from baseline up to 6 and twelve month.

Conclusion: It is possible even for frail elders to experiences good health. A multidisciplinary and person-centric social and healthcare system is desirable where the focus should not only be on ailments and problems but also to provide supportive services from a salutogenic perspective and thereby enable elders to feel secure in managing their everyday lives as this further reinforces their experience of good health.

Keywords: Experiences of health, frail elders, resilience, person-centered care, Salutogenic perspective

ISBN: 978-91-628-9055-1