

POSTER ABSTRACT

Capabilities of older people in adjusting to frailty

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Introduction: External factors influence older people's changes to successfully age in place, as do intrapersonal factors, which allow people to adjust to changes in daily life. Although research on active and healthy ageing has shown the importance of a multidisciplinary perspective, less thought has been given to the direct environment an ageing person spends his time in. Additionally, research about psychosocial experiences has mainly focused on frailty as a physical concept without taking the subjective perspective into account. Research was seldom directed at the older people as care receivers, but at the perspective of formal care. Consequently, this study starts where others ended, namely in addressing home-dwelling older people themselves, by examining how they cope with current and future frailty.

Methods: The technique of focus group interviews N=137 older people was used and data was collected through a semi-structured questionnaire on place and care. The transcripts were thematically and narratively analysed by an iterative coding process based on the coping model of Dunér & Nordstrom 2 and the conceptualisation of frailty by De Witte et al. 1.

Results: Our analysis identified an additional managing style of 'rejective managing' next to the three styles suggested by Dunér & Nordström 2: 1 active, 2 adaptive, and 3 passive. As the way older people act on their changing situations can be defined on their degree of dependency and their degree of activeness, the study unfolds that both dimensions are not necessarily correlated with what was stated by Dunér and Nordström 2, as rejective older people are independent and do not act.

Discussion: Managing styles and frailty dimensions become dynamic as managing one dimension of frailty leads to managing other dimensions i.e. spillover effect, and as active managing enables even more activeness i.e. amplifying effect. Moreover, the need for care and support of older people varies according to frailty and managing styles.

Conclusion: The study identifies subjective factors influencing the relationship between the individual and the environment. How people act on frailty underpins not only the ability to manage specific changes but also depicts the intertwining relation between the different dimensions of frailty.

Lessons learned:

Definition of management capabilities;

Identification of managing styles;

Introduction of an empowering perspective in frailty literature; and

Creation of a tool to guide policy and practice in empowering frail people.

Limitations: The narratives were approached in a positive way, which could enable emphasising a more active managing style rather than rejecting managing. Additionally, 'categorisation' neglects the interchangeability between the person and the environment.

Suggestions for future research: A longitudinal multilevel study is suggested to get a comprehensive understanding of the dynamic process between managing styles and multi-dimensional frailty, as is repeating the study in other environments to assess and compare contexts.

References:

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2- Dunér A, Nordström M. Intentions and strategies among elderly people: Coping in everyday life. *Journal of aging studies*. 2005;194:437-51.

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