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Understanding the Meaning of Well-being in Older Adults: A Mini-phenomenology

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Abstract

Title: Understanding the Meaning of Well-being in Older Adults: A Mini-phenomenology

Background and Objective: Loneliness is a major concern in older adults, the fastest-growing segment of society, due to age-related losses. As the aging population continues to rise, so will their vulnerability to loneliness. Previous studies suggest that promoting well-being is a potential strategy to prevent or reduce loneliness. The aim of this mini-study was to explore the meaning of well-being in older adults.

Methods: A qualitative descriptive mini-phenomenological research design was utilized for this study. Four older adults ages 72 to 78 (mean age of 74.3) participated in the mini-study. Data was collected through audiotaped, open-ended face-to-face interviews, field notes, and observations. Giorgi's (2012) methodology for data analyses was used to analyze the data. All interviews were transcribed verbatim and entered into NVivo 12 data analysis software. Codes were created from the data and merged into categories. The categories led to the formation of descriptive themes.

Results: Three initial major themes emerged for the meaning of well-being: (1) Living a healthy and fulfilled life, (2) Being involved with family and friends, and (3) Having a relationship with God.

Conclusions and Implications: The findings have significance for the holistic care of older adults and generate insights into the areas where nurses and those working with older adults should focus while developing interventions to promote well-being. This mini-study provides a basis for the feasibility of conducting a larger study.

Keywords: well-being, well-being, meaning of well-being, loneliness, older adults

Understanding the Meaning of Well-being in Older Adults: A Mini-phenomenology

Loneliness is one of the risk factors relating to older adults' well-being, and research studies suggest an inverse relationship between loneliness and subjective well-being (Windle & Woods, 2004). When well-being increases, loneliness decreases, and vice-versa. Therefore, understanding the older adult's definition of well-being may be a step in addressing and identifying loneliness. This qualitative mini-study focuses on determining the participants' self-perception of well-being to identify if there is a possible relationship to loneliness. The findings from this mini-study may provide basic knowledge about the elements that constitute well-being in older adults, which may include loneliness.

Background

As social beings, humans need belonging. Loneliness results when one's need for personal belonging is not being met, i.e., when a discrepancy exists between one's actual and desired relationships (Hawkley & Cacioppo, 2010). Loneliness and social isolation are often used interchangeably, but there are differences between the two concepts. Loneliness refers to subjective feelings of being alone (Savikko et al., 2005), whereas social isolation refers to an objective measure of social networks (Medvene et al., 2016). This mini-study focuses on the meaning of well-being.

Loneliness is increasingly recognized internationally as a significant public health issue (Cacioppo & Cacioppo, 2018), prompting some countries to devise strategies to mitigate the effects of loneliness. News headlines from many nations suggest a loneliness epidemic, with both the United Kingdom and Japan electing a Minister of Loneliness in their respective countries (Geggel, 2018; Maina, 2021). An increasing portion of the U.S. population also experiences loneliness regularly. The Cigna Index (n = 20,000) revealed that 46 percent of Americans report feeling lonely (Cigna, 2018). AARP and the Kaiser Family Foundations found that more than one-third of adults aged 45 and older (35 percent) and more than a fifth of adults aged 18 and older (22 percent) report feeling lonely, respectively (Anderson & Thayer, 2018; DiJulio et al., 2018).

There is enormous evidence about the detrimental effects of loneliness on health, ranging from depression to hopelessness, malnutrition, cognitive impairment, and hypertension (Beutel et al., 2017;

Boss et al., 2015; Cacioppo et al., 2002; Gum et al., 2017; Yin et al., 2019). The harmful effects of loneliness on health have also been likened to smoking 15 cigarettes a day by the former U.S. Surgeon General and more damaging than obesity (McGregor, 2017). Mortality rates among lonely people are higher than those who are not lonely (Teguo et al., 2016). Studies have also shown that lonely people use more healthcare services than those who are not lonely (Gerst-Emerson & Jayawardhana, 2015).

Although loneliness affects people of all ages, it is a significant concern in older adults due to age-related losses (Kemperman et al., 2019). Older adults are at increased risk of experiencing loneliness due to several life transitions among older adults that may disrupt or decrease social connection, such as retirement, widowhood, children leaving home, and age-related health problems (Savikko et al., 2005). Loneliness among older adults correlates with decreased physical and mental health such as anxiety, depression, increased chronic disease, and increased hospital admissions (Beutel et al., 2017; Gerst-Emerson & Jayawardhana, 2015; Hawkley & Cacioppo, 2010). The impact of loneliness on older adults' health underlines the need for healthcare providers, communities, and policymakers to address this problem.

The Study

Aim

The aim and purpose of this mini-study were to explore the meaning of well-being from the older adults' perspectives and determine the feasibility of conducting a maxi-study.

Research Question

What is the meaning of well-being in older adults?

Definition of Terms

Although the definition of older adults' ages vary in the literature, older adults refers to those ages 65 years and older for this mini-study. There are many conceptualizations of well-being in the literature. This mini-study focuses on subjective well-being, defined as individuals' self-evaluation of their lives and is considered an essential aspect of positive psychological health (Diener et al., 1998).

Design

The mini-study applied a qualitative design using Husserl's descriptive phenomenological approach. The use of the descriptive phenomenological approach enabled the researcher to use language to articulate participants' experiences by including explanation, construction, and interpretation (Phillips-Pula et al., 2011). The researcher suspended her view of the natural world in a process called "phenomenological reduction" (Holloway & Galvin, 2017, p. 222). During reduction, the researcher brackets personal knowledge about the phenomenon and accepts precisely what each participant stated.

Participants

A purposeful sampling method was used to recruit participants through word of mouth and an advertisement flyer describing the mini-study. A total of four older adults participated in the mini-study. All four participants (mean age of 74.3 years) were recruited from an urban city in New Jersey. Three women and one man participated, and the participants' health status was reasonably healthy. The participants included one widow who lived alone, one single female who lived alone and never married, and a married couple interviewed separately. Participants were all Caucasian, and their level of education was twelfth grade and above.

Data Collection

Data was collected through open-ended, in-depth interviews at the participants' homes. During the interviews, the researcher asked questions about the respondents' understanding of the following theme: Can you tell me what well-being means to you? Can you define what well-being is for you? Can you give me an example? Based on what we have talked about so far, your age, the place you live, etc., do you experience well-being? When? What is that like to feel well-being? If you do not feel or experience well-being, what do you think it would be like? Can you describe what it could be for you? The interviews were conducted as a dialogue between participants and the researcher. The interviewer asked follow-up questions as needed. During the interview, the researcher summed up sections of the dialogue to confirm her understanding of the participants' descriptions. The researcher kept detailed field notes of

the interview process, including participants' non-verbal expressions and actions. At the end of the interview, participants were compensated with a $10 Walmart gift card.

Ethical considerations

The mini-study was approved by the Duquesne University Institutional Review Board. The research process emphasized the principles of informed consent, protection from harm, confidentiality, and anonymity. Confidentiality was ensured, and participants were treated with respect according to the ethical guidelines for research conduct. Voluntary informed consent was obtained before beginning the mini-study, and participants were informed they could withdraw from the mini-study at any time without fear of retribution.

Data Management

All interviews were audio-recorded and transcribed verbatim and entered into NVivo 12 data manager software. The length of time to recruit participants and conduct interviews provided ample time for the researcher to transcribe each interview. Transcribing the interviews personally was beneficial to the novice researcher and provided further opportunity to be immersed in the data and analyze the interviews for themes, similarities, and differences.

Data Analysis

The analysis was guided by Giorgi's (2012) analytical framework. This method of data analysis involved several steps. The first step was immersion in the data that occurred during the transcription of the audio recordings verbatim. The researcher continually read each transcribed interview, developed descriptive summaries, key statements, and phrases. Then the meaning units and categories were generated across all interviews in the combined data set. During this step, similar phrases and themes in the participants' comments became apparent within each individually transcribed interview. Lastly, the researcher transformed the meaning units into an expression of the whole by grouping the key statements about the meaning of well-being.

Self-reflection during data collection and analysis enhanced credibility as well as reduced possible researcher influences. The researcher ensured that assumptions, beliefs, and previous experiences

did not influence the research results. Recording work in a reflexive research journal was an essential tool to record the development of the mini-study. Self-reflection was aided using a reflexive research journal throughout the process. The conversation flowed naturally, and participants were forthcoming with sharing their experiences during the interviews demonstrating the participants' willingness to share their experiences. Using an audio recording device was also essential in allowing the researcher to listen wholeheartedly to the participants' accounts of their experiences while watching their facial expressions and body language.

Results

Only one out of the four participants (25%) described herself as being lonely. The overarching themes identified across participant interviews included: living a healthy and fulfilled life, being involved with family and friends, and having a relationship with God.

Living a healthy and fulfilled life

Living a healthy and fulfilled life was a central theme in the experience of the participants. During the interviews, the participants paid significant attention to being able to do things they enjoy doing:

Participant 1: *"*Well-being means to be able to do things that give you pleasure but also to be able to do things that pay back"….. "Someone who is not experiencing well-being does not see life as exciting. They do not see life as fulfilling".

Participant 2: "Well-being means if I can do my daily activities. When I wake up in the morning and umm…, I consider even though I have some disabilities, I consider myself well-being because I wake up normally with a good attitude. Say my prayers in the morning, and then I get busy doing all other things throughout the day."

Participant 3: "Well, to me, I think well-being means to be well rounded. To be healthy, physically, mentally, and spiritually. …by being healthy physically, you need to eat right…..And I believe in getting exercise. That's part of physical well-being. And then mental well-being is to… that's a little hard to explain. ummm...I guess …to ...mental well-being well…I guess just to be happy with yourself. It took me a lot of years to realize that you know that I just need to be happy with the way I am. You

know…when I was younger. I worried about what my body looked like, you know, and it is nice to take care of yourself and look physically nice, but it is not the most important thing. I think what is in the heart is more important than on the outside".

Participant 4: "Well-being means…having your health first of all... and having a sense of peace of mind and contentment. And umm… basically, that kind of sum it up for me. I can't really think of something else. I was…I thought well-being was having a lot of money. But I have realized that money is not everything". …."Certainly, at my age, it is nice to be healthy. And although I have the usual aches and pains of an older person. I am basically pretty healthy".

Being involved with family and friends

Staying connected with family and friends was a crucial aspect of the participants' description of well-being. Participants mentioned having a good relationship with their family as one of the essential things in their lives. The importance of family and friends was visible in all the interviews; however, the participants' descriptions seemed to be related to their ability to stay connected in different activities. The aspect of staying connected was through phone calls, family gatherings, community activities, and church activities.

Participant 1: " well-being means that you have the ability in Body Mind and Spirit to do things...to be involved with family, with friends, with your community, your neighborhood.

Participant 2: "To me well-being means umm…getting up with a good attitude, a good attitude and thankful for another day…. If there is a need I go to it. and My neighbor I usually go across the street and get his mail and help him out".

Participant 3**:** "I think that is good for mental health too and socially you know, we've made a lot of friends in the church and we do a lot of things outside the church with these friends that we've made from church you know so, what they call fellowship. A community fellowship"…I don't so much like to talk on the phone, but…I call to talk with family and friends now and then"… like I said…just living a good life…you know. Taking care of myself, taking care of my family, taking care of others.

Participant 4: " it is important to me to be together with the family. We have a special bond now. It is really nice".

Having a relationship with God

A third central theme that emerged was having a relationship with God. Nearly all the participants described having God or something beyond themselves that look after them. Other participants referenced their faith, church, and religion as a source of their strength.

Participant 1: "I find that my involvement in my religion is really important to me. It gives me an anchor when things start to go sideways. I can anchor myself in my faith"…. "But knowing that I have a faith that I have a belief that there is a god, and he knows me, and I know him and he's gonna do the best... He she. Godfather godmother is going to do the best for me. And keep me pointed in the right direction, as long as I listen. That's an important thing."

Participant 2: " God has been so good to me…and the church is only a mile away … I would walk to church on nice days. So that's my goal. To walk more ...for my well-being."

Participant 3: "So that to me is important to give back …you know, because God has blessed me with a wonderful life." "And spiritually, I believe that keeping God first and foremost in my life is key to happiness. And it doesn't necessarily mean church although I am very involved in the church, you know, I go to the church as often as I can."

Participant 4: " umm…, as far as well-being...for me it was coming back to the church"

Discussion

The mini-phenomenology focus was to provide an accurate account of each participant's description of well-being. When examining the meaning of well-being in older adults, the three major themes that emerged included: living a healthy and fulfilled life, being involved with family and friends, and having a relationship with God. Reflecting on the purpose of the mini-study and the findings provides essential insight into what well-being meant to each older adult while also emphasizing each participant's unique experiences.

The strong relationship between having a relationship with God and well-being in this mini-study suggests that healthcare professionals need to be aware of God's role or a powerful "other" plays in the lives of older adults. It will be of great importance that healthcare providers incorporate religious and faith-based activities in older adults' care and look for signs of not finding meaning in one's activities. For the themes of living and happy and fulfilled life and being involved with family and friends, inviting and stimulating older adults to engage actively with others rather than being passive receivers might promote their community engagement and provide experiences of a more meaningful and fulfilled life.

One strength of this mini-study is the direct, patient-centered data collection method. The semi-structured nature of the interview allowed for the elicitation of a wide variety of perspectives from the participants. The knowledge gained from the mini-study will add to the available literature about understanding the meaning of well-being using the participants' natural language. The findings have significance for the holistic care of older adults. Although the findings provide insight into the meaning of well-being in older adults, there were several limitations. The sample was recruited among a white majority population, and the findings do not represent the experiences of ethnic minorities. Second, the results cannot be generalized to the broader population because only four older adults participated in the mini-study. Although this mini-research study did not exclude any socioeconomic class or culture, participants had similar socioeconomic backgrounds. The small purposive snowball sample of participants from a homogenous group is a limitation that prevents generalization to a larger population as well. Based on this pilot feasibility study, additional research with a larger heterogeneous sample is warranted to further examine the meaning of well-being from older adults' perspectives.

Implication for future research

This mini-study result generates insight into areas to focus on while developing interventions to promote well-being and provide a basis for conducting a larger study. A full research study is needed to further explore ways to boost well-being to prevent loneliness. The knowledge gained from this mini-study has meaningful clinical implications for healthcare providers and nurses caring for older adults. To improve older adults' experiences of well-being, nurses need to assess multiple factors, both individually

and collectively, that may impede health-related tasks. Nurses need to assess older adults' ability to get around to places of interest. Individual characteristics should also be assessed, and opportunities should be provided to get involved in their communities. Increased knowledge of the influence of religious beliefs is essential for nurses involved in older adults' care. Nurses should ask older adults about their beliefs and how they will know when to seek support and potential barriers to achieving optimal health. All in all, in providing comprehensive and holistic care, nurses who care for older adults should identify and assess their belief system, social network, and opportunities to pay it forward.

Conclusion

Loneliness affects a significant portion of the U.S. adult population, and there is evidence that the prevalence rates are increasing. With an increasingly aging population, the impact on public health is anticipated to increase. Even though loneliness was not a thematic finding in this mini-study, one of the four participants identified loneliness as an issue related to well-being in older adults. Indeed, many countries around the world now believe we are facing a loneliness epidemic. The challenge now is what can be done to address the issue. Sustained efforts, attention, and resources are needed to address this critical issue adequately. It is not new knowledge that living a healthy and fulfilled life, being involved with family and friends, and having a relationship with God is essential for good health. The participants within this mini-study were independent and able to connect with friends, family, religious, and social activities. A community approach to assessing challenges and develop appropriate activities to support, address, and cater to the needs of older adults, especially those who cannot make the connections themselves, is essential to ensure that they are doing the meaningful events.

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