Lifestyle of the Elderly Receiving Home Care in Spain

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Abstract

The aim of this study is to examine the lifestyle characteristics and health status of the elderly in order to identify aspects that might help promote active ageing. Participants were 26 elderly citizens aged 75 or over who were the recipients of home care services in Vilafranca del Penedès (Barcelona, Spain). They were recruited by means of convenience sampling, and a case study approach was adopted. Fieldwork was conducted in April 2007, with a specially designed questionnaire administered in the context of an in-depth interview. Quantitative data were analyzed with SPSS 15, while qualitative data were analysed and grouped by category. The results indicated that 53.8% of the elderly interviewees perceived their health status as being regular, most did not have adequate nutrition and hydration, while 42.3% had chewing problems and 65.3% presented slight dependence. Most of them received visits at home, but did not go on leisure outings. The only exercise they took was walking. These findings highlight the need to promote and strengthen activities for healthy ageing, and to ensure that people over 75 receive adequate care. Programmes should be implemented to improve those aspects that are currently under-addressed.

Keywords: Lifestyle; Elderly; Home care; Dependence

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Life expectancy rates in Spain continue to rise, and the country currently presents the highest level of ageing in Europe. Over the last two decades the number of people entering the so-called Fourth Age (over 75) has doubled, while the Spanish Institute for the Elderly and Social Services (IMSERO) reports that 7.9 million of the country’s total population, that is 17.9%, were over the age of 65 as of January 2011 [1]. In recent decades, the average annual growth rate of this sector of the population has been above 3% (IMSERO, 2011:37).

Disability or dependence can occur at any age, being precipitated by many factors; however, an increase in chronic diseases occurs above all with age and are most prevalent among the elderly, the sector of the population that are most in need of assistance with the basic activities of daily living (ADL) and the instrumental activities of daily living (IADL) [2,3]. It is among the members of the Fourth Age, therefore, that the likelihood of presenting a situation of dependence is highest; indeed, in Europe as a whole more than 40 million citizens are in a situation of dependence, a high percentage of which are to be found among the EU’s ageing population [4]. In Spain, each year the number of requests for help from the elderly in situations of dependence increases, the demand being highest in the regions of Andalusia, Catalonia and Madrid [5].

Given these trends, achieving a healthy and active ageing – defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” [6] – is a major priority in many societies today. It should be stressed that the term active refers to ongoing participation in social, economic, cultural, spiritual and civic affairs and not just the ability to be physically active. The concept was first defined by the WHO in the 1990s in order to expand the concept of healthy ageing (WHO, 2002), the achievement of which can ultimately determines a good quality of life among the elderly.

The solution to healthy and active ageing lies in a person’s genes, in their lifestyle choices and in their “social environment” as defined by Ursula Lehr. Among recommendations to improve longevity, researchers stress the importance of having an optimistic view of life and a sense of self-realization, avoiding a sedentary lifestyle, maintaining an intellectually stimulating life, avoiding anxiety, stress and emotional tension, protecting oneself from solar radiation, avoiding obesity by eating a hypocaloric diet (between 1500 and 2000 calories/day), not using drugs (tobacco, alcohol and others), avoiding accidents, and receiving regular health check-ups (Limón, 2002). Further factors that need to be considered include perceived health status, the quality of social and family relations and the environment which the elderly inhabit [7,8].

While the number of multi-pathological elderly patients increases [9], the promotion of a healthy lifestyle among them, based on strategies of self-care, and the teaching of habits and solutions that allow the elderly to adapt to the changes they are undergoing, can reduce or delay the onset of situations of dependence and improve their quality of life. In this regard, the year 2012 was declared the “European Year of Active Ageing and Intergenerational Solidarity”, aimed at promoting active and healthy ageing throughout Europe in the context of “a society for all ages” [5]. Our goal in this paper is to describe the lifestyle and health status of elderly Spanish citizens over the age of 75 and to identify the elements that can help promote active ageing.

Methodology

Adopting a case study approach, we conduct an analysis that is firmly rooted within the theoretical framework provided by Talcott Parsons’ role theory and Elaine Cumming and William Henry’s theory of disengagement. Our study population comprises elderly citizens over the age of 75 (chosen on the grounds of their greater dependence and care needs) that were included in the ATDOM home care programme run by the primary health care services in Vilafranca del Penedès (Barcelona, Spain). Permission to work with the sample and conduct this study was provided by the primary care centre of Alt...
Results
Socio-demographics
A total of 26 respondents were interviewed (16 women and 10 men), with a mean age of 84.5 years (ranging from 75 to 99 years old and a standard deviation of 6.1). Of the interviewees, 46.2% were married, 38.5% widowed and 15.3% single; twenty-two of them had children. Two of the elderly home care recipients lived alone, while the others lived with members of their immediate family. The individuals in the sample received a pension ranging between 300 and 600 Euros per month and presented, on the whole, a low level of education (57.5% reporting no education).

Health status and degree of dependence
The respondents were asked to give a subjective rating of their perceived health status: half perceived their health as being “regular”, while a significant number did not perceive their health status as being “bad” (n=18) (Table 2).

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<thead>
<tr>
<th>Dimensions</th>
<th>Items</th>
<th>Socio-demographic data</th>
<th>Gender</th>
<th>Age</th>
<th>Relationship</th>
<th>Residence</th>
<th>Marital status</th>
<th>Children</th>
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<tbody>
<tr>
<td>Health status</td>
<td>Subjective perception</td>
<td>Very good, Good, Regular, Bad, Very bad</td>
<td>Illnesses</td>
<td>Self care</td>
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<td>Quality of life (OOL)</td>
<td>Food (Mini-Nutritional Examination)</td>
<td>Problems mastication</td>
<td>Physical activity</td>
<td>Social activities</td>
<td>Social and leisure</td>
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Table 1: Survey conducted with individuals aged 75 and over treated by the primary home care services of Vilafranca del Penedés (Barcelona, Spain).

Table 2: Health perception of individuals aged 75 and over treated by the primary home care services of Vilafranca del Penedés (Barcelona, Spain).
the respondents were not at risk of developing pressure sores. Only one individual presented a score indicating risk. Note that the average number of hours of informal care provided by caregivers to the elderly was 6.7 per day.

Lifestyles

Chewing problems affected 42.3% (n=11) of the elderly care recipients, the most frequent causes being the state of their teeth or their not having any teeth. This means that a large number of the elderly participants have difficulty in eating certain foods. We noted that those reporting problems of mastication tended to consume less fruit and vegetables.

The vast majority of the care recipients (96.1%) eat three to four meals a day, so that in principle the frequency of their food intake is adequate. Most of the main protein foods appear in their diets; however, their diets are not fully balanced given that they should consume two portions of both fruit and vegetables a day, but more than half consume only one of each, as is shown in table 4.

Only 38.5% (n=10) of the participants were overweight. The hydration status of the elderly care recipients was somewhat precarious, given that 73% (n=19) drank fewer than five glasses of water a day (i.e., less than one litre when the recommended amount is one and a half litres a day). In the case of alcohol consumption, 46.2% (n=12) reported consuming wine daily with their meals, the men consuming more alcohol than women. Most reported dinking cava, a local sparkling wine (produced in the traditional method) on special occasions [14].

As for social relations, 92.3% (n=24) of the elderly participants received visits in their home, indicating that they did not suffer a high degree of social isolation. However, 65.4% (n=17) did not leave the home with any great frequency to participate in leisure activities; only 15% (n=4) went out on a daily basis. A high percentage (92.3%; n=24) of cases did not go out with a partner or in larger groups of elderly individuals, indicating that social relations occurred primarily in the home.

Discussion

The elderly women in our sample were the main recipients of informal care. This outcome is consistent with studies that find that women present greater life expectancies at all ages [5,11,12], a difference that would appear to be attributable to different behaviours, habits and lifestyles according to gender, and to employment and social roles in which men are exposed to greater risks [5].

The perceived health status of the elderly interviewees is generally “not bad”, yet the majority present more than one chronic disease. The elderly present multiple conditions, the most common being bone diseases in women and cardiovascular disease in men [9,13,14]. A high percentage of the elderly exhibit a moderate dependence in activities associated with hygiene and shopping, where they require most assistance from the caregiver. Other studies report similar findings especially in those aged over 80 (the fourth age), where the degree of dependence increases [5,15].

In the case of diet, it appears that the elderly care recipients include most of the high protein foods in their diets. However, they do not eat the daily recommended number of portions of fruit and vegetables. According to the respondents, they tend to eat little fruit because of chewing problems. These results reinforce the importance of having a healthy mouth, as this facilitates better diet and the enjoyment of food, ultimately lowering the risk of mortality [16].

However, the elderly eat less meat and fewer foods with saturated fats than are eaten by those in other age groups, as noted in the 2006 report on the habits of the elderly [17]. Food and diet seem to be closely related to the health of people and their mortality, since a poor diet can lead to various diseases, including heart disease, strokes, obesity, diabetes, certain cancers, etc. Moreover, a poor diet combined with inactivity are linked to increased mortality [18], while the proportion of individuals presenting obesity or overweight as a result of poor dietary behaviour increases with age among the 50-74 age group. However, this rate falls again among the elderly (75 and over). Yet, the elderly are often associated with a worse health status or are on strict diets owing to illness [19]. These reports are supported by our findings as none of our participants were obese.

Our results regarding hydration, show that 73% of the elderly do not maintain an adequate level of hydration, a finding that is consistent with other studies [20,21].

According to the Spanish National Health Survey, 35.8% of the elderly consume wine almost every day. Another study similarly shows that 56.4% of people aged over 65 consume wine with their daily meals [22]. In our study, the percentages were similar (46.2%). It should be borne in mind that in the Penedès Region wine is usually drunk with meals and cava (sparkling wine) on special occasions [14].

The main form of physical activity practiced by at least half the elderly care recipients comprised going out for walks and walking around the house. Compared with the elderly in other countries, the Spanish spend more time walking, probably reflecting the country’s better climate. As for leisure activities, our results show that a high percentage of activities were not carried out outside the home, but rather involved receiving visits from family and friends. In a 2006 report on the elderly, it is concluded that the elderly spend much of their time at home [9,17]. Among the elderly, more than half the time remaining to them after they have satisfied their physiological and personal care needs is free time that they dedicate to leisure and personal relationships. In turn, almost half of this time (some three hours) is spent watching television, while roughly an hour is devoted to passive leisure activities, that is, to resting and to do nothing in particular. In this regard, several studies have claimed that ageing is problematic for older adults.
associated with a reduction in social connectedness and a greater risk of isolation [23,24].

It should be borne in mind that social function is an important element of life satisfaction and impacts on the assessment of lifestyle and the quality of life of these elderly care recipients. Cumming and Henry's disengagement theory (1961) seeks to explain why the elderly gradually disengage from society and become less active socially, while at the same time society offers them fewer possibilities of social engagement [25]. The role acquired by the elderly and in firm is that of increasing dependence, which is to be expected given that their social relations are gradually eroded with age. Thus the saying in the Penedes “Si vols viure sa, envellir aviat” (If you want to live healthily, get old early) reflects the perception of ageing and the associated deterioration in health, albeit that in our sample the elderly had a perception of their health status that was not bad. Yet despite this, it also affects their self-care attitudes and behaviours [26] and the ATDOM nurses are in a good position to promote self-care among the elderly who think they should not have to take charge of themselves because of their advanced age.

Conclusions

The study highlights, first, the need to promote and strengthen activities identified as being able to foster healthy and active ageing among those aged 75 and over and, second, the need to implement programs that can enhance certain aspects of the lifestyle of the elderly and which are currently being neglected, most notably their hydration, nutrition, oral care, physical exercise and leisure activities.

Although the study has been conducted in a relatively small sample that prevents us from drawing any general conclusions, our results certainly reinforce evidence regarding essential aspects of the health and lifestyle of the elderly that can guarantee healthy and active ageing and, in this way, we are able to contribute to a growing body of evidence in this field.

In sum, ATDOM nursing staffs are uniquely qualified for conducting biopsychosocial assessments of the needs of those aged 75 and over, and for promoting a better lifestyle among them.

Acknowledgments

We thank the elderly people who participated in the study and the nursing staff from the home care service in Vilafranca del Penedès. We are also grateful to the Social Investment Fund of the Caixa Penedès for the financial support provided.

References
