

RESILIENCE IN ADVANCED AGE

Karen Hayman, PhD candidate

Successful ageing is not always associated with physical wellness yet 50% of people aged 65 and older consider they are ageing successfully despite having a chronic medical condition¹. Understanding what contributes to successful ageing is increasingly important to minimise the vulnerabilities experienced in advanced age.

Resilience is the ability to adapt positively when faced with adversity² and is enhanced by a lifetime of positive learning experiences and the ability to draw on accumulated systems of support. Little is known about resilience in advanced age.

This research aims to investigate the relationship between resilience and ageing well

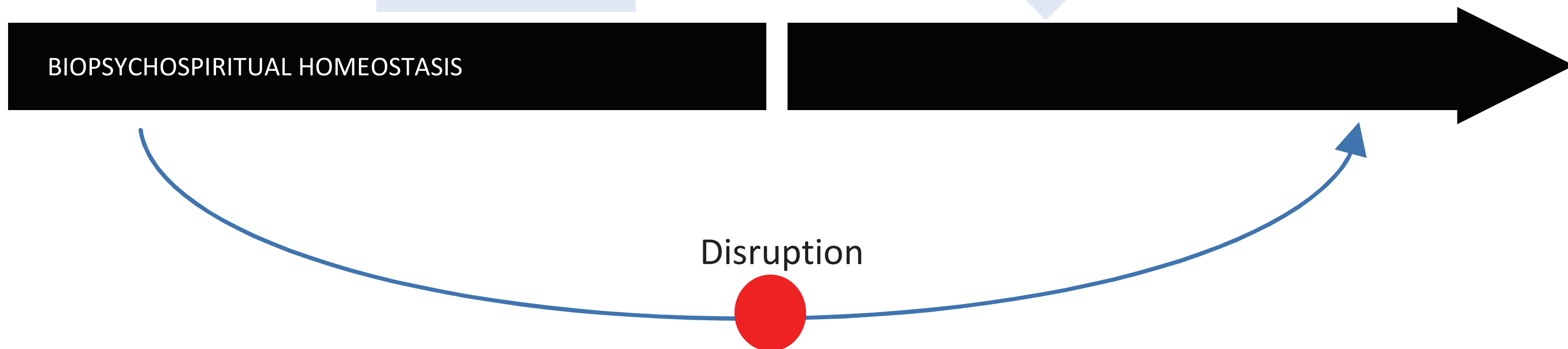
STUDY DESIGN: Longitudinal cohort study

- Baseline assessments were conducted in 2010 and participants were invited to remain in the study for yearly interviews and assessments
- Single age band for non-Māori (aged 85 in 1995); Māori aged 80-90. Enrolled as separate cohorts
- Seven local organisations engaged under subcontracts to invite, enrol and conduct assessments

STUDY SAMPLE: Participants are 421 Māori (New Zealand's indigenous population) and 516 non-Māori (98% European), recruited from the Bay of Plenty and Lakes District Health Board areas in the central North Island of New Zealand. Participants were recruited using the New Zealand General and Māori Electoral Rolls as a base, supplemented by medical practice patient lists, community group membership lists and using word-of-mouth to find more isolated people. Local media promotion maximised response rates.

PROTECTIVE AND VULNERABILITY FACTORS:

Good social support (family and society)
 Connection to the environment
 Religious faith
 Seeing meaning in life
 Having a purpose
 Engagement in life- keeping busy
 Engagement in culture
 Sense of personal control
 Positive ways of coping
 High levels of intelligence, optimism, psychological well-being
 Past experience (successes and failures)



PARTICIPANT CHARACTERISTICS:

		Male	Female
<i>n (%)</i>	<i>Ethnicity (Māori)</i>	176 (42.2)	241 (57.8)
	<i>Living situation (Lives alone)</i>	90 (29.5)	215 (70.5)
	<i>Driving status (Currently drives)</i>	229 (52.3)	209 (47.7)
<i>m (sd)</i>	<i>Age (Māori)</i>	82.65 (2.8)	82.82 (2.7)
	<i>Physical health-related QOL</i>	43.62 (11.5)	40.82 (11.8)
	<i>Mental health-related QOL</i>	54.46 (8.3)	54.36 (8.7)
	<i>Modified Mini Mental State</i>	87.58 (13.5)	89.01 (13.0)
	<i>Geriatric Depression Scale</i>	2.38 (2.2)	2.31 (2.0)
	<i>Nottingham Extended ADL Scale</i>	17.43 (3.9)	17.48 (4.3)
	<i>Nutrition Screen (SCREEN II)</i>	50.00 (6.5)	47.64 (3.4)

TWO STEP CLUSTER ANALYSIS: ALL PARTICIPANTS

Cluster 1 (36.7%)

High sense of perceived personal control and coping
 Positive view of growing older*
 Has more than enough to do*
 Low loneliness*
 High quality of life and life satisfaction*
 Does more volunteer work
 Doesn't need help with daily tasks

Cluster 2 (63.3%)

More likely to have lasting effects from a long-term major injury or health event

MAORI: 4 CLUSTERS

Cluster 1 (26.2%)

Very high perception of control over life and coping ability
 Very high quality of life and life satisfaction
 Busy
 Does paid work
 Very positive view of growing older

Cluster 2 (43.8%)

Lower sense of belonging
 Long term health event

Cluster 3 (24.7%)

More roles but doesn't do volunteer work
 Lower education

Cluster 4 (5.2%)

Very low perception of control over life and coping ability
 Doesn't need help for daily tasks or emotional support

NON MAORI: 2 CLUSTERS

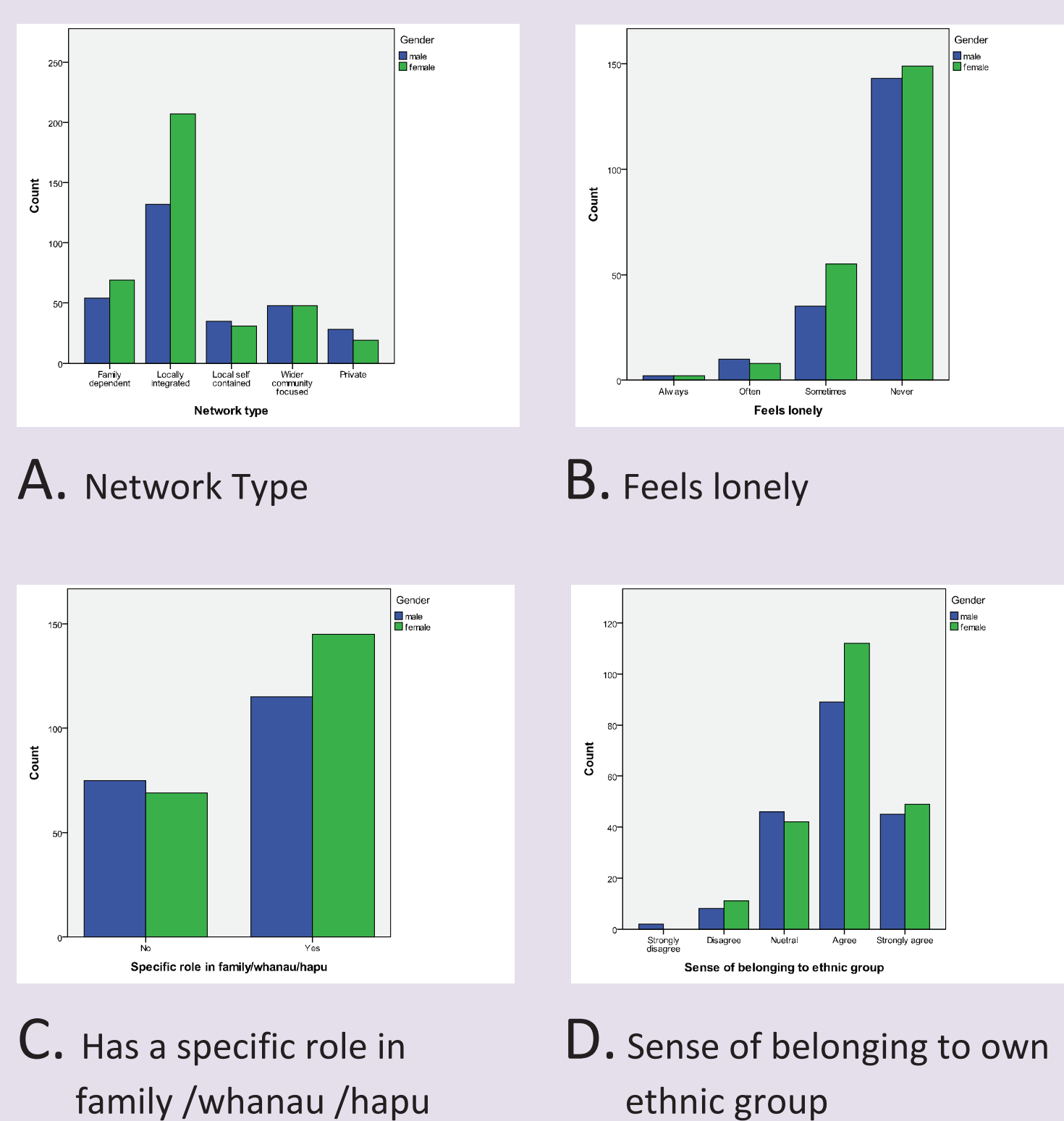
Cluster 1 (37.4%)

Higher quality of life and life satisfaction
 Higher perception of control over life and coping ability

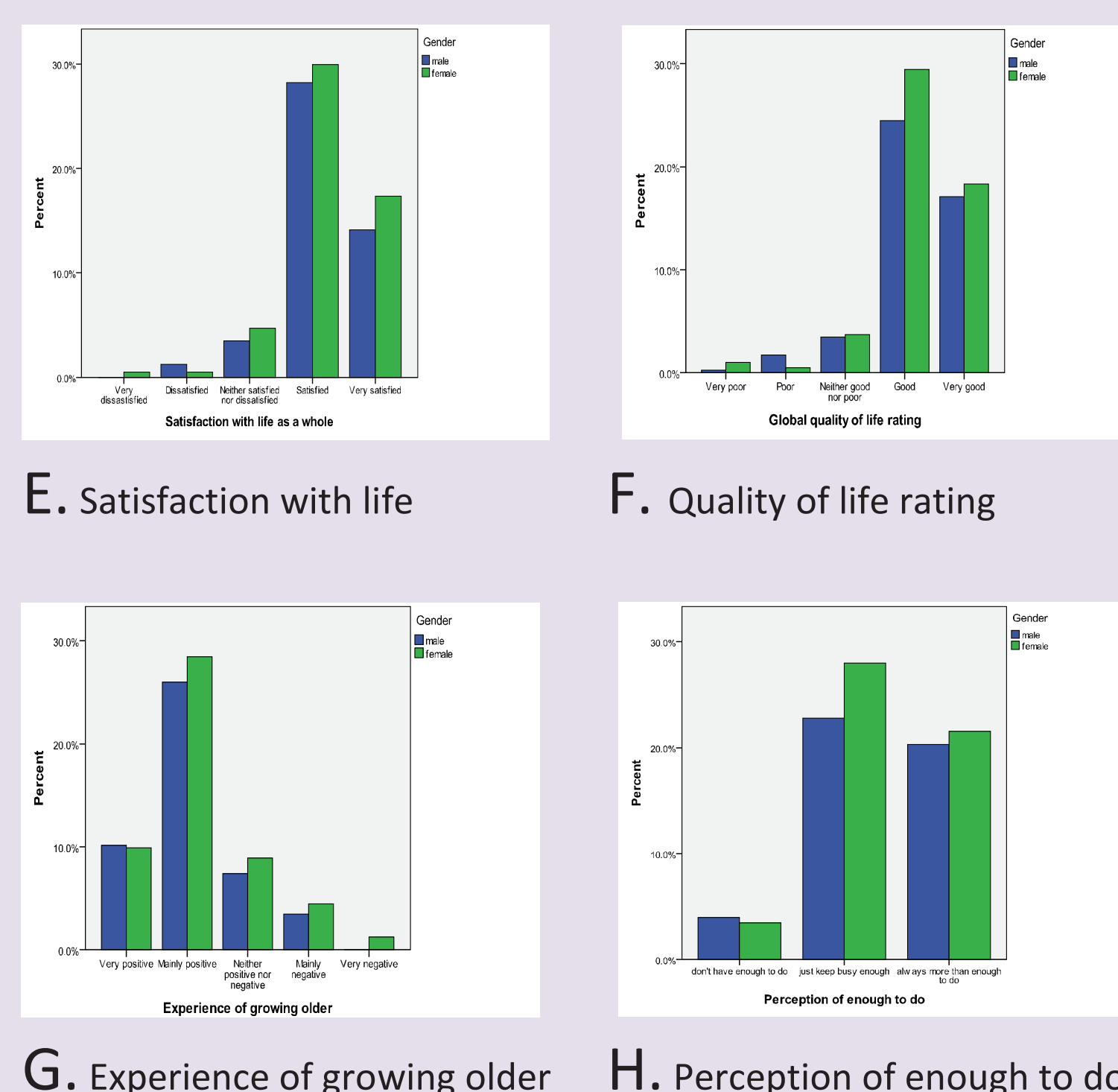
Cluster 2 (62.2%)

High quality of life and life satisfaction
 Long term health event

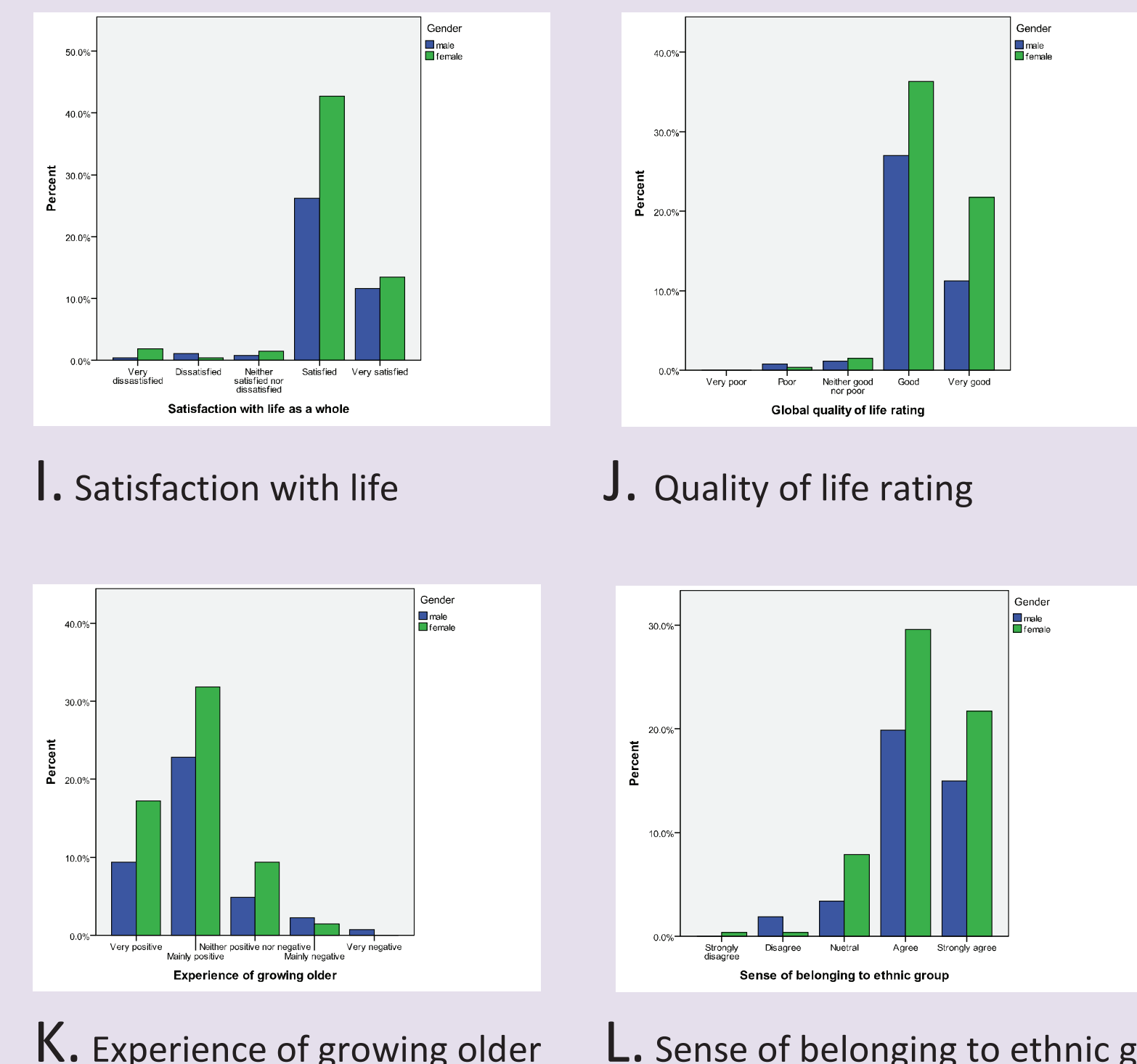
FIGURES A-D: DISTRIBUTION OF COMMUNITY CONNECTION VARIABLES, ALL PARTICIPANTS



FIGURES E-H: DISTRIBUTION OF PERCEPTION VARIABLES, NON MĀORI PARTICIPANTS



FIGURES I-L: DISTRIBUTION OF PERCEPTION & BELONGING VARIABLES, MĀORI PARTICIPANTS



IMPLICATIONS: A focus on positive adaptation, as opposed to pathology or health decline is essential to be able to move forward in understanding ageing as a holistic concept. The drive to understand the process of resilience as fully as possible and elucidate any factors that contribute differentially to resilience in advanced age has the potential to inform purposeful intervention studies via new ways of thinking about resilience as it applies to advanced age. In the long term people who remain active in their lives and connected to other people may be more likely to age successfully. Longitudinal analyses using 2-year and 3-year follow-up data will show whether a more resilient profile is associated with better health outcomes.

REFERENCES:

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3. Luthar SS, Cicchetti D, Becker B. The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*. 2000 May-Jun;71(3):543-62.

