Health despite frailty: Exploring influences on frail older adults’ experiences of health

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ABSTRACT

The aim of this study was to explore and identify influences on frail older adults’ experiences of health. A sample of older adults, 11 men and 11 women aged 67–92, with diverse ratings of self-perceived health ranging from poor to excellent were selected through a purposeful sampling strategy of frail older adults taken from a broader sample from a quantitative study on health. In total, 22 individual qualitative interviews were analyzed using qualitative content analysis in which themes were developed from raw data through a systematic reading, categorization of selected text, theme development and interpretation. 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. The importance of supporting frail older adults in subjective resilience in their context is emphasized.

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1. Introduction

Maintenance of health in old age is both a challenge and goal of the health care system. The proportion of people aged 65 and older is expected to increase worldwide in the coming decades. Reserve capacity decreases, and the risk of morbidity and frailty increases by aging. There is a close link between ill health and frailty in older adults; a combination of multimorbidity, impairment of reserve and functional capacity decreases, and the risk of morbidity and frailty increases by aging. There is a close link between ill health and frailty in older adults; a combination of multimorbidity, impairment of reserve and functional capacity decreases, and the risk of morbidity and frailty increases by aging.6 Although there is no strong consensus as to its definition, frailty as a multi-factorial syndrome is a concept often used to understand aging and health among older adults.6 Distinct from aging,6 frailty is preventable.7 Knowledge of frail older adults’ descriptions and perceptions of their health and how they experience health despite frailty is scarce. To fully understand frailty, individuals' subjective perceptions of health in their unique context should be taken into account.8 Eriksson9 links health to suffering and posits “health is endurable suffering.” Unendurable suffering hinders human development, and therefore care is intended to alleviate it. Eriksson defines health as physical and mental soundness and feelings of well-being and wholeness. This definition of health is holistic and multidimensional, relative, and subjective.10 Healthy and successful aging have been associated with the older adults’ ability to constantly modify, reassess, and redefine oneself.11 Older people perceive healthy and active aging as maintaining physical health and function, leisure and social activity, and social relationships and contacts.12 This has been conceptualized as a balance among life habits and activities in order to bring harmony and well-being.13 There are different theories on successful aging but no consensus on definition. Successful aging from a public health perspective is defined as an optimal state of overall functioning and well-being (objective perspective), while older adults define successful aging as a process of adaptation within a specific context,14 as a social experience, a coping strategy and a way to have fun to achieve and maintain a subjective feeling of well-being.15 Older adults, who were independent in activities of daily living and rated their health as good to excellent, described health and well-being.16

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Does successful and healthy aging mean a lack of frailty? As the healthy aging and successful aging perspectives do not consider the frail older adults’ perspectives, it is possible that labeling frail older adults as “unsuccessful” could produce feelings of guilt or inferiority. Richardson et al. view both successful aging and frailty as social constructs of western culture. Frailty does not preclude successful aging if it encompasses a sense of well-being and social acceptance which may not necessarily mean being free from disease or disability. Previous studies point out that older adults with somatic health problems strive to maintain control and balance in their lives through constant calibration and adjustment with somatic health problems. Frail older adults have described health as being and becoming harmonious with and balanced in everyday life. Maintaining harmony and balance despite frailty is a result of changing perceptions and expectations of one’s health status and its essential structures. Therefore, when considering older adults’ own perspectives, “successful” aging transcends physical realities of aging.

Resilience is another relevant concept that defines aging as a dynamic process involving many stepwise and gradual iterations toward a reconstituted sense of wellness; ultimately, it gives people the capacity to live a meaningful life despite adversity. Explains resilience and vulnerability in a model of psychobiological factors involving neural mechanisms of reward and motivation, fear responsiveness and adaptive social behavior. Resilience in aging is not avoidance of disease and ill health but is a positive adaptation to hardship, through a process of “person-environment interaction.” However, empirical studies about the influences on older adults’ experiences of health despite frailty from older adults own point of view still is scarce. In this study, we use Fried and colleagues’ definition of frailty: a “biological geriatric syndrome” of reductions in physiological reserve capacity and impairment of defense mechanisms against stress and disease which implies a risk of multimorbidity. We assume frail older adults can experience health. ’s definition of health, i.e., “health is endurable suffering,” was the crucial guiding framework for this qualitative study. The aim of this study was to explore and identify what influences frail older adults’ subjective experiences of good health.

2. Method

Qualitative methods that provide access to the interviewees’ lifeworld were used. Interviews were characterized by an open and flexible conversation, with the interviewee controlling the direction and content of the conversation. The interviewer adapted an attitude of active listening and flexibility to allow unexpected experiences and life stories to emerge. In the first analysis of this qualitative study, we focused on frail older adults’ health with a phenomenological approach, and the present study examines influencing factors on older adults’ experience of health. Qualitative content analysis was utilized.

2.1. Sampling and participants

The sample was selected from 161 participants in the ongoing project, “Continuum of Care for Frail Elderly Persons” with follow-ups at 3, 6, and 12 months, a multi-professional intervention for frail older adults living in a community in western Sweden. The main study included older adults living in the community who sought emergency treatment in a hospital, and who were either 80 years or older or persons aged 65 years or older with one or more chronic diseases who were dependent on help in at least one activity of daily living. People receiving palliative care, suffering from dementia or cognitive impairment or in need of immediate emergency care were excluded.

Through a strategic purposive sampling from the main project, 21 frail older adults (11 men and 10 women) with varied ratings of self-perceived health were selected at the 3 month follow-up. The goal of this strategic sampling was to choose a group of frail older adults, who varied in their assessment of their self-perceived general health as assessed by one statement from the SF-36 questionnaire: “In general, you would say your health is” followed by responses on a 5-point Likert-type scale: poor, fair, good, very good and excellent. The first 2 older adults in each health and sex category who agreed to be interviewed were included. All participants but one woman were recruited from the 161 participants in the main project. The intention was to capture a wide variation in sex and self-estimated health by choosing at least two men and two women from each category. In the category of “excellent,” there was only one person (a man) who chose this rating at the 3 month follow-up. To include adequate representation for the “excellent” category, an additional participant was recruited from outside the main project; an 83 year-old woman who was married to one of the participants fulfilled the criteria for inclusion and estimated her health as excellent. To compensate for the lower number of participants in the “excellent” category, additional people in the category of “very good” were selected to be interviewed. This sampling method was employed to provide rich, relevant, and diverse data. See Table 1 for a description of the participants.

### Table 1

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N = 22</th>
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<tr>
<td><strong>Total</strong></td>
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<tr>
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<td>65–74</td>
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<td>15</td>
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<tr>
<td>85–92</td>
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<tr>
<td><strong>Self-estimated health</strong></td>
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<tr>
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<tr>
<td>University education</td>
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</tr>
<tr>
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<tr>
<td>Personal ADL</td>
<td>9</td>
</tr>
<tr>
<td><strong>Frailty</strong></td>
<td></td>
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<td>At least one frailty indicators</td>
<td>15</td>
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<tr>
<td>At least two frailty indicators</td>
<td>22</td>
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Activities of daily living (ADL) scale includes instrumental and personal activities. Personal ADLs consist of bathing, dressing, toileting, transferring, feeding. Instrumental ADLs consist of cleaning, shopping, mode of transportation, cooking (Asberg-Hulter, 1990). Frailty indicators consist of weakness, fatigue, weight loss, reduced physical activity, impaired balance, reduced gait speed, visual impairment, and impaired cognition. A more detailed definition/cut off levels of frailty indicators are given in the study protocol of the main project (Wilhelmson et al.). The participants who was recruited from outside the main project was assessed as frail according the interviewer’s clinical judgment.
via telephone, and then orally and in writing on the day of the interview. They were informed that participation was voluntary; they could stop the interview and withdraw at any time, their interview content was confidential, and any information reported would not allow for individual identification of interviewees. Given the health status of the interviewees and consideration of possible interviewee fatigue, participants determined the interview length. The study was approved by the Ethics Committee of Gothenburg 080812, dnr 413-08. The participants signed an additional consent for this qualitative study.

2.3. Data collection

Data were collected through 22 individual qualitative interviews via an interview guide which was tested in two pilot interviews. The first author (ZE) conducted all interviews in the interviewees’ homes. The interviews began with general conversation about health and information about the study. Participants were asked: Can you describe a day/situation, where you experience health? What gives you a feeling of being in good health? Can you describe a day/situation where you don’t experience good health or where you experience poor health? What gives you a feeling of poor health? What do you presently lack in order to experience good health? In addition, the interviewer used probes to gain a deeper understanding of the interviewee’s everyday life situation by using such phrases as, please tell me more about your experience, thoughts, and emotions, please give me some examples from your everyday life. Background information about the study and the informed consent process was not recorded. On average, each visit lasted one and a half hours. The audio-recorded conversations that directly addressed the interview guide questions lasted between 18 and 63 min and were transcribed verbatim. A total of more than 11 h of audio-recorded data was collected. The visits ended with general and spontaneous reflections and questions.

2.4. Data analysis

A conventional content analysis was conducted whereby categories and themes emerge from the data based on participants’ unique perspective about what influences their experiences of health. This analysis has a focus on the “latent content” which consists of the researchers’ interpretation of the underlying meaning of the text; i.e., the “latent content” is an abstraction of the “manifest content.” The manifest content was summarized under categories, while the latent content was described under themes. All interviews were transcribed verbatim and read several times to understand the entirety and overall perception of the informants’ description of what influences their experiences of health through searching for what enable older adult to endure suffering, frailty and adversities. Four of the authors (ZE, KW, KE and AJ) listened and read all interviews. The first author (ZE), a registered nurse specialized in elderly care, worked most closely with data along with three of the coauthors with diverse professional credentials: a geriatrician [KW], an occupational therapist [KE] and another registered nurse [AJ]. A continuous discussion and peer debriefing between four of the authors (ZE, KW, KE and AJ) during all five steps of the data analysis process and modifying of categories and themes performed until consensus was reached. The fourth author, a social worker [CM], assisted during the last phases of data analysis to provide a fresh perspective. See Table 2 for a summary of the steps in the analysis and an example of how the meaning units were connected to the main theme.

2.5. Findings

Ten categories emerged from the manifest content which resulted in five subthemes and one main theme. The main theme was identified as feeling assured and capable. The five subthemes related to feeling assured and capable consisted of: 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. The maintenance of a life-routine to which the older adults were accustomed provided assurance to their everyday lives. The frail older adults’ experiences of health were strengthened when they felt a sense of assurance and control over everyday life, whereas an unpredictable body and experiencing symptoms and ailments that affected their everyday lives produced a sense of anxiety and insecurity, which weakened their experience of health.

2.6. Managing the unpredictable body

The incomprehensible symptoms and ailments that affected older adults’ daily lives decreased their experiences of good health. When the body was experienced as unpredictable and untrustworthy, this was perceived as a hindrance, and they felt imprisoned.

| Table 2 | Analysis step by step and one example of the process from some meaning units to one of subtheme and thereby to the main theme. |
|-----------------|--------------------------|-----------------|------------------------|---------------------------|------------------------|
| Meaning unit | Condensed meaning unit | Categories | Subtheme | Main theme |
| 1. Each interview was read line-by-line to divide the interview text into “meaning units,” i.e., words, sentences or paragraphs, which contain aspects related to each other in their content and context. | Missing lost friends he used to see | Social relations | The sense of belonging and connection to the whole. | To feel assured and capable |
| 2. All meaning units were condensed without doing interpretation. The aim was to reduce the text and rewrite the text as close as possible to the original text. | Meeting and talking to others | To have something to do |
| 3. All condensed meaning units that have internal homogeneity and external heterogeneity were sorted into categories and were interpreted through continuous discussion in the research group until consensus was reached. | Good to have something to do |
| 4. Through a constant repetitive reading, interpretation and validation of the interviews in their entirety and comparisons to the categories five subthemes emerged. | Be active, like gardening | To be a part of the whole |
| 5. One theme representing the latent meaning of the content emerged comprising five subthemes. | Missing nature | | | |
in an unknown body. The symptoms that restricted their mobility and ability to conduct everyday activities were experienced as obstacles. Ongoing and persistent symptoms and unpredictable ailments produced disappointment; their bodies were described as no longer able to bear their ailments. These bodily changes disturbed the rhythm of everyday life and weakened their experience of health. A 76 year-old man, who estimated his health as excellent said: “My body plays tricks on me…. it does not function as usual… it limits me, I cannot go out now and take even the simplest walk as I have done before… my body is inflexible, it is not as controllable as it was…”

Troublesome symptoms included ones that limited mobility, such as poor balance, pain, vision loss, fatigue, and lack of energy. These frail older adults experienced their bodies as a barrier to being healthy, as an unpredictable entity that deceived and was no longer able to serve them. The older adults with manageable symptoms and disorders were more likely to experience safety and control, thereby experiencing good health.

2.7. Reinforcing a positive outlook

Positive thinking and willingness to go on facing further challenges were dependent on awareness of age- and disease-related changes. Good mood and willingness to carry on and live despite consistent body hindrances were important driving forces, and enabled these older adults to directly face the future and its concomitant changes in their lives. An 84 year-old woman, who estimated her health as fair said: “I have so much trouble with my heart; I have my good disposition and feel pretty good anyway… I know that today is my day, I must enjoy the day as it is.” She also pointed that “good mood hides my handicap.”

Knowledge and information about resources such as assistive devices to compensate for loss of function helped to prepare these older adults to meet the future. Insight, acceptance and adaption shaped willingness and strength to carry on and provided the foundation for a sense of meaning. An 81 year-old man, who estimated his health as good said: “I solve crossword puzzles and things like this to keep my brain active, it may not make you better, but perhaps it prevents or slows down degeneration. Of course it was a slight uphill battle after surgery. It takes time to recover stamina; and age affected recovery… I am aware that I will soon be 82, feel satisfied with life as it is.”

Positive thinking and hope facilitated the ability to cope with increasing frailty, and those with a positive outlook were more likely to feel assured and capable, particularly when the older adults could understand the ongoing changes in their lives. An 83 year-old woman, who estimated her health as very good summarized this feeling: “To be able to do what I want to do.” These older adults were grateful for the help they received and wanted to give something in return. Doing something useful and not being a burden to others enhanced their feelings of autonomy. Independence and self-determination contributed to a sense of security and control and reinforced the feeling of good health.

2.8. Remaining in familiar surroundings

These older adults were deeply rooted in their homes and endeavored to stay there as long as possible. The home had much more meaning than just a residence; it brought about feelings of remaining in a pleasant place with familiar and important objects and shared norms, history and values. Although many of these older adults preferred to adapt the home environment in order to stay in familiar surroundings, some moved from their homes to accommodate their health conditions so they could continue to manage their everyday lives. An 84 year-old man, who estimated his health as good pointed out: “I would like to have a chance to go out and walk… we are going to sell this house, because we are so old and shall not have a garden, we have bought an apartment … We are going to have it so much better, it is close to everything, close to the sea and so on, there are so many opportunities.” Thinking about the risk of being forced to leave one’s home to be institutionalized raised anxiety. An 84 year-old woman, who estimated her health as very good said: “I have mobility, can participate and still experience things around me; I think it is extremely important. I am afraid of ending up in an elderly home and just sitting there.” A 67 year-old man, who estimated his health as poor said: “I understand that I cannot live at home any longer and this makes me very depressed.” The desire to remain at home was a motive to successfully adapt after changes in health status and life circumstances, which gave them strength to continue to struggle and move on. To stay in their own home strengthened the older adults’ experiences of safety and control, thereby promoting health. An 82 year-old man, who estimated his health as good said: “to remain in own home and not end up in a nursing home is an advantage for the experience of health.” Another 92 year-old man, who estimated his health as fair said: “I really want to remain living here; I am deeply rooted and have my belongings here as well… I’m trying to do the best I can.”

2.9. Managing everyday life

To continue to manage and maintain control over one’s life gave a sense of assurance and health. Frail older adults experienced good health when they were able to manage their daily activities independently, control their own lives in spite of dependency, remain occupied and engaged in useful activities, and not be a burden on others. A 78 year-old woman, who estimated her health as good said: “Health is to a great extent being able to look after yourself;” and another 79 year-old man, who estimated his health as poor remarked: “It feels very tough… I was used to taking care of myself, but now need help with just about everything.”

Managing and steering the activities of one’s everyday life was a reflection of the older adults’ self-determination, a quality that strengthened the experience of good health. Adapting and continuing with previously enjoyed hobbies and interests, keeping up with the rapid developments in society, and mastering the details of everyday life enhanced the experience of good health despite frailty and promoted a sense of independence. When able to successfully manage everyday, these older adults experienced themselves as independent. Having meaningful daily activities, being able to continue with their previous life style, and maintaining daily routines not only gave them a sense of usefulness and filled their days, it also created a sense of independence and autonomy; an 83 year-old woman, who estimated her health as very good summarized this feeling: “To be able to do what I want to do.” These older adults were grateful for the help they received and wanted to give something in return. Doing something useful and not being a burden to others enhanced their feelings of autonomy. Independence and self-determination contributed to a sense of security and control and reinforced the feeling of good health.

2.10. A sense of belonging and connection to the whole

Social interaction validated a sense of connection to others and the rest of the world, which evolved through contact with others and having someone in their lives that cared about them. Having social connections of any kind reinforced experiences of good health. An 85 year-old man, who estimated his health as fair said: “I read the daily newspaper and monthly magazines to keep me up-to-date with what is happening in the world.” A well-adapted home environment, ambulatory aids and supported access to the outdoors facilitated older adults’ mobility and social participation. Participation in activities with peers assuaged loneliness and provided a sense of belonging. Meaningful, positive contact and
regular interaction with friends, neighbors, and relatives promoted happiness and a sense of security. Being able to move freely among other people and spending time in nature enhanced security and belonging. An 84-year-old woman, who estimated her health as fair said: “Nature is health in that I am able to come out and take pleasure in nature... I cannot go out by myself. I miss nature.”

Lack of social interaction in combination with physical disabilities was related to the experience of loneliness and isolation. Participation in social contexts and a sense of belonging led to increased feelings of security which reinforced the experience of good health. A 67-year-old man, who estimated his health as poor said: “A sign of health to me is that I avidly follow developments in society, I meet and talk and spend time with other people... Keeping in touch with my children, grandchildren...”

3. Discussion and implications

The main factor that reinforced older adults’ experiences of good health was feeling assured and capable, which was dependent on predictability and perceived control over one’s body and psycho-social context. A positive outlook was associated with having the resources to remain in familiar surroundings, managing and controlling everyday life, and a sense of belonging and connection to the whole. These factors reinforced the experience of good health and enabled the older adults to better cope with their vulnerability and frailty.

The findings that older adults were able to better manage frailty through an understanding of symptoms and bodily changes are consistent with Antonovsky’s sense of coherence.\(^{32}\) Comprehensibility shapes security in frail older adults’ lives, increasing a sense of control and the predictability of one’s body and life in general. The capacity of having a positive outlook facilitates one’s willingness to face further challenges and calls on inner strength and the ability to create insight and accept changes in one’s health situation. Insight and knowledge of aging, disease, and its effect on their lives made it easier to accept and facilitate adaption to age-related changes and frailty. Findings from this study emphasized the role of inner strength in creating well-being despite frailty, indicated as a component of resilience or “internal hardiness” in another study.\(^{33}\) The findings from this study are in line with Lundman et al’s research.\(^{34}\) They identified four core and interacting dimensions of inner strength: connectedness, firmness, flexibility, and creativity. Inner strength meant believing in one’s own possibilities, making choices and having control over life’s trajectory in a meaningful way.\(^{34}\) Our study emphasizes the value of health and social care staffs’ attitudes, positive interactions, and confirmation of older adults’ courage, and how insight into facing the changes and challenges in life facilitated older adults’ experiences of good health despite frailty.

Aging in place was the other factor that gave a sense of safety and confidence in life and strengthened older adults’ experience of health. Two other Swedish studies emphasized that the home has a central place in older adults’ lives and is equated with security and freedom.\(^{35}\) Another study described resilience in aging as a positive adaptation to hardship through a process of “person—environment interaction.”\(^{21}\) Older adults reported they cannot imagine living anywhere else; while they were aware they might be forced to leave, they chose not to think about it.\(^{36}\) Being sensitive to older adults’ real and everyday needs, desires and challenges are among the key issues in planning a responsive health care system. In addition, present findings corroborate other studies which highlight self-determination and autonomy as enhancing factors in older adults’ control and satisfaction.\(^{37}\) and the role of having control over one’s own life and its beneficial effects on quality of life and well-being.\(^{38}\) A well-adapted life based on individual needs and resources, well-planned health and care efforts, the staff’s good attitude and sensitive treatment enhances older adults’ autonomy and strengthens their experience of good health.

A sense of belonging and being connected to the whole were other factors in creating safety and control in frail older adults’ everyday lives. Lack of social interaction and activities gave older adults a sense of loneliness and isolation, while being with others, being in nature, and participating in activities were validating. This study focused on the factors which strengthen frail older adults’ experiences of health. The findings from this study emphasize the importance of feeling assured in everyday life, which promotes an experience of good health despite frailty. Helvik et al focused on older adults’ salient problems and illuminated facilitating strategies such as: utilizing a network of important others, enjoying one’s cultural heritage, being occupied by interests, having a mission to fulfill, improving one’s situation by limiting boundaries and creating meaning in everyday life.\(^{39}\) The findings from these studies are complementary and provide some basis for developing frail elder-specific interventions aimed at preventing vulnerability and promoting health. The key issue is that maintaining health despite frailty is possible through focusing on older adults’ everyday lives and providing opportunities to feel assured in one’s daily life. The threshold for experiencing health is in constant flux depending on an individual’s conceptualization of its barriers and resources to maintain control in everyday life.

The contribution of this study is its description of factors that generate good health and subjective resilience to adversity from frail older adults’ own point of view. Further evidence about this has been requested by several authors.\(^{20,21,33}\) We advocate ongoing assessment and dynamic treatment plans implemented by multi-professional teams that support older adults’ assuredness in every day lives. A multi-professional team is more likely to attend to the whole person in context, facilitate the managing of the unpredictable body, provide opportunities to remain in familiar surroundings so that older adults can manage their everyday lives and have a sense of belonging and connection to the whole.

4. Strengths and limitations of the method

The qualitative content analysis involved systematic categorization, interpretation, and validation of manifest content into a latent context-dependent social reality.\(^{25}\) Only including community-dwelling individuals and excludes a large group of frail older adults, i.e., institutionalized older adults, which limits transferability of the findings to this latter group. Despite this limitation, we conducted a strategic purposeful sampling to capture diversity of experiences and developed a valid description of what influenced the frail older adults’ views of health. This approach was implemented to increase trustworthiness and transferability of the findings.\(^{40}\) We are also aware that interpretations in all qualitative studies and the results are located in a particular context and setting,\(^{41}\) but we think that results from this analysis have an adequate degree of transferability. We believe that the results can be applied beyond the study setting, for example in other situations where older adults are cared for due to using purposeful sampling, good information about participants and a well-described analysis method.\(^{41,42}\)

To ensure the relevance and validity of the questions of the interview guide, two pilot interviews were conducted and adjustments made. Researcher triangulation was conducted to increase credibility and validity of the findings, i.e., an interdisciplinary perspective throughout the analysis process reduced research bias, and reached the maximum critical approach and reflexivity crucial for the trustworthiness of the findings.\(^{40,43}\) As five researchers with diverse backgrounds involved in ongoing data analysis and
interpretation from different professional perspectives, we ensured the themes covered a holistic and relevant view on health-strengthening factors.

Interviewing this group of older adults who suffered from several diseases and fatigue was an ethical dilemma and limited the ability to go more in-depth during some interviews. Interviewer-observed signs of fatigue led to the challenge of not burdening the participants. Still, we cannot guarantee that our understanding of the older adults’ statements completely captured what was intended by the study participants but we believe that even shorter stories had a qualitatively rich content.

5. Conclusion

The findings from this study reveal frail older adults’ subjective resilience to adversity from their own point of view and further demonstrate an association between their experiences of health and feeling assured, and to provide opportunities of enabling older adults to feel assured, and to provide opportunities for managing their everyday lives and endure suffering, which requires on-going coping and support.

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