



Aging and Functional Capacity- Stress Factors and Coping Resources

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Abstract <p>The aim of the study was to explore the experiences of aging individuals' stress factors and coping resources relating to their functional capacity. The purpose of the study was to utilize the results for the benefit of developing services for aging clients at the Learning Centre for Health and Welfare Services. The approach was qualitative and the data was collected through two group interviews, of six participants. The study was part of the Family Well-being in Society collaborative project between Poznan University of Medical Sciences and Jyväskylä University of Applied Sciences.</p> <p>ICF-classification was used as a framework in this study and also as a tool to modify pre-questionnaire for study participants. The data was analysed by using the method of content analysis.</p> <p>Results: The study described what stress factors and coping resources are related to functional capacity among the study participants in their everyday life. Stress factors that were related to functional capacity of study participants were changes in physical capacity, low self-esteem, environmental factors and retirement. Grandparenthood, spousal relationship, motivation and social network were seen as coping resources.</p>		
Keywords Functional capacity, aging, stress factors, coping resources, ICF-classification		
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tiivistelmä <p>Tutkimuksen tavoitteena oli selvittää ikääntyneiden kokemuksia omasta toimintakyvystä sekä siihen vaikuttavista stressitekijöistä ja voimavaroista. Tutkimus oli laadullinen ja siihen osallistui kuusi ikääntyneiden kuntosaliryhmän asiakasta. Tutkimuksen tarkoituksena oli lisätä tietoa siitä millaiset stressitekijät vaikuttavat ikääntyneiden toimintakykyyn ja millaiset voimavarat puolestaan auttavat ylläpitämään toimintakykyä arjen eri toiminnoissa. Tutkimus on myös osa kansainvälistä Family-Wellbeing projektia, jossa yhteistyökumppaneina ovat Jyväskylän ammattikorkeakoulun Hyvinvointipalvelutoiminnan oppimiskeskus sekä Poznanin lääketieteellinen yliopisto.</p> <p>Viitekehyksenä käytettiin ICF-luokitusta, jonka pohjalta luotiin esitietokysely ennen varsinaista haastattelua. Sisältöanalyysia käytettiin metodina tässä tutkimuksessa.</p> <p>Tulokset: Tutkimus kuvasi millaisia stressi tekijöitä ikääntyneiden arjessa esiintyy riskinä toimintakyvyn ylläpitoon ja millaiset voimavarat taas auttavat toimintakyvyn ylläpidossa. Stressitekijöinä nähtiin esimerkiksi muutokset fyysisessä toimintakyvyssä, ympäristötekijät, eläkkeelle jäänti sekä huono itsetunto. Voimavaroja olivat puolestaan isovanhemmuus, toimiva parisuhde, sosiaalinen verkosto sekä motivaatio.</p>		
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1. INTRODUCTION

During the latter half of the 20th century, the average life expectancy in Finland rose by over a year every decade. As the large birth cohorts of the late 1940s approach retirement age, the number of people aged 65 and over in Finland is expected to grow from about 15.5% of the population in 2003 to an estimated 19.4% in 2030 (Council of Europe, 2003). Moreover, most of this rise has entailed more healthy years. With increasing life expectancy it is more important than ever that people are able to lead a happy and fulfilling life at all ages, and that everyone has the opportunity to develop their own skills and abilities throughout the various phases of their lives.

Even though functional capacity is based on physical health, they are not synonyms; ageing may have different effects on each of them. Even though diseases increase steadily with the onset of age, the assessments people make of their functioning may actually improve (Seitsamo & Martikainen, 1999, 345–352). Strengthening and maintaining health and functional capacity are important and necessary for the everyday well-being of aging individuals.

The aim of this study was to explore functional capacity, stress factors and coping resources of aging individuals using International Classification of Functioning, Disability and Health as a framework. The approach was qualitative and data was collected through two group interviews. This bachelor thesis was part of the Family Well-being in Society-project which was implemented with Poznan University of Medical Sciences and Learning Centre for Health and Welfare of Jyväskylä University of Applied Sciences.

Learning Centre for Health and Welfare Services is part of the School of Health and Social Studies of Jyväskylä University of Applied Sciences. Learning Centre is training place for students of social- and health care and carries out projects and researches to meet needs of working life.

2. SENIOR CITIZENS IN FINNISH SOCIETY

Age is one of the characteristics of social differentiation. While being a biological fact, the perception of age is nevertheless socially constructed. According to World Health Organization (WHO) most countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person. At the moment, there is no United Nations standard numerical criterion, but the UN agreed cut off is 60+ years to refer to the older population (World Health Organization, 2007.)

According to Orimo (2006, 149-158) term "elderly" has been defined as a chronological age of 65 years old or older, while those from 65 through 74 years old are referred to as "early elderly" and those over 75 years old as "late elderly." However, the evidence on which this definition is based is unknown. Chronological age defines membership in a particular birth cohort or generation. Change in social role reflects social and economical changes rather than declines in health or ageing. Changes in capabilities focus on physiological aging process. (Arber, Perren & Davidson, 2002, 79).

There are also regional differences with regard to definitions of old age. Chronological age is often a poor indicator of being old, particularly in rural areas. Older persons are more likely to be defined in relation to an individual's functioning, physical appearance and social role transitions (Kinsella & Phillips, 2005, 1-14). Participants of this study are mainly called as aging individuals because age distribution was wide and some participants were not considered themselves as elderly individuals.

By the end of year 2001 in Finland, proportion of population over 65 years of age was 15.2 %. (Heikkinen & Rantanen, 2003, 27). In Finland, population ageing during the next twenty years is faster than in any other EU Member State.

This is due to the exceptionally big post-war cohorts and increased longevity (Prime Minister's Office 2004, 20.)

At the same time as working-age population shrinks, the number of senior citizens increases rapidly. The old age dependency ratio (65 and older in relation to those aged 15 – 64) nearly doubles from the present just under 24 per cent to 45 per cent by the year 2030, when it is the highest in the EU. According to the population projection, the number of people aged 65 and over will have increased by over 600,000 by the year 2030. The growth rate of this age group is no less than 80 per cent. (Prime Minister's Office 2004, 20.)

Contrary to common belief, "population ageing" does not only entail increases in the number of older people. Ageing implies a change in the relative size of different age groups. Ageing is a phenomenon affecting the whole of society, and due to its effects the number of children and working-age people will decrease while the proportion of old people will grow. (Prime Minister's Office 2004, 74-75). Since the amount of aged people has started to increase, society should ensure that senior citizens can and want to participate actively in various activities and are able to maintain their physical and psychological well-being.

3. FAMILY WELL-BEING IN SOCIETY PROJECT

The aim of Family Well-Being in Society-project was to develop multi-professional screening and operation models for the well-being of families. The focuses in this project were children and aging individuals in Finland and Poland. The purpose of this project was also to create multi-professional dialogue and co-operation and promote well-being and functional ability of aging individuals and children. The study was part of the Family Well-being in Society collaborative project between Poznan University of Medical Sciences and Jyväskylä University of Applied Sciences.

As a one form of co-operation, Summer School has been one communication forum for students and teachers since year 2002. The idea behind the Summer School was to create an arena for multicultural and international health care issues.

It also has provided opportunities for multicultural co-operation and working in Summer School 2007 students had possibility present their own bachelor thesis and researches concerning elderly individuals in society. Also plan for this bachelor thesis was introduced in Summer School, held in Jyväskylä in autumn 2007. Results of this study were presented in Poznan in autumn 2008. Also another bachelor thesis has been published as a part of the Family Well-Being in Society-project and it is also related to functional capacity of aging individuals.

4. ICF-CLASSIFICATION AS AN EVALUATION TOOL OF FUNCTIONAL CAPACITY

As life expectancy and the proportion of older adults increase, the risk of disability becomes a crucial issue. It has estimated that 20–25 percent of the population over age sixty-five in industrialized countries has some form of disability (Murray & Lopez, 1996, 231). Therefore, it is important to explore stress factors and coping resources of aging individual related to functional capacity and risks of disability.

International Classification of Functioning, Disability and Health, known as ICF, provide framework for the description of health and well-being. Functioning is an umbrella term encompassing all body functions, activities and participations. ICF also lists environmental factors that interact with those constructs. (World Health Organisation, 2001, 3-4.)The WHO family of international classifications provides a valuable tool to describe the health of populations.

Since its publication as a trial version in 1980, ICF has been used for various purposes, for example, research tool- to measure outcomes, quality of life and environmental factors. (World Health Organisation, 2001, 7).

There is a widely held misunderstanding that ICF is only about people disabilities. In fact it is about all people (World Health Organisation, 2001, 8).

Health and health related states can be described using classifications of ICF and that is why it was chosen as a framework for this study. ICF is a tool to describe the situation of each person within an array of health-and health related domains. It also takes consider environmental factors which often impact quality of life.

ICF has two parts each with two components. **Part one** is “**Functioning and Disability**” including two components. First component is Body Functions and Structures. The second component is Activities and Participation. **Part two** is “**Contextual Factors**” with two components which are: Environmental Factors and Personal Factors.

The *two main components* that were used in this study were *Activities and Participation and Environmental Factors*. Activities and participation component describe how person is able to carry out domestic and everyday actions like communicating, moving and interaction with other people.

Activity is defined as the execution of a task or action by an individual and Participation is defined by involvement in a life situation (Perenboom & Chorus 2003, 577 – 587.) Environmental factors focus natural environment and interaction between nature and human. Environmental factors have an impact on all components of functioning and disability.

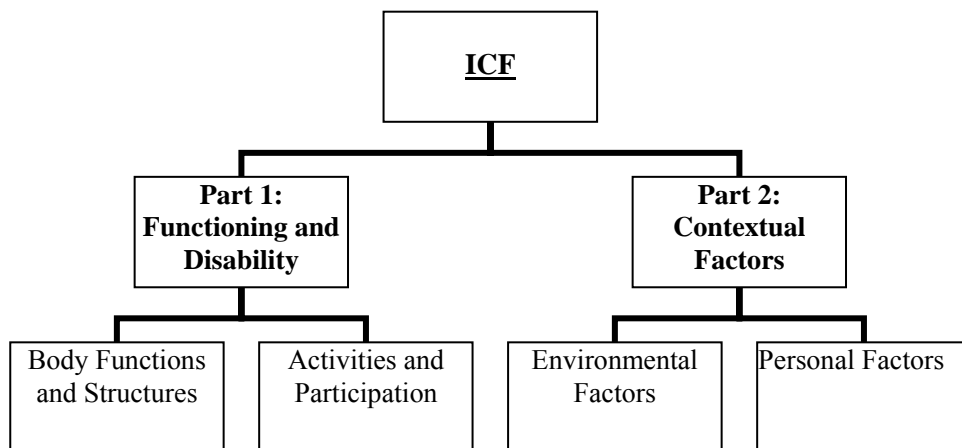


Figure 1. ICF- Classification

5. STRESS FACTORS AND COPING RESOURCES OF AGING POPULATION

When population in western countries is aging an important question to consider is how these older adults can live happy and healthy lives for as long as possible. For most adults, the balance between gains and losses becomes less favourable as they grow older. The concept of successful aging refers to the resilience of people who succeed in achieving a positive balance between gains and losses during aging (Baltes & Baltes, 1990, 1–34.). Nevertheless research has demonstrated that, despite the difficult and often inevitable losses that result from aging, many older people maintain a subjective feeling of well-being (e.g., Kunzman et al., 2000 and Smith et al., 1999).

The assessment of perceived stress and coping has important implications for life satisfaction among all age groups, and has particular significance to older adults.

By identifying age differences in variables associated with satisfaction with life, more effective efforts can be made to promote physical and psychological well-being in late adulthood. (Hamarat et al., 2002, 360-367.)

According to Ramamurti (1997, 367-80) old age is the last stage in the life span and with the change from middle age to old age it envisages a series of adjustments, in behaviour and thinking to meet the demands of a waning existence punctuated by disease, disability and disbelief. Central to coping with personal ageing is the acceptance of its reality. The role of maintaining good physical and mental health and cultivating appropriate attitudes towards it is a requirement that can hardly be overstressed.

Older people often have to deal with stressors that imply a loss of resources themselves. For example, a decrease in health is not only a stressful change that depletes resources; it is also a decline in one of the most important resources for goal pursuit and other actions. (Ouwehand ,de Ridder, Bensing, 2007, 8). When resources decline or are lost (as in aging) compensation strategies become necessary to avoid a reduction in self-regulation with regard to goals (Freund and Baltes, 2002, 652.)

Preventing potential stressors associated with aging may help to preserve resources, which may be used to continue engaging in optimization and compensation for as long as possible. This is important, because the empirical studies have shown that these strategies are significantly associated with successful aging (Ouwehand ,de Ridder, Bensing, 2007, 8). Reflecting on personal goals and actively attempting to achieve them are important ingredients for successful aging, since they contribute to subjective well-being (Diener et al., 1999, 276–302).

Researchers have highlighted coping resources which improve the ability to manage stressful situations, which are connected to reduced distress.

These resources include optimism, psychological control, self-esteem and social support (Taylor & Stanton, 2007, 380).

Social support is significant coping resources and is identified as the perception that one is loved, esteemed and valued by others. It also means that person is part of a social network of mutual assistance and obligations (Wills, 1991, 265-289). Leisure may also contribute to a feeling of belonging when these activities are shared with others. The relationship between leisure-oriented club participation and life satisfaction is probably to a large extent due to the satisfaction derived from relating to others. Thus, valued social roles of the retiree may be delineated through shared leisure interests. (Cutler & Hendricks, 1995, 205–266).

The ability to adapt to new roles may be seen as a psychological predisposition that varies from one individual to another. Psychological resources are seen to be one of the main predictors in regards to the extent to which an individual will utilise available resources to cope with the role changes that accompany retirement (Taylor & Cook, 1995, 67–82). Social roles are often formed as interactions with family, friends, and informal affiliations. Social connections offer a means of support for individuals as well as a source of identity. For instance, a repeated finding among researchers is that social support may soften the impact of stress and stressful changes (Antonucci, 1990; Krause, 1987).

When major stressors are added to everyday hassles, old age calls for extraordinary powers of coping and adaptation. Older people report fewer hassles than do younger adults (Aldwin, 1990, 49-69) and life events may also be deemed less stressful in later life (Aldwin, 1991, 174-180). One explanation may be that older adults, through their greater range of experience, may have developed more coping resources and thus judge problems as less stressful.

In addition, personality traits such as flexibility, adaptability, and a sense of humour become essential at this time; as do adequate financial, social, and organizational resources (Solomon, 1996, 46-51). And a person's own sense of mastery and

competence influence how stress is managed. Feeling that one is in control has repeatedly been proved to contribute to well-being at any age.

A positive sense of self and a high self-esteem also help to prevent adverse mental and physical health outcomes. Higher self-esteem has also been tied to better psychological well-being (DuBois & Flay, 2005, 415-420). Some research suggests that people with high optimism, or high self-esteem employ more approaches for coping and are tied to better mental and psychical well-being (Carver et. al, 1993, 375-390, Aspinwall & Taylor, 1992, 989-1003).

With the growth of the elderly population, the theme of empowerment and its actual negotiation will emerge as an issue of great importance. The aged are vulnerable in many ways and occupy still relatively limited social roles with restricted access to social goods. Studies have shown that opportunities to gain empowerment an older age tend to diminish with modernization and development (Silverman 1987, 330-32). Empowerment that includes opportunities for growth, mastery, significance, and meaning can be substantially increased (Schindler R. 1999; 165-77.)

6. THE AIM AND THE PUPOSE OF THE STUDY AND THE RESEARCH QUESTIONS

The aim of the study was to explore experiences of aging individuals` stress factors and coping resources in their daily life, which are related to functional capacity.

The purpose of the study was to describe the experiences of the aging individuals, functional ability, stress factors and coping resources in their daily life and create multicultural dialogue with Polish co-operation partners.

The results of this study are beneficial and also available for Polish partners to realize projects and services for aging individuals in their own environment. Results of this study was planned to develop services for aging clients at Learning Centre for Health

and Welfare Services to support aging individuals who still live independently and have motivation to maintain their functional ability.

The research questions were:

What are the stress factors of elderly individuals?

What are the coping resources of elderly individuals?

7. IMPLEMENTATION OF THE RESEARCH

7.1 Method of Data Collection

Qualitative research was used in this study because of its nature of descriptiveness. Qualitative research method focuses on naturally occurring, ordinary events in natural settings. Another feature of qualitative data is richness and holism of the data. Qualitative data emphasis on people's lived experience and is fundamentally suited for locating the meanings of processes and structures of people's lives. (Miles & Huberman 1994, 10).

Qualitative research is studying real-world situations which occur naturally. The researcher's role is to gain holistic overview of the context under study. (Miles & Huberman 1994, 10). Qualitative data is a direct source of data and the research is the key instrument (Neutens & Rubinson 2001, 163). The best way of describing quality of functional a capacity and personal resource is qualitative research because it is descriptive and focuses on lived experiences. Qualitative research gives possibility to describe the other's experiences, feelings and attitudes.

The participants of the study were clients of the Learning Centre for Health and Welfare Services at the School of Health and Social Studies. Five of the study's participants were retired and one was still in working life. The age of study's

participants varied between 60-70 years. Three participants were female and three were male. All the six respondents lived in the Jyväskylä area. They had participated in a gym group for aging clients.

Every participant of gym group got information letter that included introduction of the research, contact details and permission part. Those who wanted to take part in the research also filled pre-questionnaire that included questions about their physical- and social capacity.

Six persons from the gym group wanted to take part for the research. Three of them were female and three of them were men. All the respondents lived in Jyväskylä area. One of them was still in working life and the rest five were retired. Data were collected by a pre-questionnaire and by the interview. The pre-questionnaire and the interview are good way to collect preliminary data in qualitative research because participants are anonymous and it possible to categorize, analyze and summarize the data.

7.2 Pre-questionnaire

For collecting the preliminary data, a pre-questionnaire (APPENDIX 2.) with 14 different questions was formed. Questionnaire focused on functional- and mental capacity. Purpose of the questionnaire was to give general impression about functional capacity of the study participants and it was used as a base for the group interview. The questionnaire was modified with the help of tutors and using ICF-Classification as a framework. All the questions were closed questions.

The pre-questionnaire was in Finnish which was the mother language of the informant group. Anonymity of the respondents was ensured by the fact that no names were asked in the questionnaires. Collected information was handled as the privacy protection was required and the pre-questionnaires were destroyed after the summation (APPENDIX 3.) of the results was finished.

7.3 Sample

The participants of this study were six clients of Learning Centre for Health and Welfare Services. Five of the study participants were retired and one was still in working life. Age of study participants varied between 60-70 years. Background information was collected into summation form (APPENDIX 3) and was used as background information when questions for interview were modified.

According to pre-questionnaire functional capacity among the study participant was good. Five of the study participants were able to function without any problems. None of them used assistive equipments. Five of the six participants lived in a relationship and one was single.

7.4 The Interviews

An interview was selected because interpersonal contacts were seen important in this study and because interesting comments was desired. The study participants were divided into two groups. One group was for men and another for women. Both groups included three participants. Study participants were interview in a quiet office at Jyväskylä University of Applied Sciences in the School of Social and Health Studies. Another student from University of Applied Sciences School of Health and Social Studies was assisting during the interviews. The interviews were tape-recorded and lasted between 30-45 minutes. The interview based on the results of pre-questionnaire. After the interviews tapes were transcribed, anonymized and destroyed. The transcription of the raw data generated 12 pages which were in 1 pt line space.

The recordings were listened several times and the transcription of the interview was red in order to ensure that the content and context of the interviews was understood. The benefit of recording was that interviews can be listened several times and transcribed more readily which also aid analysis. (Gill, Judd & Moule 2002, 83.)

7.4 Method of Data Analysis

The data analysis was done during the spring of 2008. The data was analysed by using the method of content analysis. According Neuendorf (2002, 5.) content analysis can be briefly defined as the systematic and objective analysis of message characteristics. Describing of qualitative data is the base of analysis. (Hirsijärvi & Hurme 2002, 145.) Content analysis is used in health education and promotion research, and offers link between research and a means of communication (Hek, Judd & Moule 2002, 103.)

Content analysis was useful for this study because it categorises data according to the chosen themes. The aim of content analysis is to organise data to make well-defined general view before reliable conclusions can be made.

Content analysis is a type of analysis in which it is searched the content of an interview for particular categories or themes apparent in data. (Holloway, 1997, 34). As Hammersley and Atkinson (1995, 209) point out, “The initial task in analysing qualitative data is to find some concepts that help us to make sense of what is going on in the scenes documented by the data. According Neuendorf (2002, 7) content analysis summarizes rather than reports all the details concerning a message set.

Three basic elements had been identified in any kind of content analysis: deciding what the unit of analysis will be, borrowing or developing set of categories and developing the rationale and illustrations to guide the coding of data into categories (Morse 1994, 179.) Categories of analysis are the basis for reporting analyses.

8. ETHICAL ISSUES OF THE STUDY

In nursing research where individuals are studied it must be assured that person's privacy and anonymity is ensured. The participation must be always voluntary and based on extensive information that has given to voluntary participants. The permission for the study was asked from Learning Centre for Health and Welfare.

Permission of the participants was asked with a consent form (APPENDIX 1).

Study participants were anonymous during the whole process. Ethical issues also consider obligation to publish the study results. This means that investigator has obligation to publish the results according the expectations and everyone has possibility find study results in a written form.

9. RESULTS

9.1 Stress Factors

Stress factors were seen as environmental, physical and mental issues that affected respondent's daily lives. Aging was also caused many new issues connected to functional capacity and well-being.

9.1.1 Aging and Changes in Physical Capacity

Among the respondents, the physical aging process was understood as a natural part of aging although physical aging process and its effects on other dimensions of life were experienced as a stress factor. The importance of exercise in preserving physical, cognitive and emotional well-being was well known among the respondents.

“I think that everyone knows how important it is to maintain physical capacity and be physically active. Nowadays there is so much information and knowledge concerning these things “

Physical incapacity and dependence on other people caused anxiety. Respondents thought that especially chronic diseases would results in disability and diminished quality of life.

“I think often of what will happen if my physical capacity decreases. It definitely would affect my social life and motivation”

“Sometimes, when we get older, we expect to reach achievements as when we were younger. We have to accept the fact that it is not possible and not even necessary anymore”

All respondents were physically active. Aging and physical changes seemed to affect more female than male interviewees. Especially hormonal factors and menopause problems were particularly mentioned often.

Urinary incontinence, night sweats and hot flashes were common problems and also affected women’s self-confidence and social activeness. Although the respondents had some chronic diseases it did not affect their functional capacity.

“I have to worry what happens if I cough or exercise. I have to rush to the toilet all the time. I hate it. “

9.1.2 Low Self-esteem

In particular, women found that low self-esteem affects their functional capacity and activeness. Their lived experience was seen as affecting all their perceptions of encounters and concepts of who they are and how they fit into their social frames. Some of the respondents thought that early experiences had great impact on the beliefs of their sense of self. For example, low-self-esteem in earlier life fostered beliefs which influenced self-concept in further life. Also draconian demands in today’s society was seen affect on own self-esteem.

In some cases low self-esteem was formed a barrier in maintaining functional capacity. Negative feedback from environment affected self-esteem and discouraged them from seizing opportunities. Low self-esteem discouraged them from accomplishing new things and getting past limitations.

“I have always had low self-esteem. I struggle with that everyday and I still think that I can’t and I will not learn “

“I had dyslexia when I was younger. Nowadays I would like to study languages but still I think that I will not learn because everyone said that I am stupid “

9.1.3 Retirement

The retirement phase was commonly viewed as a positive transition nevertheless some respondents experienced retirement as a stressful transition phase. Some respondents thought that when work has been rewarding and when an individual is very committed to it, retirement phase becomes more demanding. Some respondents had been forced to retire and the loss of the ability to work was felt as a personal tragedy.

“It was stressful when I retired. Now I look after my grandchildren so I don’t feel like I’m retired”

“I would have liked to continue my working, absolutely; it was hard situation for me, also economically ...”

Some respondents had experienced that retirement can cause relationship problems with their partner when they had given up work. Relationship pressures came to the fore in the early retirement phase. In some instances couples had been used to living somewhat separate lives while one or both had been at work. They have had their own daily routines and some cases extra time together in retirement was identified as a source of stress.

Respondents experienced that it took time to adjust to retirement. Job had provided daily routines and prevent passiveness. Setting new routines was identified important thing to prevent retirement stress and passivity and maintain functional capacity.

“The daily rhythm is important for me. I have my hobbies and daily activities to maintain the daily rhythm and prevent passivity”

“Couple years ago I was very stressed when my husband started his retirement. It was big change in our relationship. How to share your own space, that requires readjustment “

9.1.4 Environmental Factors

According to the respondents, environmental factors play important role maintaining their functional capacity. All respondents were able to independently perform the daily activities in their community. Informants brought up that nowadays living environment is designed for young healthy adults and is inhospitable to older adults – especially for those who have chronic health condition. The outcome is reduced mobility which might be stress factor for aging individuals.

“All the services are taken away and centralized into the City-Centre. How can, for example, handicapped people get there?”

“When we get older it also affects our functional capacity. Nowadays when heavy traffic increases it would be terrible to travel long distances when the functional capacity is not good anymore”

Respondents experienced that the rapid growth in the number of aging Finnish has many implications for public health care which not meet the demands of growing aging population.

“Who will take into consideration all those capabilities and needs of aging population?”

The respondents hoped that their community would offer opportunities for participation in community life through a variety of activities. It was also important that environment gives the option of walking and taking public transportation.

“In Jyväskylä area there should be place for elderly people to activate them “

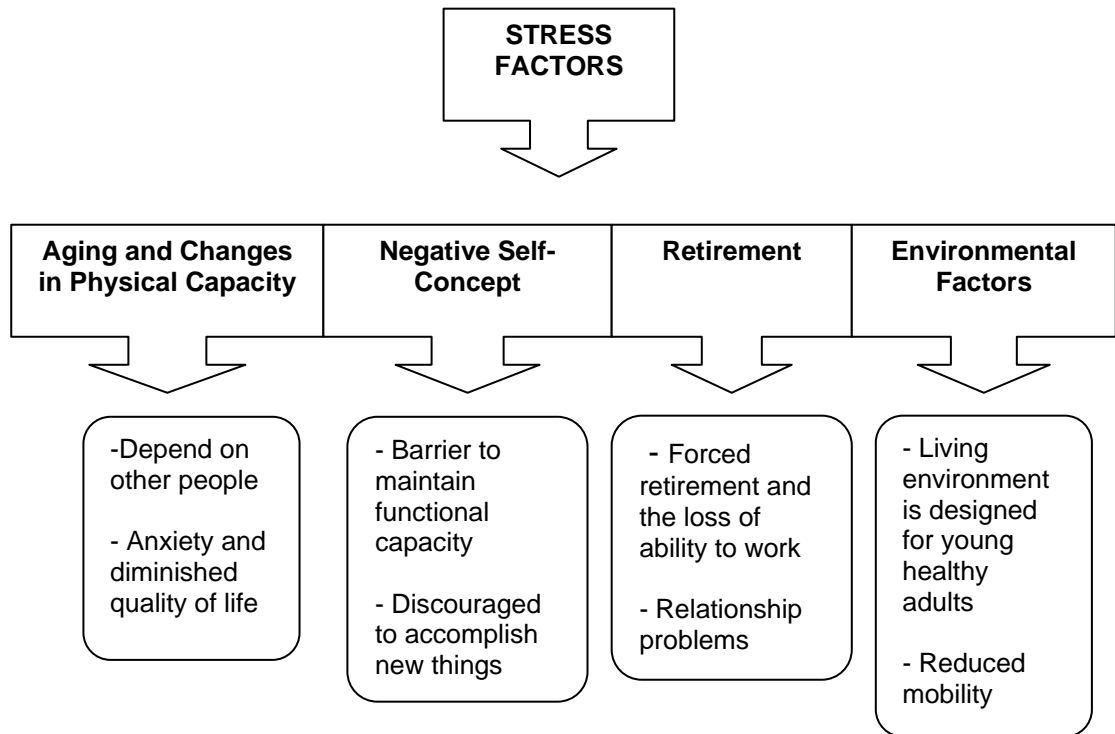


Figure 2. Stress Factors of Study Participants

9.2. Coping Resources

According to the respondents, coping resources were empowering factors that maintained mental well-being and helped to adapt to the changing life events.

9.2.1 Motivation

Motivation was a strong factor that influenced well-being and functional capacity of respondents. Motivation was seen an essential factor to maintain functional capacity and promote physical well-being. According the respondents motivation and enthusiasm for new things empowers and promote good self-efficacy.

“I hope that I can live independently even when I’m eighty-years old...that I could manage with daily activities and stay home as long as possible”

For respondents sport, especially gym group played an important role to keep physical motivation high. Gym group was mentioned many times because of the social aspect that it provided. Gym group provided social integration which was important factor for interviewees.

“There have been times when I have needed a friend to motivate me. It is difficult to be active and motivated if you don’t have any interaction with other people “

Many respondents enjoyed sport and gym group for the companionship, social interaction and feeling of belonging. The main motivation for hobbies and activities were enjoyment, physical well-being and social relationships.

“Athletics have their individual goals and they train alone. I need a group to motivate me. “

9.2.2 Grandparenthood

Grandparenthood was seen as a positive activity in respondents’ lives - although the role of grandparents in children’s lives varied. The most important responsibility for grandparent was seeing just "being there" -- helping out, being a source of advice and

be part of grand childrens' lives. Some respondents thought that one important factor which seemed to be missing in the lives of children today was the sense of family values.

Respondents generally thought that grandparenthood is an opportunity to be an influence for good in the lives of their progeny. Some of the informants thought that sometimes grand parenting requires reorganizing to make time for grandchildren. Own life circumstances can be hectic and it is difficult to nurture the relationships with grandchildren who live far away. Respondents generally thought that today's grandparents have many roles in relation to their grandchildren depending on their personal life situation. All the respondents thought that their grandchildren were an enormous source of empowerment and joy.

“Being grandmother is being with grandchildren and giving time for them. When I follow my grand children’s life I think I was lucky when I had change to be home with my children when they were small. “

“Today’s grandmothers go to theatres and concerts - and they look good. That didn’t happen when I was a child “

9.2.3 Spousal Relationship

Spouse or long-term partner was seen as an important coping resource. a Satisfying marriage was seen as giving resources for life- coping. Also problem-solving was seen easier when there was partner to support in big decisions. According the respondents spousal relationship is a coping source that helps in adaption to the changing life events.

“I think that your generation have taken their marriage very seriously and are committed to each other. That model we have got from our home. Today people divorce more easily “

“I feel safe when I can make big decisions with my spouse and I don’t have to worry those problems alone “

Respondents also felt that good relationship also empowering when there are difficult times or stressful situations. For the respondents, retirement had been stressful situation in many ways. Some respondents had felt emptiness when they had left their working life behind and the role of the spouse was remarkable when strong support was needed.

9.2.4 Social Network

Social well-being was considered as an important factor. Social aspect was seen also an important factor to maintain motivation. Respondents thought that gym group provided social contacts and new experiences which gave motivation to exercise. Especially social contact between other aging individuals was considered important.

All most every respondent was already retired and felt that hobbies and different kind of activities were important to fill their days. Activities help maintain the regular daily rhythm and also provide social contacts. For many respondents it was also a way to reducing stress and providing relaxation.

“When I’m not in working life anymore, I think that my hobbies are my duty now “

“My social network is not as wide as it was when I was still in working life. It is not so easy to keep contact when people are so busy nowadays “

According the respondents activities provide social contacts which is an important factor preventing isolation and loneliness. Many respondents felt that working life had provided good social network but after retirement social network had became smaller.

“Physical capacity is not everything. It is horrible to think all those lonely people... It definitely affect mental well being and this way also your functional capacity “

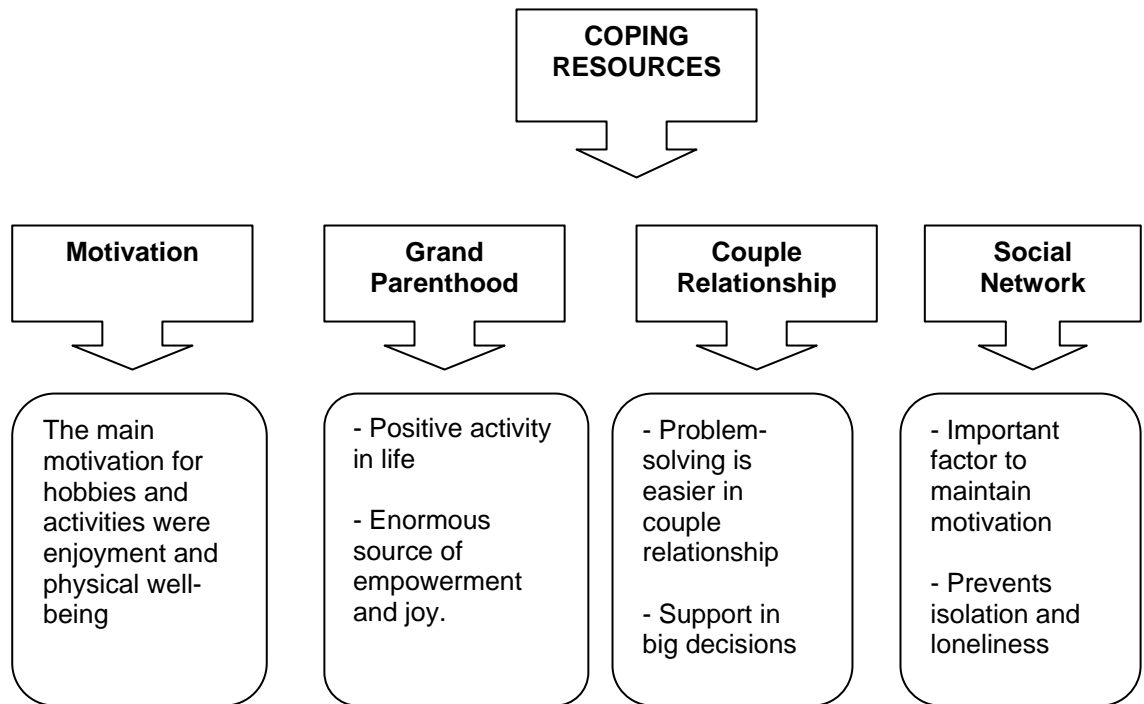


Figure 3. Coping Resources of Study Participants

10. CONCLUSION

10.1. Evaluation of the Research

Qualitative research aims at an in-depth understanding of an issue, including an exploration of the reasons and context for participants' beliefs and actions, so is often designed to be probing in nature. Interviews, the commonest qualitative method in health services research, are particularly well suited to the collection of data on sensitive topics (Richards & Schwartz, 2002, 137.) Qualitative research was used in this study because of its nature of descriptiveness. Another feature of qualitative data

is richness and holism of the data. Qualitative approach was chosen because it was the best way to report experiences of the participants

According Lincoln and Guba (1985, 290) the notion of trustworthiness has four elements: credibility, transferability, dependability, and conformability.

These criteria are useful for novice researcher to understand the validity and reliability issues of qualitative research.

Credibility relates to how the reconstruction of the researchers fits the realities and views the participants express in the process of the inquiry. The interviews were recorded and researcher has reported experiences of participants by exact words. The questionnaire and themes of the interview were designed by using the language that is clear enough and understandable.

Transferability refers to the possibility that what was found in one context by a piece of qualitative research is applicable to another context. The responsibility of the original investigator ends in providing sufficient descriptive data to make such similarity judgements possible (Lincoln and Guba, 1985, 298). The data that was gathered from six persons is not sufficient enough to provide information that could be generalized but there is transferability value.

Dependability is the qualitative researcher's equivalent of the conventional term "reliability". In quantitative research, reliability means that the same tests should produce the same results. The interviews took place a year ago and the answers of the interviewees related to specific place, time and prevailing life situation.

10.2. Ethical issues

Qualitative studies collect large amounts of detailed personal information and contextual data are often an essential component of the analysis. The confidentiality is a vital requirement for credible research.

In this study permission for the research was applied from Jyväskylä University of Applied Sciences and all the participants had got information about the research and voluntary choice.

Interviewer tried to provide good atmosphere that could participants had chance to release their emotions. Nevertheless as Weiss (1994, 134) points out the role of the researcher should be ambivalent. There are obvious resemblances between the research interview and therapeutic interviewing.

In most cases, qualitative research aims for anonymity and confidentiality. That is why it is essential to use foolproof strategies for the secure storage of tapes and transcripts. Anonymity and confidentiality was taken consider. After the interviews tapes were transcribed, anonymized and destroyed.

Filled pre-questionnaires retained at Learning Centre for Health and Welfare Services of Jyväskylä University of Applied Sciences and only summation of pre-questionnaires was used in this research. Study participants were anonymous also for the researcher.

10.3. General Findings

The study was conducted primarily as a personal interests and topicality of the research subject. Six persons from the Jyväskylä area were interviewed. They all shared the experience of aging, stress factors, and personal coping resources that are related to their personal functional capacity. During the interviews participants focused more on physical capacity than social and cognitive

During the interviews participants focused more physical capacity than social and cognitive capacity. Only few respondents mentioned cognitive functioning although there was discussion about functional capacity. This is interesting because for many aging people in a good physical condition, cognitive decline can be seen as the main threat (Terrera , Matthews & Brayne , 2007, 10.)

Retirement was seen an important stress factor among respondents. According to the participants the profession had provided a strong identity throughout their working

time. The question arises of what happens to that vocational identity once the profession is not practiced anymore.

Another interesting question is how the retirement process and adjustment is different for married than for unmarried persons, and what influence this social role of being a husband or a wife has on the retirement satisfaction. Results of research on this question are mixed. Some researchers have reported that being married is associated with more positive post-retirement satisfaction (Beck, 1982; Wan & Odell, 1983), others have found no effect (Burkhauser & Quinn, 1983).

Negative self-esteem was an important stress factor among female respondents. Many had suffered from low self-esteem. According to the studies self-esteem is an important issue for the elderly. Low self-esteem is related with poor self-reported health and higher disability (Nosek et al, 2003, 1737-1747). According to Kashdan's research, elderly with low self-esteem had significantly higher scores on depression, anxiety, somatisation, and a more external locus of control orientation both with and without health variables controlled (Kashdan, 2004, 1225-1232,).

It is interesting that none of the male respondents mentioned self-esteem as a stress factor. Overall male respondents were not interested focusing on self-esteem issues during the interview. The propensity for men to have higher self-esteem than women is a well-replicated finding, as disclosed by two research findings (Kling et al., 1999, 470-500, Major et al., 1999, 223-253).

All participants were physically active and had motivation to maintain their physical activity. Nevertheless many participants thought that physical well-being wasn't only factor to ensure good functional capacity. Little is known about changes in physical activity after retirement (Mein, Shipley, Hillsdon et al. 2005. 317-22). Social-psychological well-being was also considered as an important factor. Social aspect was also important factor to maintain motivation.

For many respondents social contacts was seen as a major coping resource. Respondents generally thought that grandparenthood is an opportunity and source of joy. Spouse or long-term partner was seen as an important coping resource. Satisfied marriage were seen giving resources for life- coping.

Coping is defined as action-oriented efforts to manage the demands created by stressful events. Coping resources that aid in this process are including individual differences in optimism, mastery, self-esteem, and social support (Shelley et al. 2007, 379). For study participants coping resources were identified personal ways to handle stress and minimize the impact of life changes.

There has been discussion whether life of aging individual is structured not only by our physical and mental capacities, but by social environment as well. For example disability might be one role that older people may experience. Other changes determined by age are widowhood and retirement.

Many participants felt that their activities provide also social contacts which are important factor to prevent isolation and loneliness. According to the study results the sources of stress at aging individuals are varied, for example, facing redundancy, retirement or changes in relationships. According to the study participants positive changes may also cause concern as those are faced with a situation outside usual daily activities.

While each individual follows a similar aging path it is a very wide path containing an infinite number of combinations. Many factors are affecting functional capacity of aging person: social, psychological, physical and also environmental. According the study participants their living environment is designed for healthy adults and can cause problems in everyday life.

Because of the qualitative nature of the study, experiences and ideas of study participants are individualistic and are valid only in qualitative context. Nevertheless, the results of this study can be use in various ways to promote well-being of aging individuals. Results of this research were presented in Summer School which held in

Poznan in September 2008. Jyväskylä University of Applied Sciences, Wellbeing and Learning Centre for Health and Welfare Services and other co-operation partners may use this information to plan new services for aging individuals and hopefully this research gives new and fresh ideas how to realize services in the future. Study results concerning stress factors and coping resources could exploit promoting mental well-being of aging individuals.

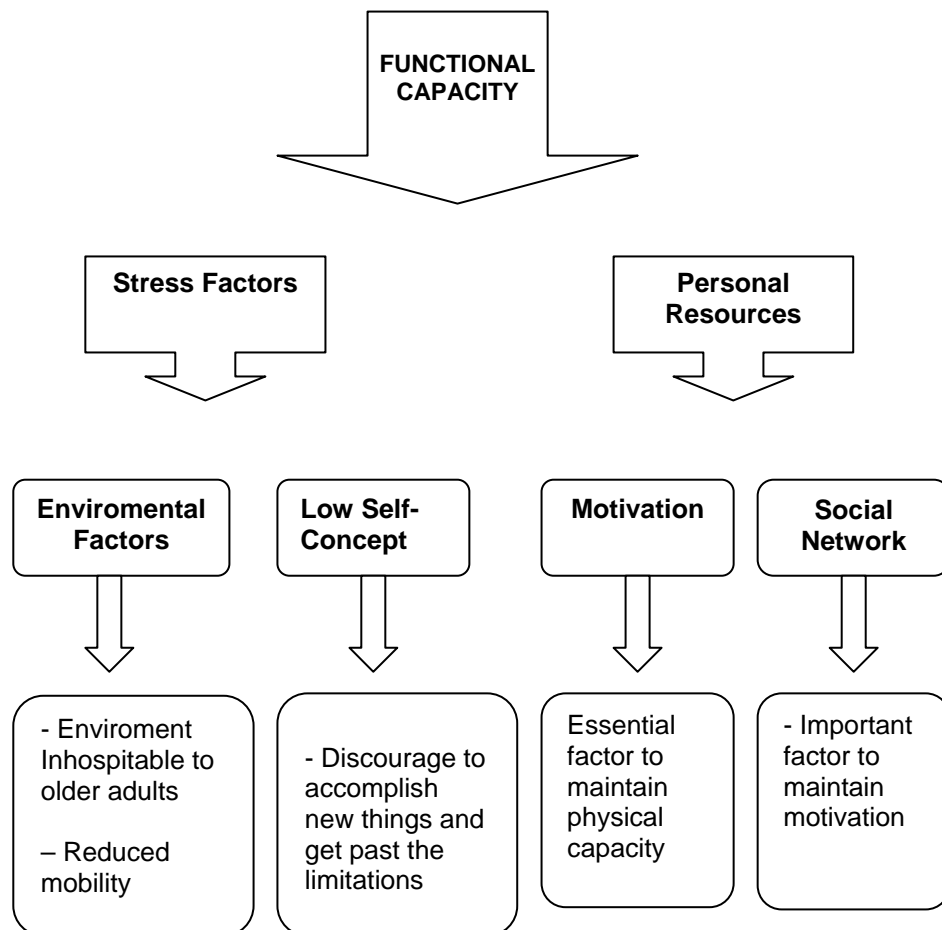


Figure 4. How stress factors and coping resources affect functional capacity experienced by study participants?

11. DISCUSSION

As the proportion of older people in the population grows, it becomes increasingly important to understand age-related changes and issues. For the many aging people

functional ability is the main key to continue enjoying their favourite activities. The population of older adults is an extremely diverse group with wide differences that defy characterization.

According to Barer (186-204, 1993) the environments in which aging people live is the scene of stressful everyday situations, specifically related to organisational and logistical problems which must be coped with as part of daily life. Such situations may become obstacles that have to overcome each day, and which constitute an important aspect of everyday life. Nowadays many communities have programs to address the needs of older adults for example, environmental gerontology aims, through research in aging and environment making society more favourable to the elderly person.

There has been sample research on subjective well-being and the focus has often been on personal feelings of positive and negative affects, happiness, satisfaction with life and self-esteem. It has been suggested that subjective well-being should be defined as a balance between positive and negative affect (Kashdan, 2004, 1225-1232).

A number of life changes that tend to occur in old age might have a negative impact on wellbeing, including health problems, declining socioeconomic status, spousal loss and bereavement, loss of social support, and a decline in achievement experiences following retirement.

With people living increasing longer lives, the social impacts of retirement are also important considerations. According Kelly (2007, 27) the number aged 80 or over, is growing rapidly, meaning that people could spend 20 to 30 years in retirement. Workplace is frequently a place of social interaction, and once people retire, they could be vulnerable to social exclusion. It is essential, therefore, that older persons continue to be actively engaged in their communities after they retire. According to Hanson and Carpenter (1994) social resources are probably the most important type of resources for cushioning the adverse effects of stressors in old age. The prime importance of social support is especially noted when adverse situations have been unable to be resolved by means of other strategies or resources for coping.

Empowering older persons to actively participate in their societies includes an opportunity for older persons to work as long as they wish, in productive and satisfying jobs without being forced into retirement. There is evidence that active ageing is closely linked to rewarding work which in turn contributes to the development of any society (Venne, 2007, 8).

According to Ramirez (2004) older women face a number of difficulties related to power relations that affect their socioeconomic situation, self-esteem and self-image as women, and thus their health and well-being. This situation is extremely worrying, particularly when there is question about the "feminization of aging" in the coming generations. Living longer will not necessarily mean living a better quality of life.

Recommendation for further research would be modified research with a larger sample. Focus of the future research would base on self-esteem factors of aging women. Qualitative research concerning self-esteem of aging women would be very fruitful and topical subject for further research. It would be relevant subject because low-self-esteem can be seen as a risk factor for a broad range of psychological and behavioural problems. Knowledge concerning self-esteem of aging individuals could promote well-being and positive spirit among aging women.

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13. APENDICIES

APPENDIX 1:

13.1. Introduction letter to study participants

Tutkimuslupa-anomus tutkimushenkilölle

Arvoisa Hyvinvointipalvelutoiminnan asiakas

Ystävällisesti pyydämme Teitä osallistumaan Hyvinvointipalvelutoiminnassa järjestettävään teemahaastatteluun joulukuussa 2008. Kyseessä on Jyväskylän ammattikorkeakoulun ja kansainvälisen yliopiston (Poznan University of Medical Sciences) välinen yhteistyöhanke, jossa toteutetaan ikääntyvien toimintakykyä kartoittava ryhmähaastattelu. Tuloksia tullaan käyttämään Jyväskylän ammattikorkeakoulun opiskelijan Essi Selmon (hoitotyönopiskelija, SNP5) opinnäytetyössä sekä mahdollisesti Hyvinvointipalvelutoiminnassa erilaisissa kansainvälisissä ikääntyviin liittyvissä kehittämisprojekteissa. Lupa tämän haastattelun toteuttamiseen on myönnetty Hyvinvointipalvelutoiminnasta, joka toimii tutkimuksen yhteistyötahona.

Osallistujilta kerättyjä tietoja käsitellään sosiaali- ja terveydenhuollon tietosuojaja salassapitokäytänteiden mukaisesti ja tiedot rekisteröidään Hyvinvointipalvelutoiminnan asiakasrekisteriin. Kun tietoja ei enää tarvita, ne tullaan hävittämään. Osallistuvien nimiä tai muita tietoja ei tulla missään vaiheessa julkaisemaan.

Haastattelu tapahtuu kahdessa pienryhmässä Hyvinvointipalvelutoiminnan tiloissa. Haastattelijoina ovat opiskelijat Essi Selmo, hoitotyönopiskelija (SNP5) ja Kuntoutuksen ohjaaja -opiskelija Hanna Räsälä (SRE5). Osallistuminen haastatteluun vie aikaa noin tunnin. Haastattelun tulokset ovat nähtävissä valmiissa opinnäytetyössä.

Myönnän luvan tietojeni käyttämiseen

Jyväskylässä _____

Asiakkaan allekirjoitus ja nimenselvennys

Essi Selmo

Hanna Räsälä

Eeva Helminen

Irmeli Katainen

APPENDIX 2:***13.2. Pre-questionnaire for study participants***

ESITIETOLOMAKE

Arvoisa kuntosaliryhmäläinen

Olette osallistumassa ikääntyneiden toimintakykyä kartoittavaan ryhmähaastatteluun. Jotta saisimme mahdollisimman kattavan kuvan toimintakyvystänne toivomme, että täyttäisitte tämän lomakkeen. Vastauksenne antavat arvokasta tietoa tekeillä olevaan opinnäytetyöhön. Kaikki kirjatut tiedot tullaan käsittelemään luottamuksellisesti.

1. HENKILÖTIEDOT

1.1 Nimi _____ 1.2 Sukupuoli Nainen Mies

1.3 Ikä _____

1.4 Osoite

—

1.5 Puhelinnumero

2. ASUMINEN, TYÖ JA HARRASTUKSET

2.1. Oletteko eläkkeellä?

En Kyllä, milloin jätitte eläkkeelle?

2.2. Millaista työtä teette tai olette tehneet?

2.3. Asumismuoto?

Kerrostalo Rivitalo Omakotitalo Muu, mikä?

2.4. Asuuko asunnossanne teidän lisäksi muita?

Asun yksin Puolisoni kanssa Omien lasteni kanssa Muu, kuka?

2.5. Pystyttekö liikkumaan asunnossanne ongelmitta?

Kyllä En, mikä tuottaa ongelmia?

3. TOIMINTAKYKY

3.1. Millaisena pidätte omaa toimintakykyänne?

Erittäin hyvänä Melko hyvänä Hyvänä Huonona Erittäin huonona

3.2. Onko käytössänne apuvälineitä,

	Kyllä	Ei	Mitä?
kotona liikkuessanne	<input type="checkbox"/>	<input type="checkbox"/>	
ulkona liikkuessanne	<input type="checkbox"/>	<input type="checkbox"/>	
muita apuvälineitä	<input type="checkbox"/>	<input type="checkbox"/>	

5. LUPA-ASIAT JA ALLEKIRJOITUKSET

5.1. Tiedot ovat luottamuksellisia ja annan luvan rekisteröidä ne Hyvinvointipalvelutoiminnan oppimiskeskus Fysipisteen asiakasrekisteriin

Kyllä En

5.2. Antamiani tietoja voidaan käyttää luottamuksellisesti valmistuvan opinnäytetyön hyväksi.

Kyllä Ei

Paikka ja aika

Tutkimukseen osallistuvan allekirjoitus

APPENDIX 3:

13.3. Summary of Pre-questionnaire

	Man 1	Man 2	Man 3	Female 1	Female 2	Female 3
Age	64	61	70	62	59	60
Retired	Yes	Yes	Yes	No	Yes	Yes
Year of retirement	4/2006	2/2007	11/1997	-	2000	2/2007
Field of occupation	Dental technician	Entrepreneur	Real estate manager	Salesperson	Salesperson	Cleaner
Residence form	Apartment	Apartment	Apartment	Apartment	Apartment	Detached house
Persons in same household	Spouse	Common-law wife	Spouse	Lives alone	Spouse	Spouse
Are you able to move without any problems?	Yes	Yes	No (fracture of hip bone)	Yes	Yes	Yes
Functional Capacity	-	Very good	Rather good	Very Good	Rather good	Good

Do you get any outside help?	No	No	No	No	No	No
Do you use any assistive equipment?	No	No	No	No	No	No
Do you feel secure in your living environment?	Always	Always	Always	Always	Often	Fairly often
Do you trust yourself and feel capacitated?	Often	Always	Always	Always	Often	Fairly often
Are you able to create fulfilling interaction between other people?	Always	Always	Always	Always	Always	Fairly often
Difficulties in daily activities	No at all	Not at all	Not at all	Not at all	Not at all	Not at all