

ERD 2019
Education, Reflection, Development, Seventh Edition
PREPARE YOUR AGEING: AGING-MANAGEMENT AS
STRATEGY FOR IMPROVING ELDERLY PEOPLE'S LIFE
QUALITY

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Abstract

Despite technological and medical advancements that have made our lives easier and longer, our bodies remain those of the prehistoric age of gatherers and hunters and therefore-require much more movement in old age. This article proposes the concept of 'ageing management' addressing self-management for improving and maintaining functionality in old age, considering the combination of reduced functionality, diminished movement and advanced technologies in the 21st century. According to the World Health Organization, active ageing has a key role in the world strategy for an ageing population. Active ageing relies on self-management theory. Nonetheless, most current self-management programs are goal-oriented, short-term and focused on treating illnesses. There is a need for a new approach to long-range self-management programs, which are not concerned with illness, but rather with improving physical functioning during aging. 'Ageing management' is linked to the theory of human agency which emphasizes self-efficacy adapted to the process of ageing management and refers to the way ageing is planned. Self-management programs must focus on and be adapted to old age to maintain and improve physical and other functions. An example of an applied program is called "Body Management in Safe Ranges" (BMSR). Research will be conducted to examine an aging management intervention program using the BMSR method.

2357-1330 © 2020 Published by European Publisher.

Keywords: Life-quality, self-management, self-efficacy, active-aging, aging management, human agency.



1. Introduction

Life expectancy has significantly increased in the 20th century. The population of elderly people represents 20% of Western Europe. In Europe, in the year 2025, the elderly people will represent 21% (Botev, 2012) and in Israel in 2025, the elderly people older than 65 years old will represent more than 15% of the entire population (Bengtson, 2018). The dramatic rise in elderly people in general and in Israel in particular sheds light onto the numerous problems faced by this population in the modern age. The post-modern world is busy finding ways and improving tools the purpose of which is to make our lives easier. Numerous technologies and robots are developed so that to help man age comfortably with less difficulties, lesser efforts and with more free time. From this situation com-up an paradox between the technological developments that reduce physical activity and the fact that our physical needs are the same there were in the stown-age, when we were hunters and gatherers and the body's inherent need for movement in order to maintain its functionality, health and independence when ageing (World Health Organisation, 2012).

Human development is an interdisciplinary notion that encompasses biological, physiological and social dimensions. This article focuses on the ageing stage of human development and is based on the psychological theories of life-span development and the sociological theories of life course (Shmotkin, Blumstein, & Modan, 2003). Each of these theories tries to define successful ageing according to the its precepts and both theories focus on the active part that each elderly person has in the shaping of their life throughout the years in general and towards the final years of their lives in particular. Losing certain abilities due to psychological and biological processes is reflected in a health decline the intensity of which increases with old age. This is also a time when roles shift; from being an independent person to a dependent one (Sehl & Yates, 2001).

This article would like to suggest a different attitude towards ageing and to coin a term of “ageing management” as a notion reflecting self-management programs and the specific designation of such programs for the elderly in order to preserve and improve existing functions and abilities. It is expected that the powers responsible for public health provide the elderly person with training that would help him or her manage their ageing process while taking care of their physical and mental functions, and in a second step would enable the elderly person to manage their ageing process in such a way that makes the individual (the agent) responsible for optimal ageing. The emphasis is to fight for functional independence for human-being in developing technology world. Such an ageing management program is already employed and is called: Body Management in Safe Ranges (BMSR).

2. Literature Review

On average, there are 14% elderly people in the developed world in the beginning of the 21st century. In the second decade of the 21st century this percentage is about to grow to more than 20%. According to the WH in 2025, the world population of elderly people aged 60 and above would be that of 1.2 billion (Plouffe & Kalache, 2010). There is broad agreement with the fact that ageing leads to a decline in health and functioning. The function of bodily systems declines with age (Sehl & Yates, 2001) and this in turn is followed by memory loss and dementia (Baltes & Smith, 2003). Prolonged life expectancy is also characterized by an increase in chronic diseases (Schaie, 2005).

Ageing represents several losses such as: a reduced flexibility and a reduced responsiveness, a reduced social functioning, the loss of friends and family and the loss of energy (Kane, 2005). Still, changes such as these occur during everyone's life and McLean (2008) claims that the potential losses may occur both to young people and the elderly people alike and that most importantly, there is an ability not only to lose but also to preserve these biological, psychological and social functions (McLean, 2008). The modern life is characterized by a dramatic change in the amount of physical activity done by individuals, both young and old. Social and economic changes that led to the development of domestic appliances, computers and cars have caused a significant decrease in the amount of physical daily exercise (Haskell, Blair, & Hill, 2009).

These trends show that in the following decade, countries and individuals will have to allocate ever increasing funds to the growing numbers of elderly people. On the public level ageing presents difficulties when it comes to supplying different social services such as social care and pensions. On the individual level, changes in the family structure indicate there is also lesser support to be counted upon. This means that the elderly people will have to deal with gradually dilapidating resources both on the public and on the family level and they have to be prepared for this process and plan their ageing in accordance to the inevitable losses in health and functioning described in the professional literature relative to successful ageing (Rowe & Kahn, 1997). Successful ageing has numerous synonyms all of which refer to the same phenomenon: the optimal ageing of each individual in accordance to the increased life expectancy and desire to maintain their human potential and quality of life as they grow older, and when already aged (Bar-Tur & Malkinson, 2014). Because of the life expectancy, the elderly person must prepare for the elongating years and to plan them optimally.

The activity theory explains successful ageing as the natural tendency of elderly people to maintain a certain level of involvement with their surrounding as long as conditions allow it (Walker, 2002). Moreover, the more elderly people manage to maintain their levels of physical activeness, the more their emotional welfare increases. Those with a certain physical disability must find other ways of adopting their functions instead of the ones lost or diminished (Shmotkin et al., 2003). Walker (2002, 2009) claims that the answer to the ever changing conditions and challenges of active ageing in old age for the society, lies on strategical of self-management and that the application of such attitudes as ageing management, education for a healthy life style and exercise alongside a review of different national ageing policies encouraging early retirement are necessary (Walker, 2002). He adds that this is a good strategy for all citizens in all the ages and that it maximizes the potential of the individual in order to improve their quality of life (Walker, 2002: 2006). The WHO presented an ageing related policy in order to bring to the fore solutions aimed at the entire world population. Active ageing is a key strategy for the world ageing population allowing those who cannot stay in good health various options for at least maximizing their functioning (WHO, 2002). The organization has even defined the term as the process of options for improved health and active safe participation the purpose of which is to ensure a quality of life when ageing (WHO, 2002).

Active ageing is a broad term encompassing numerous aspects of human life starting from the personal level and moving on to the national and even the international ones. The word 'ageing' seen as part of the previous definition is related to the length of life expectancy whereas the word 'active' refers to the continuous involvement of the elderly person in social, financial activities encompassing private

physical wellbeing and the maintaining of daily functions (Walker, 2006). When discussing active ageing on the individual level, an analysis that also allows us to shed light on the importance of the place of physical activity in elderly people, Stenner, McFarquhar, and Bowling, (2011) claim in qualitative study they conducted with elderly people asked them to define the meaning of active ageing. The study found that physical activity was always linked to active ageing and to various other expressions referring to remaining active and maintaining as much activities as possible (Stenner et al., 2011).

Pachana and Laidlaw (2014) point at several theories and models that apply the idea of active ageing. One of these theories is the self-management of well-being (SMW). The underlying principle of the self-management theory is that ageing motivates the individual to improve social and physical needs for as much as possible in light of the declines previously mentioned (Pachana & Laidlaw, 2014). This theory has been frequently used since it details clearly the factors and the criteria of the notion of active ageing, and as such allows for the building of varied intervention programs (Lorig & Holman, 2003). Self-management allows patients to maintain their health and well-being by focusing on three tasks that have been defined by Corbin and Strauss (1988). They include: medical care management, functions management and emotional management. In the literature review that is aimed at operatively defining the term self-management for the purpose of various intervention programs creating, Lorig and Holman (2003) reported that they found five main self-management skills: problem solving, decision making, knowing how to use resources, the building-up of cooperation between the patient and the caregiver as well as the ability of taking action upon it. They found that self-management programs significantly improved the behavior and the health of elderly people. In order to find an explanation to the status of the improved health status and to the reports of the participants who claimed that their improvement in well-being was due to their control of their feelings more than due to their control of their illness, the researchers looked for a practical way for defining operational notion of control (Lorig & Holman, 2003). Therefore, it seems that an improvement of self-efficacy (Bandura, 1977) is at least one of the possible mechanisms for improving the health of the participants of the program. They therefore insisted upon the fact that an improvement in self-efficacy should hold a key role in self-management programs and the instruction process must incorporate the four components of self-efficacy: control of abilities, modelling, the interpretation of symptoms and social convince-ability. In summary, it is possible to say that the ability to control and to take action are the key factors responsible for making the elderly person feel more active in the behavioral change that improves self-efficacy (Lorig & Holman, 2003).

3. Research Method

The article presents the subject in accordance with a literature review of recent theories and studies on the subject.

4. Conclusion

This article aimed at coining the term ageing-management as a process reflecting the building of a self-management program aimed at improving the physical functioning of the elderly person.

The article suggests that ageing-management programs aimed at the elderly people who wish to prepare their bodies for ageing both physically and mentally be implemented as soon as the retirement age is reached or as a health promotion program that could start earlier. Such a plan will include all the components of the self-management program: problem solving, decision making, resources utilization, bonding between the caregiver and the elderly person, and taking action according to the situation that the individual is in. As opposed to various other self-management programs (Lorig & Holman, 2003), this is aimed at a long-term physical and mental health management when the elderly person acts as a human agency responsible for his state. The BMSR is a method of movement that has an ageing-management program aimed at maintaining and improving physical bodily functions. Following this article, my research will evaluate the influences of the intervention BMSR program on life quality, self-efficacy, self-management and physical functioning of the participants in the research.

With a bold look forward, it seems that this term can be used to define programs in different areas of life whose goal is to prepare the person for aging. The programs from different areas of life will be adapted according to the character and needs of each person. The programs will be in various areas of life, for example, health promotion programs that include: age-appropriate physical activity, proper nutrition, healthy lifespan and even healthy cooking and programs in other areas such as finance, vocational training or digital training.

Following this article, the research on a doctoral level will examine how the BMSR strategy can improve quality of life, self-efficacy, self-management and physical functioning of elderly people participating in the program.

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