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The meaning of health for Iranian elderly: A qualitative content analysis

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ABSTRACT

Health can be described as a dynamic abstract, multidimensional and culturally oriented concept. Every person may have a different perception of health which influences his/her health-related behaviors. The purpose of this qualitative study was to discover the meaning of health in a group of the Iranian elderly. A phenomenological method (Benner's interpretive phenomenology) has been utilized with semi-structured interviews. Responses were transcribed and verbatim and then analyzed qualitatively for themes and categories. Fourteen elderly persons aged over 65 participated in the study. From the analysis of data in this research three major concepts emerged from the participants' viewpoints about the meaning of health: Physical and mental well-being in carrying out normal daily activities, having faith in religious matters and the shadow effect of older people's family members' health on their health. It is important that policy makers in health care systems investigate taken for granted concepts such as health and illness periodically, in order to plan for proper health promotion and health management programs particularly in specific groups like the elderly.

Key words: Elderly, Health meaning, Phenomenology, Qualitative study.

INTRODUCTION

The most significant determinant of an old person's health is his perception of health. In the life, health matters affect all other areas of life, including his willingness to seek and accept help [1].

As existential concepts, health and illness, are cannot be described without the vital possibility and living reality of diseases [2]. So, how one can define health may change according to cultural contextual, and may touch on health practices and compliance with the medical action [3]. A person perceives health grounded on his/her experiences of ill health. It can be said that a person who has experienced health during illness would definitely grateful health more than a person who has never lived through that experience.

Anyone, who has not been sick before takes health for supposed and does not think about it. This declaration depends on this fact that health miss its meaning if the concept of health is defined only as anything delightful and nothing more. The health concept has developed gradual and directed to the perspective of health of an individual [4].

Existing definitions of health reverberate that of the World Health Organization (WHO): "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Others have added stable functioning in the environment, a stability of physical, mental, and social well-being; expressive occupation; understanding of individual potential; community consistency and opportunity, self-care, sustainable ecology and well-being. The "health for all by the year 2000" announcement states that health "ensures equity in health, adds life to years, adds health to life and adds years to life". The individual viewpoint highlighting the Ottawa Charter, considers health as a resource of everyday life, emphasizing social and individual resources in addition to physical dimensions. Finally, "Health 21" states obviously, that health is one of the essential rights of every human being [5].

Health and well-being are contested concepts. In the last twenty years, psychologists and sociologists have shown the importance of realizing dissimilar perceptions of health and well-being in the design of health care and promotion to meet people's needs. Many people regard health as a far wider concept than the biomedical model and they want to participate, be involved and listen to when they tell their experiences of illness and health. Certainly, the process of participation, connection and control may by itself be significant in health and well-being outcomes [6].

While the terms "health" and "wellness" are often used interchangeably, health is generally referred to as the greater construct [5].

The result of a study indicated that the meaning of health can be described as vitality, balance and, harmony and experience of wholeness, fulfillment and a feeling of self-control and change. Along this line health is closely related to well-being, which is recognized as the positive features of being in the world and established in lived experiences [4]. The understanding of and exploring the concept of health establishes a basis for health promotion. Because health promotion is accepted as an all over concept that includes all that may promote the health of society, specifically curative, preventive and health prevention portions [7].

Overall, health seems to be an abstract concept, multidimensional and respectively nature, hard to measure and even harder to define as a growing concern in society [8].

The purpose of this qualitative study was to gain understanding the perspective of the Iranian older people's general perceptions of health. The main research question addressed by the present study is: "How do people perceive health and talk about it? What is the meaning of health for them? And what are the most important components of their healthy status?"

MATERIALS AND METHODS

Interpretive phenomenology (Benner's interpretive phenomenology, 1994) was chosen for our research method. Interpretive phenomenology highlights understanding and articulation of those ignored background meanings that provide the basis for social skills, habits, experiential learning and practices of a person. So, in order to be able to understand a person's unique experience, their cultural and social contexts have to be considered [9].

Participants

The participants were 14 men and women aged at least 65 years. They were asked to explore their experience of health using semi-structured interviews. The interviews were conducted inside their natural life environment.

Data collection

During the year of 2007, participants were engaged in phenomenological interviews lasting between 45-60 minutes focusing on their health experiences.

Ethical consideration

Information about the study was provided verbally and in writing, including the aim of the study, and that participation was voluntary with the opportunity to withdraw at any time. Consent was given for the interviews to be audio-taped.

Confidentiality and anonymity of all participants were assured. The analysis was conducted with the purpose of maintaining the integrity of all persons who took part in the study.

The researchers subsequently analyzed these narratives; they read the transcripts numerous times independently to become plunged in the data. The procedure involved repeated reading, reflection focus, and search for identifying meanings.

Different themes were emerged through a thematic analysis. These themes were then structured into a number of main-themes, which presents the participants' experience of health.

RESULTS

Three main themes concerning health emerged from the data. These themes were labeled as Physical and mental well-being in carrying out normal daily activities, having faith in religious matters and the shadow effect of their family member's health on the old person's health. A brief description of each of the above themes including quotes from the interviews is provided in the next paragraphs.

Physical and Mental Well-being in Carrying out Normal Daily Activities

In their answers, the majorities of older people refer to the physical and mental aspects of health and consider them as important parts of their health. They mentioned it often in their chat which clearly showed the importance of physical and mental health in their lives.

One of them described: "...I think health has various aspects. One is the physical aspect which means that a person does not have physical complications such as a backache. The other is the mental aspect, meaning a person's mental occupations such as not having enough money, which can truly be bothersome and leave you with worries....."

In this aspect of health definition, a participant defined health as "lack of an illness rather than the presence of a health." Answers to the question 'what is health?' contained 'When I am not sick', and 'If you don't feel bad', if you are not going to a doctor, then you are healthy'.

Ability to do daily activities, especially by oneself, without the help of others was considered very important by older people in their perception of health. "... When I can do personal tasks independently, especially when I am able to finish them properly I consider myself healthy".

For many participants, dependence on others to carry out their daily tasks was reason enough not to feel healthy. One participant stated:

"... When I cannot do my personal daily tasks by myself, needing other people's help, I feel I am ill. I like to be healthy and perform my personal tasks by myself. I do not want to ask others to help me although they may like to do so, be they my own children or strangers".

Having Faith in Religious Matters

In the interviews participants often talked about their ardent belief in God, the world after death, the importance of saying their daily prayers and generally practicing other matters of religion. And they perceived this as a sign of their good health. One participant stated:

"... If you have faith and practice the orders of God and what is written in the holybook (The Quran), you are healthy." Another participant said: "...On the days I practice my religious deeds I think I am healthy." The participants regularly referred to their spirituality in their dialogues. "... Once, I cannot help others, upon asking me for a favor, I feel I have disobeyed God's will, and thus feel unhealthy on that certain day."

So, both having good religious beliefs and practicing them were important parts of their meaning of health.

The Shadow Effect of Older People's Family Members' Health on Their Health

Participants also notified that they feel healthier when all their family members are in good health as well. In fact, they worry a lot if they see any of their children unhealthy and therefore, their whole feelings of health are affected. According to their narratives knowing that their family members enjoy good health gives them a sense of well-being.

"... When I have my children around me, having no problems, happy and healthy, and when I can help them out with what they need, then I am healthy... ". The older people's greatest concern about their family members' health status was apparent from their interviews:"... Sometimes I have something to do, but I can't manage to do it. You know illiteracy is a big problem. At such times, I prefer a member of my family to be with me to help. They are educated ... when my expectations are not met I feel unhappy and sick and my mood changes for the worse".

In summary, the meaning of health in the view of this group of old people may be described as three expansive, interrelated themes including physical and mental well-being in carrying out proper daily activities independently, having faith in religious matters and the shadow effect on their family member's well-being of their health.

DISCUSSION

The term "health" has extensively been the subject of discussion by psychologists, sociologists, philosophers and health professionals. In the present study, the common meanings of health for older people have been researched. Results contain important subjects that can be given special attention. People under this research see health when they have physical and mental well-being in doing ADL, good religious beliefs and know their family members are in good health.

The results of this phenomenological study is; they provide guidance to understand and promote the health experience for this group of older people in special social, economic and cultural situation. It was intended to provide an in-depth explanation of the experience of health so as to increase the health care providers' awareness and that of the other members of the caring team regarding these phenomena hoping for their providing comprehensive health care, based on the culture and religious beliefs[10].

The aim of this study was to understand the meanings of health and its different dimensions for a group of older people. For the participants of this study, health was considered first as having physical and mental well-being, as defined by the WHO. In addition, according to their narratives health was not only being in an ideal physical and mental state but also faith in religious matters and assurance of their family member's health.

The results of this study agrees with Concha et al [11] study which investigates the concept of health and health needs of suburban residents in the Philippines. Their participants defined health as an irreplaceable and a necessary element of living. A state of being able physically, spiritually, psychologically and socially. But in our study the participants corroborated on practicing religious beliefs which seem to be the result of their faith in addition to those themes.

In the Ailinger and Causey [12] study, which investigated health concept of older Hispanic immigrants, integrating physical, emotional, and spiritual aspects; possessing mental health, feeling well, enjoying independence, practicing self-care, and orienting toward the family emerged as main themes which was very similar to our findings.

So in this study, participants explain their health as a feeling of being alive, with a sense of spirituality or good religious beliefs[13].

This study help to the conceptualization of health in the view of older people. The conceptualization of health is attended to by health care providers, this may help to a shift in perspective that provides an opportunity to increase the focus of client care contain health and illness[14]. Our Paradigm must shift as well; take oneself off predominant biomedical model aimed at re-conceptualization of health and illness with the devote effort to health promotion.

Limitations and Recommendations

As a consequences of qualitative design, the small sample size may limit the generalization of findings. Therefore, more studies are necessary. Further research with different and larger sample size is recommended.

Also Additional research needs to identify the factors that can affect experiences of health.

It is therefore suggested that the concept of health vs. illness in other age groups such as children and adults, both healthy and ill, be meticulously studied and analyzed. The concept of health in time of illness, and the same concept

in case of special diseases such as cancer must be studied to determine the outcome in various social groups, especially in various cultures and ethnic groups throughout our country.

CONCLUSION

Findings of this study contribute much to existing knowledge about the health concept. Findings have discovered issues that need more attention regarding might increase sensitivity regarding older people's cultures, beliefs and values in planning health promotion programs. Specifically, these findings can provide more appropriate insight into the ways practitioners and health care planners can better care and planning for older people. Understanding the meaning of health concept in the view of vulnerable groups can enhance health care members' ability to provide culturally based care.

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