Rural Older Women's Experiences with Chronic Health Problems: Daily Challenges and Care Practices

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ABSTRACT

Living with chronic diseases and their manifestations affects daily functioning and influences the quality of life of older women. This study, guided by the integration of life-course theory and a trajectory model of chronic illness, examines health care practices and management strategies that women with multiple chronic conditions incorporate into their daily lives. Responses to a telephone interview with 268 community-dwelling rural older adults (M age = 77 yrs., S.D. = 5.40) and qualitative interviews with 58 of the women from the larger sample were analyzed to examine the functional, psychological, and social consequences of their health. The women reported an average of 3.5 chronic conditions; the most common were arthritis (68%), heart disease (57%), osteoporosis (41%), and diabetes (31%). Findings suggest that the women played an active role in shaping the course of their illness within the context of their everyday living situations. One condition typically predominated their lives; however, regardless of the type or severity of their conditions, the importance of maintaining independence and autonomy was strongly emphasized by the women. Pain often contributed to functional limitations associated with their health conditions and frequently precluded or interfered with their completion of daily activities. To compensate for these changes, many older women slowed down the pace and number of activities they performed. Although they appreciated support from members of their social network, they infrequently turned to them for assistance. Consideration of personal and social variables that influence the life experiences of older women managing multiple health problems warrants continued investigation.

METHODS

Phase I: Telephone interviews were completed with 214 older women and 54 older men living in four service planning districts comprising rural southwest Virginia.

- All of older adults had at least one of the following conditions: heart disease (HD, 60%); diabetes (DB, 38%); and osteoporosis (OP, 40%)

Phase II: Follow-up, face-to-face interviews with 58 older white women living in two of the four planning districts.

- Audio-taped, semi-structured interviews, between 30 and 120 minutes
- Conducted in women's homes
- Transcribed verbatim

Study Sample: 17 older women who reported having at least two chronic conditions.

1 - HD, DB, OP	M (SD) Yrs Diagnosed:
9 - HD, DB	› HD = 14.75 (13.9)
4 - HD, OP	› DB = 15.61 (12.9)
3 - DB, OP	› OP = 10.43 (13.5)

- M Age = 76.1 yrs (SD = 5.37)
- 12 high school diploma; 3 vocational/some college
- 11 live alone
- 8 reported monthly income of $\leq$ $1000
- 4 currently married

ANALYSIS

Based on responses to the telephone and face-to-face interviews and multiple readings of the transcripts and reflective process notes, we:

- developed a coding scheme using an open coding process that generated a comprehensive understanding of themes and patterns in the data.
- verified and refined the coding scheme eight times after multiple readings of transcripts.
- applied the coding scheme to the transcripts to identify ways in which older women described and made meaning of their health conditions and management strategies.
- compared coded transcripts and discussed in team meetings, a process that allowed us to reach 100% agreement on identifying themes.

KEY HEALTH PROBLEMS

The women identified pain and a lack of energy as common health-related problems, but often found it difficult to attribute such problems to a specific disease.

- Living with pain required a lot of energy, which curtailed the women's ability to engage in and enjoy daily activities.

> *I know I am supposed to exercise, and I do what I can do without it hurting too much. . . Even the simple things like using the vacuum cleaner; it just gives [wears] me out.*

> *I just get tired. When you are tired and you are hurting, you don't enjoy things as much. . . we went to my husband's family reunion. . .we sat there for hours. . .they had too much entertainment, and I was just worn out and I got irritable.*

- Having limited energy required the women to make changes in their daily lives.

> *I take my medications and fix my breakfast, and as I said I am very slow. I pick out one thing or one drawer to clean out in the morning.*

The women often viewed health-related problems as an expected consequence of aging, which seemingly allowed them to normalize the changes they experienced in their daily lives.

> *It's just a combination of everything. I am 84 so you do get slower. . .a combination, but mostly years.*

MULTIPLE CONDITIONS

The problems these women associated with their health conditions influenced their perception of which disease was the most difficult to manage in their daily lives.

- 10 of the 13 women with diabetes said it was more difficult to manage because of diet restrictions and the amount of daily attention the disease required.
- Osteoporosis was more difficult to manage when pain was a daily problem associated with this disease (3 out of 8 women).
- None of the women with heart disease viewed it as more difficult to manage than their other conditions. After recovering from the initial event or surgery, heart disease faded into the background of the women's daily lives.

MANAGEMENT STRATEGIES

The women combined pragmatic and philosophical strategies to manage their health problems. When their conditions and subsequent inability to manage daily life competed with their sense of self, the women reframed their activities and expectations.

> *At first I was really, really scared and careful. As time has gone on, I've realized that I've made it another day and must be doing pretty good.*

The women used a variety of mechanisms to achieve congruency between what was important to them and what they could achieve in their daily lives:

- Drew on faith (religious beliefs, church participation, prayer)
- Regulated amount of attention given to disease (focused on what they could do)
- Reduced involvement in meaningful activities (garden pots vs. garden plots)
- Maintained a positive outlook on life (go on with life, don't let it get you down)

Adapting to life with multiple health problems required the women to both add and eliminate activities. Accepting these changes was not always easy and was often complicated by internal and external forces.

> *Well, there are a lot of going places and doing things I don't do. And I am not driving. . . Have to depend on other people for things, I don't really like that. I have always been very independent.*

CARE ARRANGEMENTS

The women received varying amounts of instrumental support from family members. Although grateful, for 7 women, family members sometimes overstepped an invisible boundary, which created tensions.

> *My son, he just forbids me to go down into the basement. He is afraid for me to go down there. He says 'I will do your laundry.' I wanted to keep going as long as I was able, but it bothers him. I don't know what to do - whether I should go on and override what he [wants], because I feel like I can do it. . .I am glad that he is concerned you know, so it's just a no win situation.*

Tensions also resulted from family members' lack of understanding of the women's health conditions.

> *[Daughter] doesn't understand that you have to eat at a regular time. . .[Dinner] was like 9:00 p.m. one night, but that was too late. . .I had to go eat me a snack about 5:00 p.m. . . . but it [sugar] was up you know, because I ate two dinners just about.*

A few women concluded the best way to maintain independence and keep their children from "worrying" or "interfering too much" was to avoid talking about their health.

> *They have a tendency to get carried away. . .researching things for me and trying to tell me I need to go here and all over to these special hospitals that I couldn't even get into. So, I don't tell them anything much because I don't want to hear it from them.*

CONCLUSIONS

- Health in later life cannot be explained by focusing on a single disease; rather, it must be viewed as an amalgamation of multiple conditions that influence daily life.
- Older women frame their health conditions in multiple ways, which influences how they cope, adapt, and accept support.
- Family tensions arise when there is an imbalance between how older women and their children perceive their health conditions and how they should be managed.
- Consideration of personal and social variables that influence how older women perceive and manage concurrent health problems warrants continued investigation.

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