ORİJİNAL ARAŞTIRMA ORIGINAL RESEARCH

Successful Aging: A Qualitative Research About the Evaluation of Leisure Time of Older Adults with Chronic Health Condition

Başarılı Yaşlanma: Kronik Hastalığı Olan Yaşlı Bireylerin Serbest Zamanlarının Değerlendirilmesi Üzerine Nitel Bir Araştırma

Seyida İLYAS[a], Tennur YERLİSU LAPA[b]

[a]Department of Recreation, Akdeniz University Institute of Social Sciences, Antalya, Türkiye
[b]Department of Recreation, Akdeniz University Faculty of Sports Sciences, Antalya, Türkiye

This study was prepared based on the findings of Seyida İLYAS's thesis study titled "Successful Aging: Evaluation of leisure time of elderly individuals with chronic diseases" (Antalya: Akdeniz University; 2020).

ABSTRACT Objective: The purpose of this research is to examine the leisure time behavior of the older adults with chronic health condition and to understand the successful model of aging and changes of leisure time according to selective optimization with compensation. **Material and Methods:** In this research, the leisure time of older adults with chronic health conditions is examined by designing a qualitative research based on interview technique. The research was held with 3 female and 16 male participants, 19 in total, resident in Antalya "Döşemealtı Halil Akyüz Nursing Home." This research is a case study which carries phenomenological feature. Descriptive data analysis was conducted. **Results:** It is to understand that participants spend more time for activities which were before their illness. Revealed that the resource provided by the nursing home are important in compensation and optimization. Although very few, it has been determined that some participants managed their disease status with compensation and optimization. Furthermore, the individuals adopt passive activities in the presence of their illness. Nevertheless, they are mostly involved in social and occupational activities. **Conclusion:** It was seen that older adults could not use selective optimization with compensation model effectively. Older individuals do not know how to evaluate their leisure time.

Keywords: Successful aging;
                selective optimization with compensation; leisure;
                recreation

ÖZET Amaç: Bu araştırmanın amacı, kronik hastalığı olan yaşlı bireylerin, serbest zaman davranışlarını incelemek ve başarılı yaşlanma modeli olan telafi etme yoluyla seçici optimizasyona göre bireylerin serbest zamanlarının değişimini anlamaktır. **Gereç ve Yöntemler:** Bu araştırmada, kronik hastalığı olan yaşlı bireylerin serbest zamanları, görüşme tekniğine dayalı nitel bir araştırma tasarlanarak incelenmiştir. Araştırma, Antalya Döşemealtı Halil Akyüz Huzurevinde ikamet eden 3'ü kadın, 16'sı erkek toplam 19 katılımcı ile gerçekleştirilmiştir. Bu araştırma, fenomelojik özellik taşıyan bir durum çalışmasıdır. Betimsel veri analizi yapılmıştır. **Bulgular:** Katılımcıların hastalıkları öncesindeki aktiviteleri daha çok sürdürdükleri anlaşılmıştır. Huzurevi tarafından sağlanan kaynakların telafi etme ve optimizasyonda önemli olduğu anlaşılmıştır. Çok az olsa da bazı katılımcıların, hastalık durumlarını telafi etme ve optimizasyonla yönettikleri görülmüştür. Ayrıca bireylerin, hastalıkları varlığında pasif aktiviteleri benimsedikleri bulunmuştur. Bununla beraber en çok sosyal ve iş-uğraş aktivitelerine katılım göstermişlerdir. **Sonuç:** Yaşlı bireylerin telafi etme yoluyla seçici optimizasyon modelini etkin kullanamadıkları görülmüştür. Yaşlı bireyler, serbest zamanlarını nasıl değerlendireceklerini bilmemektedirler.

Anahtar Kelimeler: Başarılı yaşlanma;
                       telafi etme yoluyla seçici optimizasyon;
                       serbest zaman; rekreasyon

One of the key indicators of aging and old age is demographic data. The population aged 65 years and over was 4.4% in 1970, while this rate increased to 7.5% in 2012. According to current data, this figure is 9.5%.[1] When the proportion of the old age population in a country exceeds 7%, that country's population is described as "old", and when it exceeds 10%, that country's population is described as "very old".[2] According to this classification, Turkey, which is already in the "old age population" class, is expected to

be included in the "very old age" class in the near future in line with forecasts. When these data are analyzed, the importance of later life will be better understood.

Diseases and disability are more common in older adults than in other age groups.[3-5] Diseases occur in old age as the body's adaptation to stress and changing conditions decreases.[6,7] As age increases, the incidence of chronic diseases also increases.[8] 90% of people aged 65 years and older usually have a chronic disease, while 35% of these people have 2, 23% have 3 and 15% have 4 or more diseases.[9] To overcome the problems of old age, it must be addressed holistically. When the literature is examined, the concept of successful aging stands out for both disciplines, gerontology and leisure time. Successful aging involves older adults who are satisfied with their life's, who rely on the continuity of their relationships to sustain their lives in an emotionally satisfying way, and who are able to adapt to the levels of change in their skills.[10,11]

It is reported that people with chronic disease are less active in general and less satisfied with life due to their illness. Leisure time activities of older adults in this context will allow a more fulfilling life than people who watch a lot of television or spend most of their time at home, keeping the individual busy and providing social relationships.[12] Being physically active, developing good eating habits, and maintaining a network of communication with people who provide emotional and social support are associated with older adults recovering from diseases and being more functional.[10,13] In a model in which the relationship between leisure time and health is established, the effects of leisure time on health are defined. Stressful life events cause physical and mental illnesses. It is possible to alleviate this condition by creating a leisure time buffer and various coping processes. Through protected physical and mental health, the continuity of leisure time participation is facilitated. The way to cope with stress in life through participation in leisure time is through social support and autonomy. Autonomy is to reduce the physical effects of disease on daily life activities, to manage negative emotions as a result of disease-related constraints and changes. Social support, on the other hand, is to pro-vide effective relaxation by facilitating the development of friendship. In cases where there is no leisure time buffer, physical and mental health deteriorates and negative events become easier to experience. Thus, life stress also increases.[14]

There are many studies in which different approaches and models have been proposed on successful aging.[15-17] According to an approach, it is possible to balance losses with gains, although there are many losses in old age.[18] For this purpose, Selective Optimization with Compensation (SOC) model has been created. SOC has three elements that interact with each other. According to this model, selection from successful aging components focuses on the determination of goals.[19] The selection is explained as the need for older aldults to limit or reduce their area or activity in which they are active, often due to the losses they experience.[20] For ordinary and functional practices, the selection is different. Elective selection focuses on the necessary and desired situations. Another type of selection, loss-based selection, is the result of experiencing a loss of the target in a specific target area, which threatens the maintenance of a certain level of function. Therefore, the individual must reconfigure the target system.[19] Optimization refers to acquiring and investing in target-related tools.[19,21] In other words, in order for older adults to achieve the vital practices they want, they strive in that area they choose and practice with a certain amount of time.[19,20] Compensation refers to the search for new solutions and adaptation to selected vital practices, despite the obstacles that arise as a result of crises in later life. Asking someone for help for activities, using technological tools, is within the scope of compensation.[21,22] If these three elements of the model, which attribute positive views to aging and later life, are applied together, individuals can achieve their goals and specialize in their goals, despite losses and increasing weaknesses.[20,22]

◼ MATERIAL AND METHODS

DATA COLLECTION METHOD

In the context of the SOC model used in successful aging, the qualitative research method was applied in this study to understand the ways and changes in

evaluating the leisure time of older adults with chronic disease. Qualitative research is based on understanding and interpreting reality from a subjective point of view.[23] In this research, the interpretive approach is adopted. The interpretive approach is to make sense of the social world from the perspective of the participants.[24] In this research, individual interview technique was used as data collection technique. Semi-structured question form is used. In the first part of the question form, there are questions about the demographic information and diseases of the participants. In the second part, there are questions about understanding how older adults spend their leisure time and change of their leisure time. With the questions in this section, it is aimed to obtain information about the activities performed before diseases and how the activities performed with the presence of diseases in the evaluation of leisure time. In addition, according to the SOC model used in the theoretical framework of this research, it was aimed to interpret the older adults' selection, compensation tools and optimization behaviors. This research is a case study with phenomenological characteristics. A case study pattern was determined to examine the ways in which participants evaluate their current leisure time. In order to understand the changes in the leisure time of older adults from the past to the present in the presence of chronic disease and to interpret the SOC, a bridge has been tried to be established between past and present leisure time experiences. Therefore, this research also demonstrates the characteristic of phenomenological research.

FIELD RESEARCH

Between October 2019 and February 2020, a total of 19 participants, 3 of whom were women and 16 of whom were men, were interviewed at the Döşemealtı Halil Akyüz nursing home in Antalya within the scope of the field research. All participants voluntarily participated in the research.

Qualifications to be sought in older adults for admission to a nursing home are as follows in accordance with the article 53 (a) of the regulation on nursing and rehabilitation center for old adults "to be 60 years in age and older; they must be in a condition to meet their own needs; they should be in a condition to eat, drink, bath, dress and to be able to do activities of daily living independently, to be in good mental health; not to have a contagious disease; not being addicted to drugs or alcohol; they should submit a social investigation report proving that they are in social and/or economic deprivation".[25] Therefore, all participants who agree to participate in the study meet these conditions. The average age of participants is 70. In addition, for the purpose of the study, it was taken into account that the individuals included in the study had at least one chronic disease in the last year. Participants expressed only a few of their diseases, and the participants' diseases were confirmed and completed with health reports from nursing home management covering the past one year. Purposive sampling method and criterion sampling technique were used.

ANALYSIS OF RESEARCH DATA

The themes that emerged with direct narratives were classified according to the purpose of the research and analyzed with the qualitative research program NVivo 12 which produced by QSR International in USA. Participants in the study were assigned pseudonyms. The kappa value was calculated by comparing the encodings. Accordingly, the kappa value of this research is 85%. According to this result, the research shows excellent compliance.[26]

According the statue number of 164 dated 28/08/2019 of Akdeniz University Social and Human Science Research and Publication Ethics, the approval and permission were obtained. This article has been prepared according to Helsinki Principles.

RESULTS

This part consists of the classification made based on older adults' leisure time evaluation practices before their diseases, current leisure time evaluation practices, change of leisure time. A random participant opinion were given as similar answers in each subtheme.

EVALUATION OF PRE-DISEASE LEISURE TIME

Six themes emerged as a result of the analysis of the practices of evaluating the participants' leisure time when they did not have health problems. The participant's view on social recreation is as follows;

Of course, being with neighbors is nice. You just go downstairs and hang out with them. It's lively… They were my neighbors for 8-9 years. We were always together, 3 ladies. They called us the Golden Girls… In the summer, we would dress up and stroll around... now I am not with them… They say we don't have aunt Selin anymore… They call me right away. They ask me how am I doing and then we talk. (Selin)

Participant opinion on religious activities is as follows;

After I read the Qur'an in Turkish, I said in a prayer, after reading the whole Qur'an, I said, My God, everything was beautiful, but this was very long before the operation... then I said to myself why can't I read it in Arabic… I started reading the Qur'an. Without taking classes. (Cem)

The participant's opinion on handcraft activities is as follows;

For example, I was knitting. (Aslı)

Participant's views on physical recreation are;

I used to go hiking. I love nature ... I used to go to Erciyes and ski. I've been to rallies. Rally. You know, with cars. There are lots of events like this. (Agah)

Participant views on cognitive activities are as follows;

... I was reading. (Aziz)

The participant view of cultural recreational activities is as follows;

... Then we had a band that was a Turkish Music Ensemble… We'd choir, we'd sing songs. (Agah)

EVALUATION OF CURRENT LEISURE TIME

As a result of the analysis of the interviews with the participants, the evaluation of current leisure time was categorized under two themes: personal resources and nursing home resources. The aim of creating these two themes is to understand the applicability of the SOC model on an individual and institutional basis, which forms the theoretical framework of the research.

PERSONAL SOURCES

Passive activities are noticeable when analyzing participants' current leisure time practices related to the theme of personal resources. The participant opinion on this subject is as follows;

I don't do anything. I just sleep and then get up. (Selin)

The participant view on physical recreation is as follows;

I go for a walk. For example, instead of taking the bus here, I take it after three stops. (Alp)

Participant views on cognitive activities are as follows;

… I'm learning English now. (Anıl)

Participant opinion on religious activities using their personal resources is as follows;

I usually spend my leisure time worshipping. And I read the Qur'an in Arabic. Then it is not enough and I read its interpretation… (Cem)

The participant's opinion on handcraft activities is as follows;

I do handcrafts in winter. I knit cardigans for babies… (Senay)

The participant views on social activities are as follows;

… I chat with strangers on the way. (Aziz)

NURSING HOME RESOURCES

Participants also benefit from the resources provided by the nursing home in many ways when evaluating their current leisure time. The participant's opinion on handcraft activities is as follows;

… I make models in ergo-therapy in my spare time. I spend time making models of the beautiful works of Antalya. (Ali)

The participants view on social recreation is as follows;

We hang out, chat with friends at the nursing home. (Alp)

Participant's views on physical recreation are;

I did sports again yesterday. I attend to morning sports classes (at the nursing home) every day. (Anıl)

CHANGES IN LEISURE TIME

Leisure time practices of older adults before and after the existence of any disease are mentioned.

SELECTION

The opinions expressed by participants on the selection of leisure time are based on selection to maintain their leisure time before the disease, loss based selection, and stopping making selections. The participant opinion on stopping selection is as follows;

I used to paint rocks here. We would collect stones from the seashore. We would made decorations. I would color them. Now I quit doing these. I'm not doing anything now. (Akın)

The participant view on loss based selection is as follows;

I had never drawn a line before. Now I'm drawing. As in drawing a picture. (Metin)

The participant's opinion on maintaining leisure time practices before diseases is as follows;

We've always been dealing with soil and garden. We have been with it since we were born. I especially keep myself busy with the garden and field in my leisure time... (Mert)

OPTIMIZATION

The participant opinion on this subject is as follows;

... I can not go anywhere because of the heat even if I want to. I'm putting it off, you know. I either go in the afternoon or I go early in the morning. (Aslı)

COMPENSATION

Participants' views on compensation are as follows;

... I have friends... I mean, I told them that I had surgery. I can't do anything. Can you help me? They said OK... (Deniz)

■ DISCUSSION

While the wellbeing of individuals who are in the early stages of later life is independent of the SOC model and resources, individuals who are in the advanced stages of later life are buffering their restricted personal resources such as health, social networks,

intellectual functions with SOC model.[27] In this study, it is seen that older adults participate in social recreation the most (n=11) by using their personal resources, while they also participate in handcraft activities the most (n=11) by using nursing home resources. The tools, personal and corporate identity of the institution play an active role in this participation. Although the average age of participants covers early later life age group, the fact that they reside in a nursing home due to their social and economic deprivation indicates that they are limited in terms of personal resources. In this regard, it can be said that handcraft activities within nursing home resources are especially effective in ensuring optimization and compensation.

A study found that in the case of disability caused by osteoarthritis, the efforts of older adults to manage their disability were variable and flexible. It has been found that older adults aim to compensate and optimize in order to adapt to the change they are experiencing rather than using selection.[28] Another study shows again that older adults use compensation tools more effectively.[19] This information supports this research. It has been understood that older adults manage diseases mostly by compensation (n=7) and optimization (n=3). Compensation also allows maintaining the activity by acquiring new tools.[28] Although older adults use compensation and optimization more effectively, it seems that new activity acquisition (loss-based selection) is performed by very few individuals (n=3).

Older adults who are rich in terms of resources make better use of selection, optimization and compensation in their leisure time with daily life activities compared to older adults who have insufficient resources.[29] In this study, it is seen that older adults who can perform various activities with both personal and nursing home resources stop making selections (n=3) and perform some activities from their past (n=8). There are many studies on the benefit of continuing to participate in leisure time activities despite health-related limitations in old age.[30,31] It has been found that older adults with chronic disease adopt new activities instead of the activities they quit performing due to negative changes in their health status.[32] In this study, only three participants select a new activity. It

is believed that this condition may be associated with the inability of older adults to determine an activity and elements that interfere with activity. The presence of passive activities (n=8) shows that individuals do not actually have the level of personal resources expected. Therefore, nursing home resources have an important place to compensate and optimize this situation. It has been found that when many resources are supplied, older adults reduce their passive activities for which they "do nothing" and use compensation tools in the face of losses.[29] It has been also found that those who are insufficient in terms of resources are less active and participate in less activity.[33] In this research, insufficient participation in physical activities (n=3) also prevents the successful aging of older adults.

CONCLUSION

As a result of the findings obtained, it was found that older adults who reside in a nursing home evaluate their leisure time with both personal and nursing home resources. The fact that participants are residing in a nursing home due to social and economic poverty shows that they are limited in terms of personal resources. In this case, it is understood that nursing home creates important resources for older adults. Nursing home resources are an important resource in ensuring optimization and compensation. While the resources provided by nursing home management offer a number of opportunities for older adults, it seems that individuals do not effectively use the SOC model. It is concluded that older adults par-

ticipating in the study did not know how to evaluate their leisure time.

This research is limited to older adults with chronic diseases who are living in nursing home. It is suggested that the theoretical framework can be used in a different sample.

Considering the research findings, in order to promote successful aging; older adults should be provided with training on how to evaluate their leisure time, activities should be diversified based on interests of individuals and personal awareness should be improved.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Seyida İlyas;* ***Design:*** *Seyida İlyas;* ***Control/Supervision:*** *Tennur Yerlisu Lapa;* ***Data Collection and/or Processing:*** *Seyida İlyas;* ***Analysis and/or Interpretation:*** *Seyida İlyas;* ***Literature Review:*** *Seyida İlyas;* ***Writing the Article:*** *Seyida İlyas;* ***Critical Review:*** *Tennur Yerlisu Lapa;* ***References and Fundings:*** *Seyida İlyas;* ***Materials:*** *Seyida İlyas.*

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