

IN THE SHADOW OF AGEING: THE EXPERIENCES OF OLDER WOMEN LIVING WITH A LONG-TERM CONDITION

Dianne E. Roy RN PhD FCNA(NZ)

Lynne S. Giddings RN RM PhD

AOTEAROA NEW ZEALAND



THE STUDY - AIM

- ✘ To explore the experiences of women (65-74 years) as they grow older while living with a long-term condition
- ✘ The phenomenon of focus is 'ageing with a long-term condition', not the experience of developing a long-term condition after reaching older adulthood

DESIGN

- ✘ Three-focus group series (Giddings et al., 2007) over ten months:
 - + Analysis of Group 1 data informed Focus Group 2
 - + Analysis of Group 1 & 2 data informed Focus Group 3
 - + In-depth analysis of all data (Groups 1-3)
- ✘ Interpretive description guided analysis (Thorne, 2008)
- ✘ 'Expert' critique and validation of findings
- ✘ *Ethical approval from our universities research ethics committees*

PARTICIPANTS - DEMOGRAPHICS

Woman (age in years) n=9	Age at diagnosis (years since diagnosis)	Long-term Condition (primary)	Long-term Condition - subsequent (years since diagnosis)	
1	69	50 (19)	Multiple sclerosis	Nil
2	68	35 (33)	Multiple sclerosis	Nil
3	70	37 (33)	Rheumatoid arthritis	Bowel cancer (7 yrs)
4	72	52 (20)	Diabetes Type 2	Glaucoma (3 yrs)
5	74	70 (4*)	Diabetes Type 2	Nil
6	65	45 (20)	Osteoarthritis	Coronary heart disease (2 yrs)
7	68	38 (30)	Asthma	Osteoarthritis (9 yrs)
8	74	70 (4*)	Coronary heart disease	Nil
9	66	46 (20)	Asthma	Bronchiectasis (20 yrs) Rheumatoid arthritis (1.5 yrs) SLE (<1 yr)

FINDINGS

- ✘ In the shadow of ageing
- ✘ Not out of the ordinary
- ✘ Just another thing to deal with
- ✘ A privilege to grow older



IN THE SHADOW OF AGEING

- ✘ Long-term condition is referent point for the women

The danger with MS is when something goes wrong, another illness, you think it's MS so you think you can't do anything for it. And when you go to the doctor and he diagnoses something else, you almost feel like "hooray, that's wonderful". It's wonderful, because they can treat it. It's not the MS at all. It doesn't have to be the MS. But when something happens, your first thought is 'it is MS'.

- ✘ Age as referent point for others

The staff were marvellous but they didn't know anything about MS. They thought that I'd had a stroke ... I quite understand why they thought that I'd had a stroke because a lot of the other patients had had them. They just saw my age.

NOT OUT OF THE ORDINARY

- ✘ No longer out of place

Everybody's got some little or big thing so we get equalised.

- ✘ Others catching up

There's the rare one who's got perfect health.

- ✘ Long-term condition less visible but.....

I think chronic illness speeds up aging.

JUST ANOTHER THING TO DEAL WITH

I've learnt how to live with it. It doesn't stop me from doing anything and it's just another thing I cope with.

✘ Strategies already in place

I have selected shops that I go to ... I have cultivated shop assistants all over.

It's important to cultivate the right group of health professionals, and that's trial and error in a way isn't it? You have to be selective ... but we can change - thank goodness for that.

✘ Knowing the tricks

I ask for a wheelchair at the time of booking. It makes life so much easier. You go past massive queues ... you can go straight through all the queues. They will even help you get your luggage; it's a magic carpet.

I think I have just learnt as I've gone along

A PRIVILEGE TO GROW OLDER

- ✘ Never thought I'd get this far – others haven't

A lot of the people who were supportive of me when I was diagnosed are no longer with us; leukaemia, heart attack, you name it.

- ✘ Ageing as a celebration

You've got to really enjoy the now. That's why it's called the present. It is a present. Grab life with both hands, we're here!

- ✘ Making the most of each day

I just believe that you take everyday as it comes and appreciate the here and now rather than dwelling too much on what's going to happen.

I've tried to concentrate on all the positive things I can do and have learned to accept the negative. It's a matter of accepting yourself and where you're at. The negative side is that feeling of uselessness, not being in control and not being able to do things. But you train yourself to think about all the things you can do.

CONCLUSIONS

- ✘ Contrasting referent points
- ✘ Centrality of long-term condition for women
- ✘ Possibility of LTC being overshadowed by others focus on age
- ✘ Risk of receiving inappropriate care
- ✘ Women demonstrate resourcefulness and expertise in ageing with a long-term condition

MAHIA TE MAHI, MĒNĀ HE PAINGA MŌ TE IWI.

Do what needs to be done if there is a benefit in it for the people.



REFERENCES

- Giddings, L. S., Roy, D. E. & Predeger, E. (2007) Women's experience of ageing with a chronic condition. *Journal of Advanced Nursing*, 58, 557-565.
- Thorne, S. (2008) *Interpretive description*, Walnut Creek, CA, Left Coast Press.
- Thorne, S., Reimer-Kirkham, S. & Macdonald-Emes, J. (1997) Interpretive description: A non-categorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health*, 20, 169-177.