Senior Citizens Living Independently in Finland

- Problem-Solving in a Group as a Resource for Maintaining Independent Living

Eveliina Ruth
Johanna Rautiainen

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Author:	Johanna Rautiainen and Eveliina Ruth
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Supervisor (Arcada):	Annikki Arola
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In this empirical thesis preventive problem-solving group discussions were planned and organized. The study is based on the idea that prevention of problems can positively affect independent living of seniors. Health promotion, independent living of seniors and the use of groups in empirical studies were introduced. The aim of the study was to see if this kind of preventive problem-solving can be seen beneficial by the senior citizens in Finland. Special interest was put in the participants' own thoughts related to what are the risk factors for maintaining independence. The research questions were the following: What are the risk factors which seniors find to have an effect on independent living of older people? Do the participants see preventive problem-solving in a group beneficial when preventing the loss of independency? Is this kind of problem-solving method suitable for Finnish seniors?

The material was collected from two groups. Qualitative group discussions were conducted in order to get the results. The participants were seniors living in the metropolitan area, aged 65-86 years. Activity theory and concept of successful ageing were chosen for the theoretical frame of reference because both of these concepts concern staying active and adapting the behavior in order to age successfully.

Results showed that Finnish seniors find this kind of preventive problem-solving in a group to be beneficial when promoting independent living of seniors. However, a note should be made when thinking about the group size and the age of the participants.

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Tässä toiminnallisessa opinnäytetyössä suunniteltiin ja toteutettiin ennaltaehkäisevän ongelmanratkaisun ryhmäkeskusteluja. Työ pohjautuu ajatukseen, että ongelmien ennaltaehkäisy voi vaikuttaa positiivisesti senioreiden itsenäiseen elämiseen. Työssä esiteltiin terveyden edistämistä, senioreiden itsenäistä elämistä ja ryhmien käyttämämistä empiirisessä tutkimuksessa. Työn tavoitteena oli selvittää, voiko ennaltaehkäisevä ongelmanratkaisu olla hyödyllistä suomalaisten senioreiden mielestä. Osallistujien omat ajatukset itsenäisyyden säilyttämiseen liittyvistä riskeistä olivat erityisen mielenkiinnon alla. Tutkimuskysymykset olivat seuraavat: Mitkä ovat ne riskit, jotka senioreiden mielestä vaikuttavat itsenäiseen elämiseen? Onko ennaltaehkäisevä ongelmanratkaisu ryhmässä osallistujien mielestä hyödyllistä, kun ajatellaan itsenäisyyden säilyttämistä? Onko tämänkaltainen ongelmanratkaisumenetelmä hyödyllinen suomalaisille senioreille?

Materiaali kerättiin kahdesta ryhmästä. Tulosten saamiseksi suoritettiin kvalitatiiviset ryhmäkeskustelut. Osallistujat olivat pääkaupunkiseudulla itsenäisesti asuvia senioreita, iältään 65-86. Toiminnan teoria ja onnistuneen vanhenemisen käsite valittiin teoreettiseksi viitekehykseksi, koska molemmat käsittelevät aktiivisena pysymistä ja käyttäytymisen mukauttamista onnistuneen vanhenemisen saavuttamiseksi.

Tulokset osoittivat, että suomalaiset seniorit kokevat tämänkaltaisen ennaltaehkäisevän ongelmanratkaisun ryhmässä hyödylliseksi. Ryhmän koko ja osallistujien iät vaativat kuitenkin erityistä huomiota.

Avainsanat:	terveyden edistäminen, ryhmäkeskustelu, ongelmanratkaisu, itsenäinen eläminen
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FOREWORD

We would like to thank Annikki Arola who gave us good guidance in our thesis. Especially we would like to thank the wonderful seniors who gave their time and effort to make this study happen.

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1 INTRODUCTION

As the ageing of the population is being recognized all over the world, new ideas and models are needed to support the well-being of senior citizens. As there are more and more elderly people in the world, health problems related to ageing are becoming an enormous challenge. It is not enough that problems are just taken care of, but instead more resources should be aimed at prevention. Preventive methods enable seniors to have more healthy years in their lives, and that improves the quality of life. Prevention is also cost-effective in the long run. Taking care of people instead of just health problems is not only cost-effective, but also prevents institutionalization.

In developing countries mortality and all over the world fertility have decreased. This makes changes to the whole world's population structure. Both developing and developed countries face the same challenges that ageing of the population brings. In developed countries the increase of older population, people aged 65+, is already recognized. Stereotypes of older people have changed from negative to more positive as older people are not seen as people whom functional and cognitive status is declining, but as people who can benefit from the knowledge related to functioning and health. (Strauss, 2000.)

Increase of elderly population brings pressure to the society since it is more cost-effective to live in own home and receive care and help there than move to institutions. Older people are expected to live in their own homes as long as possible and to do so preventive methods and mechanisms are needed so that certain problems wouldn´t occur or would occur later.

When people age the relation between individual life and environment becomes bigger. That brings changes to individual's capabilities to perform tasks related to daily living (Seidel et al., 2009.)

This empirical study helps the seniors to find solutions for the problems which already exist or might occur later. These problems are the obstacles that might lead in loss of independence. If this kind of preventive problem-solving is good it will promote the independ-

ent living of seniors and reduce the need for help from others, such as home care. It also prevents institutionalization. This preventive problem-solving is cost-effective in the long run as it prevents the problems that seniors might face in later life. For example if a senior is afraid of using a bus to get to the town they will stay home instead. That might lead in isolation, depression, loneliness etc. Dealing with these problems is expensive. Finding the solutions for the problems before they occur will promote the independent living of senior citizens. If this concept is beneficial it could also be used by volunteer organizations as a new kind of group activity for seniors.

This study is based on the idea that prevention of problems can positively affect independent living of seniors. Throughout the study the focus was on finding out the problems which affect independent living and to see if this kind of preventive problem-solving in a group could be seen as a beneficial way to maintain independent living. The aim was also to find out is this kind of preventive problem-solving suitable for Finnish seniors.

To find out what are the problems which affect independent living of seniors the respondents searched for previous research related to the topic. After looking for what previous research had to offer the respondents wanted to find out what the seniors themselves thought these problems were. All the previous research and literature are selected with such a consideration that it will support the aim of the thesis and work as a good foundation for the whole study.

1.1. Dividing the work between the respondents

Work load of the study was divided equally between the respondents. Both of the respondents were responsible of their own part.

Both respondents had their own groups. The respondents worked as moderators for their own groups and observers for the other respondent´s group meetings. This meant that when group 1 had their meetings respondent 1 was the moderator while respondent 2 was ob-

serving the group. When group 2 had their meetings respondent 2 was the moderator and respondent 1 was observing the group meetings.

When categorizing the material and analyzing the results of the group meetings respondent 1 was responsible of the group she observed. This meant that respondent 1 focused on respondent 2´s group because respondent 1 was the observer and knew what was going on in the group meetings. In the same way respondent 2 was responsible of the respondent 1´s group because she had been observing that group. The responsibility for both respondents' own groups was holding the meetings.

After every group meeting the respondents had a discussion of what happened in the groups. This was because if there was something that the respondents had understood differently it could be discussed so that both respondents would end up seeing correctly what was going on in the groups.

Before starting the group meetings both respondents had their own parts of previous research to look for. Before starting to look for research different themes were discussed. Themes of independent living, health promotion, problem-solving in a group and focus groups were selected together. These themes were selected because the respondents saw that they were relevant to the study and important to know before going starting the group meetings. Two themes for each respondent was seen to be enough because the respondents wanted to stay focused and in that way assure that irrelevant information would not fill up the pages of the final work.

Respondent 1 was responsible for themes of independent living and problem-solving in a group while respondent 2 was responsible for themes of health promotion and focus groups.

As a conclusion, respondents had their own responsibility in searching for literature and previous studies relevant to the thesis and also in holding and observing the group meetings.

2 BACKGROUND

In this chapter the focus is on three main concepts related to the thesis: Independent living, health promotion and focus groups. These concepts are chosen to bring up the background knowledge related to the theme of the thesis. Also the theoretical frame is introduced.

2.1 Senior citizens in Finland

The following statistics (Chart 1, 2 and 3) demonstrate the situation of the seniors living at home in Finland and different factors which are important to look at when thinking about independently living seniors in Finland. From these charts it can be seen how many seniors are living at their own homes and that the number of seniors is increasing. (THL, 2010.)

Chart 1 demonstrates the amount of people 75+ living in their own homes in Finland. The number hasn´t changed very much over the years. In the years 2001 and 2005 89,6% of people over 75 years lived in their own homes and in 2008 the percentage was 89,4%. (THL, 2010.)

From these people 12,1% received regular home care service in the year 2001 and in 2005 the percentage was 11,5. In the year 2008 the percentage was 11,2% (chart 2). (THL, 2010.)

The amount of 75+ people living in long term care institutions has decreased during the past 10 years. In the year 2001 there was 8,0% in long term care, in 2005 6,8% and in 2008 5,9% (chart 3). (THL, 2010.)

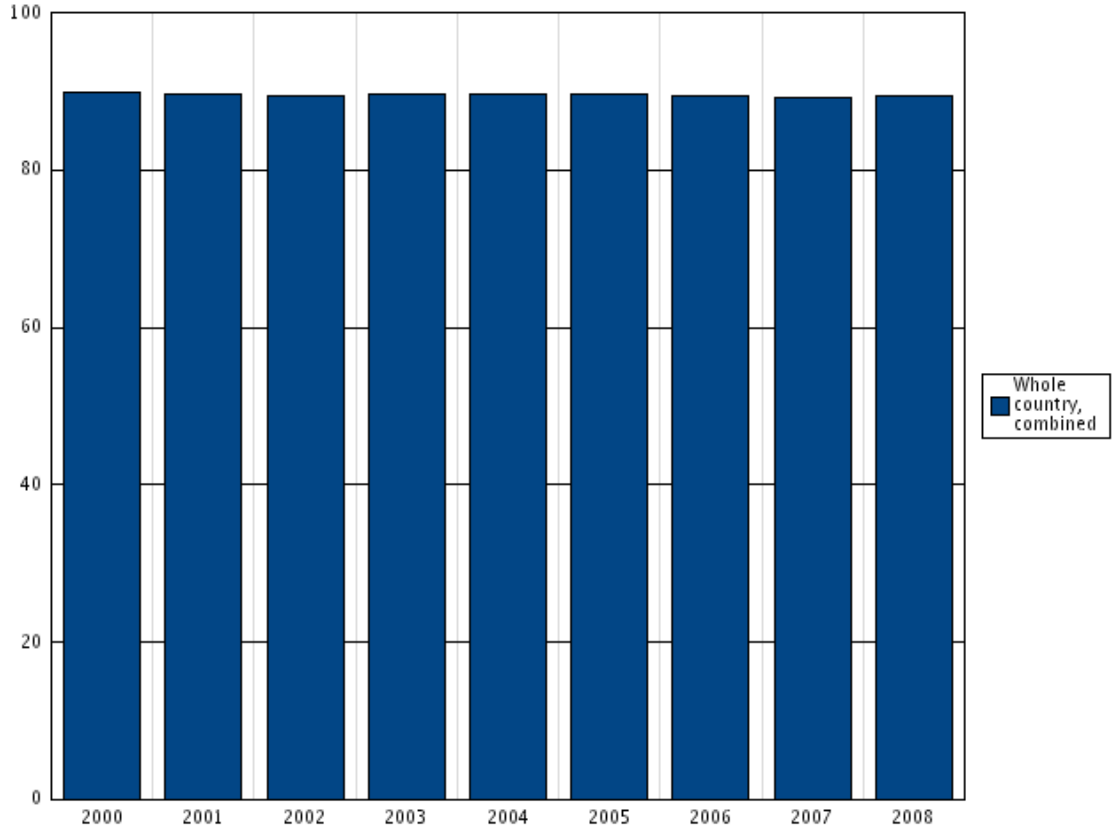


CHART 1 **LIVING AT HOME AMONG THOSE AGED 75 AND OVER**

(SOTKAnet Statistics and Indicator Bank, 2005 – 2010)

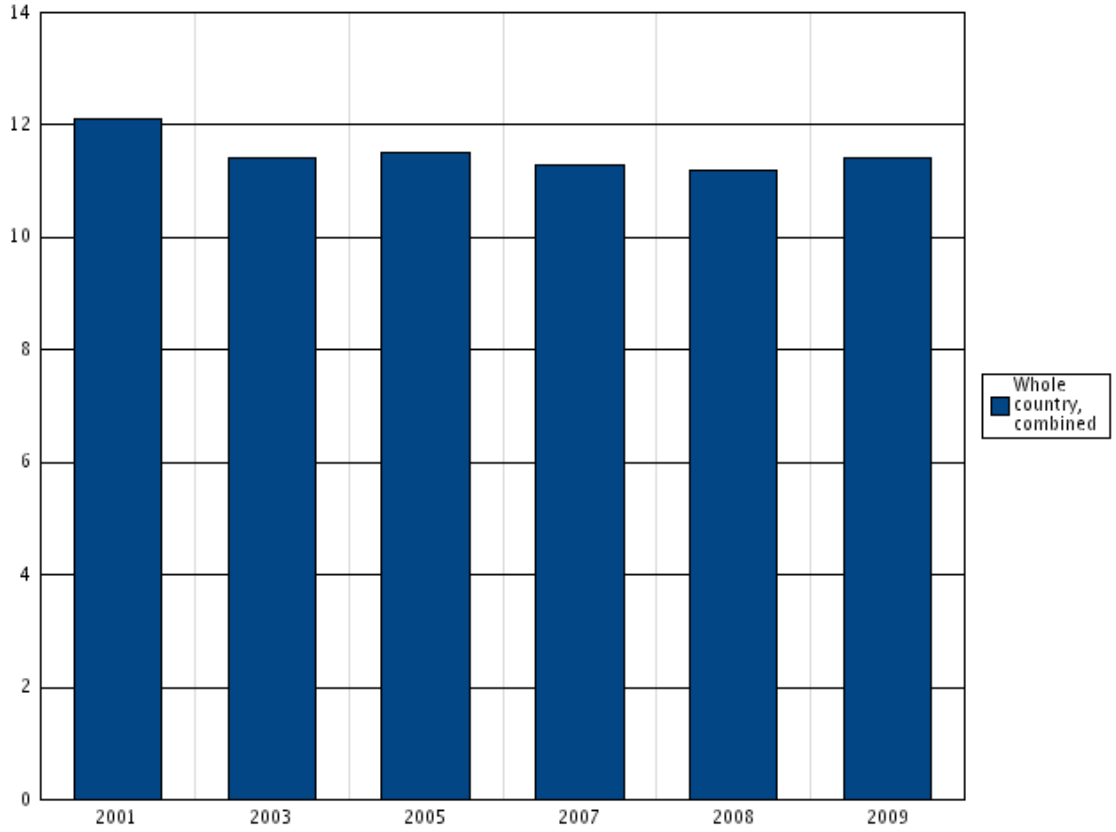


CHART 2 **REGULAR HOME CARE, CLIENTS AGED 75 AND OVER**

(SOTKAnet Statistics and Indicator Bank, 2005 – 2010)

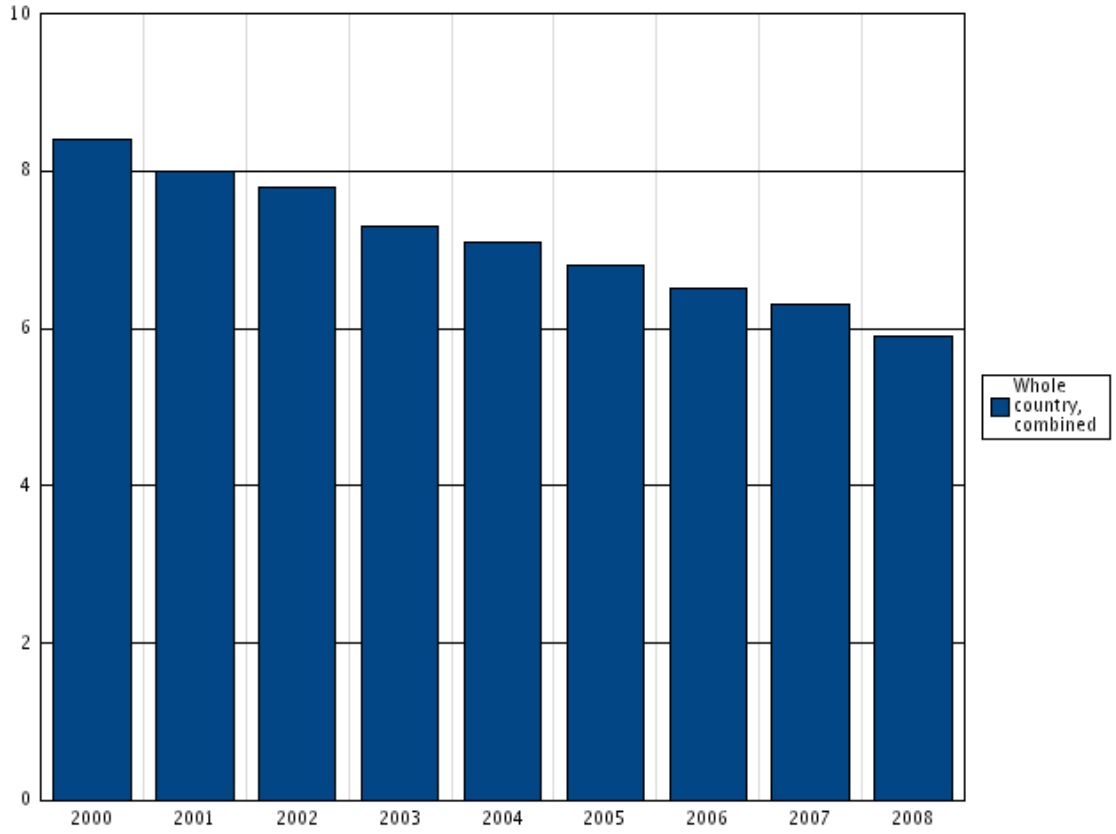


Chart 3 Long-term institutional care in residential homes or health centers, clients aged 75 and over (SOTKAnet Statistics and Indicator Bank 2005 – 2010)

2.2 Independent living

Maintaining independence is important when thinking about benefits for health care and quality of life. People over 70 years need help in at least one activity of daily living (ADL), for example toileting or dressing. Providing help which is needed in home environment gives people ability to stay in their own homes instead of moving to a nursing home. (Ehrlich, 2006.)

According to Ehrlich (2006) the main four reasons that cause decrease of independence and are the risks for nursing home admissions among older people are incontinence, falls, dementia and depression. These are also the four geriatric syndromes which are commonly associated with frailty. Incontinence is the primary reason why older people move to long-term care. (Ehrlich, 2006.)

Urinary incontinence

Urinary incontinence may occur in several ways. Urge continence is a type of incontinence where the message of the need to urinate comes with a very short warning. Overflow continence is when the bladder is full but no message of the need to urinate is sent. Stress incontinence is caused by laughing, coughing etc. Functional incontinence happens when a person doesn´t get to the toilet quick enough. Mixed incontinence can be a combination of any of these. (Ehrlich, 2006.)

Urinary incontinence has an impact on the quality of life. It can cause shame and disgust and can cause development of depression. Social activity may also decrease because of incontinence. (Ehrlich, 2006.)

Falls

Falls are a common risk among elderly people. It is the most costly geriatric syndrome and the costs are rising as the population ages. Falls can occur because of several factors, such

as visual impairment, rugs and wires at the floor and clutter. Cognition also has an impact on falls and inability to perform tasks at the same time can lead in falls. Balance problems and medication can cause falls too. (Ehrlich, 2006.)

Dementia

Dementia differs from the normal age-related memory problems. It affects the person´s capability to perform activities of daily living. Promotion of the independence of a person with dementia lowers the costs for heath care. Diagnosing for example Alzheimer´s disease in early stage can have a big saving for health care costs. (Ehrlich, 2006.)

Depression

Depression is the most common cause of mental health problems in older adults. Dementia, stress and bodily diseases and lack of social network can have an effect on development of depression. The death of a spouse or other close person is also a risk factor for depression to occur. (Larsson & Thorslund, 2006.)

Other factors, which can promote depression, are losses in roles, independent decision making and loss of mobility (Cooke & Tucker, 2001).

Depression often occurs together with some other medical illness and disability and can be a reason why a person doesn´t have the will for recovering from the illness. Depression is also associated with suicide. In United States 20 percent of suicides committed by people aged 65+ are due to depression. (Ehrlich, 2006.)

2.3 Health promotion

Nowadays senior citizens are getting more and more interested in health promotion and prevention of diseases. People live longer than before and health care costs are increasing. People also have access to the evidence that illnesses and health problems can be reduced and cognitive decline can be prevented by changing the behavior patterns that are risky for the well-being. Seniors can prevent many health problems from existing by changing their health behaviors, particularly focusing on physical activity. Promoting health or managing health problems also help to reduce health care costs (Miller & Iris, 2002.)

Although prevention cannot abolish all health problems of the older population, everyone should still get the opportunity to be as healthy as possible and to age successfully. This could be done by making individual and environmental changes that would have a positive impact on health and well-being of older people. (Marquez et al., 2008.)

Older people may define health in a different way compared to health care professionals. Seniors might actually be more interested in maintaining functional capacity than preventing or eliminating diseases. In order for health-related practices to be more beneficial, seniors' specific needs should be met. When finding the appropriate outcome measurements of a health promotion program, it is essential to include the components that seniors feel are the most important regarding their health and well-being. Meaning of the activity, as well as values and goals related to it should be considered from the senior's point of view. (Miller & Iris 2002.)

Healthy ageing means that optimal mental, social and physical well-being and functional capacity are developed and maintained and stereotypes related to ageing are abolished. The model of healthy ageing promotes the fact that ageing individuals do not just rapidly become frail and senile. According to this model seniors need to be active in order to maintain their physical and mental health. One step is promoting a healthy lifestyle. However, a person's own motivation is very important. If seniors who engage in health promotion activities are not motivated, they might not benefit from it. If health problems are seen as

normal part of the ageing process or if seniors don't believe in healthy ageing, they might not want to participate in health promotion activities that enable healthy ageing. (Kim, 2008.)

Functional status is closely related to health. Functioning can be influenced by disabilities, diseases and non-disease factors, such as depressive mood. Poor social support, low socio-economical status, low education, nutrition and life habits can also affect functional status of a person. Education can have an influence on the elderly person´s socio-economical status and nutrition and lifestyle habits. (Strauss, 2000.)

2.4 Focus groups

In focus group research a group discusses a certain topic, and a moderator directs the discussion by keeping it on the right track (Stewart et al., 2007). The idea is that a certain topic and people's views and opinions about it are explored by using group interaction. The discussions are usually recorded to help the analyzing the data (Hollander, 2004). The discussion needs to be comfortable and enjoyable. It is important that instead of feeling pressured, the participants feel that they are encouraged to share their thoughts. (Litosseliti, 2003.)

A typical focus group has 6-10 group members, although the number can be between 4 and 12. Smaller groups are easier to manage and they offer people a better chance to talk. In order to have flowing discussion and diverse views and experiences, a group should have at least 6 members. Focus group discussions usually last for 1,5-2,5 hours (Stewart et al., 2007). (Litosseliti, 2003.)

A moderator manages the focus group discussions, but it is important that the intervention is minimal. A moderator keeps the group focused and makes sure that the discussion stays on the topic. However, the moderator's control over the group should not be too strict as it can prevent the discussion, whereas too little control might lead in a situation where the

topic is not being discussed (McLafferty, 2003). Good skills in communication and managing are very important (Litosseliti, 2003; Mansell et al., 2004). It should be noted that the data will somehow always be influenced by the moderator. (Litosseliti, 2003.)

Focus groups make it possible for the researcher to find out about beliefs, attitudes and opinions. Some researchers believe that people in focus groups should be of the same age, status, occupation and other characteristics, because it provides better interaction and less conflict (McLafferty, 2003; Stewart et al., 2007). Other researchers say that the homogeneity is connected with the purpose of the group. In a heterogeneous group there are more perspectives and innovation (Stewart et al., 2007). There are differing opinions about the participants being strangers. If the group members know each other, the environment might be more supportive and open for confidential discussion. However, if the group members don't know each other, they need to explain themselves more thoroughly and that can add something important to the data (Stewart et al., 2007). (McLafferty, 2003.)

In focus groups the data is created and facilitated in a group setting. Because a group consists of individuals and the data is the outcome of the interaction between these individuals, the group behavior and interactions need to be looked into. If the participants don't feel that they can openly discuss the topic, the validity of the data is affected negatively. There are different factors that affect the interaction; intrapersonal, interpersonal and environmental. Intrapersonal factors include demographic factors like age, sex and occupation, and personal characteristics. All these factors make the person act in a certain way in group situations. Individual characteristics not only influence the person's behavior in the group and the other people's reactions, but also certain characteristics together might affect the behavior in the group. Group behavior is also influenced by interpersonal characteristics, which have an effect on group cohesiveness and compatibility. (Stewart et al., 2007.)

Group cohesiveness is extremely important in order to get valid information from focus groups. Factors like mutual attraction and same goals and values have an effect on the cohesiveness. Also the quality of communication, how much participants are influenced by

others and how responsive they are, affect the level of cohesiveness. The cohesiveness of the group can improve if the group gets the confirmation that they are achieving the purpose. Group processes, like verbal and nonverbal communication, productivity and satisfaction of the people are influenced by group cohesiveness. A highly cohesive group makes the members feel more satisfied than a less cohesive group. Also the productivity can increase if the group is cohesive. The cohesiveness usually increases, when the communication is lively and interesting, and when people can share similar experiences. (Stewart et al., 2007.)

Besides cohesiveness, also group compatibility needs to be considered in focus group research. Members of a highly compatible group are more likely to feel less anxious and more satisfied, and effectively perform the tasks, than members of a less compatible group. (Stewart et al., 2007.)

There are many advantages in using focus group research instead of other methods. Firstly, data can be gathered faster and with less expense than if all the individuals were interviewed separately. Secondly, in focus groups the researcher can directly interact with the participants in order to ask for clarification or follow-up questions. The researcher can also observe nonverbal communication. Another benefit is the interaction between the participants; reacting to other people's responses can create data that would not have emerged in individual settings. In focus groups the environment is more natural as it feels like normal conversation in real life (Litosseliti, 2003). Because the conversation is the type that people have in everyday life, the focus group data has more external validity than other research methods (Hollander, 2004). In focus group research two methods are combined; participant observation and individual in-depht interviews (McLafferty, 2003; Litosseliti, 2003; Colucci, 2007). Focus group results are also very easy to understand as verbal responses are usually more understandable than complex statistical analyses. (Stewart et al., 2007.)

Of course there are also some disadvantages in using focus groups. Because the number of participants is so small, generalization of the results is limited. The participants who are

willing to give their time to the study can be quite different from the population, which the researcher is actually interested in (Stewart et al., 2007; Mansell et al., 2004).The results might be affected by one dominant participant because that person can inhibit other people from talking. Also if there is no trust, the participants might not want to share their thoughts (Hollander, 2004). On the other hand, participants might say something they don't mean because they are affected by groupthink (Hollander, 2004). The results can be affected if the moderator gives cues about the desired answers. (Stewart et al., 2007.)

2.5 Theoretical frame

In this study maintaining independence and preventing the possible problems related to everyday life of seniors through problem-solving in a group are discussed. Activity theory and concept of successful ageing were chosen for the theoretical frame of reference. They were both chosen because they are closely related to each other. They both comprise staying active and adapting the behavior in order to age successfully. The idea behind this thesis is that seniors are actively involved in telling what the problems are and how they can be solved. In this way they are in an active role in dealing with their own problems, and not in a passive role where the problems and solutions are told by someone else. These problem-solving discussions can also be seen as an activity that seniors can engage in. That is why activity theory is the theoretical foundation of this thesis. Concept of successful ageing was chosen because of its close relation with activity theory; they fulfill each other. Successful ageing is also closely related to health promotion, which is one of the main topics in this thesis.

Activity theory was presented by Havighurst in 1963. It bases on idea that people get satisfaction from life when they maintain their social roles and activities. If an individual experiences a loss due to changes related to ageing and can't perform activities the same way anymore, new activities or roles should be created to replace the old ones. (Franklin &Tate 2008.)

Before presenting the activity theory in 1963 Havighurst had pointed out the expression of successful ageing in 1961. He emphasized that when people get satisfaction from their life ageing becomes successful. Instead of just adding years to life, he preferred that the years are filled with life. In the becoming years the concept of successful ageing became more noticed. Other researchers started to create domains which defined the concept "successful ageing" such as self-efficacy, physical functioning and autonomy. (Franklin & Tate, 2008.)

Successful ageing became more noticed in 1987 by Rowe and Kahn. They described older people who had better physiological and psychological characteristics than average to be "successful agers". They proposed that research of ageing should focus on health promotion and prevention of diseases. They indicated that by doing so it would change the idea of ageing to be seen as "successful ageing". (Franklin & Tate, 2008.)

Today the concept of successful ageing is mainly defined from biomedical and psychosocial view. From these views successful ageing is defined by physical, cognitive and social functioning together with psychological reserve and life satisfaction. Successful ageing and healthy life expectancy are closely tied together. (Franklin & Tate, 2008.)

From a psychological view of successful ageing, a model of selective optimization with compensation has been conducted. The model gives identification to selection, optimization and compensation and suggests that these three patterns promote successful ageing. (Franklin & Tate, 2008.)

According to Heckhausen and Lang (1996) selection in this context is described to be the choice of behavioral goals to achieve something, such as choosing a certain type of education or career. Compensation is explained to be needed when a person experiences a failure or loss and needs other compensative strategies and mechanisms to achieve the goal. These new mechanisms can be for example technical aids or assistance from other

people. These new mechanisms optimize the goal achievement. (Heckhausen & Lang, 1996.)

The model of selective optimization with compensation focuses on interaction between gains and losses, which people experience. It is founded on a thought that adaptive strategies and mechanisms can minimize losses and at the same time maximize gains in individuals´ life. (Heckhausen & Lang, 1996.)

Ageing successfully can be seen possible in today´s society. Environment, new facilities and different kind of service providers can offer new ways to be active in person´s own individual life. All people don´t like the same things and not necessarily enjoy and benefit the same way of the activities available to them. As it was understood from the activity theory, it is important that people find ways to stay active even if they have suffered a loss which prevents being active anymore. Through preventive problem-solving in a group people can find new ways to replace old activities as they hear other people´s experiences and thoughts about their lives. This can be seen as peer support but also as a way to start using whole new different ways to stay active and prevent new losses from occurring.

When talking about successful ageing, Heckhausen and Lang (1996) emphasize the importance of finding compensative methods which can help to maintain certain things that otherwise couldn´t be maintained. For example technical devices can work as replacement for an old mechanism. As example the idea of a person who has balance problems and cannot bath independently anymore. That person can use help device, such as shower chair, so that they don't have to stand while taking a shower. In that way the person can still maintain independence in this certain activity of daily living. This work is based on a thought that everyone can have same goals as they have had before, and they can achieve those goals. When a person experience a loss it doesn´t have to mean that they won't be able to achieve their goals. By finding new mechanisms to fill up the loss a person can still reach the goals they have made themselves.

3 PREVIOUS RESEARCH

Previous research includes the following parts: Problems in everyday life according to seniors in the metropolitan area, the risks for institutionalization and loosing independence, healthy ageing and problem-solving in a group.

The research articles were found from online databases Sage and Academic Search Elite (Ebsco). When searching for the research the respondents used lots of different search words. The following words gave scientific articles and relevant literature which was used in this thesis work: Seniors; independent living; quality of life; risk factors and elderly and independent; social isolation; elderly; social contacts; group activities; group, problem solving; focus groups; data collection and focus groups; analyzing qualitative data; moderator and focus groups; health promotion and elderly; falls, nursing home admissions; dementia, living independently; risk for institutionalization, depression.

3.1 Problems in everyday life according to seniors in the metropolitan area

In Age Institute, Sulander et al. (2009) conducted a project called "Seniors in the city". The project is focused on the promotion of the well-being and functional capacity of seniors. The target group for the project was 75+ urban seniors. Here are some of the results of the postal enquiry, which was conducted in the first stage of the project.

The results showed that for men, the most common problems related to everyday life included symptoms related to urination, problems in feet, fatigue, sleeping disorders and memory problems. For women the most common problems were fatigue, problems in feet, lower back pain or sciatica, sleeping disorders and pain in neck and shoulders. In function-

al capacity, the seniors reported the most problems in mobility. Functional capacity clearly diminishes with age. (Sulander et al., 2009.)

12% of men and 22% of women get help from a close person 1-4 times a week. Almost 25% of men and 30% of women use cleaning services. Other commonly used services are transportation benefit (taxi card), home care and meals-on-wheels. 7% of men use these services, whereas the percentages for women are 13%, 11% and 8%. 23% of men and 38% of women feel that the current services and benefits they use are not enough. (Sulander et al., 2009.)

Over half of the seniors feel that they don't have enough information concerning the services meant for seniors in their own region. Many of them want to know more about social and health care services, such as cleaning, meals-on-wheels, home care, service living, transportation and recreation. Many of the seniors want the information so that they can use it in the future. Some of them said that although the information is not topical now, you never know when you are going to need it. Some of them also said that they want to know who they can turn to when the problems occur. (Sulander et al., 2009.)

One fifth of men and one fourth of women felt that they have some difficulties in reading. 5% of men and 4% of women can't read at all. Almost half of the seniors reported having troubles in hearing. 5% of men and 8% of women said that they can't hear at all when many people are discussing. (Sulander et al., 2009.)

One third of men and almost half of women reported being lonely every now and then. 9% of men and 13% of women said that they feel lonely more often. (Sulander et al., 2009.)

3.2 Risks for institutionalization and loosing independence

A longitudinal, population-based study conducted by Seidel et al. (2009) studied people aged 65 and older to find out the patterns of capability loss and disability among older people. The results of the study showed that people have a risk to lose independence if they develop a loss of sensory, cognitive or motor capabilities. Loss in these three capabilities makes using of products and services more difficult. The results also showed that capacity loss seems to appear in a certain order. First ability to be lost is locomotion, second is reaching, third one thinking and after that the loss of vision and dexterity ability. There are gender differences in the capacity loss and disability experiences. (Seidel et al., 2009.)

In a population-based prospective cohort study conducted by Holroyd-Leduc et al. (2004) the effect of urinary incontinence on death, nursing home admissions and decline in ADL was studied. Subjects of the study were aged 70 years and older. The results showed that urinary incontinence is associated with depressive symptoms, poor self-rated health and social isolation and has an impact on quality of life. According to a study conducted by Miller and Weissert (2000) depression may increase the risk for institutionalization, functional impairment and institutionalization. (Holroyd-Leduc et al., 2004; Miller & Weissert, 2000.)

Urinary incontinence has been found to have an impact on person´s IADL (Instrumental Activities of Daily Living) decline, such as making food and shopping. The results of the study also show that urinary incontinence is not an independent factor for nursing home admissions but may have an influence on it. It also has an impact on the decline of IADL (Instrumental Activities of Daily Living) and ADL (Activities of Daily Living). (Holroyd-Leduc et al., 2004.)

In a study conducted by Gallo et al. (2005) retrospective medical record audit was used to examine the factors which cause hospitalization and deaths of adult people receiving home care. The results of the study showed that increasing age and using many medications at the same time can cause falls which can result in hospitalization. According to the study

falls among elderly people living at home are common. There are few strategies on prevention of falls even if there are measures for assessing falls. The factors which promote falls at home environment are: confusion or impaired judgment of an individual, previous history of falls, age 65 years or older, decreased level of cooperation, anxiety and emotional liability, diseases, medication, postural hypertension and incontinence. The results of the study also suggested that older people living alone had a higher risk for falling than did those who lived with someone. (Gallo et al., 2005.)

A case study using preliminary research conducted by Waugh (2009) says that dementia is increasing among the older age groups and there is a concern for people who have dementia and are living independently. People who have dementia cause worries in their families, friends, neighbors and health care professionals since people with dementia are considered to be a group in risk. (Waugh, 2009.)

According to Waugh (2009) people who have dementia and are living alone have some special characteristics: They are more likely to be poorer and women, and they less likely use health care services. The study says that this group is likely to become noticed by health care system at the point where there is a crisis which can result in institutionalization. Waugh suggests that in order to help people with dementia to live longer in their own homes new strategies for intervention, assessment and early identification needs to be developed. Waugh says that in own homes independence and choice are respected and that promotes the quality of life of people. (Waugh, 2009.)

Cohen-Mansfield and Wirtz (2007) have studied what are the characteristics of the individuals who enter day care and were at risk for nursing home admission and what are the risk factors for moving in to a nursing home. The results showed that characteristics in people that predict institutionalization are living alone, not owning a home, being white and being old. Also poor-self rated health, illnesses, decline of physical and cognitive functioning and decline in ADL and IADL can contribute to institutionalization. Impairment in functional status, disorientation and behavior problems are related to nursing home admissions and institutionalization as well. Having a care giver and not having much family support also might lead in institutionalization. (Cohen-Mansfield & Wirtz, 2007.)

The results of the study suggested that older people who use the day care centers are at greater risk for a nursing home admission. This can be because day care centers can be a transporting step for nursing home placement. People who use the day care services usually have dementia or other disabilities. Care givers can go to day care centers together with the person they are taking care of and in this way the upcoming nursing home placement becomes easier to handle. (Cohen-Mansfield & Wirtz, 2007.)

A study conducted by Miller and Weissert (2000) explores different researches which have been longitudinally assessing predictors for the risk of nursing home admissions, hospitalization, functional impairment and mortality. The researchers have used articles which empirically test or model these predictors. The study is based on a database which contained 167 analyses of longitudinal data analysis projects. The findings of the study show that increasing age predicts institutionalization, functional impairment and mortality. Female are more likely to be at risk for hospitalization, married people have lower risk for nursing home placement and participating in social activities can reduce risk of functional impairment. Worse self-rated health increases the risk for institutionalization. Also problems in ADL contribute higher risk for institutionalization. The results of the study showed that previous hospital use increases the risk for nursing home admission. (Miller & Weissert, 2000.)

3.3 Healthy ageing

Rahkonen et al. (2003) have studied how marital status, gender, previous occupation and age affect functional abilities. They sent postal surveys to randomly selected people aged 65-84 years old. The results showed that gender differences in functional status become wider after the age of 80, functional changes are more frequent among women than men and former occupation has an effect on functioning as manual workers have more problems in functioning than people who have had non-manual work. The results also showed that lower socio-economic status at the time when a person retires can be associated with poor health in old age. The findings say that older people who are married have better health and functional status than those older people who are widowed, single or divorced. According to the study results men benefit more from the marital status than women. (Rahkonen et al., 2003.)

Stearns et al. (2009) conducted a longitudinal survey, in which they studied the economic implications of self-care. They found out that self-care interventions such as exercise, hobbies, home modifications and medical self-care are all associated with reduction in health care costs of older people. For example simple changes at home, like choosing the right kind of rugs, might prevent a person from falling and ending up in a hospital. They suggest that seniors should be encouraged to use such self-care practices. (Stearns et al., 2000.)

Miller and Iris (2002) conducted a focus group study, in other words qualitative group interviews, in which they wanted to find out about the seniors' health promotion attitudes and beliefs. The results showed that seniors divided health into four factors; functional independence, self-care management of illness, positive outlook, and personal growth and social contribution. In this context, functional independence means that a person takes primary responsibility in coping through everyday activities with limitations caused by illness or disability. Self-care management of illness means that in order for a person to deal with the limitations they need to be able to manage their own problems. A positive outlook is described as having a positive attitude towards the world and other people, as well as the person's own condition. Personal growth means that a person engages in meaningful and enjoyable activities that they really like to do. Social contribution is described as sharing

knowledge and skills with others in order to find one's place in the world. (Miller & Iris, 2002.)

The results also showed that seniors divided strategies for maintaining health into two categories; practicing health behaviors and engagement. Healthy behaviors in this context mean preventive or rehabilitative activities that promote health. These activities can be for instance physical activity or nutrition program. Engagement is one strategy for a healthy life. It requires that people should be alert and involved in order to maintain or improve health. Especially engagement with other people is seen to be essential for the well-being. Relationships, caring for other people and helping others for example by volunteering are all good ways of engagement. Seniors who suffer from illness or disabilities use coping strategies such as creativity, maintaining control and reframing situations. (Miller & Iris, 2002.)

In a survey using questionnaires, Kim (2008) studied the seniors' expectations regarding ageing, health-promoting behavior and health status. The findings showed that the seniors who expected to be healthy in the future were more likely to actually be healthier both physically and mentally. They were also more likely to engage in health promotion activities, and this engagement leads to better health. Positive expectations about health affected health status more than other factors such as age, gender or education. Kim suggested that seniors should be encouraged to be more active in maintaining their health. Their expectations about their future health status should also be improved. (Kim, 2008.)

3.4 Problem-solving in a group

The research conducted by Wheelan (2009) studied which impacts the group size has and how the size affects on productivity and developmental process. The results of the study had 329 work groups included. According to the study big groups are not seen as efficient and productive than small groups. Communication in a group decreases when group size increases and work-group size plays a big role in the development and productivity. The study proposes that group size of 3 to 6 or 3 to 8 would be more productive than groups sized of 7 to 10 members and also groups of 3 to 4 members are proposed to be more productive than groups with 5 to 6 members. According to the study work-group sizes should be as small as possible to accomplish the goals made by the group. (Wheelan, 2009.)

In a study conducted by Olivera and Straus (2004) effects of group collaboration to individual learning were studied in a laboratory experiment. The results of the study said that experience of working in group can help individuals solve problems and can be beneficial when solving tasks. The researchers studied three different methods which affect problem-solving skills: Observation, individual and group work. If an individual wants to benefit from problem-solving in a group they need to have an opportunity to engage enough in the group interaction. When group members become to know each other more it promotes individual learning. The results of the study showed that individuals who only observed the group through videotapes reported to like less of the group tasks than did those who were in a group or those who worked individually. Those who observed and those who worked in a group showed much greater increase in performance than those who worked individually. The results showed that learning problem-solving skills can be beneficial through group work. (Olivera & Straus, 2004.)

4 AIM AND RESEARCH QUESTIONS

The aim of this study was to see if preventive problem-solving in a group can be seen beneficial by the senior citizens in Finland. A special interest was placed in the seniors' own thoughts related to what are the risk factors for maintaining independence.

The research questions were the following:

1. What are the risk factors which seniors find to have an effect on independent living of older people?

2. Do the participants see preventive problem-solving in a group beneficial when preventing the loss of independency?

3. Is this kind of problem-solving method suitable for Finnish seniors?

5 METHOD

5.1 Data collection

The material for this empirical thesis was collected from two groups. Qualitative group discussions were used in order to get the results. The data came from group discussions and feed-back forms. Focus groups were not used as a method, but some ideas were got from focus group literature. During the sessions, the respondents also paid attention to the group interactions, because of the effects they have on the results.

Both respondents had their own groups. The idea of conducting two different groups was that the results would be more reliable and the possibility to generalize would be better. Conducting two groups was also natural as there were two people conducting the thesis. By having two different groups the work load was easy to divide: both respondents were responsible of their own group. Analyzing the data was also easy to divide since both respondents analyzed the groups they had observed.

Some organizations and elderly centres were contacted by sending a letter (Appendix 1) to find people aged 65+ who are interested in participating in this study. The aim was to get two groups of 6-8 senior citizens living independently, one group for each respondent. The idea was to get both women and men included.

After finding a suitable elderly centre which wanted to participate in the study, the respondents went to the centre to introduce the thesis to the possible candidates. Information letters (Appendix 2) were given to those who were interested. In the letter there was information about our study and what we expected from the participants, how many times the group meetings would be held etc. The dates for the meetings were settled. People who were interested in participating had the opportunity to sign up to the

information desk. A dead-line for the sign-up was settled. However, when the dead-line date came, there were only two names on the list. The respondents decided to go around the center and try to get more participants by introducing the thesis topic individually straight to the people. People were asked if they wanted to hear about the study and if they said "no" the respondents thanked them and continued to talk to other people. Voluntariness in the participation was emphasized. People were given the chance to think about it and if they wanted to participate, they could enrol at the information desk. After two visits to the center, enough participants were gathered.

In the beginning there were six people in group 1 and six people in group 2. Over-recruitment was avoided, because there is always a chance that everyone will come (Mansell et al., 2004). Unfortunately four people quit; three people from group 1 and one person from group 2. Two of these participants said after the first meeting, that they did not want to continue their participation. The other two quit from the groups, as they promised to be there but never came.

There were a total of seven group meetings. The idea for the structure of the meetings came from Lifestyle Redesign Program (Mandel et al., 1999). One of the respondents was a moderator for group 1 and the other was a moderator for group 2. The idea was that the moderator facilitates the group interaction and keeps the discussion on the right track.

First meeting included introduction and detailed information about our study. The respondents introduced themselves and participants had a chance to ask questions. In this common meeting the participants were asked to think beforehand the problems and obstacles which can affect independent living. The people were randomly divided into two groups and time schedules were discussed.

The first actual group meeting included discussion of the problems and obstacles related to maintaining independent living according to participants. These things were then discussed

in the actual meetings. Group 2 categorised different themes together as a group and categories were then divided to different days to be discussed. Group 1 talked generally about the obstacles and problems and no categorising was made for the group meetings. This means that the following actual group meetings didn´t include any planning of different themes ahead but instead the topics for the meetings came up spontaneously in every meeting.

The following five meetings were the actual group meetings. These meetings were held once a week, two hours per time. Group meetings were held in the facility of the participating elderly center. Snacks and something to drink were offered every time. The sessions handled things related to problems occurring in everyday life of seniors and prevention of these problems through problem-solving in a group. The problems handled were those which the group members found in their own lives, such as financial problems and problems in moving around. After finding a problem the group tried to solve it by discussing different solutions, for example poor nutrition could be solved by going out to eat as social environment makes eating more enjoyable.

The last group session was the feed-back session. This session included both discussion and written feed-back (Appendix 3) from the participants.

All the actual group meetings were documented by observing and to back-up the observation the group discussions were also recorded with a computer. While one respondent was holding the meeting the other was observing it. This means that the observer was in the background and wrote down all things which were discussed, such as problems arising from discussion. After every meeting the respondents met together and made a conclusion of the meeting.

5.2 Analyzing the data

According to Hammel et al. (2000) data analysis is inductive when themes and concepts emerge from the participants. According to Thomas (2006) the outcome of an inductive analysis comes from the development of categories into a model which summarizes the raw data and introduces key themes and processes. In this thesis the themes and concepts were the problems which the seniors found to influence independent living, and the solutions related to them. These problems and solutions emerged from the participants through group discussions.

Thomas (2006) discusses in his work the general inductive approach for analyzing qualitative evaluation data. He says that general inductive approach is commonly used in health and social science research and evaluation.

According to Thomas (2006) analytic induction approach is commonly used in qualitative analysis. He also says that data analysis is guided by the objectives which are evaluated, that identify the topics to be investigated. The findings emerge directly from the analysis of data and not from previous models or assumptions. (Thomas, 2006.)

According to Thomas (2006) the main mode of analysis is that the evaluator makes a model from the categories emerging from the data. The model then contains the themes identified and constructed by the evaluator.

The findings come from the data, which has to be looked at multiple times. The findings are shaped by the evaluator and evaluators´ own thoughts and assumptions have an effect on the findings. To being able to use the findings the evaluator themselves have to decide what is important and what is less important in the data. Different evaluators can produce findings that are not identical. (Thomas, 2006.)

In this thesis the group meetings and feed-back answers were analyzed. In analyzing the results, also group interactions were considered. This is because the interactions between the group members have an impact on the results.

All the relevant things emerging from the discussion was written down by the observer. After the group meetings the respondents read the observation notes and the all the relevant things, such as problems and solutions, were picked up. Then the problems were categorized into themes, in which they best belonged to. For example: dizziness, too much medication, illnesses associated with ageing, and losing mobility were problems which the participants brought up in the discussion. The respondent then put these problems inside a certain theme; in this case the theme was "Health problems". The categorizing was systematic and happened after every meeting. If the respondent had a doubt of the categorizing she looked at it together with the other respondent. Otherwise categorizing was done individually since both respondents had their own groups to observe. If respondent had to check something she wasn´t sure of, she listened the discussion from the recording.

First the respondents categorized and put their "own" relevant things under a certain theme. After they had done it individually they combined everything. This meant that both groups had their own problems which were put under a theme. After doing it individually, everything was combined together so that no division between the groups was presented. This is shown in the results part of this thesis where the problems are being classified under every theme.

After all the problems were under own themes, the solutions for the problems were gathered and connected to the problems. Also general discussion about good ageing was included in the results, because it would not have been ethically right to leave it out.

Feed-back forms were given to every participant. The forms were analyzed to get the answers to the research questions. The respondents went through the filled forms by reading them together. All the answers in the forms were collected together and combined to a new empty paper.

There were total of five questions. All the answers to question 1 were collected and combined under that question, all the answers for question 2 were collected and combined under that question, and all the answers for question 3 were collected and combined under that question and so on. After all the answers were under their questions they were read through again. This time the respondents looked at their research questions and looked for answers to them from what the participants had answered. This meant that questions in the questionnaires where in the first place conducted in such way that they could offer answers to the research questions.

Now that all the answers were under their question it was easy to look for answers to the research questions. The respondents found answers to their first two research questions: What are the risk factors which seniors find to have an effect on independent living of older people and do the participants see this kind of problem-solving in a group beneficial when preventing the loss of independency? Looking answers for the third research question was problematic because participants had either misunderstood or didn´t answer at all to the question related to this research question.

5.3 Ethical considerations

When the respondents started to look for the participants they told them that participation is voluntary. The participants were also told that if a person wants to quit during the process, they are allowed to do that. The respondents acted in such way that no harm was caused. In contrary, the study creates positive outcomes because it offers seniors new ways of managing and preventing obstacles and problems related to their individual lives.

The participants were told that all the discussions in the group will be used in the thesis but the participants and the center will stay anonymous. In the sessions the participants´ own will of how much they wanted to share their thoughts were respected. No one was forced or pressured to talk.

As part of validity and ethical consideration the respondents made highly descriptive notes during the observations. Like Hammel et al. (2000) say, highly descriptive notes ensure the collected data to be valid in a case if there are inconsistencies arising from participant(s).

After every group meeting the respondents met together and made a conclusion in order to make sure that they both had the same view on the meeting. That increases the validity and reliability of this thesis.

All the confidential material was handled only by the respondents and supervisor. The material was handled carefully and was kept in a safe place in the respondents' homes, where no one else had access.

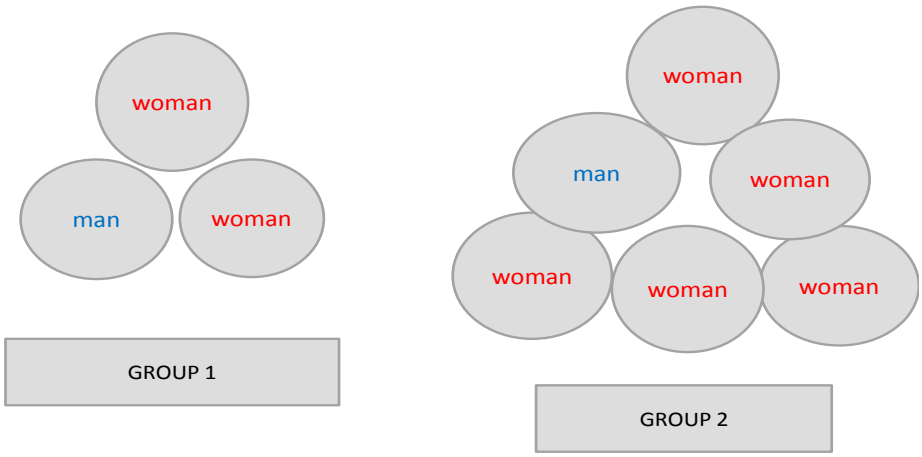
The plan for the thesis was approved by the ethical committee of Arcada.

6 RESULTS

Description of the groups

The age distribution of the participants was not equal between the groups. Without respondents' intention group 1 had quite old seniors and group 2 had younger seniors as participants. Group 1 had three participants. They were aged 77 years, 86 years and one participant didn´t want to share their exact age but they were over 65 years old. Group 2 had six participants. They were aged 65, 68, 68, 69, 72 and 75 years. So group 1 was smaller and "older" whereas group 2 was bigger and "younger".

When recruiting people to participate in the study quite many men were interested. But when the groups were then gathered most men dropped out before the group meetings started. The both groups resulted in having only one man in the group and the rest of participants were women.



Description of the intervention

Group 1, the “older group”, didn´t find so many problems related to ageing as did group 2, the “younger group”. This might have been because the group was smaller and not so much discussion was made than in the bigger group.

In the first meeting of group 1the participants talked about problems in society like health care, social aspects like bad relations with children, loneliness, and health problems like dizziness. The second meeting consisted of discussion about problems in society, such as small pension. During the third meeting problems in society and social aspects were discussed once again. In the fourth session fears, loneliness and problems in society were discussed. In the fifth meeting the participants talked about social aspects, nutrition and problems in society.

The first group meeting of group 2 consisted of general discussion about different problems and obstacles related to everyday life. In the second group meeting the participants talked about physical things, like problems in moving around, hygiene and nutrition. The third session included discussion of fears and illnesses, such as fear of institutionalization and depression. During the fourth meeting the group discussed social aspects, like relations with family and loneliness. The fifth meeting consisted of other topics which didn’t fit into any previous categories; mainly they were problems in society.

The role of the moderator was different in each group. The idea in the beginning was that the moderator´s intervention in the group discussions would as minimal as possible, so that the material would come only from the participants. In the meetings the moderator encouraged the group by nodding her head and making sounds which let the participants know they were staying on the topic. Sometimes a few questions needed to be asked, so that the participants got a start and after that they continued the discussion. If the participants didn’t come up with any solution for a certain problem, the moderator tried to give some

solution options that she could come up with. In the smaller group the role of the moderator was bigger, as more intervention was needed. The moderator needed to lead the discussion and come up with possible problems as the participants didn't find that many problems to be discussed. The moderator asked if the participants had experienced some certain problem and then the discussion about that problem continued.

6.1 Results from group discussions

The respondents got the results from group discussions, feed-back discussions and feed-back forms. In this part the findings of the group discussions will be presented. The results from feed-back forms and feed-back discussions will be presented later in the work. These findings will give answers to the first research question of the study: What are the risk factors which seniors find to have an effect on independent living of older people? These risk factors are the problems which the participants found to affect on maintaining independence. Also group interaction data has been included in the results.

Supportive helping group interactions were seen during the group discussions. An example of this is when one group member was talking about the bad relationship with their child, another group member tried to comfort them by saying with sympathy that "it is going to be all right, it just takes time". The group members also often encouraged each other to talk. One person could ask another person if they had something to say. Some people made gestures of support by nodding and saying "yes" or making some other noises to let the person speaking feel listened.

Problems which arose from group discussions were categorised into themes. The problems presented are all the problems and obstacles which the groups found to influence independent living. The problems and obstacles are under the themes which the respondents found

them best to belong to. After the themes have been presented, also good ageing as a support for independent living will be discussed in the end of this chapter.

When the groups discussed the problems and obstacles which affect maintaining independent living, also many good and practical solutions and tips were mentioned and discussed. These solutions and tips for maintaining independent living are discussed in the following text among the problems.

Personal problems

Bad relationships with children or relatives were discussed several times during the discussions. When one person started to talk about the bad relationship with their child, another person continued by talking about bad relationship with their sister. That person later came up with a solution, in which some higher department, like social services department, should send informative letter concerning this common problem.

When fears were discussed, one participant said that some elderly people might be afraid because their relatives take advantage of them and steal money. The participant said that "it is an actual fear". Another participant started to talk about a man who was abused and robbed, and said that the elderly should be careful. The other one continued by saying that "especially at the ATM, they will follow you home and then rob you". Another person said that solution for that is that a hand should be held in front of the ATM screen when putting the PIN number. One participant said that "the door should be kept shut, when there are gangs around".

The participants brought up also few other thoughts related to fears. Fear of falling, fear of developing memory problem and fear of getting ill were seen as something that can affect healthy ageing and in that way also independent living.

When talking about living alone, one participant said that their lock safety device is difficult to open, and that is why they don't lock it in the night time. Another person continued by saying that they also have the same problem. One person in the group then told about a new lock safety device which can be opened with one hand and recommended the other ones to get it.

One participant said that they have become irritable and inpatient when getting older. Not being able to handle the changes in the society and being disturbed by the inappropriate behavior of the young people was seen to be a problem. One participant said that "if young people put their feet on a chair, I tell them not to do so!"

Incapability of getting help and not wanting to get help was considered to be personal problems. Help from neighbors, relatives and friends were seen to be very important when thinking about maintaining independence. "Lazy mother get´s hardworking daughters" said one participant when discussing the benefits of getting help from relatives. Having a spouse who takes care and the value of having someone to trust and who is present were appreciated.

Health problems

When discussing health problems, illnesses associated with ageing and losing mobility arose in the discussions to be problems which affect independence of seniors.

When talking generally about older people in Finland, one participant said that “they are lonely and eat medication”. Another person then said that when they went to see a geriatrician, a total of eight medications were taken away. In the following session the discussion about medication continued, and the person who was talking about the geriatrician, once again told the story about their medication and recommended that every senior should go and see a geriatrician on a regular basis, for example twice a year.

One participant talked about dizziness, which causes problems in their life. Another participant said that they have also suffered from the same problem, and a doctor has advised them to do a certain movement which could help. The participant also showed the movement. Then the other person told about a solution that they had heard.

Problems in society

When the groups talked about problems in society, financial problems were seen to affect independent living. Small pension was mentioned many times during the meetings. It was related to not having money to get home care and other services. One person said that home care should be free or at least cheaper, because “we [seniors] are also humans, you know”. Another person said that seniors should use free services that are available in their areas. Also not having money for using public transportation and staying home instead of going out because of lack of money were seen to be problems. One person came up with a solution that every senior who needs taxi coupons should be able to have them. Also a bigger reduction in the bus ticket was discussed. Not having money for medication was seen as a possible problem, as well.

Gender differences were also discussed. Some participants said that women don´t know how to demand services. Women also have smaller pension if they have been house wives, as one participant said that “the important role of being a mother doesn’t pay back after

retirement since the pension is smaller than when being able to work the whole adulthood as men do". Men were seen to have more difficulties after a spouse dies, for example in cleaning and cooking.

When talking about different services, one participant said that many services and benefits are left unapplied, because a lot of the seniors don't know what services and benefits are available for them. Many participants thought that Kela should inform in a better way about the benefits and services, which are available for older people. One person came up with an idea that Kela could send an informative letter to all seniors every month or at least once a year. The letter should also include all the application forms, which are needed. Although there is some useful information in Kela's own newspaper, the participants said that they don't usually read it because the layout is so unattractive. That is why the layout should be made more appealing and fun. There is also so much information aimed at other people, so it might be too difficult to find the right information.

Some participants thought that health care in Finland doesn't work like it's supposed to. An example of this was when one person said that the referral to dentist was delayed and that caused problems for the person. Also the need for geriatric education for health care staff was mentioned. Service-providers change was discussed, as nowadays doctors and other health care professionals change all the time and the seniors can't keep up with all the changes. Too little time to spend in the doctor´s appointment was seen a big problem among seniors. One participant said that "doctors don´t have enough time for the patients" and another participant said that "when I went to see a doctor he said to me that I should 'take a pain killer and pray!'" The participants thought that there are differences between municipalities, so in that way people are not equal, when talking about health care and services.

Problems in ADL

Problems in performing activities of daily living (ADL) were discussed. Not being able to climb, for example changing the curtains and washing the windows, not being able to portion out drugs and open the drug packages, not being able to take care of the personal hygiene, for example washing and using diapers and not being able to make the bed were seen as problems which affect maintaining independence. For example, one participant said that "poor hygiene is very usual thing among older people".

Sharing the knowledge was seen to be an important solution when promoting independence. Sharing the "silent knowledge" people have is important so that as many people as possible could get information about things, such as where to get assistive devices like shower chair to help showering independently.

Personal activities of daily living (P-ADL) were also discussed. Fear of falling in a bus when it starts moving and difficulties in getting into the bus because the bus is too far away from the platform was seen to as problems which affected many older people. Fear of using escalators, difficulties in moving if having problems in structuring things and not enough elevators in public buildings were seen to affect independent living. For example, one participant said that "I haven´t been able to find an elevator in this one certain public building!"

When discussing of the nutrition many participants said that seniors have too simple diet. One participant said that "older people are used to eat simple food, no tomatoes or such, and they won´t learn to eat vegetables in the later phase of life anymore". The participants also said that many people may drink too little of liquids because of fear of developing the need to urinate. Also eating alone was said not to be nice as it is seen as social event. Having old food in the refrigerator was seen to be a problem related to nutrition. .

Loneliness

Thoughts related to loneliness were discussed: Retirement, becoming a widow and reclusion were mentioned. Also participants said that "people die around you"," relatives don´t visit" and "it´s difficult to get to know new people" and these were seen to influence independence of seniors. Depression was also discussed. Participants said that pain and loneliness can promote depression.

One participant said that it would be good if someone called every now and then, as it would give support and feel of security. "It is not good for a person to be alone", that person continued. Living alone was seen as a problem in case if something bad happens to the person who lives alone and there is no one to help. For example if a person has a heart attack or other emergency and they live alone in an apartment house, it is difficult to let the paramedics in if the front door is locked. Not having a spouse was seen as a major cause for loneliness. "If you are alone, you need a person who is present", one person said.

When the groups discussed loneliness many participants said that staying home instead of going out has an effect on independent living. Being active in life was seen as an important thing. For example doing volunteer work was mentioned many times to be a good way to stay active, as it was said by one participant that "by helping others you help yourself". Also it was seen that participating in group activities helps maintaining independence in life.

Communicating with other people was seen as an important factor. Seniors should not just stay at home, but instead go for example to a day care center where a person can get new friends. Going to day care centers was also seen to be good way to get different kind of useful services.

For creating socialization, eating outside the home was mentioned to be good way to see people. For example day care centers offer good value meals and while eating there people meet other people. As one participant put it, “here you get socialized by having no choice of your own”.

Suicide was also discussed. Suicide arising from loneliness associated with ageing and suicidal thoughts arising from depression associated in ageing were seen to be problems which affect on independent living. .

Good ageing as a support for independent living

Also good ageing as a support for independent living was generally discussed. Some personal characteristics were linked to good ageing and independent living, like having a positive mind and appreciating yourself. Also humor was mentioned a few times. According to one participant good ageing can be achieved or maintained if dementia is prevented by being positive, talking with people, keeping moving and having music as a hobby. Living one day at a time and not worrying about the future were related to good ageing. One person said that elderly people should get the chance to live the rest of their life in same place, so there should be hospital services in nursing homes. Taking vitamins was seen as an important thing. And as a preventive method, moving to an apartment house with an elevator so that you can live longer in your own home was seen as one solution for good ageing and independent living.

6.2 Benefits of preventive problem-solving in a group – Results from the feed-back

In the end of the intervention the participants were asked to answer to a feed-back form (Appendix 3) and both groups also had a feed-back discussion.

In this chapter the findings from the feed-back forms and feedback discussions are presented. These findings will give answers to the first and second research question: Do the participants see this kind of problem-solving in a group beneficial when preventing the loss of independency and is this kind of problem-solving method suitable for Finnish seniors?

Most of the participants found that they benefitted from this kind of group discussions. For example, one participant answered that "my social network expanded through the group meetings" and another said that "I found new tips and solutions for my life". Those participants who found it being beneficial answered that this kind of problem-solving group discussion can give confidence to seniors, can make seniors accept the ageing, opens new supportive mechanisms and seniors won´t be alone. Also, talking with smart people opens the mind and makes you stronger, as it was mentioned in one answer. Four participants found that this kind of problem-solving method can support the independent living and functional status of seniors.

One person believed that everyone has got some new tips from the discussions, and this kind of group activity would be very beneficial as an ongoing activity. Another person said that it was good that they had the opportunity to speak about their problems. One participant told that they benefitted from this activity because they found out that other people had the same worries and problems as they did. This participant said that there should be more this kind of activity.

When asked about what was good or bad in this kind of problem-solving method, the participants brought up mainly good things. These things were that you get to know new people, you learn how to get along with people, and you get peer support and participate in good discussions. Only one participant told a negative thing and that was that some participants did not understand the purpose of the topic and instead talked about irrelevant things.

All the participants liked that moderator asked some questions if the discussion dried out. They said that it also made it easier to discuss the personal problems and kept the discussion on the right track.

All the participants found that it was good that there were both men and women in the group, so that they could hear the thoughts of both genders.

Most participants thought that two hours was enough for each session. One participant said that two hours for each meeting is enough, but only if the group size isn´t too big. Few participants also told that the group size has an impact on the discussion: if the group is too big, more than six people, the moderator should give specific time for speaking for each participant and in that way give the possibility for everybody to be heard.

All the participants in the bigger group felt that the group size was good. One participant in the smaller group had wished that there would have been more participants in the group. That would have given the opportunity to hear about the problems other people are facing in their lives and that would have also made talking about the problems they have easier.

One participant did not find this kind of preventive problem-solving method supportive. This was because they thought that seniors already have activities they are interested in and there they can talk about the same things as was discussed in the group discussions. That participant also told that they didn´t benefit from this kind of activity because they get enough information related to problems from media, such as news papers, and through regular discussion with people. One participant answered that it can be beneficial, but a note should be made because it seems as they thought the question meant any kind of activity and not just this certain type of problem-solving group discussions.

As two people participated in this study only because they wanted to help the respondents to do their thesis, they both said that they did not really benefit from the discussions, apart from some useful information, like Jouko transportation system. One of them did not think about themselves at all, but instead made up different problems that other seniors might have. The other one said that the group discussions reminded them that they should "get going" instead of just staying at home alone. That person also said later, that they have got many things to think about from these meetings.

One participant told that summer time wasn´t the best time to have these group meetings because there wasn´t so many people around who could have participated in this study.

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7 DISCUSSION

This thesis supports the idea that seniors should be encouraged to be more active in maintaining their health (Kim, 2008). By maintaining health and well-being seniors can keep living in their own homes and avoid or at least postpone the nursing home admissions. One way to maintain health and also reduce the health care costs is to get seniors motivated in using self-care practices, like exercise, hobbies and home modifications (Stearns et al., 2000). Such self-care practices are closely related to the idea of preventive problem-solving in this thesis. For example home modifications can be a solution for some particular problem, which affects the independence of seniors.

We think that since the amount of people aged 75+ has been quite the same during the last ten years (chart 1) but at the same time the home care has been decreasing (Chart 2 & 3) elderly people should take more responsibility of their own health. This is because if the home care isn´t increasing in Finland, there can be less help offered from the government to the elderly. This brings more responsibility to individuals since if people want to live in their own homes they should take care of themselves. This thesis is based on prevention and that with preventive methods people can live independently longer and moving to nursing home or institution can be delayed. This idea is supported by the studies of Kim (2008) and Stearns et al. (2000) as they say that seniors should be encouraged to be active in participating in activities and get motivated to use self-care practices and in that way maintain their health.

Activity theory and concept of successful ageing also support the thought that seniors should stay active and continue living their life despite of problems that ageing might bring. With this preventive problem-solving method it can be achieved as finding solutions for problems that might occur later prevents the activity level from decreasing and in that way makes it possible to continue living as before. As activity theory says, if an individual experiences a loss due to changes related to ageing and can't perform activities the same way anymore, new roles and activities should be created to replace the old ones. This pre-

ventive problem-solving method is good, as it does just what activity theory says; offers new ways to be and do.

7.1 The results compared to earlier research

Miller and Weissert (2000) say that worse self-rated health increases the risk for institutionalization and problems in ADL contribute higher risk for institutionalization. Also the findings of Kim (2008) show that positive expectations about health affect health status positively. In the groups the participants emphasized that it is important to take care of one's own health. Positive thinking, appreciating yourself and humor were seen to be related with good ageing. Health problems were found to affect independent living.

Our findings were more limited than those of Seidel et al. (2009). They found out that independence can be lost if a loss of sensory, cognitive or motor capabilities is developed. Also Sulander et al. (2009) found out that seniors face sensory losses; for example almost half of the seniors reported having trouble in hearing. When the group members in our study talked about problems that affect independence, loss in motor capabilities were discussed, cognitive losses were only mentioned and sensory losses were not discussed at all. Main problems participants found to be related to loss of motor capabilities were problems related to ADL. It was surprising that sensory losses, like poor eyesight or hearing, were not seen as something that would threaten the possibility to live independently. One reason for this could be that the participants already had experienced some sensory losses and felt that they can cope. Or maybe they thought that nowadays there are so many help devices and other solutions meant for sensory losses, that it would not be a problem.

Most common problems related to everyday life in this study were quite different from the findings of Sulander et al (2009). As in their study problems in urinating were reported as the biggest problem among men, in our study this topic was not discussed at all. However,

it is understandable as it is a very sensitive topic to discuss, and it can be considered as a taboo. Sleeping disorders were also one common problem according to Sulander et al., but in our group meetings they were only briefly mentioned. One very surprising thing was that memory problems were not discussed, although at least we think that memory problems are one of the biggest problems which affect the independent living of seniors. As the purpose of our study was to discuss the problems that the participants have or might face later in life, one reason for the missing of memory problems might be that the participants are in denial. They might deny the fact that they might get memory problems in the future. They might also think that there is nothing to do to prevent these problems from existing.

When talking about the functional capacity in our study, the participants talked quite a lot about mobility. This is similar to the findings of Sulander et al., as they found out that seniors in their study had the most problems in mobility.

According to the study conducted by Gallo et al. (2005) the factors which lead in falls at home environment are: confusion or impaired judgment of an individual, previous history of falls, age 65 years or older, decrease level of cooperation, anxiety and emotional liability, diseases, medication, postural hypertension and incontinence. In the groups falls came up to be a problem which affects independent living but there was no discussion about what causes falls.

According to Miller and Weissert (2000) depression may increase the risk for institutionalization and functional impairment Depression was also in the groups seen to affect independence.

According to Rahkonen et al. (2003) older people who are married have better health and functional status than those older people who are widowed, single or divorced. According to Miller and Weissert (2000) females are more likely to be at risk for hospitalization, married people have lower risk for nursing home placement and participating in social

activities can reduce risk of functional impairment. The participants of this study saw the social activities to have a big impact on maintaining independence. Marital status was also in a way discussed in the group: having someone close in your life was seen to have a positive effect on independence.

Our findings are similar to those of Sulander et al. (2009) in that seniors don't get enough information about services and benefits. Preventive problem-solving in this thesis aims at seniors getting the information before they actually need it. This is also related to the findings of Sulander et al.

All the commonly used services among the elderly mentioned by Sulander et al. were also discussed in the group meetings. These are transportation benefit (taxi card), home care and meals-on-wheels. The participants in our study were concerned about the costs of these services, as many older people have low pensions and therefore cannot afford these services.

According to Wheelan (2009) work-group sizes should be as small as possible to accomplish the goals made by the group. Groups of three to four members are proposed to be more productive than groups with five to six members. This is because according to Wheelan the communication in a group decreases when group size increases. Here we have little bit opposite opinion. This thesis had two groups which were observed. Other group had three participants and the other had six participants. Respondents found that three people in a group is too few because not as much discussion was made and not as much results were received than in the group which had six participants. In this kind of problem-solving group discussions it is important that as much different opinions about the problems and solutions as possible are available. On the other hand, the fact that the smaller group was quieter can also have something to do with the personalities of the participants.

7.2 Critical evaluation of the results

Even if it wasn't the purpose of this study to find out solutions for problems we wanted to include them in the thesis. The solutions and tips were included because it would be inappropriate not to do so since it all came from the participants and are seen beneficial in the groups when preventing problems from occurring.

The results of this study were affected because there weren't as many relevant thoughts and ideas in the smaller group as were expected. The group members seemed to have difficulties in coming up with obstacles and problems which might occur with ageing. They also didn't find solutions to the problems like we would have hoped. Because the participants were quite old, the topic of the study might have been too sensitive for them. It is also possible that they have adapted in their own situation and might not see the problems as problems anymore. One of the participants particularly seemed like they had difficulties in "admitting" there could be any problems. This person was also very quiet and said that they are not the kind of person who spontaneously talks about personal things to others. These factors brought some restrictions for the discussion as ethical issues were considered.

Because people in the smaller group didn't talk so much and they had difficulties in coming up with problems, they needed more guidance and intervention from the moderator. As the moderator had to come up with problems and ask the participants' opinions about them, one of the aims was not completely fulfilled. That had an influence on the results.

One participant wanted to talk in nearly every meeting about the same problems they were facing in personal life. They also talked quite a lot about irrelevant things. The interaction between the group members was affected because of this dominant person. Moderator had

to be sensitive in order to keep the discussion on right track and at the same time listen "the same story all over again".

One person said that nobody knows what is going to happen in the future and that is why there is no point in trying to for example modify the home environment. This attitude was quite the opposite from the preventive problem-solving topic.

There was one person in the bigger group who many times led the discussion leaving the moderator on the back side. This was not only a negative thing as it showed how orientated the people in this group were as they knew what the discussion should hold inside. They were quite young seniors and knew more accurately what the study was all about. Also because participants were quite young seniors, they might have been more "open-minded" to the reality of ageing and the problems ageing might bring. Being a younger group, this preventive problem-solving was more suitable for them as they were less likely to yet have as many problems as the older group. It is possible that they had some kind of distance to the problems because of their age and that might have made it easier for them to talk about the topic.

The results were affected because of the group members who only participated to help us. Because those peope didn't think about their own benefit at all, we didn't get the answers from them that the study needed.

The feed-back form answers and feed-back discussions offered good findings but also have few negative things to consider when looking at the results. The feedback forms didn't work as planned, and that might decrease the validity of the results. Some questions were not understood correctly. One participant had their hand in plaster, so there were only few lines written the handwriting was poor and could not be understood well. When asking in the feed-back form if this method is beneficial, some answered if they were talking about any kind of activity in which people spend time with each other. A clearer distinction be-

tween our preventive problem-solving group discussions and regular clubs meant for seniors should have been made.

The interactions between the group members were an important factor when thinking about the validity of the results. In one group the people seemed to enjoy each other's company. They were laughing a lot and it seemed that they all felt comfortable. Everyone had an equal chance to talk. Although there was one person who many times ended up leading the conversation, that person wasn't dominant in a way that they would have talked more than the others. On the contrary, that person made sure that everyone who wanted to say something got the chance to do it.

In the other group one person didn't seem very comfortable when one of the other members was present. This was seen as that person talked more and seemed more open when that other member was absent. However, the situation slowly changed as they got to know each other during the group meetings. This has an impact on the results, as some important thoughts might have been left unsaid.

7.3 Critical evaluation of the method

In testing these preventive problem-solving group discussions we couldn't have used any other method to get the results, because the idea was that to get seniors think and discuss the problems and solutions. The method was suitable and worked well. Having two different groups to observe worked as planned. The interaction between the participants was very important as many thoughts would have not come up without the interaction. We also believe that the participants were more relaxed because of the group environment.

We should have recruited more people for the study than was actually needed because so many participants were lost after the study had started. A group of three people was too small to get the needed information.

Using a letter to describe our study to possible candidates didn´t give good results, as only two people were interested in participating. Speaking individually to people gave more results and we got participants for the study. As a conclusion in our work the letters weren´t working as planned.

When we started to look for participants we wanted to get both men and women in the study. We ended up having one man in both groups and the rest were women. Having at least one man in both groups was good because it brought the view of both sexes to the discussions. There weren´t any controversies in the discussions and everybody respected each others´ opinions.

Having total of seven group meetings turned out not to be enough in this kind of study. That is because in the last meeting, which was the feed-back session, new information came up in the discussion related to the problems. This proved that the five actual group meetings weren´t enough so that all the important things would have been discussed.

The feed-back form was a good idea but when we got the answers for the questions we noticed that the participants didn´t write enough to give the results we were looking for. Even we had considered carefully the questions and what we need to ask in the questionnaires, they weren´t precise enough. Many of the participants had either misunderstood the questions or didn´t answer at all. The questionnaire should have been tested before the actual use.

The observation of the groups worked well and it was good that all the group discussions were also recorded. This gave the opportunity to go back to the recordings if we had something we weren´t sure of and needed to check something afterwards.

In our study there were only a total of 9 participants, and that is why this study can only be considered as an example and the results cannot be generalized. The generalization cannot also be made because the participants were all active seniors who tend to visit the elderly center regularly. So the thoughts of seniors who are not so active and outgoing were not heard.

All in all the method used in this study worked well and was the right kind of method to get the results we were looking for.

8 CONCLUSIONS AND FUTURE SUGGESTIONS

As the population is ageing preventive methods and mechanisms are needed to support the independent living of senior citizens. In that way moving to a nursing home or institution can be delayed since it is known that most people want to live in their own homes. Institutional care is also costly and brings pressure to the society. The respondents have found that the kind of preventive method which has been used in this study can offer a good tool for promoting independent living of seniors.

This study has shown that seniors find preventive problem-solving through group discussion beneficial when thinking about maintaining independence. They got some new ideas and solutions from the other group members. But not only can it prevent problems to occur in the first place, it also creates socialization among people. Social activities combined with preventive mechanisms have been found in this thesis to create positive outcomes in people´s lives. After couple of meetings participants started to know each other and the respondents strongly believe that new relationships were created.

Respondents suggest that in future studies group size should be taken into consideration. In this kind of study six people is good group size, of course if the time for discussion is long enough. In this study time per group discussion was two hours and was found good by both the participants and the respondents.

The mean age should be quite young in this kind of study. As the participants in the other group were quite old, this kind of topic was possibly too sensitive for them. This is because they already can have the problems and no prevention can be done anymore for a certain problem. If participants are younger seniors they can think of preventive methods to prevent certain problems occurring.

When starting this study, the respondents wanted to be quite careful on how much they actually participate in the discussion. This was because they did not want to give ready problems or answers to the groups but instead they should come up with problems and answers themselves. In future studies it is recommended that little bit too much information is better than too little, because the participants wanted the moderator to participate in the discussion more than the moderator did. Respondents might have been too careful on "leading the conversation" and some problems and obstacles might not have come up because of that.

When going through and discussing of problems related to ageing, respondents in this kind of study should offer as much already existing prove as possible of the problems which affect independent living. In our study some very relevant and in a way "simple" things were missing in some themes. Only few problems in ADL arose from participants. In the previous research -part we have been discussing the health promotion and functional status and maybe if we told the participants how big impact those things have on independence, more problems and obstacles relevant to ADL would have arose from the participants.

Also the respondents want to recommend that in future studies more group meetings should be arranged because that gives opportunity for all important things to be brought up in the meetings. In this study respondents found that five actual group meetings is not enough for going through all the issues related to the topic since the feed-back discussion was partly used to discuss the problems which hadn´t earlier been brought up and that was not the intention of the feed-back discussion in the first place.

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APPENDICES

Appendix 1

Yhteyshenkilön nini — Arcada University of Applied Sciences

Yhdistyksen nimi — Jan-Magnus Janssonin aukio

1, 00550 Helsinki

Hei,

Olemme kaksi geronomiopiskelijaa ammattikorkeakoulu Arcadasta, Helsingistä. Teemme opinnäytetyönä toiminnallista tutkimusta ikäihmisten elämään liittyvistä riskeistä ja ongelmista, jotka vaikuttavat itsenäisen elämän ja toimintakyvyn säilymiseen. Tavoitteemme on selvittää, voiko ennaltaehkäisevä ongelmanratkaisu ryhmissä olla senioreiden mielestä hyödyllistä.

Pyydämme Teiltä apua, koska tarvitsemme yhteyshenkilön meidän ja mahdollisten osallistujien välille. Teidän tehtävänne olisi välittää tieto tästä tutkimuksesta yhdistyksenne toiminnassa mukana oleville senioreille sekä ottaa vastaan ilmottautumiset kiinnostuneilta. Tiedon välityksessä on hyvin tärkeää korostaa, että osallistuminen on täysin vapaaehtoista.

Aineiston tutkimukseemme aioimme saada ryhmätapaamisista, joissa pyritään keskustelun kautta selvittämään, mitkä asiat senioreiden itsensä mukaan voivat olla uhkana itsenäisyydelle ja omatoimisuuden säilymiselle. Pyrimme löytämään keskustelemalla ja ko-

keilemalla ratkaisuja niihin ongelmiin, jotka tulevat ryhmässä esille (esim. yksinäisyys, liikkuminen).

Olemme siis hakemassa tutkimukseemme kahta 6-8 henkilön ryhmää. Ryhmän jäsenten tulee olla yli 65-vuotiaita itsenäisesti asuvia toimintakykyisiä senioreita. Toivottavaa olisi, että molemmissa ryhmissä olisi sekä naisia että miehiä.

Me tutkimuksen tekijöinä toimimme ryhmien vetäjinä. Ryhmien tarkoituksena on tavata 7 kertaa. Tapaamiset ovat kerran viikossa (n. 2h/kerta). Tutkimus tullaan toteuttamaan tulevan kesän aikana (heinäkuu-elokuu). Toivomme, että ryhmien kokoontumiset voitaisiin järjestää teidän tiloissanne.

Tällaista tutkimusta ei ole aiemmin toteutettu Suomessa. Näin ollen Teillä on nyt loistava mahdollisuus olla mukana vaikuttamassa uudenlaisen toimintamallin luomiseen senioreiden hyvinvoinnin edistämiseksi.

Toivottavasti olemme herättäneet kiinnostuksenne tutkimustamme kohtaan. Jos Teillä on jotain kysyttävää, voitte ottaa meihin yhteyttä. Muussa tapauksessa tulemme ottamaan Teihin yhteyttä puhelimitse noin viikon kuluttua tämän kirjeen lähettämisestä.

Ystävällisesti,

Johanna Rautiainen puh. 044 210 3600 vuorijoh@arcada.fi

Eveliina Ruth puh. 050 4110803 ruthevel@arcada.fi

Ohjaaja: Annikki Arola Toimintaterapian lehtori (LTM) puh. 0207699422

annikki.arola@arcada.fi

Appendix 2

Hyvä hakemamme henkilö,

Onko Teillä elämässänne jokin pulma, johon ette ole löytänyt ratkaisua? Pelkäättekö, että jokin ongelma voisi vaikeuttaa itsenäistä selviytymistänne tulevaisuudessa? Onko Teillä vaikeuksia löytää varotoimia pahan päivän varalle? Jos vastasitte johonkin kysymyksistä ´KYLLÄ´, Teidän on aika hakeutua tarjoamamme ryhmätoiminnan piiriin.

Teemme opinnäytetyönä tutkimusta ryhmätoiminnasta, jossa kartoitetaan ikäihmisten itsenäiseen elämään liittyviä riskejä ja ongelmia sekä pyritään ryhmänä löytämään ratkaisuja näihin ongelmiin. Tavoitteemme on selvittää, voiko ennaltaehkäisevä ongelmanratkaisu ryhmässä olla senioreiden mielestä hyödyllistä.

Etsimme nyt tutkimukseen osallistujia jotka ovat omatoimisia ja itsenäisesti asuvia senioreita. Tulemme kokoamaan kaksi erillistä 6-8 henkilön ryhmää, joihin sekä miehet että naiset ovat tervetulleita! Huomautuksena kuitenkin, että ryhmän jäseneksi pääsevät vain 65 vuotta täyttäneet henkilöt! Jos ryhmiin on enemmän tunkua kuin mukaan mahtuu, tulemme suorittamaan tasapuolisen valinnan arvonnalla. Jos kuitenkin jompaa kumpaa sukupuolta on edustamassa vain muutama henkilö, he pääsevät ryhmiin automaattisesti mukaan. Tällä haluamme varmistaa tasa-arvoisuuden säilymisen ryhmien sisällä.

Me tutkimuksen tekijöinä toimimme ryhmien vetäjinä. Molemmat ryhmät saavat oman ryhmänvetäjän keskustelua ylläpitämään ja tarvittaessa sitä myös hillitsemään.

Ryhmätapaamisia tullaan tarkkailemaan havainnoimalla. Tämä tarkoittaa sitä, että ryhmäkokoontumisissa on mukana myös toisen ryhmän vetäjä, joka havannoi sitä, mitä ryhmässä tapahtuu. Kaikki mitä ryhmässä tulee esille, tullaan käsittelemään luottamuksellisesti eikä ryhmän jäsenten nimiä tulla julkistamaan.

Ryhmien tarkoituksena on tavata 7 kertaa. Tapaamiset ovat kerran viikossa (n. 2h/kerta). Tutkimus tullaan toteuttamaan tulevan kesän aikana heinä-elokuussa, jolloin mielikin on aurinkoisena, vaikka ongelmien kanssa tulemmekin pähkäilemään. Tarkat päivämäärät ja ajat löytyvät tämän kirjeen lopusta.

Osallistuminen on vapaaehtoista ja tutkimuksesta voi tarvittaessa jättäytyä pois. Ryhmän jäseniltä odotamme kuitenkin sitoutumista ryhmään. Jokainen osallistuja on ryhmätapaamisissa oikeutettu olemaan äänessä juuri niin paljon tai vähän kuin itse parhaaksi näkee.

Toivottavasti mielenkiintonne heräsi ja haluatte olla mukana tutkimuksessamme ja sitä kautta vaikuttamassa suomalaisten ikäihmisten hyvinvoinnin edistämiseen.

Nähdään kesällä!

Terveisin, Johanna & Eveliina

Aikataulu:

1. **Tapaaminen (pvm ja kloaika): Infoa, tutustumista ja kysymyksiä/vastauksia. Ryhmien jako.**
2. **Tapaaminen: (pvm ja kellonajat): Ryhmä 1 ja ryhmä 2 kokoontuvat**
3. **Tapaaminen: (pvm ja kellonajat): Ryhmä 1 ja ryhmä 2 kokoontuvat**
4. **Tapaaminen: (pvm ja kellonajat): Ryhmä 1 ja ryhmä 2 kokoontuvat**
5. **Tapaaminen: (pvm ja kellonajat): Ryhmä 1 ja ryhmä 2 kokoontuvat**
6. **Tapaaminen:(pvm ja kellonajat): Ryhmä 1 ja ryhmä 2 kokooontuvat**
7. **Tapaaminen: (pvm ja kellonajat): Palautekeskustelu omissa ryhmissä**

Appendix 3

Kyselykaavake

Kiitos osallistumisesta tutkimukseemme. Pyydämme teitä ystävällisesti vastaamaan vielä alla oleviin kysymyksiin ja palauttamaan kysymyslomakkeen viimeisellä tapaamiskerrallamme.

1. Koetteko, että hyödyitte tällaisesta ryhmätoiminnasta?

Jos kyllä, miten? Jos ei, miksi?

2. Koetteko, että tällainen ryhmätoiminta tukee ikäihmisten itsenäistä elämää ja toimintakyvyn säilymistä?

Miten?

3. Onko ryhmätapaamisissa mielestänne käsitelty kaikkia tarpeellisia asioita tai aihealueita? (Tähän tulemme kirjoittamaan muistutukseksi tapaamisien aiheet/teemat)

4. Mikä tämänkaltaisessa toiminnassa on hyvää? Mikä huonoa?

5. Mitä jäitte kaipaamaan?

Kiitos vastauksistanne!