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Self-management ability and psychological well-being in older adults

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Abstract

By now, it is well established that aging well and happy is not only a matter of having the right genes, but also of the way in which individuals actively manage their own aging process. Self-management approaches are increasingly being adopted within the health care system, but are usually aimed at managing only one health problem (e.g., diabetes). However, aging individuals are at risk of becoming vulnerable, i.e., of suffering losses of resources in various domains of functioning. They thus require a broader self-management approach that is not solely focused on one domain (i.e., one health problem) but on generative abilities to self-manage functioning and well-being in various domains. Such interventions are as of yet very rare. A recent example is being described: the GRIP [Dutch for grip] and GLANS [Dutch for shine or lustre] interventions. These broader self-management interventions are a valuable complementary tool in health care and welfare for older people.

Introduction

When people age, they often face changes and losses that can be a threat to health and psychological well-being. By now, it is well established that coping adequately with these changes depends importantly on the way in which individuals actively manage their own aging process. This ability varies among people, but it can be improved. Supporting older people in aging well, therefore, means first and foremost supporting them in keeping or regaining the ability to manage their own lives and their own well-being.

In the physical realm, there are various self-management interventions that cater specifically to a particular chronic physical health problem, such as rheumatism or diabetes (for a review see Lawn & Schoo, 2010). For such illnesses, important insights about self-management behaviors have been developed and translated into interventions. However, in the last decade, two important insights emerged that alter the view of what self-management is all about. First, it has increasingly become clear that older people do not just need to be able to cope with a specific physical health problem but with the fact that, with age, they face multiple challenges (physical, social and mental) simultaneously. Thus, what is needed are self-management abilities that deal with these multiple challenges at the same time. Secondly, the losses people face with growing older include losses of self-management ability itself. Thus, the challenges get more severe and the ability to handle them declines. How is this possible?

Aging often implies that reserves and resources decline in more than one domain and that these losses reinforce each other. For example, loss of social roles may negatively affect people's mood, which, in turn, may undermine the energy to take care of one's physical health. The latter may subsequently lead to further loss of social activities and resources, and so on. Thus, a small loss in one domain may lead to downward spirals of resource-loss in multiple domains. Due to declining overall reserve-capacities to compensate fully for specific resource-losses, older people may be especially at risk of becoming vulnerable. This also reduces their self-management ability. For example, mobility impairments may prevent people from getting out of their house, which may lead to loneliness. In turn, loneliness may lead to depressive symptoms, which may once again reduce the desire to get out of the house, reducing mobility, and so on. As a consequence, people lose the drive to take initiative. Their time horizon shortens, investment behavior decreases, as do feelings of self-efficacy

and control, all capacities that are needed to become active again. In short, age-related changes and losses may accumulate and interact to create a downward spiral of decreasing self-regulatory capacity, just when that capacity is more needed. Thus, older people may benefit from self-management interventions that do not just focus on one specific physical health problem, but that cover all core aspects of well-being, including maintaining or regaining self-management ability itself.

Existing interventions for self-management and well-being in aging.

What would older people need in order to self-manage their own process of aging in terms of well-being, and can this be taught? As a first requirement, more attention to psycho-social problems is needed in addition to physical health problems. Although still rare, there are evidence-based behavioral interventions that do focus on depression or loneliness, or on improving indicators of psychological well-being, such as life satisfaction or self-esteem. Table 1 shows some examples of recent evidence-based interventions.

[insert Table 1 about here]

Next to health-related self-management interventions (Lawn & Schoo, 2010), there are examples of interventions that focus on psychological well-being. For example, Serrano et al. (2004) evaluated a four-week life review therapy in depressed older clients (mean age was 77). They found, after one-month follow-up, improved life satisfaction, depression and hopelessness. Chiang et al. (2008) evaluated a life review group program in institutionalized older people (mean age was 78). They found, after eight weeks, improvements on life satisfaction and self-esteem. In a study on a twelve-week psychosocial group rehabilitation aimed at empowerment and promotion of peer support and social integration in community-dwelling lonely older people (mean age was 80), improved psychological well-being was found after twelve months (Routasalo et al., 2008). The study by Bode et al. (2007) evaluated a four-week group program on proactive coping improvement, for older adults who are concerned about aging and their future (mean age was 61). After three months of

follow-up, four proactive coping competencies were found to have improved: realistic goal setting, use of feedback, future appraisal, and use of resources. Although the proactive coping approach presumes that psychological well-being increases with having better proactive coping competencies, this study did not explicate such targets, nor measure the effects in terms of domains of well-being.

As said, the interventions just mentioned had positive effects. However, they often still focus on older people with just one specific problem (e.g., depression, loneliness, worries). Additionally, as can be seen in Table 1, the interventions vary considerably in the (self-management) behaviors that are addressed, and in the ultimate outcomes that are aimed for. Moreover, they vary in the extent to which the behaviors and outcomes are explicitly linked. Still, it seems an important second requirement for interventions aimed at the improvement of self-management ability and well-being in aging, that not only the important behaviors (i.e., self-management abilities) are being specified, but also *what* the self-management abilities should be directed at (i.e., the important domains of well-being). Self-management abilities can only be 'efficient' when they are directed at core dimensions of well-being – both the physical and psycho-social dimensions. For the design of interventions this implies that both the abilities and the dimensions of well-being should be explicitly identified and addressed in orchestration.

One set of interventions that was designed to meet these requirements are the so-called *GRIP* (Dutch for grip) and *GLANS* (Dutch for shine or lustre) interventions (Steverink, 2009a). They explicitly aim at improving self-management ability and overall well-being in older people. Three studies on this approach showed positive effects. In the following we will describe them in some more detail.

The GRIP and GLANS interventions

The GRIP and GLANS courses are intended for older people who have lost – or are at risk of losing - resources in several domains of functioning, which may lead to a diminished capacity for managing new losses or changes. The interventions thus deal with the issue of the multiple challenges that we discussed earlier. Moreover, the GRIP and GLANS approach is based on an explicitly positive concept, in the sense that it focuses on what individuals are still able to do and not only on abilities they have lost. Additionally, the self-management abilities taught are not only intended as

a response to loss but also as a tool to be used before loss has occurred. The GRIP and GLANS approach is therefore also strongly preventive in nature, aiming at a generative capacity to manage one's physical and social resources.

The GRIP and GLANS interventions are driven by the application of the theory of the Self-Management of Well-being (Steverink et al., 2005; Steverink, 2009a). This theory postulates that if people lose resources, they are not only at risk of losing well-being, but also of losing self-management capacity. Therefore, self-management abilities need to be strengthened together with important resources for physical and social well-being. If people have good self-management abilities – that is, skills enabling them to adequately handle their physical and social resources – this is expected to lead to physical and social well-being, and subsequently to overall psychological well-being. The theory of Self-Management of Well-being defines five core domains of well-being and six core self-management skills. Both the dimensions of well-being and the self-management abilities are explicitly linked together in a matrix of abilities and domains of well-being (see Steverink et al., 2005 for more details). This matrix basically states that each of the six abilities need to be applied to each of the five dimensions of well-being in order to yield overall well-being. As such, the matrix basically constitutes the 'blueprint' for the design of the GRIP and GLANS interventions and thus also for the concrete ingredients of the interventions. In order to be able to also evaluate the effectiveness of these interventions, the 'blueprint' has also been used as the basis for the development of a measurement instrument to measure the level of self-management ability, the Self-Management Ability Scale (SMAS-30) (Schuurmans et al., 2005; Steverink, 2009b).

The GRIP and GLANS courses have been evaluated in randomized controlled trials and have proven to be effective regarding the improvement of self-management ability and well-being in different groups of older people. Schuurmans (2004) evaluated the GRIP home visits course in frail older community-dwelling people (mean age was 75). Kremers et al. (2006) evaluated the GLANS group course in lonely older women (mean age was 64). Frieswijk et al. (2006) evaluated the GRIP self-help method in slightly frail community-dwelling older people (mean age was 73). In all three studies positive effects were found on both self-management ability and subjective well-being. These effects were still present after four to six months.

Outlook

In the present societal situation, in which the numbers of older people and the costs of health care are rising, it is of the utmost importance to find ways to support older people in remaining healthy and happy. This is also in line with the clear desire of many older people: they wish to remain in control of their own lives and of their own well-being, for as long as possible. As such, supportive interventions for self-management ability and well-being seem a valuable tool in health and welfare for older people. Two insights are especially important here. First, many older people face changes and losses at various domains at the same time, which often interact to a downward spiral of decreasing overall well-being, both physically and psycho-socially. These multiple challenges have to be managed together – not in isolation - in order to maintain physical and psycho-social well-being. Secondly, people's ability to deal with these changes and losses – an ability they then need more than ever - also declines, as a consequence of negative changes and losses. Thus, there are two interrelated processes both of which need attention of health care professionals and social work professionals who work with older people. Additionally, more attention is needed to the actual employment of the existing evidence-based interventions that address these two processes explicitly. Many indications exist that psycho-social interventions in health care save medical costs. Thus, such interventions may be an important complementary tool in health care and welfare for older people. To date, the GRIP and GLANS interventions are being implemented in Dutch health care and welfare organisations. Part of this project is to determine their cost-effectiveness (Kuiper et al., 2010).

Broad self-management interventions such as the GRIP- and GLANS interventions can also be important for prevention. Aging healthy and happy often requires that people learn already at younger ages how to manage their resources adequately. When they age, they may have learned to build resources and how to maintain them. Therefore, self-management interventions – addressing the broad spectrum of self-management ability in orchestration with core aspects of well-being – are not only a tool in reactive management (addressing losses that already occurred). They are also a tool in proactive management (building resources before losses occur). Paying more attention to the build-up, and prevention of loss, of self-management ability and well-being, both in older and younger people, may lead to more people aging as good self-managers of their own well-being.

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Table 1 Examples of recent evidence-based interventions aimed at the improvement of self-management behaviors and subjective well-being.

Main focus of the intervention	Target group	Type of intervention	Behaviors addressed in the intervention	Ultimate outcomes of the intervention	Are behaviors and outcomes linked?	Studies showing effects
Physical well-being / physical health	Patients with specific health problems	Self-management of health problems	Self-management behaviors directed at physical health	Indicators of physical health	E.g. Self-efficacy theory	Lawn & Schoo, 2010 (review)
Psychological (emotional) well-being	Older people with psychological problems (depression, or loneliness, or worries about aging, respectively)	Life review	Adaptation Self-integration Autobiographical retrieval	Life satisfaction Depression Hopelessness Self-esteem		Serrano et al., 2004 Chiang et al., 2008
		Psycho-social rehabilitation	Empowerment Peer support Social integration	Psychological well-being (no effects on loneliness, nor on social network)		Routasalo et al., 2008
		Proactive coping	Proactive coping competencies			Bode et al., 2007
Overall subjective well-being (physical <i>and</i> psycho-social)	Older people at risk or physically <i>and</i> psycho-socially vulnerable	Self-management of well-being (e.g., the GRIP and GLANS program)	Self-management abilities (directed at core domains of well-being)	Overall subjective well-being (on core physical <i>and</i> psycho-social domains)	Theory of Self-Management of Well-being (Steverink et al., 2005)	Schuurmans, 2004 Frieswijk et al., 2006 Kremers et al., 2006