Fear of loss of independence and nursing home admission in older Australians

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Research aim: The findings described in the present paper form part of a larger study of the hopes and fears that older people hold for their future. The present paper focuses on two of the reported fears for self: loss of independence and nursing home admission, which have implications for healthcare and service use; and the authors identify the extent of their association with sociodemographic, health and lifestyle factors.

Results/Conclusion: Apart from the fear of losing one's physical health, the participants' main fear for self was of losing their independence (20.4% of males, 95% confidence interval (CD = 18.5-22.3%; 34.5% of females, 95% CI = 32.3-36.4%), with a specific fear of nursing home admission (4.9% of males, 95% CI = 3.9-5.9%; 9.5% of females, 95% CI = 8.3-10.6%), with confidence intervals indicating a significantly higher prevalence of both in females. Living alone was significantly associated with fear of loss of independence in females only (odds ratio (OR) = 1.62, 95% CI = 1.38-1.90), and with fear of admission to a nursing home in both males and females (OR = 1.82, 95% CI = 1.16-2.85 in males; OR = 1.42, 95% CI = 1.08-1.89 in females).

Implications: The findings presented here provide quantitative evidence to support policies and expansion of practices that enable older people to remain in the community for as long as possible, rather than enter institutional care prematurely. They also emphasise that, while a large proportion of older people are concerned about losing their independence, only a small minority have specific concerns about nursing home admission.

Cultural Group(s):
Location of study: New South Wales

Age group: 65+
Number included in study: 8,881
Type of participants: Randomly selected community dwelling older people aged 65+

Research approach:

Type of data:
Secondary data sources used:
Specific scales or analytical techniques used:

Implications/ Recommendations:

Notes: Cultural differences have a bearing on the generalisability of the present findings. The general findings and implications may be applicable to communitydwelling older people in other developed Western societies.