The European Proceedings of
Social & Behavioural Sciences
EpSBS

FUTURE ACADEMY

ISSN: 2357-1330

https://doi.org/10.15405/epsbs.2019.08.03.165

EDU WORLD 2018
The 8th International Conference

OLDER ADULTS' PERCEPTIONS OF THEIR OWN HARMFUL BEHAVIORS

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Abstract

Statistics show an increase in the number of elderly people in the world, which began several decades ago, as life expectancy increased and birth rates declined. These changes in the population structure have both an economic impact (for example, a smaller number of working-age persons have to bear the cost of services for the elderly) and a social one (eg intergenerational relations). The quality of life at old age also depends on the ability of the elderly to self-analyze and identify issues that may be problematic for good adjustment. In older people, changing negative behaviors in relation to others or harmful to them is difficult to achieve. The process of behavior changing could be facilitated in the elderly by reflecting on these behaviors and raising awareness of the factors that determine or strengthen them. The present study was designed to investigate older adults' perceptions of their own harmful behaviors and the factors that prevent them from modifying them. Data were collected from old adults aged between 68 and 75. The research method used was a questionnaire based survey with open questions. Themes derived from subjects' responses refer to harmful behaviors for them but also behaviors which cause conflicts with those around them, these behaviors being attributed mainly to external, uncontrollable factors.

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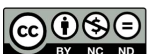
Keywords: Elderly, quality of life, behaviour changing, harmful behaviours.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https://doi.org/10.15405/epsbs.2019.08.03.165
Corresponding Author: Andreea Stan
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

1. Introduction

Globally, over the past decades, population aging is significant, which will cause particular changes in the demographic profile. According to the latest projections offered by Eurostat, demographic changes will affect not only Romania, but all EU states, by 2060, the population becoming much more "aged" than today (European Commission, 2015). The responsible factor is related to increased life expectancy and decreased birth rates. These changes in the population structure have both an economic impact (for example, a lower number of people in the workforce has to bear the cost of services for the elderly) and a social one (eg intergenerational relations). In today's society, where individuality, self-confidence and independence are highly appreciated, elderly people are valued differently from traditional society. Elderly people are often described in not very eloquent terms: they are morose, chubby, capricious, fragile, forgetful, blocked in the past, or are a burden.

As the aging phenomenon became more acute, the terms "aging" and "old age" enjoyed increasing attention. Thus, it is concluded that aging is not a condition, but is the result of a process of gradual and differentiated degradation, a set of phenomena resulting from the conclusion of the developmental phase and involving changes from a biological and psychological point of view. The consensus that the aging process is a biological reality that has its own dynamics and which is largely out of human control is at the basis of our understanding of old age, an understanding that society needs to define a definition of what old age is and who it is old (Vrasti, 2017).

A unitary definition of old age is not yet formulated. Medicine regards old age as a sui-generis weariness, an infirmity or a disability, aging being a life-imbalance process, a life that cannot be prolonged significantly. The World Health Organization (WHO) criticizes the medical definition of old age, starting from the ascertainment that there are healthy elderly people, and therefore considers it necessary to remove the "biological" criteria from the definition. Instead, they note that in most developed countries an individual is considered old past the age of 65, which shows the importance of chronological criterion. Although the chronological criterion is dominant, in many countries the tendency to define the threshold of old age appears to be the time when active contributions are no longer possible. In this way, there is a progressive transition from the temporal-chronological criterion to the socio-functional one. Thus, the functional definition that takes into account the social activity would sound like this: "Old age is the stage of the chronological development of a person when an active socio-cultural contribution is no longer possible" (Vrasti, 2017, p.65). From a social point of view, old age can be seen as a dynamic set of losses and gains that lead to a successful psycho-social adaptation to the aging process. The composite definition of old age proposes a score composed of common factors that determine a person to be identified as an old man such as chronological age, changes in the social role of the person, and changes in capability.

Changes associated with aging are too many to account for. These can be classified as biological, medical, physical or psychosocial. Therefore, old age should be understood as a whole in its multiple dimensions, as it is simultaneously a biological process with psychological consequences reflected in certain behaviors that become age-specific (De Freitas, Almeida Queiroz, & Vieira de Sousa, 2010).

Psychology, as a whole, has responded in many ways to the challenges posed by the increase in the elderly population. Psychogeriatry, in particular, as well as clinical psychology, pursues both basic and practical aspects of the third age, being concerned with research into the aging phenomenon and paying

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special attention to the needs of the elderly (Derenne & Baron, 2002). As a result, in recent decades, research has highlighted the value of behavioral interventions that can improve the well-being of the elderly.

2. Problem Statement

As far as we are concerned, we believe that the substantial increase in the number of the elderly in the population highlights the need to reflect on what is helpful at this stage of life for individuals to be happy and to have a sense of quality of life. Old age is a demanding period, marked by dramatic changes, which implies the need for the individual to change and adapt. The quality of life in old age also depends on the ability of the elderly to self-analyze and to identify issues that might prevent good adaptation, especially since it is difficult for older people to change their negative behaviors or harmful in relation to others. The process of behavioral change could be facilitated in older people by reflecting on these behaviors and identifying the factors that determine or enhance them. This was one of the reasons why we aimed to study how older people can adapt to today's Romanian society through an exploratory, small scale study, the goal being to frame a series of hypotheses and directions for further research, of larger dimensions. This research effort is primarily justified by the negative reporting of the society on the issue of old age, which is worth considering, given that the demographic statistics of the last years indicate in Romania an increase in the number of elderly persons and foresees the maintenance of this process with multiple consequences in society. We believe that this approach is not only an intriguing and singular one in the Romanian specialized literature in the field, but also a moral duty for the moral prestige of the elderly not to become nostalgic.

3. Research Questions

Through this research we have tried to answer questions about behaviors that have a negative effect on the life of the subjects and the causes of these behaviors from the elderly perspective.

4. Purpose of the Study

We sought to identify behaviors considered harmful by the subjects, having a negative effect on the quality of their lives, the causes of these behaviors and the factors that prevent the subjects from changing them.

5. Research Methods

Qualitative research has been considered ideal for this inductive exploratory study focused on self-analysis of participants (Thomas, 2003) on behaviors that they consider to be negative or bad / harmful, as well as about the factors they believe determines or accentuates them. The interviews were conducted individually, either at the domicile of the participants or at different predetermined locations. Collecting responses was based on a form that contained questions about identification data and survey questions: "What do you think are your negative behaviors?", "Which of these behaviors define your personality?", "Which are the factors that facilitate these behaviors? "," How do these behaviors affect your life and relationship with those around you? "

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The study participants are 9 women and 10 men aged between 68 and 75 and live in the town of Pitesti, Arges county and the neighboring areas. Argeş County is included in Macroregion 3, the South-Muntenia Region, the region with most people aged 65 and over (564786), compared to the other five regions (NIS, 2016). The subjects have completed secondary or higher education, currently being retired. Participation in the study was voluntary.

The data obtained from the interviews were entirely transcribed. The authors of the study analyzed the transcripts based on the themes identified in the specialized literature dedicated to the elderly, or identified new emerging themes from discussions or observations (Braun & Clarke, 2006).

6. Findings

Although some of the subjects needed a few moments to think about the questions (many of them admitted they did not think about their lives and even asked for the phrase to be repeated or asked for further explanation), each participant spoke openly about behaviors they consider to be negative. Despite the fact that the issue addressed negative behaviors, open questions and face-to-face discussion created an approach that allowed us to capture various experiences and meanings.

Interviews with the 19 participants in the study and the transcription and analysis of the discussions allowed to identify the main themes extracted from the specific activities described by the subjects and the facilitators of the behaviors that the subjects perceive as negative (Table 01).

Table 01. Research results

Main aspects affected by negative behavior	Negative behaviors	Facilitating factors
• Health	• smoking; • alcohol consumption; • poor alimentation;	• lack of activities; • boredom; • old habits; • misconceptions; • economic status; • the only remaining pleasure;
• Physical and social activities	• watching tv all day; • watching movies and series; • googling; • give up physical activities	• disabilities, physical or mental illness; • the feeling that others do not need them;
• Communication	• retreat; • self-isolation; • iritability; • resignation; • nagging;	• tired to explain; • ambition; • difficult relationships with relatives;

6.1. Health

One of the emerging themes of the data analysis was 'health', with derived themes and identified facilitators. Five of the participants reported smoking as a negative behavior.

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"Negative behaviors harmful to me? There are many, I think, but probably the most important one that defines me is smoking. Although I'm hypertensive and my doctor advised me to give up cigarettes, I cannot help. Whatever I have to do, I start by smoking a cigarette and only then I get to work! God takes care of me! "(A.C., female, 73).

"Smoking! That's what I think is my negative behavior! So much pleasure I have left! "(M.G, male, 68).

"I'm bored; I do not have much to do! What can you do in the country, especially in the winter? God kept me healthy and cigarettes do not hurt me! Only that they are too expensive and my pension is small "(G. B., male, 71).

Two of the people interviewed, although they consider drinking beer as a negative behavior for them, appreciate it as a medicine or a treat.

"I drink a beer every day! Maybe it's a bad behavior, but that's what somebody told me some years ago when I had a kidney infection! Since then, I drink a beer in the morning, on an empty stomach! And, thank God, I did not get anything! " (N. P, female, 69).

"I am drinking beer! My daughter always quarrels me! But I like it, especially when I'm tired after I've been with my nephew all day!"(L.R., female, 74).

Bad diet behaviors have also been reported.

"I do not know what negative behaviors I have! But I'm thinking about what my nephew says ... always bothering me! I do not eat too much! He says I'm starving myself! I'm old, I do not need food anymore! God will take me to Him! Food is expensive, mother, my pension is very small "(I.M, female, 75).

Negative behaviors? I eat sweets! Sweets or anything good to crunch. "(V.C., female, 74). From her point of view, no film can be seen without anything sweet or something crunchy, although she admits that it's hard to keep her weight under control.

As far as we are concerned, we believe that, at least in old age, health is not just the absence of the disease or its healing, but it can assume dimensions of the concept of quality of life. Tobacco or alcohol consumption, the use of non-recommended sweets or foods in general or the lack of adequate nutrition at the opposite end not only imply increased risk for diseases but also affect the material and social well-being of the interviewees. Despite the fact that some of the people interviewed identify this as harmful, they associate health with religion, the important idea being that at their age, God keeps them healthy.

6.2. Physical and social activities

Physical incapacity and illness limit the interests and activities that older people can do. As a reaction, some of the subjects listen to the radio or watch television. Television is especially important for people who do not have the opportunity to do other activities, although watching television is excessive, and therefore considered negative, even harmful, because they have isolated themselves and they do not come out of the house anymore. Some of the subjects say the TV is on all the time, because the voices give the impression of people in the house. Some reviews include:

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"I watch TV all day! Move from one channel to another! I know it's harmful, especially since I get angry at all the time! What can I do? I cannot move, I barely move around the house! Illness will not let me."(D.P., male, 71).

"I'm blind, lady! I'm blind! At least the TV keeps me company (until kids come from work)! I got used to it like that "(N.O., male, 73).

"I isolated myself from everything! I know I should get out of the house, but where should I go? Everyone I know has their own problems, they just do not need me! Plus, that my depression ... I google all day or watch TV! I'm not losing any serial" (V.P, female, 71).

The degradation of health leads from an active social life, outside, to a radical, difficult and involuntary change of life.

"I no longer do any physical activity or movement. As long as I was in power, I had an incredibly beautiful orchard; I was an agronomist engineer and I was passionate. I've taken care of it! Now I want to sell the orchard, I cannot handle it because of arthritis. "(C.V., male, 69).

6.3. Communication

Social interaction or the ability to relate to others is a basic need for all people, but for the elderly it becomes critical for their well-being (Carstensen, 1991; Nussbaum, 1983). The importance of social relationships, the need for affiliation, itself stems from its mastery of Maslow's needs pyramid, immediately after the need for survival and security (Maslow, 1954). "Successful aging" is determined not only by physical health and functionality, but also by cognitive functioning and active involvement in society (Rowe & Kahn, 1997).

Good relationships are based on good communication. For some of the participants in the study, communicating with others is extremely important, but also difficult.

A subject with higher education admits that his way of communicating critically and focusing on the subject disturbs others: „expression of ideas, opinions, more pronounced, loud (too loud), which can be considered either hysterical behavior, or violence of language", "the critical attitude towards any affirmation, idea, attitude, expressing the desire for a correct understanding (sometimes up to the detail) of what is happening", "openness to dialogue, but on a clear subject and respecting a system of natural and accepted rules", "the correct identification of the problem in conflictual situations" (C. U., male, 67).

Another subject talks about difficult communication with relatives: „I speak from time to time with a cousin on the phone, but we are more arguing!" (V.P, female, 71).

7. Conclusion

Given the increasing number of elderly people in the world, it is important to find ways to increase the quality of life at the third age. In parallel with the efforts of specialists to intervene to this end, it is necessary to address the issue also from the perspective of the elderly.

Reflection on one's own behavior and causes can help older people to realize that certain aspects can be controlled and are not totally deprived of the power to change.

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The major themes learned from the responses of this research were: behaviors that affect health, behaviors that hinder social relationships with younger generations, but also with those of the same age, behaviors that reduce the frequency of physical and social activities.

Engaging in behaviors that affect health is facilitated, according to the subjects, by modifiable factors (lack of activities, boredom, misconceptions, etc.).

Subjects identified two types of factors that lead to low involvement in physical and social activities: factors that are hard to control (disability and physical or mental illness) and controllable factors (the feeling that others do not need them).

Negative behaviors that impede communication with others are explained by subjects through personal attributes that can be changed.

It is noted that the subjects of the study generally identified controllable causes of harmful behaviors.

Our belief is that if, when working with the elderly, we focus on the awareness of these causes and on the ability of everyone to change them, the process of change will be easier.

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