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## Incorporating older peoples' perspectives in predicting and preparing for life transitions

Ageing is a dynamic, ever-changing process, bringing many transitions even while older people and those around them may intend to ensure "ageing in place". Doing this successfully and with a sense of meaningful continuity may require older peoples perspectives and input to provide evidence which is both valid and which can be seen as relevant to dealing with the kinds of challenges they may need to deal with.

To rigorously develop quality of life measures requires the process to be made transparent and clearly reported at each stage. Cleland's article presents semi-structured interview findings with older people living in their own homes and in residential care in Australia. They were involved in assessing the face validity of a new measure for quality assessment and economic evaluation in elder care, the Quality of Life–Aged Care Consumers (QOL-ACC). The findings show how the research initiative enabled older adults' perspectives on quality of life to be incorporated into the final QOL-ACC measure. This more directly ensured measurement and valuation of quality of life could produce a more person-centred outcome than some other standardised tools.

Managing transitional care for today's older people may require providing additional support during transitions such as leaving hospital. The report by Van de Vlegel-Brouwer *et al.* on a regional Netherlands pre- and post-cohort study of hospital patients aged 70 years and over, scoring 2 or more on Identification of Seniors at Risk, admitted for at least 48h then discharged home, describes effects of a Transitional Care Bridge (TCB) programme of nursing visits on function, mortality, health care use and health outcomes compared to usual care in a regional hospital in The Netherlands. While not finding any significant effect of the TCB on preventing negative health outcomes up to three months after hospital discharge, some effectiveness of the programme was seen in a lack of difference in re-hospitalisations and lower mortality, perhaps reflecting more preventative care by GPs and community nurses to support transitional care for this group.

The process of menopause, when menstruation and ovaries cease to produce hormones, continues to raise controversy about its nature and importance as the main mid-life physiological transition for women. The study in Spain reported by Cordoba Iñesta *et al.* analyzed results from three questionnaires to examine how women's knowledge about menopause, their experiences during menopause, their attitudes towards the process, and timing when they experience the menopause can all influence their views on the menopause. This article highlighted how gaining useful information may be problematic as menopause is still often a taboo topic and overlooked by professionals, families and employers. Women with premature and on-time menopause may differ in what they know, their experiences, and attitudes towards menopause and may require counselling and intervention programmes.

Another article concerning how older people may gain information to help self-manage life and health changes is offered by the questionnaire study in The Netherlands by Bolscher-Niehuis *et al.* of how a cross-section of 555 older people self-appraisals of their own future health and care needs. The findings showed, perhaps surprisingly, that even those who see their own has as "poor" or "frail" largely do not expect their health to deteriorate not to need

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more healthcare or housing changes. They were more likely to prioritise managing their daily lives. The findings can inform support health and care professionals offer to include some training on self-monitoring to encourage more pro-active self-management to use their resources to anticipate potential negative changes in their ageing.

Volunteering can offer a powerful means for older people to gain and encourage meaningful engagement with community living, perhaps even more important when changing circumstances can create many uncertainties. COVID-19 offered a “natural experiment” in comparing different experiences, responses and decisions in volunteering in the United Kingdom. Sellon *et al.* report on their qualitative examination of accounts gathered in remote (phone or on-line) interviews with 26 volunteers aged 50+. To identify challenges for older, experienced volunteers’ in deciding how and how far they might continue to volunteer safely while having to navigate activities in less familiar forms and the new circumstances of COVID-19 transmission risks. Findings reveal both high motivation and creativity for volunteers, mostly to continue to volunteer while finding ways to make appropriate adjustments in what they did. Their responses underline how and why this form of meaningful engagement through recognising their own needs for connection by connecting with others was so important for them.

Ensuring older people themselves can lead and improve training in memory training can ultimately help build confidence to promote active ageing and community participation in providing community support for a challenging life transition. The practice paper produced by Vidal-Marti considers findings from evaluating such a training programme in Barcelona with 89 older people with an average age of 73.1 years. The evaluation was based on the more rigorous Kirkpatrick model to ascertain four levels (satisfaction, learning, behaviour and outcomes) of responses and learning using multiple levels. The programme activities are also explained and considered in detail. The results indicated success for participants in facilitating lifelong learning for older trainers and programme participants and also provided the basis to refine the tools used and to plan a future comparative study.