



# SUCCESSFUL AGING THROUGH THE USE OF HOLISTIC SELF-CARE PRACTICES

---

*Karen S Dunn*

A basic philosophical belief of the totality paradigm in nursing is that human beings are cared for holistically (Parse, 1987) and interact with their environments to maintain an optimum level of health (Cody, 1995; Dunn, 2004; Fawcett, 1993). Although this holistic paradigm prevails in nursing, there is a lack of research knowledge addressing self-care activities that are perceived by individuals as having therapeutic benefits across physical, psychological, social, and spiritual domains. Holistic self-care activities may be of particular interest to older adults because of the many challenges that occur with aging. These challenges may include (1) suffering from multiple chronic illnesses, (2) chronic pain, (3) coping with several deaths of friends, loved ones, and spouses, (4) retirement, and (5) recognition of their own mortality. Consequently, older adults experience many of these challenges concurrently (Dunn, 2004; Dunn & Riley-Doucet, 2007). As the growth of our older adult population continues to expand with the baby boomer cohort nearing retirement age, the need for delivering primary care within a holistic framework that addresses cultural diversity, family functioning, and the bio-psycho-social, and spiritual dimensions of aging adults will become paramount to achieving high-level wellness within this population.

American life expectancy has increased dramatically since the early 1900s from 49 years of age to 79 years for women and 74 years for men. New Census Bureau projections for the United States (US) estimates that by the year 2030, the over-65 age group would double to approximately 70 million, with the fastest growth rate to occur in the over-85 frail elderly age group (e.g., 9 million). Frail elders are a medically vulnerable population, often experiencing problematic accessibility to health care and costly medical services that require case management of medical, nursing, rehabilitative, mental health, social, and environmental assessments and interventions. Current health care reform and the restructuring of the health care system that focus on cost-containment of health care expenditures have posed additional challenges to this aging population. Therefore, identification of holistic self-care practices that promote positive health outcomes used among vital community-dwelling older adults maybe key to preventing the need for long-term institutionalization and costly medical expenditures within an aging population. Hence, the aims of this line of inquiry is to validate and refine existing knowledge and/or to generate new knowledge that will promote successful aging through the use of evidenced-based biological, psychological, social, and spiritual self-care practices. Prior research has provided evidence to suggest that older adults use a wide array of self-care activities to achieve healthy outcomes (Dunn & Horgas, 2000; Dunn & Horgas, 2004). This paper, however, will only focus on five critical self-care activities (i.e., exercise, going to church, prayer, a belief in God, and feeling helpful) that were found to promote holistic well-being in older adults (Dunn & Riley-Doucet, 2007).

### *Exercise*

The benefits of regular exercise throughout one's life have been well researched and documented. According to an integrative review conducted by Houde and Melillo (2002), ex-

ercise has been found to improve cardiovascular health by decreasing pulse rates, blood pressures, and plasma lipid levels in older adults. These researchers also reported that older adults with more sedentary lifestyles died younger than older adults who were more physically active. A meta-analysis conducted by Robertson and associates (2002) found that a home exercise program to increase muscle strength and balance used in four controlled trials significantly lowered the number of falls among participants with a history of falling, and a reduction of fall related injuries in participants that were 80 years of age and older. Increases in aerobic capacity and muscular strength/endurance have also been reported in older adults who had limited functional ability after participating in a 16-week exercise program designed by Fahlman and colleagues (2007). These studies, however, only focused on the physical benefits of exercise. Findings from the Wellness Activities in Vital Elders (WAVE) study provided support not only for physical wellness, but psychological, social and spiritual wellness. Participants reported getting exercise while house cleaning, volunteering, gardening, babysitting grandchildren, taking classes, traveling, golfing, dancing, and working on hobbies. These activities raised their spirits, provided social interactions, and just made them feel “happy and good.” Some mentioned having physical therapy, but found being among people with similar disabilities supportive and looked forward to attending their sessions (Dunn & Riley-Doucet, 2007). These vital older adults incorporated exercise into a variety of tasks and leisure activities that they did everyday. Further research is needed in this area to determine if exercise that is incorporated into activities of daily living is just as beneficial as a structured exercise work-out.

### *Religious Faith*

The importance of promoting and maintaining spiritual wellness in individuals has been a hallmark of nursing practice

since the time of Florence Nightingale. Several researchers and historians have documented that Nightingale's call to social action and nursing care of the sick was a mystical journal predetermined by God (Burkhardt, 1998; Dossey, 1998; Keighley, 1998; Macrae, 1995). Nightingale's life and teachings provide a spiritual and scientific legacy that focus on the interrelationships between body, mind, spirit, and environment that promote healing and give vision, meaning, and purpose in life (Burkhardt, 1998). It is the belief of this author, however, that the spiritual dimension of human beings is often neglected in practice and that there is a lack of theoretical knowledge and research addressing this phenomenon (Dunn, 2004). Hence, the primary focus of my program of research has been to explore the self-care practices that enhance spiritual well-being among community-dwelling older adults.

Attending a place of worship, praying, and having a strong religious faith in God are self-care practices reported by older adults that enhance their spiritual wellness, but also their physical, psychological, and social wellness (Dunn, 2005; Dunn & Riley-Doucet, 2007). Older adults reported using religious beliefs and Bible teachings to assist them in maintaining healthier lifestyles by preventing them from smoking cigarettes, drinking alcohol, and eating certain foods like pork. Many believed that this had contributed to their longevity and health. In addition, church attendance and volunteering for various church-related events provided opportunities for socialization and environmental connections. Having a deep faith in God also provided a sense of connectedness and helped them cope with negative events that occurred in their lives, maintaining their mental health. Their faith elicited a strong belief that God, eventually with time, would heal their suffering. Finally, older adults reported that they used prayer to communicate and feel connected to God and stressed the importance of prayer in their lives and how it has the power to make a difference (Dunn & Riley-Doucet, 2007).

According to a recent Gallup Poll, approximately three percent of the population in the United States are convinced

that God does not exist, and 24% have reported having doubts. International declines in the belief that God exists have also been reported. According to Altemeyer (2004), only 59% of the Canadian population believe in God and in many Western European countries (Denmark, France, Germany, Great Britain, the Netherlands, Norway, Sweden, and Switzerland), most no longer believe.

Future research is needed to explore spiritually enhancing self-care practices used among agnostic older adult populations.

### *Feeling Helpful*

Doing for others and feeling helpful was the final holistic self-care practice reported by the older adults in the WAVE study. Activities included formal volunteering, visiting frail friends in nursing homes, providing transportation for those in need, doing small favors for those that are handicapped, preparing meals, doing laundry and/or housecleaning for others, or just offering a warm smile (Dunn & Riley-Doucet, 2007). It was an expected finding that the older adults would report that these activities raised their spirit. A major defining attribute of spirituality is having a sense of purpose in life that is meaningful. This purpose can provide a feeling of self-worth, hope, and/or reasons for being (Burkhardt & Nagai-Jacobson, 2000). It was, however, enlightening to learn that helping others had physical, psychological and social benefits as well. The older adults reported that it “kept them from being couch potatoes.” In other words, most of what they did for others required some physical exercise, kept their minds active and distracted from all of the negative consequences of aging, and allowed them to remain connected with people and community. Retirement meant “working for rewards that have no price or fee involved.” From this finding, another research question was posed: “How do we get older adults to volunteer?” This researcher has begun to answer this question by getting

older adults to discuss their reasons for volunteering and their reasons for not volunteering in the Discourse on Volunteering (DOV) focus group study. Identifying the rewards and barriers to volunteering will be the foundation for developing an intervention to increase volunteerism in this population.

### ***Conclusion***

Older adults have reported using a wide array of self-care activities that help them cope with the holistic challenges of aging. Empirical evidence suggests that five critical holistic self-care activities (i.e., exercise, going to church, prayer, a belief in God, and feeling helpful) have health promoting effects across biological, psychological, social, and spiritual domains. Promoting these holistic self-care activities may be an effective strategy to help older adults adapt to normal age-related challenges, prevention of disease, and to attain optimal health outcomes.

### **REFERENCES**

Altemeyer, B. (2004). The decline of organized religion in western civilization. *The International Journal for the Psychology of Religion*, 14, 77–89.

Burkhardt, M. A. (1998). Awakening spirit and purpose. *Journal of Holistic Nursing* 16(2), 165–167.

Burkhardt, M. A., & Nagai-Jacobson, M. G. (2000). Spirituality and health. In B. M. Dossey, L. Keegan, & C. E. Guzzetta (Eds.) *Holistic nursing: A handbook for practice*. (3<sup>rd</sup> ed.) (pp 91–121). Gaithersburg, MD: Aspen.

Cody, W. K. (1995). About all those paradigms: Many in the universe, two in nursing. *Nursing Science Quarterly*, 8, (4), 144–147.

Dossey, B. M. (1998). Florence Nightingale: A 19<sup>th</sup>-Century mystic. *Journal of Holistic Nursing* 16(2), 111–164.

Dunn, K. S. (2004). Towards a middle-range theory of adaptation to chronic pain. *Nursing Science Quarterly*, 17(1), 78–84.

Dunn, K. S. (2005). Testing a middle-range theory of adaptation to chronic pain. *Nursing Science Quarterly*, 18(2), 146–56.

Dunn, K. S., & Horgas, A. L. (2000). The prevalence of prayer as a self-care treatment modality in elders. *Journal of Holistic Nursing*, 18, 337–351.

Dunn, K. S., Horgas, A. L. (2004). Religious and non-religious coping in older adults experiencing chronic pain. *Pain management in Nursing*, 5(1), 19–28.

Dunn, K. S., & Riley-Doucet, C. (2007) Self-care activities captured through discussion among community-dwelling older adults. *Journal of Holistic Nursing*, 25, 160–169.

Fahlman, M. M., Topp, R., McNevin, N., Morgan, A. L., Boardley, D.J. (2007). Structured exercise in older adults with limited functional ability. *Journal of Gerontological Nursing*, 33(6), 32–9.

Fawcett, J. (1993). From a plethora of paradigms to parsimony in worldviews. *Nursing Science Quarterly*, 6, (2), 56–58.

Houde, S. C., Melillo, K. D. (2002). Cardiovascular health and physical activity in older adults: An integrative review of the research methodology and results. *Journal of Advanced Nursing*, 38(3), 219–34.

Keighley, T. (1999). A woman of mystery. *Nursing Standard*, 13(34), 14–15.

Macrae, J. (1995). Nightingale's spiritual philosophy and its significance for modern nursing. *Image*, 27(1), 8–10.

Parse, R. R. (1987). *Nursing science: Major paradigms, theories, and critiques*. Philadelphia: Sanders.

Robertson, M. C., Campbell, A. J., Gardner, M. M., Devlin, N. (2002). Preventing injuries in older adults by preventing falls: A meta-analysis of individual-level data. *Journal of the American Geriatrics Society*, 50(5), 905–11.