

# Older People Living Alone

## Non-kin-carers' support towards the end of life - Reflections on the Study Protocol

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### Background

- Older people, who live alone, form an increasing group in many countries. In Austria, 51% of all households of people aged 65+ were **single-households** in 2018 (Statistik Austria, 2018a).
- In the age group 80+ especially **more women are affected than men**: 59% vs. 24% (Statistik Austria, 2018b).
- For older people living alone, staying at home may turn out challenging when care needs increase. Those without family nearby have to rely on other support networks, e.g. **non-kin-carers**.

**Older People Living Alone**  
Support by friends, neighbours and other non-kins



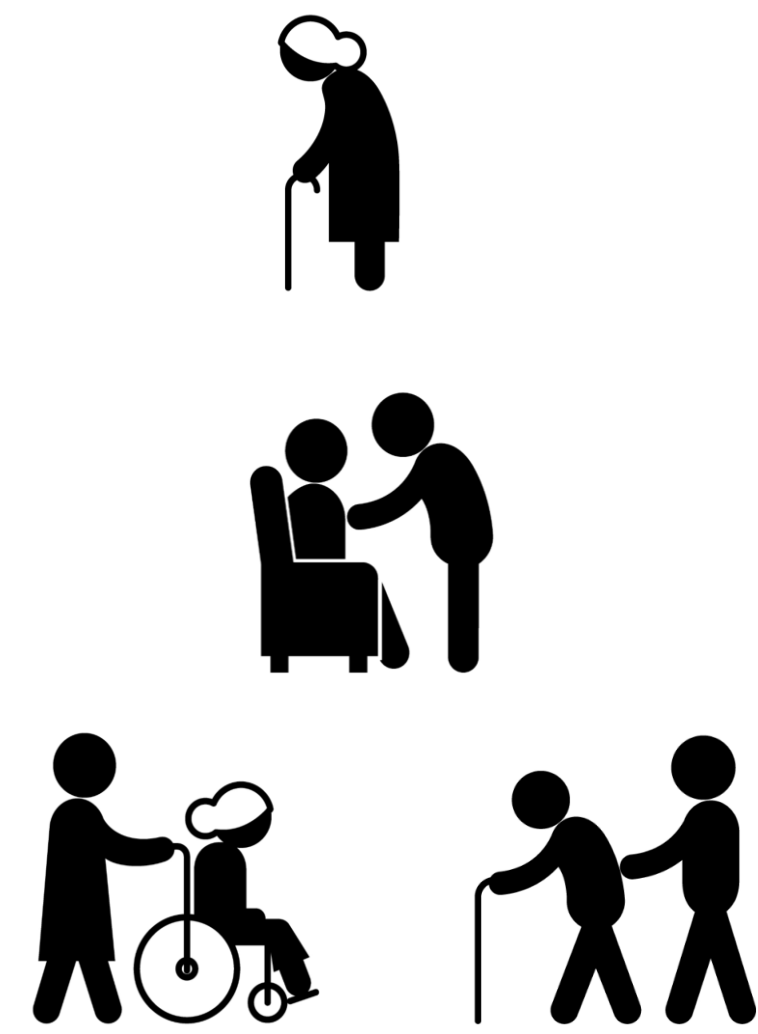
### Aims

- To better understand the **challenges** that older people living alone face in light of increasing care needs towards the end of life.
- To analyse the **potential of non-kin-carers** in care arrangements of older people living alone and identify gender specific patterns therein.
- To work out **characteristics of different arrangements** which support older people's preferences for staying at home, including access to palliative care.

### Participants

#### Older people

- 65+ living in a single-household, in a progressive state of illness or frailty, no family nearby (rural & urban areas).
- Supported by an informal non-kin-carer, regardless of the intensity or character of support.
- Exclusion criterion: dementia, a terminal state of illness or a situation of crisis.



#### Non-kin-carer

- People who support/take care of somebody with whom they are not in a family relationship outside a formal network.
- Group of non-kin-carers encompasses: friends, neighbours, community members from church, voluntary services and others.

### Methods

#### Study Design

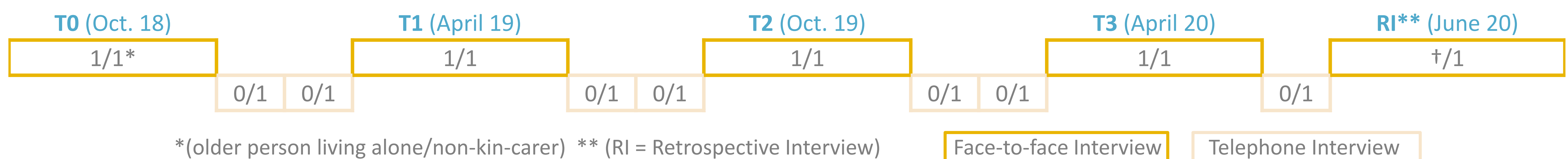
- Qualitative longitudinal study
  - Serial interviews (every 6 month)
    - 30 cases (data sets)
    - 1 case (2 perspectives/participants):
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- 4 Austrian regions (rural/urban)

#### Data Collection

- Data sets consist of:
  - Initial interview
  - Follow-up interviews (>1)
  - Retrospective interview
- Telephone interviews (every 8 weeks)
  - To recall the study and collect information on the current situation of the care arrangement

#### Data Analysis

- Interviews voice-recorded, transcribed verbatim and anonymised
- Iterative process: cross-sectional analysis & analysis of trajectories
  - Grounded theory approach (Corbin & Strauss, 2015)
  - Case reconstructive approach (Hildenbrandt, 2005)
- Supported by MAXQDA software



### Reflections & Adaptions

- Recruiting the "right" participants as major challenge:
  - handling a variety of gatekeepers (GP's, home care nurses, palliative care teams, NGO's) in 4 Austrian regions
  - complex set of recruitment criteria difficult to communicate
  - enormously time-consuming process → low output for high workload; to keep schedule
- Attrition at follow up was higher than expected due to death, deterioration of health or no availability.
- Ethical challenge due to intrusion of the researcher in private care arrangements:
  - change of focus on older people living alone instead of cases (2 perspectives)
- Positive feedback from participants on interviews:
  - opportunity to reflect and talk about their life and situation
  - joy over small gift for engagement (flowers, shopping voucher, etc.)

#### Literature:

Corbin J.; Strauss A. (2015): Basics of Qualitative Research. Techniques and Procedures for Developing Grounded Theory. 4. Auflage, Sage Publications

Statistik Austria (2018b): Mikrozensus-Arbeitskräfteerhebung. Lebensformen nach Geschlecht und Alter-Jahresdurchschnitt 2018 (25.06.2019)

Hildenbrand B. (2005): Fallrekonstruktive Familienforschung. Opladen: Leske & Budrich.

Statistik Austria (2018a): Mikrozensus-Arbeitskräfteerhebung 2018. Privathaushalte nach Haushaltsgröße, Bundesländern und Alter der Haushaltsreferenzperson-Jahresdurchschnitt 2018 (25.06.2019)