INFLUENCES OF AGE AND GENDER ON SELF-PERCEIVED COMPONENTS OF HEALTH, HEALTH CONCERNS, AND HEALTH RATINGS

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The nursing study herein reported was originally motivated by an interest in elderly people, and in particular in what they perceive to be important components of health. It was quickly recognized that this information would have greater meaning if it could be compared to the perceptions of younger persons. In other words, do one's ideas of what constitutes health or well-being change as one grows older?

Literature Review

The gerontological research literature contains frequent references to the subjective quality of evaluations of well-being (Cutler, S.J., 1979; Larson, 1978; Maddox & Douglass, 1973; Palmore & Luikart, 1974; Stenback, Kumpulainen, & Vauhkonen, 1978). There is an implication that, because well-being is defined subjectively and individually, studies of the topic are somehow not quite as valid as those of some quantifiable characteristic such as blood pressure. Despite this, many facets of the topic have been researched, especially during the past decade, and both research and observation clearly indicate that a sense of well-being is fundamental to continued activity and vivacious lifestyle among the elderly (Cutler, N.E., 1979; Larson, 1978; Leviton & Santa Maria, 1979).

The literature reflects an awareness that many interdependent factors contribute to the individual's sense of well-being (Neugarten, Havighurst, & Tobin, 1961). Most of the research has been directed at those of at least 60 years of age, and correlations have been found between life satisfaction and morale and adjustment (Lohmann, 1977), activity (Maddox & Eisdorfer, 1962; Marshall, 1974), marital status, socio-economic status, formal and informal social interaction with non-kinsmen (Edwards & Klemmack, 1973), and family life participation (Medley, 1976). When health has been included as a variable, it has consistently taken first or second position among those variables most highly related to life satisfaction (Larson, 1978). Edwards and Klemmach (1973) further emphasize, as does Medley (1976), that it is the

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individuals' own perceptions of their health status that are effectively related to their sense of well-being.

Various studies have compared health self-assessment with the objective assessments of physicians. The studies consistently reveal that elderly people are accurate in their self-assessments; indeed they are somewhat more positive in assessing their health than are their physicians (Ferraro, 1980; La Rue, Bank, Jarvik, & Hetland, 1979; Maddox & Douglass, 1973; Shanas, Townsend, Wedderburn, Friss, Milhoj, & Stenhouwer, 1968).

Andrews and Withey (1976) suggest that, "One may justifiably claim that [it is] peoples' perceptions of their own well-being, or lack of well-being, that ultimately define the quality of their lives" (p.10). They divided factors contributing to life satisfaction into twelve "domains" that could be ordered in terms of closeness to self. Findings indicated that the factors closest to "self" tended to contribute most to life satisfaction. They further state that their research clearly shows that the "relationship between concerns and global well-being varies systematically according to closeness to self in perceptual space" (p.147).

In evaluating their well-being, subjects did not distinguish between tangible features and values, but rather expressed their concerns on the basis of psychological closeness to the self. The following questions then arise:

> What is closer to oneself than the function of one's physical apparatus - the body - through which contact with the physical, social, and psychological environment is mediated? Which components of that function are considered most important to persons in various phases of their lives?

N.E. Cutler (1979), in a secondary analysis of Andrews and Withey's data determined that the dimensionality of well-being is not the same for various age groups: each has a different version of "the good life". Health provides satisfaction for the young (aged 18-25) but declines as a source of satisfaction with age. The identification of health priorities at different times of life could contribute to knowledge that nurses need to develop programmes directed toward the goal of extending the healthful period of life, and thus the sense of well-being among the elderly.

A second factor has inspired this exploratory study. This is the increasing recognition of well-being as a process rather than a state. Hoke (1968) suggests that health itself is a process and that "there is a healthy way to live a disease" (p. 271). Bruhn, Cordova, Williams, and Fuentes (1977) and Bruhn and Cordova (1978) consider well-being a concept that is different from, and

larger than, health, which they define as a "state in time" in contrast to wellness, a process analagous to Erikson's (1963) achievement of ego integrity, or to Maslow's (1968) self-actualization. There have been many attempts at definitions of health but as yet no *pragmatic* definition has been widely accepted. Philosophically the Western world recognizes the well-being of the individual as a worthy goal; physical and mental health are accepted as major components of the well-being. However, it is a truism that the healthy man gives little thought to his health. It is a low-priority responsibility until some crisis develops when, as Dubos (1959) puts it, "Men as a rule find it easier to depend on healers than to attempt the more difficult task of living wisely" (p.114). The health care system sanctioned by our society supports this crisis and cure pattern and does little to assist in the management of non-crisis, long-term dysfunction of greater or less severity.

If health is a bedrock component of well-being, especially among elderly people, as Larson's (1978) review would suggest, and if learning is most effective when highly related to the experience and concerns of the learner, as Knowles (1970) and Warner (1981) indicate, effective programmes based upon the information that this survey seeks to elicit could expand the young adult's concepts of health into a larger conceptualization of wellness. It could also enable older adults to maintain and improve current levels of health and wellness by living wisely, thus extending wellness into late maturity.

Purposes and Research Questions

In this project we attempted to identify the health priorities of persons of various ages. A comprehensive population was requested to identify the degree of significance, to themselves, of selected components of physical and mental health. The immediate purposes in doing so were to categorize components of health by levels of priority for this population; to identify relationships between these components and selected demographic and health-related factors; and to provide baseline data for future research and other health-related programmes. The ultimate purpose of such research and programmes is to maintain health (or improve it), and thus extend well-being over a greater proportion of the life span.

Among the immediate questions addressed by this survey were the following:

1. Which components of health were most important to the respondents?
2. Was the importance of the component related to age or gender of the respondents?
3. What health concerns were being experienced by the respondents?
4. Were these health concerns influenced by age?
5. How did respondents rate their own current health?
6. Were these ratings related to health concerns?

Table 1

Components of Health

Physical Components

1. Energy available to do what you wish
2. Absence of pain
3. Good appetite
4. Quality of sleep
5. Sufficient breath for unusual exertion
6. Ability to hear
7. Freedom from hunger
8. Ease of breathing
9. Adequate vision
10. A satisfactory sex life
11. A well-functioning heart (unawareness of heart function)
12. Muscle strength
13. A good digestion
14. A flexible body
15. Quick reactions
16. Ability to climb steps without breathlessness
17. Absence of constipation
18. Warm hands and feet
19. Absence of varicose veins
20. Ease in moving around
21. Sensitivity to touch
22. Quickness of healing
23. Ability to delay urinating (passing water)
24. Absence of allergies
25. Condition of your skin
26. Frequency of illnesses
27. Good balance/coordination
28. Tolerance of heat/cold
29. Daily exercise
30. Freedom from infection

Psychosocial Components

1. Having time for doing the things you wish to do
2. Your community as a place to live
3. How fairly you get treated
4. The amount of fun and enjoyment you have
5. How well your dwelling fits your needs
6. The extent to which your physical needs are met
7. What you are accomplishing or have accomplished in your life
8. The presence/absence of someone to do things with
9. Your freedom to do what you want
10. Your physical condition
11. Your sense of responsibility
12. The way you handle the problems which arise in your life
13. The amount of beauty and attractiveness in your world
14. How secure you are financially
15. How creative you can be
16. The extent to which you maintain traditions and links with the past
17. The amount of friendship and love in your life
18. The sincerity and honesty of others
19. The amount of respect you get from others
20. How well you get on with others
21. The reliability of people you depend upon
22. How much you are accepted and included by others
23. How safe you feel in this neighbourhood
24. The way our national government is operating
25. Your closeness to nature
26. The amount of pressure you are under
27. A general sense of enjoyment in your life
28. The feelings that life has treated you fairly to date

It is expected that the answers to these and other exploratory questions will stimulate other questions, and that clusters of related nursing studies will develop.

Method

The sample

A questionnaire was sent to approximately 24,000 employees and pensioners of a major Canadian bank, through its internal distribution channels. The employees and pensioners were assured that their participation was voluntary and anonymous, and that no individual response would be shared with anyone at the bank. Envelopes addressed to the researchers were provided, so that bank managers would be unaware of who had participated. The sample, while not random, represented a Canada-wide population of employees and pensioners, male and female, aged from late teens to early nineties. It is reasonable to assume that these people had varied interests, lifestyles, and health conditions. They have or have had jobs of varying degrees of complexity and responsibility, having only their employer in common.

Instrument

The questionnaire developed by the investigators consisted of a list of 30 items (Table 1) related to physical health. These 30 items were derived from the literature on physiological systems, and were validated with clinical experts. The questionnaire also consisted of 28 items related to the psychosocial aspects of health that were developed and tested by Andrews and Withey (1976, pp. 32-34). For each of the 30 items related to physical health, the respondents were asked to rate, on a five point Likert-type scale, how important that item was to them in assessing their own health. The response choices were: very important, quite important, sometimes important, not very important, and not at all important. For each of the 28 items related to psychosocial health, the respondents were asked to rate, on an identical scale, how important that item was to them in judging their own feelings. The respondents were also asked for certain socio-demographic data, for a rating of their own current health, and for their major current health problem, if any. All 58 items were pretested on a small, selected group of people of various ages.

Results

Respondents

More than 6,000 responses were received. Although this is a large number, it represents only a 25% return rate and it is impossible to assess whether the people not returning the questionnaire differed systematically from those who

Table 2

Physical Components Of Health Most Often Ranked Important And Not Important

	Important	Frequency[a]
1.	Energy available to do what you wish	5544
2.	Adequate vision	5501
3.	A well-functioning heart	5303
4.	Ability to hear	5243
5.	Quality of sleep	5215
6.	Ease of breathing	5098
7.	Absence of pain	4706
8.	Sufficient breath for unusual exertion	4661
9.	Good balance/coordination	4653
10.	Freedom from infection	4644

	Not Important	Frequency[b]
1.	Absence of varicose veins	1868
2.	Ability to delay urinating	1513
3.	Absence of allergies	1444
4.	Warm hands and feet	1355
5.	Sensitivity to touch	1153
6.	Freedom from hunger	1142
7.	Good appetite	1134
8.	Absence of constipation	1037
9.	Muscle strength	941
10.	Frequency of illnesses	912

[a]Number of respondents ranking component "very important" or quite important".

[b]Number of respondents ranking component "not very important" or "not at all important".

Table 3

Pshycosocial Components Of Health Most Often Ranked Important And Not Important

	Important	Frequency[a]
1.	Your sense of responsibility	5683
2.	The amount of friendship and love in your life	5614
3.	The way you handle the problems which arise in your life	5601
4.	A general sense of enjoyment of life	5538
5.	The sincerity and honesty of others	5533
6.	Your physical condition	5528
7.	How well you get on with others	5491
8.	The reliability of people you depend upon	5384
9.	Having time for doing the things you wish to do	5361
10.	The amount of respect you get from others	5279

	Not Important	Frequency[b]
1.	The extent to which you maintain traditions and links with the past	1449
2.	Your closeness to nature	1131
3.	How creative you can be	1033
4.	The way our national government is operating	924
5.	How safe you feel in this neighbourhood	564
6.	The amount of beauty and attractiveness in your world	548
7.	Your community as a place to live	460
8.	The presence/absence of someone to do things with	442
9.	The feeling that life has treated you fairly to date	432
10.	The amount of pressure you are under	391

[a]Number of respondents ranking component "very important" or quite important".

[b]Number of respondents ranking component "not very important" or "not at all important".

Table 4

Components of Health Ranked Important by Age Group

	Age Group						
Physical Components	29 and under	30-39	40-49	50-59	60-69	70-70	80+
1. Energy available to do what you wish	90.05	91.33	89.77	91.66	88.27	87.18	81.08
2. Adequate vision	90.70	88.59	88.62	89.85	85.38	89.74	88.89
3. A well-functioning heart (unawareness of heart function)	86.01	85.67	87.93	86.91	86.25	82.91	83.33
4. Ability to hear	86.19	83.87	85.35	86.57	81.14	88.39	80.55
5. Quality of sleep	85.30	84.55	85.96	84.22	79.81	80.89	88.88
6. Ease of breathing	84.04	81.52	83.43	81.73	79.81	85.81	83.34
7. Absence of pain	76.61	76.49	77.10	78.08	79.81	75.82	77.14
8. Sufficient breath for unusual exertion	76.57	75.63	76.89	72.53	72.30	76.43	83.34
9. Good balance/coordination	77.66	74.13	75.98	76.28	75.24	76.92	65.71
10. Freedom from infection	76.74	73.98	77.48	77.48	73.59	78.71	77.77
Psychosocial Components							
1. Your sense of responsibility	92.25	93.54	93.78	93.78	90.52	91.61	100.00
2. The amount of friendship and love in your life	94.83	90.11	88.66	85.80	87.32	90.44	91.67
3. The way you handle the problems which arise in your life	91.18	91.91	92.68	92.02	90.00	88.47	86.11
4. A general sense of enjoyment in your life	93.43	88.32	88.39	84.78	86.79	86.62	83.33
5. The sincerity and honesty of others	91.73	88.50	88.87	88.46	87.26	90.45	91.43
6. Your physical condition	89.91	89.77	92.31	91.07	90.57	90.38	88.89
7. How well you get on with others	91.35	87.18	89.13	88.16	84.84	86.07	86.12
8. The reliability of people you depend upon	86.90	86.81	90.71	88.75	86.73	87.98	97.22
9. Having time for doing the things you wish to do	90.15	87.67	86.07	81.30	81.61	78.71	71.43
10. The amount of respect you get from others	88.63	85.23	84.30	79.58	75.95	79.62	86.11

Note: The numbers in the table refer to percentage of respondents in the age group indicated who ranked the component "very important" or "quite important".

The percentages in the 80+ age group are based on totals of 35-37 and must be viewed cautiously.

did. The total responses presented in the tables vary because of computer errors and instances of no response to particular questions. The respondents were predominantly women (72%). They were also predominantly young: 43% in their 20s, 31% in their 30s, 14% in their 40s, 6% in their 50s, 3% in their 60s, 2% in their 70s, and 0.5% in their 80s or older. Seventy-seven percent of the sample were presently employed full time. Sixty-seven percent were married.

Findings

The findings of the study are presented as they correspond to the questions addressed in the survey. The first and most basic question was:

Question 1: Which components of health were most important to the respondents?

In comparing the general responses to the 30 physical and the 28 psychosocial components, it seems the respondents had more intense feelings, both positively and negatively, about the physical components. There was a higher frequency of "very important" and "not at all important" ratings for the physical components, whereas the psychosocial components tended to be rated more moderately in the middle three categories.

When the first two categories, "very important" and "quite important", were combined, the aforementioned difference between the physical and psychosocial sets of components evened out. However, after combining the final two categories, "not very important" and "not at all important", the physical components still drew a higher proportion of responses at this end of the scale than did the psychosocial components.

In looking at specific components of health, the two major sets were examined separately. Ratings of "very important" and "quite important" were combined and will hereafter be referred to as "important". Ratings of "not very important" and "not at all important" were combined and will hereafter be referred to as "not important".

Tables 2 and 3 illustrate the ten most and ten least important components within each of the major divisions of physical and psychosocial health. Having energy available to do what one wishes was the physical component most frequently ranked important, whereas the absence of varicose veins was most frequently ranked not important. Among the psychosocial components, one's sense of responsibility was most frequently ranked important, whereas maintaining traditions and links from the past was most frequently ranked not important.

Question 2: Was the importance of the component related to age or gender of the respondents?

To examine whether age influenced the rankings of health components, the data for the ten most and least important components were compared with ages grouped in decades. In order to avoid small, incomplete decades, the 18 and 19 year olds were added to the 20s decade and respondents 90 years of age and older were added to the 80s decade. Table 4 illustrates the breakdown by age of the ten physical and ten psychosocial components most often ranked "important." It was found that age had little effect on the rankings of physical components but somewhat more effect on the rankings of some psychosocial components. For example, the amount of friendship and love in one's life was more important to respondents in their 20s than to respondents in all other decades; and the amount of respect one got from others was more important to respondents in the first three age groups. Also, having time for doing the things one wishes to do became increasingly less important as age advanced.

To examine whether men and women tended to rank the components differently, the data for the ten most and ten least important components were re-analyzed according to gender. Gender did seem to have a stronger influence than age on rankings of the components. Women tended to rank components "very important" more frequently than did men. Even when the top two rankings ("very important" and "quite important") were combined, there were higher percentages of women than men at this end of the scale. Since the sample was predominantly female, and gender seemed to influence ranking, it was thought women might be unduly influencing the original list of ten most and least important physical and psychosocial components. Therefore these lists were compiled again for men and women separately (Tables 5 and 6).

Some interesting results emerged. The first and second most important physical components remain the same within the subgroups as they appeared in the total group (Table 2). For the remaining eight positions, a few new components appear, but more frequently there is just a shifting of position within that range. The same is true of the ten least important physical components.

The positions of appetite and muscle strength deserve mention. Their positions among the list of ten least important physical components seem clearly to have been influenced by gender. In the female subgroup, their positions move higher (become less important) than in the total group; in the male subgroup, they are no longer among the ten least important (i.e. they have become more important). Condition of the skin is another variable clearly showing the influence of gender. For the total group it appears neither

Table 5

Physical Components of Health Most Often Ranked Important And Not Important by Men and Women

Important

Men	Women
1. Energy available to do what you wish	1. Energy available to do what you wish
2. Adequate vision	2. Adequate vision
3. A well-functioning heart	3. Quality of sleep
4. Ability to hear	4. Ability to hear
5. Ease of breathing	5. A well-functioning heart
6. Quality of sleep	6. Ease of breathing
7. Sufficient breath for unusual exertion	7. Absence of pain
8. Good balance/coordination	8. Condition of your skin
9. A good digestion	9. Ease in moving around[a]
10. Freedom from infection	10. Good balance/coordination[a]

Not important

Men	Women
1. Absence of varicose veins	1. Absence of varicose veins
2. Ability to delay urinating	2. Ability to delay urinating
3. Warm hands and feet	3. Absence of allergies
4. Absence of allergies	4. Good appetite
5. Sensitivity to touch	5. Warm hands and feet
6. Absence of constipation	6. Freedom from hunger
7. Freedom from hunger	7. Muscle strength
8. Condition of your skin	8. Sensitivity to touch
9. Tolerance of heat/cold	9. Absence of constipation
10. Frequency of illness	10. A satisfactory sex life

[a]Tied for positions 9 and 10

Table 6

Psychosocial Components of Health Most Often Ranked Important and Not Important by Men and by Women

Important

	Men		Women
1.	Your sense of responsibility	1.	How secure you are financially
2.	A general sense of enjoyment in your life	2.	The amount of friendship and love in your life
3.	The way you handle the problems in your life	3.	Your sense of responsibility
4.	Your physical condition	4.	The sincerity and honesty of others
5.	The amount of friendship and love in your life	5.	The way you handle the problems which arise in your life
6.	Having time for doing the things you wish to do	6.	How well you get on with others
7.	The reliability of people you depend upon	7.	Your physical condition
8.	What you are accomplishing or have accomplished in your life	8.	A general sense of enjoyment in your life
9.	How well you get on with others	9.	The amount of respect you get from others
10.	The sincerity and honesty of others	10.	The reliability of people you depend upon

Not Important

	Men		Women
1.	The extent to which you maintain traditions and links with the past	1.	The extent to which you maintain traditions and links with the past
2.	Your closeness to nature	2.	Your closeness to nature
3.	How creative you can be	3.	How creative you can be
4.	How safe you feel in this neighbourhood	4.	The way our national government is operating
5.	The way our national government is operating	5.	The amount of beauty and attractiveness in your world
6.	The amount of beauty and attractiveness in your world	6.	Your community as a place to live
7.	The feeling that life has treated you fairly to date	7.	The presence/absence of someone to do things with
8.	The presence/absence of someone to do things with	8.	The feeling that life has treated you fairly to date
9.	Your community as a place live	9.	How safe you feel in this neighbourhood
10.	How much you are accepted and included by others	10.	The amount of pressure you are under

among the ten most important nor among the ten least important. However, among the subgroup of women, it becomes eighth most important; among the subgroup of men, it becomes eighth least important.

The psychosocial components were similarly influenced by gender. There was more shifting of positions within the top ten and bottom ten rankings than there was appearance of new components. A notable exception is the appearance of financial security as the most important psychosocial component for women; it does not appear at all among the men's ten highest ranked components.

It must be pointed out that the lists appearing in Tables 2-6 reflect comparisons of components against each other either at the upper or lower end of the five point scale. They do not reflect comparisons within the scale for each separate component. Indeed, with one exception, even components at the top of the "not important" list were ranked "important" more often than "not important". The one exception was for "absence of varicose veins" among the male subgroup, where the "not important" ratings outnumbered the "important" ratings. The component "ability to delay urinating" was close to being the same kind of exception, again within the male subgroup. In this subgroup "not important" ratings were only slightly fewer than "important" ratings.

Question 3: What health concerns were being experienced by the respondents?

Two cautionary notes must be made before approaching the analysis of this question. The information about the respondents' health concerns came from one question only, and that question asked the respondents to name what they considered to be their major health concern. Therefore, if a respondent had multiple health concerns, the information obtained would not reflect all of the concerns. Second, it became obvious in the analysis that "health concern" had been interpreted by the respondents more broadly than the researchers had intended. The researchers had been interested in finding out about existing health problems or conditions. The respondents' answers clearly indicated they were also responding in terms of fears about developing a particular condition in the future, e.g. cancer or heart disease, and also fears about broader, environmental issues such as pollution, that have an impact on health.

The responses were categorized by a team of coders into three broad categories:

1. Physical concerns

   existing physical health problems/diseases/conditions (e.g. hypertension, arthritis, diabetes, deafness, allergies, ulcers, constipation, angina, etc.).

2. Mental health concerns

   a. existing mental health problems (e.g depression, nervousness, job stress, etc.).
   b. fear of developing problems in the future (e.g. fear of getting cancer or heart disease).
   c. generalized fear of being able to adapt to future condition (e.g. fear of aging) or of becoming a burden in the future.

3. Lifestyle concerns

   a. concerns related to one's own habits or patterns of living (e.g. smoking, exercise, general fitness, weight, diet, etc.).
   b. concerns related to environmental conditions that could affect one's own health (e.g. second-hand smoke, food additives, industrial pollution, etc.).

Table 7

Health Concerns Related To Age

	Health Concerns				
Age	Physical	Mental	Lifestyle	None	Total
29 and under	17.36%	8.21%	31.05%	43.39%	2,535
30-39	19.72%	13.71%	24.43%	42.15%	1,846
40-49	23.73%	12.92%	19.50%	43.85%	805
50-59	33.84%	13.41%	16.16%	36.59%	328
60-69	43.85%	8.33%	9.90%	38.02%	192
70-79	51.70%	7.48%	10.88%	29.93%	147
80 and above	58.06%	3.23%	-	38.71%	31
					5,884

*p < .0001 (chi square test of significance)
Contingency coefficient .225

Question 4: Were these health concerns influenced by age?

Table 7 illustrates the three categories of health concerns of the sample divided into age groups by decades. Most of the respondents in each group mentioned some kind of concern. Lifestyle concerns and physical concerns were mentioned more frequently than mental health concerns. Age appeared to be associated with the kind of health concern mentioned. Health concerns of a physical nature increased as age increased, whereas lifestyle concerns decreased with increasing age. (The small number of respondents in the 80s decade must be noted). These findings remained when gender was controlled for.

Specific concerns within the three categories were also examined with respect to age (Table 8). Within the physical concerns category, there was a steady increase in cardiovascular concerns as age increased and a sharp peak in the 80s decade in concerns related to the special senses (vision and hearing in particular). Within the mental health concerns category, fear of developing a particular disease (notably cancer and heart disease) was higher in the first four decades, especially the 30s decade. Within the lifestyle concerns category, concerns about weight were most prominent among those in their 20s and 30s and declined steadily as age increased. Similarly, concerns about smoking and fitness/exercise tended to decrease with age.

Question 5: How did respondents rate their own current health?

The respondents were asked to rate their own current health in comparison to their perceptions of the health of people of a similar age. The rating was on a four point scale ranging from excellent to poor. Most respondents rated their health as good or excellent.

Question 6: Were these ratings related to health concerns?

These ratings were cross-tabulated with the kind of major health concern reported (Table 9). Whether any concern at all was mentioned did seem to be strongly associated with health rating, in the expected direction. Fifty-six per cent of the respondents who reported excellent health mentioned a concern. This percentage increased to 93% of the respondents who rated their health as poor and who mentioned a concern. The physical concerns increased consistently as health rating decreased, and this pattern held for all age groups. Lifestyle concerns also increased as health rating decreased, although the range of change was smaller and the relationship was not consistently true across all age groups. Rather, the association was strongest in the 20s and 30s decades. Since these decades comprised 74% of the respondents, the association found in the total group was undoubtedly influenced by the association within these two decades. There was no discernible association between mental health concerns and health rating. The small number of

Table 8

Specific Health Concerns of Respondents at Various Ages

	Age Group						
Health Concern	29 and under	30-39	40-49	50-59	60-69	70-70	80+
Physical							
Cardiovascular	2.17%	3.90%	5.96%	13.41%	20.73%	19.05%	25.81%
Respiratory	1.50%	1.95%	1.49%	1.52%	2.07%	4.08%	3.23%
Digestion	1.18%	1.08%	1.12%	1.52%	1.55%	0.68%	-
Elimination	0.99%	1.19%	0.50%	0.91%	2.07%	2.04%	6.45%
Musculo-skeletal	1.97%	2.98%	4.09%	6.40%	10.36%	10.88%	3.23%
Reproductive	1.34%	0.81%	0.74%	0.30%	0.52%	0.68%	-
Special senses	1.54%	0.76%	1.86%	0.91%	2.59%	3.40%	16.13%
Allergies	1.89%	1.95%	1.86%	1.83%	-	-	-
Hormonal	1.62%	1.03%	1.36%	1.52%	2.59%	7.48%	3.23%
Cancer (unspecified site)	0.99%	1.84%	2.85%	2.13%	1.55%	2.04%	-
Headaches	0.59%	1.08%	1.24%	1.22%	-	0.68%	-
Other	1.58%	1.13%	0.74%	2.13%	-	0.68%	-
Mental Health							
Fear of specific disease	3.98%	6.77%	5.83%	5.49%	1.55%	2.72%	-
Stress/work pressure	1.65%	3.74%	3.72%	3.05%	1.04%	0.68%	-
Depression or nervousness	0.99%	1.19%	1.36%	1.52%	1.56%	-	-
Fear of incapacity or acceptance of aging	0.52%	0.76%	1.12%	2.13%	2.07%	1.36%	-
Other	1.07%	1.24%	0.87%	1.21%	2.07%	2.72%	3.23%
Lifestyle							
Weight	11.82%	11.37%	9.55%	6.10%	3.63%	3.40%	-
Fitness/exercise	7.29%	4.87%	2.73%	1.83%	2.07%	1.36%	-
Smoking	5.04%	3.36%	3.47%	2.74%	0.52%	0.68%	-
Diet	1.10%	0.54%	0.50%	0.61%	1.55%	-	-
Environmental conditions	5.79%	4.28%	3.22%	4.88%	2.08%	5.44%	-

Note: The numbers in the table refer to percentage of respondents in the age group indicated who named the corresponding health concern as their major one.

Table 9

Health Rating Related to Health Concerns

	Health Concerns				
Health Rating	Physical	Mental	Lifestyle	None	Total
Excellent	20.28%	13.19%	22.11%	44.42%	1,425
Good	23.84%	11.33%	29.54%	35.29%	3,213
Fair	34.37%	13.47%	33.85%	18.31%	579
Poor	52.17%	6.52%	34.78%	6.52%	46
					5,263

*p < .0001 (chi square test of significance)
Contingency coefficient .178

people rating their health as poor must be noted when making comparisons among health rating groups.

Limitations

The respondents in this study were all employed by the same institution, and, in comparison to the population at large, persons employed in managerial and clerical positions were probably over-represented. The proportion of elderly people and males was low. The questionnaire items related to physical health were developed by the investigators and were not pretested extensively. The question about current health concerns was somewhat ambiguously worded and did not encourage respondents to give information about multiple health problems, if they had any. Finally, this survey, like all surveys dependent on voluntary response, must acknowledge that those persons returning the questionnaire may have been different from those who did not respond at all.

Discussion

One of the main questions motivating this research was whether one's ideas of what constitutes health change as one grows older. To answer this question properly would require a longitudinal study over a period of a great number of years, where the same people would be assessed as they age. This study employed an imperfect alternative, a cross-sectional design, where

different people in various age groups were compared at one point in time. This design weakness must be kept in mind in examining the data relevant to age. For this group of respondents, age did not seem to be associated with ideas of what is involved in the physical components of health. On the other hand, it did seem to affect perception of some psychosocial components of health.

Gender seemed to have a stronger influence than age on what one considers important components of health. More women mentioned financial security as important to their psychosocial health than any other factor. It did not appear at all in the men's "top ten" list. Both men and women named energy and adequate vision as the most important physical components.

The majority of respondents in each group mentioned having some major health concern. Lifestyle concerns and physical concerns were much more prevalent than mental health concerns. Categories of health concerns were associated with age: physical concerns increasing with age and lifestyle concerns decreasing with age.

Most respondents considered themselves to be in good or excellent health. Health rating was associated with health concerns in the physical and lifestyle categories, with fewest concerns among those in excellent health.

Conclusion

This survey is a first step in determining what components of health people value, and how their perceptions are affected by various personal and health-related characteristics. It remains now for nurses to develop strategies that will motivate people to protect and maintain the components of health that have highest priority for them. Programmes could be developed on the basis of what is currently known about the effects of such variables as activity and nutrition on energy, sleep quality, and cardiac functioning, and what is known about the protection of vision and hearing. Participation in such programmes could be expected to extend well-being further into the "elderly" years.

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RÉSUMÉ

Perception des facteurs de santé, inquiétudes face à la santé et évaluation de la santé, selon l'âge et le sexe

Le présent travail vise à identifier de manière pragmatique les priorités en matière de santé, telles qu'elles sont perçues par des personnes d'âges variés. Un questionnaire adressé aux employés et aux retraités d'une importante banque canadienne a permis de recueillir plus de 6 000 réponses concernant l'importance attachée à de nombreux facteurs de santé physiques et psychosociaux, ainsi que les inquiétudes face à la santé et l'évaluation de la santé. Les résultats indiquent que le sexe joue un rôle plus important que l'âge dans l'importance attachée aux divers facteurs de santé. L'âge a influencé la nature des inquiétudes face à la santé. L'évaluation de la santé et les inquiétudes à ce sujet y étaient associées.