

行政院國家科學委員會專題研究計畫 成果報告

以質性研究探討台灣六十五歲以上老人對成功老化的定義
與他們因應老化所運用的健康策略(第2年)
研究成果報告(完整版)

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以質性研究探討台灣六十五歲以上老人對成功老化的定義與他們因應老化所運用的健康策略

Successful Aging and their Health-related Strategies from the Perspectives of Taiwanese Who Are sixty-five and Older: A Qualitative Inquiry

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中文摘要

鑒於台灣人口急速老化，訂定有效促進成功老化策略是一重要議題。但目前相關研究缺乏由老人觀點探討其對成功老化的認知與因應老化的健康策略，及此經驗與台灣社會情境關係等議題。本研究目的為探討：1.台灣老人對成功老化的認知，包括必要條件與促進/妨礙因素等、2.因應老化的健康策略、3.台灣情境與其老化經驗與策略的關係。

本研究計畫使用質性方法，立意取樣 25 位居住於台中縣市 60 歲至 88 歲的老人參與深入訪談和參與觀察。訪談錄音與做逐字稿，輔以 ATLAS.ti 5.59 軟體編碼。訪談結果將以紮根理論與 Atlas.ti 分析軟體分析。

研究結果：成功老化為一個「不用煩惱」的生活狀況，包括家庭支持、身體健康和功能獨立、及經濟不需煩惱等三個範疇。評估機制之一為生命回顧，因時間、個人、社會文化情境的變化而對各範疇做詮釋。研究結論：生活現況評估兼有縱貫與橫貫性思維、鑲嵌於個人經歷及台灣近代社會文化情境。本研究對了解台灣老人的老化經驗與健康策略，與這經驗與策略和情境的互動深入探討，補充現今老人研究中對這些議題了解的不足，可幫助衛生政策制定者與老人領域工作的醫療人員做適切的醫療資源運用與服務，能有效的幫助老人成功適應老化過程。

關鍵字：成功老化、質性研究、社會文化

ENGLISH ABSTRACT

Successful aging is an issue concerning the professionals who work with older people. Current literature offers limited discussion on what successful aging entails from the perspectives of older adults themselves and their health-related strategies. There is also a lack of understanding in how the unique socio-cultural contexts and personal experiences mediate the perceptions, assessment, and experience of successful aging. Purpose. This study investigated the meanings and dimensions of successful aging from the senior's perspectives, the interaction among the dimensions, and the influences of personal experiences and socio-cultural contexts on how seniors assessed their current states of living. Methodology. Qualitative research served as methodological guide. 25 60-88 year-old seniors in central Taiwan were recruited via purposive sampling and participated in taped in-depth interviews and participatory observations. The tapes were transcribed in verbatim and analyzed with Atlas.ti 5.59 software. Results. "Free from worry" was considered central to successful aging and brings together three intricately inter-related dimensions – family support, physical health and independence, and financial independence. The narratives revealed that the seniors used a lifespan perspective to assess their current state of living. Temporal, personal, and socio-cultural contexts influenced how and what meanings were attributed to each dimensions. Conclusions. Both cross-sectional and longitudinal evaluative process of current living status dominated the narratives. The process is embedded in personal experience and contemporary socio-cultural contexts in Taiwan.

Keywords: qualitative research, successful aging, sociocultural contexts

RESEARCH AIMS

The objective of the project were two folds: (1) to explore the perspectives of older Taiwanese with successful aging and their health-related strategies, and (2) to examine the contextual factors that mediate their aging experiences [1]. Successful aging is an issue that has significant social welfare, national policy, and medical implications. The findings assist the development of a multi-dimensional conceptualization of successful aging.

The study hypothesized that: (1). Successful aging is an ongoing adjustment process that encompasses multi-dimensional constructs; and (2) Experience with successful aging is contingent upon the overall context in which older adults live.

BACKGROUND AND SIGNIFICANCE

As the world population ages, researchers and policy makers have called attention to the increasing demands of older persons' health care. The Ministry of the Interior in Taiwan predicts that by the year 2026, the age group over 65 will reach 20% of the total population in Taiwan [2]. Development of effective strategies to achieve successful aging is critical to enable older adults to maintain their quality of life, attain positive health promotion, and substantially reduce the financial and personnel burden on medical care services [3-5]. Promotion of successful aging is a priority of health and domestic policy in Taiwan. Taiwanese government has already begun the establishment of a network of programs to provide community services for senior citizens and promote wellness for aging population. However, preliminary studies suggest that, based on participation rate, the success of the program to promote successful aging may be in serious jeopardy [6, 7].

There have been numerous attempts to define successful aging and/or to formulate a comprehensive aging theory in literature. A consensus on a conceptual definition of successful aging is yet to

be achieved [8-10]. Terminologies such as successful aging, healthy aging, optimal aging, or active aging are sometimes used interchangeably, without a clear differentiation [11]. Resilience, positive adaptation, and positive adjustment have all been used to describe the state of successful aging [12, 13]. World Health Organization [5] introduces active aging as “the process of optimizing the opportunities for health, participation, and security in order to enhance quality of life as people age” (p. 12). Nonetheless, the descriptions of successful/active/healthy aging all attempt to differentiate *successful* aging from *usual* aging. It conceptualizes successful aging as a process that is healthier, more active, and happier.

As early as 44 BC, Cicero discussed the idea of “good aging.” Successful aging first received systematic attention from scholars after the American Social Science Research Council established a committee to explore “Social Adjustment to Old Age” in 1944 [14]. Numerous studies and theories have targeted or linked with successful aging ever since, for example, psychosocial-oriented theories such as disengagement theory, activity theory, continuity theory, selective optimization with compensation model [15], sociological-oriented theories such as exchange theory and age stratification theory [16], and clinical-oriented theories such as successful aging model [17].

Although the idea of successful aging is not entirely new, Rowe & Kahn’s 1987 landmark paper and subsequent publications certainly refueled the recent research interests in successful aging in medicine [17-23]. Based on a longitudinal study of over 1000 70-79 year-old high functioning volunteers (MacArthur’s Foundation Study on Successful Aging), Rowe and Kahn refuted a more traditional view of aging as a process of deterioration, disengagement, and withdrawal. They drew attention to a phenomenon which they define as successful aging, “the ability to

maintain three key behaviors or characteristics: (1) low risk of disease and disease related disability, (2) high mental and physical functioning, and (3) active engagement with life” (p. 38)[17]. Furthermore, successful aging is suggested to be achievable by personal efforts and changes in the environment in which aging takes place, such as lifestyle changes by the older individual and the provision of the age-friendly primary health care by the government [4, 17, 23]. Rowe & Kahn’s model has been extensively referenced in medical research on successful aging and will serve as the reference point in this proposal.

Recent studies have highlighted the importance of understanding successful aging from the perspectives of aging persons themselves as well as the mediating influences of contexts on aging experiences. As with current trend in medicine that increasingly values “patient reported outcome” as a valid clinical outcome indicator [24], a systematic investigation of what and how older persons assess their level of successful aging is long overdue [25, 26].

Although what and how older persons assess their level of successful aging has received little attention in literature. The few studies that did investigate this issue have shown promising results. Preliminary findings from the NSC pilot study on successful aging in Taiwan show that the criteria older Taiwanese used to evaluate their current lives seem to differ from the conditions of successful aging in literature [27]. Family harmony and achievement of offspring carried significant importance to them. This condition is not mentioned in current successful aging conceptualization.

Qualitative studies of the aging experiences of elderly in western contexts also refuted the importance of physical health to successful aging, which is emphasized in most theories. The participants in the studies included institutionalized elderly, the oldest-old (over 85 years old) [25, 28], and the elderly who

suffered from arthritis [29] or a recent hip fracture [30]. Many of the participants in these studies – although having debilitating disease – expressed positive aging experiences, satisfaction with their lives. Some also considered themselves successfully aged. They considered disease and the slowing down of physical functioning as an unavoidable aging process, not a deterrent of successful aging. The findings highlight the gap between current conceptualization of successful aging and perspectives of aging persons. It also underscores the potential contribution of a qualitative methodology to augment understanding of successful aging.

Current trend in successful aging mostly focuses on the individual as the unit of analysis. For example, endeavors to understand successful aging has mostly focused on exploring the determinants and predictors of successful aging, such as genes, nutrition, the presence of disease, depression, cognitive abilities, activity of daily living, history of falls, exercise, quality of life, community involvement, educational level, gender, lifestyle, and social network [31-35]. This individualistic-oriented approach is consistent with the traditional biomedical culture.

Recent literature has however recognized the importance of contextual factors to individual's health. For example, grounded on the bio-socio-psychological model of health, International Classification of Functioning conceptualizes health and functioning as the dynamics between individual characteristics and contextual factors [36]. World Health Organization has called culture “a cross-cutting determinant” in the aging experience (p. 20) [5]. This emphasis on the importance of context to individual health, functioning, and aging experience has yet been carried over to aging research. In literature, little has been done to date to explore the systematic impact of socio-cultural factors on successful aging.

The existing literature indicate that older adults in different

societies do show significant differences in their perceptions of aging [37, 38]. We however know little about the mechanism of how contextual factors facilitate or hinder successful aging. Contexts includes societal values of aging, family values and attitudes, access to health services, and barrier-free physical environment and housing [4, 8, 27, 39-42]. Some studies also question the cross-cultural applicability of existing ideas and perceptions of aging and successful aging in literature to actual aging experiences [43, 44]. For example, scholars have suggested that the emphasis on objective physical health to successful aging is a result of the dominance of biomedical and Western cultural assumptions in aging studies [11, 45]. Despite the increasing number of research efforts on successful aging in U.S. and European contexts, successful aging research in Taiwan is still in its infancy. There have been very few published studies that have explored these issues [46-48].

Wellness programs for older population have received increasing attention. Both Ministry of Interior and the Ministry of Health in Taiwan list promotion of successful aging as a priority for governmental health and community policies. The Government pledges increasing resources to promoting wellness of older adults. For example, the establishment of “caring places in the community” (社區關懷據點) is listed as part of the SIX STAR projects that promote national development [49]. There is also a network of programs that provide community services to senior citizens to promote wellness in the elderly, including wellness programs in senior centers and community education programs that target the elderly. However, preliminary results indicates a limited success with these programs [6, 7, 50].

According to the Department of Statistics, in the Ministry of the Interior in Taiwan, in 2005, over 30% of older adults 65 and older reported unsatisfactory levels of physical and mental health. The

statistics, although fragmentary, do indicate a great need to offer community-based preventive wellness programs to improve or maintain the physical and mental health of older adults. However, only 5.4% have attended community education or utilized services provided by senior centers at least once. About 40% knew of the programs, but did not attend. It is particularly alarming that the reported attendance rate was so low [6, 7, 50].

Most programs that aim to increase older adults' wellness were designed based on the researchers' conceptualization of successful aging and what would work. Older adults' perspectives were rarely specifically consulted prior to their design. Such a deficiency partially explains the inconsistency in the literature regarding the effectiveness of wellness programs [9, 51-53]. Glass calls upon researchers, saying "we need to know considerably more about what older people value and how they define successful aging; we know next to nothing about these two subjects" [8].

To summarize, although the literature underscores the importance of understanding the perspectives of older adults on successful aging and the mediating influences of contexts. This issue has rarely been addressed in a systematic study. The lack of understanding is directly related to the limited success of wellness programs to promote successful aging. This knowledge will directly contribute not only to our understanding of aging in Taiwan but also to social welfare, national policy, and medical implications.

In recent decades, as the world population has aged, researchers and policy makers have called attention to the increasing demands of older health care needs. The brief synthesis of these empirical studies and preliminary findings of the pilot NSC study discussed above suggests successful aging as a multi-dimensional concept and the inter-relatedness of these dimensions. Although aspects of successful aging that are biologically rooted may lead to

development of universally applicable theories, culturally relevant and specific conceptualization may also be necessary to create a comprehensive understanding of successful aging. That understanding can lead to the successful design and implementation of social policies and wellness programs that will effectively promote successful aging in Taiwan and be useful for other cultures as well.

RESEARCH METHODS AND PROCEDURES

This study adopted a qualitative methodology. Participant recruitment followed the guidelines of purposive and convenience sampling. From May, 2006 to October, 2008, the Investigators randomly drew 200 subjects in the city and county of Taichung from the older adults who participated in a 2001-2 national survey of long term care needs assessment [54]. The researchers then sent out letters carrying university letterhead and brief information of the study to the elderly, followed by in-personal visits to locate the subjects and seek their agreement. 66 older adults were located. 19 agreed to participate. The Investigators later sought referrals from local representatives, particularly in the areas missed in the initial sampling. 6 more seniors were recruited to make the final total of participants 25.

The Primary Investigator and a research assistant conducted individual in-depth semi-structured interviews and participant observation at the participants' homes (with two exceptions in dialysis centers). An interview protocol was developed for the project, and was continually revised as the study progressed. The revisions were to better elicit responses from the aging persons and to incorporate the Investigators' ever-expanding understanding of the aging experiences in Taiwan. The foci of the interviews and observations were the lived experiences of the older adults, the perspectives of their caregivers, and the contextual factors that played a role in their experiences, such as the physical environment

in home and neighborhood, transportation options, health services, availability of household goods and grocery, and social relationships. In the later stages of interviews and observations, the researchers did “member check” or validate the findings of prior interviews; that is, to share preliminary results of the findings with the participants in interviews and ask for their clarification.

Interviews were taped and later transcribed in verbatim. The interviewer made copious field notes to record the key points of the interviews. Interview transcripts and field notes were re-heard and re-read multiple times to check the accuracy of transcription as well as to gain a holistic understanding of the content. The study was approved by the Institutional Review Board. Informed consent was attained. The study did not expect to pose potential risks to the participants because of the non-invasive nature of the study. The participants were informed of their rights to withdraw at any time if they change their mind.

Grounded theory was used to guide data analysis. All data, including field notes, taped interviews, and video clips were transformed into textual format. Data analysis was divided into three stages: open coding, selective coding, and write-up.

Open coding is “unrestricted coding of the data” (p.28) [55]. The collected data was read and analyzed in systematic detail and scanned for patterns and incidents that conveyed significant meanings and for patterns. Some coding categories started to emerge from the data during this process. *Categories* are “abstractions of phenomena observed in the data” (p. 94) [56]. They formed the major units of analysis and were synthesized across the data to form core categories or dimensions of the gathered experiences. Atlas.ti is a qualitative data analysis software program that is developed based on grounded theory and widely used in qualitative research [57]. It allowed coding and merging a large quantity of textual data for theme identification.

An example of the open coding was the emergence of “a good life (好命)” as a significant theme of successful aging in Taiwan. When asked how they defined successful aging, most older adults did not understand the term and instead offered an alternative – “Are you saying “having a good life?(你是說好命?)” “A good life(好命) vs. a bad life (歹命)” is a recurrent term that older adults used to describe their situations or other older adults’, and to evaluate their lives. “A good life” was noted as a significant code with potential to be developed into a core category for the phenomenon of successful aging in Taiwan.

Second Stage – Selective Coding. Once the core categories are tentatively established, the data analysis was move to selective coding, that is, “coding systematically and concertededly for the core category” (p. 33) [58]. Dimensions or various attributes of the tentative core category emerged. As selective coding continued, a new core category emerged to explain the phenomena. The coding process continued until, until saturation was reached, that is, until no more new dimensions are found in the data [55]. To continue the example used above, once the core category of “a good life” was tentatively established, interviews were re-read. All the codes and quotations that may be associated with the phenomenon of “a good life” were extracted. The Investigators looked for the patterns and dimensions that provide insights to understanding what constitutes “a good life” for the interviewees. Multiple dimensions were noted, including “having good daughter-in-laws,” “adequate support from children in time of needs,” “having grandchildren to pass on family name,” “children with satisfying living conditions,” “harmony in family,” “health,” and “adequate financial support.” These were the dimensions of “a good life.” The Investigators then looked into the relationship of the dimensions to further explicate the phenomenon.

For example, “harmony in family” seems to be a major dimension of the core category of “a good life.” Within the dimension of

“harmony in family, there seems to be other sub-dimensions, such as ““having good daughter-in-law,” “adequate supports from children in time of needs,” “having grandchildren to pass on family name,” and “children with satisfying living conditions.” (See Appendix F for a preliminary coding schema to illustrate the relationship between the dimensions and core category and possible contextual factors that influence the aging experiences in Taiwan).

Final Stage – Write-up. Data analysis in qualitative research starts at the moment the researcher sets out to collect data and continues until the researcher finishes writing for publication. It should be noted that the three stages of data analysis are not mutually exclusive processes. Data analysis is a continuously recursive development process – earlier stages such as open coding remain in operation throughout the analysis and are integrated into the next stage. Each stage continues to contribute to the interpretation until the analysis is completed [55, 59]. Data analysis and write-up are often inseparable processes. Analysis is never finished until the report is completed [60, 61].

RESULTS:

Three themes emerged from the data that suggest a narrative representation of how the elderly perceived successful aging. First, they tended to contrast their current living situations with earlier hard times, which included WWII, displacement, and deprivation; thus, most were generally content with their present status and often felt that expressing dissatisfaction was unjust. Second, the successful aging concept was unfamiliar to the interviewees, who interpreted it as “a good life,” that is, how they had lived their lives and how their lives would end. For them, “a good life” is earned or god-given, as is “a bad life.” Third, harmony in the family—particularly affinity with children and satisfaction with their children’s filial piety and current lives—perceived health, a good death, and financial security were all considered important to “a

good life.”

Preliminary analysis of the health strategies of the participants also reveals three themes. First, the health strategies that they pursued to maintain their health were usually derived from habits, personal beliefs in health and aging, previous medical encounters, and available resources. Perceptions of aging influenced whether the elderly actively engaged in illness management. Second, there seemed to be major differences between city-dwelling and county-dwelling elderly. For example, the majority of city-dwelling elderly employed multiple strategies to maintain their health, such as daily walk in nearby parks and daily intake of nutrient supplements, whereas very few county-dwelling elderly engaged in exercise routines. Third, none of the elderly participated in government-sponsored community-based wellness programs for a variety of reasons, including disenfranchisement with current government, limited resources and peer support.

A preliminary analysis reveals that, not surprisingly, older adults consider physical health, independence, financial security, and family relationship as important to their quality of life and “having a good life in old age.” What is interesting is the significant and interrelated meanings associated with these factors and the embeddness of these meanings in the rapidly changing socio-cultural-economic contexts of Taiwan. Independence is considered in the context of their financial resources, family relationships, physical health, and expectations towards aging. All these factors significantly contribute to the state of mind that older adults consider important in old age, that is – “have no worry” (沒有煩惱) (See Appendix A for a manuscript that explores the issue in depth and have been prepared for submission for publication.).

For example, the possibility of ADL dependence that is usually associated with debilitating diseases and physical decline in old age was a major concern when the older adults contemplated on the

effects of aging. The majority of the senior participants dreaded dependence because of the burden it brings to their children, particularly the financial resources that will be exhausted for their care, and the possibility that their children will be reluctant caregivers. However, the dependence on the care provided by their spouses did not seem to be a major negative factor in their evaluation of their lives and future. These concerns were closely related to the immediate and macro-contexts in which the senior participants lived their lives, such as their family relationship and financial resources, which were further situated in the dramatic changes in socio-economic environments in Taiwan in recent decades. Some older adults had to manage with their children being away from home and unable to provide assistance when called for. Some had children and their families return home unemployed due to recent economic recession, which added financial strains to the family as a whole. It is then not surprising that potential dependence and associated financial burden became a central concern in their reflections of the future. Financial security seems to be a prominent factor that influenced how older adults consider independence. Some older adults considered themselves financially secure and did not seem to worry as much the possibility of declines in health and ADL as those adults with limited financial means did.

In addition, some older adults considered independence as “being able to choose not to live with children and remaining independent” as a quality of having a good life. Others complained of being “forced” to be independent in ADL because their family members offered limited assistances. These meanings reflect the changing cultural values about filial piety and the realities of changes in family composition and dynamics in Taiwan [39].

Our preliminary analysis suggests an interesting inter-related and multi-dimensional conceptualization of independence that is

situated in the immediate personal contexts of the older adults, such as family relationship and financial resources, and the socio-cultural contexts at large in Taiwan (see Appendix A for a detailed discussion). However, since the research aims of the original study were not directed at understanding of independence, existing data was inadequate for a comprehensive and in-depth analysis of the conceptualization of independence, particularly how the participants experienced and perceived independence. Many questions remain unanswered. For example, is there a gender difference in the perceptions and experiences of independence and dependence? Preliminary results suggest a generational gap between how quality of life is evaluated. In the same vein, is age a significant factor in perceptions and experience of independence, for example, is there a difference between a senior who is 60 and who is 80 on how they consider independence? How does level of independence influence the experiences and perceptions? How do these differences above play out in the seniors' daily routines? What are the contextual factors that influence the experiences? And how would this understanding of their experiences and perceptions of independence inform the work of rehabilitation professionals? Further research is required to systematically and comprehensively explore the conceptualization of independence and its associated meanings.

For more results, please see Appendix A-E for conferences abstracts and manuscripts submitted for publication.

DISCUSSION

Preliminary analysis reveals themes that provide a glimpse into the perspectives of older Taiwanese on successful aging and their health strategies. Both were situated in the unique socio-cultural contexts in Taiwan. Rather than the prevalent trend in current research that conceptualize successful aging by individual features, such as physical health, psychological status, and activity level,

older Taiwanese seemed to perceive successful aging from a autobiographical perspective that situated current lives within the context of a life span.

The narratives of older Taiwanese also show some unique characteristics that were not congruent with the structure of a narrative proper. Their stories were often fragmented instead of coherence [62-64]. Changes in personal factors and contexts, such as health, war, and displacement, often brought upon disruptions and turning points in their narratives. The difficulty of older Taiwanese in understanding successful aging and their renaming it “a good life” indicate that successful aging may be the product of a western-oriented social and cultural construction [65]. Their evaluation of their lives and current status was situated in political-social changes in Taiwan, family-oriented social values, and a Chinese orientation of aging and life. The details of the dynamics of these contextual factors and their aging experiences and corresponding health strategies need to be further explored.

For example, family played an important role in the elderly’ evaluation of their lives and health strategies. Considering that in 2005, 86 % of older adults 65 years or older lived with families or partners and over 60% of older adults considered the ideal living situation was to live with family [66], the role of family in the aging and health care experiences of older adults in Taiwan is central. Hsu suggests that life satisfaction or quality of life for Taiwanese elders may hinge more upon their perception of familial support or an interpersonal relationship with families than upon perceived physical health, independence, or autonomy [47, 48]. Although preliminary analysis of this study supports the findings; however, with rapid urbanization, rapid changes in political environment, and unstable economics in recent years, these values are becoming undermined in Chinese communities [67]. These changes were also reflected in the narratives of the older adults.

The current and future lives of their children and grandchildren seemed more significant than the support they provided to the parents.

For more discussion, please see Appendix A-E for conferences abstracts and manuscripts submitted for publication.

CONCLUSION

The perspectives of older Taiwanese on successful aging exhibits distinct characteristics that are different from current theories of successful aging and unique to the socio-cultural contexts in Taiwan. The findings support the expansion of successful aging theory to include a narrative perspective that is individualized, multi-dimensional, and contextualized [8]. It also suggests that the perceptions of elderly with regard to community wellness programs influence their decisions of participation.

These findings are however limited because they were derived from one-time interviews with 25 older adults in the city and county of Taichung. Therefore, a longitudinal qualitative study that includes a series of in-depth interviews and observations over several years better explore how the older adults age than a one-time interview and/or observation. The recruitment of more participants with diverse socioeconomic and geographical backgrounds, such as northern and southern Taiwan, will also increase the representation of the findings to aging in Taiwan. The Investigators are therefore requesting a favorable consideration of grant support to continue and expand the study.

SELF EVALUATION OF RESEARCH PROJECT EXECUTION 計畫成果自評

I. Whether the research meets the proposed goals?

The research met the proposed goals to explore the perceptions of older Taiwanese of successful aging, their health-related strategies. It also helped the Primary Investigator establish the ability to independently carry out a research project.

II. Whether the results were publishable in peer-reviewed journals or patent application?

Some preliminary analysis of the research findings were published in several academic conferences. One manuscript was submitted for publication. (Please see Appendix A-E for details). The P.I. expects to prepare two more manuscripts for publication.

III. What are the contributions of the findings?

1. The findings from this research will enable an in-depth understanding of the aging experiences of older Taiwanese from their perspectives, particularly their conceptualizations of successful aging, their health-related strategies, and the influence of contexts on their aging experiences.

2. The findings can make a direct contribution to the promotion of quality of life for older adults and health service utilization in Taiwan. This study can assist policy makers in developing community wellness programs that will enhance the aging experiences of older Taiwanese.

3. The findings offer possibilities for a cross-cultural comparison of aging experiences in Taiwan and in other cultures. It also suggests future research directions for the aging experience in Taiwan.

Table 1 社區老人訪查結果

	台中縣 (14,163 人)			台中市 (9,004 人)			總人數 (23,167 人)		
隨機抽取									
拒訪									
過世									
查無此人									
本人不在或 無法接受									
成功訪談									

a.其中有一位改訪談其親人

b.多加一人不在名單上，其為訪談對象之妻

c.故成功訪談人數為 $15+3+1=19$ 人

TABLE 2 訪談成功老人之人口統計學上的資料

		男	女 a
台中縣 / 市	縣	4	8
	市	4	3
平均年齡		72.75	71.7 2
省籍	本省	7	8
	外省	1	3
罹患疾病數目 b		0~3	0~5
教育程度	不識字	0	4
	未受教育但識字/私塾	2/0	0/1
	小學肄/畢	0/3	2/3
	初中畢	1	1
	大專畢	2	0
居住狀況	配偶	1	4
	子女	0	3
	配偶與子女	7	4
	獨居	0	0
ADL 或 IADL 兩項以上		0	5

a.女性中，有一人不在抽樣名單上，為訪談對象之妻

b.其中患有關節炎或風濕（10 人）、高血壓（8 人）、糖尿病（6 人）

APPENDIX A ABSTRACTED PRESENTED AT 2007 TAIWAN
OCCUPATIONAL THERAPY ASSOCIATION ANNUAL
MEETING.

以敘說研究來探索台灣老人的職能經驗

本報告藉由筆者所執行的台灣老人老化經驗的研究，來討論如何以敘說研究作為一個研究方法來了解職能活動。

敘說研究自 Cheryl Mattingly 與 Maureen Fleming 的職能治療師臨床推理研究後，開始受到職能治療學者的重視。自職能科學創始以來，學者持續使用敘說研究來了解人們的職能經驗。如職能活動在臨床治療的意義，執行照顧孩子的職能活動 (mothering as an occupation) 對失能母親的意義，與失能者如何以職能活動為一個適應策略等等研究。

本報告擷取目前正再進行的一個社區老人老化經驗的研究成果。預計邀請 12 位超過七十歲的老人參與一系列的深度錄音訪談與參與觀察，目前已完成 5 位老人的部份訪談。所有的訪談錄音都做成逐字稿。

初步分析顯示：以敘說研究角度探討老人的生活史與老化經驗，可加深老人對日常生活職能活動所賦予的意義的了解。如老人的敘說文本有部分與敘說結構(formal narrative structure)相符合，如動機、轉折點、與隱喻的使用。但老人的敘說文本也呈現出一些與敘說結構不盡相符之處，如有些老人對未來的期待，過去生活的體驗，與現在的職能體驗(occupational experience)呈現斷裂而非一致性的敘說結構(fragmentation instead of coherence)。初步推測與老人在早年因戰亂與生活苦困的經驗，台灣特有的文化價值，與個人社會家庭情境，因而賦予日常職能活動獨特、充滿個人性的職能意義。

APPENDIX B ABSTRACTED PRESENTED AT 2008
AMERICAN GERIATRIC SOCIETY ANNUAL SCIENTIFIC
MEETING.

TITLE: "SUCCESSFUL AGING? DO YOU MEAN A GOOD LIFE?" PERSPECTIVES OF OLDER TAIWANESE

AUTHORS: L. Chang¹, J. Wang², S. Wu³

INSTITUTIONS (ALL):

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* This study was funded by National Science Council, Taiwan.

Purpose: The paper explores the concept of successful aging (SA) from the perspectives of Taiwanese older adults and discusses the mediating influences of contextual factors on their experiences.

Method: The findings are derived from a 2006 qualitative study that explored the aging experiences of Taiwanese older adults. Of the 200 older adults randomly drawn from the subjects of a 2001-2 national survey, 66 were located and 19 agreed to participate. Participants were 8 men and 11 women with an average age of 72 years. Individual interviews were conducted, taped, transcribed verbatim, and analyzed using Atlas.ti qualitative analysis software and narrative analysis.

Results: Three themes emerged from the data that suggest a narrative representation of how the elderly perceived SA. First, they tended to contrast their current living situations with earlier hard times, which included WWII, displacement, and deprivation; thus, they were generally content with their present status and often felt that expressing dissatisfaction was unjust. Second, the SA concept was unfamiliar to the interviewees, who interpreted it

as“having a good life,” that is, how they had lived their lives and how their lives would end. For them, “a good life” is earned or god-given, as is “a bad life.” Third, harmony in the family—particularly affinity with children and satisfaction with their children’s filial piety and current lives—perceived health, a good death, and financial security were all considered important to “a good life.”

Conclusions: The older Taiwanese interpreted SA from a life-span perspective that was situated in political-social changes in Taiwan, family-oriented social values, and a Chinese orientation of aging and life. The difficulty of older Taiwanese in understanding SA and their renaming it “a good life” indicate that SA may be the product of a western-oriented social and cultural construction (1). The findings support the expansion of SA theory to include a narrative perspective that is individualized, multi-dimensional, and contextualized (2).

1. Torres S. A. Preliminary Empirical Test of a Culturally-Relevant Theoretical Framework for the Study of Successful Aging. *Journal of Cross-Cultural Gerontology* 2003;18(1):79.

2. Glass T. A. Editorial: Assessing the success of successful aging. *Annals of Internal Medicine* 2003;139:382-383.

參加2008美國老人醫學年度科學會議心得報告

職 張玲慧 於 97 年 4 月 30 日至 5 月 04 日間至美國華盛頓特區參與 2008 年美國老人醫學年度科學會議，並發表論文，”Successful aging? Do you mean a good life?” Perspectives of older Taiwanese”，論文發表期間並與參與會眾討論、交流研究心得。

在會期間，筆者參與多個 plenary speeches, symposiums, paper presentations, workshops, 與 poster presentations，凝聽與會學者專家分享他們的研究成果與經驗，並其他國家的老人醫學工作者與學者交流，對於目前老人醫學的臨床概況與研究趨勢有更近一步的了解，特別是在下列幾個議題有豐碩收穫。

Future directions of geriatric care and geriatric research

community-based wellness programs for elderly

application of hospice model to geriatric care

delirium

elder abuse

humanity in geriatric care, narrative and art in clinical practice

how to increase publication profile and successfully publish

combination of qualitative and quantitative research methods in geriatric research

international networking with geriatric clinicians and scholars

筆者並受邀參與籌備 2009 年度於巴黎舉辦的世界老人醫學會的 cultural diversity in aging 的 symposium.

Appendix C Abstract Presented at 2009 International Association of Gerontology and Geriatrics World Congress

TITLE: “WHAT CONTRIBUTE TO QUALITY OF LIFE IN OLD AGE? PERSPECTIVES OF OLDER TAIWANESE

Authors: Ling-Hui Chang^a, Ph.D.; Grace Chio^b, Jye Wang^c, Ph.D., Hui-Fan Mao^b, Shwu-chong Wu^b, Ph.D. hung-Shan Medical University, ^b. National Taiwan University, ^c. Chang Jung Christian University

* This study was funded by National Science Council, Taiwan.

Introduction. With population aging, extensive research has been devoted to understanding Quality of Life (QOL) in old age. QOL is recognized as a multi-dimensional concept. Perception of QOL varies with contexts and personal experiences. There is limited understanding of how age and contexts influence the interaction among its dimensions. Such a dynamic perspective is important to our understanding of how seniors perceive QOL as they face continuous personal, societal, and cultural changes. This study is to investigate how seniors considered QOL in old age, the meanings they attributed to the various dimensions of QOL, and how these meanings were situated in their special personal and cultural contexts.

Methods. The study adopted a qualitative design. 20 seniors who were 65 and older in central Taiwan participated in taped in-depth interviews and participatory observations. The interviews were transcribed in verbatim. The transcripts were analyzed, following the principles of thematic analysis, with the assistance of Atlas.ti software.

Results. The narratives of the seniors reveal their desire for an ideal state of “free from worry,” what they considered central to “having a good life in old age.” Four themes bring together the multiple

QOL dimensions.

- (1). “physically healthy,” thus avoiding dependence due to disability;
- (2). “independent in daily living,” thus not having to rely on family;
- (3). “supported by family,” psychological support more important than material or financial support, and
- (4). “economically independent,” thus not having to ask family for support.

The meanings associated with each dimensions were intricately inter-related. The narratives reflect the seniors’ desires for a state of “having no worry” amid the rapid personal, societal, economic, and cultural changes. For example, the psychological and financial supports given to aging parents, according to traditional filial piety, were affected by current economic crisis and high unemployment rates. Many older adults had to resume the responsibility of providing for their grown-up children and their families, which is against the traditional image of good aging as a time of “rest, good food, and playtime with grandchildren” The possibility of not getting support from their children when in need was a major concern. Recognizing the changes in values and economy, the seniors modified their own expectations and life style.

Conclusions. The holistic, dynamic, evaluative construction of QOL in the narratives reflected the close linkage among dimensions of QOL. A culturally-relevant perspective that values individual perspective contributes to the understanding of QOL in old age.

APPENDIX D ABSTRACTED ACCEPTED FOR ORAL
PRESENTATION AT WORLD FEDERATION OF
OCCUPATIONAL THERAPISTS CONGRESS 2010

Title: Exploring leisure pattern of older Taiwanese: from a Bourdieu perspective

Authors: Chang, Ling-Hui; Wang, Jye; Chen, Chiung-Ling; Teng, Ya-Ling; Wu, Shu-Chong

Introduction. The aging of world population highlights the issue of health promotion for older adults. Leisure participation contributes to the well being and quality of life in old age, and is correlated with the demographics of participants, such as age, gender, and socioeconomic status. There is however limited understanding of the dynamics between a person's leisure pattern and his/her experiences in life and environments.

Objectives. To explore the leisure experiences of older Taiwanese and how this experience is embedded in the socio-cultural contexts in Taiwan from a Bourdieu perspective.

Method. The study adopted a qualitative design. Twenty-five 65-and-older Taiwanese participated in taped in-depth interviews and participatory observations. The interviews were transcribed verbatim. The transcripts and field notes were analyzed, following the principles of narrative and thematic analysis and with Atlas.ti 5.5 software.

Results. The findings suggest heterogeneity in how older adults perceived, planned, and participated in leisure. It ranged from leisure having little significance in their occupational routines to being a major occupation. Personal and contextual factors influenced their participation. Personal factors included individual perceptions towards aging and illness, leisure, and *appropriate* lifestyle for older adults, as well as health, experiences, and

resources. The participants' leisure experiences were embedded in their life histories and the unique social-cultural contexts in Taiwan. These contexts included the immediate familial and societal contexts, traditional values and cultural norms with regards to aging and leisure, and the recent changes in socio-political environments.

Conclusion. The concepts of field, social position, and social capital from Bourdieu's theory of social practice are used to illustrate the embeddedness and power dynamics of older adults' leisure pattern in their life histories and socio-cultural contexts. Their experiences not only expressed their personal interests, values and beliefs with regards to aging and leisure but also reflected their perceptions of their social capital and social field in families, friends, and society at large.

Contribution. The findings support a conceptualization of leisure saturated with social meanings that differs from the more traditional, individualistic perspective of leisure. Occupational therapists need to consider both personal and sociocultural contexts when working with their clients in leisure participation.

APPENDIX E MANUSCRIPTS SUBMITTED FOR PUBLICATION

從社區老人的觀點看老年理想生活

A DESIRED STATE OF LIVING FOR OLDER ADULTS FROM THE PERSPECTIVES OF COMMUNITY-DWELLING ELDERLY

中文摘要

理想的老年生活是臨床工作者所關心的議題，現今文獻極少探討老人對此生活狀況的認知，但以預定的理想生活概念所發展的生活品質評估工具，測量老人對生活現況與理想生活之間差異的覺知等研究眾多，研究結果顯示生活品質/理想生活是一個多範疇、鑲嵌於文化與經驗情境的概念。研究目的：探討老人對老年理想生活的認知、涵蓋範疇與各範疇之間的互動，與瞭解生活經驗與社會文化情境，對生活現況評估機制的影響。研究方法：以民族誌為研究方法，立意取樣 20 名居住於台中縣市 60 至 88 歲的老人參與深入訪談和參與觀察。訪談錄音與做逐字稿，輔以 ATLAS.ti 5.59 軟體編碼。研究結果：理想的老年生活為一個「不用煩惱」的生活狀況，包括家庭支持、身體健康和功能獨立、及經濟不需煩惱等三個範疇。評估機制之一為生命回顧，因時間、個人、社會文化情境的變化而對各範疇做詮釋。研究結論：生活現況評估兼有縱貫與橫貫性思維、鑲嵌於個人經歷及台灣近代社會文化情境。

關鍵字：老人、生活品質、質性研究、社會文化

English Abstract (600 words)

An ideal state of living in old age is an issue concerning the professionals who work with older people. Current literature offers limited discussion on what this state of living entails from the perspectives of older adults themselves. There is however an abundance of quality of life (QOL) research on the perceived differences between an ideal state and actual living status for the

aging population. This group of research primarily used an assessment tool that is based on a priori QOL conceptualization by scholars. Research shows that QOL/an ideal state of living is a multi-dimensional concept that is embedded in personal experiences and cultural contexts. Purpose. This study investigated the meanings and dimensions of an ideal state of living in old age from the senior's perspectives, the interaction among the dimensions, and the influences of personal experiences and socio-cultural contexts on how seniors assessed their current states of living. Methodology. Ethnography served as methodological guide. Twenty 60-88 year-old seniors in central Taiwan were recruited via purposive sampling and participated in taped in-depth interviews and participatory observations. The tapes were transcribed in verbatim and analyzed with Atlas.ti 5.59 software. Results. "Free from worry" was considered central to an ideal state of living and brings together three intricately inter-related dimensions – family support, physical health and independence, and financial independence. The narratives revealed that the seniors used a lifespan perspective to assess their current state of living. Temporal, personal, and socio-cultural contexts influenced how and what meanings were attributed to each dimensions. Conclusions. Both cross-sectional and longitudinal evaluative process of current living status dominated the narratives. The process is embedded in personal experience and contemporary socio-cultural contexts in Taiwan.

Keywords: aging, quality of life, qualitative research, socio-cultural

文獻回顧

什麼是理想的老年生活？這生活的特質、影響因素與促進策略等等相關議題一直受到許多關心老人議題的學者的關注。聯合國於1999年提出健康老化(healthy aging)為「獨立、參與、照護、自我實現與尊嚴」[68]，Row與Kahn提出成功老化(successful aging)的特徵為「低疾病與失能風險、高心理與身體功能與積極參與生活」[17]。世界衛生組織提出活力老化(active aging)為「老人積極參與促進健康、參與與安全的機會，以達到最佳生活品質(quality of life, QOL)的過程。」[5]。以上論述皆指向一個對理想的老年生活的期待(如身體健康、社會參與、安全等等)，與適當的策略可以幫助達到這理想生活的信念；然而我們對此理想生活的形態的了解仍無定論，目前以探討老年理想生活為主題的研究微乎其微。但類似概念的QOL研究相對上豐富，QOL評估探討老人對生活現況與理想生活之間差異的覺知，常用來評估老人是否達到這理想生活(如成功老化的程度)的指標之一。因此本文獻回顧以QOL文獻為主，藉此思維目前對老年理想生活的了解。

追求QOL的觀點隱含個人對追求一個所謂理想生活的信念

[69]。QOL的探討是近年來各個應用科學學門致力研究的主題，研究成果亦正迅速的累積，文獻對QOL的定義不一[70]，有時與主觀安適感(subjective well being)、生活滿意度(life satisfaction)等名詞並用。時常被引用的定義有世界衛生組織的定義：「生活品質指個人在所生活之文化價值體系中，對於自己之目標、期待、標準、關心等方面的感受程度；包括一個人的生理健康、心理狀態、獨立程度、社會關係、個人信念以及環境六方面」[71]。這定義彰顯QOL為個人對理想生活與生活現況的差異的知覺與解讀，對QOL多範疇特質的了解，從外在的物質到個人心理與生理狀態，從人際關係到個人對週遭環境的參與[72]。

台灣老人的QOL臨床研究多針對特定族群，並根據其特性而選用特定QOL量表探討此族群的QOL及當中各範疇與整體QOL的關係，研究對象包括肢體障礙者[73]、罹患慢性疾病之老人與其照顧者[74]等，上述兩者皆提出老人因有生理健康問題或有照顧者負擔，所以整體QOL較一般人差；而針對活動能力高的健診老人[75]調查的結果則指出，世界衛生組織生活品質量表簡明版（World Health Organization Quality of Life Questionnaire, WHOQOL-BREF）裡的環境

範疇最能預測整體QOL；另外，獨居長者之QOL則可由其自覺健康狀況與習得智謀（learned resourcefulness）等因子所預測。總言之，雖然QOL是一個主觀的經驗，但是目前台灣老人QOL研究偏向探討客觀的個人因素（如疾病、獨居、活動能力等）與QOL的關係，老人對QOL的認知或台灣社會文化情境（contexts）對老人QOL的影響等意義並沒有深入探討。

QOL雖為一主觀經驗，相關定義卻缺少奠基於老人觀點與經驗的研究[76]。原因可能是探討老人QOL的研究多以研究者認為對老人的QOL重要的範疇，設計成結構性問卷來研究健康與QOL的關係，因此對從老人的觀點來瞭解老人對QOL的認知幫助有限[70]。以開放性深入訪談探討老人對QOL認知的質性研究，目前仍在少數。Blane等人[77]從生命史的觀點來探討老年的QOL，提出老人的QOL主要受晚年生活情境與健康狀態影響，早期生命經驗會影響其對晚年生活情境的詮釋與QOL評估。Gabriel & Bowling [78]建議老人對QOL的詮釋可反應文化的主要價值觀，並有因個人特質、經驗、生活態度與生活情境不同而有個別差異性。另有Liu [79]深入訪問 16 位 20-65 歲的中國人，以社會再現（social

representation)理論探討他們對QOL的認知，訪談內容呈現受訪者受中華文化傳統家庭觀、陰陽二元論、儒道家重視精神層次追求、與自然共處的哲學、馬克思主義、資本主義與20世紀的社經變化影響，以是否可達到心靈層面的存在(existential being)與是否在經濟層面上擁有(having)二元方式建構QOL的整體概念與次範疇，反映QOL的認知受到個人經驗與文化情境的影響。

以上以經驗者的角度來了解生活經驗的質性研究指出QOL的探討或測量不能脫離個人經驗與情境而進行。人類經驗與其經驗發生的情境緊密相連，情境包括時間、空間、文化、價值觀、社會環境、政經環境、物理環境等等，QOL因此有隨各種內在（如年齡、經驗與健康狀況）或外在情境變異（如文化、價值觀、經濟）等情境脈絡異動而變化的特性[80]，也就是有個別差異與主動建構的動態性（QOL as an active project）[70]。既考慮到QOL評估的情境性，在發展WHOQOL過程中亦加入因文化差異、年齡族群的特定問題，提高問卷對文化與族群的敏銳度，例如有適用於不同年齡層的問題[81]，而台灣的WHOQOL簡明版亦加入兩題有關飲食與「面子」的問題[71]。然而，目前討論情境與經驗如何影響

QOL評估的研究尚屬少數[79, 82]。雖然文獻指出這兩因素對QOL概念建構有重大影響，我們也瞭解台灣老人的生活經驗與台灣社會文化情境與西方大不相同，據筆者所知，目前文獻對台灣老人對QOL的認知與生活經驗與社會文化情境之影響所知有限[83, 84]。

要瞭解老人對QOL的認知與情境因素的影響，可從他們評估QOL的機制來探討[82]，即個人如何解讀QOL的過程與評估指標，舉例而言，Carr[80]提出的從個人「期待expectation」與「經驗experiences」兩種觀點間的落差來探討，也就是說於特定社會文化情境裡，老人如何在個人期待與現實經驗裡思考，評估其QOL。從以上QOL的相關研究可以知道目前對老年理想生活的理解存在相同問題，缺乏從老人的觀點來探討老年理想生活，評估機制，與文化情境對這認知的影響。本文有兩個目的：(a) 探討台灣老人對老年理想生活的認知、涵蓋範疇與各範疇之間的互動。(b) 瞭解台灣老人的獨特生活經驗與社會文化情境，對生活現況評估機制的影響。

研究方法

本研究資料取自國科會計劃〈96-2314-B-040-MY2〉探討

台灣老人對成功老化的概念與其因應老化的健康策略的第一階段結果。於民國96年3月到97年5月以立意取樣訪問20位居住於台灣中部地區60歲以上的社區老人，取樣時為增加資料的豐富程度，儘可能將性別、居住地、省籍及教育程度列入考量，以求老人間的最大變異性。

本研究以民族誌(ethnography)為主要研究方法，輔以敘事(narrative)理論，到老人生活環境中做深入訪談與參與觀察，以瞭解老人的生活與老化經驗，訪談導引包括了解老人的生命史，老人的成長及生命重大經驗、日常生活概況、健康與維持健康的策略、與對理想老年生活的看法等，每次觀察後做詳細的田野筆記，訪談做錄音與逐字稿，再由訪談者檢查及確認內容。本研究資料的分析以逐字稿文本為主，由三位受過質性研究訓練的研究者，將所有的逐字稿與田野筆記仔細重複閱讀，尋找一個可連貫其老年經驗的主軸(coherence)或故事線(plot)，嘗試理解老人的生活世界(life-worlds) [85]。

本研究初期即發現許多參與老人對回答「成功老化」、「老年理想的生活」、或「生活現況的評估」等相關問題有停頓、困難，例如有些直接表示不解，或只有很簡單的「還

可以」的回答，可能理由為不願意對一個外人談論生活感受；另一可能性為以橫斷面時間軸來思維的「成功老化」、「理想生活」等概念對他們而言是抽象、陌生、難以捕捉的觀念。筆者並發現雖然理論上，老年理想生活與以縱貫思維為主的個人生命回顧的評估為兩種不同概念，但是老人敘事中並沒有將這兩者做區分，有些老人直接將生活現況評估、老年理想生活與「好命」畫上等號。另外當研究者請老人評估自己是否「好命」並且解釋評估結果時，或請老人舉其身旁的人作為老人好命/歹命的例子所得回答內容較直接與豐富。因此本文將老人對個人生活現況的評估、是否「好命/歹命」、老人的理想生活、與「舉一個你認識、好/歹命的老人作例子，說一說他的情形」等問題的回答，使用 Atlas.ti Version 5.5.9 (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany) 軟體，逐字與逐句做開放譯碼 (open coding) [86]，嘗試了解老人如何評估生活現況與對老人理想生活的認知。

例如把老人談論年老好命的敘述中，視其意涵歸類於「家人支持現況」、「對家人支持的期待」、「好命-疾病照護」、「好命-功能獨立」、「不好命-照顧者負擔」等

的分析碼，接下來將初步的分析碼依其意涵的共通性與相異性作整合歸類，總結出在概念上可以綜合一群分析碼的範疇(coding category)或主題(theme)；再根據主題作選擇性編碼(selective coding)[86]，例如研究者在與健康相關的分析碼與逐字稿中，發現健康與家庭關係時常相提並論，再將屬於家庭與健康相關的分析碼與其逐字稿獨立出來做選擇性編碼，探討各個編碼的意涵與互動關係。分析過程中並不時重複閱讀老人的整個訪談，以確認沒有將老人的回答斷章取義，偏離老人所要傳達的意義。

於資料分析過程中，也發現Carr[80]所提以個人「期待expectation」與「經驗experiences」兩種觀點探討老人對QOL的評估與本研究老人敘事中談論個人生活現況「經驗」與理想老年生活的「期待」的架構相符，因此又回到逐字稿與編碼，重新檢視以此架構理解老人評估生活現況機制與對理想生活概念的適切性。這種研究者來回文字資料、分析碼、範疇與文獻之間檢視、比較與驗證，確保研究者的闡釋不離文字資料的真意是質性研究的特色之一，此來回分析都幫助對主題更深一層的理解[86, 87]。

質性研究的挑戰之一為資料收集與分析的可信度

(trustworthiness)，為了增加本研究搜集資料的深度與可信度，研究中使用了下列幾項技巧：(1)反思性(reflexivity)：以詳細的田野筆記來紀錄與反思研究者的想法與對觀察結果的闡釋；(2)資料三角交叉檢視法(data triangulation)：藉由使用多樣來源的資料，包括深度訪談和觀察多位老人；(3)成員檢核(member check)：藉在後期訪談老人時，徵詢老人對資料的初步分析結果提供意見，與研究者彼此之間的討論，增加研究者對資料闡釋的可信度(trustworthiness)[88, 89]

結果

參與研究的20名老人年齡範圍為60至88歲，男女比例為9:11，15位本省籍，2位客家人與3位外省籍，皆與家人同住，有四位需要日常生活的協助，教育程度從不識字到大專畢業，背景資料整理列於表一。資料分析呈現三個主題：

(a) 生命回顧為評估生活現況的方式之一，(b) 老年理想生活是一種「不用煩惱」的心理狀態，(c) 老年理想生活包括三個範疇—家庭支持、身體健康與功能獨立、和經濟不需煩惱。三個主題的意涵突顯老人對生活現況評估與理想生活的認知有動態、多層次的特質、各主題的動態互動關係與各

範疇的意涵鑲嵌(embedded)於他們的生命經驗與台灣近數十年社會、政治與經濟急速變遷的情境。

以生命回顧的方式來評估生活現況

參與老人的生活現況評估機制包括利用生命回顧的思維來看個人一生是否滿足傳統家庭價值觀的角色功能。

M15：我是（停頓）沒錢ㄟ一ㄚˇ，我也沒說我歹命…兩個老的安捏我滿足阿拉！算說（停頓）兒女細ㄟㄟ、（台語：晚輩）就也那麼多了…好命歹命個人…我不會，也不會怨嘆。

M15先生於生命回顧裡提及自己盡長子義務奉養父母、提攜弟妹與成家養兒的責任，白手起家但大起大落，到老經濟拮据，依賴老農年金支持臥病在床的太太與失業兒子的家庭；雖認知到物質環境不盡人意，但馬上就表示家庭能夠延續是他對目前生活是否滿足的重要指標，自認已符合家庭與延續香火的期待，對現況沒有抱怨。簡短的對話呈現出老人對老年生活的評估與期待機制鑲嵌於社會文化價值與過去經驗。另有F05太太雖自覺在年輕時辛苦輔助先生的事業，現在雖長期洗腎，日常生活依賴家人照顧，但對現況沒有抱怨。另有老人中唯一的單身老人（M20，72歲），計畫一年

後到養老院居住，認為年輕時為「企桃囡阿（台語：遊戲孩子）…行為嘛沒真正啦！…沒去剛負全部的這個（家庭）責任」，到老沒有家庭支持，但靠社會福利可以溫飽，因此對現況滿意。也有F02女士，配偶長年軍旅在外，獨力撫養六個子女，到老疾病纏身（她認為是年輕時過度操勞的原因），但子女因與父親關係不和不常回家，生命敘事中時時怨嘆「不值啊」，也透露出老人評估QOL時，使用縱貫性思維，不只考量生活現況，也是一生的回顧。

其他老人的生命經驗與以上四位老人的簡短生命史的描述有許多共通點。老人們多於民國十年到二十年期間出生，成長於戰亂與戰後百廢待興的環境，幼年生活艱苦，物質缺乏，有些甚至居無定所，青少年後至結婚或工作階段，台灣正急速從農村社會轉工商業社會，老人雖然多出身農家，除了少數成年後尚留在家鄉耕種(M01、M08、M13、M18)外，多數十多歲就因戰亂或經濟因素離家，在外謀生（例如工廠、軍旅、建築業等）（M06、M09、M10、M20，M15）；多於二十歲前就結婚，尤以女孩子早婚最普遍。女性的回顧則以家庭為核心，處理家務事、協助先生的生意或種田及照顧兒女的最常見；半數以上老人皆自述目前還持續對家庭提供精神或

工具性支持（例如提供住所、經濟、家事與孫子女教養）。

由生命史來看，老人的生活經驗雖然細節差異大，但皆在以台灣傳統農業社會、以家庭為中心的價值觀長大[90]，多數老人的一生處處可見他們為家庭的付出，為提供家庭生存的物质需要的努力，在不同階段盡心扮演為傳統價值觀下身為子女、兄弟姊妹、父母、配偶、祖父母的角色。例如年輕時為家庭需要，犧牲課業，成年後奉養父母、幫助有困難的兄弟姊妹、扶養小孩、在兒女成長後視需求提供幫助（如提供物質或幫忙帶孫子），照顧配偶等等。

值得注意的是老人對於評價自己是「好命」的比例遠多於「不好命」，多數老人比較傾向評估自己的生活現況「還可以、普通」（7位）、「算是好命、還算滿意」（8位），有3位老人正負評價皆有，例如M1認為「我是給身體壞掉…這樣的生活哪有好！」，但是言談中提起年輕時艱苦、鄉間其他老人的生活情形，或家庭的支持，自己目前「知足」了。只有兩位除了「不好命」、「對生活不滿意」，沒有正面或中性的評價。「家庭支持」、「身體健康與生活獨立」、及「經濟不用煩惱」是老人對理想生活認知中最突顯的三個範疇，這些範疇顯示老人對一個「不用煩惱」的老年生活的期

待。

理想的老年生活=不用煩惱

M10：「喔~~~~什麼叫做好命的老人…就是凡事不操心，就是好命阿…歷練這麼多阿…嗯，就是說那個凡事看開了阿…那個彼此容忍啦后，還有那個凡事不予計較啦，阿后…反正不爭名利、名位阿，這些阿，事情看的開就是好命嘛。」

F07（理想老年生活的期待）：「不用煩惱，…沒憂沒愁，不用精神要打結安捏。」

M20（對現況的評估）：「嘿，過這樣就好阿，過這樣就好阿…阿煩惱嘛是攏是多的…那就總說一句是看開啦。」

參與者與對老年理想生活和好命的敘述中時常提到老年時，如能「凡事不操心」、「不用煩惱」、「沒憂沒愁」、「看開」是一個理想生活的狀態，也是他們對老年生活的期待。但事實經驗上，老人談起個人健康、生活獨立、經濟狀態，到家人的生活、兒女媳婦的孝順或成就等的問題等，都是現實生活中煩惱的來源。老人嘗試在經驗與期待的落差中找平衡，包括將目前的生活狀況，特別是有不順意之處，如慢性疾病、經濟拮据等等，定位為老年必經過程，「吃老阿

我看攏差不多！不如意是（停頓）免不了拉勳」（F19）；或是將目前狀況與過去艱苦經驗相比，因為「再苦也不會像那麼（以前）苦」（M10），既然生活已有改善就不該再要求、應該「知足」。

換句話說，雖然有期待外在環境能夠順遂，所以不用煩惱；但是同時又從個人的生活歷練了解到外在環境不盡能改變，事事如意是不可能的目標，需要與現實經驗妥協，「看開就是好命」是老年人自許自己應主動心境調適，降低對老年生活的期待，被動的不要生活享受，期待滿足現狀或是樂觀面對困難。可見老人在面對雖不盡滿意的現況與客觀環境，與對未來期待降低的情形下，嘗試維持心理層面的安適感。

家庭支持

家庭是老人最常提及的理想生活範疇，可分為兩層次來探討，一為於「生命回顧」章節所提之對自己是否「盡傳統價值觀裡家庭角色的義務」的期待，二為於年老時家庭所提供之支持的期待，這期待與現實是否有落差，與嘗試理解這落差的努力。家庭範疇的期待可更進一步分為兩面向：配偶與子女，物質與情感。老人提到有配偶執手偕老，彼此扶

持，提供疾病照顧直接提升了生活的品質，例如F11老太太（寡居）提一個好命的例子時談起：

「恩！（好命就是）兩個都要還在阿，阿有時候他就說他老公跟他計較后…我就說，…像我們一個人而已，要去跟誰計較…我說，你這樣很福氣啦，兩個都還還還在啦，妳丈夫都會跟妳作伴，很好了阿。」

F05（臥病在床，需要先生照顧）：「是還有那個老八（指先生），如果沒有厚，淒慘啦。大家都要上班，對吧？有的顧小孩，人家要顧小孩，那有人要顧你老人家。」

由以上敘述可了解，老人認知在現代社會，若子女立業離家或忙於事業時，配偶是有些老人的最大支持，老伴彼此的接納和付出，特別是因健康問題而需要照顧時，往往是確保生活品質的來源之一。20位老人（有四位喪偶）在討論家庭支持時，只有七位提到配偶對生活品質的影響，有17位著重討論與子女的關係，接受子女的情感與工具性的支持是多數老人提到理想的老年生活或好命敘述裡的最主要情境，可以了解老人對子女在家庭支持期待裡的看重。

M09：「喔~理想老人生活…那家人（停頓）、家人的關懷這都很重要啦，如果說你沒有家人關懷，變孤獨老人的話，是很，阿你總是要（停頓）孩子關懷我們，那我們會覺得滿安慰的，你看我的孩子、我的晚輩，大家對我很好，也對我很尊重，我這老人也活得有尊嚴。」

M09：「最重視的還是無憂無慮啦，阿如果有（停頓）家人照顧，家人關懷，我覺得這樣對那個老人來講，他也會比較舒坦一點啦。」

這些敘述直接或間接指出生活滿意度與兒女奉養、關心或尊重的程度是否符合期待有直接相關，但是值得注意的是許多老人也同時理解這期待於現實社經環境並不一定相符，現實與期待之間落差的調適反應在老人對OOL的評估。本研究的20位老人，有12位子女與自己同住，每一位都持續家庭照顧者與經濟提供者的角色與功能，直接提供子女某程度上的工具性支持，包括提供居所，經濟協助、家事協助、孫子女教養等，但是對子女是否提供相對同質的互惠卻不一定有所期待。從20位老人中，只有2位老人認為自己不好命，除了可能不願在陌生人前有所抱怨外，也可能是許多老人雖然自己年輕時遵從傳統價值觀所建構的兒子媳婦奉養父母的責

任義務，老年後卻因理解現前大環境下的家庭關係本質已大不相同，而對此期待已做調整，不因自己仍須負擔家庭責任、或子女的支持不符傳統價值觀的期待而對個人的生活現況有負面評價，例如F11提出好命老人的例子為：她的朋友在孫子女小時到北部協助他們的教養，待孫子女上學後，回到老家自己生活。F19老奶奶的敘述最能彰顯這期待的轉變：

F19：阿裡底（家裡）還有子孫阿，人家有ㄟ人就給我說，我尚福氣就是子孫阿攏有同住裡面哩拉 […]老人就是安捏而已阿，阿你還要攏好到安怎？阿就是說，阿煮熟阿來呷飯拉…現在人跟以前不同…人家小的（兒女或孫兒女）要提親時，會問『那你們家那兩袋垃圾ㄟ？』…我們（老人）被當垃圾ㄟ」。

由傳統的子女留在家鄉照顧父母、「家有一老，如有一寶」觀念到現代的子女多離家立業、「大家都要上班，對吧？有的顧小孩，人家要顧小孩，那有人要顧你老人家」（F05），甚至是「我們（老人）被當垃圾ㄟ」，可見老人認知到家庭價值觀與社經環境的改變，對他們自身生活與家庭所提供的支持的可能或實際影響，在物質支持上，從子

女有能力與意願供養，到子女可能因現實條件無法隨侍在旁，或還是需要依靠父母或甚至遭子女棄養的許多現實可能性，因此可以理解F19所說的，在認知層面上接受生活起居照顧的「煮熟來呷飯」已經是「很福氣的事」，隱示除此以外的期待是奢求，「老人就是安捏而已阿，阿你還要攔好到安怎？」。

F17：「也可以這麼講（我算是好命），也不錯…要什麼有什麼啦！…阿孩子也優號優號(台語：孝順)啦！都每禮拜有當時打兩次電話問一下。」

F19：「阿若尚好說，有時阿查某孫阿拉，那些孫阿嘛打一個電話轉來…跟咱問好入，咱就歡喜尬」

老人對物質支持的期待降低，也指出子女情感支持是評估生活品質的顯著指標，但是對兒女關心尊重的期待內涵也有同樣的變化，言語裡沒有對「晨昏定省」的期待、而多是身體微恙時有無陪伴就醫、平時生活是否考慮到老人的需要，若沒有同住，是否常常見面或電話問候等，這些關心顯示子女對他們的尊重，願意考量他們的感受和喜好。

總言之，老人對家庭支持的認知是生活現況評估的重要

範疇，有多層次的意涵，彰顯老人嘗試理解現今社會經濟環境與家庭結構改變對其老年生活的實際影響，調整對老年生活的期待。老人對配偶與子女有不同的期待。就配偶層次而言，期待在世作伴與疾病時，因對子女支持期待降低，也期待配偶相扶持。就子女所提供的家庭支持而言，老人的實際生活「經驗」見證現今價值觀與社經環境的劇烈轉變而造成家庭生活與結構的改變，這些改變結構(structure)他們的老年經驗，這些經驗個別差異性大，包括子女是否提供日常生活起居的基本照顧、疾病照護、或定期來電問候表示尊重，到失業子女回到家中，或協助同住的成年子女與其家庭經濟、家事與孫子女教養等等。這些經驗影響老人對家庭關係期待內涵上的改變，不以傳統子女提供物質支持與情感尊重的單一情境為唯一評估標準，由此可見「看開就是好命」，也隱含著老人嘗試理解期待與現實其中落差與取得平衡，以達到「不用煩惱」的理想老年生活的調適。

身體健康與功能獨立

對平均年齡約70歲的參與者而言，雖然認知到身體健康是維持功能獨立、生活品質的要素之一，例如F4太太（照顧臥床先生、經濟窘迫、子女沒有提供支持）所說：「我們人

如果要好命啊，身體勇健就是好命。」但是多數老人提到自身身體狀況時，多少提到身體健康與功能的退化所帶來的生活改變與對這改變不可避免的認知。

F11：年紀大了每一樣都（停頓）比較退化了，就說比較（停頓）感覺說手腳都比較比較慢你知道嗎？…就是說好比說櫥子下面齣，蹲下去要ㄅ一ㄚ、掃。（台語：打掃）…要爬起來的時候，哇！喔爬都爬不起來，覺得說人實在是吃老了吃老了，沒效了。

F04：「我們老了，就沒有辦法像年輕的時候那樣…體力那麼好，身體那麼壯啦」

對老化過程（如健康與功能退化）是不可避免的預期與親身經驗多年來身體健康與功能逐漸退化，「有這勒年齡總是有病」、「老了就是病越來越多」、「我現在老了啦！不太能走…」的描述中反映出對健康退化接受度高，只有少數老人直接提出身體健康或功能獨立為「好命」老年或理想生活的指標。也可以了解多數老人對未來期待或「不好命的老人」的描述中，最常被提起的包括「插管」、「生活無法自理」或「沒人理」等「沒有尊嚴」的情況，凸顯對未來生病失能，可能需要「麻煩別人」、「被踢來踢去」的恐懼，以

及其中甚至希望「要走時快快走，不要拖累子女」(F11)，「早一點回去」(F04)，是對未來最大的期望；種種透露出老人對年老體衰的憂慮擔心，與自己能夠免除類似擔心的期待。

身體健康與功能獨立與生活品質的關係並非絕對線性正相關，所以有健康和功能的良好老人可以自己生活，不需子女照顧，還能提供子女工具上的支持，例如打掃家務、照顧孫子女，在某些老人眼中是好命，像F4老太太所舉一個好命老人的例子中說到：「那個婆婆(子女跟他們一起住)就…他們歸他們啦，讓年輕人自己過生活，就這樣子啦，他們兩個老的，他們自己煮，自己吃這樣子啦，自己在生活這樣。」；另一方面也有些認為與家人同住，但是還要自己打理生活起居，這是「不好命」，「哪有好命，我們都要自己來做的…要自己洗衣服，自己煮吃，哪有好命，也是不好命。」(F3，與子女同住，但是媳婦只提供部分協助)。

由以上老人老年好命歹命的敘述也呈現功能獨立程度對生活現況的影響，需同時考慮家庭情境，例如F04（照顧臥床失智的先生）談到自己臥病在床的先生「我先生是好命，伊什麼都不用做」，但她本身因為同住的兒子不提供協助，

所以是「歹命」，但同是身為照顧臥床配偶者的好朋友，因為女兒體諒協助，加上開朗的個性，所以這朋友是「好命」。

此種將功能獨立程度對於QOL影響置於個人與家庭情境中考量的情形在「不好命」的敘述更加明顯。「不好命」的敘述或對自己的生活現況有負面判斷的敘述裡，只有一位老人提出健康與功能退化是「不好命」的要素，「我是給身體壞掉，不然我很滿足」(M01)，可見認知上雖對健康退化有期待，但情感上是否能接受卻不一定；三分之二以上的老人所提到不好命的狀況，多同時並提功能獨立與家庭兩範疇，「把他自己關一間，阿給他去屎尿給他自己去放」(F14)是最常被舉的例子。由此可推測在身體健康與功能獨立不可避免會隨年齡變差的預期之下，但若功能退化到需要家人支持時但是實際上卻沒有提供，這老人是「歹命」，但是若有足夠的家庭支持，這老人可說是「好命」，如「(兒子)也很孝順，請一個去給他照顧安捏啦」(F17)是一個「老年好命」的例子，F14認為自己的公公雖然長期臥床，失智，但是子孫隨侍，是一個「好命」的老人。因此功能退化不是老人不好命的決定要素，健康退化與QOL的關係不是單

純的線性「健康不好、生活品質一定不好」正相關的關係，但是若因此需要依賴而「沒人理」時，QOL一定差，也是老人深層的憂慮。

F19：「（老人歹命就是）身體沒勇啦，阿沒人歹丫、拉（台語：沒人理、沒人照顧）」

身體健康對QOL的影響，鑲嵌於家庭情境裡，特別煩惱自己萬一成為家人，特別是子女的負擔，會因沒有足夠的家庭支持「阿沒人歹丫、」，而成為「不好命」老人，也可理解有老人因為不願成為家人的負擔，打算不能獨立生活時到養老院的計畫。

F17（與配偶同住、子女於北部）：「如果咱有兩個啦，有一天一定有一個走的啦（去世）！咱這個生病的，你自己住也不方便…因為你要帶給醫生看，對不對？…你三頓的這個要吃，我覺得老人院也不錯，做的比較好！」

對老人而言，可能的未來除了理想的生活外，也包括「身體退化沒人理」、葬偶與離家到老人院等、因此相對於這比較悲觀的可能性，老人對生活「不用煩惱」的期待，也

蘊含著對維持身體或生活現狀的希望，可以理解有些老人雖然客觀現狀並非很理想（如長期病痛困擾），或提到對未來是否有任何計畫（如將來功能退化的因應策略）時，所提到「順其自然接受它」（M13）及「不要想較不會煩惱」（F14）的安於現狀想法，與覺得自己「好命」、「還可以」多於「不好命」的老人。

經濟不需煩惱

如同身體健康與功能獨立程度對QOL的影響需要放在家庭情境裡考慮，經濟上不用煩惱也是如此。雖然參與老人只有三人生活上需接受子女的經濟支持，但是老人提到不用靠兒女供養，或不讓他們有所負擔，或是子女有能力而且願意奉養老人是老人「好命」的重要指標之一。

M09：「能夠（停頓）不擔心（停頓）沒錢花」

F12：「然後我自己靠自己嘛…房子也是自己買的阿，就靠自己嘛。…又沒有靠到兒女阿。」

F14：「生活優渥嘛就要人細么ㄟ、（晚輩）捨得啊，…阿捨得要讓細大人（台語：長輩）花啊…有的人是顧自己啊」

老人認知到自己生產能力隨年齡下降，「現在要賺嘛沒

地賺」(F14)、「年歲到這裡沒乜嘢調(沒有能力)做了」(M01)。在有限的生產力下，子女不一定有能力支援，經濟資源日益減少之下，「人若沒有錢餉，孩子都看不起你耶，踢來踢踢去啦！」(F17)，有足夠的經濟資源供日常基本生活的花用是老人非常關心的議題，「(不要到吃老)才來擔心沒錢花」(F11)。有些老人直接指出「有錢就是好命」，因此言語中常常提到「有錢就有尊嚴」、「老了一定要有錢」、「有錢就好命，沒錢沒辦法辦事」等等言語。

F19：「如果我有錢，人家不給我們尊重也沒關係…你也不用靠他嘛餉，自己嘛是有…有錢通好靠就好阿。」

M10：「你花錢的時候就…就錢隨時拿的出來就是好命了。」

老人視經濟拮据、需要向子女索取金錢，為失去尊嚴、生活不獨立與「不好命」的指標，「要用錢比較不方便，不能說，有需要…要向孩子伸手，這樣就是困難了」(M01)。對於沒有收入，或只靠有限的儲蓄、退休金或社會福利生活的老人而言，金錢的運用相當保守，「節省著用啦…如果你要亂花就不夠」(F04)、「有錢就吃卡好的，沒錢就吃卡壞」(F7)，不做非生活必需的花費，「我的人不

會說，如果有錢就把它花光…我是老人家，不會這樣啦」
(F03)。也許是此種對老年時經濟能力可能受限，所以生活先自有所約束來降低經濟壓力的預期，加上老人評估QOL時的多範疇考量，所以即使在所有受訪者裡經濟情況看起來是最拮据的M15先生提到自己的生活現況時，著重個人家庭義務的執行，不因為經濟拮据而覺得生活現況很差，沒有抱怨，

M15：「我是（停頓）沒錢ㄟ一ㄚˇ，我也沒說我歹命…
兩個老的安捏我滿足阿拉！算說（停頓）兒女細ㄟㄟ、
（台語：晚輩）就也那麼多了。」

總而言之，經濟「不用煩惱」對生活現況的影響，仍然要在老人個人價值觀、家庭情境的認知或期待下考慮，家庭是否有能力而且願意奉養、個人是否達到生命目標、或個人是否可以以正面的態度「看開」生活困境，都可以調節經濟拮据對生活現況會造成正向或負面的影響。

討論

本研究使用訪談者的生命回顧、生活現況的描述與老人好命/歹命的敘述來探討參與老人對理想的老年生活之認知，評估生活現況/QOL的機制與關鍵範疇[91]。從參與老人

的觀點來看，「生命回顧」為生活現況的評估機制之一；「沒有煩惱」的心理狀態是他們期待的理想生活，綜合考量「家庭支持」、「身體健康與功能獨立」和「經濟」三個層面，其中個人對家庭支持的期待與經驗是最顯著的範疇，其他兩個層面的意義需置此層面來檢視。

本研究初期即發現許多參與老人對以橫貫面思維來評估生活現況的問題回答有停頓、困難，回答內容簡略，許多老人直接改用縱貫面思維的生命回顧來回答此問題，例如回覆研究者所問的理想的老年生活問題時，直接回答老人好命與否。這反應顯示目前強調以橫貫面思維來評估生活現況，也就是QOL的概念（例如WHOQOL-BREF請受訪者評估近兩星期的生活現況），對台灣老人而言，相較於傳統的「好命、歹命」宿命觀，是一個比較不熟悉的概念，因此使用「好命」來解讀，「好命」概念比較接近西方文獻中所陳述的「生命滿意度（life satisfaction）」[92]。生活滿意度於研究中常與QOL相提並論，或為QOL的評估指標之一[93, 94]，參與老人談論「好命、歹命」的敘述可以做為了解台灣老人對理想生活認知的參考資料，由本研究結果也可推論「生命滿意度」評估機制較接近參與台灣老人QOL的評估機制。

參與老人評估生活現況的機制也符合敘事理論所提的敘事架構。敘事理論 (narrative theory) 的假設為個人以敘事架構來解讀他的生活世界與生活經驗 (*make sense of his life world and lived experiences*)，因此深入檢視個人的敘事，可以幫助了解解讀的過程與架構。這解讀機制有多角度視野 (*multiple horizons of perspective*) 的特色，並需置於時間軸與情境的互動脈絡來思考[85]。參與老人的生活現況評估機制與對理想老年生活認知的思考架構，呈現他們使用「過去、現在與未來」的縱貫性時間軸，並以各種不同角度視野互相比較評估的敘事性思維架構，這多面向與縱貫敘事性思維有別於多數以問卷調查、要求老人以橫斷面思維來評估生活現況的QOL研究。

從本研究可進一步了解老人隨著年齡增加及身處的文化背景的改變，老人的需求(健康衰退、功能退化)及其所擁有或能取得的資源(兒女的支持、經驗增加等)都在改變，這樣的轉變過程成為老人動態及全面地評估自己的QOL之情境。他們在認知層面上預期也接受身體健康隨著年齡的退化是不可避免，從個人的經驗(社會變遷，包括近十年來的台灣產業外移與經濟蕭條、同儕經驗，多位老人需要提供子女經

濟、居所、家務等各方面物質支持等），了解到自己也可能面臨退化至需要協助，但因家庭價值觀與結構改變、老人社會福利的不足等種種因素、是否可以得到足夠支持常是一個未知數，因此合理化目前生活，即使不盡滿意（但是與過去相比，也已有改善），仍希望維持現況，對目前的生活現況表示可接受，反而自許有「事情看的開就是好命嘛」的智慧及看法，呈現對現實的妥協，利用傳統思想中對「知足」、「不奢求」以及「忍耐」等合宜及智慧特質對自我生活的要求[95, 96]，這樣的認知也能讓長者合理化一些原本會影響日常生活的疾病或不盡理想的生活環境，而對一些客觀上看起來對老人QOL有負面影響的因素，起了「保護」的作用[82]，達到「不用煩惱」的心理調適。換句話說，老人嘗試去理解內在與外在環境的變化（例如功能退化與資源的減少），選擇性的闡釋QOL的範疇（例如改變對身體、功能與家庭的期待），以自我調適適應老年與外在情境變化，讓自己達到主觀上的理想老年生活，也就是最佳老化狀態，這策略與Baltes & Baltes [15]所提老年心理調適，選擇性最佳化的調適代償（selection, optimization, and compensation）的過程一致。

這調適過程也凸顯Hendry與McVittie (2004) [70]所提出的QOL的評估過程，是一主動建構的過程 (QOL as an active project)，每個範疇對QOL的影響，會因與其他範疇的互動而有其正負不確定性(ambivalence)。例如老人嘗試理解現實與期待的落差，在多種現實或可能情境中調適。例如相關家庭支持期待的意涵，這意涵因與個人情境、社會文化變遷的互動有所變化，此範疇與QOL的關係因此有不確定性，有個人功能獨立時，著重期待家庭精神層面的關心尊重，當身體與功能退化時，家庭提供生病照護的物質支持是確保QOL的不可缺要素，但若能經濟自主，家庭支持似乎也不那麼重要。除此之外，個人保持「凡事看開」的態度也進一步可以調節各範疇對QOL的影響，呈現老人以對個人經驗與情境的理解主動建構會影響其QOL的範疇，各範疇對QOL影響因與其他範疇互動而有不確定性，。

中華傳統觀念以家庭為重，「養兒防老」是老人對老年生活保障的期待等論點已是老生常談[79]，但是家庭關係在西方QOL研究裡僅被列為「社會互動」範疇的一部分[70, 78]，家庭關係在QOL量表也多處於邊緣角色，鮮有將家庭支持獨立於人際關係之外來測量，如WHOQOL-BREF裡只有兩題

與人際互動相關的問題，「您滿意自己的人際關係嗎」與「您滿意朋友給您的支持嗎」[71]，這兩題和其他題目都沒有直接詢問老人對家庭支持的滿意度；反觀本研究的老人，家庭關係（特別是與子女的關係）不但是QOL評估裡最顯著的面向，且幾乎是QOL的社會互動層面中的全部（只有三位提到與鄰居或朋友的互動可以促進QOL）；結果亦顯示台灣老人雖然對子女支持的期待在認知層面上已有改變，情感支持多於工具性支持，但就台灣目前社經現況，老人社會福利不足，對自己無法在功能與經濟上獨立的老人，子女支持仍是影響QOL的最重要範疇。林麗惠[97]的調查顯示：對台灣的中老年人而言，子女支持（僅次於健康自主）為成功老化最重要的範疇，社會及親友關係為最末，可見老人對子女支持賦予的意義與其他的人際關係相比，相差很大，不能將之混為一談；因此適合台灣文化情境的QOL問卷應可加入與家庭/子女支持直接相關的問題。

雖然研究支持健康狀態（包括整體健康狀態、與健康相關的變項，例如疾病的數目、疲倦程度、疼痛與功能限制等）對QOL的重要性[98, 99]，但是Blane提出只有當此健康狀態對個人功能或獨立性產生負面影響時，主觀QOL才會隨

之改變，因此比起健康狀態，功能獨立程度與QOL的直接相關性更大[77, 100]。從本研究老人的敘述可見若個別考量這兩項因素時，他們對QOL的影響並不顯著，可能是老人在評估QOL時，並沒有獨立思考「身體健康與功能獨立」，而是與對家庭支持與經濟的期待與現況等共同思維，於是有些是功能獨立與子女同住，「自己洗衣服，自己煮吃」，有人羨慕這樣的生活，但也有人覺得這樣是「不好命」；有功能退化到需要協助，能得到幫助就是「好命」，反之就是「歹命」等敘述。

另外老人敘事裡時常出現與同儕的比較，社會比較是QOL評估的機制之一[70]。身體健康與功能獨立與QOL的關係，不限於個別生理是否影響功能的層面，而是交錯於對老年身體功能變化的預期、同儕相比，自己對生活現況的理解、對家庭關係的期待與認知等人際與社會文化網絡中。因此就老人對個人QOL的評估，身體健康或功能獨立不能就慢性疾病的數目或是否能夠完成日常生活活動來看，而是需要同時考慮老人個人的價值觀與生活情境、對年老退化的預期、家庭支持、經濟能力等。

本研究限制為參與者人數少，且僅限於台中縣市社區老

人，參與老人異質性高，在健康程度、家庭支持、經濟能力、教育程度與生活型態等等方面皆不同，生活經驗與生活現況差距大，結果呈現參與老人的共同經驗，無法詳盡彰顯老人經驗與認知的個別差異。另外研究結果是否能應用到其他台灣老人，需進一步的研究支持。本研究的老人多成長於台灣社經環境處於劇烈變化的二十世紀，擁有獨特的生活經驗，他們對QOL的認知是否可以應用到其他的世代有待進一步探討。另外本研究遵循質性研究原則，不以既定理論來結構問題，使用半結構性訪談與針對老人的自發性回答，進一步探測對生活現況的評估與老年理想生活、「好命」、「歹命」等問題的認知，因此沒有全面性的針對現有QOL範疇來一一檢視，也沒有要求老人對範疇重要性排序或健康對老年QOL的影響做討論，這些皆為未來研究可繼續探討的問題。

結論

本研究彌補目前研究中缺乏探討老人對理想生活的認知、生活現況的評估機制與台灣社會情境對這認知的影響之不足。結果呈現從老人觀點來看老年理想生活的認知、涵蓋範疇，與各範疇的意涵與互動；老人QOL評估的機制之一為生命回顧，藉由不同時間軸的比較來評估生活現況，因時

間、個人、社會文化情境的變化而對範疇做不同的詮釋，以「不用煩惱」主軸串連起老年理想生活的三個主要範疇—家庭支持、身體健康和功能獨立及不需煩惱經濟；可見老人的QOL評估是一個主觀及動態建構的過程，鑲嵌於個人經歷及台灣近代社會文化情境。

表一：參與者資料

參與者 (M：男 性) (F：女 性)	省籍	功能 獨立◇	與家人同 住		教育程度	社會福 利✦
			配偶	子女		
M01	本省	✓	✓	✓	未受教育但識 字	L
F02	外省	×(5)	✓	×	私塾	×
F03	本省	×(7)	×	✓	不識字	D
F04	本省	✓	✓	×	不識字	×
F05	本省	×(10)	✓	✓	小學畢	D/ P
M06	外省	✓	✓	✓	小學肄	×
F07	客家	✓	✓	✓	小學肄	×
M08	客家	✓	✓	✓	小學畢	×
M09	本省	✓	✓	✓	大專畢	G
M10	本省	✓	✓	✓	大專畢	G
F11	本省	✓	×	✓	小學畢	E
F12	外省	✓	✓	×	小學肄	E
M13	本省	✓	✓	✓	小學畢	×
F14	本省	✓	✓	✓	小學畢	×
M15	本省	✓	✓	✓	小學畢	F
F16	本省	✓	×	✓	大專畢	×

F17	本省	✓	✓	×	初中畢	E
M18	本省	✓	✓	✓	初中畢	F
F19	本省	×(10)	×	✓	不識字	E
M20	本省	✓	與 妹 妹 同 住	×	小學畢	E

◇功能獨立：日常生活活動 (activities of daily living, ADL) 及工具性日常生活活動 (instrumental activities of daily living, IADL) 能自行完成不需協助；() 為根據「全國長期照護需要評估問卷」(行政院衛生署委託台灣大學人口與性別研究中心執行計畫) 評估後所需協助之 ADL 及 IADL 數目；+ 社會福利項目：D(殘障手冊)；E(老人年金)；F(老農津貼)；G(公務人員退休金)；L(勞工退休金)；P(低收入戶)

APPENDIX F 老人訪談導引

事前準備：

1. 寄出邀訪信件
2. 一星期後以電話聯絡 (如果沒有電話，親身依循地址拜訪)。
3. 解釋研究目的與徵求同意。同意後，親身拜訪者，如果不方便當時接受訪問或以電話聯絡者，另約時間做深度訪談(以一星期內的時間為佳)。
4. 訪談前一天，以電話再度確定時間與地址。

訪談

第一步驟：向受訪者解釋研究目的、解釋受訪同意書的目的與簽名、徵求同意錄音、回答問題。

第二步驟：訪談開始 (以受試者熟悉的語言(國語或台語)進行)

1. 生活史 (life history):

引導老人談他的生活史、包括成長過程、工作史、家人等等，引導問題包括：

- a. 介紹您自己？
- b. 請談談您小時候的情形/成長的過程/家裡的情況
- c. 第一次覺得您老了是什麼時候？（請老人詳細形容當時情形與處理方式）
- d. 您到目前為止，讓您覺得最有成就感(或最高興、最有意義)的事情是什麼？
- e. 您到目前為止，讓您覺得最沒有成就感(或最傷心、最生氣)的事情是什麼？)

2. 日常生活狀況(daily routines)：

引導問題包括：

- a. 您平常時候都做些什麼？（可以請老人形容從早上起床到晚上睡覺之間的作息。）
- b. 在近幾年，您的生活作息有沒有重要的改變？什麼改變？為什麼？（與年紀的關係？）
- c. 在您的生活作息與環境中，您有沒有什麼事情需要他人幫忙的？這種情形下，您的處理方式
- e. 在近幾年，您有沒有什麼病痛影響到您的生活？（請老人詳細形容他的生病經驗，如對生活的影響、病痛是怎麼開始的？怎麼處理？就醫經驗等等）是什麼？誰來幫忙？（盡量引導老人談與獨立性、自主性與社會資源相關的議題）
- e. 過去這一年，您有沒有去看過醫生？為什麼？（請老人詳細形容他的生病經驗，如對生活的影響、病痛是怎麼開始的？怎麼處理？就醫經驗等等）
- f. 在平時生活中，您覺得最重要的事是什麼？為什麼？（引導老人談他從事這最重要的事的情形）您覺得對一個老人而言，最重要的事情是什麼？可不可以舉例說明為什麼它最重要？
- g. 你知道社區中有什麼專門為老人所辦的福利或活動嗎？參與程度？參與/不參與的原因？
- h. 你知道政府有什麼專門為老人所辦的福利或活動嗎？參與程度？參與/不參與的原因？

3. 與對將來期望相關的問題

- a. 您對未來的期望是什麼？有沒有什麼事是您希望能維持現狀的？希望能改變的？為什麼？
- b. 您覺得什麼叫做成功老化？可不可以舉一個您認

識的人做例子？

c. 您覺得您可以是成功老化的一個例子嗎？如果是，為什麼？如果不是，為什麼？

d. 有沒有「沒有成功老化」的例子？

4. Member check (與老人分享分析結果、徵求意見)

a. 我們訪談了一些老人，許多老人覺得對老人最重要的事是（引用分析結果），您的看法如何？

b. 我們訪談了一些老人，我們觀察到一些老人說...（引用分析結果），您的看法如何？

c. 我們訪談了一些老人，觀察到台灣老人有一個現象（引用分析結果），您的看法如何？

訪談結束

1. 謝謝受訪者，贈送禮金、詢問受訪者有無問題，另約時間作觀察。
2. 向受訪者解釋研究中包括家屬訪談的目的，詢問受訪者的主要照顧者(如同住的家人或日常生活中主要提供支持的人)，如不能當場訪談，另約時間。

APPENDIX G 田野觀察導引

一、注意事項

1. 約時間，約在訪談之後，屆時老人已經對研究者有一定的熟悉與信任，有利資料收集。
2. 儘可能約老人有從事日常活動的時間，如每日的公園散步、定期醫院回診、如果都沒有，可以嘗試從老人在家活動的情形開始觀察。

二、觀察重點

1. Social Interaction

- a. 老人與家人、朋友、醫療人員的互動 (whichever one is appropriate)
- b. 同住的家人? (建立一個 social network 的 diagram)

2. Physical Environment (可以請老人帶研究者在家裡平時活動的空間走一走)

- a. 居家環境 (紀錄概況、無障礙環境、老人平時活動使用的空間、家內擺飾等，引導老人談他平時的生活概況或任何 significant events)
- b. 適當機會，引導老人說說牆上、櫃子、或桌上所掛的相片、裝飾品的故事

3. 社區活動(可以請老人帶研究者在家附近走一走)

a. 社區環境

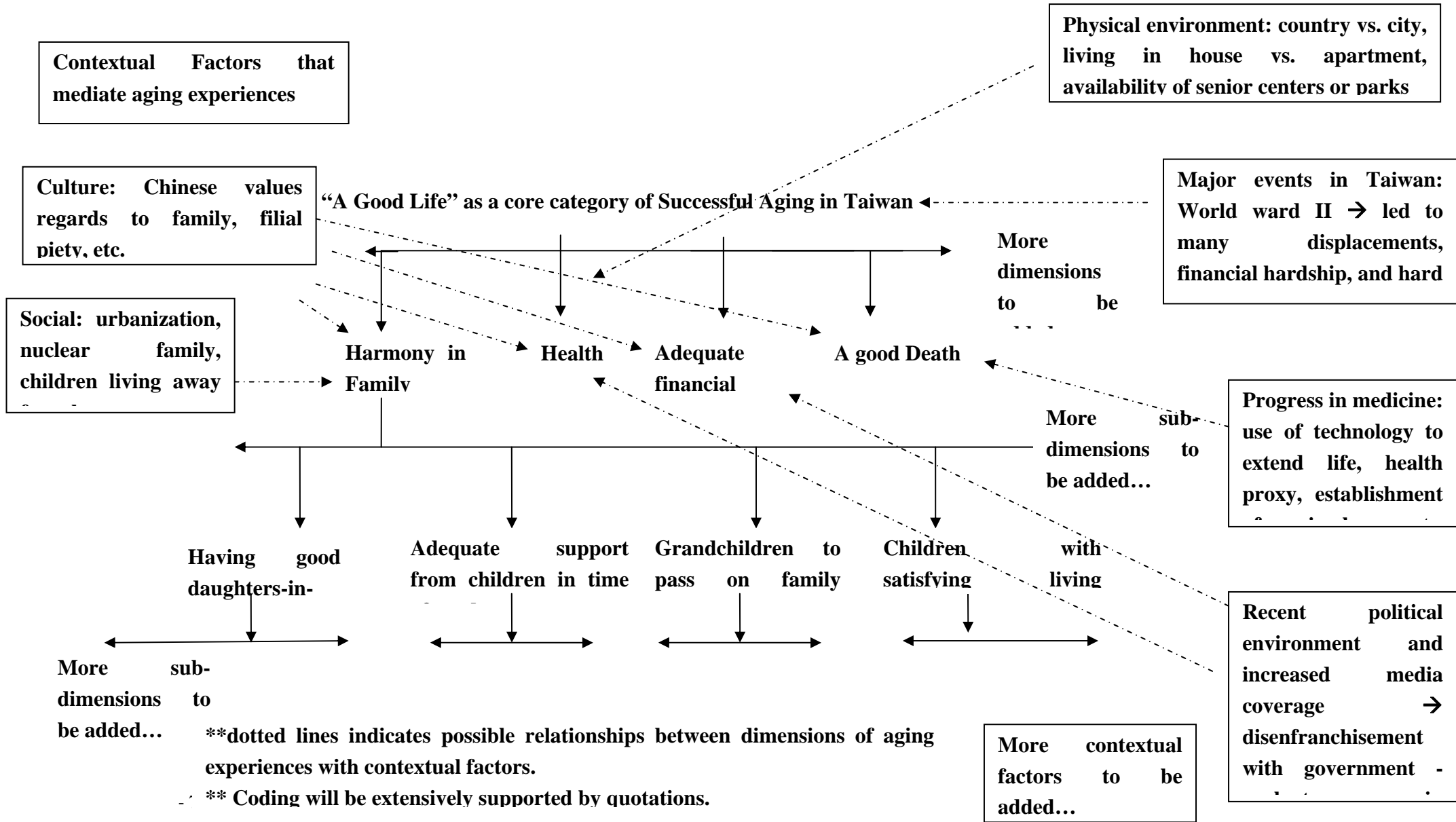
*紀錄概況、無障礙環境、老人平時活動使用的空間、引導老人談他平時在社區活動的概況或任何社區的 significant events

*畫一個老人活動空間 diagram

- b. 老人本身在社區中執行活動的能力，有哪些活動

- c. 社區設備；如社區服務中心、醫療設施、市場、便利商店、藥局、大眾運輸的便利性，老人本身使用的運輸工具等等

APPENDIX H A PRELIMINARY CODING SCHEMA



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參加 2008 美國老人醫學年度科學會議心得報告

職 張玲慧 於 97 年 4 月 30 日至 5 月 04 日間至美國華盛頓特區參與 2008 年美國老人醫學年度科學會議，並發表論文，”Successful aging? Do you mean a good life?” Perspectives of older Taiwanese”，論文發表期間並與參與會眾討論、交流研究心得。

在會期間，筆者參與多個 plenary speeches, symposiums, paper presentations, workshops, 與 poster presentations，凝聽與會學者專家分享他們的研究成果與經驗，並其他國家的老人醫學工作者與學者交流，對於目前老人醫學的臨床概況與研究趨勢有更近一步的了解，特別是在下列幾個議題有豐碩收穫。

- a. Future directions of geriatric care and geriatric research
- b. community-based wellness programs for elderly
- c. application of hospice model to geriatric care
- d. delirium
- e. elder abuse
- f. humanity in geriatric care, narrative and art in clinical practice
- g. how to increase publication profile and successfully publish
- h. combination of qualitative and quantitative research methods in geriatric research
- i. international networking with geriatric clinicians and scholars
- j. 筆者並受邀參與籌備 2009 年度於巴黎舉辦的世界老人醫學會的文化多樣性 in aging 的 symposium.

附上筆者這次報告的論文摘要與講義以供參考。

Ling Hui Chang

From: <dmcalpin@americangeriatrics.org>
To: <lchang56@csmu.edu.tw>
Cc: <lchang56@csmu.edu.tw>
Sent: 2008年2月2日 上午 06:50
Subject: AGS abstract submission

AGS abstract #: 430898

Title: ?Successful aging? Do you mean a good life?? Perspectives of older Taiwanese

Final Poster ID#: B103

Dear Dr. Chang :

On behalf of the 2008 Abstract Selection Committee, I am pleased to inform you that the above abstract has been selected for presentation as a poster at the 2008 Annual Scientific Meeting of the American Geriatrics Society.

Please notify any co-authors of the Committee's decision.

Information pertaining to the installation and removal of posters is attached. Your abstract has been assigned Poster Number B103 . Your poster will be on display during the Poster Session scheduled on May 1, 2008 from 2:00 PM to 3:30 PM . Please note that we are not able to re-assign your poster to a different poster session. If you are unable to present during your assigned time, please ask one of your co-authors to present the poster.

The AGS 2008 Annual Meeting will convene April 30 - May 4, at the Marriott Wardman Park Hotel in Washington, DC. Please note that it is not a policy of the AGS to reimburse registration fees, hotel or travel expenses of scientific paper or poster presenters. An advance program for the annual meeting may be found on the AGS website at <http://www.americangeriatrics.org>. Please use the meeting registration form which can be found on the website or register for the meeting using the online registration system. You must submit your annual meeting registration by March 24 to receive the early registration discount.

Also attached please find guidelines for preparing posters, which include a section on tips for preparing a good poster. Please note that you must include a disclosure statement regarding financial support of the research at the top of the poster in bold print.

We appreciate your contribution to the scientific program of this year's annual meeting and look forward to seeing you in DC. If you have any questions about your presentation, please feel free to contact Denise

McAlpin, Manager of Professional Education, AGS at 212-308-1414 or via email:
dmcalpin@americangeriatrics.org.

Sincerely,

Rebecca A. Silliman, MD, PhD
Chair, AGS Abstract Selection Committee

2008 AGS ANNUAL SCIENTIFIC MEETING
APRIL 30 - MAY 4, 2008
The Marriott Wardman Park Hotel
Washington, DC

INSTALLATION AND REMOVAL OF POSTERS INSTRUCTIONS

Please make a note of the poster number you have been assigned as indicated in your confirmation letter. Numbered poster boards will be set up in the Exhibit Hall at the Marriott Wardman Park Hotel.

You must register for the meeting and obtain a meeting badge in order to gain entrance into the Exhibit Hall to set up your poster. Security guards will not permit anyone to enter the exhibit hall without a meeting badge.

The Program Committee requires that you or one of your co-authors be present at your poster during the entire duration of the poster session, in order to discuss your research with meeting attendees.

Poster Session A - Thursday, May 1, 11:30 am - 1:00 pm

Posters A1 - A140

Set-up Schedule: Thursday 5/1, 10:00-11:15am

Tear-down Schedule: Thursday 5/1 1:00-1:30pm

Poster Session B - Thursday, May 1, 2:00 pm - 3:30 pm

Posters B1 - B140

Set-up Schedule: Thursday, 5/1, 1:30 - 2:00pm

Tear-down Schedule: Thursday, 5/1, 3:30-5:00pm

Poster session C - Friday, May 2, 11:45 am - 1:15 pm

Posters C1 - C140

Set-up Schedule: Friday, 5/2, 10:30 - 11:30 am

Tear-down Schedule: Friday, 5/2, 1:15 - 2:30 pm

Presidential Poster Session D- Friday, May 2, 4:00 pm - 5:30 pm Posters D1 - D145

Set-up Schedule: Friday, 5/2, 2:30-3:15 pm

Tear-down Schedule: Friday, 5/2, 5:30-6:30pm

* Please note that presenters who do NOT have their posters up by the end of the set up time run the RISK of not being judged for the Presidential Poster Session awards.

Note: Poster boards will be removed promptly at the conclusion of the tear down times noted above. Please be sure to remove your poster promptly, in order to make room for the next poster session set-up.

The American Geriatrics Society and the Marriott Wardman Park Hotel will not accept responsibility for the posters left in the Exhibit Hall after the scheduled tear down times.

GUIDELINES FOR PREPARING POSTERS

The actual surface area available to you is 4' high and 8' wide. The upper right hand corner of the poster board will contain a number corresponding to the number assigned to your abstract.

In the upper left hand corner of your poster board, post a copy of your typed abstract (in lettering that will be legible from a distance of 2'). In the top corner section of your poster board, post a label indicating the title and author(s). You must also include the following statement under the title and authors: The research reported on this poster was supported by [name of supporter]. The investigators retained full independence in the conduct of this research. The lettering for this section should be at least 1" high and should be bolded.

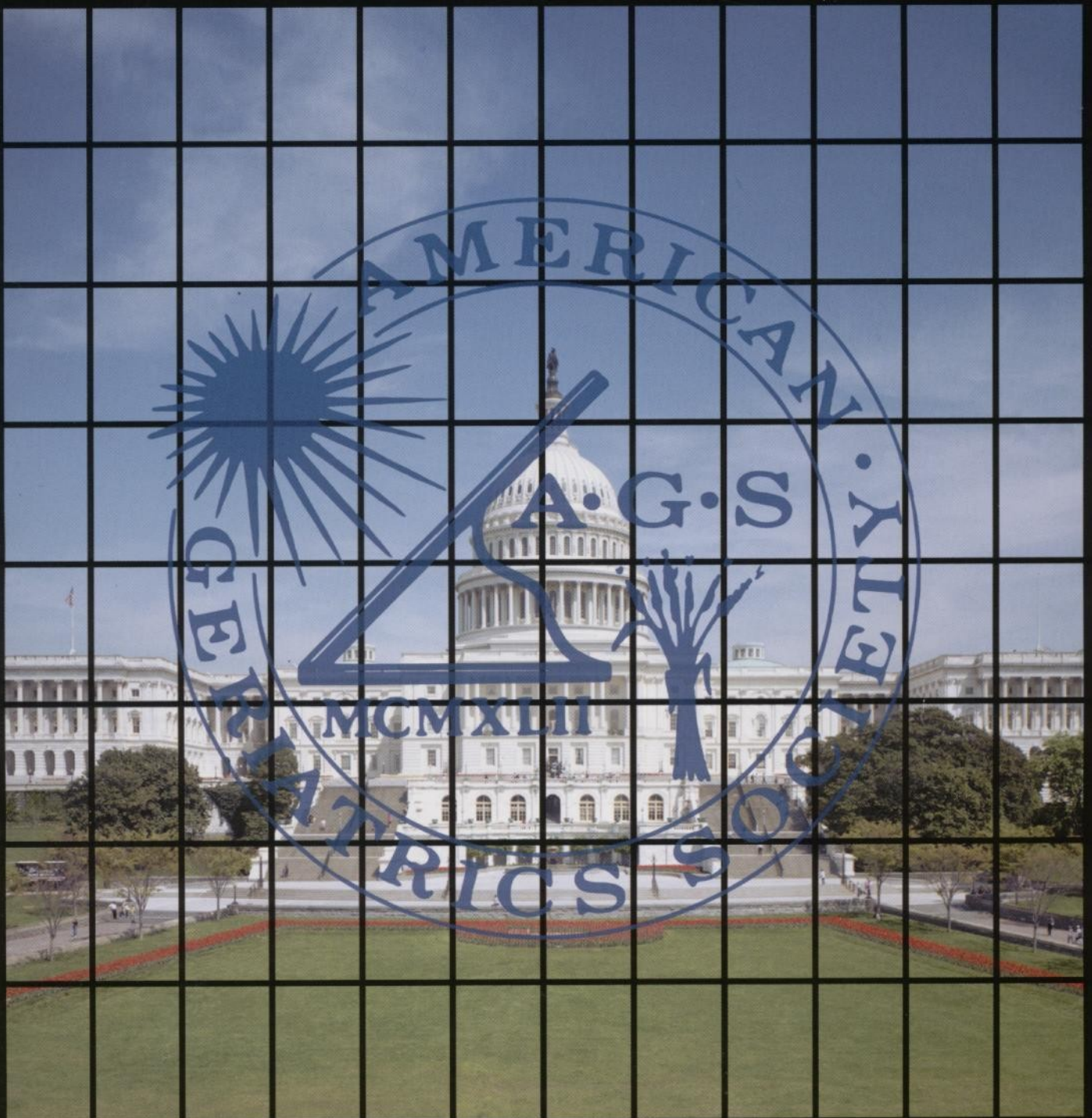
If you mount sections of your poster separately, use a light stock paper or illustration board that can be affixed to the poster board with pushpins. The color of the poster board surface is beige (cork board).

TIPS for a good poster:

avoid too many words, use bullet points, clear figures, large bold font

Post a copy of your abstract.

Prepare in advance and post all illustrations needed for your presentation--figures, tables, schemes, equations, etc. Mount your presentation on the poster board with pushpins. Pushpins will be available at the exhibit management desk.



American Geriatrics Society

**2008 ANNUAL SCIENTIFIC MEETING
Final Program**

Meeting Dates: April 30–May 4, 2008 ≈ Exhibit Dates: May 1–May 2, 2008

“Successful aging? Do you mean ‘a good life’ ?” Perspectives of older Taiwanese

Ling-Hui Chang, Ph.D.

Jye Wang, Ph.D.

Shwu-Chong Wu, Ph.D.

Chung-Shan Medical University, Taiwan

Chang Jung Christian University, Taiwan

National Taiwan University, Taiwan

The research reported on this poster was supported by National Science Council, Taiwan. The investigators retained full independence in the conduct of this research.

Purpose.

1. Explores the concept of successful aging (SA) from the perspectives of Taiwanese older adults.
2. Discusses the mediating influences of contextual factors on their experiences.

Qualitative Methodology.

1. Of the 200 older adults randomly drawn from the subjects of a 2001-2 national survey, 66 were located and 19 agreed to participate, which were 8 men and 11 women with an average age of 72 years.
2. Individual interviews were conducted, taped, transcribed verbatim, and analyzed using Atlas.ti qualitative analysis software and narrative analysis.

Results.

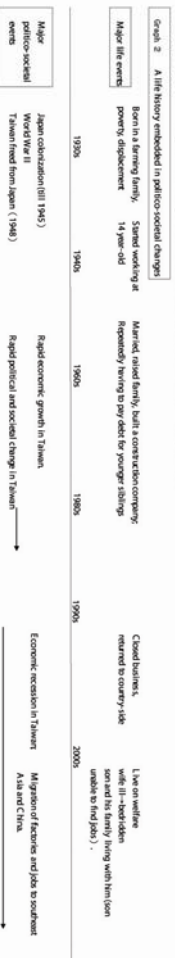
When asked about their aging experiences and current status, older people told stories of the past and the present, accomplishments and struggles in life, hopes, and the unknown future.

Theme 1: Re-definition of SA as “a good life”
 The SA concept was unfamiliar to the interviewees, who interpreted it as “having a good life,” that is, how they had lived their lives and how they wish their lives would end.

Graph 1: Successful aging = A good life, earned or god-given (as is “a bad life.”)

Theme 2: A narrative representation of SA

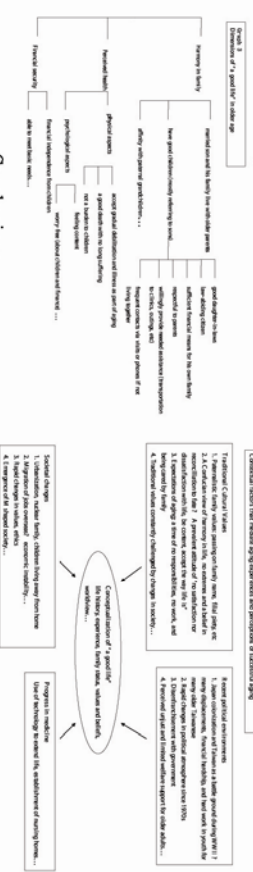
Older Taiwanese tended to contrast their current living situations with earlier hard times, which included WWII, displacement, and deprivation; thus, they were generally content with their present status and often felt that expressing dissatisfaction was unjust.



Interviewer: You have to work real hard all your life...Do you consider yourself having a good life?

Mr. Wang: The only thing is...I have no money. But I am not saying my life is bad... I am content with the way we two older persons are...My children, my grandchildren, we have many...There is nothing I can do about having to work hard all my life. This is the way life is.

Theme 3: Dimensions of a good life: Harmony in the family, perceived health, and financial security.



Conclusions.

1. The older Taiwanese interpreted SA from a narrative perspective that was situated in political-social changes in Taiwan, family-oriented social values, and a Chinese orientation of aging and life.
2. The difficulty of older Taiwanese in understanding SA and their renaming it “a good life” indicate that SA may be the product of a western-oriented social and cultural construction (1).
3. The findings support the expansion of SA theory to include a narrative perspective that is individualized, multi-dimensional, and contextualized (2).

Literature:

1. Torres S. A. Preliminary Empirical Test of a Culturally-Relevant Theoretical Framework for the Study of Successful Aging. *Journal of Cross-Cultural Gerontology* 2003;18(1):79.
2. Glass T. A. Editorial: Assessing the success of successful aging. *Annals of Internal Medicine* 2003;139:382-383.

Further Information

Please contact Ling-hui Chang, PhD for further information Email: lchang56@ccsmu.edu.tw