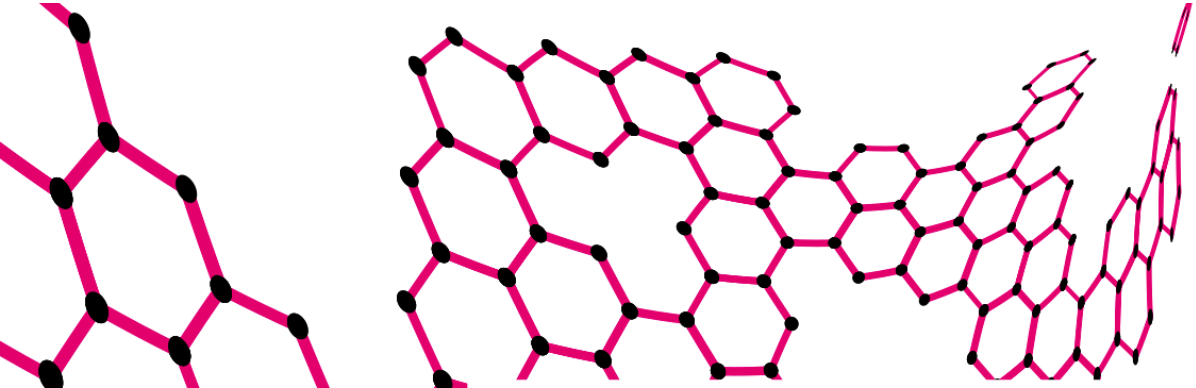

Master Thesis

Mapping the perceived self-reliance of older adults

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Abstract

In the Netherlands the percentage of older adults increases. Older adults need to live self-reliantly at home for a longer time in modern day society. This research, maps the perceived self-reliance of older adults in daily life and their perceived self-reliance during emergency situations, in which they need to evacuate their home. It also focuses on why they perceive their self-reliance the way they do. This was examined by interviewing 20 participants on topics regarding their general self-reliance, physical self-reliance, social self-reliance, evacuation safety and their preferred communication tools. In this research the target group "older adults", consist of adults of 70 years and older. The transcribed interviews were coded. Based on the codes the research question(s) were answered. The results showed that overall, older adults perceive themselves as self-reliant. At the same time, several participants perceived physical limitations. Older adults have the intention to remain self-reliant but their definition of self-reliance may not be what health care professional perceive as self-reliant. Older adults may associate their self-reliance not only with their physical health but mainly with whether they are capable of taking care of themselves, even if this means they need help from others to stay self-reliant. One of the recommendations is that organisations, whose target group is older adults, realise that the perceived self-reliance of older adults is not directly dependent on the perceived physical health. Instead they should focus on the ability of older adults to take care of themselves.

Samenvatting

In Nederland neemt het percentage oudere volwassenen toe. Oudere volwassenen moeten langer zelfstandig thuis wonen. Dit onderzoek brengt daarom de waargenomen zelfredzaamheid van oudere volwassenen in kaart met betrekking tot zelfredzaamheid in het dagelijks leven en hun waargenomen zelfredzaamheid tijdens noodsituaties waarin ze hun huis moeten evacueren, maar ook waarom zij hun zelfredzaamheid in de desbetreffende mate waarnemen. Dit is onderzocht door 20 oudere volwassenen te interviewen over onderwerpen met betrekking tot hun algemene zelfredzaamheid, fysieke zelfredzaamheid, sociale zelfredzaamheid, evacuatieveiligheid en hun geprefereerde communicatiemiddelen. In dit onderzoek bestaat de doelgroep "oudere volwassenen", uit volwassenen van 70 jaar en ouder. De getranscribeerde interviews werden vervolgens gecodeerd. Op basis van de codes werden de onderzoeksvragen beantwoordt. De resultaten toonden aan dat oudere volwassenen zichzelf als zelfredzaam beschouwen, ook al ervaarden verschillende participanten fysieke beperkingen. Oudere volwassenen voelen zich voornamelijk zelfredzaam omdat ze, ondanks

hun fysieke beperkingen, wel in staat waren om zichzelf te redden, ook al is dat door eventuele hulp van anderen. Oudere volwassenen hebben de intentie om zelfredzaam te blijven, maar de definitie van zelfredzaamheid is voor oudere volwassenen misschien anders dan de definitie van zorgprofessionals. Eén van de aanbevelingen is dat organisaties, die als doelgroep oudere volwassenen hebben, beseffen dat de waargenomen zelfredzaamheid van ouderen niet direct afhankelijk is van de waargenomen lichamelijke gezondheid. Oudere volwassenen relateren hun zelfredzaamheid voornamelijk aan of zij zichzelf redden ondanks hun lichamelijke beperkingen, eventueel met hulp van anderen.

Contents

1. Introduction

In the Netherlands, the percentage of older adults increases. The Netherlands has about 17 million citizens in 2018, about 2 million of the population are older adults (citizens who are 70 years or older). This compared to 1960, when the Netherlands had about 11 million citizens, from which 637 thousand were older adults (CBS, 2018). More and more older adults continue to live independently until later in life. This can be derived from the decrease in the percentage of institutionalized older adults; in 2000, 20% from adults of 80 years or older were institutionalized and in 2010 this was 14%. This percentage is likely to decrease even further, because since 2015, only people who require 24-hour supervision and intensive care are institutionalized (Verver, Merten, Robben, & Wagner, 2017).

People's life expectancy has increased during the last decades. With life expectancy increasing the degree of frailty could also increase . This could mean illnesses, limitations or challenges on physical and social aspects (Verver, et al., 2017; Lette, Baan, van den Berg & de Bruin, 2015). The fact that older adults grow older with illnesses can be seen as a success for the medical science, but this could also mean that they need more tools and/or information to stay self-reliant. Physical challenges of getting older can be: shaky balance, reduced vision, decrease of endurance, energy loss, inactivity and slowness. Becoming older can also come with social challenges, such as loneliness. The challenges of self-reliance do not only play a role in their daily life, but also during situations where older adults need to evacuate. Therefore, it can be a challenge to stay self-reliant (Verver, et al., 2017; Deeg & Puts, 2017).

1.1 Problem statement

Citizens live longer in general, also they have to live independently for a longer time. The question remains whether the fact that citizens live longer independent also means that they are self-reliant or that actions have to be taken to safeguard, or increase, their self-reliance. This could mean that health and safety organisations have to inform or educate older adults about topics, such as self-reliance.

This research is necessary because older adults are more at risk when a crisis, disaster or an incident happens. During such situations older adults could face many challenges, for example functional limitations, difficulty maintaining medical regimen, limited knowledge of preparation for crises and lack of social support (Verver, et al., 2017; Deeg & Puts, 2017). Therefore, older adults are more at risk for negative outcomes during disasters (Ashida et al., 2016). Also, older adults are reluctant to ask for help within their social network. However, this is exactly what they are expected to do by the government (Verver, et al., 2017; Lette, et

al., 2015). Furthermore, older adults face many challenges and are more at risk for certain events, for example falling. This can negatively influence their self-reliance and can decrease their personal safety. Therefore, it is important to map to which extent older adults believe these problems apply to them. Because of the importance of safeguarding the self-reliance of older adults, the goal of this research is to map how older adults perceive their self-reliance. Based on this map, health (safety) organisations can take actions corresponding with the results.

This research makes a distinction between self-reliance in daily life and self-reliance during emergencies. It is important to research the perceived self-reliance of older adults because of the importance of self-reliance regarding the feasibility to live independently at home. Also, there is a difference of opinion between older adults and professional care providers regarding the difficulties of self-reliance, as will be described in the next paragraph (Verver, et al., 2017). Furthermore, The Protection Motivation Theory (PMT) and the Extended Parallel Process Model (EPPM) help explain why older adults perceive their self-reliance the way they do. This adds the perspective of a perception model (PMT) and a communication model (EPPM).

1.2 Self-reliance

Self-reliance is a topic that is important to all citizens, not only to the older adults in society, because older adults are not the only group of people who experience difficulties regarding self-reliance. Also, people with a visual, auditory, cognitive, speech and/or temporary and neurological limitations, children, socially isolated people, people with a language barrier, people with a low socio-economic status and prisoners are more likely to experience difficulties regarding self-reliance (Stel, Ketelaar, Gutteling, Giebels & Kerstholt, 2017; WWR, 2017). In this research self-reliance has the following definition, 'self-reliance includes the capabilities and actions of residents to help themselves and others in preparation for, during and after an incident or crisis, where necessary and possibly facilitated by the government' (Veiligheidsregio Twente, 2016, p. 8). This definition focuses on the self-reliance regarding a crisis or incident. This research also focuses on the degree of self-reliance in daily life.

General self-reliance

General self-reliance consists of factors that influence the self-reliance of older adults in daily life, but does not include factors that relate to social and physical self-reliance. This includes environmental factors in their personal situation that could influence their perceived self-reliance. These environmental factors are elaborated below.

Older adults perceive not being able to ask for help when something happens and budget cuts in long-term care as important factors that influence their degree of self-reliance. They are reluctant to ask for help within their social network, even though this is what is expected from them by the government (Verver, et al., 2017; Lette, et al., 2015). Whether older adults think they know their own limits and are capable to ask for help, in their social environment or professional help, is a factor that can influence the perceived degree of self-reliance.

Verver and colleagues (2017) found that there is a difference of opinion between older adults and professional care providers regarding the difficulties of self-reliance. This difference of opinion is a factor that can influence the perceived degree of self-reliance. Professional care providers perceive a decline in physical health as an important risk factor regarding self-reliance and as a negative effect of growing older. On the other hand, older adults view this as an aspect of growing old. Furthermore, professional care providers believe that 'confusion/cognitive decline', 'medication use' and 'soiling/neglect' are important factors regarding the degree of self-reliance of older adults. These factors are barely named by the older adults themselves. Older adults view a decline in health as a natural process, while professional care providers focus mainly on preventing a decline in health (Verver et al., 2017). With regard to the safety of older adults it is important to note that safety is not based on perceptions but on facts. Professional health care providers focus more on factors that could threaten the safety and health of older adults, while older adults mainly focus on factors that could threaten their wellbeing (Verver, et al., 2017; Lette, et al,. 2015).

Physical self-reliance

Verver and colleagues (2017) established that older adults also view physical decline as an aspect of growing old and believe this does not immediately influence their self-reliance, as long as they do not fall or gain personal injuries. Therefore, in this research the perceived physical self-reliance will be described by mapping how older adults perceive how they can function in a physical independent and self-reliant manner. Also, to which extent they believe their (possible) physical limitations influence their self-reliance. Physical self-reliance also

includes whether older adults have the intention to prepare themselves for possible physical limitations in the future, because they may be self-reliant at the moment but the question remains whether they are willing to adapt if this changes.

Social self-reliance

Important factors that influence the perceived degree of self-reliance of older adults is not being able to ask for help and loneliness. Also, older adults are reluctant to ask for help within their social network (Verver et al., 2017). In this research the perceived social self-reliance will be described by mapping if older adults think they are able to maintain social contacts. Also, if they believe that these contacts support them in their daily life. Lastly, if they have the intention to maintain these contacts in the future, because their self-reliance may decrease in the future and then the question remains if they are still willing and capable to maintain their social contacts.

Evacuation safety

The degree of self-reliance someone perceives can vary due to different situations. Older adults can be self-reliant and independent in everyday life. This does not mean that they are self-reliant during crises, incidents and/or disasters (Ashida et al., 2016). How older adults perceive the risk of such a situation occurring depends on: the risk context, the type of risk, the social context and the personality of the individual (Verver, et al., 2017). During such situations older adults could face many challenges, for example functional limitations, limited knowledge of preparation for crises, difficulty maintaining medical regimen, and lack of social support. Older adults are more at risk for negative outcomes during disasters, especially older adults who live in rural areas (Ashida et al., 2016).

Tools and accessibility

Older adults have various needs, every individual is different and everyone has their own needs. Also, older adults vary in the way they like to be approached. There are different ways to reach older adults and inform them. However, an important difference is whether someone chooses information and communications technology channels (ICT) or non-ICT channels. ICT is the most used information and communication channel in this "information age". Therefore, governments and organisations try to motivate older adults to use it. Even though there are older adults who use ICT, there is a lot of difference in the degree in which someone uses this. Using channels, such as the internet, could have multiple advances for example,

interactions benefits (e.g. social support) or task-oriented goals (e.g. financial management or shopping). However, for older adults the benefits do not necessarily outweigh the time and energy they need to develop technological skills. Also, not everyone wants to learn how to use ICT and are satisfied without it (Selwyn, 2004). In this research the preferred communication channels of older adults will be mapped, whether it is through ICT or non-ICT, to get a clearer view how older adults prefer to be informed.

1.3 Theoretical framework

The Protection Motivation Theory

The Protection Motivation Theory (PMT) can be used as a social cognition model to predict behaviour (figure 1). Protection motivation refers to the intention to perform recommended behaviour. The PMT explains that when people encounter potentially threatening situations, two cognitive processes are important, threat appraisal and coping appraisal. The two appraisal processes could result in adaptive behaviour (protection motivation behaviour) or maladaptive behaviour. Adaptive behaviour means that someone intents to adopt the recommended response. Maladaptive behaviour refers to someone not wanting to adopt the recommended response. Not only threat appraisal and coping appraisal influence (intention to) behaviour, also previous knowledge and experiences a person has, influences their behaviour (Norman, Boer & Seydel, 2005).

Coping appraisal regards the perceived ability to cope with a threatening situation. Coping appraisal concentrates on determinants that influence the likelihood of adaptive behaviour, for example following behavioural advice. How someone perceives their capability to cope with a threatening situation can be determined by the perceived response efficacy (whether someone thinks that the proposed behaviour is effective in reducing the threat), perceived self-efficacy (whether someone thinks that he/she can perform the recommended behaviour) and the perceived response cost/barriers (availability of resources and the material and immaterial costs) (Norman, Boer & Seydel, 2005; Neuwirth, Dunwoody & Griffin, 2000).

Threat appraisal regards the appraisal someone makes of a threatening situation. The perceived threat of a situation can be determined by the perceived severity of the situation and the perceived vulnerability towards the situation. Threat appraisal concentrates on determinants that influence the likelihood of maladaptive behaviour. Not only perceived severity and vulnerability determine threat appraisal, also intrinsic and extrinsic rewards. An

intrinsic reward could be a feeling of safety and an extrinsic reward could be social approval. Fear is also a variable which can influence the perceived severity and vulnerability.

Fear could both increase and decrease the likelihood of maladaptive behaviour. A level of fear could motivate someone to take actions to prepare themselves for the threatening situation. Although, having no fear or too much fear could result in maladaptive behaviour. Experiencing no fear may cause someone to not perceive the threatening situation as severe or themselves as vulnerable. Too much fear may cause someone to feel like they are not capable of handling the threatening situation, which can result in maladaptive behaviour (Norman, Boer & Seydel, 2005; Neuwirth, Dunwoody & Griffin, 2000).

In order to increase the likelihood of adaptive behaviour, rewards associated with maladaptive behaviour should be negative and the perceived response cost of the adaptive behaviour should be doable. So, the rewards connected with maladaptive behaviour should not outweigh perceptions of vulnerability and severity. Furthermore, perceptions of self-efficacy and response efficacy should outweigh the response cost (Norman, Boer & Seydel, 2005).

In case of a situation which threatens the self-reliance of older adults, whether older adults adapt to a decrease in their self-reliance can be explained with the PMT. Firstly, this depends on the previous experiences and knowledge of the older adults. Secondly, this depends on the perception older adults have with regard to the severity of the threat, how vulnerable they are and how they view the intrinsic and extrinsic reward(s). Also, fear has an important role, fear can motivate someone to engage in adaptive or maladaptive behaviour. Fear is not presented in figure 1, but fear can be an important factor to both threat appraisal and coping appraisal (Norman, Boer & Seydel, 2005). Thirdly, the perceptions they have with regard to response efficacy, self-efficacy and response cost(s) matter. These variables can explain the behaviour of older adults with regard to self-reliance.

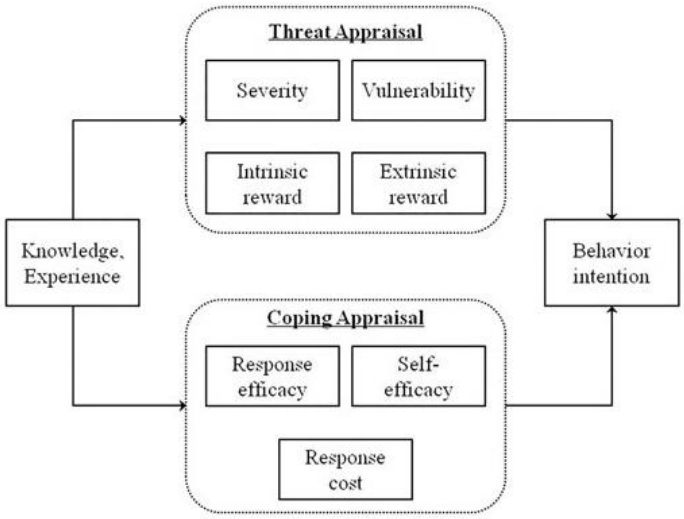

Figure 1. The Protection Motivation Theory (on the basis of Rogers, 1975) Adapted from "Protection Motivation Theory" by P. Norman, H. Boer, and R. Seydel, 2005. In M. Conner & P. Norman (Eds.), *Predicting health behaviour: research and practice with social cognition models,* p. 84. New York, Open University Press.

The Extended Parallel Process Model

An important question remains "how do people react to a message intended to motivate them to protective motivation behaviour?". Extended Parallel Process Model (EPPM) could give insight on how to influence behaviour by sending a message. The EPPM is a communication model. The EPPM (figure 2) explains how someone could process and respond to a (threatening) message. For example, a message that aims to make older adults aware of their own degree of self-reliance.

How someone reacts to such a message is dependent on message components as can be seen in figure 2. There are two ways of message processing appraisals: perceived efficacy and perceived threat. The perceived efficacy (self-efficacy and response efficacy) and perceived threat (susceptibility and severity) will influence how someone reacts to the message. Also, fear is an important element that influences how someone reacts to a message

When someone does not perceive the message as threatening, there will be no response. When someone perceives the threat as severe and they find themselves susceptible to the threat they will either accept the message or reject the message. This depends on how they perceive their efficacy (self-efficacy and response efficacy).

Fear is a negative (emotional) reaction to a threat. The perceived efficacy and the perceived threat can influence the amount of fear someone experiences. When the perceived efficacy is low and the perceived threat is high, fear increases (Gore & Bracken, 2014).

When someone accepts the message, this will result in a danger control process, which means that someone intends to adopt the recommendations of the message. When someone rejects the message, this will result in fear control process, which means someone does not intent to adopt the recommendations of the message.

It can be concluded that when someone rejects the message (e.g. a message about a decrease in self-reliance), this does not necessarily mean that the content of the message is not true. It is possible that because an individual thinks they have insufficient self-efficacy and/or response efficacy that this results in message rejection. Also, when someone perceives fear this can result in message rejection. The EPPM gives a possible explanation why someone would reject or accept a message and how a message can influence behaviour.

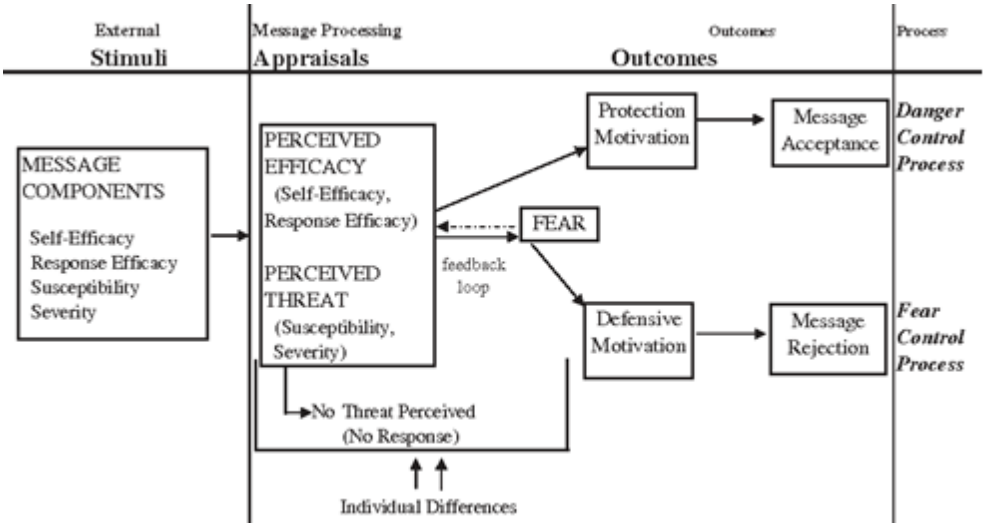

Figure 2. The Extended Parallel Process Model. (on the basis of Witte, 1992) Adapted from "Testing the Theoretical Design of a Health Risk Message: Reexamining the Major Tenets of the Extended Parallel Process Model." by T.D. Gore, and C.C. Bracken, 2014, *Health Education & Behavior,* 32, p. 4.

1.4 Current study

This research gathered in depth information from the perspective of older adults regarding self-reliance. This information can be used to estimate which actions could be taken to safeguard, or increase, their self-reliance This information was gathered by interviewing older adults about topics regarding their self-reliance. Twenty participants were interviewed from the age of 70 years and older. It is important to note that the focus of this research is on the perceptions and opinions of the older adults, which are subjective. There could be a difference between objective self-reliance and subjective self-reliance.

1.5 Research questions

Research question: To what extent do older adults perceive themselves as self-reliant with regard to their general self-reliance, physical self-reliance, social self-reliance and their capability to be self-reliant during a crisis or incident in which they need to evacuate?

Sub question 1: Which factors do older adults perceive as important to their physical self-reliance in daily life?

Sub question 2: Which factors do older adults perceive as important to their social self-reliance in daily life?

Sub question 3: Which factors do older adults perceive as important to their self-reliance during a crisis or incident?

Sub question 4: Through which communication channels do older adults prefer to be informed?

2. Method

2.1 Participants and design

The sample consisted of older adults. The type of sample in this study was a non-random representative sample (Verhoeven, 2011). There is not a rule that states that someone belongs in the category 'older adults' at a certain age. That begs the question: from which age does someone belong to the category 'older adults'? As concluded by Thijsen, Wiegersma, Deeg and Janssen (2014) older people feel relatively younger (subjective age) than that they in reality are (objective age). This makes it even more difficult to decide when someone is an older adult. Research of Deeg and Puts (2007) shows that in the Netherlands less than 10% of adults, younger than 70 years, live with frailty. After they reach the age of 70, the prevalence increases. Therefore, the choice was made to take 70 years as the cut-off point. The older adults who participated are 70 years or older and live independently.

Independent living was defined as 'older adults who either live alone, with their spouse or other relatives in their own home' (Verver et al., 2017, p. 5). Twenty Participants were interviewed. According to Marshall, Cardon, Podar and Fontenot (2013) qualitative studies should normally consist of 20 till 30 participants, this number of participants are enough to collect sufficient data and achieve information saturation (Marshall, Cardon, Podar & Fontenot, 2013). The participants have been approached with help of organisations that have as target group older adults.

The research sample consisted of 20 participants from which 12 (60%) were women and 8 (40%) were men. They varied between 71 years old and 88 years old with a mean of 79 years old. Only one participant was not born in the Netherlands, participant 8 was born in Indonesia. From the 20 participant 9 (45%) lived alone and 11 (55%) with their spouse. Furthermore, lived 16 (80%) participants in a village and 4 (20%) in a city. From the 20 participants lived 6 (30%) participants in detached house, 5 (25%) participants lived in semi-detached house and 9 (45%) participants lived in an apartment.

The research was conducted using a qualitative research method. The items and questions of the semi-structured interview questionnaire were used as a guideline for the interview. The variables (topics) of the questionnaire consisted of: general self-reliance, physical self-reliance, social self-reliance, evacuation safety and tools and accessibility.

2.2 Instruments

The research tool consisted of a semi-structured interview questionnaire (appendix A for the Dutch version, appendix B for the English version). The structure of the questionnaire is based on the Theory of Planned Behaviour (Ajzen, 1991). The questionnaire started with 6 questions related to demographics. The demographic information consists of: gender, age, country of birth, living situation (e.g. alone, or with other(s)), type of residence (e.g. apartment) and living area (city or village).

The questionnaire consists of five topics, each topic consist of three items, except for the topic “general self-reliance” which consisted of four items and “tools and accessibility” this topic consisted of two items:

- General self-reliance
- Physical self-reliance
- Social self-reliance
- Evacuation safety
- Tools and accessibility

In addition to these topics, a question was added " How do you judge your health in daily life?". This open question functioned as opening/pre question.

General self-reliance

General self- reliance included four items. One item top map to what extent older adults consider themselves self-reliant in general. An item to map how older adults judge their own capability to estimate their limits and their capability to ask for help. Furthermore, it includes an item to map if older adults believe that professionals and care providers share their opinion with regard to their self-reliance. Also, it includes an item to map whether older adults have the intention to think about what they might need to remain self-reliant. General self-reliance consists of the following items:

- To what extent do you consider yourself self-reliant in general?
- I am capable to estimate my limits and know when to ask for help.
- I believe that professionals / care providers and I share the same opinion with regard to my self-reliance.
- I intend to continue thinking about what I need to remain independent and self-reliant so, that I can continue to live independently.

Physical self-reliance

Physical self-reliance includes three items. One item to map how older adults judge their own capability to be physically able to function in a self-reliant matter. Furthermore, it includes an item to map if older adults believe that their (possible) physical limitation(s) have a minimal impact on their self-reliance. Also, it includes an item to map whether older adults have the intention to be prepared for any physical limitations. Physical self-reliance consists of the following items:

- I am physically able to function in a self-reliant manner.
- I believe that my, possible, physical limitations have a minimal impact on my self-reliance.
- I intend to remain as self-reliant as possible by ensuring that I am prepared for any physical limitations, such as purchasing a shower chair.

Social self-reliance

Social self-reliance includes three items. One item to map how older adults judge their capability to maintain social contacts. Furthermore, it includes an item to map whether they believe that their social life helps them in maintaining their self-reliance. Also, it includes an item to map whether older adults intent to maintain their social contacts. The following items are asked to map social self-reliance:

- I am capable to maintain social contacts, so that I remain socially active and self-reliant.
- I believe that my social life helps/supports me in maintaining my self-reliance.
- I intend to maintain my social contacts because maintaining my social contacts helps to maximize my level of self-reliance.

Evacuation safety

Evacuation safety includes three items. One item to map how older adults judge their capability to leave their home safely and independently in emergency situations. Furthermore, it includes an item to map whether they believe that they have enough tools and knowledge to safely leave their home during emergency situation. Also, it includes an item to map whether older adults intent to prepare themselves for potential emergency situations. Evacuation safety consists of the following items:

- I am capable to leave my home safely and independently in emergency situations.
- I believe that I have enough tools and knowledge to leave my home independently.
- I intend to prepare myself as well as possible for potential emergency situations in which I have to leave my home.

Tools and accessibility

Tools and accessibility includes two items. One item to map what older adults expect to need to remain self-reliant and independent in the future and one item to map through which channels older adults prefer to be informed about topics regarding self-reliance. These items are included for practical reasons, such as making recommendations about what older adults expect they need in the future to stay self-reliant and to make recommendations about how older adults prefer to be approached to receive new information. The following questions are asked to map tools and accessibility:

- What do you need to remain independent and self-reliant in the future?
- Through which channels do you think you can best be reached to be informed, for example, about topics regarding evacuations or self-reliance? For example brochures, meetings or e-mail.

2.3 Procedure

Prior to this research a literature review was conducted on which the interview questionnaire is based. The proposal for this research was approved by the Ethics Board. To examine if the

questionnaire was user-friendly and could obtain sufficient information a pilot study among three participants was conducted. Based on the pilot study the questionnaire was adapted and improved.

The participants were approached through different channels: personal contacts of the researcher and organisations in the region Twente who has as target group older adults. These organisations organise social gatherings and assistance in practical matters. The researcher had contacts within her network who knew older adults who wanted to participate. These potential participants gave permission to be contacted by the researcher. They were then called with the question if they would like to participate and were told what the research was about. If they wanted to participate the researcher made an appointment with them to come by their home to interview them. The interviewer also contacted organisations with the request if they could assist in recruiting participants. If they were open to the idea of helping in the recruitment, the researcher made an appointment with the contact of the organisation to talk about the research and discuss opportunities to recruit participants. Several organisations were willing to help with the recruitment. The researcher was given opportunities to speak at meetings for older adults in the region, organised by the organisation. The researcher had the opportunity to talk about her research and to ask visitors if they were willing to participate. If someone was willing to participate the researcher noted their contact information. Within five days after the meeting the researcher contacted the possible participants to ask them if they were still willing to participate. If they were still willing the researcher made an appointment with them to interview them.

The researcher visited the home of the participant. She first told more about the research and answered the questions the participant may have had. The researcher gave the participants the informed-consent form (appendix c) and explained what it meant. After signing the informed consent form and answering the questions, the interview started. The items of the questionnaire were used as a guideline for the interview. The items were not always asked literally, instead they were adapted to fit the conversation. The interview took approximately 15 minutes till 45 minutes. To make the research circumstances as pleasant as possible for the participants, the interviews were conducted in Dutch. Dutch was the native language for most participants. During the interview only the participant and the interviewer were present. The interview was audio recorded by a mobile phone. After finishing the interview, the researcher and participants talked about how they experienced the interview.

After the interview, the audio were transcribed. Because the interview was conducted in Dutch, the transcriptions are also in Dutch. Then the transcribed interviews were coded.

2.4 Data analysis

Data-analysis was done by coding the described interviews. First, the researcher transcribed the interviews. Based on the transcribed interviews, fragments were chosen that were relevant for the research. The chosen fragments were then coded. The codes were developed through a bottom-up approach. A concept (code) was created to include multiple fragments. The codes were related to the PMT, every code was subdivided to a concept of the PMT (coping appraisal, behaviour intention or threat appraisal). So, every important fragment was either related to coping appraisal, threat appraisal or intention to certain behaviour. In total there were 37 codes and 537 labelled fragments. Sometimes codes were adjusted to better fit the fragment(s). As a result of the codes, it will be possible to compare the data of the different topics with each other. Codes will only be described in the result section when they were labelled at least seven times to a text fragment of a transcript. Therefore, decreasing the chance that a result is consequential. Table 1 (see page 37) in the next chapter shows how many times each code was labelled to each topic and how many times a code was labelled in total. Furthermore, the table showed how many participants stated the fragments, the number of participants were stated between the brackets. Chapter 3 also gives examples of each code labelled at least seven times, to make clear what the code includes and how the fragments labelled with the code can vary.

Inter-rater reliability

To increase the reliability another researcher was asked to judge the coded fragments. The other researcher judged whether the code that was labelled to a fragment fitted and whether the chosen fragments were relevant. The researcher met three times with the other researcher. During these meetings they discussed seven coded interviews. By asking another research to judge the coding the inter-rater reliability increases (Armstrong, Gosling, Weinman & Marteau, 1997). By consulting with another researcher and discussing the results three codes were adapted to improve the quality of the results and for 23 fragments the labelled codes were changed. Overall, both researcher agreed with each other and no other alterations were made.

3. Results

The different codes will be explained based on the sequence of the research questions. The codes can be found in table 1 on page 37. In the table the codes are placed under the

corresponding concept of the PMT. The numbers represent how many times a fragment was labelled to a certain code and how many times it could be labelled to a certain topic. The numbers between the brackets indicate how many participants gave an answer that could be labelled with the code.

3.1 General self-reliance

The codes that were suitable for the fragments related to general-self-reliance were:

- *Positive judgement (physical) self-reliance (25 fragments by 18 participants)*
- *Recognition own limits (13 fragments by 9 participants)*
- *Help in household (11 fragments by 9 participants)*
- *Positive judgement health care (9 fragments by 9 participants)*
- *Inexperience (8 fragments by 7 participants)*
- *Having trouble to ask for help (8 fragments by 6 participants)*
- *Intention to remain (physical) self-reliance (8 fragments by 8 participants)*
- *Positive experience with (health care) professionals (7 fragments by 4 participants)*

Positive judgement (physical) self-reliance

The fragments of the transcript showed that the participants described that they had a positive judgement with regard to their (physical) self-reliance. In total 22 fragments could be labelled as "positive judgement (physical) self-reliance". At the same time not everybody experienced it the same. Some participants experienced physical limitations and pain but still judged their self-reliance in a positive manner. Participant 2 said she experiences physical pain but still perceives herself as relatively healthy.

"Ik ben verder goed gezond. Ik heb veel pijn omdat ik artrose heb, maar verder ben ik lichamelijk gezond, maar enorm veel pijn." (P.2).

Participant 12 experiences no limitations in his health and self-reliance.

"Ik ben prima gezond, ik kan mij goed redden, ik doe nog alles zelf."(P.12).

Many participants were positive regarding their (physical) self-reliance, at the same time several participants made clear that they were not as positive regarding their physical health. Also, only 1 fragment could be coded as "negative judgement (physical) self-reliance". That

physical health has influence on the perceived self-reliance does not mean that a negative opinion regarding their own health results in a negative opinion regarding their perceived self-reliance. A possibility is that the definition of self-reliance is different for different people. For example that older adults do not associate their physical health with their perceived self-reliance. Also, perhaps older adults regard their self-reliance as sufficient while maybe family, friends or a professional who work with older adults, perceive the self-reliance as insufficient.

Recognition own limits

The information gathered from the transcripts shows several participants believe they can recognize their own limits. Participant 7 explained that he is capable of recognizing his limits and he also made clear that he is capable of asking for help.

"Jawel, als ik bijvoorbeeld niet meer, noem maar wat, autorijden doordat mijn knieën pijn doen dan moet ik help in gaan roepen. Want mijn vrouw heeft geen rijbewijs, dus dan moet iemand anders mij gaan helpen ergens naar toe te gaan." (P.7)

Several participants made clear that they can recognize their limits. However, there is a difference of opinion between older adults in their capability to recognize their limits and their capability to ask for help. Someone who is be able to recognize their own limits may still have a problem with asking for help.

Help in household

Several participants made clear that they have professional help to manage their household. Some participants described they needed the help. A few participants described they liked the help because it decreases their own pressure to manage their household and so they have more spare time. Fragments for participant 14 and 13 are examples of this.

"Ik heb één keer in de week wel huishoudelijke hulp, voor hier in het huis schoon te maken."(P.14).

"Ik vind het heel gemakkelijk om dingen die ik niet graag doe uit te besteden, maar ik heb het niet nodig nee."(P.13).

Even though multiple participants explained they have help to manage their household, the reasons for help differ. Some participants need the help due too physical limitations. Other participants explained they do not necessarily need the help, but they want it so they have more free time and they prefer not to exhaust themselves by spending most of their energy managing their household.

Positive judgement health care

With regard to the topic of general self-reliance, 9 fragments of the transcripts could be labeled with the code "positive judgement health care". Participants 18 and 6 have both positive opinions regarding health care. Participant 6 made clear that she is always critical.

"Die enkele keer dat wij een dokter nodig hebben gehad, is dat wel heel goed, ja denk het wel." (P.18).

"Nou dan blijf ik wel zelf nadenken hoor, want ik ben het er lang niet altijd meer eens. Half ja en half nee. Ik erken dat ze meer kennis in huis hebben dan ik, maar op grond wat ik over mijzelf weet en wat ik beoordeel, beoordeel ik ook. Ik ben altijd gewend geweest om kritisch te zijn." (P.6).

Nine fragments could be labelled as "positive judgement health care", but there were also 6 fragments that could be labelled as " negative judgement health care", therefore there is not a large difference between the positive and negative fragments.

Inexperience

The participants described multiple times that they did not have experience with certain topics and could therefore not give their opinions on certain topics. Fragments of the interviews with participant 8 and 5 were clear examples of this.

"Ik kan daar heel moeilijk antwoorden op die vraag, want ik heb dat eigenlijk nooit bij de hand gehad" (P.8).

"Kan ik weinig van zeggen, want zo'n situatie heeft zich eigenlijk nog nooit voorgedaan"(P.5).

Inexperience could be a coping mechanism for when someone does not know how to handle a certain situation, this could be dangerous when an emergency situation occurs. For emergency situations it could be important that older adults are better informed so, even when they have no experience with certain situations they still know what to do.

Having trouble to ask for help

Several participants indicated that they are having trouble to ask for help. The answer of participant 4 shows that even though she believes she can recognize her own limits she still have trouble to ask for help when reaching her limits.

"*Ik ken mijn grenzen wel. Maar het is soms moeizaam om dan toch de telefoon te pakken en om hulp te vragen."* (P.4).

Having trouble to ask for help could result in older adults not getting the help they need when their self-reliance decreases. It is therefore important that older adults perceive as little barriers as possible when they have to ask for help.

Intention to remain (physical) self-reliant

From the fragments regarding general self-reliance the participants mentioned multiple times that they have the intention to remain (physical) self-reliant, for example by physical exercise and eating healthy.

"Ja, ja, ik probeer lichamelijk toch wel zo veel mogelijk in beweging te zijn, lopen, wandelen en op de hometrainer. Om het lichaam toch wat soepel te houden, ook met eten moet je opletten."(P.7).

A fragment of the interview with participant 2 showed that some actions may be asking too much of yourself, you still need to try and stay self-reliant.

"Ja dat vind ik ook, je kunt altijd wel zeggen van dit kan ik niet en dat kan ik niet. Soms verg je teveel van jezelf maar ik vind het belangrijk om zelf zo lang mogelijk je ding te blijven doen" (P.2).

That older adults have the intention to remain self-reliant is an important factor for them to stay self-reliant. When someone intent to take actions and actually taking actions could be two different things. Older adults may have the intention to stay self-reliant, but this does not necessary mean that they have sufficient knowledge.

Positive experience with (health care) professionals

The participants described 7 times that they have positive experiences with health care professionals such as their general practitioner. Participant 1 described that she and her health care professionals agree with each other often and that she likes the fact that it is up to her to seek contact.

"Ik vind dat professionals en ik mooi op dezelfde lijn zitten. want ik zoek zelf contact. Ik krijg mijn advies en vervolgens hoor ik er niks meer van en dit vind ik zo wel prettig. Als ik wel behoefte heb aan meer hulp dan maak ik een afspraak dus ik vind dat wij mooi op dezelfde lijn zitten. Zij begrijpen wat ik wil en ik begrijp wat zij willen" (P.1).

Participant 13 described her contact with health care professionals as excellent, but she also mentioned that you need to give a health care professional space to do their job.

"In de periode dus dat ik zelf gebruik gemaakt hebt van thuiszorg, uh, uit die ervaring kan ik alleen maar spreken. Dan zeg ik dat de communicatie met de hulpverleners toen uitstekend was. Uh, en ook dat ik me uh, gewoon overgaf aan de hulp die kwam. Kijk wanneer ik dan zeg van zus of zo ik wil dit niet of ik wil dat niet dan moet je geen hulp vragen." (P.13).

When older adults have positive experiences with their health care professionals, they may be more likely to consult them when necessary. This could result in them maintaining their self-reliance. A possible risk could be that older adults have a different appraisal regarding when they need to ask a health care professional for help. Even though the participants were positive about their health care professionals, six fragments could be coded as "negative judgement health care". This could mean that even though older adults are positive about their health professionals, they may be less positive about health care in general.

Conclusion

Based on the labelled fragments it can be concluded that overall, older adults perceive their (physical) self-reliance as positive. Some participants explain that they need help in their household. Others simply prefer some help in their household, but do not need it. Some of the participants describe that they have inexperience with certain situations regarding their self-reliance, but also some describe that they are capable of recognizing their own limits. Overall, it can be concluded that older adults perceive their self-reliance positively.

3.2 Physical self-reliance

To answer the first sub-question "which factors do older adults perceive as important to their physical self-reliance in daily life?", the codes labelled to the fragments of physical self-reliance will be analysed. Sub-question 1 will be answered at the end of paragraph 3.2 in the conclusion. The codes belonging to the topics of physical self-reliance are:

- *Positive judgement (physical) self-reliance (24 fragments by 15 participants)*
- *Living in the moment (10 fragments by 7 participants)*
- *Intention to remain (physical) self-reliance (10 fragments by 7 participants)*
- *Intention to adapt (home) needs (9 fragments by 8 participants)*
- *Intention to look for solutions (8 fragments by 7 participants)*
- *Negative judgement health (7 fragments by 7 participants)*
- *Positive judgement health (7 fragments by 4 participants)*

Positive judgement (physical) self-reliance

Twenty-four fragments of transcripts can be coded as positive judgement (physical) self-reliance. Even though several participants described that they are positive with regard to their (physical) self-reliance, there are differences in how they experience their (physical) self-reliance.

Participant 1 explained that she believes, being self-reliant also means that you need to know when to ask for help.

"Nou ik ben helemaal niet beperkt, tenminste mijn buren komen mij helpen met dingen waar ik hulp nodig heb, dus ik kan mijzelf heel goed redden. Dit heeft ook te maken met zelfredzaamheid, dat je weer wanneer je hulp moet vragen en dat je dit ook doet wanneer het nodig is"(P.1).

Participant 10 described that he has some physical difficulties, but is still self-reliant.

"Nou tot op heden, ik ben alleen een beetje beperkt met mijn ene rechter been. Maar verder auto rijden, alles, koken"(P.10).

Only 3 statements could be coded as "negative judgement (physical) self-reliance". Also, it became clear that even though older adults are mostly positive about their (physical) self-reliance, they have different opinions about what self-reliance means. Some believed that even though you are physically limited you can still be completely self-reliant.

Living in the moment

Several participants mentioned that they prefer to live in the moment. These participants explained that a lot can happen and you cannot be prepared for everything, so it is important to live in the moment and not to worry about everything that could possibly happen. Both participant 7 and 10 described how they feel self-reliant at the moment, but one cannot know what the future will look like.

"Ja, momenteel wel. Ja, momenteel wel. Je weet nog niet wat de toekomst brengt maar zo als ik er nu voor sta, ja dat heeft minimale gevolgen" (P.7).

"Ja, jawel. En ach je weet nooit hoe het loop ten je kan een keer over een drempel struikelen en je been breken."(P.18),

Living in the moment is a way to cope with risks. One possibility is that someone may not think about everything that could go wrong in someone's life. However, when someone lives in the moment and refuses to think ahead this could mean he or she is more at risk if an emergency happens. When someone never thought of, or prepared for an emergency, this can result in dangerous situations. Therefore, it is important to find a balance between living in the moment and being prepared for the future.

Intention to remain (physical) self-reliance

The coded transcripts showed that several participants described that they have the intention to remain (physical) self-reliance. However they differ in the way they intend to remain

(physical) self-reliance. Participant 8 described how she believes that being positive is important and the more positive you are, the easier things go. Participant 13 explained that she tries to stay self-reliant by keeping her body healthy through exercise.

"Oh ja, ik zorg dat mijn spieren soepel blijven. En mijn denken probeer ik op zo'n positief mogelijke manier te denken. Want dat is mijn persoonlijke mening, hoe positiever je in het leven staat, hoe makkelijker het er aan toe gaat"(P.8).

"Ja, ja. Ik zal proberen mijn lichaam zo goed mogelijk te laten functioneren door oefeningen en wat nog meer"(P.13).

That older adults have the intention to remain self-reliant is an important factor for them to stay self-reliant. As mentioned before, older adults may have the intention to stay self-reliant, this does not necessary mean that he or she has sufficient knowledge. It could therefore be profitable to actively provide the information they may need to stay self-reliant

Intention to adapt (home) needs and intention to look for solutions

The coded fragments with regard to physical self-reliance showed that several participants have the intention to adapt parts of their daily life to their needs, for example their home. The participants mentioned multiple times that they have the intention to look for solutions when they encounter difficulties. This could also mean that as result of wanting to look for solutions they adapt parts in their daily life, for example participant 20 had the intention to adapt to his needs and look for solutions.

*"Ja dat wel, dat wel. We hebben nu een handel om ons vast te houden, maar als het nodig was zou ik wel graag een douchestoel willen. Deze huizen zijn gebaseerd op 55 plussers dus de meeste dingen zitten er wel in. Er zitten geen drempels in huis. We hebben zelf een ruimere douchecabine aangelegd. Maar als ik iets nodig heb zoals een douchestoel dan kan ik dat aanvragen."(*P.20).

Other examples of wanting to look for solutions and adapting to what you need, are fragments from interviews from participant 1 and 12.

"Ja, dat vind ik want ik zoek zelf een oplossing"(P.1).

"Ja, daar hebben we het al over gehad ja. Of beneden een slaapkamer maken en een douche, een schuur die erachter zit, een natte cel"(P.12).

The results shows that older adults have the intention to adapt to their needs and look for solutions when necessary. A possible barrier for older adults to not act according their intention could be financial expenses. Adapting a home to the needs of a resident can be rather expensive, for example, installing a stairlift, getting a bathroom and or sleeping chamber downstairs, removing thresholds etc.

Negative judgement health and positive judgement health

Participants are both positive and negative with regard to their health. With regard to their physical self-reliance both "negative judgement health" and "positive judgement health" were used 7 times to label fragment. Participant 19 and 20 describes some negative parts of their health and participant 8 describes how she is happy with her physical health.

"Op dit moment wel, behalve dan die rug met bukken enzo. Als ik dat teveel doe, krijg ik weer last van mijn rug. Dat heeft de fysio ook gezegd, wees daar voorzichig mee" (P.20).

"Ik kan niet fietsen en dat vind ik heel jammer, want ik ben een buiten mens." (P.19).

"Zoals ik nu in mijn lichaam ben, hoop ik dat het nog heel lang mag duren"(P.8).

Older adults have both positive opinions and negative opinions regarding their health. Almost all participants were positive regarding their self-reliance and yet they do not judge their health as positively. This could mean that some older adults do not believe that physical health is very important to the extent they perceive themselves as self-reliant.

Conclusion

Based on the codes related to physical self-reliance the first sub-question will be answered "which factors do older adults perceive as important to their physical self-reliance in daily life?". It can be concluded that older adults are very positive regarding their (physical) self-reliance. Even though participants do not always describe their physical health as positive, they still think they are (physically) self-reliant. This may implicate that physical health may

influence the extent to which older adults perceive themselves as self-reliant, but that this is not the only factor influencing this. Other important factors could be whether older adults have the intention to adapt their home to their needs when necessary, or if they are willing to look for solutions. Furthermore, whether someone tries to live in the moment could be a factor that influences a person's perceived self-reliance.

3.3 Social -self-reliance

To answer the second sub-question "which factors do older adults perceive as important to their social self-reliance in daily life?". The codes of social self-reliance will be analysed. Sub-question 2 will be answered at the end of paragraph 3.3 in the conclusion. The codes belonging to the topics of social self-reliance are:

- *Intention to maintain social contacts (42 fragments by 19 participants)*
- *Social active lifestyle (32 fragments by 18 participants)*
- *Need for social contact (18 fragments by 12 participants)*

Intention to maintain social contacts

In total 42 fragments related to social self-reliance could be labelled with "intention to maintain social contacts". This means that several participants described multiple times that they want to maintain their social contacts. Participant 3 described how she takes the initiative to maintain social contact because she still has her driver's license.

"Zeker, jazeker. Het is wel zo ik kom overal. Ik heb veel vrienden, waar ik wel naartoe ga. Maar zelf zijn het mensen die achter de rollator lopen. het zijn mensen die geen auto hebben. En ik ga daarheen. En als ze hier willen komen, moet ik ze zelf ophalen met de auto en terugbrengen. Dat vind ik niet erg hoor. Maar ik bedoel het is niet dat ze niet willen, maar we houden toch zo het contact goed vast." (P.3).

Participant 10 explained how he values his social contacts and wants to maintain them, but he also makes clear that he has no desire to be friends with everybody.

"Ja, dat is geen punt, maar die keuze maak ik zelf. Ik kan met iedereen door één deur, maar niet iedereen zal vriend of vriend, die nodig ik niet uit op de koffie. Dat doe ik niet. Maar als ze om hulp vragen dan ben ik er. Maar ik ben niet meer, had er ook geen tijd voor om dat

*sociale contact uit te breiden. Want ik doe veel vrijwilligerswerk, de open eettafel, nou ja.”(*P.10).

Most participants have the intention to maintain their social contacts. When someone has the intention to maintain their social contacts this could decrease the chance of someone getting lonely. When older adults maintain their social contacts this could result in a positive appraisal of their self-reliance. Five fragments could be coded as “loneliness”. So, even though someone may have the intention to maintain his or her social contacts, this does not mean they cannot be lonely at the same time.

Social active lifestyle

Several participants described how they find an social active lifestyle important. Some were members of clubs as a means of staying active. Participant 1 and 12 both explained how they stay socially active by participating in clubs.

“Ik ben lid van verschillende lapjes en verenigingen. Ik ben lid van de pottenbak groep in de schilderclub en ik doe vrijwilligerswerk waarbij ik knutsel met geestelijk beperkte volwassen. Al deze clubjes zijn een keer per week. ik ben dus redelijk onder de mensen.” (P.1).

“Ik ben voorzitter van de KBO, ik ben lid van de senioren vraag, ik zit bij het zangkoor, ik zit bij de lief en leed van de politie bond, ik ben actief bij de kerk en bij de jachtvereniging. Ik doe nog genoeg.”(P.12).

A social active lifestyle is an important factor for older adults to stay self-reliant. Staying socially active means for al lot of older adults that they stay active in their community. Staying socially active could prevent older adults from getting lonely.

Need for social contact

Several participants want to stay socially active, also some of them described how they need social contact in their daily life. For example, participant 20, 13 and 7 all describe how they need social contacts.

“Jazeker, we helpen elkaar en staan klaar voor elkaar en dat willen we zeker zo houden”(P.20).

"Daar heb ik eigenlijk nooit bij stil gestaan. Ik heb het eigenlijk broodnodig"(P.13).

"Jawel, ja jawel. Doordat je steun van anderen krijg, voel je jezelf ook prettiger. En als je het idee krijgt dat mensen om je geven, want dat is wel belangrijk denk ik, dan krijg je zelf ook een soort gevoel van ik kan het best aan"(P.7).

Several participants made clear that having social contacts is not only something they want but also something they need. This emphasizes how important social-self-reliance is for older adults. At the same time 5 fragments could be coded as "need for time alone". This could mean that even though several participants need social contact, also some participants made clear that they also need time by themselves.

Conclusion

Based on the codes related to social self-reliance the second sub-question will be answered "which factors do older adults perceive as important to their social self-reliance in daily life?". It can be concluded that for older adults to stay self-reliant the intention to remain socially self-reliant is an important factor. Furthermore, a social active lifestyle is an important factor. There are some older adults who need social contact but for them to have this contact they need to invest in a social active lifestyle.

3.4 Evacuation safety

To answer the third sub-question "which factors do older adults perceive as important to their self-reliance during a crisis or incident?", the codes of evacuation safety will be analysed. Sub-question 3 will be answered at the end of paragraph 3.4 in the conclusion. The codes belonging to the topics of evacuation safety are:

- *Being prepared for emergency situations (19 fragments by 11 participants)*
- *Plan for evacuation (17 fragments by 13 participants)*
- *Being able to leave home independent (10 fragments by 10 participants)*
- *Intention to prepare for emergency situations (9 fragments by 8 participants)*

Being prepared for emergency situations

Based on the coded transcripts 19 fragments could be labelled as "being prepared for emergency situations". Several participants described how they were prepared for emergency

situations. The below mentioned fragments show how some participants are prepared for emergency situations.

"Ja, we hebben rookmelders boven op de overloop en we hebben lichtjes en lampjes aan. Daarom zitten we ook zo goed hier, met de buren. Die letten ook goed op. Als je ons een poos niet gezien hebben komen ze langs, zo nu en dan. Dan kijken ze even hoe het bij ons is. Ik denk dat er veel mensen zijn die zouden willen dat ze dit ook hebben."(P.18).

Several older adults described that they were prepared for emergency situations. They explained how they were prepared, the extent to which they were prepared differed. Some participant were very well prepared, they had smoke alarms, a CO alarm, a flight key or emergency lights. Others described they were very well prepared, but they did not even have a smoke alarm.

Plan for evacuation

Several participants described how they were prepared for emergency situations, also some participants already had a plan for how to evacuate their home in case of an emergency, such as an fire. Participant 8 and 2 described how they would evacuate.

"Beslist, want ik heb altijd als we naar boven naar te gaan om te slapen, de sleutel bij de hand. Want daar moet je ook aan denken, dat je niet ook nog eens een sleutel op moet zoeken ergens. Dus ik heb het altijd naast me. Ja." (P.8).

"Ik kan altijd nog desnoods boven van mijn slaapkamerraam naar het platte dak. Dus ik kan altijd wel naar buiten komen."(P.2).

Several participants made clear that they have a plan for how to evacuate in case of an emergency. They described which route they would take and why they would take that route. Six fragments could be labelled as " recognitions own limits". Some participants made clear that even though they knew how to evacuate some did not know if it will work that way in real life. Some older adults explained that they realized that they are elderly and therefore could be easily injured. If this happens, they explained they would probably not be able to evacuate.

Being able to leave home independently

Several participants described how they were able to leave independently, for example participant 15 believed she can leave her home independently, provided that she would not fall or break anything.

"Nou daar ga ik toch wel vanuit dan. Tenzij je ergens onderkomt of dat je iets hebt of dat je valt of iets breekt. Maar normaal gesproken wel hoor." (15).

Several older adults describe how they believe they are able to leave their home independently in case of an emergency. As mentioned before, 6 fragments could be labelled as "recognitions own limits". Some participants made clear that even though they believe they are able to leave their home independent now, this does not mean that they would be able to do it an emergency situation, because someone does not know how serious it is and how their health and mobility would be at the moment.

Intention to prepare for emergency situations

The coded fragments showed that some participants intent to prepare for emergency situations. For example by preparing their home, participant 12 and 17 gave some examples.

"Ik heb noodverlichting, mocht er wat gebeuren dan met de stroom dan gaat dat aan. Dat is normaal voor oorlogsschepen en voor civiel." (P.17).

"Ja ,ja, een natte cel boven plaatsen, daar zou ik dus naartoe gaan. En water aan en zorgen dat dat nat blijft. En eh ja. Daar heb ik wel over nagedacht."(P.12).

Several participants have the intention to prepare for emergency situations. An example of how they could prepare is by adapting their house to reduce the risk of casualties during a fire.

Conclusion

Based on the codes related to evacuation safety, the third sub-question will be answered "which factors do older adults perceive as important to their self-reliance during a crisis or incident?". It can be concluded that the participants find themselves prepared for emergency situations and some already have a plan for evacuation. Several participants emphasized that they were able to leave their home independently. Some of the participants also explained that

they intent to prepare for an emergency. However, some older adults were aware of their limits and how they may not be able to act the way they intended.

3.5 Tools and accessibility

The topic "tools and accessibility" functioned to map what older adults expect to need in the future to stay self-reliant and trough which communication channel they prefer to be informed. The results of the topic "tools and accessibility" will be used to answer sub question 4 "through which communication channels do older adults prefer to be informed?". Sub-question 4 will be answered at the end of paragraph 3.5 in the conclusion. The codes belonging to the "topic tools and accessibility" are:

- *Preference for communication channel (24 fragments by 19 participants)*
- *Positive judgement technical devices (13 fragments by 7 participants)*
- *Intention to adapt (home) to needs (10 fragments by 10 participants)*
- *Intention to move when necessary (8 fragments by 6 participants)*

Preference for communication channel

The participants explained through which channels they prefer to be informed. The preferred channels were: regional newspaper, paper, internet (email), elderly union newspaper, leaflets and television. The coded fragments of the interviews with participant 18 and 2 show some of the variety of ways they like to be informed.

"Ach er komt een hele boel binnen, ook aan folders en al. Internet ik red mij nog aardig met de computer, daar zoek ik ook wel dingen op. Van beide wel. Wat ik denk als ik denk in de gauwigheid wat zou moeten weten ik eerst grijp naar het internet.
"(P.18).

"Ik denk het beste door folders of door huis aan huis bladen. en via de TV. Internet is minder handig op deze leeftijd. Er zijn veel mensen die geen huis aan huis bladen willen maar dan mis je heel veel informatie." (P.2).

The participants made clear which channels they preferred to be informed. The most popular were the regional newspaper, newspaper and internet.

Positive judgement technical devices

Several participants stated that they prefer to use technical devices such as: smartphone's, IPad's and computers as a means to stay informed. For example, participant 7 and 15 stated that they like to use technical devices.

"Ja, nou. Ja, ja ik gebruik altijd internet, de smartphone, de IPad, alles wel." (P.7).

"Ja, ik vind de smartphone wel leuk. Ik heb hem gekregen. Ik heb eerst de laptop gekregen toen ik 70 werd en de IPad heb ik gekregen toen ik 75 werd."(P.15).

Several older adults have a positive opinion of technical devices. There are individual differences in the extent to which someone prefers to use a technical devices. Some participants only use it for their e-mail and their banking affairs, others to play games and there were even some older adults who used it to maintain social contacts. However, there are still older adults who do not use internet in any way, 5 fragments could be coded as "negative judgement technical devices".

Intention to adapt (home) to needs

Based on the fragments of the transcripts related to the topic " tools and accessibility" it became clear that some participants have the intention to adapt to their needs. This does not only mean to adapt their home, but also use medical equipment such as a rollator.

"Uh, nou wanneer ik rolstoel gebonden zou worden dan zou ik aanpassingen in de keuken moeten hebben. Ik zou, kijk dit is wel een appartementencomplex dat je alles gelijkvloers heb met de toegankelijkheid is, voorkomen ongeschikt is voor invaliden, omdat de drempel te hoog is." (P.13).

"Nou nee, kijk er zijn hulpmiddelen zoals de rollator en zulk soort dingen. Dus als we nog ouder worden dan zullen zulke dingen wel aan de pas komen"(P.11).

Several participants had the intention to adapt their home to their needs. However, there can be a difference in having the intention to adapt a home to someone's needs and someone actually adapting their home. Older adults can perceive barriers between having the intention and acting on the intention, for examples expenses.

Intention to move when necessary

Several participants stated that they have the intention to move when they can no longer independently and self-reliantly live in their home. Participant 4 and 12 both stated that they intent to move when necessary.

*"Ik ga hier weg, want het is mij te groot. Ik heb mijn in laten schrijven voor een complex waar veel ouderen zitten. Dus dan zit je meteen veiliger."(*P.4).

"Wij willen zo lang mogelijk, daar hebben we het samen wel over gehad, met de kinderen ook want die wonen allebei in Tubbergen, dat is wel makkelijk. En dan heb ik ook gezegd, zolang het nog kan willen hier blijven wonen. Maar als het niet gaat, gaan we ook weg." (P.12).

Several participants have the intention to move when necessary. Even though they have the intention, the question remains if they will do it when the time comes they can no longer live self-reliant in their current home. A home can have a lot of emotional value and therefore, someone can try to postpone moving as long as possible. Furthermore, there can be a difference in opinion on when someone can no longer live self-reliant in their home. The opinion of the older adult(s) can differ from the opinion of family, friends or professionals whom work with older adults.

Conclusion

Based on the codes related to tools and accessibility, the fourth sub-question will be answered "Through which communication channels do older adults prefer to be informed?". It can be concluded that older adults prefer to be informed through the communication channels: internet (email), paper, regional newspaper, elderly union newspaper, leaflets and television. Especially, the regional papers were, for a lot of older adults, the main channel through which they prefer to be informed.

3.6 Pre-question

During the interview a pre-question/opening question was asked "How do you judge your health in daily life?". This question functioned as opening question and to map how the participant judged their health in daily life. The codes that were suitable for the important fragments were:

- *Positive judgement health (18 fragments by 15 participants)*
- *Negative judgement health (13 fragments by 11 participants)*

Negative judgement health and positive judgement health

The participants described both positive and negative judgement regarding their health. From the fragments related to the pre-questions 12 fragments were labelled as "negative judgement health" and 18 fragments were labelled as "positive judgement health". Several participants experienced pain in daily life, for example participant 15.

"Ik heb pijn in mijn botten, in mijn handen, in mijn benen, in mijn billen zeg ik haast. Als ik een tijd gezeten heb, moet ik gewoon in de benen om even weer een eindje te lopen en dan kan het wel weer. Ik heb enorm veel pijn in mijn scheenbenen, vooral mijn rechter kant." (P.15).

Participants also described that the decline of their health is the result of the process of getting older, for example participant 14.

"Nou uh, nou uh wel goed op zich, maar je wordt ouder. Dat kan ik aan alles wel weten". (P.14).

Even though several participants experienced some physical limitations or pain in daily life, there were also participants who experienced no physical limitations and felt completely healthy.

"Om met mijn gezondheid te beginnen, ik voel mij hartstikke gezond en vitaal. Ik slik geen enkele pil. Af en toe slik ik vitaminen en mineralen, zoals vitamine B3 en van dat soort. En dat gebruik ik ook niet dagelijks. Meestal als een verkoudheid op komt of een griepje, als ik voel dat grieperig word denk ik, ik zou maar even een vitamine c boost nemen en ga ik verder. Verder gebruik ik heel veel kruiden om mijn gezondheid in stand e houden. En ik voel me heel erg gezond en heel vitaal". (P.8).

Conclusion

Based on the labelled fragments it can be concluded that the participants have different opinions regarding their physical health. As mentioned before they differ in opinion regarding

their health, but almost all participants are positive regarding their own (physical) self-reliance.

3.7 Conclusions

Based on the coded transcripts the research question “to what extent perceive older adults themselves self-reliant with regard to their general self-reliance, physical self-reliance, social self-reliance and their capability to be self-reliant during a crisis or incident in which they need to evacuate?” can be answered. Based on the data it can be concluded that older adults find themselves self-reliant with regard to their general self-reliance, physical self-reliance, social self-reliance and their capability to be self-reliant during a crisis or incident in which they need to evacuate. The older adults made clear that they are positive with regard to their (physical) self-reliance.

Table 1. *Summary coded fragments (n=20)*

Code	General self-reliance	Physical self-reliance	Social self-reliance	Evacuation safety	Tools & Accessibility	Pre-questions	Total
Coping Appraisal							
Being able to ask for help	6 (6)	3 (3)	1 (1)	-	-	-	10
Being able to leave home independent	-	-	-	10 (10)	-	-	10
Being prepared for emergency situations	-	-	-	19 (11)	-	-	19
Positive judgement to stay calm during emergency situations	-	-	-	4 (3)	-	-	4
Positive judgement close friends/family	2 (2)	1 (1)	3 (3)	-	-	-	6
Positive judgement (physical) self-reliance	25 (18)	24 (15)	-	1 (1)	-	3 (2)	53
Positive judgement health care	9 (9)	-	-	-	-	-	9
Positive judgement health	1 (1)	7 (4)	-	-	-	18 (15)	26
Positive judgement technical devices	-	-	-	-	13 (7)	-	13
Positive experience with (health care) professionals	7 (4)	-	-	-	-	-	7
Help in household	11 (9)	1 (1)	1 (1)	-	-	-	13
(social) active lifestyle	4 (4)	3 (3)	32 (18)	1 (1)	2 (2)	1 (1)	43
Plan for evacuation	-	-	-	17 (13)	-	-	17
Recognition own limits	13 (9)	4 (2)	-	6 (2)	1 (1)	-	24
Preference for communication channel	-	-	-	-	24 (19)	-	24
Need for social contact	2 (2)	1 (1)	18 (12)	1 (1)	-	-	22
Need for alone time	-	1 (1)	5 (4)	-	-	-	6
Living in the moment	2 (2)	10 (7)	3 (3)	4 (3)	1 (1)	-	20
Behaviour intention							
Intention to adapt (home) to needs	6 (5)	9 (8)	-	1 (1)	10 (10)	-	26
Intention to remain (physical) self-reliance	8 (8)	10 (7)	1 (1)	-	4 (4)	-	23
Intention to look for solutions	2 (2)	8 (7)	1 (1)	4 (2)	5 (3)	2 (2)	22

Intention to stay at home	6 (5)	1 (1)	-	1 (1)	2 (2)	-	10
Intention to move when necessary	3 (2)	1 (1)	-	1 (1)	8 (6)	-	13
Intention to prepare for emergency situations	-	-	-	9 (8)	-	-	9
Intention to maintain social contacts	1 (1)	2 (1)	42 (19)	-	-	-	45
Threat Appraisal							
Having trouble to ask for help	8 (6)	-	-	-	-	-	8
Having trouble estimating own limits	4 (3)	-	2 (2)	-	-	-	6
Negative judgement health care	6 (6)	-	-	-	1 (1)	-	7
Negative judgement (physical) self-reliance	3 (3)	3 (3)	-	-	-	1 (1)	7
Negative judgement technical devices	2 (1)	-	1 (1)	-	5 (3)	-	8
Negative judgement health	1 (1)	7 (6)	1 (1)	-	-	13 (11)	22
loneliness	1 (1)	1 (1)	6 (4)	-	3 (1)	-	11
No smoke alarm	-	-	-	4 (3)	-	-	4
Inexperience	8 (8)	2 (2)	-	4 (4)	1 (1)	-	15
Negative judgement municipality	1 (1)	-	-	1 (1)	3 (3)	-	5

4.1 Conclusion and discussion

4.1 Conclusion

Based on the answered research question and answered sub-questions in chapter 3 it can be concluded that overall older adults find themselves self-reliant with regard to their general, physical and social self-reliance. They also believe that they are prepared for emergency situations and that they are capable to evacuate when necessary (sub-question 3). Physical health is not the most important factor to determine self-reliance. Being able to take care of themselves, even with (physical) limitations is an important factor (sub-question 1). Also, being able to engage in an active social lifestyle is an important factor for self-reliance (sub-question 2). Older adults prefer several communications to be informed through: internet (email), paper, regional newspaper, elderly union newspaper, leaflets and television. Especially, the regional newspapers were preferred by older adults (sub-question 4).

There can be a difference between the perceptions older adults have about their self-reliance and their actual self-reliance. Further research is needed to establish whether there is a difference. There is a difference of perception between older adults and professionals regarding the self-reliant of older adults. Professionals base their perceptions mainly on the physical health of older adults and factors that threaten the health of older adults. Older adults mainly base their perceptions of their self-reliance on being able to take care of themselves, even if that means they need the help of others, and being able to have an active social life.

It is important to note that even though an older adult may believe that they are self-reliant, others may have a different opinion. Different people can have different definitions about self-reliance. The previous chapter presented the results, in this paragraph the results will be explained using the theoretical framework.

Protection Motivation Theory

In case of this research it was expected that whether older adults adapt to their changing needs depends on their threat appraisal and their coping appraisal, their appraised fear, previous experiences and knowledge.

With regard to coping appraisal it was expected that older adults had the intention had to change their behaviour when they believed that the proposed behaviour is effective in reducing the threat (perceived response efficacy), believed they were able to perform the

recommended behaviour (perceived self-efficacy) and they believed they have the resources for the material and immaterial costs (perceived response cost). With regard to threat appraisal it was expected that whether older adults had the intention of changing their behaviour depended on whether they believed that a decrease in self-reliance is relevant for them (vulnerability) and whether this could have severe consequences (severity).

The PMT assisted in understanding the perceptions of older adults regarding their self-reliance. When comparing the results to the above mentioned expectations it van be concluded that older adults believe that they are capable of estimating whether the chance of them becoming less self-reliant is severe and whether they are vulnerable of becoming less self-reliant. Furthermore, it can be concluded that older adults have the intention to adapt when they believed it is necessary so they can remain self-reliant. They believed they were capable of adapting and they had the intention to look for solutions. Moreover, it can be concluded that older adults did not fear the threat of becoming less self-reliant because they believed they were able to adapt to becoming less self-reliant. With regard to their previous experience and knowledge it can be concluded that most participants did not have experience with situations in which becoming less self-reliant is a threat. The PMT functioned as a tool to understand the perceptions of older adults. It helped to understand why they did not perceive becoming less self-reliant as a threat and how they perceive themselves as being able to adapt to a situation in which becoming less self-reliant is the case.

Extended Parallel Process Model

The EPPM is a communication model that could help answer the question "how do people react on a message that motivates them to adaptive behaviour?". Whether older adults accept a message and to perform adaptive behaviour depends on multiple components. It was expected that when a message was formulated correctly with regard to message components that whether the message was accepted depended on the perceived efficacy, the perceived threat and fear.

How someone reacts to a message is determined by the perceived efficacy(self-efficacy and response efficacy) and perceived threat (susceptibility and severity). The message should make older adults aware of the threat but should also give older adults the means to handle the threat. As mentioned before, older adults perceive themselves as self-reliant and capable of adapting to a situation in which their self-reliance could decrease. It can also be concluded

that older adults perceive themselves as capable of estimating a threat and capable of preparing and adapt themselves.

The EPPM gave insight in how a message could be formulated to motivate adaptive behaviour of older adults. Older adults perceive themselves as capable of changing their behaviour to reduce the chance of becoming less self-reliant and are willing to adapt. Therefore, it is of the most importance that a message is formulated in a way to motivate the efficacy. At the same also make them aware of the threat, because if they do not perceive a threat they will not intent to adopt the recommendations of the message.

4.2 Discussion and limitations

Based on the results it became clear that older adults feel capable of estimating whether a threat is severe and whether they are vulnerable. The question remains whether their threat appraisal is in accordance with the reality. Therefore, further research is recommended to study threat appraisal of older adults and compare this to the reality. Whether their threat appraisal is in accordance with the reality depends, among other things, on whether their estimation of their self-reliance is correct. This research focuses on the subjective self-reliance of older adults, this is probably not for every participant the objective self-reliance. It is interesting that almost every participant described themselves as self-reliant, because several participants described how they were limited in their daily life due to physical limitations. This is interesting because it would be expected that a physical limitation in daily life would influence the self-reliance of older adults. A possible explanation for this could be that older adults are in denial about the impact their physical limitations have on their self-reliance, but further research is needed to examine this. To get a more accurate representation of the self-reliance of older adults, further research is needed. This further research should focus on both subjective and objective self-reliance of older adults. This is important because there could be an discrepancy between the subjective and objective self-reliance. Research of Thijsen, Wiegersma, Deeg and Janssen (2014) shows there a is a difference between the subjective age of older adults and their actual age. Older adults describe that they feel younger than their age, this could also possibly translate in their self-reliance, that they feel more self-reliant than they actually are. More research is needed to study this possibility.

Verver and colleagues (2017) described the differences of perception of self-reliance between older adults and health care professionals. Unlike the research of Verver and colleagues

(2017) this research did not find evidence that older adults perceive budget cuts in long-term care as an important factor that influence their perceived self-reliance. A possible explanation for this could be that the researched did not specifically ask about this. This research did found evidence that a decline in the physical health of older adults does not necessary mean a decrease of self-reliance, but is mainly a consequence of getting older. Regarding the social self-reliance of older adults, this research found that older adults have the intention to maintain social contacts and they are making efforts to live a social active lifestyle. Furthermore, this research showed that older adults feel a need for social contact to stay socially self-reliant and not to become lonely, this is in accordance with the results of Verver and colleagues (2017).

The results of this research is based on 20 older adults living in Twente, this should be taking into consideration when generalizing the results to all older adults in the Netherlands. Qualitive research aims to improve the understanding of complex human behaviour, which in case of qualitive research is more important than generalizability (Marshall, 1996; Myers, 2000). However, it is important to have enough interviewee's to achieve information saturation and with the 20 respondents of this study, information saturation is achieved (Marshall, Cardon, Podar & Fontenot, 2013). From the 20 interviewee's 16 lived in a rural living area and only 4 lived in a urban living area. It is important to note that because most interviewee's lived in rural living area, further research is needed to also conform if the results of his research also apply to older adults living in urban living areas. Research of Ashida and colleagues (2016) showed that rurality is contextual variable that could influence the perceived self-reliance of older adults after a disaster, crisis or incident. Older adults are more at risk to become socially isolated after an disaster and have more difficulties to adapt and stay self-reliant. This research was not focused on older adults who experienced a disaster, crisis or incident. Therefore, this research did not found enough evidence to conform this results.

Social desirability bias is a factor that could influence the validity of the results. Participants may feel like they need to answer the question in a way they believe the interviewer prefers. The interviewer tried to minimize the social desirability bias by making clear to the participant that the research is about their opinion and not about facts, only their opinion is important. The researcher tried to make the participant feel more comfortable by having the interview in their home. Still, there is no way to measure to which extent the participant

answered social desirable. Furthermore, there is the possibility that some participants were in denial regarding their self-reliance. They may not want to admit to themselves and/or the researcher that their self-reliance is decreasing or has decreased over time.

The aim was to be as objective as possible regarding the coding. To minimize the risk of subjective interpretations that could influence the results another researcher was asked to judge, randomly, seven coded interviews. And after judging the data, discussing the findings with the researcher. So, the researcher could adjust the codes where needed. This increased the inter-rater reliability. Armstrong, Gosling, Weinman & Marteu (1997) suggests that if two or more researcher conduct a research the results will be improved. In case of having a researcher evaluating the coded data, the reliability of research will be improved (Armstrong, Gosling, Weinman & Marteu, 1997)

4.3 Practical recommendations

Based on this research some practical recommendations can be made for professionals who work with older adults. The recommendation are divided in recommendations regarding self-reliance in emergency situations and self-reliance in daily life.

Self-reliance in emergency situations:

1. Several older adults described that they had no experience with emergency situations and did therefore, not know how they will handle an emergency situation. It could be important that older adults are better informed, so that even when they have no experience with a certain situations, they still know what to do. One way to inform older adults could be through regional newspapers. The messages in these regional newspapers could vary. For example, the municipality, police or fire brigade could post an article to inform or advice older adults. Furthermore, unions for older adults could inform them through articles consisting of factual information or fictional stories centred on successful preparation. Regional newspapers are a medium that reach the older adults but the information distributed through this medium could vary.
2. Different participants had different definitions of what being prepared for an emergency situation meant. It is important that professionals who work with older adults or try to inform older adults keep this in mind and adapt to individual differences. Professionals could motivate older adults to be prepared. This could start with something simple like actively promoting smoke alarms and giving older adults

clear guidelines on how to install and how to maintain them, for example how to change the batteries and how to test it. Another way is to provide a helpline which they could call if they need, for example a handyman.

Self-reliance in daily life

1. Several older adults described they find it hard to ask for help. Professional should think about what they can do and actively try to minimize the perceived barriers and motivate older adults to ask for help.
2. Older adults describe they have the intention to remain self-reliant. However, it is important to motivate older adults to act according their intention. Older adults may have the intention to stay self-reliant, this does not necessary mean that they have the knowledge. It could therefore be profitable to actively provide the information they may need to stay self-reliant. This way older adults can get advise on how to act on their intended behaviour.
3. There could be a difference in what professionals perceive as "self-reliant" and what the older adults perceive as "self-reliant". Therefore, it is important, when talking with older adults about their perceived degree of self-reliance, to define the concept of "self-reliance". So, the chance of miscommunications decreases.
4. Based on the research it can be concluded that older adults have the intention to adapt to their needs and look for solutions. However, adapting a home to the needs of a resident can be rather expensive for example, installing a stair lift, getting a bathroom and/or sleeping chamber downstairs, removing thresholds etc.. Expenses could be a barrier for older adults to adapt their home to their needs. It could therefore be beneficial to actively inform older adults about which steps they have to take to adapt their home and what possible financial compensation they may receive.
5. The participants described the importance of a social active lifestyle to stay socially self-reliant. Therefore, it is important for professionals to motivate older adults and support them in maintaining an social active lifestyle. Older adults are more at risk of getting lonely which could result in a decrease of (social and physical) self-reliance. It is also important for professionals who work with older adults to keep in mind that older adults who feel lonely may not act lonely.
6. Professionals and organisations that want to inform older adults on certain topics, should use communication channels that reach their target group. Therefore it is recommended that these professionals and organisations use the communication

channels described in the results, preferably a combination, for example both a regional newspaper and internet. For older adults who do not use internet or prefer not to, it is important that they can be informed or find information they want through other channels. In a society where everything is online it is important to remember that not everybody is. Therefore, it is recommendable that older adults who are informed by, for example a regional newspaper, can seek contact not only through the internet, but also are given an phone number or correspondence/visiting address.

7. When professionals want to send a message to older adults it is important that they formulate the message in a way that older adults are more likely to accept the message. A way to do this, is by using the EPPM. This entails that a message should contain components to make older adults perceive the threat as severe. This means that older adults should feel susceptible to the perceived threat but also perceive the threat as severe. At the same time older adults should perceive their efficacy as sufficient. This means that older adults have sufficient self-efficacy (whether someone thinks that he/she can perform the recommended behaviour) and response efficacy (whether someone thinks that the proposed behaviour is effective in reducing the threat). Fear is also a component that influences the acceptance or rejection of a message. When someone perceives too much fear, they probably will reject the message, but some fear may increase the likelihood that the message will be accepted.

4.4 Summary

This research showed that older adults have a positive judgement regarding their own self-reliance and the intention to remain self-reliant. However, this judgement is subjective. Older adults perceive themselves as self-reliant even when they experience physical limitations. This requires health care professionals to look at self-reliance through the eyes of older adults and to learn what older adults perceive as self-reliance and when they think they need help. Self-reliance is not a summary of factors. It pertains the ability of older adults to take care of themselves, even though they experience (physical) limitations, and to participate in a social active lifestyle.

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Appendix

Appendix A: Interview Vragenlijst

Interview Vragenlijst

Vragenlijst zelfredzaamheid

Introductie: Voor de GHOR ben ik onderzoek aan het doen naar hoe zelfredzaam oudere volwassenen zichzelf vinden. Zelfredzaamheid heeft te maken met in verre u vindt dat u uzelf kunt redden, u in staat bent om zelfstandig te wonen en wanneer nodig u zelfstandig in noodsituaties u woning kunt verlaten.

Demografische gegevens

Leeftijd:

Geslacht: man - vrouw

Geboorteland:

Woongebied: stad - dorp

Woonsituatie: Type woning:

Hoe beoordeelt u, uw gezondheid in het dagelijks leven?

1. **Algemeen**
   - 1.1 In welke mate beschouwt u uzelf zelfredzaam over het algeheel?
   - 1.2 Ik ben in staat om in te schatten wat mijn grenzen zijn en weet wanneer ik om hulp moet vragen.
   - 1.3 Ik ben van mening dat eventuele professionals/hulpverleners op dezelfde lijn als ik zitten met betrekking tot zelfredzaamheid
   - 1.4 Ik heb de intentie om te blijven nadenken over wat ik nodig heb om zelfstandig en zelfredzaam te blijven zodat ik zelfstandig kan blijven wonen.

2. **Fysiek**
   - 2.1 Ik ben lichamelijk in staat om zelfredzaam te blijven functioneren
   - 2.2 Ik ben van mening dat lichamelijke beperkingen zelfredzaamheid minimaal beïnvloeden

2.3 Ik heb de intentie om zo zelfredzaam mogelijk te blijven door ervoor te zorgen dat ik voorbereid ben op eventuele lichamelijke beperkingen, bijvoorbeeld het aanschaffen van een douchestoel

3. Sociaal

3.1 Ik ben in staat om sociale contacten te onderhouden waardoor ik zowel sociaal actief en zelfredzaam blijf

3.2 Ik ben van mening dat mijn sociale leven mij helpt/ondersteunt in de mate van zelfredzaamheid die ik ervaar

3.3 Ik heb de intentie om mijn sociale contacten te onderhouden en met behulp van deze contacten mijn mate van zelfredzaamheid te maximaliseren

4. Ontruimingsveiligheid

4.1 Ik ben in staat om veilig en zelfstandig mijn woning te verlaten in noodsituaties.

4.2 Ik ben van mening dat ik genoeg hulpmiddelen en kennis heb om zelfstandig mijn woning te verlaten

4.3 Ik heb de intentie om mij zo goed mogelijk voor te bereiden op mogelijke noodsituaties waarin ik mijn woning moet verlaten

5. Hulpmiddelen en bereikbaarheid

5.1 Wat heeft u nodig om zelfstandig en zelfredzaam te blijven wonen?

5.2 Door middel van welke kanalen vindt u dat u het beste bereikt kan worden om geïnformeerd te worden, over bijvoorbeeld thema's als evacuaties of zelfredzaamheid? U kunt hierbij denken aan folders, bijeenkomsten of e-mail.

Appendix B: Interview Questionnaire

Interview Questionnaire

Questionnaire self-reliance

Introduction: For the GHOR, I am doing research on how self-reliant older adults perceive themselves. Self-reliance includes the extent to which you maintain your independence, you are able to live independently and, when necessary, you can leave your home independently in emergency situations.

Demographic information

Age:

Gender:

Country of birth:

Living area:

Living situation: Type residence:

How do you judge, your health in daily life?

1. **General**
   - 1.1 To what extent do you consider yourself self-reliant in general?
   - 1.2 I am capable to estimate my limits and know when to ask for help.
   - 1.3 I believe that professionals / care providers and I share the same opinion with regard to my self-reliance
   - 1.4 I intend to continue thinking about what I need to remain independent and self-reliant so that I can continue to live independently.

2. **Physical**
   - 2.1 I am physically able to function in a self-reliant manner
   - 2.2 I believe that my, possible, physical limitations have a minimal impact on my self-reliance.
   - 2.3 I intend to remain as self-reliant as possible by ensuring that I am prepared for any physical limitations, such as purchasing a shower chair.

3. **Social**

3.1 I am capable to maintain social contacts, so that I remain socially active and self-reliant.

3.2 I believe that my social life helps/supports me in maintaining my self-reliance.

3.3 I intend to maintain my social contacts because maintaining my social contacts helps to maximize my level of self-reliance.

4. **Evacuation safety**

4.1 I am capable to leave my home safely and independently in emergency situations

4.2 I believe that I have enough tools and knowledge to leave my home independently.

4.3 I intend to prepare myself as well as possible for potential emergency situations in which I have to leave my home.

5. **Tools and accessibility**

5.1 What do you need to remain independent and self-reliant in the future?

5.2 Through which channels do you think you can best be reached to be informed, for example, about topics regarding evacuations or self-reliance? For example brochures, meetings or e-mail.

Appendix C: informed consent formulier

INFORMED CONSENT FORMULIER

De perceptie van oudere volwassenen met betrekking tot de mate van zelfredzaamheid.

Doel van het onderzoek

Dit onderzoek wordt geleid door Maaike Noppers. U bent van harte uitgenodigd om deel te nemen aan dit onderzoek. Het doel van dit onderzoek is om de perceptie van oudere volwassenen in beeld brengen met betrekking tot de mate van zelfredzaamheid die zij ervaren.

Gang van zaken tijdens het onderzoek

U neemt deel aan een interview waarin aan u vragen zullen worden gesteld over in hoeverre u uzelf zelfredzaam vindt. Een voorbeeld van een vraag die u zal worden gesteld: “In welke mate beschouwt u uzelf zelfredzaam over het algeheel”. U dient tenminste 70 jaar te zijn en zelfstandig te wonen om deel te nemen aan dit onderzoek. Voorafgaand aan het interview wordt u onder andere vragen gesteld over uw demografische gegevens. Tijdens het interview zal, aan de hand van een vragenlijst, dieper worden ingegaan op zelfredzaamheid, veiligheid, hulpmiddelen en bereikbaarheid. Van het interview zal een audio-opname worden gemaakt, zodat het gesprek later kan worden uitgewerkt. Dit transcript wordt vervolgend gebruikt in het verdere onderzoek.

Potentiële risico's en ongemakken

Er zijn geen fysieke, juridische of economische risico's verbonden aan uw deelname aan deze studie. Er kan enig ongemak ervaren worden met uw deelname aan deze studie, vanwege de gevoelige aard van het onderwerp. U hoeft geen vragen te beantwoorden die u niet wilt beantwoorden. Uw deelname is vrijwillig en u kunt uw deelname op elk gewenst moment stoppen.

Vergoeding

U ontvangt voor deelname aan dit onderzoek geen financiële vergoeding.

Vertrouwelijkheid van gegevens

Uw privacy is en blijft maximaal beschermd. Er wordt op geen enkele wijze vertrouwelijke informatie of persoonsgegevens van of over u naar buiten gebracht, waardoor iemand u zal kunnen herkennen. Bij de start van ons onderzoek krijgt uw naam direct een **pseudoniem**. In een publicatie of presentatie zullen of anonieme gegevens of pseudoniemen worden gebruikt. De audio-opnamen, formulieren en andere documenten die in het kader van deze studie worden gemaakt of verzameld, worden opgeslagen op een beveiligde locatie bij de Universiteit Twente en op de beveiligde (versleutelde) computers van de onderzoekers.

Vrijwilligheid

Deelname aan dit onderzoek is geheel vrijwillig. U kunt als deelnemer uw medewerking aan het onderzoek te allen tijde stoppen, of weigeren dat uw gegevens voor het onderzoek mogen worden gebruikt, zonder opgaaf van redenen. Dit betekent dat als u voorafgaand aan het onderzoek besluit om af te zien van deelname aan dit onderzoek, dat dit op geen enkele wijze gevolgen voor u zal hebben. Tevens kunt u tot 10 werkdagen (bedenktijd) na het interview alsnog de toestemming intrekken die u heeft gegeven om gebruik te maken van uw gegevens.

Als u besluit om te stoppen met deelname aan het onderzoek, of als u vragen of klachten heeft, of uw bezorgdheid kenbaar wilt maken, of een vorm van schade of ongemak vanwege het onderzoek, neemt u dan contact op met de onderzoeksleider: Maaike Noppers, te bereiken via m.noppers@student.utwente.nl

Toestemmings-verklaring

Met uw ondertekening van dit document geeft aan dat u goed bent geïnformeerd over het onderzoek, de manier waarop de onderzoeksgegevens worden verzameld, gebruikt en behandeld en welke eventuele risico's u zou kunnen lopen door te participeren in dit onderzoek. Indien u vragen had, geeft u bij ondertekening aan dat u deze vragen heeft kunnen stellen en dat deze vragen helder en duidelijk zijn beantwoord. U geeft aan dat u vrijwillig akkoord gaat met uw deelname aan dit onderzoek. U ontvangt een kopie van dit ondertekende toestemmingsformulier.

Ik ga akkoord met deelname aan een onderzoeksproject geleid door Maaike Noppers. Het doel van dit document is om de voorwaarden van mijn deelname aan het project vast te leggen.

1. Ik kreeg voldoende informatie over dit onderzoeksproject. Het doel van mijn deelname als een geïnterviewde in dit project is voor mij helder uitgelegd en ik weet wat dit voor mij betekent.

2. Mijn deelname als geïnterviewde in dit project is vrijwillig. Er is geen expliciete of impliciete dwang voor mij om aan dit onderzoek deel te nemen.

3. Mijn deelname houdt in dat ik word geïnterviewd door Maaike Noppers. Het interview zal ongeveer 15 tot 60 minuten duren. Ik geef de onderzoeker (s) toestemming om tijdens het interview opnames (geluid / beeld) te maken en schriftelijke notities te nemen. Het is mij duidelijk dat, als ik toch bezwaar heb met een of meer punten zoals hierboven benoemd, ik op elk moment mijn deelname, zonder opgaaf van reden, kan stoppen.

4. Ik heb het recht om vragen niet te beantwoorden. Als ik me tijdens het interview ongemakkelijk voel, heb ik het recht om mijn deelname aan het interview te stoppen.

5. Ik heb van de onderzoeksleider de uitdrukkelijke garantie gekregen dat de onderzoeksleider er zorg voor draagt dat ik niet ben te identificeren in door het onderzoek naar buiten gebrachte gegevens, rapporten of artikelen. Mijn privacy is gewaarborgd als deelnemer aan dit onderzoek.

6. Ik heb de garantie gekregen dat dit onderzoeksproject is beoordeeld en goedgekeurd door de ethische commissie van de BMS Ethics Committee. Voor bezwaren met betrekking tot de opzet en of uitvoering van het onderzoek kan ik me wenden tot de Secretaris van de Ethische Commissie van de faculteit Behavioural, Management and Social Sciences op de Universiteit Twente via ethicscommittee-bms@utwente.nl.

7. Ik heb dit formulier gelezen en begrepen. Al mijn vragen zijn naar mijn tevredenheid beantwoord en ik ben vrijwillig akkoord met deelname aan dit onderzoek.

8. Ik heb een kopie ontvangen van dit toestemmingsformulier dat ook ondertekend is door de interviewer.

_____	_____	_____
Naam deelnemer	Handtekening	Datum
_____	_____	_____
Naam Onderzoeker	Handtekening	Datum