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Self-managing physical and mental health: a qualitative study on older adults' views and support needs in the Netherlands

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Abstract

To help older adults stay healthy and independent, different stakeholders have developed self-management programmes that aim to support older adults in maintaining or improving physical and mental health. These programmes do not always match older adults' needs and preferences. The aim of this study was to gain insight into independently living older adults' views and support needs in self-managing physical and mental health. A qualitative study was performed to collect data. Sixteen independently living older adults from the eastern part of the Netherlands were recruited through purposive sampling. The interviews were audiotaped, transcribed verbatim and subjected to thematic analysis. The results demonstrate that older adults who live independently believe that maintaining physical and mental health is an important pre-condition for remaining independent and living a meaningful life. They are positive about their health, tend to keep on going with an optimistic attitude and choose activities that suit them regarding type and intensity. The older adults believe deterioration is a normal part of getting older. They focus on preservation and adapt to their natural decline. However, some older adults struggle with their deterioration but prefer self-management rather than seeking professional support. To reach the target group, it has been suggested that nurses and other healthcare professionals tailor their support to the way older adults view and manage the maintenance of both physical and mental health.

1. Introduction

The increasing numbers of older adults in Western societies requires thought about the sustainability of current healthcare systems and the need to find ways to provide quality care using limited resources (European Commission, 2012; United Nations, 2015; World Health Organization, 2015). As a result, healthcare policies in many Western countries are aimed at enabling and facilitating independent living among older adults within the community (Dutch Ministry of Health, Welfare, & Sports, 2018; Lui et al., 2009).

Although this policy meets the wishes of older adults wanting to live in their own environment for as long as possible (Gitlin, 2003; Wiles et al., 2012), it also challenges people to remain healthy and arrange their own professional or informal care when necessary. This active involvement of older adults is in line with the principles of care according to 'self-management' (Barlow et al., 2002; Pulvirenti et al., 2014).

The term 'self-management' has been defined by Barlow et al. (2002) as the 'ability to manage symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition' and is generally associated with chronically ill patients. However, in the context of healthy and active ageing, the concept of self-management could be viewed in broader terms. When people get older, they are often confronted with social losses and physical or mental decline, which affects daily life (Gill et al., 2006; Rockwood et al., 2004; Santos-Eggimann et al., 2009). Facing these losses challenges older adults to manage the consequences and lifestyle changes that are necessary to adapt or recover. Therefore, the ability to self-manage is of great importance to all older adults, even if an individual still feels healthy and does not yet have a chronic condition.

To support older adults in self-managing their health, systems are encouraged to provide older person-centred and integrated care (World Health Organization, 2015). In line with this, a variety of stakeholders have developed self-management programmes over recent years, with the aim of supporting older adults in maintaining or improving physical and mental health. A systematic review has shown that self-management support programmes on activities of daily living can improve physical and mental abilities of community living older adults of 65 years and older (van het Bolscher et al., 2016). However, it is also known that such support programmes do not always match older adults' needs and preferences. Naaldenberg et al. (2012) indicated that self-management support services and health promotion interventions often address isolated health themes, such as healthy exercising or a healthy diet, or focus on risk factors, such as falling. This does not always fit with older adults' interests, abilities and positive views on health. It is also known that older adults might not be interested to participate in relevant support programmes or interventions because they perceive themselves as sufficiently healthy and active, or because of transport problems or a lack of time (Elskamp et al., 2012; Elzen et al., 2008). In addition, research of Lette et al. (2017) indicated that older adults often prefer to deal with health problems in their own way rather than having interventions or support programs developed by professionals imposed upon them.

Hence, there are indications that self-management support or health promotion programmes for older adults do not always meet the needs and preferences required. Therefore, we conducted a qualitative study to further explore older adults' views and support needs when self-managing the maintenance or improvement in physical and mental health. We focused on older adults (aged 65 years and older) who lived independently, still seemed to be able to live without any community or home care but would perhaps benefit from self-management support services or health promotion programmes to prevent or manage health problems. More insight into these older adults' views and support needs might help tailor support programmes further. The main research questions were:

- What are independently living older adults' views on maintaining and self-managing physical and mental health?
- Do they have support needs? If so, what kind of support is required? If support is not deemed necessary, why is this the case?

What is already known about this topic

- A healthcare policy for older adults calls for the active involvement of older adults in staying healthy and independent.
- Existing self-management support programmes, aimed at maintaining or improving older adults' physical or mental health, do not always match older adults' needs and preferences.

What this paper adds

- Independently living older adults have a positive frame of mind regarding their health and relate physical and mental health to daily functioning.
- Independently living older adults adapt to their decline and focus on the preservation of physical and mental health rather than on improvement.
- Independently living older adults tend to keep on going in the same way as they always have and delay seeking professional support.

2. Methods

As we were interested in gathering in-depth information on older adults' subjective perceptions when it came to self-managing the maintenance or improvement in physical and mental health, individual face-to-face interviews seemed to be the most appropriate wayof collecting the data.

2.1 Sample and recruitment

Purposive sampling was used to recruit older adults. This type of sampling involves selecting individuals with characteristics important to the study who can provide both depth of understanding and diverse perspectives on the research questions (Patton, 2002). General practitioners and health and welfare organisations in the eastern region of the Netherlands facilitated the recruitment by selecting potential study participants who met the predefined criteria: (a) aged 65 years and over, (b) living in the community, (c) not receiving any professional care at home and (d) not having been diagnosed with dementia or psychiatric illness. Eligible older adults were invited to participate in this study through in-person contact with the first author (MvhB). After being given information about this study verbally, potential participants received a letter containing information about the aim of the research, procedure and topics. An informed consent form was enclosed with the letter. Then, MvhB contacted the older adults by telephone to ask them whether they were open to taking part in the study. Subsequently, interviews were planned with the older adults who were interested in participating.

The signed informed consent forms were submitted prior to these interviews.

The sample was selected to reflect a variety of older adults and aimed to include a range of differences in terms of age (between 65–75 and 75 years or older), gender, education/socioeconomic status, living situation (alone or with a partner), cultural background and health status (living with or without chronic conditions). Recruitment of new interviewees

continued until data saturation was attained, that is the point at which no new information or themes were observed in the additional data (Guest et al., 2006).

2.2. Data collection

The face-to-face interviews took place between March 2017 and August 2017. All interviews started with a question about older adults' views on maintaining or improving physical and mental health. Subsequently, the interviewer probed into the older adults' experiences by posing questions on physical and mental health, the way they try to maintain or improve health and their needs for support. To guide the interviews, a topic list with themes, including 'views on self-managing health', 'perceived physical and mental health', 'maintaining or improving health' and 'support needs' was used. Examples of interview questions are given in Appendix S1. The interviews were conducted at the interviewees' preferred location: either at the older adults' home or in a room at a local residential and healthcare institution or at a community centre.

The interviews varied in length between approximately 40 and 70 min. The interviews were conducted by the first author (MvhB), who was trained in qualitative methodology and interviewing techniques during her basic nursing degree and her nursing science studies.

All interviews were audio recorded, transcribed verbatim and stored in a secured electronic database.

2.3 Data analysis

Data collection and analysis were part of a cyclic process: important themes arising from the analyses of the first interviews were further elaborated upon in subsequent interviews (Green & Thorogood, 2018).

The qualitative analysis was carried out using the principles of thematic analysis (Braun & Clark, 2006). After each interview, the first author (MvhB) listened to the audiotape and read and reread the transcript to become familiar with the data. Second, initial codes were given to interesting interview fragments. A second researcher (MU) also analysed and coded the interviews independently. The codes and insights of the analyses were then compared and any differences were discussed. Subsequently, different codes were grouped into themes and sub-themes which were discussed with all the co-researchers to improve the quality of the analyses. After that, the themes were reviewed and refined by checking their relation to the coded interview fragments and the entire data set. Then, relations between the themes and sub-themes were defined (MvhB and MU), with the aim of generating clear definitions and names for each theme. The final analyses were discussed with all the authors.

In analysing the qualitative data, ATLAS.ti software (ATLAS.ti Scientific Software Development Company, GmbH) was used.

2.4 Ethical aspects

The Medical Ethics Committee of Twente approved the study protocol and declared that no further formal ethical approval was required, as participants were not subjected to any procedures and were not required to follow any rules of behaviour (see www.ccmo. eng).

All participants received verbal and written information about the aim of the study and the interview procedures and content, after which they signed an informed consent form and gave written permission to be interviewed and audiotaped. Data gathered in this study was treated confidentially and anonymously.

3 Results

3.1 Characteristics of the interviewees

Sixteen older adults, with a mean age of 74 years (ranging between 65 and 89 years), participated in this study. All interviewees, nine females and seven males, were of Dutch nationality but some of them had a non-Western migrant background (n = 3). Educational attainment levels ranged from primary school or secondary education (n = 2 and n = 2 respectively) to pre-vocational or intermediate vocational education (n = 6 and n = 4 respectively) and higher education (n = 2). Most older adults had at least one chronic disease (n = 13). Some older adults lived alone (n = 6), others lived with a spouse (n = 10). An overview of all requisite characteristics is presented in Table 1.

3.2 Older adults' views on self-managing physical and mental health

The following three themes emerged from older adults' views on maintaining or improving physical and mental health.

[Table 1]

3.2.1 'Keep on going with an optimistic attitude and an active lifestyle'

The interviewees indicated that maintaining physical and mental health was an important prerequisite to being able to continue living independently (*'staying self-reliant and autonomous'*), to being able to participate in meaningful activities (*'keep doing the things I like doing'*) and to being able to remain an active *participant* in society (*'continue playing a significant role within my family and the community')*.

These older adults believed an optimistic attitude contributes to healthy ageing: *'staying positive and looking ahead'*, '*not feeling sorry for yourself or giving up too easily*' and '*not becoming de-sensitised or indifferent to the things in life that really matter*'. They also stressed that maintaining an active lifestyle—'*taking initiative', trying out new things*', '*keeping in touch with others*', '*staying active*', '*moving*' and '*watching your diet and weight*'—was also important for healthy ageing.

Some interviewees also mentioned role models who had a positive attitude and active lifestyle, despite having reached an older age.

> I always look to people who are older and are still able to do everything they want. Among our choir members, there are some 80-year-olds who are still independent and very active. For example, they regularly go by car to the Western region of the Netherlands –all by themselves –and they engage in all kinds of tasks and activities! Then I often think: Wow! Yes, that is great! I hope I can grow old like that too! (R10)

In addition, some older adults were somewhat negative about peers who fail to have a positive attitude or who have a passive lifestyle.

> In my opinion, everyone bears responsibility for their vitality. But, some people do not want to take responsibility in this regard. Our neighbour is the same age as us, but she does not want to engage in physical activities and is inclined to give up too soon. You let yourself off too easily if you say 'I do not want to do this or that'. (R7)

The interviewed older adults also believed the activities that they currently perform in daily life will sufficiently contribute to maintaining physical and mental health. The activities mentioned by the interviewees can be divided into the following categories: instrumental activities of daily living (such as cooking, washing, cleaning, shopping, etc.), leisure activities and hobbies (e.g. walking, cycling, travelling, reading, doing handcrafts or voluntary work) and sport (e.g. strength training, rowing, bicycle racing and exercise classes).

However, there were considerable differences in the activities that the interviewees participated in for maintaining their health, both in terms of the type of activity and its intensity. Some older adults were more interested in physical activities, while others preferred activities that focus on social interaction. In addition, some older adults underwent intensive exercise training (i.e. rowing in competitions or bicycle racing 45–60 km a week), while others exercised less frequently and/or less intensively (i.e. they go to the shops on foot, ride their bicycle in the weekend and join exercise classes).

Most older adults specified that they want to decide which activities they wish to participate in. They make their choices based on their interests and alleged capacities, and choose activities that challenge them or make them feel content and relaxed. The interviewees also said it is important for them to feel they can participate in an activity at their own level and pace. In addition, they emphasized that they do not want their activities to be mandatory, because they want to remain free to do as they please.

3.2.2 'I'm feeling well; deterioration is a part of getting older'

All interviewees, including those with one or more chronic diseases and/or disabilities, seemed to have positive perceptions of their health and rated their physical and mental health as satisfactory, or even good. Some of them indicated they would not define themselves as 'old' and consider themselves healthy in comparison to others.

> We compare ourselves with our contemporaries, and when I look at the members in my sports team or my friends, I consider myself much healthier than they are. (R9)

The reasons for such positive assessments were that they are still able to live independently and do the things that are meaningful to them. Some older adults emphasised that only when they are no longer able to do these things, they will assess their health as inadequate.

However, most interviewees did experience deterioration in terms of physical and mental health. They cited reduced stamina and decreased strength and agility as examples of deteriorating physical health. Some older adults also mentioned experiencing increased pain.

As for their mental health deterioration, most interviewees reported to have difficulty memorising names, staying focused in a crowded area and doing several things at the same time.

> "I was used to being able to do everything easily and off the top of my head. Now I have to put thought into the things I do. If I have to cook a meal and also do other things, it makes me a little panicky" (R13)

Besides the above-mentioned physical and mental health deterioration, some older adults also reported to experience impaired balance and reduced orientation ability. The older adults did not report a decline in their perceptual ability or their ability to perform calculations.

When facing decline, most interviewees seemed to adapt to the situation. They mentioned to 'scale back the goals', 'adjust the pace', 'take time to rest', 'spread out the work', 'lower the

expectations' or 'retire early'. In addition, some of them started to use aids such as a walker-rollator, an electric bicycle or notes and lists to aid memory.

When asked for their opinion about the experienced physical and mental decline, the interviewees indicated that they believe that deterioration is a normal part of the ageing process.

> I do not have as much strength and flexibility as I used to have, but I am not a 20-year- Old boy anymore! (R2)

> When I sit in my chair for a long time, I am stiff. I believe that is a normal part of getting older. (R9)

> At my age, it is normal to be more forgetful. Everyone experiences this. (R10)

The interviewees seemed to accept reduced performance; 'I do not have to prove myself anymore', 'I do not need to be 100% all the time' and many of them revealed that, in their opinion, it is very important to accept some element of decline and continue to focus on the things that can still be done.

> I can still do everything, but at a slower pace because I am growing older and my muscles are less strong. I think it is important to accept physical deterioration. Your body will not stay the same over the years, it will progressively deteriorate. To deny this or fight against it is unreasonable and will make you unhappy! (R9)

> I might not be able to travel long distances anymore, but as long as I am still able to go to the darts club and manage my household, I will be very pleased. (R2)

However, it seemed that accepting decline is not easy for everyone. Some of the interviewees tended to deny or trivialise their physical or mental deterioration ('I have never been good at multitasking') or tried to hide their reduced functioning from others.

> During the match (bowling), I noticed my team members were much more aware of what was going on, so I withdrew a little bit because I was actually ashamed of my lack of concentration. (R9)

3.2.3 'Improvement is not the goal, the focus is on preservation'

The interviewees seemed to prepare themselves for ongoing physical and mental deterioration in the years to come. They were aware of the possibility that their health may worsen rapidly, for example, through physical or mental health problems or through a fall. This made some of them anxious or uncertain.

> "I know that, at my age, for instance, it is possible that I will suddenly not be able to walk on my own anymore. This scares me a lot and I do not want to think about it." (R6)

Examples of friends or relatives who became dependent on the care of others, or became reliant on medical supplies or services, sometimes frightened the interviewees too.

> I have seen it happen in my family. My grandmother had dementia and she became highly reliant on others. So, sometimes, when I cannot remember a name or what I was going to do, it frightens me. Then I think of my grandmother and wonder if I am already in the early stages of dementia myself. (R13)

Based on the notion that their health is expected to deteriorate, the interviewees seemed to focus on maintaining instead of improving physical and mental health. They strived to preserve their current level of physical and mental functioning by continuing their current activities of daily living, sports and hobbies. Some interviewees reported that they experienced how important it is to perform physical activities on a regular basis to prevent deterioration.

> If I do not exercise for a while, for example, during the holidays, I notice my general level of fitness deteriorates. (R4)

Older adults were less certain about the effects of activities aimed at preserving their mental health.

> I like doing crossword puzzles to train my memory, but I am not sure it has an effect. Perhaps, if I didn't do the puzzles, my memory would still not deteriorate. (R4)

When asked whether it is possible to improve one's physical and mental health, older adults were not unanimous in their answers. Some older adults commented that, in their view, improving their health is just not possible anymore. They believed 'decline is associated with ageing' and 'you just have to accept deterioration'. Others were uncertain about whether it would be possible to improve their physical and mental health. They believed, or had even experienced, that 'trying to improve one's fitness levels leads to worsening pain or symptoms'. Some of the older adults were afraid of increasing their risk of falling. They believed it is important to 'listen to your body' and to 'know your own limits and not push yourself too much'.

However, there were also some interviewees who believed that it was possible to improve one's physical and mental health, even at an older age. Some of them had successfully taken steps to improve their physical capabilities by starting to do sport or strength training. This was prompted by physical decline due to illnesses or disorders. Some older adults thought it was possible to improve physical or mental health, but revealed they were not motivated to do so for as long as they were able to live independently and do the things they value.

3.3 Older adults' support needs in maintaining or improving their health

The findings related to older adults' support needs in maintaining or improving health have been categorised into the two themes outlined below.

3.3.1 'Not seeking support to prevent decline'

The older adults were aware that health and welfare organisations offer a lot of opportunities in terms of support to maintain or improve physical and mental health.

The interviewees specified the sources that can refer them to available support services. As examples, they cited their general practitioner, various care and welfare organisations, the municipal council, the Internet, their family and people in their broader social network.

Most of the interviewees, even those at an advanced age or with multiple chronic diseases, reported not wanting to take the initiative to explore these options, as they believed it was not yet relevant for them.

> That is something I am not concerned with at the moment. I know I am not sufficiently informed about the services that are available. I think it is because I do not need them yet, I am still able to do everything I need and want to do. (R4)

Nevertheless, some interviewees did join a support service or programme aimed at maintaining or improving their physical or mental health. They mainly did so because it was recommended by peers, healthcare professionals or welfare professionals. For example, this included such services as a course for preventing falls, an exercise programme, a Nordic Walking course, etc. In some cases, this resulted in ongoing participation because the activity actually matched their interests, needs or abilities, especially when these activities involved sport, hobbies or volunteer work. In other situations, the older adults stopped participation due to physical ailments, because they did not find the activities to be sufficiently effective or meaningful, or because of the costs.

Online support—for example in the form of exercise programmes—did not appear to appeal to everyone. Some of the interviewees seemed to be open to use online support tools because 'it gives you the opportunity to participate when it suits you'. Other older adults did not consider themselves sufficiently skilled to use a computer, or they found this kind of support did not reflect their interests: 'I would prefer to go out and meet others'' (R7).

3.3.2 'Relying on support in my direct network in the case of decline'

The interviewees also reported to mainly rely on support in their direct network if they are no longer confident about or able to perform their daily activities any longer. They ask their partner or children for help. In particular, when they need practical help, they ask their grandchildren, neighbours or friends.

> My garden needs to be done. However, tomorrow is Saturday and then my son and my grandson will come to visit me. If my grandson is here tomorrow, I will ask him: "Would you like to work in my garden if I pay you two euros?" Well, that boy is very happy with those two euros and I do not need to bend over all the time. (R14)

Most older adults wanted to delay seeking professional care untiltheir self-reliance and autonomy is limited due to a crisis or decline, for example, following a fall or accident, or after the death of a spouse or significant deterioration. The interviewees revealed that being self-reliant and autonomous is important for their self-esteem.

> I do not seek the help of professional carers. I want to live independently for as long as possible. I am a person who really likes being self-reliant because I feel satisfied when I succeed. Then I feel proud and say to myself: 'You have done a good job'! (R13)

4 Discussion and conclusion

This interview study was conducted to gain insight into independently living older adults' views and support needs in self-managing their physical and mental health.

Our results demonstrated that older adults who take part in independent living believe that maintaining physical and mental health is an essential pre-condition to remaining self-sufficient and to living a meaningful life. The older adults appeared to be positive about their health, tend to keep on going with an optimistic attitude and choose activities that suited them in form and intensity. Older adults felt that deterioration is a natural part of the ageing process and focused on preservation and adaptation. The older adults did not seek professional support to prevent natural decline and relied on an immediate network for assistance when necessary. To maintain autonomy and self-reliance, the older adults delayed the request for professional support for as long as possible.

From the view of older adults, maintenance and self-management of health is related to remaining independent and to living a meaningful life rather than to anticipating or preventing illness or disability. The adults appeared to be positive about their health and lives in despite of experiencing natural decline because they were still able to do the things that are meaningful to them. Naaldenberg et al. (2012) also indicated that many older adults view their health positively and are able to see their health within a broader context. Therefore, we would suggest healthcare services and programmes to focus on supporting older adults in the self-management required for functioning in daily life. This focus might better meet the needs and preferences of older adults than current programmes that mainly focus on isolated health themes or risk factors and is in line with the focus of, for instance, the World Health Organization (2015) on maintaining and promoting functional ability in aged persons.

Older adults feel that physical and mental deterioration is a natural part of the ageing process but occasionally have doubts or difficulties with respect to adapting or maintaining health. How the older adults cope can be marked by the first two stages of behavioural change, that is, pre-contemplation and contemplation (Prochaska & DiClemente, 1983). The approach to reach out with positive feedback, such as 'everybody is able to do exercises', and providing information about, for instance, relevant types and intensity of exercises, can help older adults to learn more about the possibilities and benefits to maintain and improve physical and mental health but can also increase self-efficacy in order to reduce the adverse effects of a change in behaviour. Peer involvement, acting as role models to motivate, can also lower barriers for behavioural change.

The findings of this study demonstrated that the older adults who were interviewed did not seem to be in need of any form of professional support although this may have been helpful to maintain health and daily functioning (van het Bolscher et al., 2016). At this stage in their lives, it seemed preferable to rely on the people in their immediate network and professional support should be delayed; self-reliance is essential for self-esteem. Older adults seemed to become more receptive to professional support when self-reliance or autonomy is endangered by external life events. These findings are in line with the findings of Lette et al. (2017) who indicated that older adults often prefer to deal with health problems in their own way and do not want to be 'patronised' by professionals. A partnership approach was preferred whereby the older adults felt in control, rather than receiving one-sided information about what was required. This partnership approach, based on trust, proximity and presence, is also emphasised in recent Dutch and Danish studies on the support needs of older adults (Marcus-Varwijk et al., 2019; Srivarathan et al., 2019; van het Bolscher et al., 2020). Furthermore, this approach is consistent with the main principle of self-management support, providing interventions to increase patients' skills and confidence in taking control of their own situation (Adams et al., 2004).

To our knowledge, little research has been conducted so far into how older adults, who live independently and do not receive professional care at home, view maintaining and self-managing physical and mental health. Our research sought to close this gap. Selecting a sample that was sufficiently diverse on certain characteristics important to our study provided

both depth of understanding and diverse perspectives on the views and support needs of older adults. An additional strength of our study is that a second researcher independently analysed the data. However, we collected data from older adults who were willing to talk about maintaining or improving health, and it is possible that the views of older adults who were not willing to think about health concerns may be different.

We can conclude that older adults who live independently have a positive mindset and concentrate on maintaining daily life function. Some older adults do struggle with deterioration but prefer to self-manage maintenance and do not seek professional support.

5 Implications

Despite the signs that older adults tend to manage the maintenance of physical and mental health alone, there are signs that professional support would be useful. Selecting the correct approach is important for professionals to reach this target group. It is preferable that stakeholders align with the older adults' positive views on health and use a partnership approach. Nurses and other healthcare professionals are suggested to reach out to the target group with positive messages and try to discern ambivalent behaviour or changing needs connected to important life events which indicate that older adults may be open for information and support. Support services can involve peers to act as role models and help with motivation. In addition, these support services can target the immediate network of the older adults and assist them in helping the target group in a more indirect manner.

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Conflict of interests

All the authors disclose no conflict of interest.

Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Supporting information

Additonal supporting information may be found in the online version of the article at the publisher's website.

Table 1 Overview characteristics respondents

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Resp.nr.	Gender	Age	Cultural background	Educational attainment	Former profession	Number of chronic diseases	Living situation	Marital status
1	M	89	Dutch	Intermediate vocational education	Municipal civil servant	One	Single	Widower
2	M	87	Dutch East Indies	Intermediate vocational education	Electrician	One	Single	Widower
3	F	74	Dutch	Pre-vocational education	Housewife	Several	Single	Widow
4	F	69	Dutch	Intermediate vocational education	Childcare giver	One	Cohabiting	Married
5	M	78	Dutch	Pre-vocational education	Upholsterer	Several	Cohabiting	Married
6	M	75	Dutch	Secondary education	Administrative assistant	One	Single	Widower
7	F	78	Dutch	Pre-vocational education	Housekeeper	None	Cohabiting	Married
8	F	79	Dutch	Secondary education	Administrative assistant	One	Single	Widow
9	M	73	Dutch	Higher education	Lecturer psychology	None	Cohabiting	Married
10	F	70	Dutch	Intermediate vocational education	Nurse	One	Cohabiting	Married
11	F	65	Syrian	Primary school	Housewife	Several	Cohabiting	Married
12	F	70	Dutch	Higher education	Language lecturer	Several	Cohabiting	Married
13	F	69	Dutch	Pre-vocational education	Housekeeper	One	Single	Widow
14	F	68	Dutch	Pre-vocational education	Domestic worker	Several	Cohabiting	Married
15	F	68	Dutch	Pre-vocational education	Domestic worker	Several	Cohabiting	Married
16	M	68	Turkish	Primary school	Salesperson department store	None	Cohabiting	Married