




Being an Elderly Person Living in Metropolitan Cities of Northwestern Ethiopia: A Descriptive Phenomenological Study

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Background: As people grow old, they pass through various life courses. Thus, it is important to realize aging in the context of each of these stages, as aging is not only physiological and psychological processes. To understand the lifeworld experiences of the phenomenon “being an elderly person” from the individual perspective was important, in this study, within day-to-day life in Metropolitan cities of northwestern Ethiopia.

Objective: The aim of this study was to describe the lifeworld of elderly persons living in Bahir Dar and Gondar Cities, Northwest Ethiopia.

Methods: A community based qualitative study conducted from October 29, 2021 to November 6, 2021. A purposive sampling technique and in-depth interviews were used for sampling and data collection, respectively. To explore the life experience /life-world/ of the elderly, a descriptive phenomenological study was conducted among 15 elderly persons. The audio records were transcribed and the field notes incorporated. Transcribed texts were translated into the English language, and a descriptive phenomenological analysis was done.

Results: In this study, the essence of the phenomenon, being an elderly person, means, in an ebb and flow motion, balancing a life change characterized by changing perspective, ambiguity to body functions, and preparing for being released. The elderly experienced physical, mental, and psychosocial changes. They had encountered positive and negative situations throughout their life span. They also expressed that their time was over and wished to prepare for God's Kingdom.

Conclusion: The use of phenomenology for this research provided an opportunity for a deeper understanding of the experiences of elderly persons. With knowledge from this study, nurses and other health professionals can understand and support the elderly from an individual point of view.

Keywords: elderly person, Ethiopia, lifeworld, phenomenology

Introduction

In Ethiopia, over the last 10 years, the life expectancy at birth increased from 61.63 years to 66.95 years in 2020.¹ As the older adult population increases, so does interest in understanding the aging process, enhancing the quality of life of older adults, and providing appropriate physical, mental health, and social services. These interests from the society assist in the successful transitions through the developmental processes in life and can enhance the possibility for older adults to experience healthy aging. When an individual successfully cleared the challenges of aging, it might be termed as having life satisfaction.² As people get older, they pass through various life courses. Thus, it is important to realize aging in the context of these stages, as aging is not only a physiological and psychological development. The life stages or the life course refers to the time beginning from birth and to death. Within this course, one can pass in a sequence of expected

life events including physical and psychological maturation and the sequence of age-specific characters like being a child, adolescent, adult, parent, and aged. At each phase in life, an individual sheds the previous roles and undertakes the new ones and then new situations will involve, which require both learning and a reviewed self-definition. Along the human life span, individuals grow and develop in different ways based on interactions with the environment and the ongoing development of self.^{3,4}

The handling and approaches to older persons vary depending on the culture at hand. In a country like Ethiopia, these individuals are treated with love and are respected by the society. However, related to different facts, in recent times, there is a change of viewing the elderly with regard to the Ethiopian culture.⁵ As a study showed, because of socio-demographic, economic, and other social changes in developing countries like Ethiopia, the quality of life of older adults today has many challenges. Thus, the well-being of older people might be at-risk due to the absence of income and with a decline of family support related to migration and poverty.⁶

As different reports showed, Ethiopia lacks access to clean water and sanitation, which lower living conditions. This creates an adverse living condition as droughts result in famine, food shortages and water-borne diseases that force people to rely heavily on contaminated or stagnant water sources. In addition, housing problem which has forced many people to live in slums and become the cause to live people on the streets. The health status of Ethiopian is poor with an abundance of potentially preventable diseases such as HIV, malaria, tuberculosis, intestinal parasites, acute respiratory infections and diarrheal diseases. This issue, in addition to the health system being underdeveloped, is a result of the aforementioned issues including a lack of access to clean water and sanitation, poverty, migration, and droughts.⁷

In Ethiopia, people passed through and faced serious problems in political conflicts and war. These would force to migrate to other areas, resulted to live in instability, poverty, and they are further subject to the double protection bind of both needing care and protection in their older years and needing to support children, grandchildren, and aging spouses in their care.^{8,9}

Health problems, lack of balanced diet, shelter, unsuitable residential areas, absence of family and community support, limited social security services, absence of education and training opportunities, limited employment and income generating opportunities are some of the factors contributing to the poverty of Ethiopian older people.¹⁰ The life view of older adults today very much depends on their self-care performance. It may be that the transition from being healthy and independent with activities of daily living to having to live with reduced self-care capacity alters the view of aspects contributing to unsuccessful aging.¹¹ Optimism or positive emotion might be helpful for having a positive life experience.¹² Both hope and optimism are cognitive processes that are goal-oriented, ie, based on perception and reaching of the goals.¹³

Experience of aging and positive views can be influenced by individual self-esteem.² One's mood and outlook on life can also affect the awareness of the person's own life situation.⁶ Happier persons have been less focused on the negative and also have a greater tendency to enjoy another persons' company, which has been described to promote a happier environment, which then correlates to a higher level of needs fulfillment.¹¹

Heidegger's interpretive and Husserl's descriptive phenomenology are examples of the qualitative research designs to investigate the lived experiences of an individual. In Interpretive phenomenology the researcher's prior knowledge or experience of the phenomena under investigation is integral to the study. In descriptive phenomenology, any prior knowledge the researcher has about the phenomena should not influence the study. In interpretive phenomenology the researchers focus is to interpretate the preexisting or known phenomena but in descriptive phenomenology it is more of describing the phenomena as the conscious experience of a daily life or intentionality of the experienter.^{14,15}

As the phenomena or lived experience of the Ethiopian elderly people is not well known, we have used Husserl's descriptive phenomenology to describe their lived experience or lifeworld. The concept of the life-world, based on Husserl's philosophy provides a philosophical foundation to understand the individual perspectives in day-to-day life. The lifeworld is an individual perception and unique experience which can be modified and developed through ongoing experiences.¹⁶ Accordingly, the life-world is an experience that is not a world in itself, yet it is individualized and shaped in natural daily living and depends on historical, cultural, and social contexts.¹⁷

The details of an individual experience may not always be recognized by the experienter, and it can be lived yet unrecognized while the person is doing an intended activity. In everyday life, consideration is not paid to the experience

itself rather the features experienced are just used to fulfill the activity of the moment.¹⁸ Each part of an individual's life is, in view of physiology and psychology, divided with regard to what age a person belongs to, and what is expected of the person in a particular age. In contrast, in phenomenological descriptions, to understand the life experience, emphasis should be given to the meaning of an experience.⁵ There are some previously conducted studies on the experience of elderly persons, but the evidence is still scarce regarding the life experience of elderly persons from a lifeworld viewpoint particularly in Ethiopia. It is important to understand elderly persons' lifeworld experiences of the phenomenon "being an elderly person" from the individual perspective within day-to-day life in Metropolitan cities of northwestern Ethiopia. Therefore, this study aimed to describe the lifeworld of elderly persons. This study would also fill the knowledge gap regarding how elderly persons experience the aging process, and what aging means to them.

Methods and Materials

Study Design, Period, and Setting

A descriptive phenomenological study design was employed to describe the essence of being an elderly person. The in-depth interviews were conducted from October 29/2021 to November 6/2021 in two Metropolitan cities of northwestern Ethiopia, Gondar and Bahir Dar. Bahir Dar has an estimated older people of 13,792 aged 60 years and above. Gondar is located 175.5 km from Bahir Dar and has an estimated 9556 people aged 60 and above.

Study Population

Those elders aged 60 and above (≥ 60) who were present in their homes during the specified interview period were the study population. Residents (≥ 60) of the two metropolitan cities of northwestern Ethiopia, living in their residential home for six months and above were included in the study. Excluded were persons living on the streets, living in other vulnerable situations such as living with dementia and physiological and mental health conditions and living at institutions or settlements.

Procedure

The interview guide was prepared in the English language ([Supplementary File 1](#)), and then it was translated to the local language, Amharic by a language expert. The interview guide included open questions related to experiences in 1) younger age, 2) life right now, and 3) the future. The follow up questions related to the life experiences included questions about experiences of the physical, mental, and social changes; the interaction with the family and the community; social engagements; participation in activities and experience of health and support system, with encouragements to speak freely with questions such as "Can you please tell me more?", "What did that mean to you?"

Before the actual interview, two pilot interviews were conducted and those were not included in the study. The follow-up questions in the interview guide were modified based on the outcome of the pilot interviews. The interview guide was considered useful, but the pilot interviews were not considered fulfilling the qualifications for in-depth interviews to an extent to be included in the final analysis. Considering the number of elderly people in the two-metropolitan cities, fifteen participants, eight from Bahir Dar and seven from Gondar, participated in this study. The sample size and the quality of the interviews were determined to fulfill the aim of the study when being properly performed as in-depth interviews.

Participants were recruited purposively in their residential homes. Considering variations in age, literacy, health condition, socioeconomic status, and other characteristics of the study population. To this end, both male and female participants ranged from young-old to old-old, unable to read and write to second degree, very good to very bad perceived health status, and low to high income.

Before the interviews, there was communication with the elderly associations, focal person/s of elderly affairs, and health extension workers in each city. Then, with the help of these people (workforces), the participants were reached. The interviews were conducted by the principal investigator (HS) with a trained nurse with MSc in nursing as note taker. The face-to-face in-depth interviews were conducted in a separate room in the participants' homes. First, sociodemographic information such as sex, age, marital status, educational status, religion, and occupation was gathered. ([Table 1](#)),

Table 1 Demographic Characteristics of Study Participants

Variables	Frequency	Percent
Sex		
Male	8	53.3
Female	7	46.7
Age		
Young old (60–69 years)	8	53.3
Middle old (70–79 years)	4	26.7
Old-old (\geq 80 years)	3	20.0
Marital status		
Married	6	40
Divorced	1	6.7
Widowed	8	53.3
Educational status		
Unable read and write	6	40.0
Able read and write	1	6.7
Grade 1–8	5	33.3
Grade 9–12	1	6.7
First degree and above	2	13.3
Religion		
Orthodox Christian	13	86.7
Muslim	2	13.3
Current occupation		
Retired	4	26.6
Non- governmental organization worker	1	6.7
Private institution worker	1	6.7
Private work	1	6.7
Non-employed	8	53.3

then the interview followed. The interview was recorded using an audio recorder. Each interview lasted in average 1 hour. After each interview, the interviewer and the note taker discussed and incorporated the missing information (smile, die, touching the eyes, diseases, tears, sense of being content, anger etc.) in the notes before the next interview took place. The audio recordings, the notes and code sheets with identifications were thereafter locked in a separate locker only accessible for the first author (HS). The study has been performed following the ethical standards laid down in the 1964 Declaration of Helsinki. This was also approved by the Ethical Review Committee.

Data Analysis

In the first stage of the analysis, the audio records were transcribed and the field notes including emotions such as laughter, tears, sense of being content, anger were incorporated in the word-by-word transcription. During the transcription process, the interviews were transcribed by hand using a plain paper at the same time as the audio records were listened to. Then the transcription was written in a word document using a computer. The transcribed texts were translated to the English language by a language expert and translated back, checked for confirmability by the first author.¹⁹ The transcribed and translated texts were analyzed by the investigators using the Giorgi phenomenological analysis approach.²⁰

As we read the texts several times to become familiar with the content, an open approach was deemed important. The sense of the whole was essential before we started to examine the parts. At this stage, we learnt about the aspects and the general outlook of the interview situation. The next stage in the analysis process was to divide the text into smaller parts,

meaning units relating to the aim. To avoid the influence of theoretical explanations, we kept data at as concrete level as possible, which entailed giving descriptions of the meaning units in everyday language. Then, together, the co-authors reflected on the meaning units to transform them into the discipline's general language. Next, we organized parts to see and understand patterns. As we reflected on similarities and differences, clusters of meanings started to emerge. In this part of the analysis, we analyzed all interviews as a whole, but there was a constant movement from the whole to the parts and back to the whole and the clusters were collated into constituents.

As the analysis moved from concreteness of the content in the constituents to a more abstract level of understanding, it became possible to extract and synthesize meanings from the content of the constituents into a structure that bound them together, meaning that the essence of the phenomenon started to emerge. We analyzed the essence in relation to each interview and in relation to the meaning units and constituents. Thus, a new whole, a general structure, emerged, which can be described as the phenomenon's essence and its constituents. An essence is the phenomenon's essential meaning, which describe the particular phenomenon, whereas constituents are meanings that constitute the essence.²¹ However, descriptions of the essences and the meaning constituting the constituents cannot be understood independently. When the general structure is seen as a whole, the uniqueness of the phenomenon appears. We described the essence of the phenomenon in the finding section, followed by descriptions of the constituents, which further elucidated the meaning of the phenomenon (Table 2).

Issues of Trustworthiness

Trustworthiness is about ensuring that qualitative research represents the truth; it is an essential component in qualitative data collection. To maintain the trustworthiness, we have followed the four criteria. These criteria are credibility, dependability, transferability, and confirmability/reflexivity. Credibility asks whether the findings are congruent with reality, whereas dependability refers to the stability of data over time and conditions. Transferability regards the extent to which the findings are transferable to other settings and populations.^{22,23} Finally, reflexivity/confirmability concerns are related to the researchers' subjectivity and its influence on the research process and findings.²⁴

Table 2 Examples of the Data Analysis

Meaning Unit	Meaning Unit Transformed into the Disciplines' General Language	Constituents	Essence
What I wish to have in life is money and love. Money is important in this life. I also like to live in peace with others. I only know of sharing meal and drinks with others. I have lived with my neighbors sharing what we have and enjoying life as we celebrate christening and other parties. Now, I spend most of my time at home	Within the life span the participants had experienced financial and emotional ups and downs when trying to live as normal lives as possible in line with the lifestyle in their particular cultural setting.	Money and love important	Changing perspective
I now use an eye glass to read, yet I do not worry about using one. It is natural for human beings to be born a child, grow young, become old and die, and there are some health issues that come with aging. Your strength, eyesight, hearing weakens as you get old. That is when people are considered old. I feel nothing about losing my strength.	The elderly person experienced age-related physical changes and strength. However, they accept the changes and did not worry of the changes	Acceptance of age-related change	Ambiguity to body functions
I am on the verge of death; I cannot do what I want. It is even better to be a dead man than to be alive and be unable to do what you want. It is only for the will of God that I am alive.	The elderly person believe as the life is ending and need to die rather alive without doing.	Preparing oneself for Gods Kingdom	Preparing for being released

Credibility

Investigator triangulation or involving multiple investigators is one of the strategies to assure credibility in qualitative studies.²⁵ Our research teams consisted of young and senior researchers from both Ethiopia and Sweden. Each researcher had a wide range of experience in the field with both qualitative and quantitative research; thus, each researcher provided her/his unique perspective. Particularly, two of the senior professors from Sweden were highly experienced in conducting qualitative research.

All of the team members were involved from the conception of the project, through data collection, analysis interpretation, and write-up which strengthens the credibility of the findings. The method of data collection for the qualitative study was in-depth interviews. An in-depth interview is the best method to describe the lifeworld of elderly persons.

The interview guide included open questions related to experiences in 1) younger age, 2) life right now, and 3) the future. The follow-up questions related to the life experiences included questions about experiences of the physical, mental, and social changes; the interaction with the family and the community; social engagements; participation in activities, and experience of health and support system, with encouragement to speak freely with questions such as “Can you please tell me more?”, “What did that mean to you?”.

Interviewing the participants based on their life experience and perception strengthens the credibility of the information gathered. The elderly persons were approached with given opportunity to be refused in the interviews to ensure that the data collection sessions involved only those who were genuinely willing to take part and prepared to offer data freely, this also strengthens the credibility of the information gathered.

Frequent debriefing sessions were conducted between the interviewer (HS) and the note-taker after conducting individual interviews to improve the credibility of the data. My supervisor (KE) has given a wide range of feedback on how to reflect on the data to be gathered with comprehensive and in-depth information and how to interpret the responses given. Due to this reason, my perspective on a qualitative interview has better quality.

Transferability

To assure transferability or applicability to a similar context we used the following strategies:-To the best of our knowledge, this is the first phenomenological research in the study area. Therefore, the findings of our study can be transferred to other settings and situations that are similar. However, including more elderly people living in street, institutional, and temporary settings as well as rural settings might have generated a wider spread of participants with different life experiences and backgrounds.

As we read the texts several times to become familiar with the content, an open approach was deemed important. The sense of the whole was essential before we started to examine the parts. At this stage, we learned about the aspects and the general outlook of the interview situation. The next stage in the analysis process was to divide the text into smaller parts, meaning units relating to the aim. To avoid the influence of theoretical explanations, we kept data at as concrete a level as possible, which entailed giving descriptions of the meaning units in everyday language. This strengthens the transferability of our findings.

Dependability

To address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results. In our study, dependability is further strengthened by a detailed description of the methodology, how the findings were reached, and ethically sound. Such in-depth coverage also allows the readers to assess the extent to which proper research practices have been followed.

Confirmability

In qualitative research, the researcher is an instrument during the data collection and data analysis. We have engaged during the interviews, in a selection of the unit of analysis, looking for multiple realities behind the data, understanding

the patterns, categorizing and finding clusters of meanings, constituents, and the essence of the phenomenon. Therefore, there would be a place of bias from point of our subjectivity during the research process. However, there is no method that is strong or weak but could be discussed in terms of confirmability.²⁴

The detailed methodological description we employed enables the reader to determine how far the data and the essence of the phenomenon emerged from it may be accepted. Critical to this process is the “audit trail”, which allows any reader to trace the course of the research step-by-step via the decisions made and procedures described. Audit trails are an in-depth approach to illustrating that the findings are based on the participants’ narratives and involve describing how the data was collected and analyzed transparently.

Parts of an audit trail may include examples of the analysis process, and descriptions of how worked from individual meaning unit to essence of phenomena. The purpose of doing these things is to clarify to readers why and how the decisions were made and to show how the analysis follows a logical path dependent on the participants’ narratives.

Findings

In this study, 15 participants (8 male and 7 female) were included in the in-depth interview. The majority 8 (53.3%), were young-old and the same percent, 8 (53.3%), were widowed. Six (40.0%) were unable to read and write (Table 1).

In this study, the essence of the phenomenon, being an elderly person, means in an ebb and flow motion, balancing a life change characterized by changing perspective, ambiguity to body functions, and preparing for being released.

Within the life span, there is time to give and time to get and the elderly person has passed through ambiguous life experiences of giving to and getting trust and support from others. There are times remembered with beauty, and others with stress lacking trust and support. With perspectives on the past, and the future mirroring the present situation, the person is gaining respect as time goes by. Through bodily signs of aging and discomfort in daily activities, the person changes perspective and becomes active in maintaining self-image, participating in social life, sharing wisdom with and to others. At the same time, the ambiguity of the body means taking nothing for granted when living with a body and mind under constant change and knowing it will gradually alter from being reliable in younger age to not being reliable when aging with worries for being reliable on others when the body and mind gets weakened.

Accepting the change in life or disliking it is part of the ambiguity in the will to live, keeping track in life, and the wish to die, gradually accepting being fully dependent on others. The ambiguity of the body reminds the person of being homeless. With existential suffering, it is reminded that life is ending and the elder is preparing for being released from the body when life no longer make sense, when realizing there is no future, and the person is living without a role to fulfill.

Changing Perspective

In the constitutes of changing perspective, thankful for having lived, the challenge of having to rely on other now, accepting the changes of age, and being a source of wisdom were found the sub-constitutes.

Thankful for Having Lived

Within the life span the participants had experienced financial and emotional ups and downs when trying to live as normal lives as possible in line with the lifestyle in their particular cultural setting. When comprehending their lives, they perceived their existence as meaningful. They were thankful for a long life and for being able to provide the basic needs for their families in the past. This thankfulness for a long life, for beauty, for celebrations and holidays, for love made them pass through the ambiguous life experience of providing trust and support to family, relatives, friends, and to the country in the past and now being in a state when support is needed for themselves.

What I wish to have in life is money and love. Money is important in this life. I also like to live in peace with others. I only know of sharing meal and drinks with others. I have lived with my neighbors sharing what we have and enjoying life as we celebrate christening and other parties. Now, I spend most of my time at home. Participant 4

Accepting the Changes of Age

The informants accepted aging of the body with wrinkles, and gray hair and they were grateful for living a long-life spending time with their family and relatives. Aging and the body changes were considered normal, natural, and expected for an elderly person. They could not by their concern do anything about it and it did not make the elder feel bad. Artificial cosmetics to alleviate such age-related body changes could not change the inevitable and natural body changes happening when being old.

I gladly admit that I am old. You can't cheat a fraction of a second from your age. You see wrinkles and veins lines on my face. That is normal. You should not fight it with a cream. It is part of your age. Whether you like it or not, the same thing is true about the deterioration of your eyesight. We just have to live it as we are meant to. I feel happy when people address me with 'Abbaba' (Calling old man with respect). Participant 11

The elderly accepted the age-related physical changes in their body. Age-related body changes they might have been worried about when they were young were not to think of as elderly. Elderly people believed the body changes were normal, natural, and expected. They expressed there were true health-related issues that were worse than natural bodily signs of getting old.

I now use an eye glass to read, yet I don't worry about using one. It is natural for human beings to be born a child, grow young, become old and die, and there are some health issues that come with aging. Your strength, eyesight, hearing weakens as you get old. That is when people are considered old. I feel nothing about losing my strength. Participant 9

Challenge of Having to Rely on Other Now

The elderly persons were often having difficulty to perform their daily activities. They were also unable to work and fulfill their needs, and their financial status became an issue as they disliked being a burden for others, but they had no other option when being inactive, staying at home being dependent of others. It was an ambiguity between a wish to participate in activities and the lack of ability to do so due to the inability to move.

I am now weakened by disease. I have no courage anymore. I envy my friends when they do their jobs and go to church, because I have arthritis and can't do things as I wish. Participant 7

Being a Role Model

When being elderly, it is not about oneself anymore. It is not about the future. The plans are for the new generations. The participants were instead interested in what happened to their country, how the society developed in which the children should be raised in the future. Their interest was in the prosperity of their own children and grandchildren, relatives and friends. When they could not take part in daily activities, the persons change perspective and become active in others' fortune.

I cooperate with the society. I serve the society as a go-between. Social functions such as weddings and funerals make sense when people get together. It is very pleasant to socialize. Failure to socialize means you will teach nothing to the next generation. It is we who should actively participate in social life and be role models for them. You learn from old people and social life. You experience a lot. So, social life is very important. Participant 8

Being a Source of Wisdom

Maintaining self-imagine, taking care of oneself, and sharing their wisdom to others became important. With perspectives on the past, and the future mirroring the present situation, the person is gaining respect as the life course goes by. The best part about being elderly was what was learnt from the past to interpret and shedding light on the current situation. Elderly persons are often considered self-conscious, wise, and respected by younger persons and the new generation could learn from elderly persons' life experiences.

What I would like to say to the youth is that they serve their country honestly. They shouldn't trade their religion or friends for money. When we were young, we protected our country from the enemy and respected our parents. That is our culture. What we

see now is that the youth has abandoned such culture and spend their time chewing 'Khat' (Khat chewing is not culturally acceptable especially in the study area. That is not our way. Our way is to love and serve the people. Participant 2

Ambiguity to Body Functions

In the constitutes of ambiguity to body functions, vulnerability of body and mind and being energetic and happy with aging life were found the sub-constitutes.

Vulnerability of Body and Mind

Being an elderly person was not a problem by itself. The ambiguity was that elderly persons might be healthy, skillful, knowledgeable, and they can no longer take it for granted. The aging body, as the participants realized, would make their body and mind vulnerable and may cause physical or mental discomfort. The participants disclosed problems to sleep, to read, to hear, and to move. Sometimes, the participants admitted they perceived themselves that they were more able than they actually were in reality. Healthy aging was considered a blessing. For the participants, healthy aging meant when a person was healthy and could work, able to accomplish his/her daily routine without a problem and having a good appetite for food.

What I call healthy aging is one that doesn't involve diabetes, high blood pressure, kidney and other diseases. If an old person doesn't have these [diseases], you may call that healthy aging. I was sick and diagnosed with Skeletal TB. I had anemia. You call a person healthy when she/he eats and drinks what she/he wants. I, for example, no more drink liquor. I will get sick. We consider a person old when she/he gets physically weak, stays home, becomes inactive etc. Participant 1

Being Energetic and Happy with Aging Life

Among the participants, there were active, energetic, happy and strong elderly persons. Ie, still, they had the courage and strength of a younger person. The elderly believed that work was important and they perceived themselves less happy when they were not able to work. They enjoyed to work and they preferred independence rather living on support from others.

Never... I don't feel old. I can do whatever any healthy young person can do. There is nothing that worries me. I still have the courage and strength. When I see people doing something, I get motivated to participate. I do not choose between jobs. I do anything. I am still strong and very healthy. I feel bad about living on support from others. You should rely on yourself. You might someday get in a conflict with the people who support you and something bad might happen. Thus, it is good to depend only on oneself. Participant 10

Preparing for Being Released

In the constitutes of preparing for being released, unable to do what they want to do, believing reward afterlife, and need to die without suffering were found the sub-constitutes.

Unable to Do What They Want to Do

Whether an elderly person accepts the life changes or not, it will come. The will to live and keep control is to the participants a way to keeping track in life. To be fully dependent on others meant to the participants that life is ending. That means they would be preparing themselves for the bodily release. They do not want to suffer, being completely dependent on others, as it makes no sense, with no future, just being inactive. According to the elderly, they started to behave like a child in this state. The informants saw life on earth as a preparation for God's Kingdom. They prayed to God and thanked Him for everything accomplished in their life. They are now old and time is almost over, meaning that the participants pray to God that the bodily release will come as painless, easy and smooth as possible.

I am on the verge of death; I can't do what I want. It is even better to be a dead man than to be alive and be unable to do what you want. It is only for the will of God that I am alive. There is time for the human brain to work properly. As they grow old,

people start to think like children. When a person becomes old, s/he could reconcile people and contribute to the country. When s/he gets very old, s/he thinks and acts like a child. Participant 2

Believing Reward Afterlife

Elderly people who have been living in love and peace trusted that what happens when the bodily release comes is the will of God. They said that there is no need to worry, for one cannot know what and when things happen. The elderly in that way prepared for being released.

...I also pray that I get rewarded in the afterlife. I pray that my relatives, supporters, country live in peace. It is only important to stay healthy, and pray to have a place in the afterlife. My life on earth is contractual. Heaven is my eternal home. I don't now feel that much handsome and strong. Participant 3

Need to Die Without Suffering

In this study, elderly people only want to live long enough to see their children lives change for the better. They pray to see their children nothing bad to happen to them. They wish to live with a healthy life but need to die without suffering and seeing their children problem.

I think only about death. I wish do die before my children do. I pray that nothing bad happens to them. I give my blessings to people and with that there is peace and order for people to be able to work. What a peaceful death it would be for an old man to die without suffering! It is nice to live a healthy life and die without becoming a burden to people. Participant 13

Discussion

In this study, the essence of the phenomenon, being an elderly person, means in an ebb and flow motion balancing a life change characterized by changing perspective, ambiguity to body functions, and preparing for being released. In such a life change, a series of life changing phenomena is being balanced within the elderly person as memories from different ages in life in ebb and flow motions. In an elderly person's lifeworld, all ages are balanced and expressed in wisdom derived from happy and beautiful or less happy and less beautiful or more stressful life experiences in childhood, in adolescence and in the young-, middle- and older-age adulthood, that is how life progresses. With perspectives on the past, and the future mirroring the present situation, the elderly person is gaining respect. In this study, elderly persons said that sharing wisdom and experience to others is important. The finding is similar to a study from Taiwan in which wisdom and life learning are interrelated and sharing these to others is useful and have a positive effect for oneself and others.²⁶ It is also supported by a philosophical thought of Weinstein, Jack Russell and Hoffman, Sharona, that elders should be our mentors because they have more experience, and knowledge is the foundation of wisdom, that means aging, in terms of philosophy, usually implies that with age comes knowledge, skills and wisdom.²⁷ The phenomenological description of this study differs to some extent from the description of an older person by the United Nations as a person having socio-culturally, functionally, psychologically constructed perspectives, and aged 60 or above.^{28–31} These descriptions have gained acceptance in the Ethiopian context.³² In the light of this, the phenomenological description in this study can add value to the content of UN's definitions and descriptions of an older person. In this study, elderly persons are characterized by their ability to change perspectives despite ambiguity in ebb and flow motions. The elderly persons accept the age-related body changes, and they describe it as a natural and inevitable change, meaning they do not need to hide the natural and inevitable changes using cosmetics or taking other measures. As Erving Goffman, a sociologist, argued in his work of *Presentation of Self in Everyday Life* (1959), whenever individuals come into contact with other people, they take sometimes drastic action to control the appearance of their age so that others can perceive them to be younger. This differed from the essence of being elderly in this study. The elderly person in this study did not appear to try to be younger to increase their sense of social value.²⁶ In this study, elderly persons, without trying to be younger, participated in social activities, and they described involvement in social activities as important to socialize with others and share their experiences and concerns. Similarly, Havighurst and Albrecht described, in the

Theory of Activity, that a continued social role and participation is necessary for positive adjustment to old age.³³ In this study, being active and energetic to perform activities were equally important, and presence of age-related physical changes and diseases were the ambiguities. For elderly persons in this study, healthy aging meant being active, having no disease and physical weakness, able to eat and drink, and not staying at home. The description is similar with other descriptions that as long as a person carries out his/her normal activities, he/she is not considered old by oneself, or considered to be old by others.³¹ Being an elderly person in this study also meant being inactive, weak, and having an age-related body change, taking nothing for granted when living with a body and mind under constant change and knowing it will gradually alter from being reliable to not being reliable, meaning that the elderly fails to accomplish activities. The philosophical term alterability or changeability^{34,35} could be referred to the state when elderly persons must cope with the bodily changes and the life uncertainty of the body while having the same core values intact. Alterability could be defined as something that suggests making something change with regard to details. The ability of an elderly person to balance a life change is similar to Løgstrup's (1971) description of how human beings gain trust in each other when for instance own body functions can no more be trusted, and for instance children, neighbors and other persons close to an elderly person modify actions demanded by the other person.³⁶ In Ethiopia, similar to many other cultures, cultural dependent variations have been identified in terms of elderly persons being cared for and supported by their family, relatives or the younger generation.^{8,31,32} This is similar to the Japanese cultural norms in which adult children are expected to care for their aging parents and assisted living in elderly homes is being neglected unlike the situation in; for instance, the United States.^{8,20} Similarly, the elderly persons in this study passed through the ambiguous life experience of providing trust and support to family, relatives, friends, and to the country in the past and now are in a state when support is needed for themselves. They were also interested in what happened to their country, how the society developed in which the children should be raised in the future. This is similar to Løgstrup's (1971) descriptions of an ethical demand making us show naivety, spontaneous love and a fundamental humanity. With the ethical demand, the elderly persons in this study actually engaged for instance, in their children. The ambiguity of the body triggers the will for being cared for and the will to care for family, friends, and relatives.³⁶ In the current study, being separated from social life and fully depending on others meant that life is ending, and the elderly person is preparing for being released. This can be related to the theory of disengagement that aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others.³³ As age increases, there will be a change in various aspects of a person's life, particularly in the social life that previously may have been important to the person. This in turn means elderly persons prepare themselves for the bodily release. They do not want to suffer and be completely dependent on others as it makes no sense to them to be with no future and just being inactive. This can be related to the work of the philosopher Martin Heidegger entitled "being-unto-death." What he meant was that since we, human beings, are aware of our own mortality, living authentically means confronting the fact that we are absolutely and positively going to die.³⁸ In this study the elderly persons, who have been living in love and peace knowing that whatever happens is the will of God, lived without worry, comforting themselves with the fact that they cannot know how and when they will die. This is similar to the descriptions of The Terror Management Theory where the contradiction of living is that healthy aging and increased longevity means people could have more experiences with death throughout their life. Over time, many of the persons an old person knew and cared for during the lifetime developed illnesses, some died during the old person's lifetime and this provided life experiences useful when preparing oneself for the fact that life is ending.³⁴ Hence, a conscious dying person can know if he/she is on the verge of dying, but there is still no certainty as to how and when it will happen.³⁶ This is in accordance with the philosopher Løgstrup's (1971) statement that the happiest aging is when confidence is there between parents and children or other relatives and friends, founded in the ethical demand and when it lasts until death of the parent when the release from the body is taking place in acceptance for the change, trusting God until the end of life.³⁶

Strength and Limitations

Using a lifeworld approach means a person's experience has priority over the group.²¹ However, the general knowledge described in a phenomenological description applies to situations for groups other than the situations for the group researched.³⁷ The sample size can be small, but the depth in the interviews and the thoughtfulness of the analysis must

capture lived experiences of the phenomenon. The 15 participants in this study provided rich and in-depth descriptions of their lived experiences of the phenomenon to an extent that the lived experience of being elderly did not differ between the participants. The authors' awareness of their own potential influence on the data was bridled through reflexive thinking and the co-authors worked together in each step of the analysis to strengthen trustworthiness. Being aware of one's own potential influence was deemed important, holding back pre-understanding in the analysis process has strengthened the trustworthiness of the descriptions presented in this study. The participants were relatively heterogeneous and quite representative of Ethiopian elderly people and the context was aligned with both the work of philosophers and previous researchers in the field. The use of phenomenology for this research fulfilled the aim of providing a deeper understanding of the experiences of elderly persons. The knowledge can be seen as generally illuminated in the description of the essence. The generalizations in phenomenological research studies are expressed as the phenomenon's essence.²¹ With the best of intention, we humbly state that the essence description needs to be checked for accuracy related to the context where it is intended to be implemented. This study was limited to elderly people living in their residential homes.

Clinical Implications of the Study to the Nursing Profession

With knowledge from this study, nurses and other health professionals can understand and support the elderly from an individual's point of view. As nurses are the frontline professionals to provide and coordinate the care need of individuals, the finding is of paramount importance for them to be aware of. As it is the moral and professional obligation of nurses to be engaged in the holistic care of the elderly, the phenomenological descriptions will provide evidence for nurses' evidence-based care and clinical decision practices. Nurses can support elderly persons to adjust to the new situation when the body functions are failing and when social life is more difficult to take part in. Most of all, nurses need to support the individuals and their families according to their will with required environmental adjustments when it is time to prepare for the death of a person.

Conclusion

The ongoing life change is managed by elderly persons. They will be changing perspectives in ambiguity and in ebb and flow motions as time goes on.

In this study, we have illustrated the meaning of being an elderly person, and how the everyday life of an older person could be understood. This knowledge may be important for clinicians, community-based elderly care providers, policy-makers, elderly associations, and other concerned bodies working with older persons in terms of giving adequate support to aging persons. The concerned bodies in Ethiopia might need to pay more attention to the elderly persons lived experiences and their individual needs if they are to support them.

Ethics Approval and Consent to Participate

Ethical clearance was obtained from the institutional review board of the University of Gondar with the reference number V/P/RCS/05/2263/2020. Permission and supportive letters were secured from administrative offices of the respective cities and selected kebeles (lowest administrative units). Each study participant was informed about the purpose, method and expected benefit of the study for other elderly persons when the study could inform health care providers and decision makers about how it is to be an elderly person, and that there was no risk in taking part in the study and they had full right not to participate or withdraw from the study at any time and that their decision would not have any impact on the health care services or other services in the society. Information sheet and consent forms were prepared in English language and translated to local language (Amharic). Written informed consent was obtained from the study participants. For participants who were not able to read and write, a thumbprint was used in place of the participant's signature. Before the interview, the participants were guaranteed confidentiality and to ensure this, the information about the participants' identification was coded, and participants' names were not used. The informed consent was signed, after the data investigator (HS) asked about the participants' age and made sure that the inclusion criteria were met. They were also informed about the aim and purpose of the study and asked if they were interested in participating in the study. To prevent the transmission of COVID-19; the data collector (HS) involved in the in-depth

interview process wore face-masks throughout the interview process and used hand-sanitizers before and after each interview.

Consent to Publish

The participants were informed their interviews would be recorded, and that they provided informed consent for publication of any extracts from the said records.

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Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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Disclosure

The authors declare that they have no competing interests in this work.

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