Occupational Competence Strategies in Old Age: A Mixed-Methods Comparison Between Hispanic Women With Different Levels of Daily Participation

Elsa M. Orellano, MSc, PhD, OTR/L, ATP; Gail Mountain, DipCOT, MPhil, PhD; Nelson Varas, PhD; and Nirzka Labault, PhD

key words: coping and adaptation, health behavior, women’s health

ABSTRACT

In this pilot study, we explored the difference in the use of occupational competence strategies for daily participation between more active and less active older Hispanic women. Twenty-nine women who were 70 and older and lived alone participated in this study. We used a mixed-methods design by which the principal investigator administered a tool to measure participation restrictions during the quantitative phase and conducted in-depth interviews with a subsample in the qualitative phase. More active women predominantly used transportation resources, emotional social support, and spirituality to support participation in life activities. Less active women used more practical social support, assistive technology, and environmental modifications. Personal facilitators seemed to directly modify these strategies. These results suggest that older women with different activity levels use distinct internal and external resources to maintain or enhance daily participation. Future studies should explore whether these resources remain consistent across gender, living status, and ethnicity.

In recent decades, the number of people who live alone in America, as well as in Europe, has increased significantly (Kinsella & He, 2009). The Administration on Aging (AoA) reported in 2010 that 38.8% of all non-institutionalized older adults were women living alone, compared with 18.7% of men living alone. Living alone, regardless of gender, is a potential health risk factor due to the presence of higher levels of disease, disabilities, and social risks compared with those living with others (Kharicha et al., 2007). An important public health goal for the population of older women who live alone is maintaining their functional abilities and independence (U.S. Department of Health and Human Services, 2013).

The presence of factors such as longstanding illness and disabilities in old age, as well as barriers imposed by the environment, such as lack of access...
to transportation, might be a challenge to maintaining participation in meaningful life activities and roles, particularly among women (Duke, Leventhal, Brownlee, & Leventhal, 2002). Research conducted by Clark et al. (1996, 2011) has shown that despite the adverse effects of longstanding health conditions, environmental constraints, and social risks (e.g., isolation), older adults can overcome these challenges after participation in interventions to improve and maintain occupational competence. Therefore, we used the Person-Environment Occupational Performance (PEOP, Christiansen, Baum, & Bass-Haugen, 2005) model as the framework for this study. The assumption underpinning the PEOP model is that participation in meaningful occupations (defined as engagement in the doing of occupations) is essential to maintaining health, well-being, and quality of life.

To achieve a desired level of performance (defined as the doing of occupations) and participation, people must be enabled to overcome personal as well as environmental barriers to improve everyday performance and participation in meaningful occupations.

Knowledge of occupational competence strategies used by older Hispanic women may help reduce health disparities among people of Hispanic origin—one of the largest ethnic minority groups in the United States (AoA, 2010). We defined occupational competence strategies as the skills and knowledge necessary to maintain or enhance an individual’s ability to participate in meaningful occupations (Baum & Christiansen, 2005). Given the importance of achieving health through occupational engagement, several studies have explored how older adults develop and use strategies to maintain occupational performance (Clark et al., 1996; Linhart, 2005; Saito, Sagawa, & Kanagawa, 2005). These strategies have included using internal resources, such as being able to make their own decisions; adaptation strategies, such as adaptive devices and environmental modifications; and lifestyle choices, such as engagement in fulfilling routines of daily occupations. However, existing research has set aside the specific occupational competence strategies required by older women who live alone (especially those who are Hispanic) to maintain participation in daily life. In addition, existing research on the experience of occupational competence strategies has neglected to explore the differences between women with different levels of activity participation. It is important to gain knowledge of the occupational competence strategies used by older Hispanic women (as one significant minority group) in order to develop culturally sensitive health promotion interventions based on the healing power of occupation. If health care professionals fail to consider culture in their interventions, they are at risk of contributing to the existing health inequalities in daily participation experienced by older Hispanic women who live alone.

In the current pilot study, we attempted to address the knowledge gap regarding occupational competence strategies used by older Hispanic women through application of a mixed-methods design. The purpose was to explore and compare the use of occupational competence strategies by more active and less active subgroups from the perspectives of older Hispanic women. The research question for this study was: What is the difference in the use of occupational competence strategies for daily participation between more active and less active older Hispanic women? A better understanding of how older women with different levels of activity participation use occupational competence strategies is necessary to select an appropriate and evidence-based occupational therapy intervention approach.

**Method**

**Study Design**

The University Institutional Review Board approved the study protocol in June 2010. We used a sequential, explanatory, mixed-methods design, which involved the collection and analysis of quantitative data, followed by collection and analysis of qualitative information in two consecutive phases of one study (Creswell & Plano-Clark, 2007). We selected this design to achieve the study’s aim and also so the results of the qualitative phase could be used to enrich the results of the quantitative phase, thus providing a holistic approach to understanding the complexities of health and occupational participation (Mortenson & Oliffe, 2009).

As part of the quantitative phase, the principal investigator (PI) administered the Puerto Rican version of the Activity Card Sort (PR-ACS) (Orellano, Ito, Dorne, Izarry, & Dávila, 2012) to 29 older women who lived alone. Afterward, we divided the participants into two subgroups for data analysis: the top half who scored the lowest and the bottom half who scored the highest on the PR-ACS. During the qualitative phase, the PI used a phenomenological approach through semi-structured interview with the seven participants who scored the highest on the PR-ACS and the seven participants who scored the lowest.

**Recruitment Procedures**

We posted flyers in locations frequently visited by older adults, such as senior centers, churches,
and doctors’ offices. In these flyers, we asked that interested participants call the PI to determine their eligibility and appropriateness for the study, and if eligible, schedule an appointment for administration of the study’s assessment tools at a private location of their choice (i.e., their home, the PI’s office). We also used the snowball sampling procedure. All of the recruited women agreed to participate.

Participants

For the quantitative phase, we recruited a non-probability sample of 29 older women. We based the sample size on the number of participants recruited in previous studies of occupational participation strategies that ranged from 26 to 29 (Clark et al., 1996; Mountain, Mozley, Craig, & Ball, 2008) and the number of participants that was feasible to recruit because of the resources available to this study. For the qualitative phase, we established the sample size for the selection of the subgroups after reaching data saturation at the seventh interview in each group.

The inclusion criteria for participation were: (a) Hispanic women 70 and older, (b) living alone at home in an urban community of the metropolitan area of Puerto Rico, (c) not receiving home health care services, (d) willing to participate in two interviews at a location of their choosing, and (e) having preserved cognitive function evidenced by a score of 12 and above in the Caban Minimental examination (Sánchez-Ayéndez et al., 2003), which is a valid and reliable screening tool of the cognitive ability of Puerto Rican Spanish-speaking adults 60 and older.

The two groups were similar in terms of annual income (Table 1). However, the more active group was generally younger, experienced a lower number of chronic conditions, had a higher educational level, and had higher scores on the Caban Minimental examination.

Data Collection Procedures

Quantitative Phase. We used a screening questionnaire during the first telephone contact with the participant to determine eligibility to enter the study. Afterward, the PI conducted an individual face-to-face meeting with each person who had passed these preliminary screening criteria to undertake consent form procedures and for administration of the Caban Minimental examination (Sánchez-Ayéndez et al., 2003). The developers of this tool empirically clustered its cognitive dimensions through factor analysis, and these dimensions include orientation, visual and motor coordination, learning, recent memory and abstraction. All screened participants obtained the developers’ established cut-off score for reasonable cognitive function needed to continue their participation in this study. We then asked them to complete a sociodemographic questionnaire developed for the purposes of this study, followed by the Community Living Version of the PR-ACS. Baum and Edwards (2001) developed the ACS, an occupational therapy assessment tool to measure older adults’ participation in instrumental activities of daily living (IADLs) and social-cultural and leisure activities. The PI asked the participants to sort 82 activity cards under a label that applied to their situation (Never Done, Not Done Since Age 60, Do Now, Do Less, and Given Up). We calculated the percentage of activity level by dividing the Current Activity total score by the Previous Activity total score. The total percentage activity score reflects the percentage

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total Sample (N = 29)</th>
<th>More Active Group (n = 7)</th>
<th>Less Active Group (n = 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range, years</td>
<td>70 to 92</td>
<td>70 to 78</td>
<td>78 to 92</td>
</tr>
<tr>
<td>Mean age (SD)</td>
<td>78.5 (5.6)</td>
<td>73.2 (2.8)</td>
<td>84.6 (4.4)</td>
</tr>
<tr>
<td>Mean Caban Minimental score (SD)</td>
<td>17.6 (2.1)</td>
<td>18.8 (1.2)</td>
<td>16.4 (2.8)</td>
</tr>
<tr>
<td>Median annual income</td>
<td>$11,820</td>
<td>$11,820</td>
<td>$12,144</td>
</tr>
<tr>
<td>Educational level, n (%)</td>
<td>High school or less</td>
<td>16 (55)</td>
<td>1 (14)</td>
</tr>
<tr>
<td></td>
<td>Some college</td>
<td>13 (45)</td>
<td>6 (86)</td>
</tr>
<tr>
<td>Health conditions, n (%)</td>
<td>Zero to two conditions</td>
<td>11 (38)</td>
<td>4 (57)</td>
</tr>
<tr>
<td></td>
<td>Three or more conditions</td>
<td>18 (62)</td>
<td>3 (43)</td>
</tr>
</tbody>
</table>
of activities retained by an individual as an indicator of activity participation. We calculated the PR-ACS scores to identify those participants who scored the highest (categorized as the more active group) and the lowest (categorized as the less active group) on the PR-ACS activity level percentage.

**Qualitative Phase.** The PI contacted participants from the subgroups of more active and less active women, one by one in a hierarchical order, based on the PR-ACS scores. Interviews were conducted until data saturation was reached at the seventh interview in each subgroup. The PI coordinated individual meetings with the participants at a private location. During this meeting, the PI used a phenomenological approach through application of an open-ended, semi-structured interview, with the purpose of illuminating the factors that contribute to the use of occupational competence strategies to maintain participation in daily life activities from the participants' perspectives.

We developed the interview guide based on modification of the questions and issues explored in previous studies conducted by Clark et al. (1996) and Forsyth and Kviz (2006). The interview guide included questions to explore changes and strategies made by older adults to enhance their participation in daily life, perceived facilitators of participation in daily life activities, and things they do to maintain their happiness and health. After obtaining participants’ permission, the PI audiorecorded each interview, and an independent transcriber made verbatim transcriptions of these interviews for subsequent analysis. We maintained anonymity by assigning a coded number instead of the participant’s name to the audio data and the transcriptions. The transcriptions and all collected data from participants were destroyed upon completion of the study.

**Data Analysis**

We analyzed the quantitative data using descriptive statistics with the software support of SPSS version 17. The PI analyzed the qualitative data from transcribed interviews using a rigorous thematic content analysis (Patton, 2002), including: analysis of the field notes; repeated reading of the transcribed data; initial coding scheme of significant statements; comparison and sorting of these codes into major categories and subcategories; a combination of the emergent categories and subcategories into smaller numbers of meaningful clusters; and developing definitions of the resulting categories and subcategories (themes).

We assessed data trustworthiness using peer debriefing. Three graduate occupational therapy students who were not involved in the data collection process conducted an independent data analysis of a random sample of six interviews. Afterward, the PI, as well as the three additional reviewers, met to discuss discrepancies and reconcile disparate explanations to reach consensus on the coding system. We used NVivo software version 8 as a data manager and organizer.

**Quantitative Results**

The Figure presents the total levels of activity participation as measured by the PR-ACS, as well as the distinct levels of participation in IADLs, leisure activities, and social activities, measured in percentages. The data are presented for the total sample of 29 participants, as well as for the sub-sample of the seven participants from the more active group and the seven participants from the less active group. The presented percentages indicate the actual levels of participation in each domain compared with the total number (100%) of daily activities in each domain that these women recalled they were engaged in when they were 60 years old.

The less active women reported lower levels of participation across all areas relative to the more active women, with lower levels of participation in social and leisure activities compared with IADLs. The total sample, as well as women from both groups, reported the lowest levels of participation in high-demand leisure activities, such as walking, exercising, and gardening.

**Qualitative Results**

Two overarching and interrelated domains emerged from the qualitative analysis: Occupational Competence Strategies and Personal Enablers of Occupational Participation. We compared these domains between the more active and less active groups and further subdivided these domains into themes and subthemes (Table 2). We describe the findings from the qualitative analysis below.

**Occupational Competence Strategies**

Occupational competence strategies embraced actions used by the participants to enhance participation in daily life activities. The themes that emerged from this domain were Using Transportation Resources, Social Interaction Strategies, Lifestyle Choices, and Enhancing Functioning Through Occupational Adaptations. These are described below, along with the subthemes that emerged from some of these themes.
Using Transportation Resources. Access to public and/or private transportation to be able to move about the neighborhood and stay in touch with significant others was an important environmental enabler of participation, primarily experienced by the more active women. Six women from the more active group reported having the physical and mental ability to use public transportation; this was not indicated by the less active group. The more active women described the ability to use public transportation as being “essential” to participate in community life, resulting in perceived self-efficacy, evidenced by the following quote: “If I feel like going to the drugstore, or anywhere else, I just go. And if I have something on my mind that motivates me, I catch the bus and I go.”

Social Interaction Strategies. Social support was reported as being an enabler to participation in daily life for participants in both groups. However, the more active group invested more efforts in “building emotional social support,” whereas the less active group described using more “practical social support.”

The subtheme of “using practical social support” describes participants’ use of formal or informal tangible assistance from others to participate in daily activities. The results showed that using formal social support was a basic enabler to participate in IADLs for the less active women, as exemplified by the following narrative from the oldest participant of the less active group: “I still mop the floor. I don’t have anyone to mop my floor. I hire people to clean my floors and windows, because I cannot do that myself.” Being able to seek and use paid services is an occupational competence strategy that enabled this woman to reserve energy for other occupations and participate in necessary daily life activities despite her mobility limitations.

The sub-theme of “building emotional social support” describes social support that communicates esteem and belonging and provides guidance when faced with life challenges. The study results showed that the more active group had richer social networks and participation in community activities, compared with the less active women. These social opportunities provided more active women with the context to interact with others, build social relationships, and boost self-confidence, as evidenced by the following quote: “I would never leave that group [the exercise group]. One meets up with so many people. It’s called The Saber Snickers, I am the leader.”

In contrast, the less active women had a more restricted repertoire of accessible community resources. These women predominantly lived in senior housing with limited social and recreational offerings. Therefore, they were more likely to be engaged in more passive social activities sponsored by that the administration of their senior housing. One less active woman said:

If I get bored, I go downstairs. Umm, we sit in the lobby and we greet and talk with each other, and you know, we have a good time for a while. The activities that are given here are the ones that I go to.
Lifestyle Choices. This theme contained the most information about occupational competence strategies of participants. Women from both groups had made positive decisions about their ways of living and used a variety of lifestyle choices to stay healthy and lower the risks of experiencing restrictions in daily life activities. We identified three sub-themes from the analytic process: “keeping active in fulfilling occupations,” “spirituality as an occupational enabler,” and “investment in good health habits and maintenance.”

Regarding the sub-theme of “keeping active in fulfilling occupations,” all study participants highlighted the importance of maintaining an active lifestyle to help them cope with loneliness and experience well-being, as expressed by an active woman: “I need to have something to do every day.” However, the active women invested more time participating in meaningful leisure and social activities conducted in the community that provided a sense of satisfaction, as evidenced by the following expression: “It’s better to be among people in groups because you’re always busy and gives you more enthusiasm. Like life is easier deal with. That’s why I invest time in things that help me be happy.”

In contrast, the less active women experienced fulfillment in the performance of fewer number of activities, often performed in solitude, such as house cleaning, reading the Bible, and listening to music. It was evident that faith in God was a very important source to support daily participation among women from both groups (sub-theme “spirituality as an occupational enabler”). The participants invested considerable time in nurturing a strong relationship with God through prayers, faith, reading the Bible, and attending church/chapel activities. The following expression from a woman with memory limitations exemplifies how these women used their faith for support when faced with challenges in the performance and participation in daily occupations:

When I lose [sic] my keys… I empty my purse, I empty the drawer, and they’re not there. After I struggle and struggle, I say: “Come on God, I already did my share. See what you can do.” And a thought comes to me saying: “look in such a place”…then I go there and there they are. Then I tell him: “Thank you God.” That is a miracle! (less active woman)

Related to the sub-theme “investment in good health habits and maintenance,” all participants in this study described having invested extensively in strategies to maintain or enhance their general physical and mental health despite declining ability to participate in daily life activities. Maintaining daily routines, maintaining a proper diet, following medical recommendations, having good sleeping routines, and engaging in cognitively demanding activities were some of the strategies mentioned by partici-

Table 2
Occupational Competence Strategies of Women with Different Levels of Participation: Main Themes and Subthemes

<table>
<thead>
<tr>
<th>Themes and Sub-Themes</th>
<th>More Active Group (n = 7)</th>
<th>Less Active Group (n = 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Competence Strategies</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Using transportation resources</td>
<td>6 (86)</td>
<td>2 (25)</td>
</tr>
<tr>
<td>Social interaction strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using practical social support</td>
<td>5 (71)</td>
<td>7 (100)</td>
</tr>
<tr>
<td>Building emotional social support</td>
<td>6 (86)</td>
<td>3 (43)</td>
</tr>
<tr>
<td>Lifestyle choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeping active in fulfilling occupations</td>
<td>7 (100)</td>
<td>7 (100)</td>
</tr>
<tr>
<td>Spirituality as an occupational enabler</td>
<td>7 (100)</td>
<td>5 (71)</td>
</tr>
<tr>
<td>Investment in good health habits and maintenance</td>
<td>7 (100)</td>
<td>7 (100)</td>
</tr>
<tr>
<td>Enhancing functioning through occupational adaptations</td>
<td>7 (100)</td>
<td>7 (100)</td>
</tr>
<tr>
<td>Personal Enablers of Occupational Participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong desire to remain active and independent</td>
<td>5 (71)</td>
<td>5 (71)</td>
</tr>
<tr>
<td>Maintaining a positive attitude and state of mind</td>
<td>7 (100)</td>
<td>4 (57)</td>
</tr>
<tr>
<td>Freedom of self-determination</td>
<td>5 (71)</td>
<td>3 (43)</td>
</tr>
</tbody>
</table>
pants from both groups. The importance of keeping physically active emerged strongly from the data and was considered to be essential for a healthy lifestyle. Women from both groups described having modified daily activities to stay physically active and healthy:

To keep me fit, I walk in the parking lot [of a shopping mall]. I leave my car far away, I enter through [department store], and I walk around the whole mall and get whatever I want to get to the longest way instead of getting there fast, you know? That is one of my reasons to go to the mall, because eventually I walk. (more active woman)

Enhancing Functioning Through Occupational Adaptations. This theme describes how the participants found creative solutions to alter the environment and restructure occupations to solve difficulties and obstacles to participation. Participants from the more active group mentioned a greater variety of creative home modification solutions to maintain participation in daily activities. Examples included closing off home areas that were not in use and adapting gardening to waist level. We also found that moving from a house to a smaller apartment enabled participation in IADLs mostly for the less active women, as expressed by a 92-year-old woman with functional mobility challenges:

I told my sister when I decided to move: “I want an apartment without stairs, that I can do my stuff without the need to ask for help.” And they found this apartment, and as you can see, it doesn’t have any stairs. (less active woman)

Women from both groups also restructured occupations to remain active, including the use of fatigue management strategies, assistive technologies, and modifications of activities to revise the manner in which they conducted an activity if faced with an occupational challenge. However, we found differences in the rationale used by these groups to restructure occupations. For example, more active women primarily used energy conservation as a prevention strategy: “I like to shop in small supermarkets because I have to walk less, and because I can do it quicker with less fatigue.” In contrast, less active women used these strategies to maintain functional independence: “Before, I was able to clean this house in one day. Now I can’t, I do it a section at a time, because I’m not going to overdo it, because if I do, it’s going to affect my body.”

Similarly, only two participants from the more active group used assistive technologies (e.g., electronic appliances, calendars, cell phone reminders) to enhance participation in IADLs. In contrast, five participants from the less active group used assistive technologies to make basic activities possible (e.g., mobility devices, electrical beds, reachers, visual aids).

Personal Enablers of Occupational Participation

This domain also strongly emerged from the data analysis and describes intrinsic personal resources and attributes (connected to the mental dimension) that significantly contributed to these women’s ability to participate in meaningful daily activities. These resources influenced their ability to live a full and happy life and included the following themes: A Strong Desire to Remain Active and Independent, Maintaining a Positive Attitude and State of Mind, and Freedom of Self-Determination.

Strong Desire to Remain Active and Independent. Five participants from each group expressed a strong inner drive to remain as independent and active as possible as long as they can. This strong inner drive required active efforts, creativity, perseveration, and pushing oneself to overcome constraints related to lack of energy and management of physical conditions that exist in old age. The following quote from the oldest woman who had mobility limitations illustrated such a perception:

I don’t wait for anybody to do anything for me, I do it. I get out of my spirit. There are many people that have to have everything done for them, hell no, you have to do for yourself also. Don’t give up the ship. Ruin your day? No way, look for something to do…. You can’t lie low. (less active woman)

Maintaining a Positive Attitude and State of Mind. Women from the more active group predominantly used the strategy of maintaining a positive emotional and affective state even in adversity, as expressed by the following active woman: “Out of the bitterness of the lemon I make lemonades.”

Freedom of Self-Determination. Having the freedom to do what one likes with one’s time was a strong enabler of occupational participation, particularly after being widowed and was primarily found in women from the more active group. The following statements demonstrate how these women highly valued the ability to maintain control and autonomy: “Now, I do things whenever I feel like it” (more active woman) and “Before, my husband made the decisions. Now I make them, I rule myself, I do everything the way I want to” (less active woman).

Discussion

In this pilot study, we explored and compared the use of occupational competence strategies between
more active and less active Hispanic older women who lived alone. This study revealed new insights into research with older Hispanic women in this setting.

Our findings demonstrate the need to consider not only occupational competence strategies, but also the role of personal factors and facilitators in Hispanic populations to support participation of older women who live alone. This is consistent with the findings of Yuen, Gibson, Yau, and Mitcham (2007) who found that personal attributes, such as views on aging, self-reliance, and perceived self-efficacy, modified older adults’ actions to maintain independence. However, cultural considerations are necessary when designing intervention approaches with older Hispanic women living in Puerto Rico. For example, spirituality, as perceived by the participants of this study, was used to enable participation in daily activities and to overcome daily obstacles to participation. In contrast, the participants in Clark et al.’s (1996) study engaged in spiritual practices mainly to confront sickness, dying, and death. Another important cultural value that must be addressed in interventions for older Hispanic women is maintaining life control and autonomy after becoming a widow.

The occupational competence strategies reported in this article, such as keeping active in fulfilling occupations, using social support, and health maintenance activities, are consistent with previous studies conducted by Linhart (2005) and Saito et al. (2005). However, to our knowledge, this is the first time health researchers have compared the differences in the use of occupational competence strategies across older women with different activity levels. The findings from the participants’ experiences indicate that the more active women mainly used a proactive approach and a richer repertory of personal attributes, as well as extrinsic environmental resources, to enable participation in daily life activities. We also found that the availability of more personal enablers in the more active group, such as younger age, higher cognitive ability and educational levels, and better physical health, could explain the use of occupational competence strategies to participate in daily life occupations. These findings are consistent with previous studies’ results in which younger age (Desrosiers et al., 2009), presence of less chronic conditions (Duke et al., 2002), higher cognition level (Perlmuter, Bhorade, Gordon, Hollingsworth, & Baum, 2010), and higher educational level can all impact older adults’ participation in daily life activities. It seems plausible that these sociodemographic characteristics play a role in the ability to maintain daily participation.

We also found differences in the kind of activities engaged in by women with different activity levels and in the purpose underlying the use of some of the strategies reported in this study. Less active women were more likely to participate in passive activities and activities performed in solitude, compared with the more active women, putting women with low activity levels at risk of physical inactivity and social isolation, which can have a negative impact on their health and well-being (Kharicha et al., 2007). The risks for isolation and inactivity in the less active women indicate the urgent need to help the most vulnerable older women maintain participation in social and physical activities conducted at the community level and to create health promotion programs that support activity and participation for all.

Less active women depended on extrinsic environmental resources, such as practical social support and assistive technologies, to make daily activities possible, which reflects their struggles to minimize the effect of the losses they had experienced in physical functioning and in other domains of life (Baltes & Lang, 1997). In contrast, the more active women used strategies to prevent participation restrictions and enrich their participation in daily life activities, thereby taking a more proactive approach toward prevention. Therefore, the ability to cope with the complex challenges of daily participation, as well as the ability to engage in activities to prevent disengagement and deterioration, is important in old age (Fänge & Ivanoff, 2009; Jackson, 1996). Public health interventions for older adults should support such coping mechanisms as well as enable engagement in health-promoting proactive efforts.

Limitations of this study include the use of a small, homogeneous, purposive sample that cannot be generalized to older women living in rural areas, living with others, and having diverse socioeconomic and ethnic backgrounds. The recruitment of the sample through the use of flyers could also have introduced sampling bias with possible under-representation of less active women.

Conclusion

Our results have implications for the need to consider the complexity of occupational competence strategies, the value of personal facilitators, cultural idiosyncrasies, and the heterogeneity of older adults when designing and selecting occupation-based intervention approaches for this population. Since occupational participation is a prerequisite to healthy living, occupational competence strategies are worthy of future investigation. Additional research
studies should be conducted with larger samples, exploring whether the strategies and personal resources reported in this study remain consistent across gender, living status, geographical locations, and cultures. The occupational competence strategies, as well as the personal attributes, found in this study may be used in the future development of health promotion interventions aiming to affect occupational participation of Hispanic older women.

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