

What do older people's life experiences tell us about emergency preparedness?

Victoria Cornell, University of Adelaide, explores what being prepared for an emergency means to older people. 

ABSTRACT

Relatively little research has been undertaken with specific regard to older people and disasters, yet disaster researchers often classify older people as a 'vulnerable' group. Of the research that has been undertaken, the majority consider the opinion and perspective of aged care service providers, not older people themselves. In addition, most of the research is concerned with the response and recovery phases of emergency events, not preparedness. This article discusses research which engaged older people directly, seeking to understand what being prepared for an emergency means for them, and whether their life experiences have influenced this understanding. The study found that, for older people who participated, being prepared for an emergency is not a one-off tangible activity—it is a process, built upon throughout their lives, and a feeling of comfort and security in their world.

Introduction

Although little research has been undertaken with specific regard to older people and disasters (Ngo 2001), disaster researchers often classify older people as a 'vulnerable' group. However, it is not advancing age alone that makes people vulnerable. Vulnerabilities are generally due to the issues associated with the advancing age, such as 'impaired physical mobility, diminished sensory awareness, pre-existing health conditions, and social and economic constraints' (Fernandez *et al.* 2002, p. 69). This may well be accurate, but these issues are not specific to older people and may also be relevant to the non-aged.

Recent events and discussions that have taken place during disaster management planning and exercising, have triggered consideration into the way older people are engaged in disaster management processes (Cornell, Cusack & Arbon 2012). Older people are sometimes considered to be a challenge with respect

to disaster planning due to their perceived reluctance to prepare and evacuate (Paek *et al.* 2010, Loke, Lai & Fung 2012, Morrow 2007). Most disaster research concerning older people 'has focused on displacement and relocation as a consequence of a...disaster' (Marshall & Mathews 2010, p. 80), i.e. the response and recovery phases. Little research has been undertaken on older people and preparedness for emergency events.

There is even less research on preparedness of older people living in their own homes or on agencies that provide care to older people in their homes (Laditka *et al.* 2008). Discussion thus far largely considers the development of checklists that are assumed will help older people prepare for emergencies, rather than what might influence their decision to prepare. Therefore, this study engaged older people directly to explore what being prepared means to them and what shapes this understanding.

Method

The study took a qualitative, interpretive approach as the aim was to explore and understand whether people's life experiences have influenced their perception of preparedness and what it means to be prepared for an emergency event. People make decisions with regard to preparing for emergencies based on the context of their own lives and experiences. As Peek and Mileti (2002) discussed in their review of how the definition of a disaster has changed over the decades:

'Even though opinions differ, a common element that can be detected in almost all definitions is that disasters and the losses that result from them are the consequence of the interaction between the natural, social, and constructed environments...' Peek & Mileti 2002, p. 512

Eleven older people took part in semi-structured interviews. All resided in their own homes, in the greater Adelaide area, and received formalised (provided by an aged care service provider), low-level in-home care such as assistance with shopping or housework. The 11 participants ranged in age from 77 to 90 years, and comprised eight women and three men. All were of Anglo-Australian heritage – nine were born in Australia, two in England. Ten of the 11

participants were or had been married, while one woman had never been married. Of the ten who were or had been married all the men were still married; one of the women was still married, and one divorced; and the five remaining women were widowed. The participants came from a range of professional and socio-economic backgrounds. Predominantly, they were financially secure, some even calling themselves 'financially comfy'.

The in-depth interviews and small sample size reflect qualitative methods that allow for the generation of thick descriptions. The interviews explored the variety of emergency events experienced during the participants' lives, how those events may have changed them, the meaning drawn from the events, and the subsequent influence of their experiences on the way they prepare, or perhaps choose not to prepare, for emergency events.

The interviews were audio recorded and, on average, lasted an hour and a half. Participants were assigned pseudonyms, which are used in this paper.

Results

Data analysis followed van Manen's three-stage thematic analysis process, during which the transcripts were read in their entirety several times, to identify:

- key words and phrases that reflected the experience of the participants and their behaviours with respect to being prepared (wholistic phase), and
- statements or phrases that helped in representing meaning about being prepared for emergency events (selective phase).

Finally, identifying what the key words and statements revealed about being prepared for an emergency event was uncovered (line by line phase). Three themes were identified.

1. Understanding my world

The 'understanding my world' theme provided shape and context to the participants' lives. It outlined the events they had experienced and how they felt about themselves at this stage in their lives, and started to unravel the meaning of being prepared. The emergency events that the participants wished to discuss were nominated by them; they were not asked if they had experienced specific event types. The events were wide-ranging and included natural hazard events, human-induced events and (for the time in which they occurred) socially unacceptable events such as teenage pregnancies. Imogen, for example, talked about when she fell pregnant as an unmarried 16-year-old. Even though the father was the man who would become her husband on his return from service in World War II, the matter was very distressing to her parents, socially, and:

'The day after my mother found out, I was in a home... I was told that he [the father of the baby] didn't want anything to do with me, and he was told the same.'
Imogen

Those working in the professional world of emergency management, while espousing the 'all hazards' approach, often confine their thinking to a set range of events; traditionally considering natural hazard events, and man-induced events such as chemical leaks, terrorism and major transport accidents. This theme emphasised that older people—with experience of many, varied events—have a much broader view. They recognise that experience, strength and understanding can be gathered from many aspects of their lives, both the big events and the small.

The temporal and private nature of events was highlighted by the participants' stories. For some, the event was internalised and less significant to, or noticed by, others. Importantly, an event may not have a clear beginning and certainly may not have an end; it may continue to be a feature of every day experience, such as living without a loved one after their death, or giving up a child for adoption.

The participants acknowledged that their physical health was not as strong as it once was, and this did not worry them. Rather than dwell on activities they could no longer do, they either adapted previous activities, or found new ways to enjoy their world. While participants were conscious that reduced physical strength has implications for being prepared for, and also reacting to, an emergency, they did not feel vulnerable.

The participants felt mentally prepared to deal with any type of emergency. They felt that mental strength was more important than physical strength. This feeling of mental strength is a positive finding. These older people were not mentally fragile and in fact felt stronger due to the events they have lived through.

2. Shrinking my world

The 'shrinking my world' theme was noticeable in the participants' smaller social world, reduced contact with others, and reduced geographical area in which they engaged. While the participants appreciated that a shrinking social world has implications in terms of emergencies (recognising that strong social resources, including good friends and a strong community spirit, are critical supports in times of an emergency) they did



Image: Christine Belcher

Close proximity to friends and family was acknowledged as a valuable support.

not feel negative or vulnerable. They enjoyed genuine friendships and the freedom to do what they please, with whom they please. Frances, for example, was happy with a smaller social world, saying that her ideal is to have friends close by in case of an emergency, but to:

'...have your own house. So you could go and visit whenever you wanted to...that...suits me fine but be able to still have time to myself. Because I like company, but I like my own company.' Frances'

The participants displayed shrinking thinking in terms of their considerations of being prepared for emergencies. When considering their lives, the varied events they had experienced, and what those events meant to them, the participants had a narrow view. Despite discussing a range of experiences that had occurred during their lives, and drawing on experiences gained, the participants' views of events that they might consider preparing for now was narrow, sticking to fairly 'traditional events' from their lived worlds. At this stage in their lives, their main concern is a health-related emergency, such as a fall in the home, or a more severe issue such as a heart attack or stroke. They did not consider other health issues such as extreme heat.

3. Acceptance of my world

Finally, in the 'acceptance of my world' theme, the participants accepted greater dependence on others. This was not seen as negative and was often a release. They did not feel that dependence implied helplessness. Indeed, acceptance of greater dependence showed a sophisticated type of control being exercised by the participants.

Several of the participants had lived in the Adelaide Hills region on semi-rural blocks with lots of vegetation, which required considerable bushfire prevention measures. They were aware they were no longer able to manage their properties and decided to move to a retirement village setting where gardening and bushfire prevention was the responsibility of the management. When talking of his family home, for example, Brian said:

'... just to walk up and down was becoming difficult, and I certainly couldn't handle cleaning out the gutters and so on any more...' Brian'

One notable exception to accepting greater dependence was when it was seen as a direct corollary to



The ability to drive provides a sense of independence.

independence, for example relying on others as a result of giving up driving a vehicle. The mere thought of having to give up driving was also a major concern for some in terms of their own general independence and sense of loss and also in terms of broader ramifications—the possible need to reorganise their lives and what being unable to drive might mean for the future. Art, for example, when talking about the fact that he might one day have to give up driving, said:

'That would be a catastrophe...really. I do think about that...and I don't quite know what I'd do. Furthermore, my wife is absolutely dependent upon me.' Art'

The participants felt lucky to have lived long and fulfilled lives. They were not concerned with their reducing future life, were not overly worried about preparing for what might come, were accepting that they may die soon, and confirmed that death held no fear for them.

Discussion and conclusions

This research brings an ontological view of what it means to be prepared, having explored the lives of 11 older people, finding that being prepared for an emergency is not about a one-off activity such as completing a checklist. Being prepared is a process. It is about living and learning, which allows a feeling of mental preparedness and ability to cope.

The study also shows that a variety of event types influence behaviour and help build a feeling of being prepared. It allowed participants to define the emergency event and include the incremental effects of events over a lifetime. Several participants said that an accumulation of smaller experiences enabled them to feel prepared and able to cope.

This research also highlights that while older people might not define themselves as 'being prepared' in terms of traditional emergency management assessments, they do not feel vulnerable. They accept their limitations but feel confident they can cope. Given their lack of engagement to date, this is a key finding as it has implications for how older people may (and should) be engaged in the future. They should not be approached as a 'vulnerable' group as such; rather a group that has some specific needs and has a wealth of positive attributes in terms of knowledge, experience and sense of community. While the older people in this study might not define themselves as being prepared they certainly consider themselves to be resilient, in terms of being able to withstand and recover from an event that may occur.

In allowing the participants to self-define the emergency events they discussed, events that from a professional 'disaster management sector' perspective might not be considered to influence preparedness were raised. This has implications for the development of preparedness messaging and education and concurs with Graham's (2011, p. 20) suggestion that 'The most effective messages are relevant to all hazards and meaningful on a day to day basis, while also effective in an emergency'. This statement was with

respect to disaster recovery, but there are parallels for preparedness. By being too specific about 'being prepared for a bushfire', the opportunity to engage with people about being prepared for emergency events generally may be lost.

At this stage in their lives being prepared for specific emergency events is less important to the participants. They are confident of their resilience and their ability to cope. Designing preparedness materials for older people based on specific hazard types, therefore, may serve little purpose. Ensuring older people are secure, safe and feel mentally strong is important.

For the older people who took part in this study, being prepared is principally a mental state of being. In accepting their advancing years and deteriorating physical ability, the participants gained comfort in knowing that their life experiences, including emergencies, have left them feeling comfortable and strong enough mentally to deal with any potential future emergency.

This research has implications in terms of developing well-informed emergency preparedness and resilience policy and practice. By understanding what influences older people living in the community to prepare for emergency events, indeed, understanding that for this group of older participants being prepared is less important than being resilient, appropriate policies and processes can be developed; rather than making assumptions about what this target group wants or needs.

Possible limitations

While the number of participants interviewed was small, and one could argue how far the findings can be generalised, the small number of participants was specifically chosen in order to carry out in-depth, semi-structured interviews to gain rich data. It is acknowledged that 11 older people cannot be representative of all older people.

Some caution must also be taken when considering the applicability of the findings into the future. Older people in the future will have lived their lives in different ways to the older people who were interviewed in this study and may therefore have different beliefs and expectations.

The older people who participated in this study came from similar cultural backgrounds, i.e. Anglo-Australian. This may have been partly influenced by the selection criteria for the research – older people receiving a formal care service. Hurley and colleagues (2013) found that:

'the use of formal services is lower among migrant groups with the most consistently documented barriers including lack of interpreter services, cultural resistance due to preference for family care, lack of awareness of services and the cultural insensitivity of 'front-line' staff.' Hurley et al. 2013, p. 141

Future research could seek the views of older people from indigenous Australian backgrounds and culturally and linguistically diverse backgrounds, to see whether

cultural diversity leads to differing views and feelings on being prepared.

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About the author

Victoria Cornell is a Research Associate in the Centre for Housing, Urban and Regional Planning at the University of Adelaide, South Australia. Prior to commencing work at the University, Victoria worked in the field of emergency management for eight years, both at local and state government levels. She undertook several roles including researching the role of local government in emergency management, assisting local councils to develop emergency management plans, re-writing the South Australian State Recovery Plan, assisting communities directly affected by emergency events and working on national projects aimed at building resilience across Australia.