Published in final edited form as:
Nurs Forum. 2012 ; 47(1): 39–51. doi:10.1111/j.1744-6198.2011.00254.x.

Wellness in Older Adults: A Concept Analysis

Siobhan McMahon, MSN, MPH, GNP-BC and
John A. Hartford Foundation BAGNC Pre-Doctoral Scholar, PhD Student, Arizona State University, College of Nursing and Health Innovation, Phone: 218-290-3422

Julie Fleury, RN, PhD, FAAN
Director, PhD in Nursing and Health Innovation Program, Arizona State University, College of Nursing and Health Innovation, Phone: 602-496-0773

Siobhan McMahon: Siobhan.McMahon@asu.edu; Julie Fleury: Julie.Fleury@asu.edu

Introduction

The application of wellness as a concept has expanded over the last 50 years across disciplines (Miller, 2005). In his pioneering work to develop wellness as a concept, Halbert Dunn (1958, 1959) observed that while goals to extend life expectancy were coming to fruition, older adults were not typically valued in our society. The pursuit of wellness in older adults, he argued, would move our society toward supporting not only longevity, but also vitality (Dunn, 1959). The concept of wellness is commonly used in nursing, but its relevance to older adults remains vague.

Increased life expectancy is a 'triumph of humanity' that has benefited individuals, communities, and society as a whole (World Health Organization [WHO], 2008). Along with the invaluable contributions older adults have made to society, added risks to their health have emerged (Vincent & Velkoff, 2010). Risk of chronic illness, functional decline, and geriatric syndromes threaten the well-being of older adults. Forty-three percent of Medicare beneficiaries have three or more chronic conditions such as arthritis, cancer, and heart disease (Federal Interagency Forum on Age Related Statistics, 2010). Survey research also reveals that at least 42% of persons over the age of 65 have a functional limitation. One study reported that 25% of older persons with one or more chronic condition also have one or more co-existing geriatric syndrome (Lee, Cigolle & Blaum, 2008). In addition to changing physical and health circumstances, older adults tend to spend less of their leisure time socializing and communicating as they grow older (Federal Interagency Forum on Age Related Statistics, 2010). These events, common in older adulthood, lend themselves to accumulating and interacting impairments, thereby increasing the vulnerability of persons as they age (Drachman, 2000; Flacker, 2003; Innouye, Studenski, Tinetti, & Kuchel, 2007).

As the population of older adults has grown so has the body of geriatric nursing knowledge, improving the care provided to older adults; especially those with functional decline, acute illness or injury, chronic illness, and geriatric syndromes. Approaches to care do not yet systematically integrate strategies that promote continued growth in older adulthood. Focusing on problems and deficits alone limits the exploration of individual strengths, thereby compounding the risk for vulnerability to diminished health and well-being. In the report titled '*The Retooling for an Aging America, Building the Health Care Workforce'* an Institute of Medicine task-force proposed the creation of new care models including those that address behavioral risks and illness prevention (Institute of Medicine [IOM], 2008). The authors acknowledge that current care models do not typically emphasize wellness or health promotion, which may be due to beliefs and attitudes that older adults are too old to benefit from these services (IOM, 2008).

Wellness, a concept whose defining characteristics include building upon individual strengths and optimizing potential, is broadly applied in geriatric nursing. Its meaning is not clear enough, however, to make a significant impact on the gap in geriatric nursing between deficit and strength based approaches to care. Unanswered questions related to wellness include: Is wellness an outcome or a process? Is wellness an all or nothing phenomenon? Is wellness the same for all individuals? What is the role of the individual in determining wellness? How do geriatric nurses promote and measure wellness? Is wellness significant for older adults with functional and health changes? Further clarification and development of the concept of wellness as it relates to older adults will advance nursing knowledge about promoting continued growth among older adults while simultaneously guiding care for their changing and diverse needs.

Purpose

The purpose of this paper is to examine the concept of wellness as it relates to older adults and geriatric nursing using Rodger's evolutionary perspective (1989). The evolutionary method was chosen as its analytic philosophical base is grounded in dynamism (Rodgers, 2000). Concepts are not viewed as static; rather, they are viewed as abstractions that change with time and varied situations. Underlying assumptions of the evolutionary approach include that: (a) concepts are subject to continual change; and (b) concept development is cyclical and contextually dependent (Rodgers, 2000). This concept analysis will analyze the defining attributes, antecedents, and consequences of wellness, identify its related concepts, and describe its evolution. Identifying characteristics of wellness will help to clarify and develop conceptual strengths and limitations, providing a step toward evaluating its relevance in older adults and increasing utility in geriatric nursing.

Methods

Sample selection

Wellness is relevant across health disciplines and has developed over time. Thus the sample of literature used for this analysis included articles from several health disciplines spanning several decades. Analyzing literature from various disciplines enables comparison of the variations and similarities in concept use, while selecting a sample over a broad time frame enables examining the historical evolution of a concept (Rodgers, 2000). To begin, literature sources from nursing, social psychology, medicine, and public sources such as newspapers and websites were explored. Media sources confirmed both the popularity and often non-descript aspects of wellness. To limit the literature search, CINAHL, PubMed, PsycINFO, Google Scholar, and ERIC databases were searched for articles addressing wellness in older adults, written between the years 1950 and 2010 in the English-language. The key words wellness and older adults were used in computer searches and sequentially combined with the words definition, conceptualization, concept, attributes, antecedents, consequences, models and theories. Figure 1 illustrates the results of the literature search and screening process. Older adult in this analysis was defined as persons over the age of 65. Articles that addressed wellness across the life-span or among older adult populations were included in this review. Articles were excluded during the screening due to: (a) the population being addressed not including older adults; (b) not addressing the concept of wellness; (c) being duplicative of an article found in another database; or (d) focusing on measurement development.

Of the one hundred and sixty eight articles initially identified as relevant to this search, 47 met inclusion criteria. Manual searches were also conducted of those articles meeting inclusion criteria through which an additional 10 articles were identified. Thus, 57 articles were reviewed in detail. A final sample of 53 articles was included in the analysis from

nursing (31), social psychology (11), medicine (6), physical therapy (1), and occupational therapy (1) spanning more than five decades. This represents more than 20% of the total population of articles initially retrieved, thus meeting Rodger's standard for adequate literature sampling (2000). Articles used in this review ranged in focus from conceptual definitions to theory descriptions, intervention testing, program implementation, descriptive research, and literature review.

Data analysis

Articles were numbered and labeled to identify both the discipline of the primary author and article format. A historical time-line was created to trace the evolution of the wellness concept and its operationalization. Data from the sample of articles were abstracted and organized into tables categorized as: (a) defining attributes; (b) antecedents; and (c) consequences. Verbatim statements from each author were placed into the tables. An inductive analysis of the concept of wellness in older adults produced descriptive themes (Figure 2) as well as related concepts.

Findings

Evolution of Wellness

A brief review of the evolution of the wellness concept over time adds to understanding its contextual bases and temporal variations (Rodgers, 2000). The majority of articles found for this review were from the medical, social psychology, and nursing disciplines. While the word wellness appeared formally in the mid 1950's, scholars believe that attributes of wellness were apparent in ancient times. For example, in early Greece, many people chose 'regimens' meant to improve their life and health (Miller, 2005). In the 19th and early 20th centuries, the connection between spirituality and health was emphasized by philosophers and religious leaders who integrated into their teachings the notion that physical health is affected by state of mind (Miller, 2005). Wellness had its formal introduction when Halbert Dunn presented his conceptualization of wellness in the late 1950's. At that time, he began to question medicine's traditional views of health as simply the absence of death and disease. The unitary underpinnings of his developmental-contextual worldviews (Reed, 1995) were a sharp departure from medicine's traditional mechanistic view that concentrated on physical parts of humans. Dunn (1958, 1959) proposed that the spirit, mind, and body are integrated, not reducible, constantly changing, and in interaction with the environment. Optimal wellness, he felt, is a complex and ever-changing state obtained when the inter-relatedness of many energy fields reinforce one another (Dunn, 1959).

Though subsequent scholars continued to develop the concept of wellness introduced by Dunn (Table 1), they had varying worldviews and perspectives about spirituality. Ardell, Travis, and Hettler are credited with developing Dunn's concept of higher level wellness in the 1970s and 1980s and promoting its application in educational institutions and industry (Miller, 2005). Their conceptual models of wellness did describe 'holism', but at the same time divided wellness into varied dimensions, consistent with organismic worldviews (Reed, 1995). Spirituality is integral to man and inseparable from mind, body, health and wellness in Dunn's model (Dunn, 1958; Miller, 2005). Travis and Ryan (2010) and Hettler (1990) also place spirituality as core dimensions in their wellness models, while Ardell's (1986, 2010) models of wellness are more secular. Despite their differing perspectives, the pioneering work of Dunn, Travis, Hettler, and Ardell launched a wellness movement that has expanded in health care, education, and other industries.

At the same time wellness was developing in educational institutions and industry, disciplines such as social psychology and nursing began to integrate wellness in theory,

research, and practice. Wellness is a relevant concept for counseling and development in psychology (Meyers & Sweeney, 2005; Roscoe, 2009), as evidenced by the development of numerous conceptual models and measures. Further, conceptual models have gone beyond explaining wellness and now provide direction for psychology practice. For example, authors describe implications for counselor interventions and measures when considering the holistic flow model of spirituality (Purdy & Dupey, 2006) and the indivisible self (Myers & Sweeney, 2005).

Wellness and nursing theory—In nursing, wellness is evident in grand theories, conceptual models, middle range theories, and related intervention development. Examples of nursing grand theories that integrate wellness either explicitly or implicitly include: (a) Neuman's systems model, which focuses on the wellness of a 'client system' in relation to environmental stressors and reactions to those stressors; (b) Roger's science of unitary human beings, which does not differentiate health, wellness, and illness, but views these as value statements assigned by society, that vary with culture and time; and (c) Parse's humanbecoming Theory, which conceptualizes health and wellness as continually changing processes that are personally created and interdependent with personal commitment, the environment, and others (Fawcett, 2005; Parse, 1998).

Middle range nursing theories also address wellness. For example, Pender's health promotion model approaches wellness through individual behaviors motivated by desires to increase well-being and actualize human health potential (Shin, Kang, Park, Cho & Heitkemper, 2008;Srof & Vesor-Friedrich, 2006). Three categories of factors that influence behavior include non-modifiable individual characteristics; behavior specific cognitive and affective characteristics such as perceived benefits and barriers to behaviors, perceived self-efficacy, and activity related affect; and situational and interpersonal characteristics (Shin et al., 2008; Srof & Vesor-Friedrich, 2006). Possible outcomes of Pender's theory include committing to an action plan and engagement in health promoting behavior (Shin et al., 2008; Srof & Vesor-Friedrich, 2006). In Fleury's wellness motivation theory, the goal of nursing is to promote individual wellness in accordance with individual goals, thereby fostering potential as defined by the individual (Fleury, 1991,1996). Dimensions of the wellness motivation theory include: (a) contextual factors, such as biological, social, and environmental resources that may influence individual capacity; (b) behavioral change processes of self-knowledge, motivation appraisal, and self-regulation; and (c) action consistent with goal achievement and reduced health risks (Fleury, 1991, 1996). The wellness motivation intervention operationalizes the inductively developed wellness motivation theory and provides a guide to nurses as they assess contextual and behavioral change factors relevant to each individual, prior to facilitating goal and plan development (Fleury, Belyea, Harrell, 2000; Perez & Fleury, 2009). Miller's functional consequences theory (2008) provides a framework for wellness promotion in older adults by helping nurses to recognize their potential for growth and using wellness nursing diagnoses to foster a sense of value and dignity. Functional consequences theory guides nurses to use a wholistic perspective of mind, spirit, and body inter-relatedness when working with older adults. The concepts of functional consequences (positive and negative), age related changes, and risk factors are addressed in the theory (Miller, 2008).

Wellness today—Wellness has evolved from a little used concept to one that is commonly applied across healthcare and other industries. The current consensus described in this analysis indicates that the concept of wellness has wide-ranging relevance, but may be used differently across contexts, disciplines, and populations. Over time, much of medical literature shifted from describing the concept of wellness, to describing the implementation of health programs applying the word wellness to health promotion strategies. Psychology literature has developed various conceptual models emphasizing

different dimensions (e.g. spirituality) or attributes (e.g. wholism) of wellness, from which recommendations for counseling practice are derived. In nursing, wellness is implied in many grand theories, conceptualized in varied conceptual models, and used in middle range theories. Researchers and clinicians have moved toward integrating and testing the concept within theory-based intervention design.

Concept Attributes

Defining attributes are those characteristics of a concept that constitute real definition as opposed to a dictionary definition (Rodgers, 2000). Characteristics of wellness found in the literature used for this analysis address both dimensions and processes of wellness. The various dimensions of wellness reflect different philosophical perspectives, but are united in the belief that the process of wellness is complex and multidimensional. In addition to having many dimensions, cross-cutting characteristics of wellness include its nature as an ever-changing process, unique to each individual. Interdependent attributes becoming, integrating, and relating were also identified (Table 2; Figure 2). Each is described in terms of its meaning and use, in geriatric nursing practice.

Becoming—Becoming encompasses the process of realizing potential as defined by the individual (Ardell, 1986, 2010; Dunn, 1959; Fleury, 1996). Becoming, in relation to wellness, involves continually developing and moving toward chosen goals and optimal function (Dunn, 1959). Becoming is that aspect of the wellness process that differentiates it from a state, trait, or outcome; wellness continues across all states of health and illness in varying degrees. A qualitative study examining wellness motivation among older adults with coronary heart disease explicates empowering potential as a continuous social process in which individual wellness, growth, and development results in the emergence of new and positive health patterns (Fleury, 1991, 1996). Miller (1991) identifies the main goal of wellness as self-actualization, or the realization of individual personal potential as described by Maslow. In another qualitative study examining the experiences of men with metastatic prostate cancer, one participant explained that he came to terms with not having enough energy to do much of anything, yet felt well sitting in his favorite armchair (Linqvist, Widmar & Rasmussen, 2006). In this study, authors conclude that becoming well, or realizing potential, remains an achievable goal even in the face of grave illness (Linqvist et al., 2006).

Becoming as identified in this analysis is congruent with the philosophical assumptions of Parse's humanbecoming theory, in which humans are seen as unique beings that are continually changing throughout life. Changing situations present new ways of becoming from which individuals freely choose among available options (Parse, 1998,2007). Being aware of and understanding the wellness characteristics that pertain to becoming will help nurses appreciate the potential for growth and development in older adults. Nurses facilitate becoming when enabling individuals to examine their personal definition of wellness and their individual goals (Campbell & Kreidler, 1994; Fleury, 1996; Medich, Stuart, & Chase, 1997; Miller, 1991).

Integrating—Integrating new, potential, and past experiences is an attribute of wellness identified in this analysis (Dunn, 1959; Linqvist et al., 2006; Poptess-Vawter, 1991). Through integration, the valued aspects of one's life are balanced with changes, such as illness or relocation, in order to maintain or regain purposeful direction (Whittemore, 2005). Integrating does not necessarily entail curing disease or abolishing pain, but rather developing knowledge of what to do to maintain purposeful function when these types of bodily problems arise (Linqvist et al., 2006). Older adults often describe wellness as requiring integration of new life experiences and activities of daily living, in a way that

maintains or regains balance (Wittemore, 2005). Integrating mind-body-spirit and multi-level factors such as family, religion, community, and biological conditions with new experiences, conditions, or situations into the self, motivates individuals toward continued personal growth (Fleury, 1996; Miller, 1991). Integrating change is described by older adults as establishing and modifying rituals where health behaviors became part of daily life patterns, enhancing feelings of harmony, wholeness, and control over future health outcomes (Fleury, 1996; Miller, 1991). Nursing interventions that may enhance the ability of older adults to integrate new realities include facilitating stabilization (e.g., supporting functional status and physiological integrity, preventing complications) and promoting integration (e.g., encouraging emotional exploration and expression, providing psychosocial support, and encouraging participation in previous life activities) (Whitemore, 2005).

Relating—Relating as an attribute of wellness addresses dynamic person and environmental interactions and transactions that facilitate growth and development (Cowen, 1991; Fleury, 1996; Meyers and Sweeney, 2005). Relating is characterized by reciprocity and interdependence of individuals with other individuals, their communities, nature, and society as a whole. For example, altruism and social support are apparent as older adults give support to and receive support from friends, family, and social networks, and engage in social activities such as volunteer work and community involvement (Miller, 1991). Edwards and Chapman (2004) note that mental wellness requires mutual valuing and respect between individuals as they relate, for meaningful interactions or connections to occur. Nurses working with older adults may promote relating through communication approaches using understandable language, patience, and sensitivity (Edwards & Chapman, 2004). Authors also discuss relating on community and political levels and their influences on wellness (Cowen, 1991; Prilleltensky, 2009). Similar to relating at the individual level, mutual respect for diversity, collaboration, and democratic participation also promote wellness on levels broader than individual (Cowen, 1991; Prilleltensky, 2009). Relating to older adults in ways that identify and treat problems without attention to wellness may reduce individual wellness. For example, an older adult who prioritizes wellness may be reluctant to describe themselves as ill. If relating to this older adult from a problem-focused perspective, concern about knowledge deficit or being in a state of non-acceptance may keep a nurse from spending time and energy exploring opportunities for continued growth and development (Baumann & Soderhamn, 2005; Linqvist et al, 2006).

Antecedents

Concept antecedents are events, conditions, or precursors that are evident prior to the occurrence of a concept. Connecting with others, imagining opportunities, recognizing strengths, and seeking meaning were antecedents to the wellness process identified in this concept analysis (Table 2; Figure 2).

Connecting with others—Connecting with others facilitates social support, empowers individuals to pursue valued goals, and maintains wellness over time (Fleury, 1996; Miller, 1991). For example, individuals maintaining positive relationships with family and friends experience more positive feelings, reawakened interests, and increased ability to identify prospects for future actions (Campbell & Kreidler, 1994; Fleury, 1996; Medich et al., 1997; Miller, 1991; Shearer & Fleury, 2006). Older adults describe that friendships grow with age, creating deeper understandings and supportive mechanisms (Miller, 1991). Older adults connecting to friends in the face of illness or change describe a sense of mutual emotional support when listening to one another, sharing feelings, goals, and hopes (Fleury, 1996, 2007; Medich et al., 1997;Shearer & Fleury, 2006). Older adults describe sharing resources, providing aid, and referring to support services as promoting instrumental support (Shearer & Fleury, 2006). In addition, groups of friends provide support in the face of change or

threats to wellness (Miller, 1991). At the same time, network affiliation provides the opportunity for older adults to enact meaningful roles in the community including caring for others with health changes (Fleury, 1996). Nurses may enhance the connections that older adults have with others by encouraging and supporting them to maintain relationships with family and friends, engage in social activities, and consider volunteering.

Imagining opportunities—Imagining opportunities represents a focus on future possibilities and desires. For possibilities to be realized, Dunn (1958) argued that needs beyond those basic to physical existence (e.g., food, water, and clothing) and those medical in nature (e.g., management of chronic illness), such as emotional security and affection, social recognition and respect, and sense of self-respect, were necessary. Imagining opportunities for change from older adult perspectives encompass desiring or recognizing a need for change, generating valued personal goals, and imagining opportunities and options for realizing goals (Fleury, 1991, 1996, 2007). Many times, a need for change is identified in the face of illness, living transition, or social loss (Linqvist et al, 2006; Meyers & Sweeney, 2005). Older individuals prioritize their goals in accordance with personal, contextual, and cultural relevance (Fleury, 1996, 2007). In this process, personal, social, and environmental barriers to change are identified, providing a basis for choosing between optional approaches to achieve valued goals (Fleury, 1996).

Recognizing strengths—Authors describe recognizing strengths as an essential antecedent to understanding options that promote wellness. Rotegard and colleagues (2009) describe internal and external health assets as a repertoire of individual strengths that have the potential to activate wellness. By recognizing their own strengths, older adults become empowered to engage in wellness (Rotegard, Moore, Fagermoen & Rulan, 2009). Nursing interventions that promote the recognition of strengths begin through exploration of patient experiences, preferences, and knowledge (Rotegard et al., 2009; Shearer, 2007). Nurses may assist individuals to recognize their own strengths through the use of constructive reminiscence about previous life experiences and how strengths used in the past may guide the pursuit of current health goals (Shearer, 2007).

Seeking meaning—Seeking meaning as an antecedent to wellness refers to the process of reflection, resulting in clarification of personal values, goals, and life purpose. Seeking meaning occurs in the face of life changes, when individuals consider what they want to happen next. A person with illness seeks meaning for bodily problems, forming a basis for constructing new understandings of their illness (Linqvist et al., 2006). While some authors identify the need for self-responsibility as a precursor to seeking meaning and pursuing wellness (Ardell, 1986; Travis & Ryan, 2010; Srof & Velsor-Friedrich, 2006), the role of self-responsibility remains unclear. It may be that self-responsibility is implicit to the antecedents of wellness such as seeking meaning. Most often, seeking meaning is described in terms of spirituality and self-knowledge. Hettler (1990) describes spiritual wellness as a worldview that provides unity and goals to individual thoughts and behaviors. Spiritual wellness is manifested in his model as a process of seeking meaning, purpose in existence, and understanding one’s place in the universe (Hettler, 1990). Dunn translates the Greek imperative to ‘know thyself’ as an essential precursor to wellness, but he also observes that many people flee from a deeper understanding of themselves (Dunn, 1959). Fleury describes representational and evaluative self-knowledge as meaning-seeking processes (1991). The representational process of self-knowledge includes hopes and fears for future health, forming a context for goal development (Fleury, 2007). In a qualitative study examining representational self-knowledge processes among older adults with coronary heart disease, participants described their desired selves (images of how they wanted to be), socially created selves (relating to family, friends, community and societal values) and feared selves

(images of selves they wanted to avoid) (Fleury, 2007). Implications for nursing include attention to spiritual wellness and exploring with older adults their personal values, expectations, and priorities (Fleury, 1991, 1996; Leetun, 1996; Purdy & Dupey, 2005; Vanchon, 2008).

Consequences

Consequences of wellness are those outcomes that follow an instance of wellness (Rodgers, 2000). Consequences of wellness identified in this analysis were: (a) being well; and (b) living values (Table 2; Figure 2).

Being well—Being well emphasizes wholism (Dunn, 1958) and indivisibility (Meyers & Sweeney, 2005) rather than divisible aspects of function or health. Older adults described being well, even in the face of fatal illness, when wellness was in the foreground and illness in the background (Linqvist et al., 2006). That is, older adults did not deny the presence of a serious illness, but their efforts and energies were concentrated on achieving things that kept them well (Linqvist et al., 2006). In a discussion about the ontological perspective of wellness, Mackey (2009) emphasizes this view by explaining how bodily concerns co-exist in the background, with significant personal events and experiences in the foreground, leading to wellness and being well. Wellness surveys are used to measure levels of wellness (Roscoe, 2009). For example Meyers and Sweeney (2005) have developed a questionnaire with attitudinal and behavioral items that yield information on a global level of being well.

Living values—Living values reflects consequences of wellness that are individually centered and controlled. The health promotion model and the wellness motivation theory conceptualize wellness as an integral process resulting in the identification and commitment to an action plan (Shin et al., 2008; Srof & Vesor-Friedrich, 2006) and personal action consistent with goal achievement and reduced health risks (Fleury, 1996). Living values refers to values that are personally defined, and may not necessarily reflect health values as defined by nursing. Instead, living values represent personal values, such as maintaining concern for loved ones, accomplishing meaningful work, and having fun. Living values is evident when day to day experiences are congruent with personal values fostered by the emergence of new and positive health patterns (Fleury, 1996).

Related Concepts

Concepts related to wellness identified in this analysis were well-being and health promotion. While both related concepts were used as surrogate terms for wellness in the literature, each has distinct attributes. Well-being is viewed as a focus of the nursing process, and is the product of complex changes tempered by integration (Reed, 1997). According to Reed (1997) “well-being occurs when the particular of life’s experiences are brought together and synthesized in a coherent way”. Other definitions of well-being include: “a state of happiness, good health, and/or prosperity” (Merriam-Webster, 2010). The positive psychology movement presents conceptualizations of well-being as hedonistic and eudemonic well-being; the former represents happiness and pleasure, while the latter represents ideas of self-development, personal growth, and purposeful engagement (Ryff, Singer & Love, 2004, Ryff & Singer, 2006). Aristotle wrote of eudemonia as a realization of one’s true potential (Ryff & Singer, 2006). Ryff (2006) describes six dimensions of psycho-social well-being including autonomy, environmental mastery, personal growth, positive relations, purpose, and self-acceptance. Subjective well-being has also been defined as including aspects of how people feel and think about their life (Kiefer, 2008). Well-being and happiness have reciprocal relationships with health and wellness, but the nature of these relationships remains unclear (Kiefer, 2008; Ryan & Huta, 2009; Ryff & Singer, 2006). Well-being and happiness continue to evolve, but have had limited theory-based

intervention development or testing. Further conceptual and theoretical development will help to clarify wellness, well-being, and happiness.

Health promotion is the "process of enabling people to increase control over and to improve their health" (Smith, Tang, 2006). Conceptually, the definition supported by the World Health Organization acknowledges that health needs reflect multi-level determinants and thus require approaches that address individual, interpersonal, community, environmental and political strategies (Smith, Tang, & Nutbeam 2006). While the processes of wellness may intersect with health promotion, the goals are different. The goals of health promotion relate to health, while the overarching goal of wellness is improved quality of life through living values and being well. Several authors (Campbell & Kreidler, 1994; Chiverton, 2007; Dierech, 2007; Pearlman & Wallingford, 2003; Reicherter, & Greene, 2005; Rybarczyk et al., 2001; Turner et al., 2008) refer to wellness outcomes as the adoption of health promoting behaviors by older adults. However, descriptions of underlying mechanisms in these reports are not explicit, making it difficult to understand the relationship between wellness and health promotion.

Definition

As the definition of wellness has evolved, scholars agree that its meaning has moved away from being an antonym of illness to a process that is not dependent on health or illness. A collective description of wellness as it relates to older adults was synthesized through this analysis. Wellness is a purposeful process of individual growth, integration of experience, and meaningful connection with others, reflecting personally valued goals and strengths, and resulting in being well and living values.

Discussion

Older adults are at high risk for chronic illness, functional decline, and geriatric syndromes. While knowledge about health problems that commonly occur among older adults is growing, and while care management and coordination models for older adults with chronic illness and complex health care needs are developing, there remains a paucity of knowledge regarding ways to promote continued growth in older adult populations. The increased use of wellness, a concept whose defining characteristics include promoting growth by building upon strengths and realizing potential, may help to address this problem.

The development of wellness as a concept relevant to older adults and geriatric nursing has been influenced by its evolution over many decades and use in disciplines such as medicine and psychology. In geriatric nursing, the status of wellness development has moved from conceptualization to use and testing in nursing theory and interventions. Wellness among older adults as characterized in the literature reviewed is congruent with Dunn's (1958,1959) early conceptualizations of wellness as an ever-changing process of realizing potential defined by the individual based on wholistic views of human beings.

The evolutionary perspective emphasizes the cyclical nature of concept development (Rodgers, 2000). This process assumes that the defining attributes of concepts will change over time in ways that purposefully maintain their usefulness and effects in different contexts, rather than remaining as fixed sets of required conditions (Rodgers, 2000). Viewing wellness in the context of older adulthood with this lens facilitates its continual development. The three distinct aspects of evolutionary concept development include: (a) significance, which refers to the concept's relevant purpose; (b) use, which refers to common employment of the concept; and (c) application, which refers to how the understanding of a concept is transferred to additional situations through social interaction

and education (Rodgers, 2000). Linking wellness in older adults to the cyclical aspects of concept development elucidates its developmental potential.

The emergence of wellness in the 1950s increased the attention of communities and individuals to salutogenesis, or factors that promote human health and wellbeing, rather than just disease (Becker, Glascoff & Felts, 2010). These efforts perpetuated the adoption and use of wellness across populations and industries. The significance or relevant purpose of the wellness concept is supported by the frequency and extent of its use, including the development of variations. Health promoting behaviors become part of the wellness process when they enhance the ability of individuals to achieve personal goals and to live values. The focus of wellness on personal growth and values serves a relevant purpose in managing many aspects of aging. In this analysis, specification of the use of the wellness concept fostered clarification and the potential for application in practice, including approaches that: (a) assume the centrality of the individual in determining wellness; (b) require understanding and respecting the values and strengths of each older adult; and (c) involve partnering with older adults as they actively participate in their life and health. Several authors also acknowledged the influence that multi-level social-ecological factors have on wellness processes (Cowen, 1991; Dunn, 1961; Fleury, 1996). Further concept development of wellness will help define relevant and effective multi-level interventions in geriatric nursing as a way to foster the strengths and goals of older adults.

The application, or the range over which the wellness concept is effective, support efforts to apply the concept to older adults. While this analysis noted conceptual variations in application, identified attributes, antecedents, and consequences of wellness in older adults, there was support for its common application as a purposeful process of individual growth, integration of experiences, and meaningful connection to others, reflecting personally valued goals and strengths and resulting in being well and living values. Wellness co-exists across all functional and health statuses. Wellness is not a process that can be prescribed. Instead, wellness requires exploring individual goals, expectations, hopes, and strengths, while encouraging and supporting the maintenance of meaningful connections to loved ones and activities. In its current state of development within geriatric nursing, wellness has the potential to provide geriatric nurses with tools to foster being well and living values among older adults by addressing their strengths and promoting growth while simultaneously addressing their changing and diverse needs.

The literature reviewed for this analysis has implications for future research and development within geriatric nursing. While wellness attributes, antecedents, and consequences among older adults identified in the literature in this review added conceptual clarity, gaps identified include: (a) limited discussion of the significance, use, or application of the wellness concept across different cultures and contexts; (b) limited use of theory-based interventions testing and evaluating wellness; and (c) program description without clear articulation of concept attributes or the role of the wellness concept in problem resolution. Advancing concept development through additional exploratory and descriptive research in different settings and cultures will further clarify contextual variations of wellness among older adults. Additional theory building and testing are needed to guide wellness intervention development, implementation, and evaluation. Understanding the process of wellness and testing interventions that promote wellness in older adults will increase the ability of geriatric nursing to make a significant impact on the gap between deficit and strength based approaches to working with this population. Further refinement and identification of variations of the wellness concept will support significance, application, and use in geriatric nursing as a way to systematically bring the strengths and goals of older adults into focus and as a foundation for developing new care models that address behavioral risks and illness prevention.

Conclusion

This concept analysis provides a critical step in the process of developing knowledge related to wellness in older adults and geriatric nursing. The evolutionary approach to concept analysis was chosen as its philosophical foundation emphasizes the dynamic nature and contextual dependence of concepts. Analyzing the evolution of wellness in older adults and its attributes, antecedents, consequences and related concepts, clarifies the concept. In turn, this provides a base upon which to further develop the concept, so that through evolution its use among older adults and utility in geriatric nursing increases. The wellness concept, as viewed in literature reviewed for this analysis, provides inherent reinforcement that wellness is a relevant concept in older adulthood. Increased knowledge of wellness will enable nurses to discover the strengths of older adults, thereby promoting their ongoing growth and development. Continued development of wellness within geriatric nursing will provide a foundation for building new care models that address behavioral risks and illness prevention in older adult populations.

Acknowledgments

This project was supported by grants from:

- John A. Hartford Foundation/Building Academic Geriatric Nursing Capacity Program
- National Institutes of Health/National Institute of Nursing Research Grant # F31NR012351

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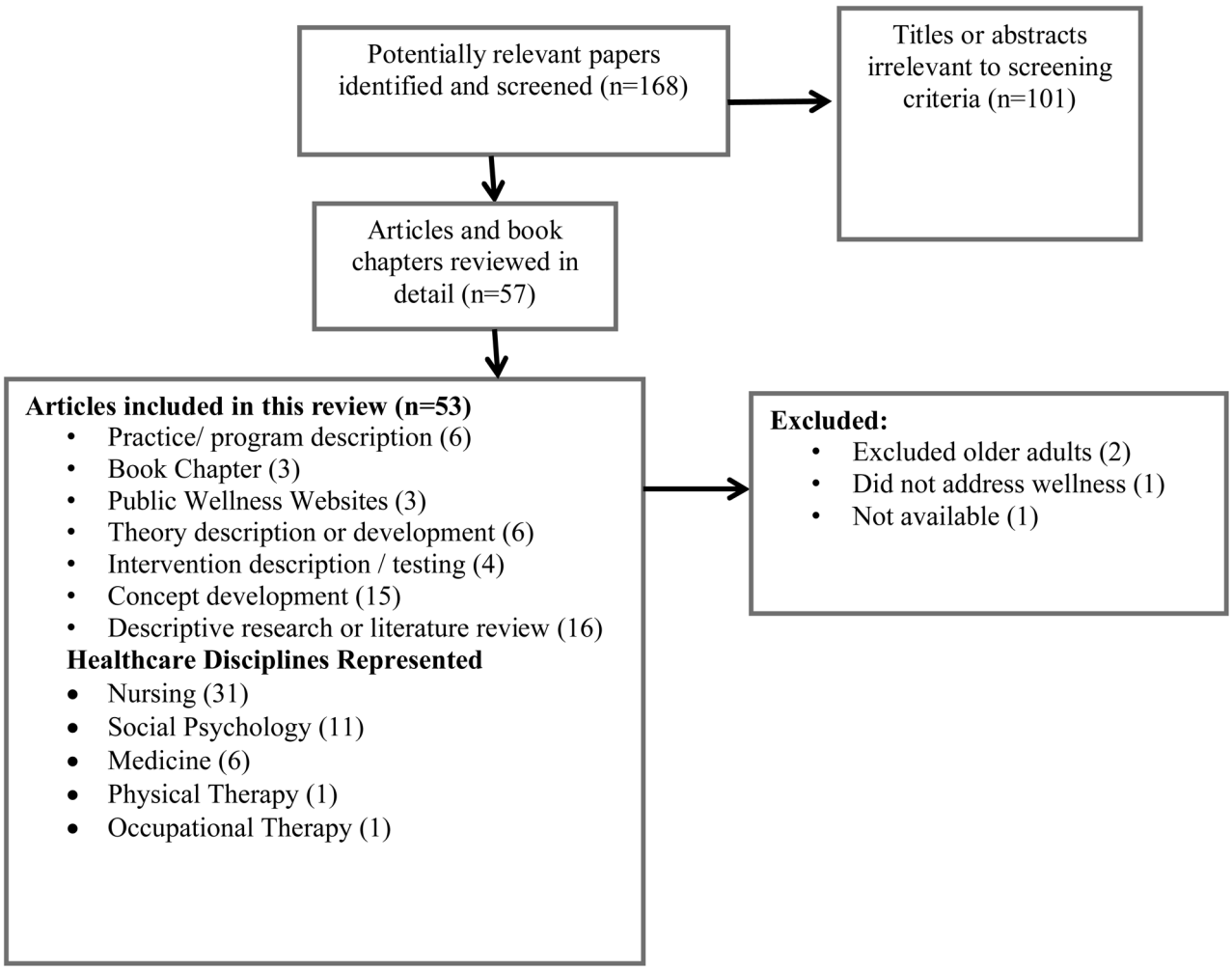

Figure 1.

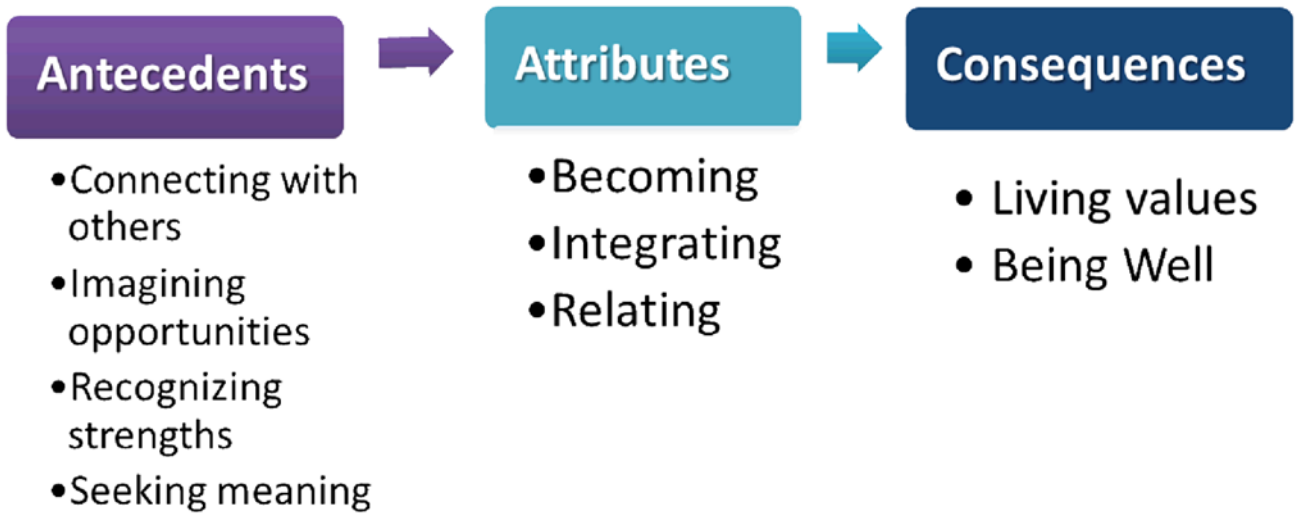

Figure 2.
Wellness in Older Adulthood: Antecedents, Attributes, and Consequences

Table 1

Historical perspectives of wellness

Scholar	Conceptual Perspectives	Use and Application
Dunn	• High level wellness (body, mind and spirit are an interdependent whole). • Individuals strive to achieve purpose in living and grow in wholeness toward maturity in self-fulfillment	• Introduces new conceptualizations of wellness and its importance in older adulthood
Ardell	• Wellness relates to the sum of physical, mental, and meaning and purpose domains • REAL: reason, exuberance, athleticism and liberty • Wellness is evidenced by being personally responsible, grounded in reality and physically fit while having high self-esteem, a foundation philosophy, a sense of purpose, concern for others and the environment, a sense of balance and integrated lifestyle, freedom from addiction or health prohibiting behaviors, coping capacity, and t, capacity to love and nurture,	• Wellness Center (http://www.seekwellness.com) • Education and wellness promotion
Travis & Ryan	• Full Spectrum Wellness • Sum of physical emotional and spiritual well-being measured as self-responsibility, breathing, sensing, eating, moving, feeling, thinking, playing, working, communicating, being intimate, finding meaning, and transcending	• The Wellspring (http://www.thewellspring.com/) • Education and wellness promotion
Hettler	• Balance of six dimensions of life: occupation, social, intellectual, emotional, spiritual, and physical.	• National wellness Institute (http://www.nationalwellness.org/) • Conferences • Wellness program implementation and assessment

Table 2

Wellness in Older Adulthood

Attributes	Antecedents	Consequences
Interacting characteristics that constitute a "real" definition of wellness	Events, situations, precursors occurring prior to wellness.	Outcomes following a circumstance of wellness
Becoming • Realizing personally defined potential • Continual development **Integrating** • Purpose maintained by balancing values with life changes, motivating personal growth and health • Establishing and modifying valued rituals that enhance feelings of harmony and control **Relating** • Dynamic person and environmental interactions and transactions that promote growth and development • Meaningful communication • Social support and altruism	**Connecting with others** • Empowering pursuit of valued goals • Emotional support in the face of change or illness • Sharing resources • Network affiliation promoting enactment of meaningful community roles **Imagining opportunities** • Recognizing a need for change • Generating goals consistent with personal values • Imagining options for realizing goals • Prioritizing options based on contextual, personal, and cultural relevance **Recognizing Strengths** • Individual assets (internal and external) • Repertoires of personal strengths **Seeking Meaning** • Reflecting to clarify personal values, goals, life meaning • Self-knowledge: examining desired selves, socially created selves, and feared selves	**Being well** • Wholism/Indivisibility • Individuals placing their wellness (personal events and experiences) in foreground while keeping co-existing conditions/ illness in the background **Living values** • Day to day experiences congruent with personally defined values fostered by simultaneous emergence of new and positive health patterns