Understanding joy amongst older people: a scoping review

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Abstract

To date there has been little focus on the concept of joy amongst older people in the literature. The objective of this scoping review was to understand the extent and type of evidence about joy and older people. Searches were run in ten databases in January 2022 (re-run January 2023). Eligible studies included people aged 65 and over living in their usual place of residence and described the experience or evaluation of joy. Screening was conducted independently by two reviewers and data were extracted by one reviewer and checked by a second.

We included 11 papers reporting both qualitative (n=5) and quantitative (n=6) studies involving 1,487 participants with a mean age of 81.6 years. Seven of the studies were based in care or nursing homes with four in community settings. Five studies reported the experience of joy, three reported on the assessment of joy, and three examined the association between joy and other factors. Social connections and participation in activities that are meaningful to the individual are important sources of joy.

Joy amongst older people has received little attention in the literature despite it being highlighted as being important to older people themselves in relation to their health and wellbeing.

Key words: joy, ageing, social connections, meaningful activities

1. Introduction

The world's population is ageing. By 2050, it is estimated that there will be 2 billion people aged over 60 compared with 0.9 billion in 2015 ¹. At the same time, the proportion of the population who are older will increase from 12 to 22 per cent. With increasing age comes an increased risk of poor health, disability, and reduced quality of life ².

A meaningful life involving worthwhile activities may help promote successful and healthy ageing ³. Whilst older people will naturally experience physical and social changes these should be embraced and valued to reflect differences and meaningful experiences ⁴. The pursuit of happiness involves complex mechanisms and Hill and colleagues suggest that ageing research should focus on life enjoyment ⁵. Joy is an area that has received little focus in the health literature ⁶.⁷. Whereas enjoyment is an action or state that comes from what we do ⁸, joy is an emotion or feeling from within oneself ⁹. Joy distinguishes flourishing from simply surviving ¹⁰ and encompasses many different concepts such as, freedom, spontaneity and connection ⁶. There is a growing interest in supporting 'successful ageing'. For some, successful ageing is viewed as the absence of disease or disability ¹¹ and there is ongoing pressure via traditional and social media to keep looking 'younger' ⁴. However, for older people themselves, success is a holistic concept that diverges from traditional biomedical and deficits-based models ¹² and beyond the basic needs of survival and safety ¹³. Safety and survival are often viewed as paramount within health and social care, but is there a place for considering joy as an important outcome?

The topic for this review was identified by members of the Peninsula Public Involvement Group (PenPEG). We conducted a preliminary search of PROSPERO and Joanna Briggs Institute, and we did not identify any ongoing systematic reviews or scoping reviews on the topic. The objectives of this scoping review were to (a) assess the extent of the literature regarding joy and older people, (b) map this evidence, and (c) identify evidence gaps.

2. Methods

The scoping review was conducted in accordance with the Joanna Briggs Institute methodology for scoping reviews ¹⁴. The protocol was registered with Open Science Framework (osf.io/ajkuw).

2.1 Eligibility criteria

Studies were included if they involved older people (aged 65 and over) in their usual place of residence (including care home or hospice) and described the experience or evaluation of joy. We defined joy as a temporary emotion or feeling associated with something that holds personal significance. This was distinguished from similar concepts such as happiness and enjoyment, that reflect a state or condition that may not be linked to a particular experience. Studies involving

people aged under 65 or those with mixed age groups, and those undertaken in hospital settings were excluded.

This scoping review considered observational, experimental and qualitative study designs. In addition, systematic reviews that met the inclusion criteria were also considered, depending on the research question. Conference abstracts and opinion papers were excluded. We did not exclude any studies based on language.

2.2 Search strategy

The search strategy aimed to locate published studies. An initial limited search of Epistemonikos, Cochrane Library, Medline, APA PsycInfo, CINAHL Complete and Web of Science Core Collection was undertaken (August 2021) to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the controlled vocabulary used to describe the articles were used to develop a full search strategy (Appendix A). In collaboration with LT and MT (Public Engagement representatives) we refined the terms to ensure they reflected what was important to them before running the final search. AB, an information specialist, designed and managed all searches. The search strategy, including all identified keywords and controlled vocabulary terms, was adapted for each included database and/or information source. There were no date or language limitations. Forwards and backwards citation checking was undertaken using the included studies in Web of Science and Scopus.

The databases searched were: Medline 1946-, Embase 1974-, APA PsycInfo 1806-, HMIC 1979- and Social Policy and Practice (SPP) 1890- (via Ovid), CINAHL Complete 1937-, (via EBSCOhost), BNI 1993-, PQDT (via ProQuest) and Web of Science (SSCI 1990-, SCI 1990- and ESCI 2015-) (via Clarivate), between 10-13 January 2022 and re-run in January 2023. Many of these databases include grey literature, but we also searched Google scholar using Publish or Perish and the British Library EXPLORE catalogue. In our protocol we planned to carry out further author searches in Web of Science if any specific researchers were identified as being of key relevance, but we did not identify any.

2.3 Source of evidence selection

Following the search, all identified citations were collated and uploaded into EndNote Version X9 (Clarivate Analytics, PA, USA) and duplicates removed. All of the references for screening at title and abstract were downloaded into Rayyan (<u>https://www.rayyan.ai/</u>) which was used to manage all screening. To pilot test screening processes a random sample of 75 titles/abstracts were selected and screened by all reviewers who met to discuss discrepancies and refine eligibility criteria as required. Titles and abstracts were screened independently by two reviewers. Full text screening of selected papers was then conducted. Papers were assessed in detail against the inclusion criteria by two or more independent reviewers. Reasons for exclusion of sources of evidence at full text that did not meet the inclusion criteria were recorded. Any disagreements that arose between the reviewers at each stage of the selection process was resolved through discussion, or with an additional reviewer. The results of the search and the study inclusion process were reported in full and presented in a Preferred Reporting Items for Systematic Reviews and Metaanalyses extension for scoping review (PRISMA-ScR) flow diagram ¹⁵.

2.4 Data Extraction

Two of the team piloted a data extraction form developed by the reviewers with three eligible papers and refined before extracting data from all included studies. Data were extracted from included papers by one reviewer and checked by a second. Any disagreements that arose between the reviewers were resolved through discussion. The data extracted included specific details including authors; year of publication; where the study was conducted; study aims; methods; concept; population and sample; methods; intervention/exposure details; comparator (where relevant); joy outcomes; other outcomes; and, key findings relevant to the review questions. Critical appraisal was not undertaken as part of this scoping review ¹⁶.

2.5 Data Analysis and Presentation

Data analysis was descriptive and tabulated. A narrative summary accompanied tabulated data to describe how the results relate to the scoping review objectives and research questions. A search summary was developed to provide explicit information regarding the effectiveness of the search ¹⁷. The findings were presented and discussed with our public contributors (LT and MT).

3. Results

3.1 Study selection

After de-duplication our search yielded 6,569 papers of which nine met the inclusion criteria (Figure 1). Two additional papers were identified from forward citation checking. A search summary provides details on the effectiveness of the search (Appendix A).

3.2 Study characteristics

The included papers included five observational studies ¹⁸⁻²², one experimental study ²³, four primary qualitative studies ²⁴⁻²⁷ and a meta-ethnography ²⁸. Four studies were linked to the same programme of work on the Joy-of-Life Scale ^{19, 20, 22, 27}. The studies were undertaken in Norway, Sweden, Japan, Brazil and the United States of America. Table 1 describes the study characteristics. The papers included a total of 1487 participants noting that three papers reported different data for the same participants ^{19, 20, 22}. Where reported, 73.3 per cent (269/367) of participants were women and had a mean age of 81.6 years (SD 7.0). Four of the studies included community dwelling participants with seven based in care or nursing homes. One study specifically included people living with dementia ²¹. No studies were conducted in a healthcare setting.

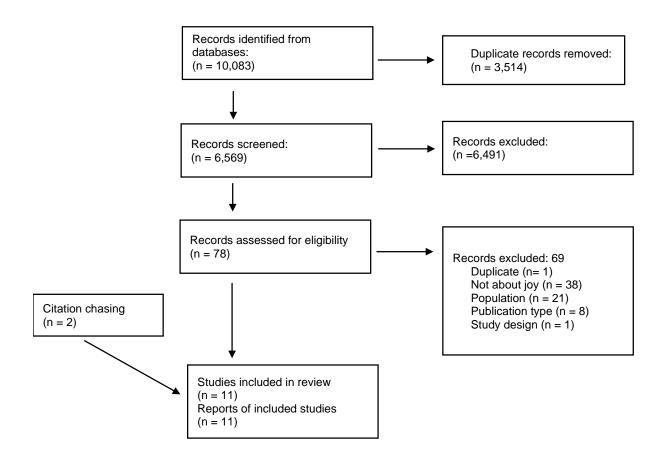


Figure 1 Identification of studies via databases

3.2.1 The experience of joy

Five studies explored the experience of joy, three from the perspective of older people living in a care home or assisted living facility ²⁶⁻²⁸, one from the perspective of older people living in a rural community ²⁵ and one from the perspective of an older person who cares for her husband with dementia ²⁴. Social connections with family, friends and communities were common sources of joy through reminiscing and shared experiences ²⁴⁻²⁸. Social connections were also found to be associated with joy in two cross-sectional studies ^{18, 19}. Joy was also experienced through engagement in activities that were meaningful to the individual such as music or being outdoors and connecting with the natural environment ²⁵⁻²⁸. Both Madigan ²⁶ and Rinnan et al ²⁷ found that self-contentment was associated with joy.

Table 1 Characteristics of included studies

Author (year)	Country	Study design	Aim/purpose	Population & sample	Measurement of joy
Butcher (2002)	USA	Qualitative interview	To examine how one can find meaning in the caregiving experience	72-year-old female carer (n=1)	-
Consedine et al (2004)	USA	Cross-sectional	-	African American and European Americans aged 65 and over from the 1990 census (n=1118). No demographic data reported	
Madigan (2013)	USA	Qualitative interviews	experience	Women aged 85+ without cognitive impairment living in an assisted living facility (n=11). Mean age 91 years	
Jonsen et al (2014)	Sweden	Qualitative interviews	To illuminate the sense of meaning in life	Rural community dwelling people aged 85 to 95 (n=10). No demographic data reported	-
Rinnan et al (2018)	Norway	Qualitative interviews	To explore the phenomenon of joy of life and understand what constitutes joy of life	Nursing home residents (n=29) aged 67 to 100 years. No demographic data reported	-
Haugen et al (2019)	Norway	Cross-sectional	To develop and psychometrically test the Joy of Life Scale	Nursing home residents without cognitive impairment (n=181). Mean age 87.4 years (range 63 to 104); 73% women	Joy of Life Scale
Correa et al (2020)	Brazil	Quasi- experimental	To compare the effects of popular music and classical music on facial expressions and behaviour	Care home residents with probable dementia (n=33). Mean age 85 years.	Facial Action Coding System
Haugen et al (2021)	Norway	Cross-sectional	To investigate the association between staff-resident interactions and joy of life	Nursing home residents without cognitive impairment (n=181). Mean age 87.4 years (range 63 to 104); 73% women	Joy of Life Scale
Ohta et al (2021)	Japan	Cross-sectional	Are facial expressions associated with smiling associated with joy	Women aged 65 and over who attend a community centre (n=13). Mean age 82.2 years	Automotive Al of Affdex
Magnussen et al (2021)	Norway	Meta- ethnography	To identify and synthesise qualitative studies that describe	Studies that included care home residents living in care homes with gardens (n=6 studies including 124 participants). Where reported mean age ranged from 81.4	-

	and illuminate residents'	years to 86.3 years and % of women ranged from 38% to
	experiences with gardens	82%.
Rinnan et al Norway Cross-sectional	To investigate the frequency of	Nursing home residents without cognitive impairment Joy of Life Scale
(2022)	common symptoms and explore	(n=181). Mean age 87.4 years (range 63 to 104); 73%
	the association of these	women
	symptoms with joy of life	

3.2.2 Concepts associated with joy

Three cross sectional studies examined the association between joy and other factors. In a sub-study of the 1990 Census in the United States of America (USA), Consedine and colleagues ¹⁸ found that greater joy, as assessed by three items on the Differential Emotions Scale Version III, was associated with social support and religious participation. Faith also contributed to joy and meaning of life in a qualitative study of community-dwelling older people ²⁵. In the same sample, the interaction between nursing staff and residents (as measured using the Nurse-Patient Interaction Scale, was significantly associated with joy as perceived by the residents ¹⁹.

Two studies reported joy being negatively associated with mental health ^{18, 22}. However, the relationship between, joy, mental health and physical health appears more complex with Consedine and colleagues ¹⁸ reporting that joy was associated with better physical health in community-dwelling older people, whereas Rinnan et al in their study of nursing home residents, suggested joy could still be experienced despite high levels of disability ²², in particular when residents had moments of feeling well ²⁷.

3.3.3 Assessment of joy

Three studies focussed on the assessment of joy. Two of these examined facial expressions (smiling) associated with joy. Correa and colleagues ²³ found that amongst care home residents with dementia with a musical preference for popular music showed more frequent expressions of joy when listening to their preferred music (78.9 percent) compared with those who listened to classical music (42.9 per cent). In one study ²¹, the reliability and validity of an App to measure joy (facial expression and emotion) using artificial intelligence was established with a group of thirteen older women playing a board game. The Joy-of-Life Scale was developed for and evaluated with 181 nursing home residents and found to be a reliable tool with evidence of construct validity ²⁰.

4. Discussion

4.1 Main findings

This scoping review aimed to understand the extent of the evidence, and its nature, in relation to joy and older people. We identified eleven diverse studies with a range of older people in different community settings using different research designs, published over the past twenty years. Studies were undertaken in Europe, Asia, and the Americas. There was no consistency in how joy was assessed with studies we included reporting both the use of physical expressions and questionnaires. The review highlighted the paucity of research on joy among older people, in particular in a health care context.

Whilst ageing well is recognised as a complex combination of physiological, psychological, social and cultural factors, the former remains dominant in health care services²⁹. Members of the public place much greater importance on the psychosocial aspects of successful ageing such as social engagement rather than a focus on survival or physical function which have a physiological basis³⁰. For older people, who are more likely to experience multiple long-term conditions, frailty, social isolation and other intersectional factors, they may give

up activities that bring them joy³¹ which can impact on their wellbeing and self-perception of successful ageing³². Most of the included studies were conducted in care homes. In these settings, life expectancy is lower than community-dwelling older people of the same age³³ and care is focussed less on survival and more on wellbeing and joy as individuals move to the final phase of their life. Person-centred approaches to health and care that focus on what is important to the individual, rather than what is 'wrong' with them, such as social prescribing for community-dwelling older people, are becoming more prominent. There is a small but growing body of research on how these roles enhance the wellbeing of older people³⁴, but as yet there has been no evaluation as to whether they bring joy to individuals.

Both the qualitative and quantitative studies included in our review highlighted the importance of social connectedness through social support and other networks. Actively connecting with others, be they family, friends or staff working in a care home, contributes to a sense of belonging and community and to the experience of joy³⁵. Through these relationships older people can reminisce and feel joy about the things they have done in their past. They can reflect on their accomplishments, such as raising a family and feel gratitude for these positive experiences and feel comfort in them. Being socially connected also has benefits in terms of brain health ³⁶, mental health ³⁷ and physical health ³⁸.

Participation in meaningful activities promotes health and wellbeing, but for some e.g. those living in residential care, this may need to be facilitated to enable active engagement ³⁹. This said, Freeman and colleagues suggested that passive engagement with an activity such as gardening can still result in joy when individuals can engage with nature and watch plants grow enabling discussion and social interactions ⁴⁰. The interplay between social connection and participation fulfils a social need and enables reciprocal relationships ⁴¹.

4.2 Strengths and limitations

This was the first review synthesising the evidence on the concept of joy amongst older people. We used and reported a comprehensive search strategy across multiple databases ¹⁷ including those for grey literature and screening was undertaken independently by two researchers ⁴². We also undertook forward and backward citation checking as a supplementary search method used to find additional included studies not picked up from the original database searches. A further limitation of our work was the challenge in interpreting joy in papers where there lacked any definition. Whilst we had definitions of joy (a feeling or emotion) and enjoyment (an action or state), there are other similar concepts such as happiness, satisfaction and wellbeing that may have been used as synonyms for joy by authors. For any papers that were unclear, the team discussed and came to a consensus as to whether the concept authors described met our definition of joy.

The idea for the research was identified by a group of older people when discussing health research and what was important to them. They continued to be involved throughout the project by helping shape the search strategy, interpreting the findings and dissemination.

Public collaborators often contribute to researcher-led engagement activities bringing experiential knowledge in what is often a hierarchical relationship ⁴³.

Conclusion and implications

Joy amongst older people has received little attention in the literature despite it being highlighted as being important to older people themselves in relation to their health and wellbeing. Several evidence gaps exist including identifying how best to assess joy as well as considering whether joy and enabling individuals to flourish is something that should be deemed an important aspect of health and social care of older people. This review has shown joy to be a promising concept which could provide a meaningful outcome for future study. For consistency, a shared definition and approach to assessment is warranted. The development of any measure or assessment of joy should be co-designed with a diverse group of older people to ensure it is relevant and captures the heterogeneity of this population.

Conflicts of interest

There are no conflicts of interest in this project.

Contribution of Authors

VG, LT and MT conceived the study. VG, AH, AB, ET and JF analysed the data. All authors contributed to interpretation of data, revising it critically for intellectual content and approved the version to be published.

Ethical approval

Ethical approval was not required for this research as secondary data was used.

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