

## Sigma Theta Tau International's 29th International Nursing Research Congress

### Health Experiences of Travelling Australian Grey Nomads Living With Chronic Conditions: A Qualitative Descriptive Study

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#### **Purpose:**

The advancements in health practices globally, improved survival rates and better living conditions are all factors that have contributed to the worldwide increase in the ageing population (Hungerford et al. 2016; World Health Organisation 2015). Australia is not excluded from this trend, which saw the population of individuals aged 65 years and over increase by 14% from 1971 to 2011 (Australian Bureau of Statistics 2012). On a global scale, the fraction of individuals aged 60 years and over has also increased from 8.1% to 10% between the years 1960 and 2000 (Marengoni et al. 2011). However, the increase in life expectancy came with the rise in chronic conditions (Marengoni et al. 2011), which highlights the importance of promoting resources to allow older people to age healthily (Hommel & Kibele 2016).

In Australia, travelling for long periods of time has gained interest among older individuals who travel around the country's breadth in caravans or motorhomes due to the availability of time after their retirement. These Australian 'Grey Nomads' are generally 55 years and older (Obst, Brayley, & King 2008) and travel to gain knowledge and experience, develop a healthier wellbeing and mindset, to relax and socialise, and to spend their retirement by being involved in recreational activities (Hillman 2013). While research on their travel profiles have emerged within the past two decades (Cridland 2008; Davies, Tonts, & Cammell 2009; Halcomb et al. 2017; Holloway 2009; Mings 1997; Obst, Brayley, & King 2008; Onyx & Leonard 2005; Prideaux & McClymont 2006), there remains very little research focusing on the health of Australian Grey Nomads whilst travelling. After all, over 87% of older Australians are living with at least one chronic condition, with 60% having two or more chronic disease (Australian Institute of Health and Welfare 2016). As such, those living with chronic conditions have to learn how to live well whilst managing their health, maintaining overall function, decreasing exacerbations and slowing overall symptom and disease progression. Hence, the aim of this study was to explore the experiences of Grey Nomads travelling with chronic conditions and how they are managing their health on the road.

#### **Methods:**

This study reports the qualitative aspect of a larger sequential, mixed method study. The first phase of this study comprised an online survey of people recruited from caravanning forums and social media sites that had travelled around Australia for more than 3 months in the last year, results of which were reported elsewhere (Authors Own). This study focuses on the second phase of the study, which sought to include survey participants from phase one who self-elected to participate in subsequent interviews. Participants who were over 60 years and living with at least one chronic condition were purposely selected, and recruitment continued by calling potential participants in an arbitrary order until no new themes emerged from the responses, or otherwise when data saturation was achieved (Polit & Beck 2017). Eight Grey Nomads were interviewed utilising a semi-structured interview schedule between June-July 2016. Due to the geographical distribution of participants, all interviews were conducted via telephone. These participants were aged between 62-69 years and had mostly travelled in rural/remote and regional Australia for extended periods. Data were analysed using the inductive thematic analysis framework by Braun and Clarke (2006).

#### **Results:**

Within the analysis process, two overarching themes emerged, namely; Continuity of care whilst travelling and experts on the road. In the responses given by participants, they described experiencing a fragmented health system, with challenges around the lack of shared medical records, accessing health services on the road, and complications accessing regular medications. But in spite these challenges, participants showed health preparedness, their capacity to adapt and accommodate their health whilst travelling, and were all travelling to better their health.

### **Conclusion:**

As barriers evidently exist in the continuity of the care Grey Nomads experience, a comprehensive pre-travel health assessment by the patient's regular general practitioner and general practice registered nurse may provide advantages, especially if such assessment involves the discussion of the individual's potential health needs on the road, and creating a clear action plan around ongoing diagnostic tests, follow-ups and medication prescription requirements. Developing a record of the individual's medical information should also be considered to aid barriers around the lack of shared medical records in some parts of rural/remote Australia.

The findings of this study acknowledge the impact of the lack of shared medical records on Grey Nomads' continuity of care. Future policies should identify how to better promote the utilisation and uptake of electronic health initiatives to ensure better communication between providers, which in turn can improve the quality of care Grey Nomads receive. The desire to remain responsible and accountable for their health, and to maintain function so as to continue and enhance self-management of their health were a dominant theme in this study, which highlights the opportunity to improve healthy ageing for these older individuals by ensuring they have good access to support services and healthcare planning. This study underscores crucial systems issues that challenge health care for those who are travelling, not only within the domestic context but internationally as well. The findings identify opportunities for both rural/remote health services and usual practices to enhance the care delivered to older travellers in Australia and in other countries, as they travel, and as they get older.

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### **Title:**

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### **Keywords:**

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### **Abstract Summary:**

The population is ageing worldwide. Travelling for long periods of time in caravans or motorhomes has become popular among Australian "Grey Nomads". Though their travel profile has been explored, evidence investigating their health remains scarce. This study explores the experiences of Grey Nomads living with chronic conditions as they travel.

## **Content Outline:**

**Introduction:** The population is ageing worldwide and as a result, older individuals are able to live actively after their retirement. The advancements in health practices globally, improved survival rates and better living conditions have all contributed to the worldwide increase in the older population (Hungerford et al. 2016; World Health Organisation 2015). In Australia, travelling for long periods of time has gained interest among older people who travel around the country's breadth in caravans or motorhomes. These Australian 'Grey Nomads' equate to approximately 2% of the Australian population (Cridland 2008), and travel to develop a healthier wellbeing and mindset, gain knowledge and experience, socialise and spend their newfound free time on recreation and relaxation (Hillman 2013).

Although research on their travel profiles have emerged within the past two decades (Cridland 2008; Davies, Tonts, & Cammell 2009; Halcomb et al. 2017; Holloway 2009; Mings 1997; Obst, Brayley, & King 2008; Onyx & Leonard 2005; Prideaux & McClymont 2006), there remains very little research focusing on the health of Australian Grey Nomads on the road. This becomes an important aspect of the Grey Nomad experience since over 87% of older Australians are living with at least one chronic condition, with 60% having two or more chronic disease (Australian Institute of Health and Welfare 2016). Consequently, those living with chronic conditions have to learn how to live well whilst managing their health, decreasing exacerbations, maintaining overall function, and slowing overall symptom and disease progression. Hence, this study aimed to explore the experiences of Grey Nomads travelling with chronic conditions and how they are managing their health on the road.

**Main Point:** This study focuses on the second phase of a larger, sequential mixed method study, which sought to include the participants that volunteered to be interviewed from the first phase of the study that involved an online survey, results of which were reported elsewhere (Halcomb et al. 2017). Participants aged over 60 years and living with at least one chronic condition were purposely selected for this study, and recruitment continued by seeking potential participants in a random order until data saturation was achieved (Polit & Beck 2017). Eight Grey Nomads were interviewed utilising a semi-structured interview schedule between June-July 2016. Due to the geographical distribution of participants, all interviews were conducted via telephone. Data were analysed using the inductive thematic analysis framework by Braun and Clarke (2006).

**Main Point:** Within the analysis process, two overarching themes emerged, namely; Continuity of care whilst travelling and experts on the road. The continuity of the care the Grey Nomad participants received while travelling was hindered by various factors. They spoke about the barriers they faced when accessing health services, most specifically when they travelled to rural and remote areas. They also felt that the lack of shared medical record between their health providers back home, and practitioners they saw as they travelled, meant that their care became more disunited. Aggravating the complexities of travelling with chronic conditions, the discrepancies between prescriptions written interstate and the overall limitations in medication supplies further fragmented their care.

**Main Point:** But despite these challenges, participants demonstrated their expertise on the road by demonstrating their health preparedness in their responses. They all acknowledged the importance of planning ahead of time, and highlighted the value of organising follow-ups in their preparation stage, as well as bringing important health-related documents such as health summaries and doctor's referrals. In addition to their preparedness, the Grey Nomad participants accommodated their health issues in their daily routines as they discussed their individual strategies when recognising deteriorations in their health and responding to these promptly. But central to their expertise when travelling was their unique yet united motivations to travel – they all travelled to better their health.

**Conclusion and implications:** With the increase in the proportions of the older population, the Grey Nomad population and the prevalence of chronic disease, it is worthwhile recognising the importance of understanding the experience of living with a chronic illness whilst travelling so as to ensure that health services are delivering optimum health care to Grey Nomads to improve health outcomes. Although the

Grey Nomads' usual general practitioner and registered nurse have the responsibility to proactively partake in the health planning processes before they travel, health practitioners in rural and remote health services could offer guidance to Grey Nomads about the availability of services and how to access these within their respective regions to facilitate better health preparedness. Participants demonstrated the desire to remain responsible and accountable for their health, and to maintain function so as to continue and enhance self-management of their health. This highlights the opportunity to improve healthy ageing for these older individuals by ensuring they have good access to support services and healthcare planning.

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