

Fiona Poland

## Extending interdisciplinary research capacity

Research that can recognise and support quality in older people's lives requires us to develop research capacity, which is expansive, collaborative and innovative, and research resources, which can support such developments been. The opinion piece offered by Ouchi, Bhasin and Orkaby proposes a model for encouraging this, which draws from lessons offered by a peer career development group, *Aging Researchers in Early Stages*, from collaborating local academic and ageing-supportive centres in Boston, MA, the USA. This has encouraged active mentoring and reciprocal learning discussions between early-career research and senior and funding-successful researchers across several disciplines relevant to understanding. Providing encouragement and modelling collaborative relationships appears to be a key in generating further success and constructively creative approaches to new research and researchers, particularly in encouraging wider active involvement and co-research with older people, their families and carers.

The value of a similarly connective approach is evidenced by the scoping review reported by Seddon *et al.*, who have evaluated whether and how carers' well-being may be enhanced through personalised short breaks. Their findings have been used to argue for an agenda to link academia, policy and practice to better understand how to bring about outcomes of breaks, which will be recognised as relevant to carers' well-being. They argue that offering well-tailored short breaks may work as well as if not better to address carers' concerns than traditional blocks of "respite care". The detailed findings shared here provide valuable pointers to working for better implementation and impact, with breaks providers, to use novel ways to disseminate to providers and commissioners of breaks and to ensure research designs can address the needs of a heterogenous carer population and including those working with people with complex needs.

Patient satisfaction research has been widely recognised as needing to move well beyond simple measures of satisfaction if it is to overcome challenges of communication and complexity in the contexts of lives and of types of care provision. Semyonov–Tal reports a study, which analyses a data set on satisfaction with geriatric ward treatment, recently made available by Israel's Ministry of Health, which also incorporates voiced opinions that family members report to construct a more detailed typology of concerns, which can incorporate family member satisfaction, and also goes on to assess links between recorded concerns and satisfaction. They highlight how rights to medical care concern not only rights to access but also rights to dignity, which acute care may put at risk. The findings underline the importance attached to issues of dignity and respect and how these can be undermined by experienced lack of physical safety, by verbal violence and discrimination and absent or poor communication.

As supporting older people's capacity to (appropriately) maintain their independence continues to be prioritised by older people themselves and also their families, service providers and policymakers, Waheed's opinion piece based on analysis from a range of sources and suggesting a novel way to apply the concept of self-efficacy to interventions to encourage building financial capacity is timely. Waheed highlights a number of risks, including potential exploitation and coerced compensation faced by older people, including in their relations with family members and the wider community, if their financial capacity

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diminishes. This author extrapolates from evidence about the usefulness of stress management interventions to reduce stress in such decision-making and to sustain older people's engagement in their financial affairs and their financial capacity, perhaps if linked to occupational therapy provision in general health care.

Similarly, supporting the capacity of older people to remain mobile and thereby to reduce isolation, to sustain access to valued activities and enhance the quality of life has been reiterated in our journal over many years. Exploratory research by Musselwhite and Roberts has used an in-depth co-research with older people to comprehensively audit and evaluate how far the UK railways' infrastructure capital meets the needs of older people, given an overall 60% increase in rail passenger travel since the 1990s, perhaps surprisingly counteracted by a 10% reduction in older people using the rail network. This research underlines the importance of considering the social capital within infrastructure and social capital effects of infrastructure as well as the timing of places, spaces, rolling stock and journeys involved in rail travel. As well as perhaps predictable accessibility issues, older people also discussed particular anxieties and challenges relating to physical effort and timing in boarding and alighting from trains and older people's much higher need for lighting in moving around rail settings. Related to this, they also underlined the vital importance of adequate information for signalling facilities, directions and safety warnings, which again need to reduce rather than increase confusion in accomplishing travel safely, enjoyably and with minimal stress. This research helps demonstrate the need for and worth of good involvement of older people in research and the value of increasing social capital in the designing provision, in research to inform this and to inform research capacity building with older people.

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