



Differences in Expectations and Preferences for Healthcare between Baby Boomers and the Silent Generation: A Literature Review

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Abstract

Introduction. Research on differences in expectations and preferences for healthcare between the Baby Boomer and Silent Generation is crucial, as these two generations represent the largest groups of healthcare service users. Their health attitudes have been shaped by specific values and socio-cultural conditions, resulting in different healthcare needs. As they enter older age, their healthcare needs become increasingly complex, requiring individualized care. Given the limited number of comparative studies, further research is needed to improve service quality, enhance older adults' quality of life, and optimize resource use in healthcare systems.

Aim. The aim of this paper was to identify empirical studies investigating the healthcare needs of the Baby Boomer and Silent generations.

Methods. In this paper, an analysis of ten empirical studies involving participants aged 65 and older was conducted. The data were primarily collected from the PubMed and Web of Science databases, with a focus on Research related to the healthcare needs of the Baby Boomer and Silent generations.

Results. The analysis of the selected studies reveals significant differences between the generations. Baby Boomers are confident, resourceful, and inclined to address their health issues independently, preferring personalized communication with professionals and technological solutions to improve access to information. In contrast, healthcare for the Silent Generation is shaped by conservative beliefs and tra-

ditional practices, leading to a more passive decision-making approach with less information.

Conclusion. Understanding generational differences allows for the adaptation of healthcare services, improving care quality and patient satisfaction. A personalized approach, incorporating technology for Baby Boomers and social services for the Silent Generation, ensures optimal care for both generations.

Introduction

The decline in birth rates and the increase in life expectancy worldwide mark the current demographic trend of an aging population (1). Europe is facing low fertility rates, with total fertility rates varying from 1.3 to above 2.1 in different countries and regions (2). Additionally, the COVID-19 pandemic has significantly impacted life expectancy in Europe, with losses recorded in 391 areas, some losing more than 2-3 years (3). Outside of Europe, Japan is facing a serious demographic crisis, with the country's population decreasing by 1.5% by 2022, while the aging rate reached 29.9%, the highest among the G7 countries (4). Similarly, South Korea is experiencing rapid aging, with projections showing that by 2029, all 37 regions will achieve "super-aged society" status, with over 20% of the population aged 65 and over (5). The number of people aged 65 and over is expected to reach 1.5 billion by 2050, accounting for 16% of the global population (1, 6, 7).

These demographic trends are changing not only the numerical ratio of populations but also the fundamental social and economic structures, presenting new challenges in planning health and social policies. The age structure of the population is shifting towards an increased share of older individuals, significantly impacting the population structure (8). These changes bring challenges to health and economic systems, as well as intergenerational relations. The increased prevalence of chronic diseases and the need for long-term care strain healthcare systems, requiring adjustments in the organization and financing of health services (9). The economic consequences of aging are visible in the rising costs of treating chronic diseases such as heart failure,

coronary artery disease, and diabetes (10). At the same time, reducing the younger workforce coupled with the growing number of retirees increases pressure on social and healthcare systems (11). Changes in the age structure also affect intergenerational solidarity. Although the need for elderly care is increasing, the decline in the younger population may weaken family support, leading to a greater reliance on institutional forms of care (12).

The Baby Boomer generation (born between 1946 and 1964) and the Silent Generation (born before World War II) represent the two largest groups of older individuals (13). Social values are a significant factor distinguishing these two generations. Ullrich (2017) argues that the Silent Generation values conservative ideals and traditional customs, while Baby Boomers are more inclined to liberal attitudes on social issues and are more open to differences in racial, gender, and family contexts (14).

These differences in social values are partly shaped by the historical context in which the generations grew up. The Silent Generation was raised during the Great Depression and World War II, which instilled values of thriftiness, hard work, and sacrifice (13). These experiences shaped their more cautious approach to social and technological changes and, compared to younger generations, they exhibited greater resistance to modernization (13). At the same time, their expectations about health were often shaped by traditional perceptions of aging and the limited medical advancements available during their earlier years. The study by Aguilar-Palacio et al. (2018) showed that age has a significant effect on self-rated health in older generations, suggesting that various factors shape how these generations perceive their health and access to medical care and that the influence of individual and national factors on self-rated health differs across generations (15).

In contrast, the Baby Boomer generation grew up in the post-war period, marked by economic growth, technological innovation, and expanding educational opportunities (16). The culture of the 1960s, with its emphasis on social movements and youth emancipation, further shaped their attitudes and life priorities (17). Thanks to medical advancements and improved healthcare, their health expectations were more optimistic compared to previous generations (18). There are also differences in digitalization. While the Baby Boomer generation grew up with technology, the Silent Generation's entry into the digital world

was determined by factors such as education level and socio-economic status (13).

However, this generation was not immune to health challenges. While, on average, Baby Boomers had better cardiovascular health, with fewer heart attacks and lower blood pressure compared to previous generations, they simultaneously faced higher rates of chronic diseases such as hypertension, diabetes, and mental disorders (18). The increased prevalence of mental health issues in this cohort suggests that social and economic factors, including stressful life transitions and lifestyle changes, may have contributed to these outcomes. Specifically, the cohort born between 1950 and 1954 showed a significantly higher prevalence of mental disorders (4.7%) compared to those born between 1935 and 1939 (2.5%) (18). Despite progress in digitalization, the Baby Boomer generation lags behind the Silent Generation in adopting a healthy lifestyle and in their perception of their health (19). Davis and Roberts (2010) express concern about issues such as obesity, low vegetable consumption, physical inactivity, and the increasing prevalence of chronic diseases within this generation (20). These generational differences illustrate how historical, economic, and social conditions have shaped not only their values and health perceptions but also the actual health outcomes they experience in older age.

Given the above, differences in expectations and preferences for healthcare between Baby Boomers and the Silent Generation have a significant impact on shaping future health policies and strategies. While both generations face aging challenges and increased healthcare needs, their distinct life circumstances, social values, and approaches to health require adjustments in healthcare services. As Baby Boomers continue to enter older age, it will be necessary to continuously explore their changing needs and preferences, particularly in the context of the growing prevalence of chronic diseases, mental disorders, and an increasing reliance on technology (20). This paper lays the groundwork for understanding these specific needs, emphasizing the importance of adjusting healthcare services that consider generational differences. Understanding and integrating these differences into the development of healthcare services is crucial for improving the quality and effectiveness of healthcare to meet the specific demands of both generations.

Literature overview

Healthcare specifics of the Baby Boomer generation

According to population estimates from the U.S. Census Bureau, the number of Baby Boomers in the United States in 2019 was 71.6 million. The first Baby Boomers, born between 1946 and 1964, reached 65 in 2011, placing them in the elderly population category (21). Therefore, it is reasonable to assume that extending their lifespan will result in certain health issues. According to Badley et al. (2015), there is no proof to back up the assumption that Baby Boomers are healthier than previous generations (22). Research by Luo and Gao (2020) and Ramage-Morin and Polsky (2020) demonstrates the exact opposite, finding that older Baby Boomers are more prone to mental and physical health issues and have higher rates of chronic diseases and disabilities than previous generations (23, 24). Chronic diseases such as diabetes, cardiovascular diseases, and obesity require constant health support (25). As a result, Baby Boomers with numerous comorbidities are probably going to use specialized medical care more than primary care (26).

Because of the impact of Baby Boomers on the healthcare system, Canizares et al. (2016) and Fiorillo and Gorwood (2020) state that the health problems of Baby Boomers necessitate adaptation to their specific needs, and healthcare providers must be aware of their comorbidities, unique expectations, and preferences for healthcare services (26, 27). According to Pelok (2023), Baby Boomers are goal-oriented, confident, and resourceful, and they frequently try to solve their health problems on their own (28). They excel at searching for and critically evaluating health information on the Internet but prefer confirmation of relevant and reliable data from healthcare providers (13, 29). Kahana and Kahana (2014) state that they are smart, assertive, health-conscious, and actively involved in their healthcare (30). However, they still want service providers' advice before making final decisions regarding their health (31). This highlights the need for an inclusive approach to the delivery of healthcare services that respects Baby Boomers' autonomy and fosters collaborative decision-making.

Healthcare specifics of the Silent generation

The first members of the Silent Generation were born before World War II, and those over 85 are the fastest-growing age group in many developed countries (32). In the USA, the number of people over 80 is predicted to rise to 19.5 million by 2030 (33). Ullrich (2017) states that this generation is characterized by their advanced age and quiet, adaptive nature, as well as their overall health characteristics (14). In a study on centenarians with fragility hip fractures, Bermejo Boixareu et al. (2023) discovered that 83% of the subjects were female, 33% of the subjects had severe dementia, and 36% were living in nursing homes. This reveals that the Silent generation consists mostly of women, that degenerative changes are common, and that institutionalization occurs frequently (34). However, a study by Araújo and Ribeiro (2011) on adults over 80 years of age found that respondents rated their health positively in comparison to other generations, despite disability and age-related losses, suggesting subjective differences in health assessments (35).

According to Lee et al. (2020), the most common health problems of people over 80 include cognitive impairment, depression, anxiety, and physical health issues such as chronic diseases, musculoskeletal problems, and problems with eyes, hearing, insomnia, and teeth (36). Their diminished day-to-day functioning and increased cognitive impairment require additional medical attention (37). According to Bhattarai (2016), the aforementioned suggests that social and healthcare services must be integrated and that healthcare should be provided to each patient's unique needs and priorities. To achieve compliance, understanding the specifics of Silent generation is imperative (38). When it comes to choosing one's healthcare, there is a preference for fewer options and less autonomy due to the conservative social characteristics and deeply ingrained traditional values of the Silent Generation (39, 40).

According to Banerjee (2015), the Silent generation prefers a more passive role in the decision-making process in healthcare. As a result, they express higher levels of satisfaction with healthcare services than younger generations and report fewer difficulties in accessing healthcare (41). This suggests providing healthcare using simple guidelines while maintaining a balance between expertise and adherence to traditional principles.

Aim

The aim of this paper was to identify empirical studies investigating the healthcare needs of the Baby Boomer and Silent generations.

Methods

The systematic literature review was conducted in early January 2024 in two relevant bibliographic and cataloging databases: Web of Science and PubMed. The search was primarily conducted in these databases and covered the period from 2007 to 2023, with 2007 chosen as the starting year based on an analysis of the Web of Science database, which indicated that the topic began to be more intensively researched from that year. The goal of the search was to identify empirical studies investigating the healthcare needs of the Baby Boomer and Silent generations. The systematic review included only empirical studies to ensure the analysis of actual data and evidence directly exploring the healthcare needs of these generations. The search in the aforementioned databases was conducted by PRISMA guidelines to ensure a systematic and transparent literature analysis. The study selection process followed clearly defined inclusion and exclusion criteria (Table 1).

To ensure the comprehensiveness of the literature review, the search was extended beyond the Web of Science and PubMed databases, and relevant journals and institutional repositories were also reviewed. This resulted in the inclusion of an additional relevant paper by Saele et al. (2019) (31), which is not indexed in these databases but was assessed as significant according to the predefined inclusion criteria and was thus included in the analysis of results.

The article search conducted in the Web of Science database used the following keywords: "Baby Boomer generation" OR "Seniors" AND "Health Decision Making" OR "Patient Preferences", which initially resulted in 8,571 results. After applying the inclusion and exclusion criteria and filtering by specific cate-

Table 1. Inclusion and exclusion criteria

	Inclusion Criteria	Exclusion Criteria
Type / category of the article	Empirical articles (qualitative research, quantitative research, mixed methods)	Articles focusing on theoretical considerations without the application of empirical methods (studies using only secondary data sources, reviews and meta-analyses, expert articles, and commentaries)
Participants	Older than 65 years (Baby Boomer or Silent Generation)	Other age groups
Access	Only open access articles	Restricted access articles
Language	Only in English	Articles in other languages
Publication Date	2007 - 2023	Articles published before 2007

gories within Web of Science recognized as relevant to the research topic (Health Care Sciences Services, Gerontology, Geriatrics Gerontology, Medical Informatics, Nursing, Nutrition and Dietetics), the number of results was reduced to 726 articles. Further selection of thematic citations at the meso level: Palliative Care, Nutrition and Dietetics, Nursing, Health Literacy, and Telemedicine, further reduced the results to 385 articles.

The search in the PubMed database was conducted using a combination of keywords: health care preferences AND aging population AND healthcare needs of seniors OR generational differences in health care, which initially resulted in a total of 4,249 articles. After applying the inclusion and exclusion criteria (Table 1), the number of potentially relevant papers was reduced to 414. The distinction in the keywords used in Web of Science and PubMed arises from the specific characteristics of each database and their focus areas; while Web of Science offers a broader approach to multidisciplinary fields, PubMed specializes in biomedical and health literature, so the selected keywords were better aligned with medical and health literature. During the merging of results from PubMed and Web of Science, 27 duplicates were identified and removed. After this process, the total number of articles was reduced to 772, which were then subjected to further analysis (Figure 1).

Results

After reviewing the titles, abstracts, and keywords, 20 articles were selected for further analysis. The selection criteria included a focus on specific populations by generation or age, clarity of insights into generational differences, decision-making in healthcare, relevance to the research topic, and adequacy of the data collection methods used (including both qualitative and quantitative studies). After a detailed review of the full texts of these 20 articles, 10 studies were selected that met specific conditions: they analyzed aspects of decision-making in healthcare (including behaviors, expectations, and interactions of participants with healthcare providers), examined factors influencing decision-making (such as socio-demographic characteristics, education, trust in healthcare providers, health behaviors, and preferences), and investigated how key healthcare needs and challenges for older adults (such as trust, health literacy, and preferences regarding services) affect the delivery and utilization of healthcare services within the older population.

A total of ten articles were included in the overall analysis: nine found in the Web of Science and PubMed databases, and one additional article, Seale et al. (2019), which was not indexed in the mentioned databases but was deemed relevant according to the predefined inclusion criteria (Table 2).

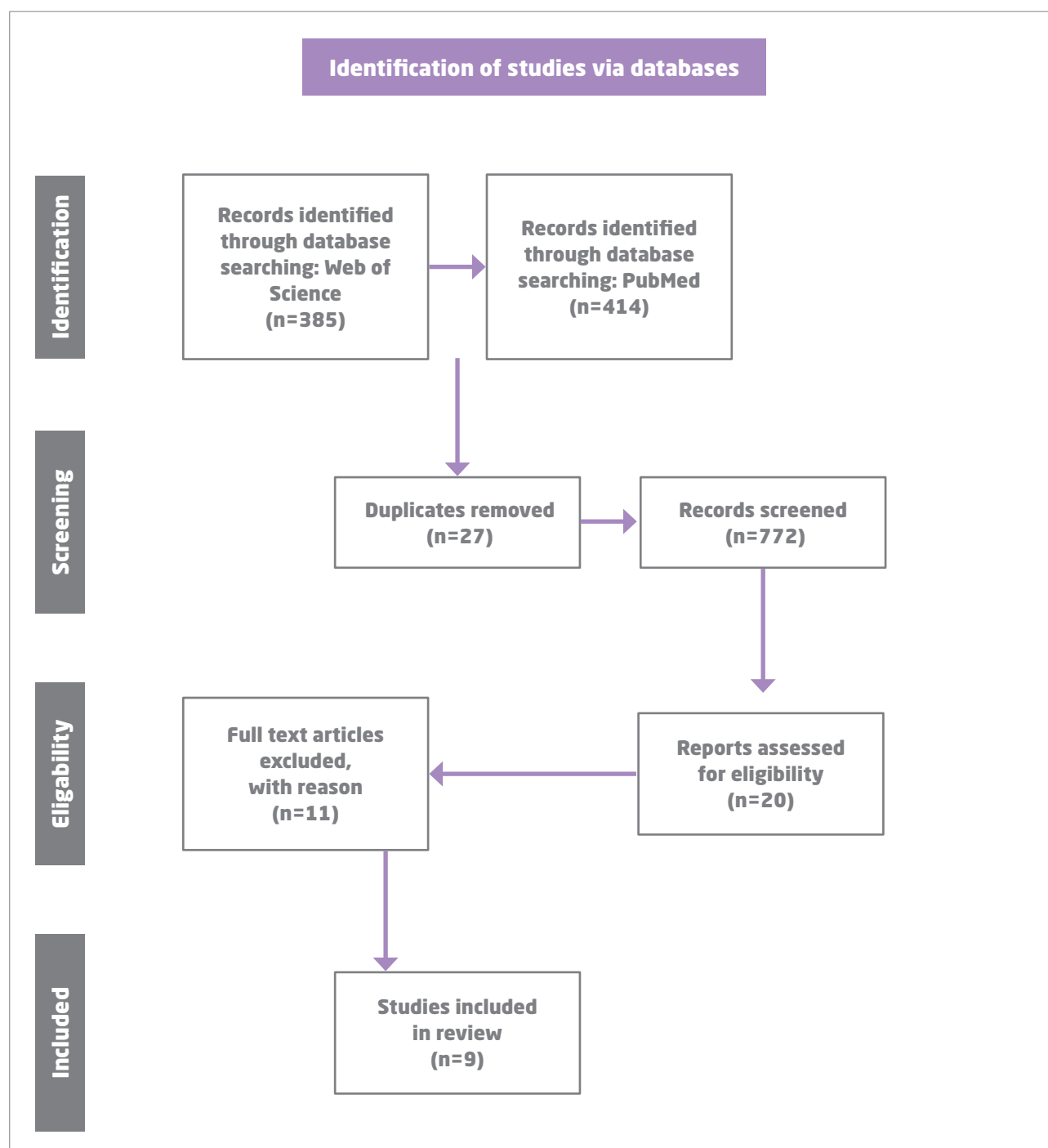


Figure 1. PRISMA Flowchart for Search in Web of Science and PubMed Databases

Table 2. **Overview of the studies finally included**

Authors	Population	Parameters	Results	Healthcare Decision-Making	Limitations
Chen H, Cohen P, Kasen S (2007) (42) longitudinal study	314 pre-Boomers 304 Baby Boomers	demographics, personality factors, health behavior	lower self-rated health in Baby Boomers	emphasized the pivotal role of personalized health choices in the conclusive decision-making process for Baby Boomers	limited to the female population
Guberman N, Lavoie JP, Blein L, Olazabal I (2012) (43) qualitative research	39 Baby Boomers in Quebec	identification of Baby Boomers with their social generation and perception of the caregiving role	Baby Boomers anticipate substantial support from healthcare services	investigated the impact of socio-cultural factors on the decision-making processes concerning health among Baby Boomers	findings are geographically specific to Quebec
Canizares M, Gignac MA, Hogg-Johnson S, Glazier RH, Badley EM (2016) (26) longitudinal analysis	10,186 participants	examination of factors associated with birth cohort differences in health service utilization	Baby Boomers exhibit lower usage of primary healthcare services compared to previous cohorts, with a higher preference for specialist services	explored the correlation between health service utilization patterns and decision-making autonomy among Baby Boomers	findings are specific to the Canadian healthcare system
Seale DE, LeRouge CM, Ohs JE, Tao D, Lach HW, Jupka K, et al. (2019) (31) qualitative research	6 focus groups of Baby Boomers	exploration of Baby Boomers' relationships with healthcare providers and their utilization of health information	Baby Boomers prefer to make conclusive healthcare decisions with active participation from healthcare providers	examined the influence of trust in healthcare providers on the involvement of Baby Boomers in the decision-making process regarding their health	focus restricted to a particular subset of Baby Boomers
Gill L, Cameron ID (2022) (29) qualitative study	11 Baby Boomer caregivers	identification of Baby Boomer service expectations and service delivery challenges	identified five key factors of care, with demandingness being one of them	explored the interplay between Baby Boomers service expectations and the challenges faced by healthcare service providers in meeting those expectations	qualitative analysis introduces subjectivity, and the sample size is small

Table 2. **Overview of the studies finally included**

Authors	Population	Parameters	Results	Healthcare Decision-Making	Limitations
Reed AE, Mikels JA, Simon KI (2008) (39) cross-sectional study	102 seniors from senior centers in New York	examination of healthcare decisions and everyday decisions	older individuals prefer fewer options when making decisions compared to younger individuals	investigated how senior's healthcare decisions align with their everyday decision-making preferences	the study did not account for individual differences in the cognitive abilities of the elderly
Lissitsa S, Zychlinski E, Kagan M (2022) (13) cross-sectional study	231 Silent generation 536 Baby Boomers	exploration of socio-demographic and psychological variables in the use of web search engines	socio-demographic status and education are correlated with the use of search engines	examined the role of information-seeking behaviors in shaping healthcare decision-making among Baby Boomers	cultural and geographical context limited to Israel
Paige SR, Miller MD, Krieger JL, Stellefson M, Cheong J (2018) (44) measurement invariance study	Baby Boomers and Silent generation (n=384)	assessment of trust, understanding and action in health e-literacy	the Silent generation exhibits lower awareness of e-health resources	investigated the influence of health e-literacy on the decision-making of Baby Boomers and the Silent Generation regarding their health-related actions	results lack generalizability
Torres S, Cao X (2019) (45) qualitative study	25 interviewed individuals in advanced age	exploration of interactions of elderly people in institutions for the elderly	elderly individuals are inclined towards informal accommodation	examined the role of informal accommodation in healthcare decision-making among elderly individuals in institutions	focus limited for a small sample and urban area (New York)
Bermejo Boixareu C, Ojeda-Thies C, Guijarro Valtueña A, Cedeño Veloz BA, Gonzalo Lázaro M, Navarro Castellanos L, et al. (2023) (34) retrospective cohort study	25,938 patients admitted for fragility hip fractures, centenarians accounted for 253 patients	examination of the clinical characteristics of centenarians with fragility hip fractures, a comparison of management and outcomes between centenarians and other age groups older than 75 years	83% of centenarians were women, 33% had severe dementia and 36% lived in nursing homes	investigated the challenges in healthcare decision-making for centenarians with fragility hip fractures and compared outcomes across age groups	lack of long-term follow-up data

Discussion

Chen et al. (2007) analyzed the differences between cohorts of women born in two distinct periods, pre-boomers (1935-1944) and Baby Boomers (1945-1954), with a focus on their self-assessed health status (42). The findings show that Baby Boomers rate their health lower than members of the Silent Generation, with chronic diseases and depressive symptoms being key predictors of this self-assessment (42). These results suggest that, despite significant improvements in social and healthcare conditions, Baby Boomers report lower levels of health self-assessment. This can be attributed not only to the increased prevalence of chronic diseases and mental health issues such as depression but also to their greater access to medical information, which may make them more aware of their health conditions (18).

The findings by Chen et al. (2007) are further confirmed by a study by Martin et al. (2009), who identify a paradox between the improvement of objective health indicators and the decline in subjective health assessments among Baby Boomers (46). Although mortality rates in this generation have decreased and life expectancy has increased, their self-assessment of health has not necessarily improved (46). This suggests that, even though Baby Boomers live longer, it does not mean they enjoy better health. A key factor in this paradox may be the higher prevalence of diagnosed chronic diseases, but it is important to note that this increase may be due to better diagnostic methods and advanced healthcare technologies, rather than a genuine deterioration of the population's health status (46).

In addition to objective improvements in health indicators, it is essential to consider the psychological and social factors that may shape Baby Boomers' perception of health. This generation has had significant socio-economic and medical advantages throughout their lives, which could have raised their expectations and standards regarding health (46). As a result, despite objective improvements in health, their self-assessment may be lower because they compare themselves to the high health standards they have set for themselves over the years. Furthermore, Baby Boomers are the first generation to have had widespread access to medical information and pre-

ventive care, which may make them more critical of their health status. Increased awareness of health risks and the availability of diagnostic tools can lead to a higher perception of illness, even when objective indicators do not suggest significant deterioration in health.

Similarly, the way Baby Boomers perceive healthcare plays a crucial role in their health assessment. A qualitative study conducted in Quebec showed that this generation views healthcare as a partnership between patients and healthcare providers, with expectations for an active role in making decisions about their health (43). This approach reflects Baby Boomers' long exposure to modern medical advancements and the high level of healthcare they have become accustomed to, further reinforcing their high expectations regarding the availability and quality of healthcare services in older age. Therefore, their lower self-assessment of health may not necessarily reflect a genuinely worse health situation but rather a shift in how they define their well-being, influenced by higher standards, more advanced diagnostic methods, and a redefined relationship with the healthcare system.

The historical context in which Baby Boomers grew up has also significantly shaped their relationship with health. This generation witnessed unprecedented technological advances and the expansion of healthcare, creating the expectation that they should be the healthiest generation to date (18). However, their perception of health has not been shaped solely by objective indicators but also by the standards they have developed over their lives. Research by Canizares et al. (2016) shows that even individuals with multiple comorbidities maintain high expectations of healthcare, indicating the growing need for a system tailored to chronic disease management (26). This suggests that this generation, which has witnessed technological progress and the expansion of healthcare, has developed high expectations of the healthcare system, including an active role in decision-making about their health. This further shapes their perception of health, as they still expect high-quality services despite the increased prevalence of chronic diseases.

In addition to technology, technological innovations play an important role in shaping Baby Boomers' health, as they provide significant advantages in managing chronic diseases and promoting healthy lifestyle habits. This generation shows a high de-

gree of acceptance of new technologies, including email, video conferencing, and SMS messages, which improve communication with healthcare professionals and facilitate daily health management (47). For example, the Healthy Lifestyle Management (HLM) model, which uses mobile health technology, allows Baby Boomers to actively participate in their care. This approach enhances collaboration with providers and encourages informed decision-making that supports sustainable healthy habits (48). This model is particularly beneficial as most Baby Boomers have at least one chronic health condition, which increases healthcare costs (20).

In addition, Baby Boomers are showing increasing health literacy, which can also reduce the need for expensive medical interventions. Research by Seale et al. (2019) found that Baby Boomers successfully use the Internet to search for health resources and critically evaluate their relevance (31), indicating their growing engagement in the health decision-making process. While they use online sources, they simultaneously prefer reliable information from healthcare professionals, suggesting a need for close collaboration between this generation and healthcare providers (31). This combination of autonomy and demand for professional guidance creates a balance that enables optimal health management and better quality healthcare.

Additionally, Gill and Cameron (2022) emphasize that Baby Boomers possess a high level of independence and critical judgment, which allows them to selectively choose the information and services they use, which is especially important in the context of the overwhelming availability of information on the internet (29). These characteristics not only show their tendency for active management of their health but also highlight the importance of independence in healthcare decision-making while maintaining high standards for the quality of services and information they receive. This suggests that by using technology, Baby Boomers can optimally manage their health, making it easier to monitor chronic conditions daily while also allowing for the creation of personalized health plans, including their active engagement.

On the other hand, the Silent Generation shows a clear preference for simpler, more straightforward options when making health decisions. According to research by Reed et al. (2008), members of the Silent Generation prefer fewer options when making healthcare decisions (39), reflecting their tendency

to simplify the process. This behavioral pattern can be linked to cognitive changes that occur with aging, when the capacity to process larger amounts of information may be reduced. This suggests that for this generation, it is more important to have structured guidelines from healthcare professionals than to rely on online sources or new technologies.

The Silent Generation's tendencies toward more traditional approaches to health are confirmed by the results of research by Zachrisson et al. (2021), who found that the Silent Generation is significantly less likely to adopt virtual healthcare compared to younger generations (49). Specifically, doctors from the Silent Generation were significantly less likely (OR 0.39) to be early adopters of virtual healthcare technologies compared to younger colleagues (49). This resistance to new technologies is likely due to their preference for traditional forms of communication, where personal interaction with healthcare providers plays a key role in decision-making. Similar tendencies toward simpler, more personal forms of communication are confirmed by research by Lissitsa et al. (2022), which showed that members of the Silent Generation use search engines less frequently than Baby Boomers (13), which can be linked to lower levels of digital literacy.

Furthermore, research by Paige et al. (2018) also found that the Silent Generation has lower levels of trust in e-health resources and their digital skills (44). These tendencies may be a result of social norms and conditions in which they grew up when personal relationships and direct communication with healthcare professionals were key to making health decisions. As a result, many members of the Silent Generation may not consider it necessary to use the internet to find health information but instead prefer direct communication and trust the expertise of healthcare professionals. Such a preference for personal contact suggests their need for recognition and respect within the healthcare system, which differs from the Baby Boomers' more liberal approach (45).

However, it is interesting to note that research by Papp-Zipernovszky et al. (2021) shows that, despite initial barriers to internet access, older generations (including the Silent and Baby Boomer generations) report a greater sense of empowerment when they succeed in finding useful health information online (50). This paradox indicates that, although the Silent Generation may have lower overall digital skills when they are allowed to access relevant health

information via the Internet, they feel empowered and informed, which may contribute to a better self-assessment of health.

Moreover, research by Bermejo Boixareu et al. (2023) shows high rates of the Silent Generation living in care facilities, but this generation is still more likely to live in informal housing (34). This also confirms their preference for traditional values in healthcare, which are based on interpersonal relationships, where family and community play an important role as support systems. These findings suggest that understanding the Silent Generation's preferences for simpler, more traditional approaches to health is crucial for optimizing healthcare, with an emphasis on interpersonal relationships and involving family and community as key support systems. This will allow the creation of inclusive healthcare services that take into account the specific needs of this generation while supporting the integration of new technologies in a way that is understandable and accepted by them.

Conclusion

The Baby Boomer and Silent generations' expectations and preferences for health care are influenced by differences in their social values, technological preferences, and lifestyles. While their health status is comparable to that of other generations, Baby Boomers are notable for having a greater number of chronic diseases, requiring specialized medical care. They expect a high level of engagement from service providers, combining self-help skills with the need for reliable information. However, the Silent generation wants less autonomy over their own healthcare decisions, and to meet their needs, such as those related to musculoskeletal and cognitive issues, social and individual services must be integrated. Baby Boomers also emphasize the importance of technologically supported communication, while the Silent generation prefers a more traditional approach. To provide services that are tailored to the unique needs of each generation and promote the best possible health and well-being, healthcare providers must be aware of these differences. Creating personalized health plans with a focus on technology support specific to the

needs of Baby Boomers is one of the good practice case proposals. Regarding the Silent generation, the focus should be placed on implementing social and individual services, paying particular attention to tailoring communication to their preferences.

Author contributions

The author solely conceived the study, conducted a systematic literature review, analyzed the available sources, and wrote the manuscript.

Conflict of interest

The author declares no conflict of interest.

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