



International Journal of Advanced Psychiatric Nursing

E-ISSN: 2664-1356
P-ISSN: 2664-1348
www.psychiatricjournal.net
IJAPN 2022; 4(2): 86-88
Received: 05-08-2022
Accepted: 07-09-2022

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Effectiveness of nursing strategies on quality of life among elderly living in selected old age homes

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DOI: <https://doi.org/10.33545/26641348.2022.v4.i2b.97>

Abstract

Aging compromises the physical and psychological faculties of elderly. Deficits in the quality of social relationships lead to feelings of isolation and loneliness in elderly which is a risk factor for poor physical and mental health. This study was aimed to determine the effectiveness of nursing strategies on quality of life elderly living in old age homes among experimental and control group. An experimental study was conducted using Modified WHOQOL- BREF scale in two settings among randomly selected 60 samples. Intervention group had physical exercise, group work and recreational activities for two weeks. Statistical significance in the overall QOL of elderly in experimental group was found through paired and unpaired t test. The level of QOL was found associated with age, educational status, income and duration of stay at old age home. The structured nursing strategies could be a key to improvise QOL of elderly living in old age home.

Keywords: nursing strategies, quality of life, elderly, old age homes

Introduction

Human life is divided and understood at different stages such as infancy, babyhood, childhood, adolescence, adulthood and old age. Aging is a fact of life which does not take place all of a sudden. With aging morphological, physiological and psychological changes occur. It would affect the quality of life of elderly which also affects their social life ^[1].

Aging compromises the physical and psychological faculties of elderly so they need and seek enhanced family support. Socioeconomic and demographic transformation curdles families' ability to care the elderly at home. This gap in demand and provision of care and support of the elderly is bridged to some extent by long-term care institutions like Old Age Homes ^[3].

The World Health Organization Quality of Life group defined quality of life as "an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns". The traditional norms and values of Indian society laid stress on showing respect and providing care for the elderly. Consequently, the older members of the family were normally taken care in the family itself ^[4].

Hepzibah intimated that the aged can achieve high level wellness through the promotion of productivity, self-actualization, self-respect, self-determination and continued personal growth. By enabling those to be an active participant in the developmental process will help to improve their quality of life ^[3].

Kaur suggested that making small, healthy lifestyle changes and involvement in meaningful activities are critical to healthy aging. Small day-to-day changes can result in measurable improvements in quality of life. Guided by lifestyle advisors, seniors participating in the study made small, sustainable changes in their routines (such as visiting a museum with a friend once a week) that led to measurable gains in quality of life, including lower rates of depression and better reported satisfaction with life ^[7].

Pitkala stated that the geriatric nurses must develop multidimensional cognitive structures to maintain cognitive health and vitality of elderly. Effective strategies identified for promoting cognitive health and vitality are categorized as follows: prevention and management of chronic conditions, nutrition, physical activity, mental activity, and social engagement ^[10].

Materials and Methods

This quantitative experimental study had selected 60 elderly aged between 60-80 years

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through simple random sampling from two old age homes. World Health Organization’s Quality of Life (WHOQOL-BREF) scale was used.

In this scale, the quality of life was classified under four domains, including two items for general quality of life. The total numbers of items were 20. The items were rated by 5 point Likert scale.

Participants were recorded with their demographic data including age, gender, educational status, marital status, previous occupation, monthly income, number of children, religion, duration of stay at old age home, type of visitors, frequency of visits per year and leisure activities of the elderly. Experimental group was engaged in physical exercise, group works, indoor & outdoor games and cognition improvement activities for four weeks.

Results and Discussion

In this study, majority of the participants were 60- 70 years old females, staying in the home for 1-5 years of duration. A highest percentage (53%) had primary education. Widow/widower participated at a high percentage in both the groups. Most of them were coolie workers and had low monthly income. Majority of the participants had two children and being visited by them more than 10 times in a year. Watching television was the leisure activity for most of the participants.

In pretest, the overall QOL was found (63%) had poor QOL, (37%) had moderate QOL and none of them had good QOL among experimental group. The participants of control group (80%) had poor QOL and (20%) had moderate QOL. After the intervention, a highest of (60%) of experimental group participants had good QOL, (40%) had moderate QOL and none of them were found with poor QOL, whereas in control group no such changes were found in the post test.

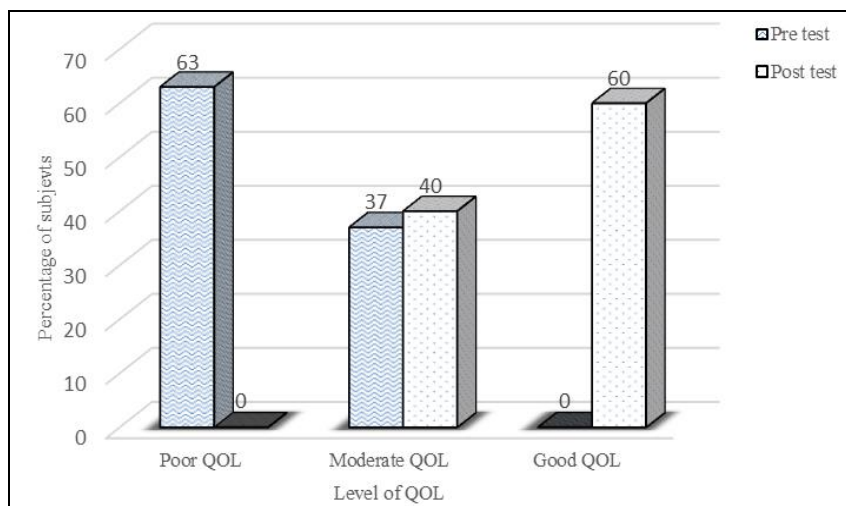


Fig 1: Percentage distribution of overall QOL in the pre & posttest among experimental group.

Table 1: Mean and standard deviation of various domains of QOL among experimental and control group in the pre and posttest.

S. No	Domains of QOL	Experimental group n=30				Control group n=30			
		Pre test		Post test		Pre test		Post test	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
1	Overall	36.1	7.4	57.9	9.5	32.8	5.5	32.8	5.5
2	General	3.4	1.6	6.3	1.3	2.7	1.2	2.7	1.2
3	Physical	5.5	1.8	9.9	2.5	4.9	1.4	4.9	1.4
4	Psychological	10.6	1.9	17.4	2.9	9.9	1.6	9.9	1.6
5	Social	2.9	1.1	6.4	1.1	2.5	0.9	2.5	0.9
6	Environmental	13.1	2.2	17.9	3.3	12.6	1.7	12.6	1.7

Statistical significance was found in paired t test was t=8.4 and in unpaired t test was t=12.5 in the overall QOL of elderly after the nursing strategies. The level of QOL had association with the age, educational status, income and duration of stay at old age home.

Conclusion

QOL is worsening with the progressing age and lower educational status of the elderly. The QOL also depends upon the amount of income generated in their earlier age and the duration of stay at old age home. Structured programs of activities could be essential for the institutionalized elderly to achieve QOL of rest of their life.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

P Malathi. Effectiveness of nursing strategies on quality of life among elderly living in selected old age homes. *National Journal of Clinical Orthopaedics*. Yy;vol(issue):pp. DOI: <https://doi.org/>

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