***Research article***

**An experimental study to assess the effectiveness of nursing strategies on quality of life among elderly living in selected old age homes.**

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**ABSTRACT**

**Background:** 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. **Aim:** 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. **Methods:** An experimental study was conducted using Modified WHOQOL- BREF scale in two settings. A total of 30 samples were selected by simple random sampling technique in each setting. Intervention was given to experimental group which included physical exercise, group work and recreational activities for about two weeks. **Results:** The paired t test (pretest and posttest) results showed statistical significance (t=8.4) in the overall QOL of elderly in experimental group after the nursing strategies. The unpaired t test (between experimental and control group) results showed statistical significance (t=12.5) in the overall QOL of elderly. The chi square analysis showed statistical significance (p>0.05) between the level of QOL and age, educational status, income and duration of stay at old age home among the elderly in experimental group. Thus the researcher concluded that the nursing strategies were improvising the QOL of elderly living in old age home by improving their physical, mental and social wellbeing.

**Keywords: Nursing strategies, Quality of life, Elderly, Old age homes.**

**1. 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

Joanne & Giblin stated the factors that influencing the aging. Those include attitude towards aging, the level of self-esteem throughout life, the extent of physical change caused by illness, the presence or absence of emotional support systems and the ability to maintain a degree of control. These factors will determine whether the aging adults will be successful in accomplishing this task. The emotional support, health care, financial support and socializing activities were left unfulfilled for many elderlies.5

Aging compromises the physical and psychological faculties of elderly so they need and seek enhanced family support. Socioeconomic and demographic transformations restraint 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 extend by long-term care institutions like Old Age Homes.3

WHO stated that growing population of aging challenges the society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security. As one grows older, the key goal of the individuals and policy makers should be maintaining autonomy and independence. Active aging allows people to realize their potential for physical, social and mental wellbeing throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need.7

The life expectancy is also lengthening. As life expectancy continues to rise, one of the greatest challenges of public health is to improve the quality of life in later years. Life expectancy rose rapidly due to improvements in public health, nutrition and medicine. Quality of life is an universally desired outcome that is essential to human health. Quality of life is described often with both objective and subjective dimensions. The elderly people evaluate their quality of life on the basis of social contacts, dependency, health, material circumstances and social comparisons.4

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 systems 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

The family, commonly the joint family type and social networks provided an appropriate environment in which the elderly spent their lives. But now the condition of senior citizens is substandard. Children have forgotten their moral values, culture and even love for their parents. They have become so busy in their lives that they do not have time to take care of their parents. The advent of modernization, industrialization, urbanization and occupational differentiation vested authority with elderly. These have led to defiance and decline of respect for elders and eroded the traditional values among the members of younger generation. Although the nation develops economically and modernize in other aspects, family support and care of the elderly are unlikely to disappear in the near future.4

Hephzibah 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

Kaursuggested 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

**2. Methods:**

This quantitative experimental study had selected 30 elderly through simple random sampling from Don Bosco Beatitudes old age home, Vyasarpadi and Annai Illam old age home at Mylapore, Chennai respectively. Elderly who were between 60-80 years of age included in this study.

Regarding the instruments used, part one had contained demographic variables proforma 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.

Part two had brief version of the modified World Health Organization’s Quality of Life (WHOQOL-BREF). 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. This scale contained both positive and negative questions. The total numbers of positive questions were 19 and negative question was one. The negative question was rated reversely. The minimum score 20-33 had been considered as poor QOL, 34-67 had been considered as moderate QOL and 68-100 which indicated good quality of life.

During the intervention period of two weeks, the participants in the experimental group had been given physical exercise in the morning 6-6.30am, engaged in group works like gardening, newspaper reading and kitchen work from 10- 11am. In the evening, from 3-5pm, participants were engaged in indoor and outdoor games, cognitive improvement activities such as memory games, solving puzzles and riddles, painting, drawing and sharing their unforgettable life events with the group.

**3. Results:**

The study participants’ demographic variables revealed that majority of the participants both in experimental (80%) and control (70%) group were 60- 70 years old. With regard to gender, females were the majority in both experimental (60%) and control (77%) group.

About educational status, a highest percentage (53%) attended up to primary school in experimental group where as in control (73%) were illiterates. On account of marital status, majority of the participants were widow/widower in both the experimental (90%) and control (73%) group.

Regarding previous occupation, majority of the participants were coolie workers in both experimental (73%) and control (77%) group. About monthly income of participants, majority had earned below Rs.1500 per month in both the experimental (50%) and control (57%) groups.

In regard to number of children, a high of (40%) participants in the experimental group had two children where as in the control group, (37%) had no children. Regarding religion, majority belonged to Hindu religion in both the experimental (77%) and control (73%) group.

In regard to type of visitors, (73%) of participants in the experimental group were visited by their children where as in control group (80%) were visited by their children. About the frequency of visits per year, all the participants (100%) were visited for more than 10 times in a year.

In the respect of duration of stay at old age homes, majority of the participants in both the experimental (57%) and control (47%) groups were staying for 1-5 years of duration. About leisure activities, a high percentage (57%) of participants from experimental group and (73%) of participants from control group mentioned watching television as their leisure activity.

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 & post test among experimental group.**

**Table 1: Mean and standard deviation of various domains of QOL among experimental and control group**

**in the pre and post test.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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 |

The paired t test (pretest and posttest) results showed statistical significance (t=8.4) in the overall QOL of elderly in experimental group after the nursing strategies. The unpaired t test (between experimental and control group) results showed statistical significance (t=12.5) in the overall QOL of elderly. The chi square analysis showed statistical significance (p>0.05) between the level of QOL and age, educational status, income and duration of stay at old age home among the elderly in experimental group.

The results of this study implied that QOL is worsening with the progressing age and lower educational status of the elderly. The QOL also depends upon the amount of income generated and the duration of stay at old age home. Structured program of activities would be helpful for the elderly in order to overcome the loneliness and for the better QOL.

**4. Conclusion:**

The results of this study implied that QOL is worsening with the progressing age and lower educational status of the elderly. The QOL also depends upon the amount of income generated and the duration of stay at old age home. Structured program of activities would be helpful for the elderly in order to overcome the loneliness and for the better QOL.

**5. Recommendations:**

* This study can be replicated on large scale.
* Single nursing intervention like cognitive improvement activities can be studied for the improvement of elderly QOL.
* Comparative studies on elderly QOL can be done on urban and rural, male and female, institutionalized and non-institutionalized.
* This study can be conducted among elderly living with their family.

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