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Quality of Life from the Perspectives of Older People Living in Nursing Home in Taif City, KSA

Suheir A.M.Sayed[1*], Mona Mudhayyif Alqurashi[2]

[1]Faculty of Applied Medical Sciences, Nursing Department, Taif University, KSA
[2]King Abd Al-Athez Specialized Hospital, Diabetes Center, KSA

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***Corresponding author:** Suheir. A.M.Sayed

Abstract **Original Research Article**

In medical science, the quality of life has become increasingly relevant as an outcome. In order to enhance the quality of life, it is crucial to recognize what the elderly consider essential in their understanding of the quality of life. Descriptive cross-sectional facility passed study, Total coverage was taken (n=34), during 3 weeks, for female elderly residence in nursing home. Data collected through interview questionnaire ،Data collection by the researcher Study produced both qualitative and quantitative interview data. The 34 survey respondents were interviewed in their own homes with a semi-structured survey Instrument. The main quality of life themes that emerged were: 11.7 % from total defined the constituents of quality of life as a whole was very bad while 8.8 Considers as very good, Almost all respondents stated that their Life overall was bad, because of poor psychological wellbeing and outlook were sometimes associated with adverse life events , health of respondent was bad to very bad (32.3 %), good health gave them a good quality of live, elderly women was a good social relationships, having enough money to meet basic needs, 23.5% from Respondents said she was bad control over life and freedom ‘she was depends on nurses. Our conclusion and recommendations was elderly women needs psychological and social support to enjoy life and to retain one’s independence and control over life.

Keywords: Quality of life, Ageing, Older people and Nursing home.

INTRODUCTION

Previous research literature suggests that the quality of life (QoL) reflects both macro-societal and socio-demographic influences on people and the personal characteristics and concerns of individuals. It can be argued that within societies there is a common core of values, and that their presence or absence influences overall QoL. But as QoL is also subjective, it is equally dependent upon the interpretations and perceptions of the individual (Ziller 1974). As such, the definition and measurement of quality of life should be grounded empirically in lay views, and should reflect individual subjectivity and variation in the concept, whilst at the same time taking account of wider social circumstances. The established models of quality of life are however rarely multi-level or multi-domain. They range from basic, objective and subjective needs-based approaches, often derived from Maslow’s (1954) hierarchy of human needs, to classic models based on psychological wellbeing, happiness, morale and life satisfaction(Andrews 1986; Andrews and Withey 1976; Larson 1978), physical health and functioning (Bowling 2001), social expectations (Calman 1983), and the individual’s unique perceptions (O’Boyle 1997). Social gerontologists also focus on the importance of social and personal resources, self-master or control over life, autonomy (freedom to determine one’s own actions or behaviour) and independence (the ability to act on one’s own or for oneself, without being controlled or dependent on anything or anyone else for one’s functioning) (Baltes and Baltes 1990). Reflecting the increasing recognition of the multi-faceted nature of QoL, researchers now often develop models based on combinations of these domains, e.g. the World Health Organisation’s WHOQOL Group (1993) model. While social gerontologists in the United States have a long tradition of investigating life satisfaction, including correlates of ‘the good life ’ and positive as well as negative aspects of ageing (see Andrews 1986), in Europe, a large body of social research was heavily influenced by the positivist perspective of functionalism which focused on dependency(Phillipson and Walker 1986). In much of Europe this led to a negative focus on old age as an inevitable time of dependency, poverty, service need and declining physical and mental health.

The care needs of dependent older people were emphasised at the expense of rehabilitation, prevention and curative treatment (Roos and Havens 1991). Recalled information is subject to modification by previously stored information and by other new and existing inputs, and thereby reconstructed when recalled to conscious attention. This research reports selected results from 34 elderly lives at nursing home in taif city They were asked about the quality of their life's , Quality of life has become increasingly important as an outcome in medical research. The influence of health status is often emphasised, but other dimensions are important. In order to improve quality of life, there is a need-to-know what people themselves consider important to their perception of quality of life.

METHODOLOGY

Study design

Descriptive cross sectional facility passed study.

Study area

Nursing Home (femal) at Taif city.

Sampling

Sample size

Total coverage was taken for female elderly residence in nursing home during the study period. (Number is 34 female elderly).

Study period

The whole duration of the project from 7 to 21 .12.1435 to

Data collection technique and tool

DATA IS COLLECT BY

Data were collected through administration of a questionnaire (a national quality of life questionnaire (QoL)), during face-to-face interviews in the residents' setting.

Data analysis and processing

The Data is analyzed by computer (SPSS program). Data were compared by using Chi – test.

Pre-test

The tools are being tested and modified accordingly.

Data presentations

Data is presented in the form of simple frequency, tables and graphs. Statistical significance analysis will be performed.

Ethical consideration

1. Letter of approval (Email) to using the questionnaire from A.Bowling University of london & Kingston University.
2. Verbal consent was taken individually from each female elderl

RESULTS

Table-1: Indicates the extent to which you agree or disagree with your Life overall?

	Very good		Good		Alright		Bad		Very bad	
	%	NO	%	NO	%	NO	%	NO	%	NO
Life overall	0	0	17.8	6	41.4	14	29.4	10	11.4	4

Table-2: Indicates the extent to which you agree or disagree with your Health?

	Very good		Good		Alright		Bad		Very bad		others	
	%	NO	%	NO	%	NO	%	NO	%	NO	%	No
Health	8.8	3	17.8	6	38.1	13	23.5	8	8.8	3		1

Table-3: Indicates the extent to which you agree or disagree with your Health?

	Very good		Good		Alright		Bad		Very bad	
	%	NO	%	NO	%	NO	%	NO	%	NO
Social relationships	5.8	2	17.8	6	44.1	15	14.7	5	17.6	6

Table-4: Indicates the extent to which you agree or disagree with each of the following statements?

	Very good		Good		Alright		Bad		Very bad	
	%	NO	%	NO	%	NO	%	NO	%	NO
Independence, control over life, freedom	12.8	4	17.8	6	36.1	13	24.5	8	8.8	3
Psychological and emotional well-being	0	0	8.8	3	50.1	17	29.4	10	11.7	4
Financial circumstances	0	0	12.8	4	25.4	9	38.3	13	23.5	8
Leisure and activities	5.8	2	45.2	16	22.6	7	11.7	4	14.7	5

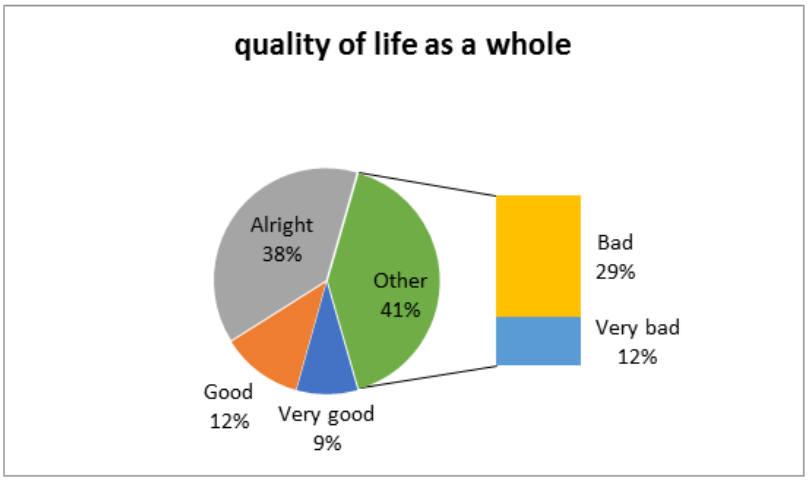

Fig-1: Frequency of elderly women quality of life from their views :(n = 34)

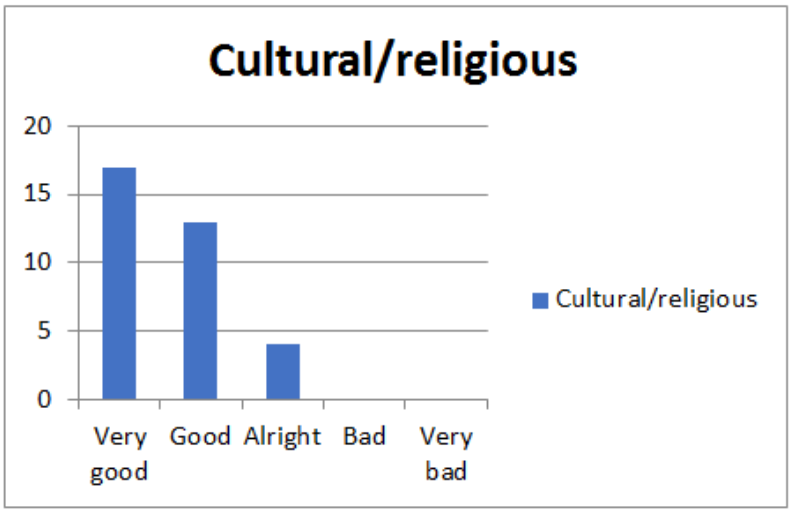

Fig-2: Elderly women Cultural/religious

DISCUSSION

This study was planned and conducted to assess the quality of life (QOL) as perceived by 34 selected elderly people living in nursing homes in taif,. Factors that may influence quality of life among the residents were analyzed, and the relationship between quality of life and certain demographics in the nursing homes was determined.

The data were collected through administration of a questionnaire during face-to-face interviews in the residents' settings. Consent from each resident was sought and obtained.

The findings indicated that the quality of life is determined by the quality of the four domains: physical, psychological, social relationships, and environment.

The in-depth follow-up sample purposively included 34 women, and their ages ranged from 45 to over 80 years. One-half were married and the remainder was single, widowed, separated or divorced. Of the total, 4 had good financial circumstances and 8 had very bad financial circumstances per annum.

Nine were categorised as having ‘excellent’ or ‘good’ functional ability (performance in everyday tasks and mobility), eight as ‘fair’ and the remainder as ‘poor’. rated their overall QoL as ‘3 so good, it could not be better’ or as ‘very good’, while 4 rated it as ‘good’, 13 as ‘alright’and the remainder said it was ‘bad’, ‘very bad’ or ‘so bad, it could not be to contribute to the development of aconceptual framework and body of knowledge on quality of life in old age based on older people’s views. quality of life among older women vary between from 8.8% very good to 29.4 bad , The determinants of a good quality of life in old age vary from person to person according to the age , Length of stay in the nursing home, the Financial circumstances (Fernández-Ballesteros R. 1997).

Elderly women their views on Life overall around 41.4 alright to 11.4 very bad This is due to all women depend on nurses and other health worker in daily activate (Halvorsrud L, Kalfoss M. 2007), Social

relationships with family, friends and neighbours indicates that having good social resources was said to be part of having agood quality of life by almost all respondents. Regular face-to-face contact with families was important to having a good quality of life for 34respondents.

17.8% said they had 'good relationships' with other (i.e. emotionally supportive and loving relationships). These types of relationships enabled the respondents to feel that others cared about them and would always be there for them if they had a problem. Some people, particularly those who were widowed, appreciated the company and emotional support provided by their children or other relatives. Some respondents simply enjoyed spending time with their families and seeing them living happy lives. Others spoke of the importance of having people nearby by that they 'knew' well and who, they felt, could call if they had a problem or needed help(Halvorsrud L, Kalfoss M. 2010).17.8% respondents said that their was very bad Social relationships , Respondents also enjoyed areciprocal relationship with their grandchildren. They liked to give advice and spoil their grandchildren, while they gained pleasure from seeing them happy and feeling loved by them.

Not all relationships were said to be good, respondents said that they worried about or felt responsible for members of their family, and this detracted from their quality of life. Worries included younger family members' finances, poor health and relationship problems, such as adult children's marital break-ups. Some respondents still felt responsible for their adult children as well as their grandchildren, and would either support them financially or look after the grandchildren. Some respondents also felt responsible for very elderly relatives. They spoke either of caring for ageing relatives in poor health or of having to cope with their deaths by taking on an organisational role, such as arranging funerals.

People's lives and actions are influenced by their mental outlook, attitudes and personality characteristics. Almost all respondents stated that their personalities and experiences contributed to their overall QoL.8.8% respondent expressed good Psychological and emotional well-being in compaired to 11.7% very bad.

Almost all respondents stated that their personalities and experiences contributed to their overall QoL. This often involved personal philosophies about life and the way in which events and circumstances were interpreted by them, e.g. with either an optimistic or apessimistic perspective. Positive influences on QoL which were mentioned included having a positive attitude and being optimistic, rather than feeling sorry for themselves or worrying about life ; and more particularly acontent and/or even-tempered disposition.

Others spoke about 'taking each day as it comes' and not worrying about what might happen in the future. Respondents also mentioned the importance of acceptance and 'making the best of things', i.e. making the best of what they have, rather than focusing on negative aspects of their lives. This attitude had sometimes developed from their upbringing and earlier experiences, as in a wartime childhood. One respondent expressed this phlegmatism well.

Thus poor psychological wellbeing and outlook were sometimes associated with adverse life events, for example bereavements and memories of these, and fears of ageing, ill-health, dependency and the future. Conversely, respondents who expressed a good outlook on life and said that it contributed to a good QoL.

stressed the importance of being optimistic in life, looking forward to things, being thankful for (still) being alive, being content, trying to enjoy life, being open to new activities, keeping busy, accepting situations and moderating expectations. They also made downward social comparisons with those who were worse off than themselves to maintain positive wellbeing (Suheir, 2020).

14.7% respondents was very bad Social activities and hobbies and only 5.9% had very good, mentioned the importance of 'keeping busy' in relation to psychological wellbeing. This theme recurred when most of them raised the value of social activities to their QoL, including reciprocal activities such as voluntary work and helping other people (which also made them feel valued).

17.8% Older female said that having good health ,23.5% had bad health good health gave them a good QoL(Suheir, 2020).Sometimes they related this to their expectations of poorer health in older age. Some referred to being able to do what they wanted because they had good health, and that there was no QoL without health.

The percentage of senior citizens in Jordan last year stood at 5.2 of the total populatio. A study released by the National Council for Family Affairs (NCFA, 2007) indicated that there are 11 private and public senior homes for the elderly in Jordan, housing approximately 850 residents. About 350 elderly citizens are housed at the expense of the Ministry of Social Development because they are poor and have no living kin. Most of the aging population in Jordan relies on care and donations provided by their family members.

CONCLUSIONS

Quality of life of elderly women residents in nursing home based on their views was 38.3 % Said alright t and 41.1 vary between bad to very bad.

Most of the elderly women have a good social relationship (23.6%). Perception of their health varies between, 38.1% said alright to 32.3% said badly. Most of the older women think them dependent on nursing.

More than half of respondents said alright to Psychological and emotional well-being Compared with 36% said bad. More than half of respondent believe they had financial problems. 42.2% had a good Leisure and activities.

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