

Relationship between Quality of Life and Lifestyle of Health Old Age

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Abstract:

Aging is a complex and dynamic process with intricately interrelated and inseparable physiologic, psychological and sociological components. It is a normal process that implies continued growth, development, and adaptation until death. The aim of the study is to assess health problems related to quality of life among the elderly clients, and to identify the relationship between some characteristics of the elderly patients and health problems related to quality of life. The non-experimental approach and descriptive type are used in this study. The study is applied on three hospitals (Ibn-Sena Teaching Hospital, Al-Zahrawee Teaching Hospital and Al Salm Teaching Hospital), some primary health care centers, and public clinics in Mosul City. Purposive sample consists of (833) clients, (490) Male and (343) Female who visited or admitted to the teaching hospitals, some primary health care centers, and public clinics in Mosul City. In order to collect the data of the study, a questionnaire was constructed depending on the previous studies and related literature review. The questionnaire consists of two Parts: Part one includes (7) items which focus on the elderly demographic characteristics such as (age, sex, marital status, occupation, level of education, duration and type of disease). Part two includes (4) main items that contain: (independency, daily physical activities, psycho-social aspects and life of adaptation). In this study, the total questions include (73) items, in which three-scale options are used in the rating scale were: (2) for (Always), (1) for (Sometimes), and (0) for (Never). Content validity was determined by presenting the questionnaire to a panel of (12) experts. Internal consistency of the questionnaire is assessed by calculating Cronbach's Coefficient alpha. The data analysis shows that there is a significant statistical interrelationship in health related quality of life (HRQoL) items that are related to: (independency, daily physical activities, psycho-social aspects and life of adaptation domains). The researcher concludes that (HRQoL) can be measured by instrument, and (the elderly's independency, daily physical activities, psycho-social aspects, and life of adaptation) are affected by their demographic characteristics (age, sex, marital status, level of education, and type of disease). Depending on the findings and conclusions of the study, the researcher recommended further studies which could improve the instrument constructed by this study through aspects of validity, reliability, and quality of questions.

Keywords: Quality of Life, Lifestyle, Health, Old Age.

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Introduction

Aging is a complex and dynamic process with intricately interrelated and inseparable physiologic, psychological and sociological components. It is a normal process that implies continued growth, development, and adaptation until death (1). Ageism can be defined as "any attitude, action, or institutional structure which subordinates a person or a group because of age or any assignment of roles in society purely on the basis of age", ageism reflects a prejudice in society against older adults (2). Aging is an objective and subjective universal process. Objectively, aging begins at birth, but it is mostly associated with the elderly or older adulthood. Chronologically and legally, 65 years of age and older is considered as old. Subjective age can be related to personal feelings and identified as cognitive, social, serotype, comparative, and perceived or self-perceived age (3). Many cells die every day and many are produced. We wake up early every morning, not only because of the calendar but also because of biological and physiological changes. The aged man loses partly or totally his teeth, his hearing, and his vision. He also loses stature and bends gradually forward, as if getting nearer to the "good earth" for his final trip to eternity (4). A nurse has the potential for more contact with the older adult than any other health care professional. Nurses have the assessment, counseling, support, education, and coordination skills needed to care for the older adult in a variety of settings. Nurses can best help older adults reach their greatest potential rather than face slow or rapid deterioration. The nurse provides assessment, guidance, teaching, and support; cares for older adults at home and in community (5). As noted earlier, problems associated with quality of life can be physical, psychological and social. Although these dimensions overlap, they provide organization for a discussion of the issues that an individual living with a chronic illness may confront (6). The perception of quality of life is affected by the ability of chronically ill persons, whether children or adults, to continue functioning in daily activities, such as self-care, school, work, or creative outlets, as a means of avoiding lessened self-esteem and autonomy. In elderly individuals, for instance, functional status and autonomy are closely related to morale and quality of life, the elderly are adversely affected, for example, by hospitalization, anesthesia, and invasive surgical or diagnostic procedures. Functional status was also found to affect the perceived quality of life in clients with chronic illness (7).

Methods and Materials:

The study was conducted on three hospitals in Mosul city (Ibn-Sena Teaching Hospital, Al-Zahrawee Teaching Hospital and Al Salm Teaching Hospital) and some primary health care centers and public clinics. A purposive sample consisted of (833) clients, (490) Male and (343) Female were visit or admission to the teaching hospitals in Mosul, some Primary Health Care centers and public clinics. Clients were aged between (65-85 years or more) included to response the study question, should be able communicated and agreed with the researcher. A critical cases was excluded from the present study. In order to collect the study information, a questionnaire was constructed depended on previous studies and related literature. It is composed of Two parts: part one:- This part included (7) items which focus on the client demographic characteristics such as (age, sex, marital status, occupation, level of education, duration of disease and type of disease). part two:- The researcher constructed a self-administrated a questionnaire. It is composed of (4) subitems that covered independency, daily physical activities, psycho-social aspects and life of adaptation. The overall question included (73) items, 3-likert scale option was used in the rating scale as: (2) for Always, (1) for Sometimes and (0) for Never. Data were collected through the use of the constructed questionnaire and the interview technique as a means of such collection, the period of the study was from 15th January 2023 to the 15th May 2023. Internal consistency of the questionnaire is assessed by calculating Cronbach's Coefficient alpha. Analyzed data using SPSS, Version 23 using both descriptive statistics, inferential statistics (Means, and SD, Number and percentage) and chi-square (8-90).

Results:

Table (1) Demographic characteristics of the study subjects (N=833)

Variables	No.	%
(A) Sex		
Male	490	58.82
Female	343	41.18
Total	833	100%
(B) Age		
65- 74 years	657	78.87
75-84 years	137	16.45
85 years or more	39	4.68
Total	833	100%
(C) Marital status		
Single	20	2.4
Married	593	71.19
Widowed	213	25.57
Divorced	7	0.84
Total	833	100%
(D) Educational level		
Unable to read and write	452	54.26
able to read and write	158	18.97
Primary	93	11.16
Intermediate	33	3.96
Secondary	36	4.32
Institution	28	3.37
College	33	3.96
Total	833	100%
(E) Type of Disease		
Hypertension	157	18.85
Diabetes mellitus	113	13.57
Atherosclerosis	118	14.17
Osteoarthritis and osteoporosis	114	13.69
Kidney disease	83	9.96
Respiartory disease	62	7.44
Cancer	48	5.76
Cerebrovascular accidents	46	5.52
Cenitourinary disease	33	3.96
Thyroid disease	21	2.52
Visual impairment	21	2.52
Hearing impairment	17	2.04
Total	833	100%

The table shows that the majority of study participants were males and constituted of (58.82%), and most of them aged (65-74) years. In relation to their marital status, most of the whole sample were married and constituted (71.19%). Regarding , their educational level , most of the sample were unable to read and write (54.26%).The highest type of diseases is hypertension and constituted of (18.85%) with lower type of disease hearing impairment (2.04%).

Table (2) client's responses on Life style within 3- level scale by total frequencies, percentages and Chi-Squar

Sleep	Never		Sometime		Always	
	F	%	F	%	F	%
Do you feel difficulty in sleeping	134	16.09	247	29.65	452	54.26
Do you satisfied with your sleep	179	21.49	373	44.78	281	33.73
Do you feel a change in year sleep with aging	69	8.28	207	24.85	557	66.87
Obs.X ² = 192.754 DF = 4 , P Value = 0.05 Crit. X ² = 9.49 \bar{X} =1.28						
Nutrition	F	%	F	%	F	%
Does year eating food decreased with aging	46	5.52	213	25.57	574	68.91
Dose kind of food is changes with aging	34	4.08	316	37.94	483	57.98
Do you need the aid of other as you eat	317	38.05	339	40.70	177	21.25
Are you committed in dates of meals	287	34.45	309	37.10	237	28.45
Obs.X ² = 733.288 DF = 6 , P Value = 0.05 Crit. X ² = 12.59 \bar{X} =1.23						
Performance	F	%	F	%	F	%
Do you fell difficulty in fulfilling your home tasks	66	7.92	194	23.29	573	68.79
Do you have enough energy to practice your daily life	481	57.74	189	22.69	163	19.57
Do you find a difficulty in understanding and solve you family affairs and problems	358	42.98	263	31.57	212	25.45
Obs.X ² = 634.444 DF = 4 , P Value = 0.05 Crit. X ² = 9.49 \bar{X} =1.014						
Medication	F	%	F	%	F	%
Do you committed in taking drugs regularly	343	41.18	253	30.37	237	28.45
Do you feel taking drugs is useful for your health	181	21.73	239	28.69	413	49.58
Do you feel drugs taking affect your life	341	40.94	379	45.50	113	13.56
Obs.X ² = 279.600 DF = 4 , P Value = 0.05 Crit. X ² = 9.49 \bar{X} =0.95						
Recreation	F	%	F	%	F	%
Do you have time to entertainment activities	634	76.11	153	18.37	46	5.52
Do you fell that your aging is the reason for you un happing	88	10.56	386	46.34	359	43.10
Do you like watching T.V	593	71.19	182	21.85	58	6.96
Do you go to markets	433	51.98	283	33.97	117	14.05
Do you have the ability to visit friends and relatives	401	48.14	295	35.41	137	16.45
Obs. X ² = 1014.415 DF = 8 , P Value =0.05 Crit. X ² = 15.51 \bar{X} =0.64						
Environment	F	%	F	%	F	%
Do you fell that your environment in healthy	298	35.77	331	39.74	204	24.49
Do you satisfied with your residency conditions	81	9.72	234	28.09	518	62.19
Do you try to make your own healthy environment	107	12.85	411	49.34	315	37.81
Do you fell that individuals around you try to maintain your healthy environment	120	14.41	324	38.89	389	46.70
Obs.X ² = 388.634 DF = 6 , P Value = 0.05 Crit. X ² = 12.59 \bar{X} =1.24						

Total X=1.059

Discussion

Analysis of the results of health problem of elderly clients demographic characteristics had indicated that the majority of them were males and constituted (58.82%) of the total sample, this result could be connected with the tendency of women to stay at home more than men .Data analysis shows that there is a significant statistical difference between elderly clients quality of life domains and their sex . The present study is in disagreement with the study of (75) who found that (53.24 %) of elderly clients are females and (46.76 %) of them are males .Analysis of the results of health problem of elderly demographic characteristics had indicated that the majority of them were 65-74 years and constituted (78.87%) of the total sample, because this category from 65-74 years is more available in our community, and the evidence about that is Allah messenger's saying Muhammed (peace be upon him) as narrated by Abu Hurayrah blessings of Allah Almighty for him: " The ages of my nation is between sixty and seventy and few of them exceed that ". True are the words of Allah's messenger .Analysis of the results of health problem of elderly clients demographic characteristics had indicated that the majority of them were married and constituted (71.19%) of the total sample, because our communities focus on marriage , so we find that most of the elderly clients are married .Data analysis shows that there is a significant statistical difference between elderly quality of life domains and their marital status . Data analysis shows that there is no significant statistical difference between elderly clients life of adaptation domains and their marital status .Analysis of the results of health problem of elderly clients demographic characteristics had indicated that the majority of them were hypertension and constituted (18.85%) of the total sample. We find hypertension more diseases because of the little activities of the elderly, and exposing to the psychological problems. The data analysis shows that there is a significant statistical difference between elderly patients and quality of life domains and their type of disease. The data analysis shows that there is no significant statistical difference between elderly life of adaptation and their type of disease. The risk of having diseases such as diabetes mellitus, coronary heart diseases, cerebrovascular diseases and osteoporosis rises as the proportion of elderly people increases. Chronic diseases cause medical, social and psychological problems that limit the activities of elderly people in the community and decrease their quality of life (QoL) (91-93). Older people frequently have chronic disease conditions that require long- term and / or multiple- drug therapy . The nurse needs to carefully monitor the medications of elderly clients and explain their medication regimens . The community health nurse is in an excellent position to help clients avoid medication error and comply with medication regimens Those numerous medications can cause changes in behavior and mental status with elders (94),mentioned that those risk factors for self-medication errors among chronically ill adults in Jordan were identified. Chronically ill adults' knowledge in their medications (e.g. benefits, side effects, and how to manage side effects), level of education, and number of medication prescribed were significantly associated with medication errors. Supportive environments, both physical and social, are not only key determinants of health but also essential conditions for healthy ageing. The World Health Organization defines health broadly as a person's physical, psychological and social well-being. The notion of healthy age denotes a change in the perception of ageing, from the preoccupation with illness management to the promotion of conditions that support health.Indeed, the determinants of health include not only biological endowment and individual behaviors but also physical and social environments (95). Indeed, the lack of social support, the decline in traditional caring by family members, environmental pollution, and deprived living conditions are factors contributing to poor health status of the elderly (96).While healthy ageing is a universal goal for our elderly citizens, a supportive environment, which ameliorates environmental hazards, is essential for health maintenance and promotion among elderly with chronic illness.A supportive social environment can be created for the chronically ill elderly through both formal and informal social support systems. The reciprocal interactions between the elderly and their social environment are likely to influence their adaptability, access to information, and motivation to seek help from others. Formal and informal social supports often complement each other, depending on the nature of service being provided. For services that require long-term commitment, flexibility in the timing of responses, and familiarity with the care recipient are best handled by kin or informal social networks (97). By contrast, formal supports are more appropriate when professional knowledge and referral are needed (98). By providing instrumental, emotional, and informational support, members of both the formal and informal support networks form a convoy of social support for elderly people with chronic illness.

Conclusion:

The study concludes that indicate that health problems related to quality of life of elderly clients differ according to lifestyle of health related to aging

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