

QUALITY OF LIFE IN ELDERLY INDIVIDUALS AND EVALUATION OF AFFECTING VARIABLES IN THE CONTEXT OF PUBLIC HEALTH NURSING

YAŞLI BİREYLERDE YAŞAM KALİTESİ VE ETKİLEYEN DEĞİŞKENLERİN HALK SAĞLIĞI HEMŞİRELİĞİ KAPSAMINDA DEĞERLENDİRİLMESİ

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ABSTRACT

Data on the aging world population point to a focus on improving the quality of life of the elderly and creating a dynamic society. In this context, various studies and objectives are put forward. Considering the health problems that the elderly may experience, health professionals have great responsibilities. The public health nurse, who has pioneering duties in various services in this field, plays a key role. The services carried out to increase the quality of life of the elderly in the world are mostly carried out within the scope of primary health care services and by public health nurses. In this context, within the scope of development goals in our country, healthy aging of elderly individuals and increasing their quality of life are supported by health service providers.

Keywords: Elderly, Quality Of Life, Public Health Nursing.

ÖZET

Yaşlanan dünya nüfusu verileri gün geçtikçe yaşlıların yaşam kalitesini artırmaya odaklanmayı ve dinamik bir toplum oluşturmaya işaret etmektedir. Bu kapsamda çeşitli çalışmalar, hedefler ortaya atılmaktadır. Yaşlı bireylerin yaşayabileceği sağlık sorunları dikkate alındığında sağlık çalışanlarına büyük görevler düşmektedir. Bu alanda çeşitli hizmetlerde öncü görevleri olan halk sağlığı hemşiresi anahtar rol üstlenmektedir. Dünyada yaşlı bireylerin yaşam kalitesinin artırmada yürütülen hizmetler daha çok birinci basamak sağlık hizmetleri kapsamında ve halk sağlığı hemşireleri tarafından yürütülmektedir. Bu kapsamda da ülkemizde kalkınma hedefleri kapsamında yaşlı bireylerin sağlıklı yaşlanması ve yaşam kalitesinin yükseltilmesi sağlık hizmeti sunucuları tarafından desteklenmektedir.

Anahtar kelimeler: Yaşlı, Yaşam Kalitesi, Halk Sağlığı Hemşireliği.

1. INTRODUCTION

Aging is a condition that directly affects the quality of life as it brings health problems. Aging is a normal and inevitable process that causes differences primarily in the anatomical structure and physiological functions, mental abilities, social relations and psychology of the individual. For this reason, it is a group that should be handled primarily by health care providers. Considering the aging world population, increasing the quality of life in the elderly is also among the priority issues (UN, 2013). Quality of life was first defined by Thorndike (1939) as the reaction of the social environment to the individual. A good social environment presented here basically results in good individual quality perceptions. Many definitions of quality of life have been made. According to another definition, quality of life; expressed it as the physical and psychological health of people (Bayromova and Karadakovan, 2003). Andrew and Withey the concept of quality of life; defined it as the intersection of individuals' satisfaction with their social relations.

2. FACTORS AFFECTING QUALITY OF LIFE IN THE ELDERLY

Protecting the basic functions of the elderly, supporting their independence and independence, and improving the quality of life are among the main objectives (UN, 2013). This is tried, physical limitations and functional problems; It causes a decrease in the quality of life, an increase in health expenditures and long-term care. General health status in advanced age, number of chronic diseases, activities of daily living, blood pressure control, exercise and gender were found to be determinants of quality of life. It is of great importance as medical problems primarily occur with functional changes, functional losses affect quality of life, cause disability and affect patients and their caregivers. It should be noted that small changes in functions and physical condition can make a big difference in the quality of life of patients and their caregivers.

Pain; Its incidence tends to increase with age and causes functional limitation, impaired sleep, and decreased life satisfaction. It seriously affects people's quality of life. Therefore, pain should not be perceived as a single health problem and its relationship with other factors should also be considered (<https://www.geriatri.org.tr/halksagligi?id=11>).

Social relations; The fact that the patient is effective in the decision-making process for treatment increases the perception of health and the level of well-being. As a result, the quality of life is affected by the importance given to the patient's feelings and wishes. Interestingly, the social relationship levels of the elderly people; disease, death, and affect physical functioning. Comprehensive geriatric assessment and home rehabilitation programs lead to a decrease in disability and an increase in life satisfaction in the elderly with a history of frequent hospitalizations. In addition, occupational therapy and environmental adaptations are also beneficial in terms of improving physical functions. All these stages, which continue from the first moment the patient encounters with the health personnel until the treatment is concluded, seem to affect the patient's quality of life. Knowing the modifiable and modifiable factors will of course change our approach to the elderly (<https://www.geriatri.org.tr/halksagligi?id=11>).

Chronic diseases: Many elderly people are faced with health problems and disability due to chronic diseases, and their quality of life is adversely affected. This may be due to a relative lack of physical activity. As a result of this decrease in activity due to limitation of movement, pain and emotional problems, there is a vicious circle. Since chronic diseases often do not have a complete cure, the aim is to eliminate the problems that bother the person and to improve living conditions. Relatively common diseases such as diabetes, asthma, arthritis and chronic obstructive pulmonary disease have a negative impact on healthy aging by affecting physical functions. It is stated that this relationship, especially between diabetes and healthy aging, may be related to the fact that heart, foot and vision problems are more common in these people. It is stated that an increase in the level of physical activity in chronic diseases improves the quality of life (<https://www.geriatri.org.tr/halksagligi?id=11>).

Fall: Falls are a main cause of morbidity and disability in the elderly (Al-Aama, 2011). Fracture, fear of falling, and decrease in physical, psychological and social function abilities affect the quality of life. Since physical fragility and fall-related injuries will affect the quality of life and general functions of the elderly, studies have also focused on this issue. Loss of mobility: Stable life and loss of mobility have been shown to be risk factors for disability. Mobility and activities of daily living are important elements of quality of life. Loss of mobility and independence have been identified in studies as determinants of death and placement in nursing homes. Thus, the preservation or improvement of the ability to move increases the quality and quantity of life (<https://www.geriatri.org.tr/halksagligi?id=11>).

Depression: It is the most common psychiatric disease that causes disability in advanced age, and it is also important in terms of disease and health expenditures. Depression seems to be significantly associated with impairment in activities of daily living and quality of life. Although the frequency of diagnosed depression is low, it can be said that the percentage of the elderly with clinically significant depressive symptoms and signs is between 15-25. It seems to be associated with decreased social functions and quality of life, increased physical disability and cognitive impairment, and suicide attempt. Therefore, it is important to recognize and treat depression in the later stages of life.

Urinary and stool incontinence is also an important problem. Its frequency increases with age. It is generally not questioned by physicians, and it is hidden by the patient due to embarrassment, the normal course of old age, and the inability to be treated. However, due to its social, physical and hygienic dimensions, it significantly affects the quality of life. It is known to cause depressive symptoms and signs both in patients and their caregivers. It has been observed that people with urinary incontinence are more depressed and have worse perceptions of health. In the studies revealed, it is stated that only 40% of the patients take therapeutic or preventive measures (<https://www.geriatri.org.tr/halksagligi?id=11>).

Indicators of quality of life in elderly individual: We can classify the indicators of quality of life in old age in four different groups as health, psychological, economic and social indicators.

Health indicators: In this context, there are factors that are completely related to the health of the individual. These include mental, spiritual and physical health, as well as the state of benefiting from these services. From this perspective, it is seen that four different indicators of quality of life are interrelated and include the state of relative well-being. For this reason, even though quality of life, satisfaction with life and successful aging are defined differently from each other, they appear as interrelated concepts. In this context, the quality of life within the scope of successful aging, keeping the social environment and relationships alive in the process of preparing oneself for old age, having financial opportunities, taking preventive measures to minimize health problems, making efforts to improve memory and physical functions, and being able to build a positive bank for life means. Individual well-being and social well-being are indicators of successful aging.

On the other hand, the ability of the elderly individual to have the ability to manage his own aging process and to find a way for it is also among the variables of successful aging. The same can be considered as indicators of quality of life. On the other hand, participation in social networks is important in terms of meeting many difficulties of life. In this sense, the efforts of elderly individuals to connect to life indicate an increase in their quality of life. It is known that especially the breadth of social relations eliminates the negative aspects of aging and creates a balance against the loss of social roles. The social network is a support mechanism for the elderly person. This leads to an increase in the self-confidence and sense of personal worthiness of the elderly, and a strong social competence. Studies show that the width of the social network has a positive effect on the psychological satisfaction of the elderly. In particular, strong family relations, support from friends, information and accompaniment to each other were found to be factors that increase life satisfaction in the elderly. Thus, the strong relationship between social interaction and personal adjustment increases the life satisfaction of the elderly person and improves the quality of life. The important thing is that this situation shows continuity (Görgün-Baran, 2008).

Psychological indicators: It is seen that the general happiness and satisfaction feelings of the elderly are included in the scope of this indicator. For elderly individuals, factors such as the satisfaction they receive from their social environment, which we call family, relatives and friends, their satisfaction with their own health, in short, their life satisfaction come to mind (Görgün-Baran, 2008).

Social indicators: In this category, the variables related to the social level and daily life of the elderly are emphasized. The important thing here is to increase the quality of life and ensure its continuity. The most striking ones among these variables are; activity in social relations, social security, knowledge and experience, balanced nutrition, suitability of housing and environmental conditions for the individual's life, public safety, relative well-being of health status, physical mobility capacity (performance for travel and sightseeing opportunities).

Economic indicators: This includes technological development and economic growth. It expresses the relative well-being of economic indicators such as annual income per capita from gross national product, ownership of property, compliance with working conditions, and ownership of durable consumer goods.

3. THE IMPORTANCE OF QUALITY OF LIFE IN ELDERLY INDIVIDUALS

Social, economic and physical losses and chronic diseases in the elderly are factors that negatively affect the quality of life of the elderly. Maintaining physical functions is one of the important determinants of quality of life. However, 11.5% of the elderly between the ages of 65-79 need help in daily living activities such as moving, bathing, dressing, toilet and eating (Akdemir and Birol, 2003). Osteoarthritis and other rheumatic diseases are seen in 50% of the 65 years and older group. These health problems also cause functional disability. In addition, chronic diseases such as sensory loss, heart diseases, hypertension, diabetes and cancer also affect daily life, thus negatively affecting quality of life. The 5 slogans of the United Nations on aging are aimed at improving the quality of life. These; independence, participation, care, competence and happiness. Today, policies and programs related to aging are focused on increasing the quality of life and general health rather than prolonging life expectancy. In this framework, productive, independent and successful aging is aimed. For this reason, the World Health Organization has brought up the term active aging. Active aging can be defined as increasing life expectancy, productivity and quality of life by making optimum use of opportunities for physical, mental and social well-being throughout life. Factors that determine active aging are: gender, culture, health systems, economic factors, environmental factors, personal factors, behavioral factors and factors related to the social environment (Kutsal, 2002).

For Increasing the Quality of Life of the Elderly Person; The requirements for improving the quality of life of the elderly are summarized in the table below.

Table1: The requirements for improving the quality of life of the elderly

Having economic and social security	Having autonomy	Being at peace, valuing their religious values and beliefs
Have a certain comfort	Living in safety	Individual care training
Having fun and enjoyable activities	Fulfilling the right to learn and to produce	Having an active life Taking care of your individuality
Respect for privacy	Having a meaningful life	To be respected
Evaluation with a holistic approach	Issues such as increasing functional competence need to be considered and implemented.	Ability to benefit from home care and health services

4. MAINTAINING QUALITY OF LIFE IN THE ELDERLY

How the elderly have a good quality of life can be explained by adaptation and resilience. Adaptation in the “Berlin Aging Study”; defined by selection, compensation, and improvement. According to this theory, better quality of life in old age; by balancing activities, goals, and functional areas at a lower level (selection); replacing (compensating) losses with alternatives to achieve goals; can be achieved by maximizing (improving) the resources allocated to it. The biological nature of human aging; can adapt by concentrating and choosing on areas of higher priority, while increasingly restricting opportunities at an older age. Adaptation is also defined in terms of changing responses. People change their internal standards, values, and concepts of quality of life to adapt to negative situations or difficulties.

Resilience: It is the performance of individuals above the expected in situations where the probability of defeat is high. Resilience studies in the elderly have shown that social participation and support increase resilience. Durability; It can be used to explain the “well-being paradox”. This occurs in the elderly, who express greater well-being even when there are limitations in daily functions. Social comparisons also play a role in maintaining quality of life in the elderly as health and other conditions deteriorate. It is a tactic often used by older people and can be upward/downward comparison or identification and a combination of these. The most obvious tactic is downward benchmarking, and it makes them feel happy to see that they're better off than those they consider unlucky. High-quality social relationships improve the quality of life of the elderly. Quality of social ties predicts higher CASP-19 scores and increases resilience to maintain a better quality of life in the presence of limitations caused by long-term illness. Social support can sometimes affect quality of life differently. While emotional support is positively associated with quality of life, receiving assistive support may reduce well-being because it emphasizes addiction (Günaydın, 2010).

5. RECOMMENDATIONS FOR IMPROVING QUALITY OF LIFE

There is a need for general approaches and practices to improve the quality of life in society. Strong public health policies at the beginning of the article should prioritize this goal. However, when planning and implementing these approaches, determinants of health should also be taken into account, and necessary interventions should be made to eliminate the differences created by gender inequality.

Some of the issues that are likely to regress the quality of life in aging are listed below (Aslan, 2009):

Lifestyle behaviors: Adequate and balanced diet, physical activity, physical and emotional stress, tobacco, alcohol use, sexual intercourse history are among the important determinants.

Employment status: Although the majority of women working for wages ends between the ages of 60 and 65, active employment continues until the end of their life. However, these conditions are mostly ignored and the developments reflected in retirement cannot be recorded. As women get older, the responsibilities of family members and home may increase.

Social protection mechanisms and access to health services: In underdeveloped and developing societies, women mostly work in the informal sector. Therefore, they cannot benefit from social and health insurance systems. Such adverse conditions adversely affect their health.

Dependents: Aging women are often considered to be grandchildren, carers of the sick person at home. This situation can be a burden that threatens their physical and mental health.

Socio-economic conditions: The income level of aging women is an important determinant of their position in society. The relationship between poverty and diseases is known.

Marital status: Another important problem for aging women is the periods when they have to live alone. After the loss of a spouse, women who live longer than men can negatively affect their health in every respect. Poverty and not having social security are among these problems.

Family history: For women, knowing the family history of diseases may be important for prevention. Breast cancer is a good example in this regard.

Situations determined by the conditions experienced in developing countries: Older women in developed and developing countries mostly experience similar problems, but there are differences in the causes and conditions that create health problems. E.g; While women living in developing countries face the problem of malnutrition, women in developed countries experience malnutrition due to sedentary life. Both conditions can produce similar health problems such as anemia and osteoporosis.

Unusual situations: Unusual situations such as migration, earthquake, flood, war are known as conditions that reduce women's quality of life.

The services that can be provided within the scope of public health nursing can be classified as follows:

Health Promotion; Developing and maintaining health in elderly individuals is an important parameter in increasing the quality of life. Services that can be provided in this context: Basic health services, immunization, early diagnosis and screening of age-related diseases, primary health care services, oral and dental health services, eye health services.

Government Policy; Within the scope of public services: services such as neighborhood nursing homes, home visits, social services, day care homes, mobile soup kitchens can be evaluated within this scope.

Services that can be provided in hospitals as general health service provision; emergency medical care, early discharge programs, emergency psychiatric care, special units, rehabilitation, home visits, day outpatient clinics (Telatar, 2004).

6. CONCLUSION

Considering the health problems that the elderly may experience, health professionals have great responsibilities. The public health nurse, who has pioneering duties in various services in this field, plays a key role. The services carried out to increase the quality of life of the elderly in the world are mostly carried out within the scope of primary health care services and by public health nurses. In this context, within the scope of development goals in our country, healthy aging of elderly individuals and increasing their quality of life are supported by health service providers.

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