



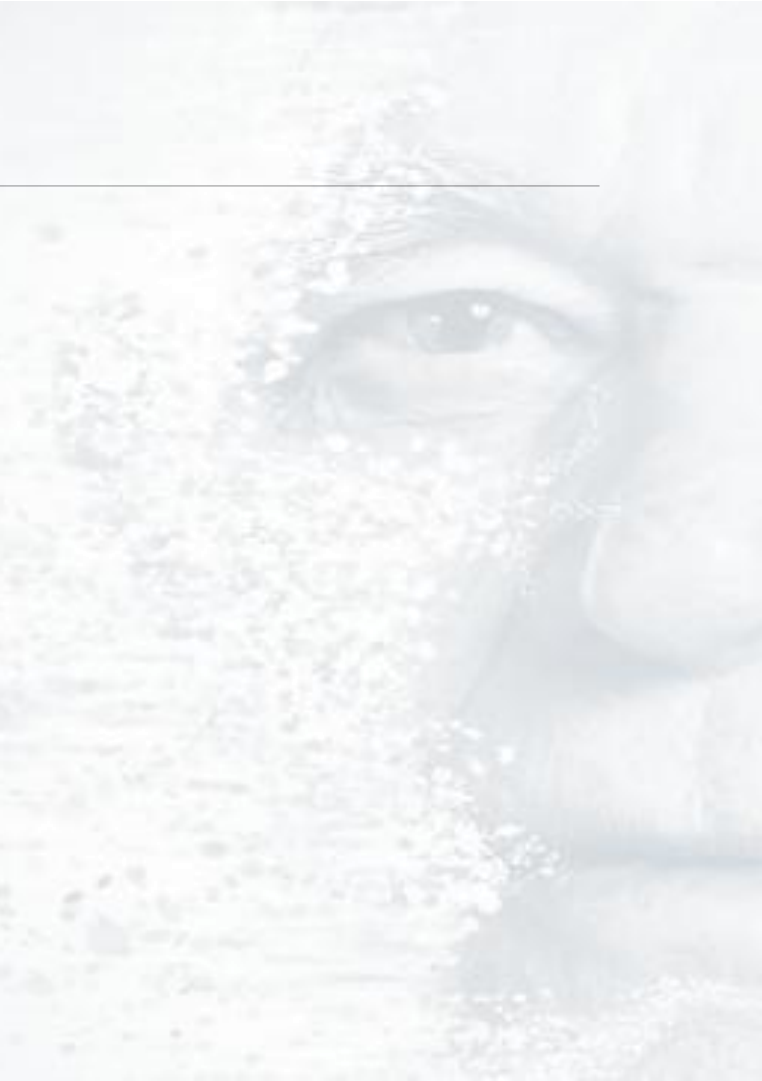
Determining Factors Affecting the Quality of Life in Elderly Nursing Home Residents

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- ✓ Aging is a natural process in which the individual experiences physical loss and decline and has physical, psychological, and social effects on daily life (Arpacı et al., 2015; Bilir & Paksoy Erbaydar, 2015, Kocataş et al., 2004).
 - ✓ **The World Health Organization (WHO)** also defines old age as a period involving people aged between 65 years and older, where the ability to adapt to the environment declines (Kılıç, 2010; Ertekin Pınar & Demirel, 2016).



- In the WHO 2015 report, the elderly population is expected to be 1.4 billion in 2030,

AGEING and HEALTH



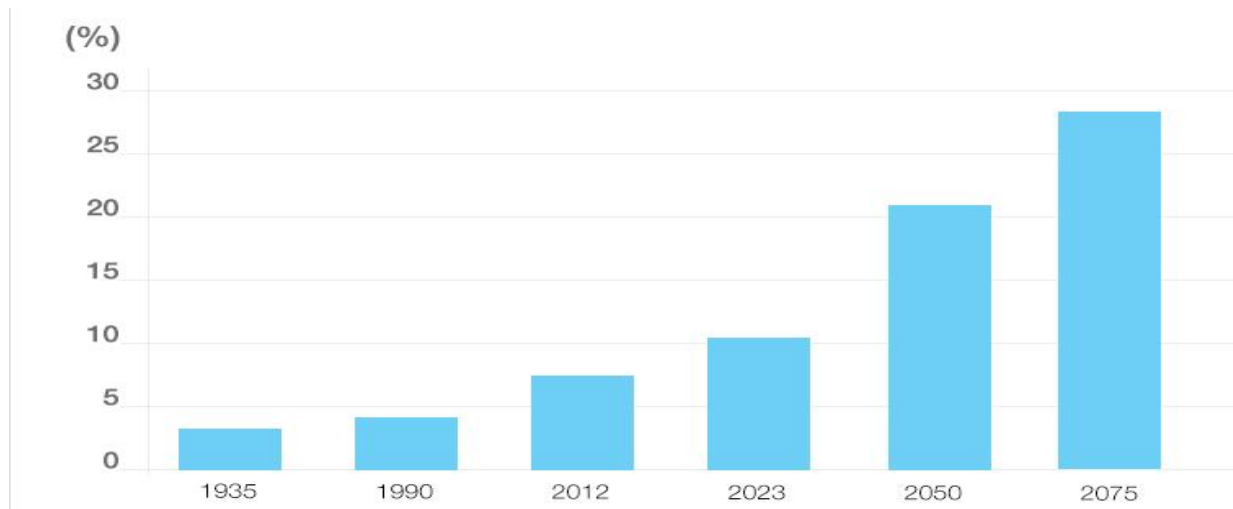
Between 2000 and 2050, the number of people aged 60 and over is expected to double.

In 2050, more than 1 in 5 people will be 60 years or older.



According to the Turkish Statistical Institute;

The elderly population made up 7.5% of the total population in 2012, while this rate increased to 8.2% in 2015. In addition, this rate is expected to reach 10.2% in 2023 and 20.8% in 2050 (TUIK, 2016).



Proportion of elderly population in Turkey

Elderly individuals can experience **numerous problems** specific to this period;

- decline in physical and cognitive functions due to the process of aging,
- loss of independence,
- change of friends and social relationships

may have negative effects on quality of life and life satisfaction (Kaçan Softa, 2015, İlhan et al., 2015).

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- Today, important changes also occurred in social living, where women's familial and social roles were affected.
 - Accordingly, women who provided home care for children, elderly people, and patients, began to take an active role in work life.
 - Additionally, poverty, increased rate of migration from country to town, and increased rate of nuclear families rather than extended families affected the social position of elderly people; where a need to provide care for elderly people at **nursing homes rather than the house** emerged (Karagözoğlu et al., 2013; Ertekin Pınar & Demirel, 2016).

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- It is crucial to determine factors that affect quality of life in the elderly who prefer to stay at nursing homes due to the changing social life and to develop appropriate strategies related to the issue.

In this sense, aim of this descriptive study;

Determine factors that affect quality of life in the elderly
who reside in nursing homes.

Material and Method

Study universe and sample

- The present study was conducted **with 150 elderly people** who were selected using nonprobability sampling and who were residing in nursing homes during the study period.
- Elderly people who were aged 65 years and older, had no psychological or mental problems, were able to establish verbal communication, and agreed to participate in the study were included in the sample.
- **Fourteen elderly people** who did not meet the inclusion criteria were excluded from the sample. Response rate to the questionnaire form was 91.5%.

Instruments and Collection of data

- Data was collected using a **questionnaire form**, which was developed in accordance with the literature by the researchers and identified sociodemographic and clinical features of the elderly, **the Standardized Mini Mental State Examination (MMSE)**, and the **Nottingham Health Profile**.
- The questionnaire form **consisted of 19 questions** about age, gender, education level, marital status, presence of chronic diseases, limitations on activities of daily living, use of assistive walking devices, problems with vision, and regular drug use.

The Standardized Mini Mental State Examination (SMMT)

- The test which first published by Folstein and colleagues(1975) covers **five dimensions** including record memory, attention and calculation, retrieval, and language and has **11 items**.
- The Standardized Mini Mental State Examination, which was developed by Molloy and Standish, has 5 dimensions including orientation (10 points), record memory (3 points), attention and calculation (5 points), retrieval (3 points), and language (9 points).
- This standardized version of the test had 11 items and was evaluated based on a total score of 30 points.

The Nottingham Health Profile (NHP)

- The Nottingham Health Profile was developed by the Public Health Department of Nottingham University in order to measure subjective health status.
- The Nottingham Health Profile has **38 questions** which evaluate 6 dimensions.
 - ✓ physical activity (8 questions),
 - ✓ pain (8 questions), sleep (5 questions),
 - ✓ social isolation (5 questions),
 - ✓ emotional reaction (9 questions),
 - ✓ energy (3 questions).

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- In each dimension, 0 points corresponds to best health status, where 100 points indicate worst health status (Hunt et al. 1980).

Data analysis/Statistical analysis

- Data was analyzed using the SPSS 15.0 software. For statistical analysis, percentages, one-way ANOVA, and t-test were used.

Results and Discussion

Mean age of the elderly was **73.1±8.9**. It was determined that

49.3% of the elderly were female,

50.7% were male,

50.7% were single,

50% lived in the city center,

40.7% lived in the country,

60.7% were literate,

35.3% were retired,

32% were housewives,

19.3% were farmers,

77.3% had social security,

47.3% reported to have “good” health status

29.3% were elementary school graduates,

It was found that 85.3% of the elderly had a chronic disease;

- 36% had a musculoskeletal disease,
- 26% had Diabetes Mellitus,
- 22.7% had respiratory disease,
- 20% had gastrointestinal disease.

It was determined that 84% regularly used drugs every day

- musculoskeletal system drugs (32.7%),
- cardiovascular system drugs (25.3%),
 - antidiabetics (25.3%),
- gastrointestinal system drugs (20.7%).

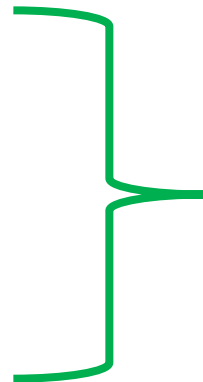
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- It was found that 50% of the elderly had vision problems, 68.7% had limited functioning in activities of daily living, 70.6% had difficulty moving, 40% needed assistive walking devices, and 90% used a cane.

It was determined that 96.7% of the elderly scored between 0 and 23 on the Mini Mental State Examination, however, **mean Mini Mental State Examination** score was 17.5 ± 3.9 .

Mean Nottingham Health Profile;

- Pain 3.1 ± 2.5
- Physical activity 2.4 ± 1.7 ,
- Energy 0.6 ± 0.9 ,
- Sleep 2.2 ± 0.1 ,
- Social isolation 1.7 ± 0.1 ,
- Emotional reactions 0.4 ± 0.1 ,

- TOTAL SCORES $\rightarrow 10.1 \pm 5.9$



SUBDIMENSION

In this study, it was determined that the mean Mini Mental State Examination score of the elderly showed differences according to

- age groups,
- gender,
- education level,
- health status perception,
- status of having a chronic disease.

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- The mean Standardized Mini Mental State Examination score was higher for patients who were aged between 60 and 69 years of age, were male, were high school graduates, perceived their health status as good, and had no chronic diseases ($p < .05$).
 - The mean Standardized Mini Mental State Examination score did not show differences according to socioeconomic status ($p > .05$).

It was determined that the mean Nottingham Health Profile score showed differences according to

- age,
- gender,
- education level,
- health status perception,
- status of having a chronic disease.

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- The mean Nottingham Health Profile score was higher for patients who were aged between 60 and 69 years of age, were male, were high school graduates, perceived their health status as good, and had no chronic diseases (**p<.05**).
 - The mean Nottingham Health Profile score did not show differences according to socioeconomic status (**p>.05**).

■ It was found that 85.3% of the elderly had a chronic disease, that 80.4% regularly used drugs every day, and that status of having a chronic disease affected quality of life in the elderly.

■ In parallel to our findings, it was reported that elderly people with a chronic disease have lower quality of life (Ercan Şahin & Emiroğlu 2013; Yağcıoğlu 2013; Çınarlı & Koç, 2014).

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- In the current study, it was found that elderly people aged between 60 and 69 years of age had better quality of life compared to other age groups.
 - Other studies are in parallel with our findings and indicate that quality of life decreases as age increases (Kavlak, 2012; Şahin Onat, 2013; Çınarlı & Koç, 2014).

Numerous factors may affect quality of life in the elderly and it was determined that quality of life increased with education level.

- Consistent with our findings, in one study (Cinarli & Koc 2014) it was reported that there was a positive relationship between education level and quality of life.
- On the other hand, in another study, it was indicated that there was no significant relationship between education level and quality of life (Sonmez et al. 2007).

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- It was determined that quality of life did not show differences according to socioeconomic status.
 - **Consistent with our findings**, in one study (Sonmez et al. 2007), it was reported that socioeconomic status did not affect quality of life.
 - However, other studies indicated that quality of life increased with socioeconomic status (Çalıştır et al. 2006; Şahin Onat, 2013; Çınarlı & Koç, 2014).

Quality of life is a subjective emotion where one's whole life shows improvement (Ercan Şahin & Emiroğlu, 2013).

- In our study, it was found that there was a significant association between health status perception and quality of life and that elderly people who reported to have good health had higher quality of life.
- Consistent with our findings, in a study by Cinarli and Koc (2014), which examined risk and fear of falling on activities of daily living and quality of life in elderly admitted to the emergency service, it was determined that elderly people who reported to have good health had higher quality of life.

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- Similarly, it was found that quality of life showed differences according to gender and that **women have lower quality of life than men.**
 - Previous studies which examined the association between gender and quality of life in the elderly showed that women had significantly lower quality of life compared to men (Kavlak 2012; Çınarlı & Koç, 2014; Diker et al., 2014).

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- In the present study, the mean MMSE score of the elderly was found to be 17.5 ± 3.9 . It was found that there was a significant relationship between age and mean MMSE score and that cognitive functioning declined as age increased.
 - Consistent with our findings, some studies showed that cognitive functioning declined with increased age (Demir Akça et al., 2014; Çınarlı & Koç, 2014).

In the current study, it was determined that MMSE scores showed differences according to education level. In parallel with our findings, in a study by Tezel et al. (2004), which examined cognitive functioning, depression, and functional capacity in geriatric patients, it was reported that there was a significant relationship between education level and cognitive functioning.

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- It was determined that mean MMSE score of the elderly was significantly associated with gender and that women had worse cognitive functioning than men ($p < .05$).
 - In parallel with our findings, Akca et al. (2014) reported that women had lower levels of cognitive functioning. In another study (Tezel et al. 2004), it was also indicated that women have lower levels of cognitive functioning compared to men.
 - In a study by Cinarli and Koc (2014), which evaluated elderly people admitted to the emergency, it was found that mean MMSE score was significantly related to gender ($p < .05$) and that men had higher MMSE scores than women.

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- In the current study, it was determined that there was a significant relationship between mean MMSE score and perception of health status, which was among clinical characteristics, and that elderly people who stated to have poor health status had lower levels of cognitive functioning.
 - Other studies on the topic also showed that health status perception affected cognitive functioning (Diker et al., 2001; Kavlak, 2012; Demir Akça et al., 2014).
 - On the other hand, it was revealed that elderly people with chronic diseases had lower levels of cognitive functioning compared to those who do not have a chronic disease. Contrary to our findings, in another study, it was reported that there was no significant relationship between having a chronic disease and cognitive functioning (Demir Akça et al., 2014).

Conclusion

- The change in society's sociocultural structures within years, increase in chronic disease, and increased care needs of the elderly increased the demand for nursing homes.
- In the current study, mean cognitive functioning score of the elderly was found to be low but mean quality of life was good.
- In the light of our findings, it is suggested to refer elderly to activities that improve their mental states and to support their participation in social activities.

THANK YOU FOR LISTENING

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