Quality of life of the elderly living in elderly homes

Thesis

Submitted for Partial Fulfillment of Master Degree in Geriatrics and Gerontology

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﴿وَقَضَى رَبُّكَ أَلاَّ تَعْبُدُواْ إِلاَّ إِيَّاهُ

وَبِالْوَالِدَيْنِ إِحْسَانًا إِمَّا يَبْلُغَنَّ عِندَكَ الْكِبَرَ

أَحَدُهُمَا أَوْ كِلاَهُمَا فَلاَ تَقُل لَّهُمَآ أُفٍّ وَلاَ

تَنْهَرْهُمَا وَقُل لَّهُمَا قَوْلاً كَرِيمًا * وَاخْفِضْ

لَهُمَا جَنَاحَ الذُّلِّ مِنَ الرَّحْمَةِ وَقُل رَّبِّ

ارْحَمْهُمَا كَمَا رَبَّيَانِي صَغِيرًا ﴾

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ADL…… Activities of Daily Living

AL…….. Assisted Living

ALF…… Assisted Living Facilities

ENH ……..... Elderly Nursing Home

ESBLE …….. Extended-Spectrum B-Lactamase producing Enterobacteriaceae

GDS…… Geriatric Depression Scale

GQLQ ……The Geriatric Quality of Life Questionnaire.

HCBS……. ……Home and Community-Based Services

HRQOL…….…….. Health Related Quality Of Life

IADL…… Instrumental Activities of Daily Living

L.E. ……...livre égyptienne (French for **Egyptian pound**)

LTC……... …….. Long Term Care

MDRO …… Multi-Drug Resistant microorganisms

MDS ……...…. Minimum Data Set

MMSE……..…..… Mini Mental State Examination

MNA ……. Mini Nutritional Assessment

MOS……..... The Medical Outcomes Study

MRSA …… Methicillin Resistant Staphylococcus Aureus

NGO……... Non Governmental Organization

NH…….. Nursing Home

QOC ……..… Quality Of Care

QOL…… Quality Of Life

RAND……..... Research And Development

RC……. ……Residential care

SF 36 …….…….. 36-item Short Form Health Survey

SNF…….……. Skilled Nursing Facility

U.S. …….. United States

UK …….. United Kingdome

+ve ……..….. positive

-ve ……..…….. negative

VRE …….. Vancomycin-Resistant Enterococci

WHO…….…….. The World Health Organization

WHOQOL-100…….. 100 item World Health Organization Quality Of Life survey

WHOQOLBREF…….. 26 item World Health Organization Quality Of Life survey

Introduction

Life expectancy for the elderly in developed and developing countries has increased as a result of improvement in public health and medical advances, and the increase in the absolute and relative numbers of elderly people is one of the major features of the world demographic transition **(Beaglehole et al.,2004).**

The progressive rise in life expectancy contributes to an increase in the prevalence of chronic illnesses in the elderly population **(Lima et al., 2009).**

It has been demonstrated that people face different physiological and mental problems as a result of aging that have negative effects on their quality of life (QoL) **(Williams et al., 2009).**

Moreover, the chronic disabling conditions that often accompany aging are associated with increased prevalence of social and psychological disturbances. Hence, factors such as health status, extent of disability, perceptions about illness, available social support and psychological well-being are considered important in determining the quality of life in elderly **(Joshi et al., 2003).**

QoL is defined by the World Health Organization (WHO) as "individuals' perceptions 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" **(Skevington et al., 2004).**

The physical, psychological, social and environmental domains are considered to be the most important indicators of quality of life **(Skevington et al., 2004).**

Quality of life can be addressed as general quality of life or health-related quality of life (HRQOL).The general quality of life is a broad term that includes sense of wellbeing and happiness regardless of illnesses and dysfunctions. In HRQOL, a multidimensional approach is employed taking into account physical, mental and social aspects that are

more clearly related to symptoms, disabilities and limitations caused by the disease **(Centers for Disease Control and Prevention, 2000).**

Health related quality of life for the elderly people can be described in terms of functional status, independence and ability to engage in life activities **(Kimberly and Howell, 2006).**

Health-related quality of life and its determinants in older people are well documented in developed world **(Tajvar et al., 2008).**

Gallicchio et al., 2007 showed that poor social networks are associated with worse physical health and mental well-being**.**

Other factors such as living in poor housing, inadequate finances and inadequate social relationships were also important factors leading to deterioration in QoL **(Bowling, 2005).**

The older people identified family relationship, health, standard of living, activities and other social contacts important factors to bring quality to their life **(Farquhar, 1995).**

Quality of life has emerged as an important concept and outcome in health and health care. Policy-makers, researchers, clinicians, and the public consider perceived quality of life to be an important dimension of the health of a population or an individual **(Harrison et al., 1996).**

The community care of the elderly is preferable to institutional care for two main reasons. First, community care is seen as responsive to the needs of older adults, because seniors living in the community are presumed to be surrounded by family, friends, and others who know and understand them. Secondly, community care is viewed as less costly than institutional care **(Chan et al., 2008).**

Several studies have shown that community based services significantly improve the quality of life of the beneficiaries **(Doty, 2000).**

The changing social scenario in terms of urbanization, modernization, globalization, and individualism have also resulted in some disorganization in the family and society norms and values, which produced deprivations to the elderly in contemporary societies **(Varma et al., 2010).**

As a result for the reduction in the number of available carers, the financial, emotional and physical burden of caring for the elderly, institutional care remains indispensable **(Heydari et al., 2012).**

Kane (2003) reported ten quality of life domains for nursing home residents, which included comfort, security, meaningful activity, relationships, functional competence, enjoyment, privacy, dignity, autonomy, and spiritual well-being.

Although residents' perceived quality of life is partly a product of their health, social supports, and personalities, nursing homes can directly influence quality of life through their polices, practices, and environments, and, indirectly, through their approaches to family and community **(Kane, 2003).**

Although QOL can be feasibly measured from resident self-report for much of the nursing home population, including cognitively impaired residents **(Kane et al., 2003).**

Very few studies have considered the opinion of residents and families in matters of daily living and preserving one's identity and in developing a valid outcome measurement that is applicable to the quality of life in nursing home settings **(Robichaud et al., 2006).**

Aim of the work

The aim of our study is to assess the quality of life of elderly living in elderly homes.

Long term care

Long-term care (LTC) refers to a broad range of services designed to provide assistance over prolonged periods to compensate for loss of function due to chronic illness or physical or mental disability **(Feder et al., 2000).**

LTC spans three items: (1) assistance with essential, routine activities such as eating, bathing, dressing, and tasks required to maintain independence, such as preparing meals, managing medications, shopping for groceries, and using transportation; (2) housing; and (3) medical care **(Feder et al., 2000).**

LTC is associated with institutional settings such as nursing homes (NHs) and non-institutional settings collectively referred to as Home and Community-Based Services (HCBS) **(Feder et al., 2000).**

WHO defines long-term care as 'the system of activities undertaken for persons that are not fully capable of self-care on a long-term basis, by informal caregivers (family and friends) or by formal caregivers (professionals). It encompasses a broad array of services, delivered in homes, in communities or in institutional settings **(WHO, 2002).**

Long-term care provided formally in the home, also known as home health care, can incorporate a wide range of clinical services (e.g. nursing, drug therapy, physical therapy) and other activities such as physical construction (e.g. installing hydraulic lifts, renovating bathrooms and kitchens). These services are usually ordered by a physician or other professional. Depending on the country and nature of the health and social care system, some of the costs of these services may be covered by health insurance or long-term care insurance **(Altman et al., 2006).**

Informal long-term home care is care and support provided by family members, friends and other unpaid volunteers. It is estimated that 90% of all home care is provided informally by loved ones without compensation **(Altman et al., 2006).**

Long-term care facilities aim to provide care that enables residents to attain or maintain their maximal functional capacity **(Stewart et al., 2006).**

The type, frequency, and intensity of services provided in LTC vary; some people need assistance for a few hours each week, whereas others need full-time support. LTC differs from acute or episodic medical interventions because it is integrated into an individual's daily life over an extended time **(Kane et al., 1998).**

Care through HCBS may be provided in a variety of settings, including recipients' homes; group living arrangements such as congregate housing, adult foster care, residential care (RC) and assisted living (AL) facilities; and community settings such as adult daycare and adult day health **(Wysocki et al., 1998).**

Services provided via HCBS may include care coordination or case management, personal care assistant service, personal attendant service, homemaker and personal care agency services, home hospice, home-delivered meals, home reconfiguration or renovation, medication management, skilled nursing, escort service, telephone reassurance service, emergency helplines, equipment rental and exchange, and transportation **(Wysocki et al., 1998).**

HCBS also include educational and supportive group services for consumers or their families. Some services provided through HCBS are

construed as respite care meant to relieve family caregivers **(Wysocki et al., 1998).**

A nursing home is commonly defined as a skilled nursing facility (SNF), which provides 24-hour skilled medical care for both acute and chronic conditions, as well as additional help for daily activities of living **(Kane et al., 1998).**

NH services include personal care, activities of daily living (ADL) support, medical management, nursing management, medication management, restorative nursing, palliative care, physical rehabilitation (either as a short-term service associated with post-acute care or as maintenance rehabilitation), social activities, and transportation. NH care may also include family councils and support groups for informal caregivers **(Kane et al., 1998).**

Assisted living facilities (ALF), while sometimes similar to SNFs in the care they provide, generally provide basic care for chronic illnesses and some assistance with activities of daily living, while offering greater independence and autonomy for its residents than a SNF **(The Assisted Living Workgroup., 2003).**

Assisted living is monitored residential long-term care option. Assisted living provides or coordinates oversight and services to meet the residents' individualized scheduled needs, based on the residents' assessments and service plans and their unscheduled needs as they arise **(The Assisted Living Workgroup., 2003).**

In countries all over the world, the health sector faces the challenge of an ageing population. It is expected that the prevalence of chronic diseases will rise, and thus the number of people in need of long-term care **(Wong et al., 2010).**