

QUALITY OF LIFE AMONG ELDERLY CLIENT WITH
ARTHRITIS IN GERIATRIC HOMES
CAIRO GOVERNORATE

Thesis submitted for partial fulfillment of requirement
for Master Degree in Community Health Nursing

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2009

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Proposal

Submitted for Partial Fulfillment of the Master Degree In
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Introduction

Arthritis is a disease that causes pain and loss of movement of the joints, There are two type of arthritis rheumatoid arthritis(RA) and osteoarthritis(OA). Arthritis is one of the most common disease in the united state, million of adults and half of all people age 65 years and older are trabled by this disease affects the movements that rely-on for every day activities.

Arthritis Paine and inflammation of joints has many forms and it is usually chronic This means that it can last on and off for a lifetime. Inflammation is a reaction of the body that causes swelling, redness, pain, and loss of motion in an affected area. It is the major physical problem in the most serious forms of arthritis. (National Arthritis Action Plan, 1999)

In many forms of arthritis, the inflammation does not go away as it should. Instead, it becomes part of the problem, damaging healthy tissues of the body. This may result in more inflammation and more damage - a continuing cycle.

Osteoarthritis (OA) is a non-inflammatory joint disease characterized by gradual onset of aching joint pain, the pain occur with activity and relieved with rest, crepitus agrating sound and sensation may be heard and felt in affected joint rang of motion exercise, it is most commonly occurs in the hands, hips, knees, neck and lower back. (Kathry L. McCance, Sue E. Huether,. 1998), World wide over 80% of older adults experience osteoarthritis which is the most common cause of arthritis within older age it occurs in men and women older than 40 years and become more common.

with age due to cartilage losses its elasticity and become more easily damaged by excess use or by injury with time as a result the bones may rub together, joint may lose normal shape, bone ends thicken, the joint may grow outward and form bony spurs. It also may result in muscle spasm, gait changes, bony enlargement. Complications of OA are decrease in joint movement and deformity (Annette G. Lueckenotte , 1996).

Rheumatoid arthritis(RA) can be one of the most disabling types of arthritis. It is the second common type of arthritis ,Its varies from a few symptoms to severe and painful deformities. Rheumatoid arthritis typically affects the small finger joints, wrists, knees and toes. All joints of the body, however, are potential targets. Along with swelling and pain of joints, some of the early symptoms of the disease may include fatigue, loss of appetite, weight loss and fever. Stiffness in the joints and surrounding muscles that lasts for several hours after getting up in the morning is a regular symptom, its also characterized by period of remission and exacerbation of disease activity, rheumatoid arthritis is different and the second most common type of arthritis, these two arthritis conditions cause pain and can make it difficult for older people to take care of themselves (Andrew M., Pope and Alvin R., Tarlov ,1996).

Arthritis threatens the individual's life physically psychologically, socially and economically well being (American Academy of Family Physician, 2000).

Physical impact, Pain, loss of joint motion, fatigue, resulting in less physical activity than the rest of the adult population. Inactivity puts arthritis

sufferers at a higher risk for premature death, heart disease^ diabetes, high blood pressure, colon cancer, obesity, depression and anxiety. Rheumatoid arthritis patients are at further risk of shortened life spans because of systemic complications of the disease and complications of its treatment. Pain is the major impact of arthritis. Factors that contribute to pain include swelling of the joint, the amount of heat or redness present, or damage that has occurred within the joint. (Donna, M,Linda, and Mary, 2000).

Psychological impact, Stress, depression, anger, and anxiety often accompany arthritis. Patients may have difficulty coping with pain and disability, which can lead to feelings of helplessness, lack of self-control and changes in self-esteem and self-image. Pain can be affected by the individual's mental state, including depression, anxiety, and even hypersensitivity at the affected sites due to inflammation and tissue injury. (Sharon Mantik Lewis, Idoia Coxcollier, Margaret M., 1996).

Social well-being is affected by arthritis. People with arthritis frequently experience decreased community involvement. Economic impact, Inadequate access to care, financial burdens due to health care costs and income loss resulting from work limitations and missed work.(American Academy of Family Physician, 2000).

There has been an increasing interest in quality of life assessment in clinical research and practice. However, the world health organization 1995 defines quality of life (QOL) as "individuals' perceptions of their position in life in context of the culture and value system in which they live and in relation to their goals, standards and concerns". (Holick and Koupilova, 1999)

In a strategy to improve the quality of life in the patient with arthritis, disease modifying anti-arthritis drugs are investigated for primary prevention and complete recovery of arthritis. Aims of the treatment have been changed from freeing of pain in the nineteen sixties, to improve of quality of the life through decrease of pain and fracture, and deformities in 21 century. In conclusion, current management for bone and joint diseases in the elderly is

finally designed to enjoy a healthy life of long span by medical and nursing

interventions (Lane and Thompson , 1997)

The health related quality of life for elderly individuals provides information valuable to nurses and also gives indications to measure the impact of outcomes of health care and changes on the lifestyle of patients with arthritis. As (Ferrell 1992,Cynthia R.,1998) defined health related quality of life as the value of life that can be modified by impairments functional status, perceptions and social opportunities as influenced by disease, injury, treatment and policy.

Worldwide, In 2002, 51% of elderly with 75 years or over reported with arthritis diagnosis. Individuals with arthritis have significantly worse unhealthy related quality of life and reported more than twice as many unhealthy days and three times as many days with activity limitations in the past month than those without arthritis. (www.CdC.gov,2006)

Elderly client is defined as person from age 65 years and older ,the number of older adults is increased today due to many factors such as increase adequacy of health services and awareness of people with regards to sanitation and better nutrition practices Today the elderly are viewed with positive rather than myth and concern rather than neglect (Williams& Wikins ,2001).

Geriatric homes are important institutions that provide place for residence, entertainment, treatment and follow ups for elderly clients. Geriatric homes are prepared to provide different services to the elderly through different health professional's roles. In recent years, the number of geriatric homes increased due to increasing the needs and demands for these homes as results of changes in family's structure and roles of its members. (Knodel J. Chayovan N. and Saengtienchaia C. Arethais., 1996).

Community health nurses constitute significantly in the prevention, control disease and follow up. Quality of life cannot be over emphasized, in addition to the caring aspect, nursing is not only concerned with survival and decreased morbidity, but also with patient's quality of life as well. They can help patients and their families to manage side effects of treatment and adjust psychologically and physically to permanent changes in body image, function and appearances (Abd-El Aziz & Hafez G., 1995).

Community health nurse has very important role to those group of patient due to being old , life-long treatment by medication or physiotherapy ,deformity secondary to this disease and its effect on all life aspects and painful sensation that the elderly feel .(Williams&Wikins ,2001).

Significance of the study:

In Egypt number of geriatric personnel reached 6.9% of the total number of population in 2004 (CAPMAS 2004), consequently number of geriatric homes increased to reach 110 geriatric homes in 2005, 58 of them in Cairo . Obtaining a careful evaluation and developing a plan for care with care provider is key for improving their quality of life requires some or significant assistance with activities of daily living to improve their quality of life (Andrew and Alvin, 1991).

This study will provide the health professional with information that describe the impact of arthritis on the quality of life among elderly residents in geriatric homes which might be beneficial in planning and implementing proper quality of care for such group of patients. Community health nurses concerned with promotion of health, prevention of diseases and disease control and they recognize who is at risk and its impact on the life style.

This study will also help in future plan for establishing geriatric homes providing high quality of care for those group of clients through trained and skilled nursing personnel. Community health nurses should work collaboratively with community health professionals for providing care to improve the clients' quality of life and to develop abroad range of services to populations at risk. Furthermore, the current study will be carried out in an attempt to determine to what extent the impact of arthritis on the quality of life among the elderly clients in geriatric homes. This may guide the planning for future nursing intervention and it might also generate an attention and motivation for further researches regarding this area of the study.

Aim of the study

To assess the quality of life among elderly client with arthritis.

Research Question

Among elderly client with arthritis :

Q1_ What are the physical aspect of quality of life?

Q2_ What are the psychological aspect of quality of life?

Q3_ What are the social aspect of quality of life?

Q4_ What are the environmental aspect of quality of life?

Q5_ What are the spiritual aspect of quality of life?

Subjects and Methods

Research Design

An exploratory-descriptive design will be utilized for studying the quality of life among elderly clients with deformity secondary to joint diseases. This design will allow the researcher to explore and describe the modifying variables associated with the quality of life among elderly clients as well as documenting correlation among significant factors. As well, this design helps the researcher to establish a data base for future research (Bowling, 2004).

Settings

The setting of the study will be conducted in randomly selected four geriatric homes, (two governmental and two private homes) at big Cairo (Giza Governorate side). Governmental geriatric homes are administratively under the umbrella of the Ministry of Social Affairs while the private geriatric homes are managed with private organizations. The homes' building design is not similar but each home has its own building design and construction.

Sample

All available male and female clients diagnosed with arthritis will be included in this study and who are living in the randomly selected governmental and private geriatric homes.

The Study Tools

Data pertinent to the study variables will be collected through;

I- Structured Interviewing Questionnaire: The questionnaire is consisted of two main parts:

A- Socio-demographic variables of the study subjects as gender, age, marital status and education.

B- Present health condition as the onset of the disease and the associated health problems, treatment regimen etc.

II- WHO Quality of life (WHOQOL) Tool:

The WHO is developing an instrument to measure the quality of life of the elderly. This quality of life assessment questionnaire will be used for the study. This tool was developed by Kuyken, Orelly, Sartorius, Bullinger and Hudelson (WHO, 1995). The tool constitutes 100 questions! over six main domains about the quality of life; physical, social, psychological, level of dependence, environmental and spiritual domains. Within each domain, there are several sub-domains (facets) of quality of life summarized that particular domains of QOL, ex.:

- Physical domain includes the facets: Paine, discomfort, energy and fatigue, sleep and rest.

- Psychological domain includes the facets: positive filling , thinking, learning, memory, and concentration, self actualization , personal appearance, negative filling .

- Social domain includes the facets: personal relation, social support

Level of dependence includes the facets: movement, activity of daily living, dependence on medication and physiotherapy, ability to work -

Environmental domain include the facets: safety & security, the geriatric home, money needed medical care, chance for acquiring new information, relaxation and leisure time and skills, environmental

pollution & noise , transportations. ,

- Spiritual domain includes the facets: personal believe. Four items are in each facet as well as over all quality of life and health producing a total 96 items in assessment .All items are rated on a five point response scales, this scale as: not at all "1" a little "2" a moderate amount "3" very much "4" an extreme amount "5".The maximum score for each facet was

20 .As for different dimensions the maximum score will be calculated as

follows physical "60" , psychological" 100", social "40", independence "80" , environment" 160" and spiritual "20".

The total maximum score is 480; the response of the elderly client is ranged from 96 to 480. The investigator will be consider the elderly adult is

having a poor QOL if the score was less than 60%, moderate QOL if the score ranged from 60- 80% and excellent QOL if the score more than 80%

Procedure

An official permission will be obtained from the authoritative personnel in the mentioned geriatric homes and an informal oral consent will be obtained from all participants, the purpose and the nature of the study will be explained to them prior the interview. An interview will be used for filling in the structured questionnaire and also the WHOQOL tool. Participants will be informed that their responses will be kept confidential.

All interview will be conducted face to face and filled in by the investigator, it will take about 30 to 45 mint, participants will¹ be asked about the socio-demographic variables as gender, age, marital status, education, present health condition as the onset of the arthritis and the associated health problems, treatment regimen etc.

Participants will be asked about the quality of life six domains; physical domain questions, social domain questions, psychological domain questions, level of dependence domain questions, environmental domain questions and spiritual domain questions. Some modification done in the tool before data collection to suet elderly client in geriatric homes ,sexual domain was excluded . Data will be collected in period of time around 6 month.

Pilot Study

A pilot study will be conducted on 10% of the study sample of the older clients and the needed modifications will be incorporated. Those subjects will be either included or excluded from the study according to the result of the pilot study.

Statistical Analysis

The data pertinent to the study will be scored, tabulated and analyzed by computer using "Statistical Package for the Social Science" (SPSS). Descriptive statistics such as frequency mean and standard deviation will be utilized. Statistical tests of significance will be used to identify the relations among the study variables, such as chi-square, t-test, ANOVA, correlation coefficient and other relevant tests.

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نوعية حياة المسنين المصابين بمرض التهاب المفاصل بدور المسنين
بمحافظة القاهرة

توطئه للحصول علي درجة الماجستير في تمريض صحة المجتمع

رسالة مقدمة من
إيمان مصطفى عمر أحمد
معيدة بقسم تمريض صحة المجتمع
كلية التمريض - جامعة القاهرة

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