Salwa Akl



بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات قسم التوثيق الإلكتروني



-Call +600-2

Salwa Akl



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها على هذه الأقراص المدمجة قد أعدت دون أية تغيرات





Salwa Akl





بعض الوثائق الأصلية تالفة وبالرسالة صفحات لم ترد بالأصل













B18512

QUALITY OF LIFE FOR INSTITUTIONALIZED ELDERS

Thesis
Submitted to the Faculty of Nursing
University of Alexandria
In partial Fulfillment of the Requirement
For Master Degree of
Gerontological Nursing

By
Marwa Ibrahim Mahfouz
B.Sc N.Alex.
Faculty of Nursing
University of Alexandria
2005

SUPERVISORS

Prof.Dr. Moshera Mostafa El-Geneidy

Professor of Gerontological Nursing Gerontological Nursing Department Faculty of Nursing University of Alexandria.

Dr. Somaya Abd El Moneim El-Shazly

Assistant Professor of Gerontological Nursing

Faculty of Nursing

University of Alexandria



I wish to offer my whole-hearted thanks, deepest gratitude and indebtedness to Prof. Dr. Moushera Mostafa El Geneidy, Professor of Gerontological Nursing, Faculty of nursing, university of Alexandria, for her valuable guidance, endless help, constant encouragement and the great effort she has devoted in the supervision of this work. Her help are beyond praise.

My profound thanks and appreciation to Dr. Somaya Abd El Moneim, Assistant professor of Gerontological Nursing, Faculty of Nursing, Alexandria University, for her sincere advice, prompt assistance and over lasting helpful support, which enabled me to accomplish this work.

I would like also to express my deepest thanks to all elders who participated and helped in accomplishing this work.

I want to express my thanks to Dr. Mohammed Osman, Statistical Department, King Saud University, Saudi Arabia, for his help and advice in the statistical analysis.

Faithfully Dedicated to

My family

TABLE OF CONTENT

Chapter		Page
I-	Introduction	1
-	Review of literature	3
	■ Institutionalization and the quality of life of elders	5
	Domains of the quality of life for elders:	
	- Physical wellbeing	
	- Social involvement and wellbeing	
	- Psychological wellbeing	
	- Spiritual wellbeing	
	■ Role of the gerontological nurse in maximizing	
	quality of life for institutionalized elders	
II-	Aim of the study	36
III-	Material and Methods	37
IV-	Results	44
V-	Discussion	105
VI-	Conclusion and Recommendations	121
VII	- Summary	125
VIII	I- References	131
	- Appendices	
	- Protocol	
	- Arabic summary	

LIST OF TABLES

Table	Page		
I. Distribution of elders of the governmental and private			
institutions according to their personal characteristics.			
II. Distribution of institutionalized elders according to			
their monthly income and its sources.			
III. Distribution of institutionalized elders according to			
the reasons for admission and duration of stay in the			
institutions.			
IV. Health profile of elders in the governmental and			
private institutions.			
V. Distribution of the institutionalized elders according to			
number of the chronic illnesses suffered from.			
VI. Medication compliance and follow up of cases among			
institutionalized elders.			
VII. Hospital admissions of institutionalized elders during	61		
the last year and reasons for these admissions.			
VIII. Quality of life of elders in the governmental and	65		
private institutions.			
IX. Physical functioning and self- care abilities of elders in 67			

the governmental and private institutions.

X. Social functioning and desirability of elders in the	71
governmental and private institutions.	
XI. Depression/anxiety, life-satisfaction, and the perceived	76
personality disorders of elders in the governmental and	
private institutions.	
XII.Mood disorders, self-esteem, and cognitive functioning	82
of elders in the governmental and private institutions.	
XIII. Spiritual wellbeing of elders in the governmental and	87
private institutions.	
XIV. Mean score of quality of life dimensions of elders	90
of the governmental and private institutions.	
XV. Relation between total quality of life score and the	95
personal characteristics of the institutionalized elders.	
15-Relation between total quality of life score and the	97
income of the institutionalized elders.	
16- Relation between total quality of life score and the	99
elders' duration of stay in the institutions.	
17- Relation between total quality of life score and the	101
number of chronic illnesses suffered by the elders	
in the governmental and private institutions.	
18- Relation between total quality of life score, medication	104
compliance, and follow up pattern of elders in the	
governmental and private institutions.	

.

. .

.

.

LIST OF FIGURES

Figure No		Page	
1	Quality of life of the elders of the	66	
	governmental and private institutions.		
. 2	Physical functioning of the elders of the	68	
	governmental and private institutions.		
3	Self- carc abilities of the elders of the	69	
	governmental and private institutions.		
4	Social functioning of the elders of the	72	
	governmental and private institutions.		
5	Social desirability of the elders of the	73	
	governmental and private institutions.		
6	Depression/anxiety feelings of the elders	77	
	of the governmental and private institutions.		
7	Life- satisfaction of the elders of the	78	
	governmental and private institutions.		
8	The perceived personality disorders of the elders	79	
	of the governmental and private institutions.		
9	Mood disorders of the elders of the	83	
	governmental and private institutions.		

	·	
10	Self- esteem of the elders of the	84
	governmental and private institutions.	
11	Cognitive functioning of the elders of the	85
	governmental and private institutions.	
12	Spiritual wellbeing of the elders of the	. 88
	governmental and private institutions.	
13	Mean score of quality of life dimensions of	91
	elders of the governmental institutions.	
14	Mean score of quality of life dimensions of	91
	elders of the private institutions.	
15	Relation between total quality of life scores	98
	and income of the institutionalized clders.	
16	Relation between total quality of life scores	100
	and elders' duration of stay in the institutions.	•
17	Relation between total quality of life scores	102
	and the number of chronic illnesses suffered	
	by the institutionalized elders.	

.

.

•

Introduction

INTRODUCTION

Adding life to years, not years to life, is the current philosophy for productive and successful aging. ⁽¹⁾ Policies and programs on aging increasingly focus on identifying ways to improve the quality of life for elders rather than just extending their life span. This is particularly true for those who are dependent, with acute or chronic diseases and who are residing in institutions. ⁽²⁾

Growing old is not easy. Various changes; physical, psychological and social; during the aging process demand multiple adjustment that require stamina, ability and flexibility. For the elders, life is complex and complicated. They must face retirement, reduced income, possible housing changes, frequent losses and a declining ability to function. (3) Moreover, The incidence of chronic illnesses affects the ability of the elder to perform activities of daily living (ADLs) in varying degrees. Reduced income affects their ability to purchase foods and drugs. Decreased social roles may result in loneliness and the feeling of being unwanted. Stereotypes are damaging to the elders and affects family caregivers, professionals and nurses. (4) Loneliness, widowhood, dependence, depression, unavailability of a house and loss of meaningful roles are commonly affecting the elders. For these reasons, elders resort to institutions where all their needs are expected to be met. (5)

The successful management of the multiple changes associated with aging and the achievement of satisfaction and wellbeing during later life is attained by developing strategies to ensure the availability and provision of comprehensive and holistic health care to the elders. One of the adapted principles of action to enhance people to achieve a high level of wellness is the quality of life. ⁽⁶⁾