

Quality of Life for Residents in Nursing Home at Al-Najaf City

Huda Jawad Kadhim¹, Murtadha Kanim Adea², Dina A. Al-Roubaey³

¹Research Scholar, Department of Community Health Nursing, Faculty of Nursing, University of Kufa, Iraq, E-Mail: huda.jawad90@gmail.com

²Assistant Professor, Faculty of nursing university of Warith Al Anbiyaa, Iraq

³Professor, Department of Basic Science, Faculty of Nursing, University of Kufa, Iraq
E-Mail: huda.jawad90@gmail.com

Abstract

Background: Quality of life is an ideal health assessment that covers physical, psychological, social, and environmental life domains. It refers to the subjective evaluation of individual overall life satisfaction and wellbeing. In addition to the elderly have special requirements as their age increases. Hence, it is necessary to evaluate their quality of life from multiple dimensions. Furthermore, The world is aging today, there are about 600 million people aged 60 and over worldwide; this total will double by 2025 and will reach virtually two billion by 2050. The majority of older people will be living in developing countries that are often the least prepared to confront the challenges of rapidly aging societies. The study aims are to determine the quality of life for elderly residents in a nursing home at Al-Najaf city and to identify the relationship between quality of life for elderly residents and their socio-demographic characteristics as well as determine health services according to the opinions of the residents. **Methods:** A descriptive cross sectional, non-probability sampling (Convenience Sampling) that consist of (29) residents in a nursing home at Al-Najaf city. After determining the validity and reliability of the study instrument, data is collected through the use of the questionnaire and an interview approach. The validity of the questionnaire is assessed by 11 experts from various specialties, and the reliability is evaluated by assessing the study instrument using the Alpha Cronbach's approach. The descriptive and inferential statistical analysis methodologies are used to analyze the data. **Results:** The results of the study assert that the socio-demographic characteristic among the elderly in a nursing home there does not significantly effect on the quality of life except age, gender, and smoking. Also, this study confirms that the correlation between psychological health and physical health which is a highly significant positive correlation. **Conclusions:** The study recommends improvement health services provided in the nursing homes such as give nutritional supplements and visit specialists of Ear Nose doctors, Ophthalmologists, Rheumatologists, and Dentists to see residents regularly to improve the level of quality of life of them. Provide health education programs about physical activity as well as, provide equipment for practicing this activity and provide enough knowledge for the staff about psychological support. Attention to environmental health and Promote resident dignity and respect. In addition, adding a general clinic for the purpose to give oxygen or for wrapping up dressing for emergency cases and Monthly laboratory examinations for those with chronic diseases as a preventive measure.

Keywords: Quality OF Life, Residents, Nursing Home

Introduction

Aging is a wide range of molecular and cellular damage accumulates, this results in a progressive loss of physical and mental ability, increased disease risk, and, eventually, death. However, these shifts are neither linear nor continuous, and they are only tangentially related to a person's chronological era. Although some 70-year-olds are in excellent health and work, others are vulnerable and need substantial assistance from others. Although some of the variations in older people's health are genetic, much is due to people's physical and social environments including their homes, neighborhoods, and communities, as well as their characteristics such as their sex, ethnicity, or socioeconomic status [1]. Also, aging is linked to a gradual deterioration of physical and cognitive abilities, which can lead to impairment and a lower quality of life [2]. Beyond a certain point, the coexistence of complex medical, functional, and social problems may necessitate the individual's transfer to more appropriate settings, such as nursing homes [3]. On the other hand, the treatment process for institutionalized older people must be adapted to their specific needs. Institutional settings must be capable of meeting the goals and priorities of this particular community. Untangling which health determinants are most important may lead to the most effective treatments in these care settings [4]. Quality of life has evolved into a comprehensive health evaluation that

considers all aspects of one's life, including physical, psychological, social, and environmental factors. It is a subjective assessment of an individual's overall happiness and well-being. When they get older, the elderly have different needs. As a result, their quality of life must be assessed across various dimensions, including physical wellbeing, psychological health, social relationships, and their relationship to key environmental features [5]. Higher QoL is correlated with social factors such as having more interactions and good relationships with family, being with a partner, happier co-residents, and more emotional support from the environment, as these may contribute to a higher degree of connectedness [6]. As well, both natural and mechanical ventilation are essential for providing fresh air and ensuring proper air circulation. Since the elderly are sensitive to temperature, it is important to keep their living environment at a consistent and appropriate temperature (including bedrooms, bathrooms, and common areas). To improve the elderly's quality of life, adequate lighting helps to minimize the impact of diminished vision and increase independence. Background noise disrupts many seniors' sleep, focus, and everyday contact with other nursing home residents. Noise in the bed must be kept to a minimum to maintain a secure and safe atmosphere [7].

Nursing Home

Nursing homes have become a global phenomenon. They began in Western countries and have since spread to every continent. Nursing homes can be described as residential facilities that provide both personal and nursing care. Some nations, on the other hand, distinguish between these facilities based on the quality of treatment they seek to deliver. There are care homes (personal) in the United Kingdom (UK) that mainly provide personal and social care. Care assistants make up the majority of the workforce. External general practitioners or district nurses may only provide medical and nursing services up to a certain level [8]. Nutritional deficiencies are more common in older people, which contribute to the immune system's deterioration. Since the aging phase is marked by increased catabolism and decreased anabolism, elderly patients will benefit from increased protein intake, especially if they have serious systemic disorders like wasting syndromes, which are also linked to COVID-19. Nutritional care has been found to enhance immune responses in elderly patients who are malnourished [9].

Results

Table (1.1) Statistical distribution of study sample by their Socio-demographic data

Items	Sub-groups	Study group (Total = 29)	
		Frequency	Percentage
Age / Years	40-48	2	6.9
	49-57	6	20.7
	58-66	9	31.0
	67-75	10	34.5
	76-84	2	6.9
Gender	Male	16	55.2
	Female	13	44.8
Levels of Education	Illiterate	7	24.1
	Able to Read and Write	8	27.6
	Primary School	7	24.1
	Secondary School	7	24.1

Marital Status	Single	4	13.8
	Married	13	44.8
	Divorced	6	20.7
	Widowed	6	20.7
Do you smoke?	Yes	12	41.4
	No	17	58.6
Have family members?	Yes	16	55.2
	No	13	44.8
Have a Chronic disease?	Yes	20	69.0
	No	9	31.0

This table shows that the highest percentage of the residents' subgroup are: residents with ages between (67-75) years old (34.5 %), male residents (55.2 %), married residents (44.8 %), those who can read and write (27.6 %), those who are smokers (41.4 %); those who have a family member (55.2 %); who have chronic diseases (69 %).

Table (1-2) Descriptive statistics (frequency and percentages) of the health services in the nursing home

Items	Sub-groups	Study group (Total = 29)	
		Frequency	Percentage
Do you give nutritional supplements?	Never	29	100.0
	Sometimes	0	0.0
	Always	0	0.0
Does the nursing home make sure residents get preventive care to help keep them healthy?	Never	5	17.24
	Sometimes	4	13.79
	Always	20	68.97
Our specialists of Ear Nose doctors, Ophthalmologists, Rheumatologists, and Dentists available to see residents regularly?	Never	10	34.48
	Sometimes	10	34.48
	Always	9	31.03
Are there respiratory aids such as Oxygen?	Never	5	17.24
	Sometimes	14	48.28
	Always	10	34.48
Is there quick transfer in an emergency conditions?	Never	4	13.79
	Sometimes	14	48.28
	Always	10	34.48
Do you have to get access to mental health care in the nursing home if you need it?	Never	10	34.48
	Sometimes	11	37.93
	Always	8	27.59
Will staff call your doctor for you if you have a medical need?	Never	4	13.79
	Sometimes	10	34.48
	Always	15	51.72
Is there an emergency alert or safety monitoring?	Never	9	31.03
	Sometimes	10	34.48
	Always	10	34.48
are there educational programs about health?	Never	12	41.38
	Sometimes	7	24.14
	Always	10	34.48
Is there a specific place for worship?	Never	8	27.59

Is there help to participate in social, recreational, religious, or cultural activities that are important to you?	Sometimes	11	37.93
	Always	10	34.48
	Never	10	34.48
	Sometimes	9	31.03
	Always	10	34.48

This table explains that the majority of residents have moderate health services according to residents' perspectives; except for having nutritional supplements in which, (100%) did not receive any nutritional supplements. Also, it is shown that (31.03%) of residents said that specialists of Ear Nose doctors, Ophthalmologists, Rheumatologists, and Dentists to see residents regularly; (34.48%) of them said there are educational programs about the health.

(1-3): Overall Assessment and mean of scores of WHOQOL-Bref domains

Items	MS	Assessment
Physical Health	1.66	Poor
Social Health	1.66	Poor
Psychological Health	1.79	Moderate
Environmental Health	1.54	Poor
Overall WHOQOL-Bref	1.66	Poor

MS: Mean of Scores; Poor: MS = 1-1.66; Moderate: MS = 1.76-2.33; Good: MS > 2.33

They show that the physical, social, and environmental health are (poor) with mean scores (1.66, 1.66 1.54 respectively). They also show the overall mean of scores of total WHOQOL-Bref with mean of scores (1.66); with an assessment of (poor) level.

Table (1-4): Relationship between overall assessment of WHOQOL-Bref and demographic data of the residents

Items	Chi Square	Df	P-value	Sig.
Age / Years	15.6	8	0.05	S
Gender	9.23	2	0.009	HS
Levels of Education	10.5	6	0.10	NS
Marital Status	5.19	6	0.51	NS
Smoking	12.28	2	0.002	HS
Family member	0.2	2	0.98	NS
Chronic Disease	4.08	2	0.12	NS

NS: Non-significant; HS: High Significant

It shows that there is no significant relationship ($P > 0.05$) between overall assessment of WHOQOL-Bref and demographic data except for age which was significant relationship (Chi-Square = 15.6; $P < 0.05$); high significant relationship with gender (Chi-Square = 9.23; $P < 0.009$); high significant relationship with smoking (Chi-Square= 12.28; $P < 0.002$).

Discussion

Part 1: Health services in Nursing Home

The findings of the study reveal that health services in a nursing home according to the opinions of residents are a moderate table (1-1). Also indicate that (100%) of residents in the nursing home did not receive any nutritional supplements this may due to lack of awareness of the staff of these things, Nutritional supplements this very important for elderly because the absorption of essential nutrients reduces as people age. In addition, certain vitamins and minerals are more necessary for the elderly than younger people. These could include calcium and vitamin D, which are important for bone strength, vitamin B6 that helps form red blood cells, and vitamin B12 that helps maintain nerves and red blood cells. This result is in the same line with (Streicher *et al.*, 2017a) have result indicate that a higher percentage (69.1) of residents did not receive nutritional supplements.

Part 2: The overall Assessment WHOQOL-BREF Scale That Consist of Four Domains (Physical Health, Social relationships, Psychological Health, Environmental Health) of Residents in nursing Home

Physical Health:

The results of the study show that the assessment of the physical health domain is poor because people over the age of 50 years can experience a range of health problems including Reduced muscle mass, strength, and physical endurance, reduced coordination and balance. Reduced joint flexibility and mobility all of these may affect the quality of life of the elderly in a nursing home.

Social relationships

Social support is described as various kinds of help or assistance from family, friends, or staff. According to the findings of results reveal that the assessment of social relationships is poor may due to residents around are too old with cognitive impairment and staff members are busy with basic care.

Psychological Health

The assessment of psychological health of residents in a nursing home is moderate in my opinion may due to the physical health is poor or the time limitation of the nursing home staff to satisfy psychosocial needs of residents is probably one of the most important factors.

Environmental Health

The assessment of environmental health of residents in a nursing home is poor may due to insufficient financial supply, or as a result of the staff's neglect of these things.

Part 3: Pearson's correlation coefficients among different domains of WHOQOL-Bref.

That there is no significant correlation between domains; except that between psychological health and Physical Health which was a high significant positive correlation ($r = 0.651$). In my opinion, this correlation may due to poor physical health lead to an increased risk of developing mental health problems. Similarly, poor mental health can negatively impact physical health, leading to an increased risk of some conditions.

Conclusions

Great percentage of the elderly are suffering from chronic diseases may due to the aging process. Lack of help residents to participate in social, recreational, religious, or cultural activities that are important to them. Environmental health deteriorating such as inadequate ventilation at a nursing home, lack of lighting rooms and corridors, lack existence of a source of drinking inside the house, and the existence of gaps and holes in the wall allowing Pests enter the house.

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