



Health Problems Related to Quality of Life among Aging in Iraq

Nasir Muwfaq Younis¹ | Rain Mahmood Ibrahim² | Mahmoud Mohammed Ahmed³

¹Prof, PhD. College of Nursing / University of Mosul/ IRAQ

²Assist. Lecturer. College of Nursing / University of Mosul/IRAQ

³Assist.Prof. PhD. College of Nursing / University of Mosul/ IRAQ

E-mail co-author:

nasir.muwfaq@uomosul.edu.iq



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Abstract:

Aging is a complex and dynamic process with intricately interrelated and inseparable physiologic, psychological and sociological components. It is a normal process that implies continued growth, development, and adaptation until death. The aim of the study is to assess health problems related to quality of life among the elderly clients, and to identify the relationship between some characteristics of the elderly patients and health problems related to quality of life. The non-experimental approach and descriptive type are used in this study. The study is applied on three hospitals (Ibn-Sena Teaching Hospital, Al-Zahrawee Teaching Hospital and Al Salm Teaching Hospital), some primary health care centers, and public clinics in Mosul City. Purposive sample consists of (833) clients, (490) Male and (343) Femal who visited or admitted to the teaching hospitals, some primary health care centers, and public clinics in Mosul City. In order to collect the data of the study, a questionnaire was constructed depending on the previous studies and related literature review. The questionnaire consists of two Parts: Part one includes (7) items which focus on the elderly demographic characteristics such as (age, sex, marital status, occupation, level of education, duration and type of disease). Part two includes (4) main items that contain: (independency, daily physical activities, psycho-social aspects and life of adaptation). In this study, the total questions include (73) items, in which three-scale options are used in the rating scale were: (2) for (Always), (1) for (Sometimes), and (0) for (Never) Content validity was determined by presenting the questionnaire to a panel of (12) experts. Internal consistency of the questionnaire is assessed by calculating Cronbach's Coefficient alpha. The data analysis shows that there is a significant statistical interrelationship in health related quality of life (HRQoL) items that are related to: (independency, daily physical activities, psycho-social aspects and life of adaptation domains). The researcher concludes that (HRQoL) can be measured by instrument, and (the elderly's independency, daily physical activities, psycho-social aspects, and life of adaptation) are affected by their demographic characteristics (age, sex, martial status, level of education, and type of disease). Depending on the findings and conclusions of the study, the researcher recommended further studies which could improve the instrument constructed by this study through aspects of validity, reliability, and quality of questions.

Introduction:

Aging is a complex and dynamic process with intricately interrelated and inseparable physiologic, psychological and sociological components. It is a normal process that implies continued growth, development, and adaptation until death ⁽¹⁾. Ageism can be defined as " any attitude, action, or institutional structure which subordinates a person or a group because of age or any assignment of roles in society purely on the basis of age " , ageism reflects a prejudice in society against older adults⁽²⁾. Aging is an objective and subjective universal process. Objectively, aging begins at birth, but it is mostly associated with the elderly or older adulthood. Chronologically and legally ,65years of age and older is considered as old. Subjective age can be related to personal feelings and identified as cognitive, social, serotype, comparative, and perceived or self-perceived age ⁽³⁾. Many cells die every day and many are produced . We wake up early every morning, not only because of the calendar but also because of biological and physiological changes. The aged man losses partly or totally his teeth, his hearing , and his vision . He also loses stature and bends gradually forward, as if getting nearer to the "good earth " for his final trip to eternity ⁽⁴⁾ . nurse has the potential for more contact with the older adult than any other health care professional. Nurses have the assessment, counseling , support , education , and coordination skills needed to care for the older adult in a variety of settings . Nurses can best help older adults reach their greatest potential rather than face slow or rapid deterioration . The nurse provides assessment , guidance , teaching , and support ; cares for older adults at home and in community ⁽⁵⁾. As noted earlier, problems associated with quality of life can be physical, psychological and social. Although these dimensions overlap, they provide organization for a discussion of the issues that an individual living with a chronic illness may confront ⁽⁶⁾. The perception of quality of life is affected by the ability of chronically ill persons, whether children or adults, to continue functioning in daily activities, such as self-care, school, work, or creative outlets, as a means of avoiding lessened

self-esteem and autonomy. In elderly individuals, for instance, functional status and autonomy are closely related to morale and quality of life, the elderly are adversely affected, for example , by hospitalization , anesthesia , and invasive surgical or diagnostic procedures . Functional status was also found to affect the perceived quality of life in clients with chronic illness ⁽⁷⁾.

Methods and Materials:

The study was conducted on three hospitals in Mosul city (Ibn-Sena Teaching Hospital, Al-Zahrawee Teaching Hospital and Al Salm Teaching Hospital) and some primary health care centers and public clinics. A Purposive sample consist of (833) client's,(490) Male and (343) Femal were visit or admission to the teaching hospitals in Mosul, some Primary Health Care centers and public clinics . Clients were aged between (65-85 years or more) included to response the study question, should be able communicated and agreed with the researcher . A critical cases was excluded from the present study . In older to collect the study information, a questionnaire was constructed depended on previous studies and related literature .It is composed of Two parts : part one:- This part included (7) items which focus on the client demographic characteristics such as (age, sex, marital status, occupation , level of education, duration of disease and type of disease) .part two:- The researcher constructed a self –administrated a questionnaire. It is composed of (4) subitems that covered independency , daily physical activities , psycho-social aspects and life of adaptation. The overall question included (73) items, 3-likert scale option was used in the rating scale as: (2) for Always, (1) for Sometimes and (0)for Never .Data were collected through the use of the constructed questionnaire and the interview technique as a means of such collection, the period of the study was from 15th January 2023 to the 15th May 2023. Internal consistency of the questionnaire is assessed by calculating Cronbach's Coefficient alpha. Analyzed data using SPSS,Version23 using both descriptive statistics, inferential statistics (Means, and SD, Number and percentage)and chi-square ⁽⁸⁻⁷⁴⁾.

Results:

Table (1) Demographic characteristics of the study subjects (N=833)

Variables	No.	%
(A) Sex		
Male	490	58.82
Female	343	41.18
Total	833	100%
(B) Age		
65- 74 years	657	78.87
75-84 years	137	16.45
85 years or more	39	4.68
Total	833	100%
(C) Marital status		
Single	20	2.4
Married	593	71.19
Widowed	213	25.57
Divorced	7	0.84
Total	833	100%
(D) Educational level		
Unable to read and write	452	54.26
able to read and write	158	18.97
Primary	93	11.16
Intermediate	33	3.96
Secondary	36	4.32

Institution	28	3.37
College	33	3.96
Total	833	100%
(E) Type of Disease		
Hypertension	157	18.85
Diabetes mellitus	113	13.57
Atherosclerosis	118	14.17
Osteoarthritis and osteoporosis	114	13.69
Kidney disease	83	9.96
Respiartory disease	62	7.44
Cancer	48	5.76
Cerebrovascular accidents	46	5.52
Cenitourinary disease	33	3.96
Thyroid disease	21	2.52
Visual impairment	21	2.52
Hearing impairment	17	2.04
Total	833	100%

The table shows that the majority of study participants were males and constituted of (58.82%), and most of them aged (65-74) years. In relation to their marital status, most of the whole sample were married and constituted (71.19%). Regarding , their educational level , most of the sample were unable to read and write (54.26%).The highest type of diseases is hypertension and constituted of (18.85%) with lower type of disease hearing impairment (2.04%).

Table (2) Comparison of the difference between client's independency domains and their sex.

Categories	Sex	No.	X	SD	Z.obs	P.value
independency	Male	490	3.4	1.2	2.4	S
	Female	343	3.6	1.1		

Z critical = 1.96

This table shows that there are significant differences between client's independency domains according to sex at P value = 0.05

Table (3) Comparison of the difference between client's daily physical activities domains and their sex.

Categories	Sex	No.	X	SD	Z.obs	P.value
daily physical activities	Male	490	5.2	3.3	3.8	S
	Female	343	6.1	3.3		

Z critical = 1.96

This table shows that there are significant differences between client's daily physical activities domains according to sex at P value = 0.05

Table (4) Comparison of the difference between client's psycho-social aspects domains and their sex.

Categories	Sex	No.	X	SD	Z.obs	P.value
psycho-social aspects	Male	490	3.7	2.8	6.2	S
	Female	343	4.9	2.7		

Z critical = 1.96

This table shows that there are significant differences between client's psycho-social aspects domains according to sex at P value = 0.05

Table (5) Comparison of the difference between client's life of adaptation domains and their sex.

Categories	Sex	No.	X	SD	Z .obs	P.value
Life of adaptation	Male	490	3.1	1.5	2.9	S
	Female	343	2.8	1.4		

Z critical = 1.96

This table shows that there are significant differences between client's life of adaptation domains according to sex at P value = 0.05

Discussion:

Analysis of the results of health problem of elderly clients demographic characteristics had indicated that the majority of them were males and constituted (58.82%) of the total sample, this result could be connected with the tendency of women to stay at home more than men .Data analysis shows that there is a significant statistical difference between elderly clients quality of life domains and their sex . The present study is in disagreement with the study of ⁽⁷⁵⁾ who found that (53.24 %) of elderly clients are females and (46.76 %) of them are males .Analysis of the results of health problem of elderly demographic characteristics had indicated that the majority of them were 65-74

years and constituted (78.87%) of the total sample, because this category from 65-74 years is more available in our community, and the evidence about that is Allah messenger's saying Muhammed (peace be upon him) as narrated by Abu Hurayrah blessings of Allah Almighty for him: " The ages of my nation is between sixty and seventy and few of them exceed that ". True are the words of Allah's messenger .Analysis of the results of health problem of elderly clients demographic characteristics had indicated that the majority of them were married and constituted (71.19%) of the total sample, because our communities focus on marriage , so we find that most of the elderly

clients are married .Data analysis shows that there is a significant statistical difference between elderly quality of life domains and their marital status . Data analysis shows that there is no significant statistical difference between elderly clients life of adaptation domains and their marital status .Analysis of the results of health problem of elderly clients demographic characteristics had indicated that the majority of them were hypertension and constituted (18.85%) of the total sample. We find hypertension more diseases because of the little activities of the elderly, and exposing to the psychological problems. The data analysis shows that there is a significant statistical difference between elderly patients and quality of life domains and their type of disease. The data analysis shows that there is no significant statistical difference between elderly life of adaptation and their type of disease. The risk of having diseases such as diabetes mellitus, coronary heart diseases, cerebrovascular diseases and osteoporosis rises as the proportion of elderly people increases. Chronic diseases cause medical, social and psychological problems that limit the activities of elderly people in the community and decrease their quality of life (QoL) ⁽⁷⁶⁾.In Hong Kong, about 75% of the elderly population suffer from one or more chronic illnesses such as diabetes mellitus, hypertension, and osteoporosis (Health and Welfare Bureau, 2000). Chronic illness is one of the major causes of mortality and morbidity among the elderly clients, and hence has a direct bearing on quality of life, as well as on the costs of health care. Local studies have shown the adverse effect of chronic illness on the health status and social functioning of our senior citizens ⁽⁷⁷⁾. The prevalence of chronic illness among our elderly citizens also has serious implications for health care costs in Hong Kong. The elderly in Hong Kong consume a great proportion of inpatient and ambulatory medical care. Multiple chronic illnesses and functional limitations are factors contributing to unplanned hospital readmission among elderly clients ⁽⁷⁸⁾. To maintain the quality of life of elderly people with chronic illness, appropriate changes in the physical and social aspects of the environment are deemed necessary. The results are in agreement with the study of ⁽⁷⁹⁾

who found that the hypertension more disease that prevalence of elderly. While, ⁽⁸⁰⁾ found that the hypertension and diabetes mellitus are the diseases more frequently infected elderly clients .

Conclusion:

The researcher concludes that (HRQoL) can be measured by instrument, and (the elderly's independency, daily physical activities, psycho-social aspects, and life of adaptation) are affected by their demographic characteristics (age, sex, marital status, level of education, and type of disease). Depending on the findings and conclusions of the study, the researcher recommended further studies which could improve the instrument constructed by this study through aspects of validity, reliability, and quality of questions.

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