



ISSN Print: 2394-7500  
ISSN Online: 2394-5869  
Impact Factor: 5.2  
IJAR 2017; 3(8): 530-533  
www.allresearchjournal.com  
Received: 16-06-2017  
Accepted: 17-07-2017

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## Effect of psychoeducation on quality of life among elderly

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### Abstract

**Background:** In the field of nursing, the changing needs of the elderly are an especially important issue on which to keep current. In the nursing community, rapid developments seem to unfold daily, thereby necessitating an extra effort to keep up with the changing needs of the field itself. In particular, the progressive work on nutrition and preventative health measures offer much in the way of healthier living and increased longevity both for those who may feel their elder years are too distant to be concerned with and for those whose elder years are rapidly approaching. By understanding the aging process better, medicine has been more adequately prepared to approach the elderly with age-appropriate provisions.

The nursing care of the elderly focus on assisting them to understand the normal aging process, to maintain physical health through diet, rest, sleep and exercise and to cope with physiological changes through adaptation. The best approach to implement this is psychoeducation.

**Aims:** The aim of the study is to evaluate effect of psychoeducation on quality of life among elderly residing in old age home.

**Settings and Design:** A quasi-experimental pre and posttest with control group design was adopted for the study and it was conducted in two different old age homes at Chennai. The study includes 40 elderly with 20 elderly individuals in study and control groups.

**Materials and methods:** WHO Quality of Life – BREF scale was used to assess the quality of life. Psychoeducation was given for one hour using lecture cum demonstration on general health information, preservation of mental health, leisure time activities and prevention of accident and application of hot fomentation and stretching exercise. Quality of life of elderly were assessed before and after psychoeducation and the changes in QoL of elderly in old age home were compared using appropriate statistical tools.

**Statistical Analysis:** Both descriptive and inferential statistical methods like paired 't' test and independent 't' test were used.

**Result:** After the psychoeducation 11(55%) had very good quality of life, 7(35%) had good quality of life and 2(10%) had fair quality.

**Conclusion:** In conclusion, the study revealed that psychoeducation has a significant effect on the quality of life of the elderly residing in elderly home.

**Keywords:** Psychoeducation, preventative health measures, the nursing care

### Introduction

Aging is a common and natural process of continued development. The major development tasks of the aged include conservation of strength and resources and adaptation to the changes and losses that occur as part of the aging process. This ability to adapt depends on their physical health, personality, early life experience, social support, adequate finance, shelter, medical care and recreation.

Old age is a chronological and natural aspect of life. It is a stage in the process that begins from the time of birth. This process may be slow in some person while a few individual grow old rapidly and prematurely it may be possible to slow down the process of aging but no one can stop it. The human body is blessed with a self – regulatory mechanism and capacity to build self health, with advancing age the process of wear and tear takes the upper hand over repair and growth.

There are a number of theories related to the aging process. These theories are grouped into two broad categories biological and psychosocial.

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The biological theories attempt to explain the physical process of aging, including molecular and cellular changes in the major organ systems and the body's ability to function adequately and resist disease.

The psychosocial theories focus on social and psychological changes that accompany advancing age as opposed to the biological implication of anatomic deterioration. Several theories have attempted to describe how attitudes and behaviour in early phase of life affect reaction during the late phase.

The quality of life of an elderly person is defined, first and foremost, by the respect they have for themselves, something over which they have power, and secondly, by the respect the outside world shows them. It is easy to identify seniors who are excited about life. Those who are active and well groomed, who watch what they eat and do not sleep their days away. They do not seek to isolate themselves at home or in a nursing home. Those who continue to cultivate their minds and pass on their life's experiences enjoy a superior quality of life. Living in an elderly home is especially disruptive and it is often difficult to adjust with neighbours, environment and others. Nurses need to be aware of the total range of patient care needs during their stay in an elderly home.

### Materials and methods

The aim of the study was to find out effect of psychoeducation on quality of life among elderly residing in old age homes

**Study design:** A quasi-experimental pre and posttest with control group design was adopted for the study and non-probability convenience sampling method was used to select the samples.

### Inclusion Criteria

- a. Elderly between 60 – 74 years of age.
- b. Elderly who can understand English / Tamil.
- c. Elderly who are willing to participate.

### Exclusion Criteria

- a. Elderly with terminally ill.
- b. Elderly suffering with degenerative brain disorder.
- c. Elderly with hearing and speech impairment.
- d. Elderly with major medical illnesses like myocardial infarction, cerebro vascular accident, renal failure, epilepsy, etc.,

**Tools and instruments:** WHO Quality of life BREF scale was used to collect the data. It is a standardized tool devised by WHO (1996) to measure the quality of life of individuals. It consists of 26 items. The items are rated on a five point scale.

The tool includes four domains namely physical health, psychological, social relationships and environment. The tool includes 23 positive items and three negative items.

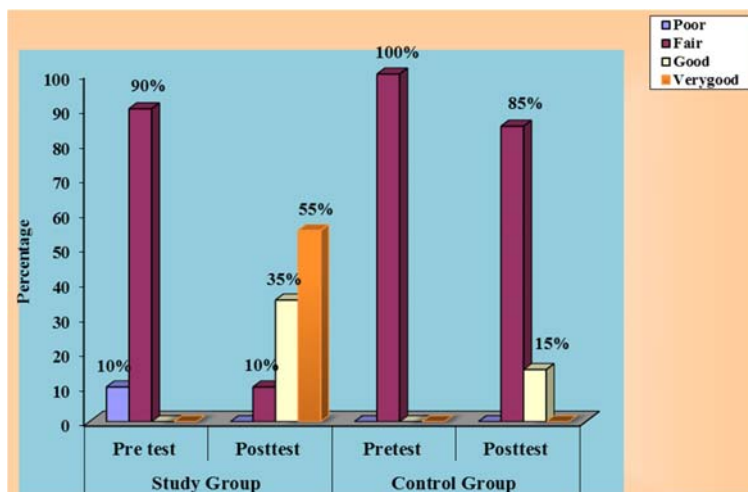
The items of the WHO QoL – BREF were scored on a five point scale ranging from one to five points for positive items and from five to one for negative items with a minimum possible score of 26 and a maximum score of 130. The total score reflects the overall quality of life and the domain scores reflect the QoL pertaining to different aspects of life.

**Result and discussion:** The study was aimed at testing the effect of psychoeducation on quality of life among elderly residing in old age home. A quasi experimental approach with two group pre and post test design was used. A sample of 40 elderly residing in elderly home fulfilling inclusion criteria were selected for the study using convenience sampling method.

The duration for the data collection was four weeks. The investigator after establishing rapport with the participants assessed the quality of life by interview method with the help of WHO- quality of life BREF scale. Participants were categorized into the study and control group, psychoeducation was installed for the study group after the pretest assessment of quality of life and the post test was conducted after 15 days.

The analysis of the data showed a statistically significant effect of psychoeducation on the quality of life of the elderly residing in old age home.

1. In the study group, after the psychoeducation 11(55%) had very good quality of life, 7(35%) had good quality of life and 2(10%) had fair quality.
2. In the study group, after installing psychoeducation the quality of life on physical domain was improved, among the 20 elderly 15 (75%) had very good quality of life and 5 (25%) had good quality of life.
3. In regard to psychological domain, after installing psychoeducation 13 (65%) elderly had very good quality of life and 7 (35%) had good quality of life.
4. In regard to social relationship, after installing psychoeducation 13 (65%) elderly had good quality of life and 7 (35%) had very good quality of life.
5. In regard to environmental domain, after installing psychoeducation 15 (75%) elderly had very good quality of life and 5 (25%) had good quality of life.
6. There is a statistically significant effect of psychoeducation on the quality of life among elderly at the level of  $P<0.001$ .
8. There is a statistically significant effect of psychoeducation on the physical psychological, social relations and environmental domains of quality of life in the study group at the level of  $P<0.001$ .
9. The monthly income has got a significant association with the quality of life at  $P<0.05$  level. There is no statistically significant association between the other demographic variables and the quality of life of the elderly.



**Table 1:** Mean comparison of quality of life of elderly in various domains between the study and control groups in posttest. (N=40)

Domains	Quality of life				t -Value	P -Value
	Study Group n=20		Control Group n=20			
	Mean	SD	Mean	SD		
Physical	17.90	1.210	10.55	1.317	18.383	0.001***
Psychological	17.20	1.196	11.20	1.542	13.726	0.001***
Social relationship	16.20	0.696	11.15	2.412	8.996	0.001***
Environmental	17.55	0.686	12.00	1.654	13.858	0.001***

**Table 2:** Mean comparison of overall quality of life in the study group (n=20)

Variable	Study Group (n=20)				t-Value	P - Value
	Pretest		Post test			
	Mean	S.D	Mean	S.D		
Quality of life	37.55	3.94	68.85	3.06	28.259	0.001***

\*\*\* - P<0.001

**Table 3:** Mean comparison of quality of life of elderly in various domains of the study group. (n=20)

Domains	Study Group (n=20)					
	Pre test		Post test		t -Value	P-Value
	Mean	SD	Mean	SD		
Physical	8.65	0.671	17.90	1.210	27.906	0.001***
Psychological	10.30	1.174	17.20	1.196	18.338	0.001***
Social relationship	8.35	2.540	16.20	0.696	13.712	0.001***
Environmental	10.25	1.070	17.55	0.686	25.078	0.001***

\*\*\* - P<0.001

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