International Journal of Applied Research

Shwedha G Jalindre
M.Sc. Nursing Student,
Community Health Nursing
Bharati Vidyapeeth (Deemed
to be University) College of
Nursing, Pune, Maharashtra,
India

Dr. Anita Nawale
Assistant Professor,
Community Health Nursing
Dept. Bharati Vidyapeeth
(Deemed to be University)
College of Nursing, Pune,
Maharashtra, India

To explore the selected functional health problems among the senior citizens residing in elder homes

Shwedha G Jalindre and Dr. Anita Nawale

Abstract
Introduction: Quality of life is affected in elderly people due to functional disabilities. Evaluation of functional disability and health problems is essential to help elder people to cope with their impairment.
Purpose: The study was designed to assess functional health problems among senior citizens residing in elder homes in Pune city.
Material and Method: Prior Ethical clearance was taken from Institutional ethics committee. The Non-probability purposive sampling technique was employed for the study. Total 150 senior citizens with the age 60 years and above were assessed for functional problems. Detail assessment of functional problems in senior citizens was carried out using functional assessment tool and checklist. Data analysis was done mainly using descriptive and inferential statistics
Result: Majority 106 (62.9%) of the senior citizen were male from the age group of 76-80+years, 54(36%) of them were higher secondary level education, 76(50.66%) of the senior citizen were having service and 85(56.66%) of the diabetic clients were Non Vegetarian. Majority 25.3% (38) of samples were malnourished, 22.7% (34) were healthy and only few 0.7% (1) were extremely obese. There is No Association of Hearing handicapped with Demographic variable except Age of the Senior Citizens
Conclusion: Age was found to be significantly associated with mobility and occupation in elder people. The findings should be confirmed in larger population encompassing urban and rural areas.

Keywords: Functional assessment, elder people, disability, elder homes, quality of life

Introduction
Functional Assessment comprises assessment of older person's daily activities which includes cognition, senses, mobility i.e. locomotion, and certain psychosocial issues. It is necessary to understand the reasons behind the mobility disability in older people who report difficulty in walking in nearby areas too (defined here as "mobility disability"), whereas some others elders do not. Depression, in developing countries is an important health challenge. Depression was the leading cause of burden of disease during 2000-2002. It will secures second position in case of DALYs (disability adjusted life years) by the year 2020 and will become the sole reason by 2030. This type of research will reveal epidemiology of aging, health, and mobility, and will facilitate development of new interventions programs for depression and other psychosocial issues.

Need of the study
Earlier studies have assessed the risk factors that are physical in nature with effect to health. Psychological and social aspects that have protective role over this are yet to be studied. Other factors like physical activity, functional health improvement, that contribute to functional health are too ignored. Thus it was important to assess these problems in homeless in elder people residing in old age homes.

Methodology
A non-experimental exploratory research design was adopted to conduct the study among 150 senior citizens residing in elder home of Pune city with non-probability purposive sampling technique.

Sample selection criteria
Inclusion criteria
Senior citizen residing in selected elder home from Pune city.

Correspondence Author:
Shwedha G Jalindre
M.Sc. Nursing Student,
Community Health Nursing
Bharati Vidyapeeth Deemed to
be University College of
Nursing, Pune, Maharashtra,
India

People between the age of 60 years and above.

Exclusion criteria
Who are not willing to participate in this study Who are critically ill

Description of tool
Tool divided into two sections

Section A
Deals with the demographic data that consists of five items- Gender, Age, Educational status, occupation status, Economical Status.

Section B
Functional Health assessment tool comprises of Vital signs, Nutritional assessment, Vision Acuity, Hearing Handicapped inventory screening checklist, scale of assessment of Mobility task, Depression scale, IADL/IADL Checklist.

Results
Section-I
Demographic variables of the study population
Of the total study population 70.66% were females and 29.33% were males. Age wise distribution revealed that 42 (28%) were above 76 years of age. Around 36.00% (54) were educated till higher secondary; Occupationally Samples were having services as (76) 50.66%. Economic status shows that (85) 56.66% were having no income (Table 1).

Table 1: Demographic characteristics of senior citizens

Sr. No	Item	Distribution		Frequency (n=150)	Percentage %
1	Gender	1.	Male	44	29.33
		2.	Female	106	70.66
2	Age	a.	60-65yrs	37	24.66
		b.	66-70yrs	30	20.00
		c.	71-75yrs	41	27.33
		d.	76-80+	42	28.00
3	Educational status (Previous)	a.	<HSC	49	32.66
		b.	HSC	54	36.00
		c.	≥Graduate	47	31.33
4	Occupational Status (previous)	a)	Household work	67	44.66
		b)	Service	76	50.66
		c)	Business	7	4.66
5	Economical status	a)	No Income	85	56.66
		b)	Below 5000	12	8.00
		c)	5000-10000	20	13.33
		d)	10000-15000	26	17.33
		e)	Above 20000	7	4.66

Section-II
Findings related to assessment functional health problems of elderly people residing in elder homes: All the elder people assessed suffered from mild to severe vision loss. More than 50% elder people suffered from moderate vision loss (table 2)

Table 2: Distribution of senior citizens according to vision acuity

Vision Acuity (n=150)		
	Frequency	Percent
Mild Vision Loss	34	22.7
Moderate Vision Loss	86	57.3
Severe Vision Loss	30	20.0
Total	150	100.0

Vitals signs in elder population
Total 46% (69) of the study population were suffering from hypertension. Majority of the senior citizens 50.7 % were having pulse rate between 81 to 90 beats / minute and 90% (135) were having normal temperature (Table 3).

Table 3: Vital signs in study population (n=150)

Vital Signs			
Blood pressure		Frequency	Percent
	Normal	68	45.3
	Hypertension	69	46.0
	Hypotension	13	8.7
	Total	150	100.0
Pulse			
		Frequency	Percent
	60 to 70/ minute	20	12.7
	71 to 80/ minute	54	36.0
	81 to 90/ minute	76	50.7

		Total	150	100.0
Respiratory Rate				
			Frequency	Percent
		10 to 24/minute	63	42.0
		26 to 30/ minute	87	58.0
		Total	150	100.0
Temp				
			Frequency	Percent
		Normal	135	90.0
		Fever (Pyrexia)	15	10.0
		Total	150	100.0

Functional health assessment of senior citizens
Majority of the senior citizens 54.66 % were not having hearing handicap, Majority of the senior citizens 71.33 % were independent in term of mobility. Most of the senior citizens 45.33 % were indicative of depression. The senior citizens 68.66 % IADL and LDL were Independent and majority of the senior citizens 92.66 % had low functionality (Table 4).

Table 4: Distribution of senior citizens functional health assessment of senior citizens (n=150)

	Hearing handicap inventory screening checklist	**Frequency**	**Percentage (n=150)**
1.	No hearing handicap	82	54.66
	Mild-moderate hearing handicap	43	28.66
	Significant hearing handicap	25	16.66
	Scale of Assessment of Mobility		
2.	Dependent	11	7.33
	Borderline	32	21.33
	Independent	107	71.33
	Depression scale		
3.	Suggestive depression	45	30
	Indicative depression	68	45.33
	Follow - up comprehensive assessment	37	24.66
	IADL/IADL		
4.	High (Patient independent)	103	68.66
	Low (Patient dependent)	47	31.66
	Instrumental in Activities of Daily Living Scale		
5.	High function(Independent)	11	7.33
	Low function (Dependent)	139	92.66

Section –III
Association between selected functional health problems among senior citizens with selected socio-demographic data: No Association of Hearing handicapped was observed with gender, education category, occupation, income category. Significant association was observed with the of age of senior citizen.

Association of mobility with demographic variable
Significant association of mobility with age and occupation was observed. But no such association was observed with gender, education and income category.

Association of mobility with demographic variable
Significant association of Depression with gender, age, education category, occupation and income category was observed in study population.

Association of ADL with demographic variable
There was significant association of ADL with gender, age, education category, occupation and income category.

Association of IADL with demographic variable
There was significant association of IADL with income category and occupation and demographic variables but no association with age, gender and education.

Association of vision acuity with demographic variable
Significant Association of Vision Acuity with age and Education Demographic variables was observed. The study population did not revealed association of vision acuity with income category, gender and occupation.

Conclusion
The elder population residing in old age home suffered from disabilities like hearing impairment and vision loss. The demographic variable only age was found to have significant effect on mobility. The study shows that functional disabilities interfere in the quality of life. It can be utilized in clinical practices to reduce the disability to work. By utilizing the skills and knowledge it will be preventing some of functional disabilities and can promote health.

Limitation
The study was carried out in small population size and was restricted to the people residing in old age home. Analysis was done as per responses given by the participant. Thus the findings of the study cannot be generalized to other population.

Recommendations
The study must be extended to larger population consisting

of urban and rural population. Alternative methods can be used to minimize functional health problems. The causes and prevention strategy of selected functional health problems may be studied.

References

1. Growth prospectus of Indian economy. Ph.D., research bureau. National Apex chamber. May 2018. Available from: http://phdcci.in/image/data/Research%20Bureau-2014/Economic%20Developments/Economic-2016/April/Elderly%20in%20India.pdf
2. James T Birch, Mary McDonald, Developed by: Lynne Kallenbach. Landon Center on Aging Geriatric Education & Training, Functional Assessment. KU medical centre, 2012. Available fromhttp://classes.kumc.edu/coa/Education/AMED900/FunctionalAssessment.htm
3. A Study by KR Sowmiya on Prevalence and Correlates of Functional disability among the elderly in rural Tamilnadu. International Journal of Medical Research and Review. 2015, 3(4). Available from: http://medresearch.in/index.php/IJMRR/article/view/281/1339
4. William A Satariano. Mobility Disability in Older Adults: At the Intersection of People and Places. The Gerontological society of America. The Gerontologist. 2016; 56(3):525-534. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464831/
5. Manju Pilania. Elderly depression in India: An emerging public health challenge. Austral as Med J. 2013; 6(3):107-111.
   Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3626025/
6. Polit D, Hungler BP. Nursing research, principals, methods J.B Lippincot publisher Philadelphia.pg 1999, 24, 35, 158.
7. Dr. Suresh K Sharma, Nursing research & statistics, published by division of reed Elsevier India Pvt. Ltd.
8. Renu Tyagi, Tattwamasi Palta Singh. Determinants of Health among Senior Citizens: Some Empirical Evidences. Journal of Health Management. 2017; 19(1):132-143. © 2017 Indian Institute of Health Management Research, SAGE Publications Available from: https://journals.sagepub.com/doi/pdf/10.1177/0972063416682613
9. Anupama P, Poonam R Naik, Pracheth R. Functional assessment of elderly population: A community-based cross-sectional study. International Journal of Medical Science and Public Health, 2016, 5(03). Available from: https://www.ejmanager.com/mnstemps/67/67-1436246817.pdf
10. Jahnavi S Kedare, Chetan D Vispute. Research priorities for cognitive decline in India. Journal of geriatric mental health. 2016; 3(1):80-85. Available from: http://www.jgmh.org/article.asp?issn=2348-9995;year=2016;volume=3;issue=1;spage=80;epage=85;aulast=Kedare
11. Thakur RP, Banerjee A, Nikumb VB. Health Problems among the Elderly: A Cross-Sectional Study. Annals of Medical and Health Science Research. 2013; 3(1):19-25.
12. Sumit Malhotra, Praveen Vashis, Mani Kalaivani, Noopur Gupta, Suraj Singh Senjam, Ramashankar Rath, Sanjeev Kumar Gupta. Prevalence and causes of visual impairment amongst older adults in a rural area of North India: a cross-sectional study. BMJ Open 2018; 8:e018894. Doi: 10.1136/bmjopen-2017-018894. Available from: https://bmjopen.bmj.com/content/8/3/e018894
13. Vinod S Kamble, Aparna Y Takpere, Santosh Biradar, Sriniwas Reddy. Assessment of visual problems in elderly in an urban slum community of Mumbai. Indian Journal of Pharmaceutical and Biological Research. 2014; 2(4):41-43. Available from: http://ijpbr.in/pdf/Assessment-of-visual-problems-in-elderly-in-an-urban-slum-community-of-Mumbai.pdf