

CHAPTER-I

INTRODUCTION

“Caring for our seniors is perhaps the greatest responsibility we have.”

- *John Heaven*

1.1 Background of the Study

Ageing is a universal and physiological process, but it is also a detrimental and degenerative process that causes progressive and generalized degradation of body functions, reduces adaptive response to stress and raises the risk of age-related disorders. This syndrome might be caused by a number of things, including memory loss, decreased socialization, decreased exercise, and a lack of immune power. Ageing is influenced by genetic factors, socio-cultural conditions, and the illness condition of old age.¹

According to the rule, the chronological and physiological processes of ageing occur side by side. Age-related declines in health and well-being are caused by physiological ageing. And one may stop this process by doing a number of health-related actions, like living an active lifestyle, eating a healthy food and practicing meditation.¹

The fast acceleration of the world's ageing population is a challenge. From 11% of the overall population in 1950 to 18% in 2000 AD, it has risen. In 2004, there were 461 million seniors, and by 2050 it is predicted that number will double, reaching more than two billion (2.1 billion), making up 22% of the global population.^{2,3}

In India, the senior citizen population has surpassed 138 million, accounting for 10.1% of the entire Indian population. The southern area of India has the most

senior citizens. In addition, the anticipated senior population is 301 million, accounting for 22.5% of the overall population by 2051.^{3,4,5}

In Nepal the senior population is gradually growing. According to the census of 2021, senior adults aged 60 and more account for more than 2.9 million people, accounting for 10.21% of the total population of 29,164,578, up from 8.13% in 2011. Similarly, older persons make up 9.8% of the overall population in the Nuwakot district, with 11.8% in Tadi rural municipality and 8.3% in Kakani rural municipality.⁶

According to World Health Organization and the Senior Citizens Act of Nepal 2006, a senior citizen is an elderly person who is 60 years of age or older. Senior persons experience a variety of health problems, both acute and chronic, as a result of decline in physical performance, such as cardio-vascular, pulmonary, musculoskeletal, and neurological illnesses. They are predisposed to mental health issues as a result of the ageing brain, associated physical health issues, and changes in sociocultural and economic variables. This age is also linked to psychological difficulties. Mood, substance, and personality disorders are the most frequent mental illnesses. Social isolation and feelings of loneliness are widespread in this age group, which may later become a source of mental issues.

Reduced family support, social isolation, widowhood, and poverty are risk factors for psychosocial issues. Cognitive impairment is a degenerative alteration that begins with ageing and affects the daily lives of seniors, their families, and society.⁷

Senior individuals are more apparently to suffer from non-communicable diseases, lowering their quality of life. The middle-old group's QOL score is lower than that of the young old group.⁸ Poor QOL is connected with fluctuating levels of physical

activity owing to the ageing process, as well as a behavioral pattern of decreasing activity. Osteoarthritis, cardiovascular disease, diabetes, and COPD are the most frequent chronic non-communicable diseases (CNCD) among Nepalese old, and multi-morbidity affects one in every seven persons.^{9, 10} They are also more vulnerable to communicable diseases, as well as falls and injuries. The prevalence of morbidities makes their lives more reliant.¹¹

The phrase "Healthy Ageing" was created by the WHO, which has also placed emphasis on the health of elderly adults. This concept states that older persons are capable of taking care of their fundamental requirements, moving around as desired, continually learning and developing, and making decisions. They may establish a bond and keep it going for a very long period. They are also capable of contributing to society.

The decade for healthy ageing was established by the UN General Assembly for 2020–2030. The issue of the Healthy Ageing Decade may be addressed by meticulous planning, programme execution, and research-based collecting of the most recent data. The long-term care, elderly-friendly environments, and research on healthy ageing are all emphasized in the global strategy and action plan for 2016–2020 produced by WHO with the goal of ensuring a long and healthy life.²

A health promotion strategy based on elder health assets can help to reduce the effect of ageing on the health care system. To maintain and enhance health, well-being, independence, and quality of life, one might take into account both internal and external strengths or resources that are accessible. The elements that affect the health assets of elderly citizens include maintaining health, strengthening social networks such as interaction with people (friends & family), involving in leisure activities,

and taking part in social activities. Therefore, in order to lessen the effects of global ageing, policy makers need to identify ways to improve well-being and quality of life in older age.¹² The provision of age-friendly services should take into account the varying levels of health and functional ability among seniors in this age group.

The older Citizen Act of 2006 and the Nepali Constitution both guarantee the rights of older citizens, including free health care services, facilities specifically created for them like old age allowance, and access to certain amenities. The majority of programs and services are geared towards providing curative care in institutional settings. Specific programs like nutritional promotion, regular physical activity, and health education on risky behavior and healthy lifestyles in the health policy and planning based on the theme of "Healthy Ageing" will help to improve well-being and quality of life.^{13,14} Numerous international and national organizations have been concerned about the rapid acceleration of the elder population worldwide. Due to the dramatically rising elder population and changing healthcare needs, illness load will grow. Therefore, a worldwide strategy and action plan are required to address the problems associated with ageing. Additionally, the current strategy and policies need to be updated to reflect the evolving circumstances.

The primary level of specialized geriatric medicine and nursing should be provided as part of the national health strategy and planning in order to prevent and treat the common health issues that affect the ageing population.¹⁵

There is proof that the use of organized treatments improved elderly persons' quality of life, life satisfaction, and minimized physical symptoms, sleep issues, and mental health issues like stress, anxiety, and depression. Physical therapy, education,

psycho-education, spiritual contemplation, relaxation training, music, and age-appropriate group exercise were frequent activities in the interventions.^{16, 17}

In order to address the needs and problems of the senior people, it is thought that comprehensive nursing interventions are necessary and important. In order to quantify and validate the health results on the well-being and quality of life of senior people in the rural community, comprehensive nursing interventions are provided in group in their communities and monitored the effectiveness of the interventions. This practical and comprehensive approach to aged care may be able to meet their demands for well-being and quality of life in their own local communities while keeping an age-friendly environment.

1.2 Need for the Study

A successful program for the management of ageing disorders/problems has been discovered to combine nursing intervention with lifestyle changes. According to studies, structured interventions in community settings that include a variety of activities, age-appropriate exercises, diaphragmatic breathing exercise, health education, musical activities, social interaction, game and spiritual activities are essential for enhancing well-being and QOL. The major needs and issues of the aged people can be addressed through community intervention.^{16, 17, 18, 19}

There is no published research on nursing care interventions for elderly people in rural communities in Nepal. The purpose of this community-based interventional study in rural Nepal is to fill the knowledge gap on the effects of organized nursing interventions on well-being and Quality of Life (QOL) in Nepal and other developing nations.

1.3 Statement of the Problem

A study to assess effectiveness of comprehensive nursing interventions (CNIs) on well-being and quality of life among senior citizens in rural community, Nepal.

Aim of the Study

To promote well-being and improve quality of life of senior citizens by providing comprehensive nursing interventions.

1.4 Objectives of the Study

Primary Objectives

1. To develop comprehensive nursing interventions (CNIs) for senior citizens based on focus group discussion (FGD).
2. To assess the effectiveness of comprehensive nursing interventions on well-being among senior citizens in rural community, Nepal.
3. To assess the effectiveness of comprehensive nursing interventions on quality of life among senior citizens in rural community, Nepal.

Secondary Objectives

1. To determine correlation between well-being and quality of life among senior citizens in rural community, Nepal.
2. To find out association between well-being and socio- demographic variables of senior citizens.
3. To find out association between quality of life of senior citizens and their socio-demographic variables.

1.5 Research Hypotheses

The research hypotheses were tested at the significance level of <0.05 .

- H₁:** Comprehensive nursing interventions would be effective in significantly improving well-being of senior citizens in rural community as measured by well-being tool.
- H₂:** Comprehensive nursing interventions would be effective in significantly improving quality of life of senior citizens in rural community as measured by WHOQOL-BREF.
- H₃:** There would be significant correlation between well-being and quality of life of senior citizens.
- H₄:** There would be significant association between well-being and socio-demographic variables of senior citizens.
- H₅:** There would be significant association between quality of life and socio-demographic variables of senior citizens.

1.6 Operational Definitions

- A. Effectiveness:** It means the extent to which the comprehensive nursing interventions improve the well-being and quality of life of senior citizens as measured by elderly well-being tool and WHOQOL-BREF.
- B. Comprehensive Nursing Interventions (CNIs):** It is a well-planned selected nursing interventions, divided in 12 sessions for six weeks. Each session focus on different components of health promotion activities for well-being and quality of life of senior citizens. It address all health issues of senior citizens pertaining to physical, psychological, social, and spiritual

domains.

- C. Well-being:** Well-being is functional ability of elderly in physical, psychological, social and spiritual domains as measured by elderly well-being tool.
- D. Quality of Life (QOL):** refers to older adults' subjective expression of their life, health, living conditions, and satisfaction to the old age condition on different domains like physical, psychological, social and environmental. In this study, WHOQOL-BREF measured their QOL condition.
- E. Senior Citizens:** older adults aged 60 years to 75 years residing in their own home in the community for at least six months.
- F. Rural Community of Nepal:** It includes two rural municipalities of Nuwakot district. Among ten rural municipalities of Nuwakot district of Nepal, Kakani and Tadi rural municipalities were randomly selected for the study.

1.7 Delimitations of the Study

This study was delimited to:

- 1 The selected two rural communities of the mountainous district Nuwakot in Bagmati Province, Nepal.
- 2 Only those senior citizens who were met during the first data collection were included in the study.

1.8 Conceptual Framework

A conceptual framework is a set of concepts which are integrated for its meaningful presentation. For this study, Roy Adaptation Model (RAM) by Sister Callista Roy in 1976, was adopted. The RAM views individual as holistic adaptive system responding

to different environmental stimuli in constantly changing environment. The responses depend on the coping process.²⁰In this frame, the essence of the Roy Adaptation Model is organized around the concept of identifying various stimuli and strengthening the coping mechanism among senior citizens living in rural communities of Nuwakot district, Nepal. The model consists of input, process, effector and output. The focus of this study was to promote the Process of the model by enhancing coping mechanism both for physiological and psychological stimuli. Therefore, the development and application of comprehensive nursing interventions are performed then assessment of effectiveness of CNIs so as to strengthen the coping abilities of the senior citizens and improve overall well-being and QOL.

The senior citizen is conceptualized as possessing modes of adaptation such as physiological needs, relational interdependence, self-concept and role functions. They value their existence, find the meaning of life, and involve in activity and creativity.

The nursing goal is to promote the adaptive responses of the seniors by identifying and manipulating all the stimuli. Here, the researcher developed comprehensive nursing interventions to help them to be able to identify their stimuli and enhance coping with physiological (regulator) and psychological (cognator) stimuli.

The adopted coping mechanism is observed and measured through four adaptive mode known as physiological response, role function, self-concept and interdependence. These are called effectors. Adaptation means maintaining integrity (physiological, psychic, social integrity and maintaining close relationship).²¹ In this study, as an effector, the seniors in interventional group participate in physical activities, fulfilled physical needs, maintained relationship, participate in social and

religious activities and feel comfort by finding meaning of life.

In this adaptive system, the output is noted either adaptive response or ineffective response. The senior citizens in interventional group show the adaptive response but the control group show ineffective responses due to absence of comprehensive nursing interventions. So, the nursing care and activities are vital to enhance seniors' adaptive responses.

Summary: This chapter one included the background and need for the study, statement of the problem, study objectives, hypotheses, operational definitions, delimitations and conceptual framework of the study.

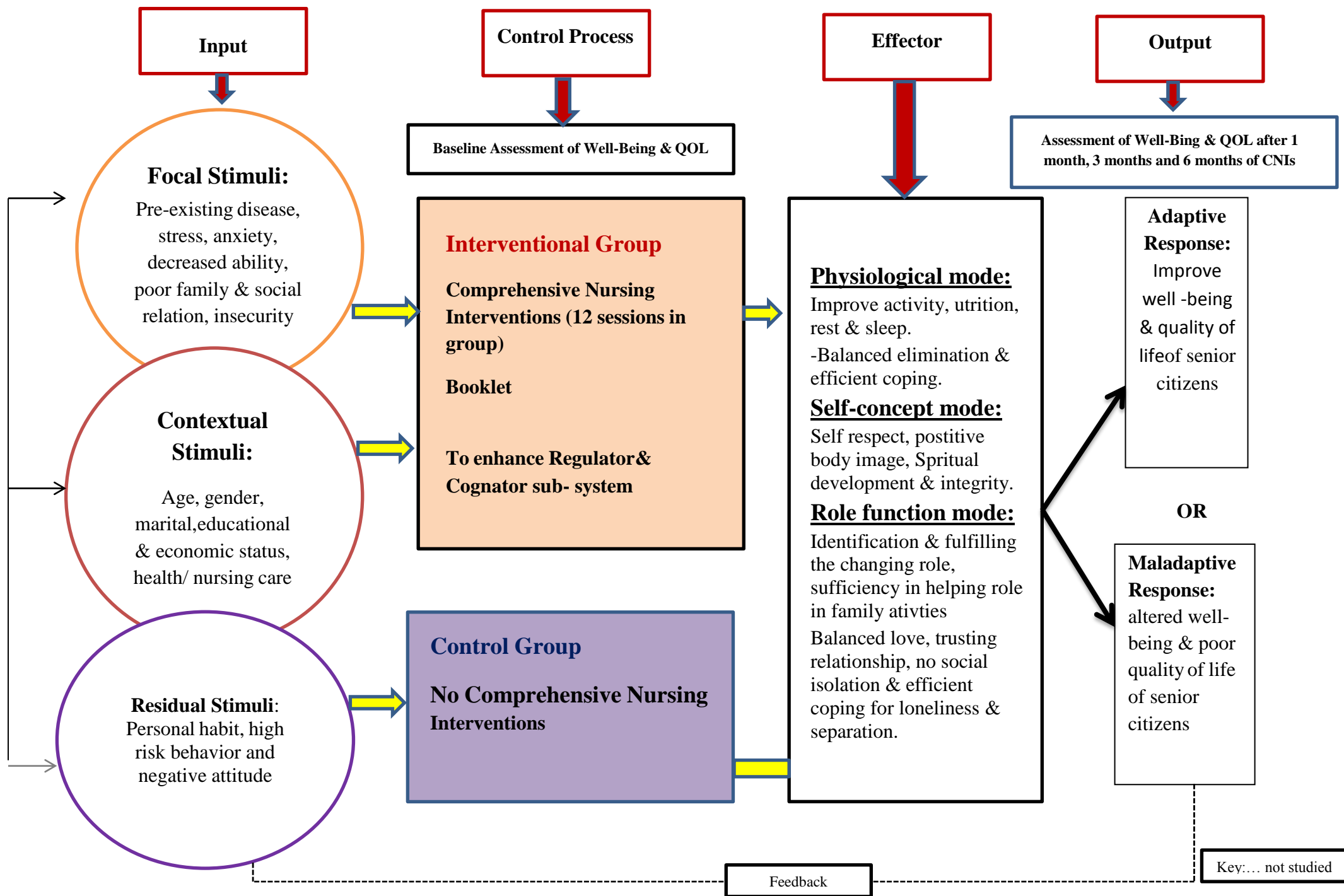


Figure 1: Conceptual framework for well-being and quality of life of senior citizens based on Roy Adaptation Model