CHAPTER VII

SUMMARY

In a bid to address the well-being and quality of life concerns among senior citizens, study was undertaken in the Nuwakot district of Nepal. This research aimed to assess the effectiveness of comprehensive nursing interventions (CNIs) on enhancing the well-being and quality of life of senior citizens aged 60 to 75 years residing in two rural municipalities. The overarching goal of the research was to contribute to the promotion of a higher QOL for senior citizens through the provision of comprehensive nursing interventions.

- The prime objective of the research was to develop comprehensive nursing interventions for senior citizens through FGD, assess their effectiveness in improving well-being and quality of life in rural Nepal communities. Secondary objective of the research was to investigate the correlation between well-being and quality of life among senior citizens, explore potential associations, and examine connections between socio-demographic characteristics.
- This study utilized both qualitative and quantitative research approaches to develop comprehensive nursing interventions for senior citizens.
- The first phase involved developing the CNIs through a focused group discussion and literature review. A quasi-experimental research design was used in Phase II.
- A pilot study was conducted among eleven senior citizens in ward number nine
 of Roshi rural municipality in Kavrepalanchok district, finding the CNIs

feasible, practical, and effective in improving well-being and quality of life.

- The main study was conducted in Kakani and Tadi rural municipalities of Nuwakot district, with 120 senior citizens selected through multi-stage cluster random sampling.
- The interventional group received CNIs for six weeks, involving activities like interaction/sharing, activities, different exercises, flute music listening, group game, health education, and development of senior citizen club. Assessments were conducted using the elderly well-being tool and WHOQOL-BREF at baseline, three months, and six months.
- The control group did not receive CNIs. Assessments were conducted using the elderly well-being tool and WHOQOL-BREF at baseline and after one month.
- The content analysis and interpretation of qualitative data were performed, while quantitative data was edited and analyzed statistically with a probability level of less than 0.05.

The major findings of the study are:

Socio-Demographic Characteristics:

- Among the 120 senior citizens, the majority fell within the 60-64 age group, with 46.7% in the interventional group and 45.0% in the control group.
- The mean age was comparable between the groups, with 66.80±5.53 in the control group and 65.70±5.21 in the interventional group.

- There were similar gender distribution and educational status in both groups.
- Ethnically, Brahmins were predominant in the interventional group, while Janajatis (indigenous) were more prevalent in the control group.
- The majority of senior citizens were married, Hindu by religion, belonged to joint families, and lived with their families.

Health and Well-being:

- Common health issues reported by senior citizens included gastritis, arthritis, chronic back pain, sleep problems, hypertension, asthma, and malnutrition.
- Regarding health-related behaviors, a notable percentage of senior citizens engaged in drinking 2-4 glasses of water per day, and food intake was reported twice a day in the interventional group and thrice a day in the control group.
- Regular physical exercise, health check-ups, and screening tests were not common habits. A significant portion of the interventional group (63.3%) exhibited substance- taking behavior.
- At baseline assessments, more over half (60%) of the older persons in the interventional group had poor health, while only 40% had good health. After one month, however, 96.4% had good health.

Effectiveness of CNIs on;

Well-being:

- At baseline, around 60% of senior citizens in the interventional group had poor well-being, which significantly improved after one month of intervention.
- Impressively, 96.4% of senior citizens demonstrated good well-being after one
 month, and this improvement was sustained, with all senior citizens achieving
 good well-being after six months of intervention.
- Analysis revealed a statistically significant difference in the median score of
 overall well-being between the interventional and control group after one
 month. This effect was especially pronounced in psychological, social, and
 spiritual well-being domains, although a slight, non-convincing difference was
 found in the physical domain.
- The CNIs proved effective in enhancing overall well-being, particularly psychological, social, and spiritual aspects.
- In the interventional group, both mean and median scores for overall well-being and its' domains showed significant improvement from baseline to one, three, and six months post-intervention.
- This sustained enhancement highlighted the retention effect of the CNIs on well-being, showcasing their lasting impact on senior citizens' QOL.

Quality of Life (QOL):

- Equal portions of senior citizens in the interventional group exhibited poor and good quality of life at baseline.
- After one month of intervention, an overwhelming majority (98.2%) displayed good QOL, a trend that persisted throughout the three and six-month follow-up assessments.
- Similar to well-being, there was a significant difference in median scores of overall QOL and its domains between the interventional and control groups after one month.
- The CNIs also had a substantial and lasting impact on quality of life.
- The interventional group demonstrated statistically significant improvement in mean and median scores for overall QOL and its' domains after one, three, and six months of intervention.
- This indicated that the CNIs had a profound and sustained long-term effect on enhancing the quality of life of senior citizens across various domains.

Correlation and Association:

A noteworthy finding was the positive correlation established between well-being and quality of life among senior citizens.

 This suggests that higher levels of well-being are associated with better quality of life. Additionally, no socio-demographic variables was significantly associated
with well-being, but marital status was significantly associated with quality of
life, highlighting the intricate interplay between personal characteristics and
quality of life outcomes.