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RESEARCH ARTICLE

EFFECTIVENESS OF VAT ON SELECTED STRATEGIES TO IMPROVE HEALTH RELATED QUALITY OF LIFE OF ELDERLY

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Abstract

A pre-experimental study with one group pretest posttest design was conducted to assess the effectiveness of Video assisted teaching programme on selected strategies to improve health related quality of life of elderly residing in selected old age homes at Hyderabad, Telangana. Non probability convenient sampling technique was used to select 40 Elderly. The mean percentage of overall knowledge score in the pretest was 29 (72.5%) with standard deviation of 3.112 and 34 (85%) in the post test with standard deviation of 3.817. The obtained't' value 21.88 is greater than the table value 2.05 and found to be highly significant at the level of $p<0.05$. So it is evident that the Video assisted teaching programme was effective in increasing the knowledge level of Elderly on selected health strategies. There was significant association between posttest knowledge scores with education and average sleep per day of demographic variables of elderly.

Introduction:-

Aging is a gradual, continuous process of natural change that begins in early adulthood. During early middle age, many bodily functions begin to gradually decline. People do not become old or elderly at any specific age. Traditionally age 65 has been designated as the beginning of old age, but the reason was based in history not in biology[1].

World's elderly population is rapidly growing with estimates that the proportion of elderly population over 60 years will double from 11% to 22% in the first five decades of 21st century. The absolute number of elderly is expected to triple from 605 million to 2 billion over this period. Longevity is desirable, but what matters is living with satisfactory Quality of Life (QOL).[1]

People often wonder whether what they are experiencing as they age is normal or abnormal. Although people age somewhat differently, some changes result from internal processes, that is, from aging itself. Thus, such changes, although undesired, are considered normal and are sometimes called pure aging. These changes occur in everyone who lives long enough, and that universality is part of the definition of pure aging. They are to be expected and are generally unavoidable. For example, as people age, the lens of the eye thickens, stiffens, and becomes less able to

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focus on close objects such as reading materials is a disorder called Presbyopia. This change occurs virtually in all older people.[1]

Exactly what constitutes normal aging is not always clear. Changes that occur with normal aging make people more likely to develop certain disorders. However, people can sometimes take actions to compensate for these changes. For example, older people are more likely to lose teeth. But seeing a dentist regularly, eating fewer sweets, and brushing and flossing regularly may reduce the chances of tooth loss. Thus tooth loss is common unavoidable part of aging.[1]

Quality of life is defined by personal feelings, details, outlook, and day-to-day experiences how happy and positive one feels, how comfortable and secure, how productive and desired, how healthy and free an individual considers themselves etc.. Positive outlook and quality of life in older adults may not always mean an individual is healthy mentally or physically, although positive outlook and presence of hope often encourages in improved outcomes.[2]

Need for the Study:

People worldwide are living longer. Today, for the first time in history most people can expect to live into their sixties and beyond. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 900 million in 2015. Today, 125 million people are aged 80 years or older. By 2050, there will be 120 million elderly living in China alone and 434 million people in this age group worldwide. By 2050, 80% of all older people will live in low and middle-income countries.[2]

India, the world's second most populous country, has experienced a dramatic demographic transition in the past 50 years, entailing almost a tripling of the population over the age of 60 years (i.e., the elderly) (Government of India, 2011). This pattern is poised to continue. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025 (United Nations Department of Economic and Social Affairs [UNDESA], 2008). This is a small percentage point increase, but a remarkable figure in absolute terms. According to UNDESA data on projected age structure of the population (2008), India had more than 91.6 million elderly in 2010 with an annual addition of 2.5 million elderly between 2005 and 2010. The number of elderly in India is projected to reach 158.7 million in 2025, and is expected, by 2050, to surpass the population of children below 14 years.[4]

Older age is also characterized by the emergence of several complex health states that tend to occur only later in life and that do not fall into discrete disease categories. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, and delirium and pressure ulcers.[6]

Environment also has an important influence on the development and maintenance of healthybehaviours. Maintaining healthy behaviours through out life, particularly eating a balanced diet, engaging in regular physical activity, and refraining from tobacco use all contribute to reducing the risk of non-communicable diseases and improving physical and mental capacity.[7]

Quality of Life is the product of the inter play among social, health, economic and environmental conditions which affect human and social development. Quality of life is a holistic approach that not only emphasizes on individuals' physical, psychological, and spiritual functioning but also their connections with their environments; and opportunities for maintaining and enhancing skills. Ageing, along with the functional decline, economic dependence, and social cut off, autonomy of young generation, compromises quality of life.[8]

Self-care or self-management requires processes that are designed to assist with behavioral changes and empowerment. Programs specifically designed to improve patients' self- efficacy such as Self-Management Program, have been used with adults of all ages and have proven effective in changing patients into proactive self-care managers. Providing competent care to elderly people is challenging. Nurses play a major role to provide health education. Adequate knowledge will improve the quality of life of elderly. Hence the investigator viewed that imparting knowledge to the elderly regarding selected strategies related to health will help them to improve their quality of life. So the investigator viewed that the teaching programme on selected strategies will enable the elderly to effectively prevent and manage potential complications.[8]

Materials and Methods:-

A pre experimental study was done using one group pretest and posttest design. The study was conducted at Amma old age home, Bowinpally and SR old age home, Malkajgiri. 40 samples were selected by using non probability convenience sampling technique. The study was conducted from 16. 07. 2021 to 23. 07. 2021. Samples who were residing in the selected old age home were considered as the sample population. Inclusion criteria included both male and female elderly people, elderly whose age group was 60 year and above, elderly who were willing to participate in the study and the elderly who were able to read and understand Telugu and English. However, elderly who are sick and confined to bed and those who are not able to follow the investigator were excluded.

A structured knowledge questionnaire was used to assess the knowledge of elderly regarding selected strategies to improve health related quality of life. It is considered to be the appropriate instrument to elicit the response from the subjects who are able to fulfill the inclusion criteria. The main strength behind developing this tool was:

- The need to educate the elderly regarding selected strategies to improve health related quality of life .
- Related review of literature.
- Based on the opinions of the subject experts.

After an extensive review of literature, discussion with the guide and the various experts in the field of nursing and based on the investigator's personal experience the structured interview schedule on selected strategies to improve health related quality of life. The first draft of the tool consisted of 45 items, based on expert opinion some of the items are modified in a simplified way and thus the second draft of the tool consist of 43 items. Tool developed for the study consists of two parts with Demographic variables like Age, gender, education, religion, duration stay in old age home, diet pattern and second part is the knowledge items on selected strategies to improve health related quality of life.

Scoring key was prepared for Part-I by coding the demographic variables. For Part-II score '1' and '0' are awarded to correct and wrong response. Thus the maximum score is 43.

To interpret the level of knowledge the scores subjected as follows:

Inadequate knowledge	0 – 33.3%
Moderate knowledge	33.4 – 66.67%
Adequate knowledge	66.67– 100%

The reliability of the tool was tested by using Split half technique. The Karl Pearson Co – efficient Correlation 'r' was computed by deviation method along with Spearman's Brown Correlation. The 'r' value obtained is 0.89 and the tool was found to be reliable. Pretest data was collected using the structured interview schedule from the selected elderly people. After that video assisted programme was administered regarding selected health strategies. On the seventh day post-test was done using the same tool by entire schedule. Elderly people were thanked for their cooperation.

The collected data was analysed and organized under the following sections. Demographic variables of elderly people were analyzed using frequency and percentage distribution. Results were analyzed using mean, mean percentage, standard and the paired "t" test to find the significance of difference between the selected variables and the pre – test post - test knowledge scores. Chi – Square test to determine association between post – test knowledge scores and selected demographic variables. The significant findings are expressed in the form of tables, figures and graphs.

Results:-

Total 40 samples participated in the study and the results showed that the maximum number of subjects ie 72.5% of people were having average knowledge in pre test, 27.5% of people were having below average knowledge in pre test whereas 85% elderly were having above average knowledge and 15% elderly were having average knowledge in post test. In the pre test level of health related quality of life mean was 16.82 with SD 3.112 and in post test level of health related quality of life mean was 31.82 with SD 3.817 and the mean difference was 14.98 and the calculated't' value 21.88 is more than the table value at 0.05 level of significance. Further it showed that there was statistically significant difference between **education, average sleep per day** with the post test scores of subjects.

Therefore research hypothesis is accepted. Hence it is inferred that the video assisted teaching was effective in improving health related quality of life among elderly.

Table 1:- Comparison Of Pretest And Post Test Scores Of Elderly Regarding Their Health Related Quality Of Life.

S.NO	Level of Knowledge	Mean	Mean Difference	Standard Deviation	't' value
1	Pre Test	16.82	14.98	3.112	21.88 (df=39)
2	Post Test	31.82		3.817	

Table 2:- Socio demographic variables which have significant association with their posttest scores.

SL	DEMOGRAPHIC VARIABLES	Post test scores			t-cal	t-tab	df	Inference
		Below Average	Average	Above average				
1	**EDUCATION**				**22.26**	**7.82**	**3**	**S**
	Uneducated	**0**	**5**	**2**				
	Secondary education	**0**	**0**	**19**				
	Intermediate	**0**	**0**	**8**				
	Degree	**0**	**1**	**5**				
2	**AVERAGE SLEEPPER DAY**				**15.42**	**7.82**	**3**	**S**
	2–4hours	**0**	**4**	**2**				
	5–6hours	**0**	**2**	**18**				
	7–8hours	**0**	**0**	**12**				
	Above9hours	**0**	**0**	**2**				

Discussion:-

The present study attempted to assess the effectiveness of video assisted teaching programme on selected strategies to improve health related quality of life and to find out the association between post test scores of elderly with their demographic variables

It was found that most of the Elderly 27.5% had inadequate knowledge in pretest and there was effectiveness of video assisted teaching programme, maximum of Elderly ie 85% had adequate knowledge in post test. The Researcher concluded that video assisted teaching programme was effective in improving the knowledge regarding health related quality of life of elderly.

Rendering competent care to elderly people is challenging. Nurses play a vital role to provide health education. Adequate knowledge will improve the quality of life of elderly. Hence the investigator viewed that imparting knowledge to the elderly regarding selected strategies related to health will enable the elderly to effectively prevent and manage potential complications that may subsequently relieve them from dependency and it will help them to improve their quality of life.

Conclusion:-

Quality of life is a holistic approach that not only emphasizes on individuals' physical, psychological, and spiritual functioning but also their connections with their environments and opportunities for maintaining and enhancing

skills. The result of present study showed that selected strategies improved health related quality of life among elderly and improved the status in performing their activities of daily living with the effective use of selected strategies as informed by the researcher. Educating elderly about the Self-care management requires processes that are designed to assist with behavioral changes and empowerment. Current research evidences has shown that elderly can learn and change behaviors at any age.

The suggestions for the future studies were the following:

- A similar study can be replicated on a large sample to generalize the findings.
- An experimental study can be done with a control group.
- A comparative study may be conducted between the different old age homes.
- Similar study can be conducted among elderly in the hospital and community.

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Ethical Issues

Ethical permission was obtained from the principal and ethical committee of Eashwari Bai Memorial College of Nursing, Hyderabad and from the Amma old age home, Bowinpally and SR OLDAGE HOME, Malkajgiri, Hyderabad in written form after explaining about the purpose of the study. Informed consent was obtained oral and in written from every participant after a brief explanation regarding the study by the investigator. Confidentiality of the data, the right to depart from the study, and the secrecy of the participant were explained before data collection.

Conflict of interest

There are no conflicts of interest.

Author's Contributions

VPS: Conceived and designed the study, conceptual framework, development of tools, Datacollection, Dataanalysis, Interpretation, Manuscript Preparation, CS; designed the study, Manuscript review.

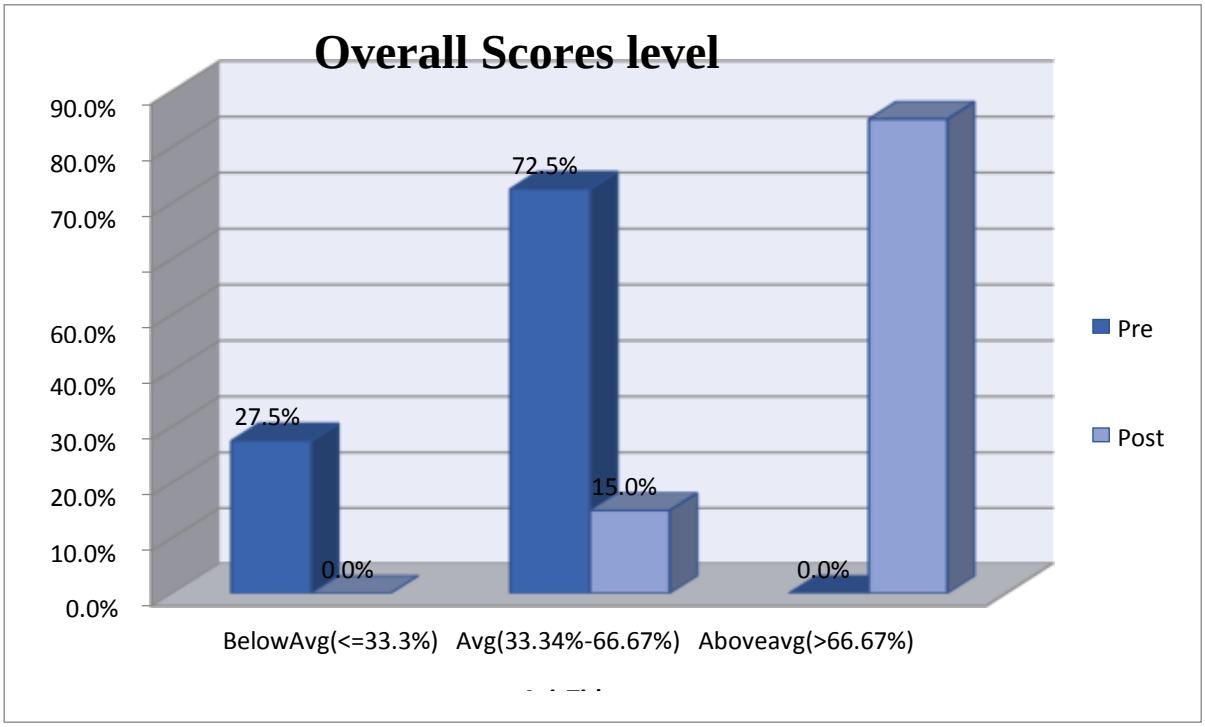

Figure 1:- Percentage of elderly according to their comparison of overall scores in pre test and post test.

The simple bar graph shows that 27.5% of elderly were having below average knowledge, 72.5% elderly were having average knowledge in pretest and 85% of elderly were having above average knowledge in post test whereas 15% of elderly were having average knowledge in post test.

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