

A Study to Assess the Need for Development of Wellness Module on Quality of Life (QoL) among Ageing Population

Manisha Mistry¹, Dr. Sonopant G Joshi²

¹Assistant Professor, Symbiosis College of Nursing, Symbiosis International (Deemed University), Pune, India
Email: manishamistry[at]scon.edu.in

²Director & Professor, Symbiosis College of Nursing, Symbiosis International (Deemed University), Pune, India
Email: drjoshisg[at]scon.edu.in

Abstract: Government health agencies concentrate on providing integrated promotion, prevention, treatment, and rehabilitation services to the aged. Various centres have come forward to educate and help ageing people, but all these centres are either focussing on exercises or diet or self-care. There is a lack of holistic module for older adults. This mixed methods approach/method with sequential exploratory design was used to conduct the study on 25 participants. Semi-structured interviews were conducted where six major themes emerged from the data analysis (physical changes, psychological experiences, social & environmental concerns, financial pressure, change in the spirituality, and need for holistic wellness). QoL is entirely a subjective phenomenon and depends solely on an individual's perception. This study explored all such perceptions and personal experiences using qualitative approach that directed towards the development of a Wellness Module.

Keywords: Development, Wellness module, Quality of Life, ageing population

1. Introduction

Government health agencies concentrate on providing integrated promotion, prevention, treatment, and rehabilitation services to the aged. Other services include health promotion, prevention, diagnosis and management of aged diseases (both outpatient and inpatient), day care, rehabilitation, and, if needed, home care.

2. Literature Survey

Various centres have come forward to educate and help ageing people, but all these centres are either focussing on exercises or diet or self-care. However, it is rare to find a single organisation that caters to aged care services for all the domains of Life. The review directs the researcher towards developing a Wellness Module initially to provide answers to all questions that an aged person might have.

3. Problem definition

A study to assess the need for development of Wellness Module on Quality of Life (QoL) among ageing population

4. Methodology

Creswell and Plano Clark (2003) defined the mixing method in a study design using the philosophical home exploration method. The approach is based on philosophical principles that drive the collecting and interpretation of data from a single or series of studies using a mix of qualitative and quantitative data. Its core idea is that employing both methodologies in combination with a quantitative and qualitative approach will provide a better grasp of the study problem. Researchers use a mixed methods

approach/method known as triangulation to collect many types of data in order to measure the same event. The design use dis the sequential exploratory design, which is the first stage of qualitative data collection and analysis to study the phenomena, followed by a sequential stage of quantitative data gathering and analysis. This method can also be used to build and test new equipment.

A non-probability, simple sampling method allowed access to a broad population of elderly persons living in Pune's urban area. The sampling to saturation approach was used, with recruitment continuing concurrently with data processing and ending when the researcher discovered few new themes developing after 21 interviews. As a result, the recruiting was halted at 25 individuals. The in-depth interviews were conducted with a total of 18 males and 7 females. The participants were not chosen to be representative; rather, the goal was to sample older persons in their own homes in the chosen area. The participants in the sample shared similar socio-demographic traits. Due to the lack of a contemporary education system throughout their childhood, the majority of the elder participants never got formal schooling. However, the lead researcher was able to reach only a few elderly persons who had received formal education. Total sample size (n) in present study was = 25. Semi-structured interview guide was used to assess the need for wellness Module. It contains 9 main items and was under following domain heads like physical health, psychological health, social health, environmental health, spiritual health, contentment, happiness, financial status, and prior training on wellness. The data was collected between 2/7/2021 to 23/7/2021 in selected areas of Pune city like: Model colony, Bhambhurda, Neel Jyoti, and Gokhalenagar.

Data collection involved meeting them in person at a pre-arranged time and location and conducting an interview

adopting a semi-structured interview schedule with nine open-ended questions. In general, the in-depth interviews lasted for 65 minutes over a period of two days. The researcher had the freedom to follow a respondent's train of thoughts, and reordered the questions whenever required to suit the flow of the discussion. The schedule also included probing questions which were designed to explore specific aspects of the phenomenon under study.

5. Analysis

Six major themes emerged from the data analysis (physical changes, psychological experiences, social & environmental concerns, financial pressure, change in the spirituality, and need for holistic wellness).

Theme: 1. Physical Changes

"Physical change" was regarded as one of the most important categories in the QoL of senior adults by the majority of participants. They had poor body systems and were concerned about future bodily problems. Two subcategories of bodily system illnesses and physical activity limitation were included in this main category.

Code: 1. a. The Body System Disorders-The majority of the participants complained about problems with their cardiovascular, gastrointestinal, and musculoskeletal systems, as well as other body systems that were interfering with their ability to work. The statements made by the participants reflected a negative attitude toward the disorders that could help them improve their health. One of the participants said: "...I have knee pain and backache..., I am short of breath and have palpitation on walking..." (P11/72Yrs/M). Another participant stated: "...I got severe musculoskeletal problems... I have experienced all types of pain in my body such as knee and waist pain, and backache. . . ." (P12/61Yrs/F). Another one said: "... I have some problems in my gastro intestinal systems such as constipation and bloody stool and anal fissure; sometimes I have stomach-ache, too" ... (P15/61Yrs/F).

Code: 1. b. Physical Activity Limitation-Another common occurrence highlighted by the participants was physical activity limitation. Increasing age had a negative impact on their activities, such as "inability to do daily activity" (sitting, walking, sleeping, washing, moving) and "threatening one's independence," all of which could damage QoL. In response to the inability to perform daily tasks, one participant stated: "...I have some problems when sitting and standing up. I should sleep on the bed not ground. I cannot do household chores because of my age. When I travelled, my family walked around the park, but I couldn't..." (P9/62Yrs/F). Another participant stated: "...Moving is difficult for me; I can't sit on the ground at all. That is, I should sit either on the chair or on the sofa; I'm doing all the housework in standing position..." (P8/65Yrs/F).

Theme: 2. Psychological Experiences

Another important aspect of elderly people's quality of life was their psychological experiences. All of the individuals in this study had unfavourable psychological outcomes as a

result of their concerns about co-morbidities, sad mood, low self-worth, and sleep issues.

Code: 2. a. Concerns about co-morbidities-The participants in this study were concerned about diabetes, arthritis, and its potential implications in the future. ". . . My daughter is very afraid about something horrible occurring to me that leads to my death. . . ." expressed one of the participants. And furthermore, my wife tells me "*Your sugar is not in control; I worry about your health...*" (P7/60Yrs/F). Another participant said: "...I am very worried about my health; my concern is the co-morbidities and even sudden death...If I die, what would happen to my family..." (P19/73Yrs/M).

Code: 2. b. Experience of Depressive Mood-The majority of the participants stated that sadness and anxiety had an impact on their quality of life. Emotional stress, anxiety and concern, and hopelessness were among the symptoms they encountered. As one participant put it: "...I want to stay with my son and pay with my grandchildren. But they meet us only once a year. I miss them a lot..." (P13/66Yrs/F). Another participant said: "...I always experience fear and anxiety...When my son reminds me of my health issues, I get nervous; I start crying and become disappointed..." (P18/60Yrs/M).

Code: 2. c. Decreased Self-worth-The study's findings also found that the elderly are more prone to experience psychological issues related to low self-esteem and self-efficacy. A participant said: "...co-morbidity and the financial constraints decrease my self-confidence; I was a good father but now I am left alone by my children and I have no much money left for my treatment and medicines..." (P9/62Yrs/F).

Code: 2. d. Sleep Problems-The majority of the participants stated that as people become older, their sleep patterns and amounts alter, resulting in insomnia and hypersomnia. As one participant put it: "...I don't sleep well, especially at night; ...I can't go sleep easily; when I wake up, I don't have a good feeling..." (P.8). One of the participants said: "...I sleep a lot after lunch and dinner...when I wake up, I'm still tired...I have nightmares that I am falling from a heightened place..." (P6/63Yrs/F & P10/61Yrs/F).

Theme: 3 – Need for holistic wellness

The participants expressed that they require certain amount of information which will help take baby steps towards wellness. Wellness can be practiced under expert supervision.

Code: 3. a. Need for yoga training-Participants expressed that they need yoga training so that they can be fit. In this regard, a participant said: "... I wish I could practice yoga the way many people of my age do in a TV show that I watch regularly ..." (P19/60Yrs/M). Another participant said: "...I do not know how to do yoga exercises..." (P7/60Yrs/F).

Code: 3. b. Need for counselling-Participants were unsure of how to communicate regarding their issues with family members. They expressed that their words might spoil the sanctity of their home. In this regard, a participant said: "...I

am afraid to discuss my needs with my son. I feel that I am a burden on my family...' (P11/62Yrs/M).

Code: 3. c. Need for belongingness-Participants expressed that they feel lonely and need someone to share their feelings with. Despite of having a family they longed for belongingness. In this regard, a participant said: '...My son and daughter-in-law are very busy with their office and household work, and so they are unable to spend time with me...' (P1/65Yrs/M). Another participant said: "...I asked for a cup of tea but my daughter-in-law was busy with her mobile phone..." (P8/63Yrs/F).

6. Major Findings

The qualitative data analysis was done based on the interviews given by the participants. The findings revealed that the QoL of the participants was compromised at various levels in various domains. Elderly people expressed that their health was at stake and that their advancing age had played a major role in the issues they faced. Majority of the participants expressed that they had physical pain and discomfort due to pre-existing health conditions like arthritis, Hypertension and Diabetes Mellitus. This also created hindrances in their sleep patterns. Either they slept for long time or did not sleep at all. They also complained that they had disturbing nightmares that affected their whole day's routine. They required physical support in all their daily chores.

The findings threw light on the psychological issues that they faced in their life. They faced a kind of loneliness though blessed with a family. The intriguing reasons given by them were changing family structure, sons moving away from home for their careers, loss of close friends or spouse, lack of communication with children, and retirement from jobs, etc. All the aforementioned reasons led to psychological unrest among the elderly people. They also expressed that they used to cry when alone remembering their earlier life.

7. Discussion

Majority of the participants expressed that they had physical pain and discomfort due to pre-existing health conditions like arthritis, Hypertension and Diabetes Mellitus. This also created hindrances in their sleep patterns. Either they slept for long time or did not sleep at all. These findings matched those of a research by McLay, L., et al., (2021), which found that 23.6 percent of women and 18.9 percent of males reported feeling lonely, with 53.8 percent of women and 33.8 percent of men living alone. Those who were lonely and socially isolated were more likely to have insufficient sleep, according to adjusted longitudinal analyses. They were not escorted to any social event as they required a person constantly for their food needs and elimination. This created a sense of guilt and shame for them and they decided to withdraw themselves from attending any social events.

8. Conclusion

QoL is entirely a subjective phenomenon and depends solely on an individual's perception. This study explored all such perceptions and personal experiences using qualitative approach that directed towards the development of a Wellness Module.

9. Future Scope

The findings can be integrated into other subjects such as sociology and psychology, which are studied by many other college students. Nursing schools/colleges can launch a certificate course or skill development course aimed at improving the QoL of the elderly. Post graduate studies must include 'Geriatric Nursing' as a speciality where students can be exclusively engaged in care aspects of elderly people.

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Author Profile



Manisha Mistry graduated from the KLE's Institute of Nursing Sciences, Belgaum, Karnataka with 2nd Rank and post graduated from Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka with 3rd Rank. Mrs. Mistry has 11 years of experience in education and practice. She also has rendered her services to the

KLE's Hospital and Research Center, Belgaum and the prestigious Symbiosis College of Nursing, Pune, Maharashtra. She specializes in Medical-Surgical Nursing and is proficient in Oncology. Mrs. Mistry is a Ph. D. Scholar with the prodigious Symbiosis International University, Pune Maharashtra. Her area of study is Geriatrics. She has to her credit many publications in National and International Scopus indexed Journals and is a reviewer for refereed Journals.



Dr. Sonopant G Joshi graduated from prestigious Mumbai University from Institute of Nursing Education J J Hospital, Mumbai, Master's Degree in Nursing from Bharati Vidyapeeth College of Nursing and Ph. D. from Tilak Maharashtra Vidyapeeth Pune.

He is the author of the Book Titled 'Disaster Management for Health Care Professionals', which is popular among Nursing and management students along with that he has contributed in writing chapters in various books published by IGI global publication. He has added 35 research paper publications to his credentials, 15 papers are in SCOPUS indexed journals. He has presented papers in various International Conferences at Dubai and London. He has been invited as a guest speaker in various National and International Conferences. He has completed a funded research project in 2019. The research contribution were well appreciated and recognized by Trained Nurses Association of India and honored with Appreciation Award Nurses Researcher by Pune city branch in 2012 and Best Nurse Researcher in 2020. He is life time member of various professional organizations and also recognized Ph. D. supervisor of Symbiosis International Deemed University under public Health domain. He is also a certified NAAC Assessor.