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The investigation of factors that influence self-care agency and daily life activities among the elderly in the northern region of Turkey



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Received 19 June 2012; received in revised form 3 January 2014; accepted 13 January 2014

KEYWORDS

Elderly;
Hospital;
Nursing;
Self-care agency

Summary

Background: The aim of this study was to determine the factors that influence self-care agency and daily life activities among the elderly in the northern region of Turkey.

Methods: This study of 372 elderly individuals was conducted between October 13, 2007, and January 25, 2008. The data obtained in this study was collected via a questionnaire and the Katz Basic Activities of Daily Living Scale and Exercise of Self-Care Agency Scale. Descriptive statistics, Student's *t*-tests, one-way analysis of variance, and multiple regression analysis were used to evaluate the data.

Results: Regression analysis performed to determine the effects of sociodemographic and clinical features on the self-care agency of the elderly revealed a statistically significant negative relationship. The multiple regression correlation coefficient of this model was $R = 0.635$, and the corrected R^2 value was 0.23. This model determined the self-care agency score of the elderly participants as 23%. The model is statistically significant ($p < 0.05$).

Conclusions: The scores obtained in this study indicate that the majority of the elderly participants were independent; their levels of self-care agency were determined as falling within the middle level.

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Introduction

A report by the Population Division of the [Department of Economic and Social Affairs of the United Nations \(2009\)](#) indicates that the elderly population is growing faster than the total population of the world. The number of elderly individuals has tripled since 1950, and it is expected to triple again by the year 2050. The same report suggests that

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there are remarkable differences among regions in terms of number and ratio of the elderly. Whereas there are fewer elderly individuals in the more developed regions, those numbers grow very quickly in the less developed regions (Department of Economic and Social Affairs Population Division, 2009).

Turkey is a developing country and its elderly population is growing, as is the case in the developed regions of the world. While the elderly comprised 5.7% of the Turkish population in 2005, it is estimated that that number will increase to 17.6% by 2050 (Turkish Prime Ministry Government Planning Report, 2007). Based on State Institute of Statistics data (Turkey Statistical Institute, 2012), it is clear that soon, Turkey will take its place among the older populations of the world.

A Turkish Prime Ministry Government Planning Report (2007) regarding "Status of the elderly in Turkey and national action plan for ageing" shows that 90% of the elderly generally have chronic diseases. Because health care services required for the elderly in Turkey are not yet at the desired level, the diseases observed in the elderly have become chronic (Turkish Prime Ministry Government Planning Report, 2007).

The causes of chronic diseases have a negative effect on the maintenance of physical activities and activities of daily living (ADL) (Çivi & Tanrıku, 2000). ADL are generally assessed as activities of daily living and instrumental activities of daily living (IADL). ADL include self-care behaviours (e.g. eating, dressing and undressing, bathing, personal care, transferring from bed to chair and back, using the toilet, voluntarily controlling urinary and faecal discharge, walking, climbing up/down stairs) that should be performed every day. IADL include activities (e.g. preparing meals, doing housework, taking medication, performing outside tasks, money management, using the telephone) required for an individual to live independently in a community. As chronic diseases have a considerable effect on ADL, it is important to address self-care agency in the elderly population (Güneş, Demircioğlu, & Karaoğlu, 2005; Ulusal, Soyer, & Uçku, 2004).

Self-care capacity refers to the skills required for an individual to conduct self-care activities (Nahçıvan, 2004). Self-care includes all activities performed by individuals to maintain life, good health, and wellbeing (Kara, 2001; Kaya et al., 2008). Individuals should have sufficient self-care agency in order to maintain ADL (Kara, 2001; Kaya et al., 2008). However, older people have difficulty performing self-care activities due to the health problems associated with ageing, and consequently, they become dependent on others (Béland & Zunzunegui, 1999; Cho et al., 1998; Çivi & Tanrıku, 2000; Jiang, Tang, Meng, & Futatsuka, 2002; Rantanen et al., 2000; Stuck et al., 1999).

Several factors influence the self-care capacities of the elderly, particularly limitations in ADL. In a prospective research study analysing 2815 elderly individuals, Jagger, Arthur, Spiers, and Clarke (2001) found that the order of activity restriction was bathing, mobility, toileting, dressing, transfers to/from bed and chair, and feeding (Jagger et al., 2001). They also reported that women had a higher risk of disability in bathing and toileting, while for all ADL, there was a significant increase in the risk of disability with increasing age.

In a study conducted to determine the self-care skills of the elderly, Soderhamn, Lindencrona, and Ek (2000) reported that self-care skills provide information regarding three crucial parameters: self-care capacity, being active, and feeling satisfied. Individuals older than 75 years of age have lower self-care capacity and skills; there are four significant risk factors regarding self-care skills: asking for assistance, age, perceived desperation, and close contact with other elderly persons (Soderhamn et al., 2000).

In another study, Sundsli, Söderhamn, Espnes, and Söderhamn (2012) reported that while the majority of their participants exhibited high self-care capacity, their self-care skills worsened as they aged; individuals 85 years of age and older were physically less active, their mental health was bad, and they were at risk of malnutrition (Sundsli et al., 2012).

Levels of ADL and self-care agency are fundamental to maintaining independence in the elderly. While there is a body of literature that measures ADL levels (Akgün, Bakar, & Budakoğlu, 2004; Çivi & Tanrıku, 2000; Tel, Tel, & Sabancıoğulları, 2006; Uçku & Ergin, 1993; Ulusal et al., 2004; Wiener, Hanley, Clark, & Van Nostrand, 1990), as well as other studies on the self-care agency of the elderly (Güneş et al., 2005), we found no comprehensive studies regarding the factors that affect both self-care agency and ADL levels of the elderly. Understanding the extent of self-care agency and ADL among the elderly, as well as the associated factors, is important in both theory and practice. Therefore, studies must be conducted in order to solve the health problems of this population and to create future policies. This was the starting point of our study.

Aim

The aim of this study was to determine the factors that influence self-care agency and ADL among the elderly in the northern region of Turkey. The specific purpose of this study was to answer the following questions:

- In terms of ADL, are the elderly people of northern Turkey who attend hospital outpatient clinics dependent on others?
- Do the sociodemographic and clinical features of the elderly in northern Turkey who attend hospital outpatient clinics influence their levels of self-care agency?

Materials and methods

Study design and sampling method

The aim of this study was to determine the self-care agency of elderly individuals, aged 60 and above, in the northern region of Turkey. This descriptive study was carried out between October 13, 2007, and January 25, 2008. The participants were 372 elderly individuals who had come to the policlinics of internal medicine, cardiology, physical treatment, surgery, gynaecology, urology, eye, and otorhinolaryngology, among others, as well as the surgical units of the state hospital in Sinop province, as outpatients.

The criteria for being included in this study were age 60 years and over, willingness to participate in the study, and at

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