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Sleep Quality among Older Persons in Institutions

Muhammad Azwan Azri, Akehsan Dahlan*, Mohamad Ghazali Masuri, Khairil Anuar
Md Isa

*Occupational Performance and Behaviour Measurement Group (RIG), Occupational Therapy Department, Faculty of Health Sciences / CORE
Management Science, Universiti Teknologi MARA, Cawangan Selangor, Kampus Puncak Alam, 42300 Selangor, Malaysia*

Abstract

The objective of this study is to identify sleep quality and factors that influence sleep quality amongst older persons in institutions. The participants from this cross-sectional study were selected using a convenience sampling strategy from eight government-funded elderly institutions in Malaysia. The participants are 331 elderly aged 60 years and above. The results indicated that the sleep quality among elderly in institutions is poor, and pain emerged as the main predictor of sleep quality for all groups (normal, mild cognitive impairment and dementia). Dementia has two other main predictors which are role limitation due to emotional problems and emotional well-being.

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1. Introduction

Literature about older persons in Malaysia often pointed out that there are deteriorations in health status amongst the elderly. Decline in health status that is often affect older persons in Malaysia are mainly caused by disease

* Corresponding author. Tel.: +03-32584380; fax: +03-32584599
E-mail address: akehsan@salam.uitm.edu.my

related to cardio-pulmonary, cognitive impairment and musculoskeletal related disorder (Ministry of Health Malaysia, 2014). Deterioration in health status is very common among elderly due to the ageing process.

Quality of life is defined by World Health Organization (1998), as 'living conditions associated with the corresponding goals, expectations, standards, and concerns of each individual living in different cultural systems'. Quality of life depends on individual's capacities and skills, opportunities and resources to fulfil their needs and fill life goals. The quality of life is a generic concept reflecting a concern with the modification and enhancement of life attributes. For example, physical, moral and social environment and the overall condition of a human life (Zachariae & Bech, 2008). The quality of life is applied both as an objective condition of life which assumed to have a positive effect towards well-being, and as a subjective concept on experienced well-being and life-satisfaction (Zachariae & Bech, 2008).

The quality of life among older persons in institutions is poor as described in previous literature (Higgins & Mansell, 2009). Netuveli, Wiggins, Hildon, Montgomery, & Blane (2006) said that the reason older persons in institutions have poor quality of life is due to depression, financial problems, limitation of mobility, difficulties to do activities of daily living and chronic illnesses. In addition, there are three factors influence quality of life among older persons in institutions. The three factors are a) health status, b) social relationship and c) sleep quality (Tel, 2013; Ribeiro Do Valle, Valle, Valle, & Fior, 2013).

Health status is defined as 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (World Health Organization, 1948). Health among older persons is determined by patterns of living, exposures and opportunities for health protection (World Health Organization, 2004). The prolonged course of illness and disability from chronic diseases due to ageing can significantly decrease the quality of life among older persons (Higgins & Mansell, 2009).

Social relationship is also one of the factors that could influence quality of life. Social relationship is about establishment of social support and family function. It is essential to establish a healthy social relationship for maintaining good physical and mental health (Ozbay, Fitterling, Charney, & Southwick, 2008). Poor social relationship will lead to withdrawal from society, loneliness and depression.

The third factor that could influence quality of life is sleep. Sleep is vital for human being because it helps body to rest and repair and maintaining proper body's circadian rhythm. Sleep is essential because it is required daily to restore energy for daily living. Thus, sleep is important to improve quality of life. Previous studies stressed that sleep has close correlation with quality of life (Stone, Ensrud, & Ancoli-Israel, 2008; Tel, 2013). Lack of quality sleep will eventually have the impact on energy, emotional balance and health. Thus, poor sleep quality and sleep disorder like insomnia can reduce the quality of life.

Sleep quality and quality of life decrease when a person gets older (Tel, 2013). Tel (2013) said that sleep is an indicator of the quality of life. Based on previous literatures, older persons who live in institutions have poor sleep quality (Rashid, Ong, & Yi Wong, 2012; Ribeiro Do Valle et al., 2013; Tel, 2013). Poor sleep quality is due to environment, pain, chronic illness and sleep disturbance (Eyigor, Eyigor, & Uslu, 2010; Rashid et al., 2012). Poor sleep quality contributes to higher risk of getting heart disease, depression, falls and accidents. These effects will lead to poor quality of life.

Literature stressed that sleep disorder is more frequent amongst elderly people who live in institutions (Neikrug & Ancoli-Israel, 2010). A review conducted by Neikrug & Ancoli-Israel (2010) indicated that sleep disturbance and sleep difficulty occur amongst 50% of the residents. Sleep disturbance, sleep difficulty and lack of quality of sleep will cause deterioration in health status and quality of life (Tel, 2013). In addition, many older people live in the institutions has a deterioration in cognitive functions such as mild neurocognitive disorder (MNCN) and dementia (Holthe, Thorsen, & Josephsson, 2007).

However, information about sleep quality and predictor of sleep quality amongst older persons with various levels of cognitive function (either normal, MNCN or dementia) in an institution in Malaysia is scarce, insufficient and inconclusive. Therefore, the aim of this study is to identify sleep quality and to determine the predictor of sleep quality among three groups of cognitive function among older persons in institutions. Information obtain would provide a framework to healthcare professionals especially occupational therapy to promote a better sleep quality and to design an effective intervention programme that could ensure sleep quality amongst older persons in institutions.

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