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Research paper

An evaluation of home health care needs and Quality of Life among the elderly in a semi-rural area of Western Turkey



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ABSTRACT

Introduction: The aim of the study was to evaluate the Home Health Care (HHC) need and associated factors and the relationship between HHC need and Quality of Life (QoL) in the elderly.

Materials and method: The study was carried out in a semi-rural area of Eskisehir, Turkey. It included all households with people 65 years old and above. Participants completed questionnaires on socio-demographic characteristics, the use of medical devices, the use of medical equipment and status of physician-diagnosed disease, the use of HHC, the Katz Index of Independence in Activities of Daily Living (Katz ADL), and included the Index of Instrumental Activities of Daily Living (IADL), and a Short Form-12 QoL Questionnaire (SF-12). Multiple linear regression analyses were used to determine the factors associated with QoL.

Results: The study included 1018 (10.3%) people who were 65 years old and over. The prevalence of HHC need was found to be 26.2%. Only 2.8% of the individuals who had an HHC need had used formal HHC services. In the present study, according to multivariate logistic regression analyses, those over 75 years of age who were not able to take personal care of themselves, had chronic diseases and were dependent, according to the Katz ADL and IADL, had greater need for HHC. Upon analysis, HHC need was the main factor affecting QoL of the individuals.

Conclusion: We found that a very small proportion of those in need were receiving formal HHC. Evaluating the HHC need and providing HHC services are important for increasing QoL of the elderly.

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1. Introduction

The increasing number of elderly people is a worldwide problem and is associated with an increase in chronic degenerative diseases [1,2]. With increases up to 300% in the older population of many developing and developed countries, there will also be a marked and universal growth in the need for long-term health care [3]. Many of the most elderly lose their ability to live independently because of limited mobility, frailty and other physical or mental health problems [4]. Thus, it is likely that future health care

will increasingly be performed in people's homes [2,5]. Home health care (HHC) is the provision of services to individuals and their families in their homes for the purpose of promoting, maintaining, or restoring health [6]. Current demographic developments in Turkey have resulted in increased interest in HHC.

In Turkey, HHC was pioneered in the private sector, but it is provided by local authorities, private health care institutes, private HHC establishments and government-owned hospitals' HHC facilities. In fact, the HHC services started at 2010 in Turkey. Patients who are bedridden, who have respiratory disorders, who have muscular diseases, who are at terminal cancer, who are newborn child are the priority groups as getting HHC services [7]. Patient' application is dependent upon receiving HHC services. HHC contains 15–30 minutes visits for each patient weekly. According to Republic of Turkey Ministry of Health data, 54,000 patients received HHC services in last year [7]. However, these alternatives do not meet the HHC need, and most people take care of their families. However, families cannot shoulder the increasingly heavy burden of care alone. Because of a wide range of social, economic, demographic, and epidemiological factors and changes,

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family resources are decreasing all over the world [3]. Therefore, the need for formal HHC is also rapidly increasing in Turkey.

The HHC can be defined in terms of three different general actions: preventive assessments and actions, care provided for individual needs, and actions and assessments after discharge [8]. Another approach to preventive and promotive care for older people would be to focus solely on those who are frail [8]. The expected outcomes are related to significant improvements in functional and psychosocial health status as well as the improvement and maintenance of Quality of Life (QoL). Thus, the ultimate goal is not only to contribute to QoL but also to replace and prevent hospital care, and this involves actions ranging from preventive to end-of-life care [9].

Overall we hypothesized that, HHC need was associated with various factors among elderly such as demographic characteristic, activities of daily living and health-related quality of life. The aim of this community-based study was to evaluate the HHC need and associated factors and the relationship between HHC need and QoL among elderly individuals who live in semi-rural areas of Eskisehir, Turkey.

2. Materials and methods

2.1. Study design and population

The study was carried out in Eskisehir, Turkey. The study was reviewed and approved by an ethics committee and relevant institutions. All participants gave informed consent. Study procedures were in accordance with the Helsinki Declaration of 2014.

Eskisehir, where the majority of people engage in agriculture and industry, is located in Central Anatolia and has a population of 781,247. The population over 65 years of age is 80,086 (10%), with 83% living in the city centre and 17% living in rural areas. Eskisehir is the one of the leading province in Turkey in terms of health practices. In this context, Republic of Turkey Ministry of Health selecting the Eskisehir as pilot application area of conducting HHC services [10].

There is an Education and Research Region in Eskisehir, where community-based research is performed. It is called the Public Health Department of Eskisehir Osmangazi at the University Medical School Education and Research Region (ESOGU-ERR). ESOGU-ERR has four semi-rural districts: Sivrihisar, Beylikova, Mahmudiye and Alpu. During the study period, we reached all households ($n = 7524$) by door to door interview in ESOGU-ERR and interviewed 2915 (39.7%) of them. We could not reach all households due to migration to urban areas from the region, the people who do not want to be interviewed, households that people' second home and households that empty in spite of taking place in governmental records. The demographic characteristics of 9855 people were recorded. The study was performed with 1018 (39.2%) people who were in the 65 year and over age group.

2.2. Survey instruments

Participants completed a questionnaire on socio-demographic characteristics, including age, sex, socio-economics, family status, personal care, smoking, the use of medical devices (respiratory apparatus, wheelchair, air bed, etc.), the use of medical equipment (Foley catheter, nasogastric tube, colostomy bag, dialysis catheter, intravenous catheter, cystoscopy catheter and percutaneous endoscopic gastrostomy [PEG]) and physician diagnoses.

In the data set, participants were asked "whether they received HHC services provided by professionals (formal HHC) during the past 12 months because of a health condition or limitation that affects their daily activities?" In addition, participants were asked "whether they had ever needed professional HHC services but had

not received them?" Because of the number of the people provided formal HHC services was too low, we could not evaluate them as a separate group.

The questionnaire also included the Katz Index of Independence in Activities of Daily Living (Katz ADL), the Index of Instrumental Activities of Daily Living (IADL), and the Short Form-12 QoL Questionnaire (SF-12).

The Katz ADL was used to quantify independence in ADL across a wide range of patient populations. Functional status of individuals was measured in terms of limitations in ADL using the Katz ADL; the included items were bathing, transferring, dressing, toileting, continence, and feeding; the response categories were 'independent' (if the person needed no help), 'half-dependent' (if the person needed minimal help to perform the activity) or 'dependent' (if the person needed assistance to perform the activity) [11]. The Katz ADL has also been translated into Turkish [12]. The IADL was used to assess the daily performance with tools. The Index had eight items: using the telephone, preparing meals, shopping, household chores, washing the clothes, using transportation, taking medication, and managing finances [13]. The IADL was scored the same way as the Katz ADL. The instrument was used in the Turkish population after a validity and reliability study [14].

Health-related QoL was assessed using the SF-12, which was derived from the SF-36 and measures physical and mental health. It comprises 12 questions concerning general health perceptions and general mental health, including psychological distress and psychological well-being, physical and social functioning, role limitations because of physical health problems or emotional problems, and questions on vitality and bodily pain. These 12 items were used to generate an oblique Physical Domain Score (PDS) and a Mental Domain Score (MDS) [15].

2.3. Study procedure

The questionnaire was filled out by the researchers using a face-to-face conversation method. All participants were examined by physicians experienced in HHC services. Examination findings (consciousness, general appearance, bedriddenness and oral intake) were noted. Physicians determined the HHC needs of individuals using a medical examination, the ADL and IADL indexes and the patient's history. Some individuals receiving HHC services over the past 12 months were also classified as having unmet HHC needs if they identified such a need. Information was obtained during a period of 25 to 30 min.

2.4. Statistical analysis

Data were analysed using the Statistical Package for the Social Sciences 20.0 (SPSS Inc.; Chicago, IL, USA; www.qrsinternational.com). We used descriptive statistics to assess the prevalence of HHC need and related factors. Then, we conducted multivariate logistic regression to identify socio-demographic and other factors related to HHC need. The multivariate logistic regression model included independent variables that were found to be significant. Then, we performed multiple linear regressions to determine the factors related to the mental and physical domains of QoL. The model included independent variables that were found to be significant.

3. Results

The study group comprised 1018 elderly people. The average age of the participants was 73.8 ± 6.6 years and more than half were female (56.5%). The participants were evenly distributed across income categories (Table 1).

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