

جودة حياة المسنين المصابين بأمراض القلب بدور المسنين  
بمحافظة القاهرة

رسالة

مقدمة للحصول على درجة الماجستير  
في (تمريض صحة المجتمع)

مقدمة من

علا حسين أبو المعاطي

كلية التمريض  
جامعة عين شمس  
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**Quality of Life among Elderly Clients with Heart  
Diseases at Geriatric Homes  
in Cairo Governorate**

**Thesis**

Submitted for Partial Fulfillment of the Requirement for the Master  
Degree in Nursing Science.  
(Community health Nursing)

**By**

**Ola Hussein Abo El Maaty**  
(B.Sc.Nursing)

**Faculty of Nursing  
Ain Shams University  
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## ABSTRACT

**Quality Of Life** is important consideration in medical care , quality of life refers to the patient's ability to enjoy normal life activities . Some medical treatments can seriously impair quality of life without providing appreciable benefit , while others greatly enhance quality of life .Heart disease is abroad term used to describe a range of diseases that affect the heart . the various diseases that falls under the umbrella of heart disease include diseases of blood vessels , such as coronary artery disease; heart rhythm problems (arrhythmia); heart infections ; and heart defects that person born with (congenital heart defects).**The aim** of the study was to assess the quality of life of elderly clients with cardiac diseases at geriatric homes . **Design** ; this study was a descriptive research design . **Setting** ; the study was conducted at geriatric homes of the elderly in Cairo Governorate (4 homes) . they were followed for eleven months . **Sample**; the study involved all elderly clients with cardiac diseases (n = 120), the sample were taken randomly. **Tools**; three tools were designed to collect data to assess the quality of life of elderly clients with cardiac diseases .An interviewing questionnaire was used to assess socio demographic . An observation checklist was prepared to assess home environment of elderly clients . Medical record was used to collect data about the patient diagnosis .**Results**; the mean age of elderly was 71+ 8.60. Elderly heart condition statistically significant differences were observed between total quality of life of the elderly .and moderate environment as well , while no statistically significant difference was detected between elderly heart condition and their gender , living place , level of education , job , income and smoking .**Recommendation**; The study suggested that health educational programs according to health status of the elderly should be designed and implemented , according to physician order and adequate hygiene adopting a national comprehensive programs for prevention of cardiac diseases .

## الملخص العربي

### المقدمة

تشمل جودة الحياة ظاهرة طبيعية النمو والتطوير لحياة الانسان وتبدأ من لحظة الولادة وتستمر حتى الموت ونحن نحتاج الى المزيد من التعلم عن هذه الظاهرة وذلك لان كثير من الناس سوف يصبحون من المسنين بمرور الزمن وبالتالي نحتاج ان تكون بؤرة التركيز علي الاكتشاف المبكر لاي خلل مثل امراض القلب او اي مرض مزمن يقلل من حركة الانسان ويزيد من الخلل والاعاقه بين كبار السن في المجتمع .

### الهدف من الدراسة:

والهدف من هذه الدراسة هو تقييم جودة الحياة بين المرضي المسنين المصابين بأمراض القلب في دور المسنين من خلال:

- (١) -تقييم الجانب المادي من جودة الحياة.
- (٢) -تقييم الجانب النفسي من جودة الحياة.
- (٣) -تقييم الجانب الاجتماعي من جودة الحياة.
- (٤) - تقييم الجانب الروحي من جودة الحياة.
- (٥) - -تقييم سلامة البيئة للمرضي في بيوت المسنين الذين يعانون من أمراض القلب.

## أسئلة البحث

١: ما هي العلاقة بين الخصائص الاجتماعية والديموغرافية للمرضي كبار السن وأمراض القلب؟

٢: ما هو تأثير أمراض القلب على الحالة الجسدية؟

٣: هل هناك أي تأثير لأمراض القلب على الحالة النفسية والاجتماعية؟

٤: هل هناك علاقة بين سلامة البيئة وجودة الحياة للمرضي المصابين بأمراض القلب؟

## طرق البحث:

### تصميم البحث

وستستخدم تصميم وصفي لهذه الدراسة.

### المكان

العدد الإجمالي لدور المسنين هو ٣٨ دار في محافظة القاهرة. وسيتم اختيار حوالي ٢٥٪ من هذا الرقم من قبل عينة عشوائية بسيطة.

### العينة

سيتم استخدام عينة غرضيه لهذه الدراسة. العدد الإجمالي لدور المسنين هو ٣٨. وسيتم اختيار ٤ دور وسيتم اختيارها من قبل عينة عشوائية بسيطة. كل المقيمين منالمرضي الذكور والإناث في الأماكن السابقذكرها وفقا لمعايير معينة وهي كالأتي: العمر أكثر من ٦٥ عاما، وتم تشخيصهم بأمراض القلب .

### أدوات جمع البيانات:

تم جمع البيانات عن طريق المقابلة الشخصية وتشمل (قدرة الافراد علي اداء أنشطة الحياة اليومية ) تقييم الاداء الوظيفي للمريض عن طريق قياس مستواه في الاعتماد علي الذات في القيام بالانشطة الحياتية الخاصة وكما تم ملاحظة البيئة المنزلية ) وايضا تشمل استمارة لتقييم جودة الحياة السجلات الطبية وقائمة الملاحظات السجلات الطبية وقائمة الملاحظات .

**جمع البيانات:** تم جمع البيانات من خلال دور المسنين بمحافظة القاهرة وقد تم اختيار اربعة منهم وهم (دار هدية بركات ١- دار هديه بركات ٢ - دار الصفا - دار المروة) وذلك من الفترة (نوفمبر ٢٠١٣ حتي اغسطس ٢٠١٤)

## نتائج البحث

**كانت اهم نتائج البحث ما يلي:**

-كان متوسط اعمار كبار السن المصابين بامراض القلب ٧١+ -٨,٦٠ سنه وكان معظمهم من الاناث (٦٠%) وكان نسبة (٤٣,٣%) اميون ونسبة (١٦,٧%) وحيدا و (٣٤,٢%) لا يعمل و نسبة (٧٣,٣%).

وكان عدد غير المدخنين (٥٨,٣%).

-وجد ان اكثر من نصف الحالات ونسبتهم (٦٧,٥%) كانوا مصابين بالضغط العالي .وان نسبة (٦٨,٣%) مصابين بالتهابات بالمفاصل . و(٥٧,٥%) مصابين بالانيميا. و نسبة (٤٥%) بالسكر. (٣٦,٧%) لديهم المرض من ١٥ سنة (٧٥%) يشكو من الم بالصدر و (٨٠%) ضيق بالتنفس و(٦٥,٨%) يشكو من أزمة مرة واحدة بالشهر. (٩٩,٢%) يتناولون ادوية اخري خلاف ادوية القلب.

-اما بالنسبة للالم (٤١,٧%) احيانا يشكو من الالم. واكثر من نصف الحالات (٦٠%) يشكو من الالم بعد الغضب . اقل من نصف الحالات (٤٥%) يشكو من الم شديد ولكن يمكن تحمله اكثر من النصف (٥١,٧%) يشكو من ازمة تستغرق من (١٠- ١٥) دقيقة

-بالنسبة لمعلومات المرضى عن المرض اكثر من نصف المرضى (٦١,٧%) لا يعرفون معني القلب . وحوالي (٧٤,٢%) لا يعرفون وظيفة القلب . و (١٠,٨%) يعتبرون ان امراض القلبنتيجة لنقص تعذية عضلة القلبوا جزء منها . و (٣٨,٣%) يعتقدون ان من العواملالمساعده لحدوث امراض القلبهو التدخينونسبة (٥٩,٢%) يعتقدون ان الجنس من عوامل حدوث المرض .

-اما بالنسبة لطرق الوقاية من المخاطر لتجنب المضاعفات (٨٦,٧%) يتناولون مليونالتجنب مضاعفات الامسك. و(٧٦,٧%) لا ياكلون ما بين الوجباتلتجنب السمنه . (٦٤,٢%) يقللون التدخين تدريجياالتقليل اخطار التدخين.

-بالنسبة للحالة الجسمانية(١٧,٥%) يحتاجون مساعدة كاملة اثناء الاستحمام(٧٠,٨%) يحتاجون مساعدة كاملة لحمل الاشياء الثقيلة . (٣٧,٥%) يحتاجون بعض المساعدة للذهاب للحمام .(٧٤,٢%) ينامون بدون استخدام الادوية.

-بالنسبة للحالة الاجتماعية ( ٧٣,٣%) لا يشاركون في اي رياضة . و(٤٥%) احيانا يزورون الاصدقاء ونسبة (٣٦,٧%) دائما يشاركون في المناسبات العامة مثل الزواج والوفاة وزيارة المرضى.

-اما بانسبة للحالة النفسية (٦٥,٨%) لا يقرأون كتب و (٥٧,٥%) احيانا يهتمون بمظهرهم . (٥٤,٢%) دائما يستمعون للبرامج الصحية

-بالنسبة للحالة الروحانية اكثر من النصف (٥٣,٣%) لا يشعرون بالحيرة تجاه مستقبلهم. و(٥٥%) احيانا يشعرون بهدف في المستقبل . (٧٥,٨%) لا يحبون الصلاة و نسبة (٤٤,٢%) لا يشاركون في اي برامج ترفيهية.

-فيما يتعلق بالبيئة المنزلية وجد ان اغلب المسنين المصابين بامراض القلب كانت لديهم بيئة متوسطة الامكانيات و قليل من الحالات لديهم مشاكل خاصه بالتكوين البيئي والتعرض لاطار البيئة المختلفة مما قد يؤثر علي الحالة الصحية للمسنين المصابين بأمراض القلب.

## Summary

Aging is a complex and dynamic process with intricately, interrelated and inseparable physiologic, psycho logic and sociologic components. It is a normal process that implies continued growth development and adaptation until death. Aging is a universal human experience that culminates in an end. It is a dynamic state of existence that changes with ones perspective. Moreover, aging is a time of confusion and vulnerability to certain risk taking behaviors, which may lead to serious complications as cardiac diseases. Accordingly, there is an urgent



need to focus more attention on elderly health both physical, and psychological (Tinetti, 2006).

### **Aim of the study**

The aim of this study was to assess the quality of life among elderly clients with heart disease in geriatric homes through:

- 1) Assessing the physical aspect of quality of life.
- 2) Assessing the psychological aspect of quality of life.
- 3) Assessing the social aspect of quality of life.
- 4) Assessing the spiritual aspect of quality of life.
- 5) Assessing the safety environment of geriatric homes for clients with heart disease.

### **Research Questions**

- 1: What is the relation between socio-demographic characteristics of elderly clients and heart diseases condition?
- 2: What is the effect of heart diseases on physical status?
- 3: Are there any effect of heart diseases on psychological and social status?
- 4: Are there relation between the safety environment and quality of life of clients with heart disease?

**Subjects and Methods:** are described under the following four design: technical, operational, administrative, and statistical.

**Design:** This is descriptive study.

**Setting:** The study was carried out at Geriatric homes in Cairo Governorate of the four selected settings (Dar Hedia Barakate 1 – Dar Hedia Barakate 2 –

Darel safa-Dar el Marwa). Subjects were followed for environmental assessment.

**Subjects:** It consisted of subjects presenting in geriatric homes. The sample nearly (120) clients which were taken randomly.

The sample was chosen according to the following inclusive criteria:

- 1- Older adults (Age 60 years or above).
- 2- Diagnosed with cardiac diseases.
- 3- Agreed of patient to participate in the study by written consent.

**Tools:** Three tools were used for data collection:

**The first tool:** A questionnaire to assess socio demographic characteristic and medical history. The data were collected using a self-administrated questionnaire. The researcher designed the questionnaire based on literature review.

-An observational check list to assess:

-Patient's knowledge about (heart, disease, hygiene, diet, exercise, constipation) and about physical (physical activities and recreation), psychological (anxiety, depression, and fear), social (adaptation with other and relationship with other)

**The second tool:** Data collected from medical record review, It include diagnosis, treatment regimen, number of entry to hospital and pain ...etc

**Third tool:** It includes safety environment. It include: toilet, safety chair, presence of lift (elevator).

Content validity done to the tool. Will be tested through 5 experts from the staff of community health nursing in community health nursing department in faculty of nursing Ain Shams University.

Data were collected over a period of 10 (ten months). From the first of November 2013 to the end of August 2014. It was devoted for reviewing related literature, designs of the questionnaire sheet, and performing the pilot study.

**The study results revealed the following:**

- Elderly clients with cardiac diseases had more than half (60.0%) of the elderly clients with cardiac diseases were females, with a mean age of 71+- 8.60; years; and slightly less than half (43.3%) of them were illiterate, 16.7% were single, and more than half of them (54.2%) were not working, 73.3% lived in urban.
- Concerning medical history of elderly clients with cardiac diseases, more than half (67.5%) of cases had hypertension, while 68.3% had arthritis. More than half of them (57.5%) had anemia, and less than 45.0% had diabetes mellitus, the duration of disease for slightly more than one third (36.7%) of clients was 15 years and more, about three quarters (75.0%) of them complained chest pain during cardiac attack, while 80.0% complained from tightness of breath (dyspnea), and about two thirds (65.8%) had only one attack during the month, 18.3% had chemical therapy, while 99.2% had other medication.
- Concerning pain, less than half (41.7%) of the studied sample sometimes had pain, more than half (60.0%) of the studied sample had pain after angry, end less than half (45.0%) had severe pain but can afford it, and half of them (51.7%) took more (10- 15) minute during attack, and two thirds (71.7%) of pain in the chest were heavy.
- Concerning knowledge more than half (61.7%) of the studied sample did not know what is the meaning of the heart. While two thirds of them (74.2%) did not know what is the function of the heart. More than quarters (80.8%) did not know what is the

meaning of arteries. only one fifth of them(10.8%) determine that heart diseases are lack of feeding of the heart muscles or part of them which lead to the inability of the arteries to provide the necessary amount of blood and oxygen. and more than three quarters (88.3%) did not know the main causes of heart diseases. About one third (38.3%) think that risk factors of heart diseases such as smoking, high blood pressure, and diabetes,more than half of them(59.2%)the sex was the co factors for the occurrence of excessive obesity, about two thirds of them(63.3%) high level of cholesterol and fat was complication of obesity, more than two thirds of them (76.7%) take medication regularly.

- Concerning methods of prevention more than three quarters (86.7%) of the studied sample taking laxatives to avoid complication, and more than two thirds of them(76.7 %)not eat between meals to avoid obesity, and less than two thirds(64.2%) reduce smoking gradually to avoid risks of smoking.
- Concerning physical status of the studied sample that less than quarter (17.5%)of the elderly clients with cardiac diseases were need complete help for having shower.about two thirds (70.8 %)of them were need complete help to wash the teeth,more than half of them (58.3%) wash the hands and care of nails without help,whiletwo thirds (70.8%) need complete help to carry heavy things, about one third of them(37.5%) need some help to go to bath room, one third of them (38.3%) need some help to cook and prepare meals and wash dishes,more than two thirds (74.2%) of the studied sample sleep without medication, about half of them(52.5%)wear clothes without help, and about one third of them (30.8%) able to clean house with help.
- Concerning social status three quarters of the studied sample(73.3%) never participate in any sport, less than half of

them(45%)sometimes visit friends,while one third(36.7%) always participate in social activities (wedding –death –visit patients).

- Concerning psychological status less than two thirds (65.8%)of the studied sample never read books, more than half of them(57.5%) sometimes cares of their appearance, slightly more than half of them (54.2%) always listen to health programs.
- Concerning spiritual status more than of the studied sample (53,3%)never worry about their future, while more than half of them(55%)sometimes feel having goal in the future,about three quarters (75,8%)ofthem always love prayer, less than half of them(44,2%)always participate in recreational program.
- Concerning home environment it was generally moderate in all items. About one fifth of them (18.3%) of drinking water was un save, more than three quarters (96.7%) of ventilation was save, while one third (36.7%) un save of noise outside the home, 98.3% save for noiseinside the home, 0.8% un save for furniture, about one third(70.0%) save for lighting.

**Conclusion:** Based on the findings and research questions, of the studyit was concluded that building peoples confidence and self esteem is an important aspect ofmanagement of cardiac diseasesand nurses are part of a multi – disciplinary approach to the care and management of people with problems of the heart.

### **Recommendations:**

- Early detection and management of elderly related functional capacitymay improve the effectiveness of physical therapist and encourage person's participation in the occupational therapy.
- Assessment of elderly home environment and suggestionsofpossible changes to the environment, especially home facilitation modifications

should be performed in place before the person becomes frail and training in the use of adaptive equipment is highly recommended.

- Emphasizing the importance of raising awareness for the elderly and their caregivers, that will consequently improve their physical condition and their ability to perform daily living activities.