

Nursing and Self Motivation for Elderly

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A comparative co-relational study of health motivation, self rated health status and health behaviour of male and female elderly aged 60 years and above in selected urban areas with a view to develop guidelines for nursing personnel to motivate elderly individuals for active ageing.

All organisms progressively lose adaptability with the passage of time even with the best resources in terms of health care facilities, financial support, social support, emotional support, etc. This change is ageing process. The loss of adaptability leads the organism to increase vulnerability to internal and external environmental changes.

The age structure of the population has so evolved that the number of old people is continually on the increase. The worldwide increase in the older population coupled with economic, social and other changes has inevitably affected the needs for health care and hence for nursing care of the elderly.

Taking an active role in achieving and maintaining good health depends on certain personal factors – degree of vulnerability, level of motivation, sense of control and perceived value of the behaviour. People are motivated to take action if they feel that a sufficient threat to their health exists and that the consequences of changing the behaviour are worthwhile.

Hence the need to conduct a study on health motivation of

elderly male and female individuals and to find its relationship with self – rated health status and health behaviour of elderly. It would provide basis for structuring health promotion and disease prevention programme for healthy elderly, prevention of deterioration of health in sick elderly and make aged people productive, happy and healthy in our society.

Objectives of the Study

- ♦ To assess health motivation of male and female elderly.
- ♦ To assess self rated health status of male and female elderly.
- ♦ To assess health behaviour of male and female elderly.
- ♦ To seek relationship of health motivation, self rated health status and health behaviour of elderly.
- ♦ To compare health motivation, self rated health status and health behaviour of elderly.
- ♦ To prepare guidelines for nursing personnel to motivate elderly individuals for active ageing based on study findings.

Important terms like elderly, self rated health status, health behaviour, motivation and occupation were operationally

defined for the purpose of study.

Methodology

The conceptual framework adopted for the study was based on Revised Health Promotion Model by Nolla J. Pender (1996). A comparative co-relation survey design was used to achieve the objectives of the study. A total of hundred elderly subjects i.e. 50 females & 50 males were selected from Shipra Suncity, Indirapuram, Ghaziabad, Uttar Pradesh, using snow ball sampling technique. The tool used for data collection was structured interview schedule which was divided in four parts. Part I to determine personal data, Part II to determine level of health motivation in elderly, Part III to determine self rated health status of elderly and Part IV to determine health behaviour in elderly.

The content validity of interview schedule was ensured by obtaining opinion from nine experts from the field of geriatric medicine, community medicine, nursing, psychology and social work. Reliability of Part II (health motivation in elderly) and part IV (health behaviour in elderly) of interview schedule was established by using Cronbach Alpha Formula and it was found to be 0.96 and 0.72 respectively. Reliability

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ity of part III (self rated health status in elderly) of interview schedule was established by using Kuder - Richardson formula (K - R20 formula) and it was found to be 0.91.

Analysis and Findings

- ◆ Eighty Two percent of female elderly and 68% of male elderly were between 60-69 years of age.
- ◆ Sixteen percent of female elderly were illiterate whereas only 4% of male elderly were illiterate.
- ◆ Thirty two percent of female elderly were widows whereas only 8% of male elderly were widowers.
- ◆ Majority of the male and female elderly belonged to Hindu religion (98%).
- ◆ Majority of male elderly (78%) were pensioners and only 4% were re-employed, whereas majority of female elderly (72%) were dependent. None of the female elderly were re-employed or had income from investment in property etc whereas 12% male elderly were re-employed or had income from investment in property etc.
- ◆ Majority of the female elderly (74%) were home bound, whereas majority of male elderly (64%) were socially active. Majority of male and female elderly had three or more children and lived in joint family.
- ◆ Fifty percent of female elderly

suffered from long term illness, whereas only 32% male elderly suffered from long term illness. All male and female elderly were on treatment.

- ◆ Forty four percent of female elderly suffered from long term illness for 6-10

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Nurses working with the elderly should help them to enhance their health motivation.

Elderly being a heterogeneous group, nurses should be trained in geriatric nursing care.

years whereas only 25% of male elderly suffered from long term illness for 6-10 years.

Data collected was analysed using descriptive and inferential statistics [mean, %, t test and r]. Findings of the study revealed that there is no difference in health motivation of male and female elderly as 't' value obtained (0.15) is less than tabulated value (t = 1.98) at 0.05 level for 98° of freedom. The self rated health status of female elderly is lower than male elderly as 't' value obtained (6.24) is more than tabulated value (t = 1.98) at 0.05 level for 98° of freedom.

There is no significant difference in means scores of male and female elderly for Health Behaviour as 't' value obtained (0.69) is less than tabulated value (t = 1.98) at 0.05 level for 98° of freedom. There is significant relationship between health motivation and health

behaviour as 'r' value obtained (0.28) is more than tabulated value (r = 0.20) at 0.05 level for 98° of freedom. There is significant relationship between self rated health status and health behaviour as 'r' value obtained (0.66) is more than tabulated value (r = 0.20) at 0.05 level for

98° of freedom but there is no relationship between health motivation and self rated health status as 'r' value obtained (0.03) is less than tabulated value (r =

0.20) at 0.05 level for 98° of freedom.

Further analysis of the data shows that health motivation is not dependent on sex, source of income, activity status, educational status, marital status, family background (no. of children and type of family).

Conclusion

The conclusions drawn from the study are:

- ◆ The male and female elderly individuals differ in their personal characteristics.
- ◆ The health motivation, self rated health status and health behaviour scores of male elderly subjects were higher than female elderly subjects.
- ◆ There was no significant difference in mean scores of health motivation and health behaviour of male and female elderly. This shows that both are equally motivated to practice

health behaviour of male and female elderly. This may be due to increased awareness in people due to media exposure.

- ◆ There was highly significant difference in mean scores of male and female elderly subjects, with mean self rated health status scores lower in female elderly. This may be due to cumulative disadvantages that a women suffers in her life course.
- ◆ There was significant relationship between health motivation and health behaviour. It reflects that health behaviour increase or decrease as health motivation increases or decreases and vice-versa.
- ◆ There was significant relationship between self rated health status and health behaviour. It reflects that self rated health status increases or decreases as health behaviour increase or decrease and vice-versa.
- ◆ There was no relationship between health motivation and self rated health status. This may be due to the fact that people are not adequately motivated to practice health behaviour until they fall ill.
- ◆ Health motivation is not dependant on age, sex, marital status, educational status, source of income, activity status, family background and disease status of individual. This may be due to fact that intrinsic motivation comes from

within the person and it can overcome most of the perceived barriers to healthy behaviour.

Implications of the Study

- ◆ In the present social milieu, living alone in old age is slowly becoming a reality which requires enough motivation within elderly people to maintain and promote their health. Elderly people should be provided with conducive environment, proper counselling and guidance to maintain and promote their health.
- ◆ Nursing education should take into consideration that elderly are a heterogeneous group. This requires adequate preparation of nurse educators in geriatric nursing who will be able to guide nursing students in this field. The findings of the study and guidelines can be used while planning geriatric nursing course for nursing students.
- ◆ The study also implies that people should be motivated to maintain and promote their health, to make health programme of country a success and to develop a healthy generation of people. The harmful behaviour should be discouraged and healthy behaviour should be encouraged and put across through media. The nursing personnel can contribute in motivating elderly for health pro-

motion and disease and disability prevention.

- ◆ Findings of the study imply that nurses working with elderly clients must pay attention to level of health motivation in elderly clients and enhance their health motivation by using proper strategies. Developed guidelines may assist nurses in care of elderly clients to plan, implement and evaluate nursing care to enhance health motivation in them.
- ◆ Clinical specialization in this branch of nursing, needs to be developed so as to meet the increasing challenges of the area of the elderly. The advanced nurse practitioner's role in India can be developed in gerontological nursing such as geriatric nurse practitioner.

Recommendations

Based on the findings, the following recommendations are proposed for future research:

- ◆ An experimental study should be conducted to implement and evaluate the effects of developed guidelines.
- ◆ Similar study should be replicated on a large sample in rural and urban areas to validate and generalize its findings.
- ◆ Similar comparative study can be conducted for the elderly individuals residing in old age homes and elderly individuals residing in their own setting. ■