

A Study on the Perceived Health Status, Activities of Daily Living, Depression for the Elderly at Nursing Homes

The purpose of this study was to investigate perceived health status, activities of daily living and depression of the elderly in nursing facilities and to identify correlations among them. The collected data is to improve healthy life for the aged people in communities. This study was performed by using of questionnaire which was consisted of perceived health status, activity of daily living(ADL) and depression. The survey was conducted by 180 aged people at nursing homes. The results of perceived health status show that 64.9% of elderly feel very bad or bad, 61.6% of elderly have a degree of independent level of activity of daily living(ADL) and 48.6% of elderly have a degree of depression. There were statically revealed meaningful correlation between ability of activity of daily living(ADL) and perceived health status, ability of activity of daily living(ADL) and depression. This study about connection among perceived health status, activity of daily living(ADL) and depression is necessary for number of the affiliation function of elderly at nursing homes and development of intervention programs concerned about depression are necessary.

Key words : ADL, depression, elderly, nursing home, perceived health status

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INTRODUCTION

The elderly who over 65 years old is 4,887,699 people(10.7%) in October, 2009 in Korea. It is analyzed that it being increased every year around 0.5%. If the case of exceed 7% of population is prescribed as ageing society by UN and exceed 14% of population is prescribed as super aged society. Because it is expected that elderly population comes in 14.3% at 2018 and in 20.8% super aged society at 2026 years(1). Therefore, dramatically increase of elderly is the immediate situation in Korea. Increasing of a population of a elderly is causing various health problems that coupling was considered to be an elderly and a welfare problem.

When the elderly who have a health problem show derangement such as depression or dementia dys-

function and pain take. Furthermore, it appears synchronization degradation, therapeutic acclimation and amelioration pulls(2).

The Cox and his colleagues said that the health status of elderly is influenced by scale and loneliness, education of interchanging people(3). This is not unrelated to the radius that daily living of a elderly makes ends meet either. The rank of independence degree of an elderly living is basic and comprehensive contents are included by ability of activity of daily living(ADL). An elderly lives for presence of independence acts on measuring ability to accomplish daily actions in one's daily living radius with a basic element. The depression by lonely, weakness, depletion, ageing of a old person suffered from the term which was not ignorant about commoners either.

Preliminary research reported that degree of depressed

is watched highly when elderly recognize that health status is bad in standing (4) so as to recognize health status in a variable.

Depression of the aged should be taken more interest because it can be managed by effective treatment(5). Given that concerns on the aged are being raised with increase in aged population but substantial resources are insufficient, it is essential to develop and establish infrastructure accumulated in order to provide health service for the aged including long-term care insurance. It is needed to secure studies based on theories and multilateral views and to detail estimate the aged in order to devise measures for problems of an aging society.

METHOD

Subjects and period

In this study, the author selected 180 aged people who were over 65 years old in nursing facilities which were located in Gyunggi-do, by random sampling. The researcher explained purpose, procedure, contents of study to an institution person in charge.

Methods were used in self interview and the questionnaire paper which the document collection carried out institution and investigate questionnaire used read and answered at the same year since 1st in May for 2008 years.

The researcher and the study assistant underwent enough education for investigation methods and mention methods and questionnaire paper contents, questionnaire paper adjusted a difference of the space between letters where it passed and to examine comprehension rank of a questionnaire paper.

Data collection and Study tool

Subjective Health Status

In order to evaluate perceived health status, one of the three items adapted and used by Kim(6) based on the tool for self-rating health status developed by Lawston et al.(7) was used in this study. The one item included a question asking how one thinks of one's own health status. As for answers, one point for "very bad," two points for "bad," three points for "common," four points for "healthy," and five points for "very healthy" are given. The higher points means the healthy subjects.

Degree of activity daily living(ADL)

Estimation tool for care-approved time and service

support of long-term care insurance for the aged that was established suitable for cultural backgrounds of Korea was used in order to evaluate activities of daily living and instrumental activities of daily living. The 12 items for activities of daily living were taking a bath, changing clothes, using bathroom, getting up to sit, changing positions, doing laundry, controlling urine and feces, taking a meal, washing one's face/shampooing, moving to another seat, and walking. Three points for "complete self-reliance," two points for "partial support," and one point for "complete support" are given.

Degree of depression

To evaluate the degree of depression, this study used Korea geriatric depression scale short form (GDSSF-K) standardized by Kee(8).

The answer for a total 15 question item is a resembled nourishment standard and the negative means that degree of depression is severe.

Analysis

A collected data was analysed by SPSS ver 11.5 program. It collected the statistical data and it was treated such as frequency, percentage, average, standard deviation and Pearson's correlation coefficient were calculated.

RESULTS

General characteristic

A generic characteristic of a scholar of subject of study seems to be Table 1.

The sexuality appeared in male 14.4%(N=26), in female 85.6%(N=154). There were the most age group at 43.8% from 75 years old to 85 years old. More than 85 years old are 31.8%. It appeared at 24.4% from 65 years old to 75 years old. Education degree reflecting that Korean educational level was low in the past. 77.2% of a responder were a graduate from illiteracy and an elementary school, and it appeared in high-school graduate 9.4%, university graduate 7.3% and junior high school graduate 6.1%. Bereavement appeared was 50.0% most highly, as for the marriage configuration was 23.3%, the bachelorhood was 12.7% and the divorce was 7.7% appeared. 76.6% of a scholar of subject of study were having religion, there was Buddhism at 37.2% and Catholicism at 22.2%, Christianity at 17.2% and without, religion appeared at 23.4%. The case that there was child

appeared for yes at 64.4%. In addition, the most answer was appeared in living configuration at 40.5% before entrance and living with husband or wife at 13.8%, living with daughter at 7.7%, eldest son family with living together at 4.4%.

The case that there was appeared in the family

relationship that a replied "yea" case appeared at 38.8%, daughter or son at 36.2%, husband or wife at 11.1% however, it shared that the answer self-surrender that there were not a family and communication appeared at 61.1%, and elderly were having feeling lonely by interruption with a family.

Table 1. General characteristics of subjects (N=180)

Character	Division	N	Distribution(%)
Gender	Man	26	14.4
	Female	154	85.6
Age(Year)	65~75	44	24.4
	75~85	79	43.8
	More than 85	57	31.8
Education	None	94	52.2
	Primary school	45	25
	Middle school	11	6.1
	High school	17	9.4
	More than university	13	7.3
Marital status	Single	23	12.7
	Married	42	23.3
	Widow	90	50.0
	Divorced	14	7.7
	Others	11	6.3
Religion	Christianity	31	17.2
	Catholicism	40	22.2
	Buddhism	67	37.2
	None religion	42	23.4
Child presence	Yes	116	64.4
	No	64	35.6
Contact presence with the family	Yes	70	38.8
	No	110	61.2
Relation with the contact family	Spouse	20	11.1
	Child	65	36.2
	Brother/sister	10	5.5
	None	85	47.2

Perceived health status of a subject and number of the activity of daily living(ADL) and depression descriptive statistics.

Perceived health status

The perceived health status of the subjects was 2.44 \pm .956 at the mean. The answer "bad" occupied 53.3%, indicating that most aged people perceived their own status as not healthy. The answer

"healthy" was 17.2%, "common" was 16.6%, "very bad" was 11.6%, and "very healthy" was 1.3%(Table 2).

Degree of ability of activity of daily living(ADL)

109 subjects(61.6%) occupied most a lot the degree of activity of daily living(ADL) with 30~36 points. The number of the total average was 29.0 \pm 48.22(Table 3).

This tendency may indicate that the aged people

have few difficulties in conducting activities of daily living and most of them are able to conduct daily

activities with partial support.

Table 2. Perceived health status of elderly

Degree of perceived health status (M±SD=2.44±.956)						
Perceived health status	Very bad	Bad	Fair	Good	Very good	Total
	21 (11.6%)	96 (53.3%)	30 (16.6%)	31 (17.2%)	2 (1.3%)	180 (100.0%)

Table 3. Degree of ability of activity of daily living(ADL) of elderly (N=180)

ADL	Distribution(%)
15 below	16(8.9%)
15~19	18(10%)
20~24	14(7.8%)
25~29	23(12.7)
30~36	109(61.6%)
M±D	29.04±8.22

Table 5. Relationship between Perceived health status and Degree of depression and ADL of elderly

	Perceived health status	Degree of depression	ADL
Perceived health status	1	.030 (.693)	.335** (.000)
Degree of depression	.030 (.693)	1	.111* (.027)
ADL	.335** (.000)	.111* (.027)	1

Abbreviation: ADL, activity of daily living

p<0.05

Degree of depression

Degree of depression was evaluated by GDSSF – K. The case of less than six points evaluated a normal category, and it more than six points evaluated at risk for depression

It is subjects to evaluated at risk for depression is 84(46.7%).

Table 4. Degree of depression of elderly

Degree of depression	Distribution(%)
Normal(below 6)	96(53.3%)
Depression danger(more than 6)	84(46.7%)
M±D	6.42±2.54

Relationship between perceived health status, degree of depression, activity of daily living (ADL)

There were statistically significant relationship between perceived health status and ADL(r=0.335, p=0.000). And there were statistically significant relation between ADL and degree of depression (r=0.111, p=0.27). However, there won't statistically significant relationship between perceived health

status and degree of depression(r=0.030, p=0.693) (table 5).

DISCUSSION

This study was performed for the purpose of number of perceived health status, activity of daily living(ADL) and degree of depression of a elderly who live in the nursing homes and confirming get involved in between things of these. A certain subject to feel that current perceived health status was bad appeared with 53.3% among subjects. Results and the counterfeit that perceived health status of elderly of my country of Kwon, et al. and Oh et al. recognized that more than 50% were bad stopped and this appeared(9, 10). As for activity of daily living(ADL), the subject who was 30–36 points occupied 61.6% in total number of points basis, and a case without hindrance understood majority over job for everyday life action. A living of most of independence was possible, and 40 points of number of the average marks of an institution elderly and an elderly at home appeared to a stand by study of Sung(11) which made 60 points of 15 question items a perfect score. In addition, everyday life action was possible, and 58%

of an elderly by study of Kwon et.al(9) at home appeared.

This study show that the subject who have got risk of depression among scholars of subject was 46.7%. However, it is various a tool of evaluating depression, therefore, it seems to be different and each tool can appear by the social cultural difference, diagnostic criteria and classification elderly of future my country must choose the tool which can diagnose depression precisely most. It is necessary depression of a elderly associates with ageing, and it is divided with other age tabular depression and to consider. Depression of elderly can be mistaken in dementia and a large quantity may be adverse drug reactions. In addition, as for the depression of a elderly, there are suicide in the increase course of a elderly recently so there are elderly depression control measures on an immediate point in time. As a result of having watched get involved into perceived health status, depression, activity of daily living (ADL) rank well connection appeared in a certain thing with a standard paid attention to with activity of daily living(ADL) and perceived health status, activity of daily living(ADL) and depression. However, it was confirmed that there was not connection between depression and perceived health status. Even results of Suh and Hong reported that there were physical activity of a elderly and get involved in of depression(12). Because there was get involved in depression and perceived health status presented by results of Kim(13).

While coming in ageing society, it is necessary to prepare for a base of the society that can make an elderly personally protects health as well as solving a disorder in sick problem and health. When many community are necessary for preventing health problem of a old person, when it can be done an idea in a health promotion policy by a base document which is concerned with connection of health condition, activity of daily living(ADL) and depression.

CONCLUSION

As a result that, it was concerned with connection of depression, number of the perceived health status, activity of daily living(ADL) investigated a questionnaire paper for nursing homes. This study reported that the feeling of health status personally, it was very bad or if it was bad appeared at 64.9%. The subject who could ability of activity of daily living(ADL) for independence appeared at 61.6%. As a

result of having evaluated degree of depression the subject who showed risk of depression was 46.7%. Between activity of daily living(ADL) and perceived health status and between activity of daily living(ADL) and depression was indicated a significant correlation.

A proposal to be concerned with wants to be called future study in a base in such results.

1. Study about connection with number of the perceived health status, activity of daily living(ADL), depression by a generic characteristic of a subject is proposed.

2. Among the perceived health status, activity of daily living(ADL) and depression of a elderly it rolls it is proposed.

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