Interventions for Improving Quality of Life in Elderly Populations

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Purpose

To explore what public health interventions are used by public health nurses to promote quality of life in elderly populations.

Search Process

Public Health Intervention Wheel

- Developed by Section of Public Health Nursing in Minnesota (1998)
- 17 Interventions organized into 5 colored wedges
- Individual, Community, Systems Levels

Intervention Levels

- Individual level - interventions focus on changing the “knowledge, attitudes, beliefs, practices, and behaviors of individuals” (Keller et al., 2004, p. 457).
- Community level - interventions are aimed at changing “community norms, community attitudes, community awareness, community practices, and community behaviors” (p. 457).
- Systems level – interventions change “organizations, policies, laws, and power structures” (p. 457).

All interventions are aimed at improving population health.

Lawton’s Quality of Life Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Includes indicators focused on cell, organ, system, and body. Objective indicators such as observable symptoms and measurable physiological function. No absolute criterion for health.</td>
</tr>
<tr>
<td>Functional Health</td>
<td>Includes indicators such as physical ADL, instrumental ADL, financial management, and paid employment.</td>
</tr>
<tr>
<td>Psychological Well-Being</td>
<td>Includes indicators such as mental health, sensory reception, perception, memory, classical conditioning, operant conditioning symbolic thinking, problem solving, creative innovation, overall satisfaction, positive/negative emotions.</td>
</tr>
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<tr>
<td>Social Behavior</td>
<td>Includes indicators such as sensory contact, casual contact, intimacy, nurturance, creative leadership, love, parenthood, altruistic behavior.</td>
</tr>
<tr>
<td>Personal Competency</td>
<td>Includes indicators of behavioral competence and social-normative evaluations of functioning in health, cognitive, time use and social dimensions.</td>
</tr>
<tr>
<td>Environment</td>
<td>Includes indicators such as air and water quality, physical structure of the environment, home, neighborhood, interpersonal relationships, physical accessibility, factors impacting QoL.</td>
</tr>
</tbody>
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Study Designs

- 16 RCTs
- 1 Systematic review of RCTs
- 3 Quasi-experimental
- 1 Non-experimental
- 1 Expert opinion
- 1 Mixed method (RCT and qualitative)

Geographic Location

Theories Used in Studies

- Atheoretical - 10 studies
- Shared decision making
- Chronotherapeutics (drug dosage adjusted based on circadian rhythm)
- Quality Caring Model
- Empowerment: Behavioral Change models
- Essence of Care (clinical benchmarking approach)
- Health Promotion, Empowerment, Partnership, and Family Centeredness
- Health beliefs
- Meaningful learning principles
- Pender’s Health Promotion Model
- Constructivist principles
- Empowerment
- Self-efficacy
- Transitional Care Model

Red Wedge Interventions

- Case finding was the most used intervention in the Red Wedge (individual level for all 4 interventions).
- Outreach and Screening were used at community level.
- Surveillance was used at systems level.

Blue Wedge Interventions

- Blue Wedge interventions were used most frequently among all intervention wedges.
- Individual level interventions were used much more often in comparison to the community and systems levels.
- Health Teaching and Counseling were used more often in comparison to Consultation.
Green Wedge Interventions
- Case Management was used the most often in the Green Wedge.
- The individual level occurred more frequently in comparison to the community and systems levels.

Orange Wedge Interventions
- Collaboration was the only intervention used in the Orange Wedge and was used in all three levels.
- The gray area for Community Organization and Coalition Building shows that these interventions do not occur at the individual level.

Yellow Wedge Interventions
- There are very few interventions used from the Yellow Wedge.
- Policy Development and Enforcement occurred at the systems level.

QoL Domains Addressed in the Studies

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<th>Frequency</th>
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<td>Health</td>
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<td>Functional Health</td>
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<td>Environment</td>
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Preliminary Discussion: Limitations
- Search process limited to 5 years and 2 databases.
- Search terms led to predominance of clinical trials and experimental studies.
- Some interventions, which are not a good fit for experimental studies may have been missed, particularly interventions at the community and systems levels.
- Few studies focused on the perception of general quality of life of elders. This may be due to the lack of qualitative studies that resulted from search terms.

Preliminary Discussion: Interventions
- Most articles described nursing interventions at the individual level.
- Most interventions occurred in the Blue and Green Wedges, which are very consistent with the scope of public health nursing.
- Collaboration is also consistent with the scope of public health nursing and occurred at all three levels.
- There were no interventions described that were consistent with Community Organizing, Coalition Building, and Social Marketing.
Preliminary Discussion: Quality of Life

- The most frequent quality of life domains addressed in the articles were:
  - Functional Health (self-maintenance, ADLs, physical)
  - Personal Competency (self-efficacy, educational knowledge) and Psychological Well Being (mental health, cognitive judgments)
- Few studies used quality of life as an outcome indicator in evaluation of intervention effectiveness.
- Social Behavior and Environmental Domains received the least attention.
- No studies addressed Personal Beliefs (spirituality, death and dying, aging attitudes).

References


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