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## Satisfaction with the Life of Neurogeriatric Patients

### Satysfakcja z życia pacjentów neurogeriatrycznych

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#### Abstract

**Introduction.** The concept of life satisfaction means a multi-factorial assessment, which is based mainly on such two premises as: satisfaction with experienced years and satisfaction with the present life. When examining the satisfaction of a person's life, certain aspects of existence, on the basis of which the individual makes the assessment based on individual criteria, are analyzed.

**Aim.** The aim of the study was to assess the life satisfaction of elderly patients hospitalized in neurological wards.

**Material and Methods.** The research was carried out in hospitals in the city of Lublin, in the departments of neurology. The study involved 102 older people. The youngest respondent was 65 and the oldest was 90 (average age  $74.36 \pm 6.78$ ). The research was carried out using the Satisfaction with Life Scale (SWLS).

**Results.** The average result in the Satisfaction with Life Scale which the respondents obtained was  $16.27 \pm 5.00$ . After converting the result into stens, 54.9% of respondents obtained low results (stens 1–4). 39.2% obtained average results (stens 5–6), and 5.9% high scores (stens 7–10).

**Conclusions.** Self-evaluation of the life satisfaction of older patients in neurological wards was at a low level. The assessment of satisfaction with life significantly differentiated such variables as: sex, marital status, education, the fact of who the respondent lives with, and the place of residence. (JNNN 2018;7(4):145–149)

**Key Words:** life satisfaction, elderly patient, neurological wards

#### Streszczenie

**Wstęp.** Pojęcie satysfakcji z życia oznacza wieloczynnikową ocenę, która opiera się głównie na takich dwóch przesłankach, jak: zadowolenie z przeżytych lat oraz zadowolenie z obecnego życia. Badając satysfakcję z życia danej osoby, analizuje się pewne aspekty jej egzystencji, na podstawie których jednostka dokonuje oceny, opierając się na indywidualnych kryteriach.

**Cel.** Celem badań była ocena satysfakcji z życia pacjentów w podeszłym wieku hospitalizowanych w oddziałach neurologicznych.

**Materiał i metody.** Badania zostały przeprowadzone w szpitalach na terenie miasta Lublin, w oddziałach neurologii. Badaniami objęto 102. osoby w wieku podeszłym. Najmłodszy badany miał 65 lat, zaś najstarszy 90 lat (średnia wieku  $74,36 \pm 6,78$  lata). Badania przeprowadzono za pomocą Skali Satysfakcji z Życia (The Satisfaction with Life Scale — SWLS).

**Wyniki.** Średni wynik w Skali Satysfakcji z Życia, jaki uzyskali badani wyniósł  $16,27 \pm 5,00$ . Po przeliczeniu wyniku na steny 54,9% badanych uzyskało wyniki niskie (steny 1–4). 39,2% uzyskało wyniki przeciętne (steny 5–6), zaś 5,9% wyniki wysokie (steny 7–10).

**Wnioski.** Samoocena satysfakcji z życia starszych pacjentów oddziałów neurologicznych była na niskim poziomie. Ocenę satysfakcji z życia istotnie różnicowały takie zmienne, jak: płeć, stan cywilny, wykształcenie, fakt z kim mieszka badany oraz miejsce zamieszkania. (PNN 2018;7(4):145–149)

**Słowa kluczowe:** satysfakcja z życia, pacjent w podeszłym wieku, oddział neurologiczny

## Introduction

The assessment of the level of life satisfaction of older people has been in the center of interest for gerontologists for a long time. This is undoubtedly connected with the progressing process of an aging population as well as with higher expectations regarding the improvement of the quality of life of seniors. The concept of life satisfaction means a multi-factorial assessment, which is based mainly on such two premises as: satisfaction with experienced years and satisfaction with the present life.

When examining the satisfaction of a person's life, certain aspects of existence, on the basis of which the individual makes the assessment based on individual criteria, are analyzed [1].

Neurological diseases are one of the most common pathologies among the elderly population [2]. In addition to strokes, which are undoubtedly in the first place of diseases of the nervous system of seniors — 1/3 of deaths of patients over 65 occur as a result of a stroke, special attention should also be paid to dementia syndromes [3–5]. Dementia syndromes are one of the five great geriatric problems, i.e. chronic disorders that deteriorate the quality of life of older people, contribute to disability, and the risk of their occurrence is closely related to the patient's age [6,7].

The authors show an indirect connection between life satisfaction and illness. This means that the disease itself does not necessarily affect life satisfaction, but taking into account other factors described above, primarily personality traits and its impact on functional fitness can significantly reduce the level of life satisfaction of a sick person [8,9].

The aim of the study was to assess the life satisfaction of elderly patients hospitalized in neurological wards.

## Material and Methods

The study was carried out in hospitals in the city of Lublin, in the departments of neurology in the period from March to May 2018. The consent of the management was obtained for conducting the research. Patients gave informed and voluntary consent to participate in the study. It was carried out in accordance with ethical principles.

The study involved 102 older people. The youngest respondent was 65 years old and the oldest was 90 years old (average age  $74.36 \pm 6.78$  years). Table 1 presents the sociodemographic characteristics of the studied group of patients.

Table 1. Characteristics of the study group

Variable	N	%
Gender		
Woman	51	50.00
Man	51	50.00
Age		
65–70 years old	73	71.60
71–90 years old	29	28.40
Marital status		
Single	64	62.70
Married	38	37.30
Education		
Elementary	19	18.60
Vocational	39	38.20
Secondary	33	32.40
Higher	11	10.80
Lives		
With family	68	66.70
Alone	34	33.30
Place of residence		
City	69	67.60
Village	33	32.40

The research was carried out using the Satisfaction with Life Scale (SWLS). The scale consists of five statements. The examined person refers to each of them in the range from 1 (Strongly disagree) — to 7 (Strongly agree). The range of results is in the range of 5–35, the better the result, the better the satisfaction with life [10,11].

The collected material was analyzed statistically. The level of significance  $p < 0.05$  indicating the existence of statistically significant differences or dependencies was assumed.

## Results

The average result in the Satisfaction with Life Scale which the respondents obtained was  $16.27 \pm 5.00$ . After converting the result into stens, 54.9% of respondents obtained low results (stens 1–4), 39.2% obtained average results (stens 5–6), and 5.9% high scores (stens 7–10).

Table number 2 presents the results of the individual questions assessed by the SWLS scale.

Table 2. Assessment of the degree of life satisfaction in the study group according to individual SWLS questions

SWLS	Min	Max	M	SD
1. In most ways my life is close to my ideal.	1.00	4.00	2.33	1.06
2. The conditions of my life are excellent.	1.00	5.00	2.57	1.04
3. I am satisfied with my life.	1.00	6.00	3.35	1.25
4. So far I have gotten the important things I want in life.	1.00	7.00	4.15	1.47
5. If I could live my life over, I would change almost nothing.	1.00	7.00	3.89	1.57

M — mean; SD — standard deviation

Table 3. Average values of the evaluation with the SWLS and sociodemographic variables

Variable	M	SD	Statistical analysis
<b>Gender</b>			
Female	18.92	4.13	Z=-5.308 p<0.001
Male	13.63	4.37	
<b>Age</b>			
65–70 years old	17.13	4.50	Z=-1.257 p=0.209
71–90 years old	15.73	5.25	
<b>Marital status</b>			
Single	15.31	5.20	Z=-2.448 p=0.014
Married	17.89	4.22	
<b>Education</b>			
Elementary	14.66	4.54	H= 3.798 p<0.001
Vocational	15.32	4.57	
Secondary	16.32	4.67	
Higher	18.41	4.80	
<b>Lives</b>			
With family	17.08	3.83	Z=6.121 p=0.047
Alone	14.44	5.77	
<b>Place of residence</b>			
City	17.09	4.83	Z=-2.387 p=0.017
Village	14.58	4.98	

M — mean; SD — standard deviation; Z — Mann–Whitney U test; H — Kruskal–Wallis test

Table 3 presents the distribution of average life satisfaction depending on the analyzed variables. It shows that women feel higher life satisfaction (average 18.92) compared to men (13.63). The statistical analysis carried out showed the existence of a significant relationship between gender and life satisfaction assessment.

People from the younger age range showed a higher level of life satisfaction than the respondents aged 71–90. However, it was not a statistically significant relationship.

The married couples have better life satisfaction (17.89) compared to single people. The marital status significantly differentiated the assessment of life satisfaction in the seniors.

In the next stage of the research, the level of life satisfaction was determined depending on the education of the respondents. People with primary education showed the lowest level of life satisfaction (14.66) and together with the level of education, the satisfaction of life increased, the highest was in people with higher education (18.41). The conducted analysis allowed to conclude that there is a significant relationship between education and life satisfaction assessment.

The research also focused on determining the relationship between the fact of who the patient lives with and the assessment of life satisfaction. The respondents living with their families had definitely higher life satisfaction (17.08). It was shown that this difference was statistically significant.

The last analyzed issue was to compare the life satisfaction of patients from villages with patients living in the city. Definitely better results were obtained in the group of people from the city (17.09). It was shown that the place of residence affects the level of life satisfaction of the examined people.

## Discussion

The subjective and objective factors determine the satisfaction of the elderly. We can include objective economic situation and social security. In contrast, these are most often relationships with their environment and with their loved ones and satisfaction with their health [12].

An important determinant of the process of adaptation to old age is the level of life satisfaction felt. Researchers of the subject argue that people in institutional care have worse life satisfaction compared to seniors staying in a home environment [13]. In our own research it was found that neurogeriatric patients have a reduced level of life satisfaction. The average result obtained was 16.27. Slightly better results were obtained by researchers in Malaysia, assessing the satisfaction with the life of seniors with institutional care. The average result obtained in the SWLS scale was at 20.20 [14]. In the studies of Nowicki et al. [15], in the group of older patients using primary care, the result of the assessment was on the

average level of 19.09. At a similar level (21.59), they evaluated the life satisfaction of patients in primary care in the studies conducted by Kurowska and Orzoł [16]. In the seniors' research in the home environment run by Domarecka [17], the average SWLS score was at 21.00. Most of the respondents, however, manifested a low and average level of satisfaction with life. Every fourth participant declared that he/she was not satisfied with life. On the other hand, 27.5% of the respondents perceived their lives as highly satisfactory. Much better results were in similar studies conducted by Dziejcz [18] in the group of elderly people staying in the home environment. The average rating of the SWLS scale was 23.19.

Our research shows the influence of sex on the feeling of life satisfaction. Women are more satisfied with their lives. Studies have also been conducted in India to confirm the relationship between gender and life satisfaction. The authors obtained results indicating significantly better life satisfaction among older women [13].

The results of the research by other authors indicate a decrease in the level of satisfaction with age [13–15]. Our research also confirmed this dependence, however, contrary to the study of the authors, this was not statistically significant.

In our own research it was shown that married people feel life satisfaction better than lonely people. This is confirmed by Nowicki's research et al. [15], where the respondents who were married couples, obtained by far the better results and the lowest results were obtained by single people.

Research conducted in the field of gerontology shows that life satisfaction of older people is significantly determined by the educational level of the individual [19,20]. A higher level of education correlates with higher quality of life parameters and vice versa. The level of education determines the well-being of older people. A better mental well-being is enjoyed by more educated people. A good mood occurs four times more often in people with higher education than with the lowest. Education is an important determinant of faith in a successful future [21]. Our research results blend into this trend. It has been shown that people with higher education have much better satisfaction with their lives. In the studies of Nowicki and et al. [15], it was also shown that the best life satisfaction was achieved by people with higher education, followed by those with vocational education, and this was a better result than in people with the primary education. According to the above authors, people without education had by far the lowest satisfaction with life.

The family is a natural social environment for an older person. This is the basic source of broadly understood support expressed by mutual concern, attachment and

commitment to jointly solve emerging problems and fight crises. Maintaining good relationships in the family satisfies seniors the need for belonging and security, helps maintain emotional balance, it is a source of positive emotions and feelings, which as a result leads to a positive balance of life and thus has a positive effect on the satisfaction of life [1,22]. The results of our research clearly showed that people living with their families felt better life satisfaction. This is also concurrent with the studies of Zalewska-Puchała et al. [23] conducted in a group of 109 seniors.

The results of our research show the impact of place of residence on the perceived level of life satisfaction. The inhabitants of the city assess this issue much better. Similar results were also obtained by Nowicki et al. [15].

## Conclusions

Self-evaluation of the life satisfaction of older patients in neurological wards was at a low level. The assessment of satisfaction with life significantly differentiated such variables as: sex, marital status, education, the fact of who the respondent lives with, and the place of residence.

## Implications for Nursing Practice

Neurological diseases cause a lot of unpleasant feelings for the patient. It is often associated with pain and reduced functional efficiency. Providing optimal nursing care can minimize the negative feelings of the patient and thus increase his/her satisfaction with life and health.

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