



Walking and talking activities as nursing therapy for improving quality of life among older adults

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KEYWORDS

Walking therapy;
Talking therapy;
Quality of Life

Abstract

Objective: The most prominent problem resulting from decreased body function in older adults is declining quality of life. Walking and talking among older adults in peer group may become a nursing therapy to improve their quality of life. The objective of this study was to identify the impact of walking and talking intervention of quality of life among community dwelling older adults in Depok, Indonesia.

Method: This study applied quasi-experimental design with 43 and 40 older adults in the intervention and control group, respectively. The participants were selected using multistage random sampling method.

Results: Based on t test, the average quality of life score of older adults improved more significantly in the intervention group than that in the control group, with p value of 0.003, its mean p value $< \alpha$, respectively. An ANCOVA analysis was used to detect confounding factors. The result showed that all characteristics have a p value of > 0.05 , which means there were no confounding factors warranting further investigation.

Conclusions: It was concluded that walking and talking therapy in peer group significantly increase the quality of life of older adults.

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Introduction

The number of older adults in the world is projected to grow to 600 million in 2020. Of the entire world population, 11.8% are older adults. According to the Indonesian Central Bureau of Statistics in 2010¹, 19 million people, or 8.5% of the population were older adults. This phenomenon may arise various health problems. Aging decreases the physical functions and ability. While an older person's needs continue to increase, it may cause the older adults fail to fulfill their physical and physiological needs. Thus, depression and feelings social powerless are inevitable for them.

Older adults are considered as a risk group for depression and lose the quality of life due to several factors. First, there is biological factor. As older people, encounter the aging process. Second, there is social factor. The changes in an older person's social life require adaptation. Lastly, there is lifestyle factor. This includes changes in lifestyle related to physical activity and diet, which may pose new challenges^{2,3}.

Quality of life is the interaction of human needs and the subjective perception to fulfill the needs and achieve wellness^{4,5}. The question of quality of life is often associated with chronic disease, and it is 87.3% older adults suffer from

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a chronic illness in Indonesia⁶. Older adults who are more than 75 years old often experience a decrease in quality of life especially in the social domain.

Current efforts to optimize the lives of older people for optimize quality of life is still limited. Therefore, this study was conducted to identify walking and talking activities in peer group as nursing therapy's impact toward older adults' quality of life. The combination of walking and talking as nursing interventions for the elderly is believed to improve the quality of life for older adults. The previous study revealed that walking regularly may improve physical and psychological activity while talking therapy improve social skill and environmental aspects^{7,8}. Their research focused on training brain capacity to allow an older people to perform multiple activities at the same time. The participants were assisted with walking while simultaneously being evaluated; their ability to stay focused on a particular the discussion topic.

Walking and talking activities is part of Nursing Interventions Classification in activities and rest domain. This therapy aims to meet the physical needs of patients⁹. Walking therapy requires appropriate circumstances and sufficient support to meet the specific needs of the older people⁵. Previous study about walking and talking therapy was conducted a study to identify the effect of walking intervention on elderly patients within aged range 60-74 years old¹⁰. A primary result of this study was demonstrated the daily improvement in the of step number and time. After 12 times walking for 4 weeks then the ability of older people to fulfill the increasing need, evidenced an increase in the average score Katz index amount 5 points¹⁰. In addition, this study showed the improvement of the quality of life, mood and ability to in sport activities for the participants.

For older people quality of life is an indicator to achieve optimum well-being. The combination of walking and talking therapy can be carried out by the healthcare provider. The combination of these interventions helps older adults have better performance compared to those who do not receive the intervention. The older people following the walking and talking therapy had the physical health and adaptability to changing situations better. In order to optimize quality of life for the older adults a population whose number is increasing both in Indonesia and worldwide. The combination of walking and talking therapy should be implemented as a nursing intervention².

Based on the aforementioned background information, this current study was conducted to identify the impact of walking and talking therapy as a nursing intervention on older people quality of life.

Method

A quasi-experiment design, including pre and posttest with a control group, was selected for this study. Therefore, randomization was not carried out to determine the intervention and control group.

Walking and talking activities in peer group is a nursing intervention package with two phases; walking and talking. The first phase is motion exercise. Participants were asked to walk slowly for 30 minutes with some interruptions. Then, the second phase was participation carried out

through having 20 minutes conversation light topic predetermined by the researchers. This phase of intervention was delivered by nurses to the elderly group. At the first time for the intervention group after that the walking and talking therapy given the control group after both of group complete the assessment of the instrument quality of life for the older people.

The Walking and talking activities were carried out in a group. Overall number of participants is 83 older people, consists of 43 people for intervention group and 40 people for the control group. When carrying out the walking and talking therapy, the participants will divide in one small group. One group consisted of 6 to 10 participants. Following the model Based on the previous study, the exercise was conducted three times a week for four weeks, in the morning between 07 am until 10 am, and afternoon at 02 pm. until 04 pm. The primary activities began with physical training through walking. Talking therapy carried out afterwards within in group setting leads by the researchers.

Participants who did not attend the walking and talking therapy more than twice were eliminated. However, participants who did not attend the training session twice or less were given an extra session at the end of the intervention. Meanwhile, in the control group, the researchers would provide walking and talking activities, right after posttest for both groups were completed. In this study the exercise walking and talking therapy carry out 4 times for 4 weeks it means the all participants must finished all the 16 session.

The population in this study consisted of 93,314 older adults or the entire older adults living in Depok; this number based on Central bureau of statistics¹. The number of sampling for this study was determined by using the formula of pairing two population hypothesis tests⁷. The outcome was 43 participants for the intervention group and 40 participants for the control group. Multistage random sampling was performed for this study.

Based on the result of sampling method, Kecamatan Sukmajaya in Depok was selected for conducting the study. This study for the intervention group took place in smaller part of Kecamatan Sukmajaya, namely Kelurahan Abadijaya and Kelurahan Cisalak, while the control group activities were conducted in Kelurahan Mekarjaya. Since expected sample number could not be reached in the first area alone (Kelurahan Abadijaya), the second area (Kelurahan Cisalak) was added.

This research study was approved by the Faculty of Nursing Universitas Indonesia Ethical Committee in March 2016. The design of this research study ensured there was no possibility of physical or mental harm to the participants. Personal information, such as names and dates of birth, were not included in the research tools. All data were managed using identification numbers.

To assess quality of life, This study used WHOQOL-Bref (world health organization quality of life) questionnaire which developed by World Health Organization (WHO)¹¹. There were 26 questions within four major components; physical, psychological, social relationships and environment. The questionnaire was designed using a 1-5 likert scale.

Before conducting data analysis, the researchers carried out an editing process. This was carried done to ensure that

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