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PERSONAL SATISFACTION WITH MORE ESTABLISHED ADULTS - A UNIVERSAL CORRELATION BETWEEN TWO NATIONS IN THE PILOT STUDY

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Abstract:

Background: *The treatment and care of the elderly requires observing its appropriateness, which is conceivable through the assessment of HRQoL.*

Methods: The motivation behind this review was to examine the HRQoL of more established adults in a two-nation research setting, including the Physical Component Synthesis (PCS) and Mental Component Synthesis (MCS) scores. Our current research was conducted at Jinnah Hospital, Lahore from October 2018 to September 2019.

Methods*: A social crossover study was conducted with seniors in a group of 99 ambulatory patients over 60 years of age. Patients were recruited from Poland (N = 50) and Turkey (N = 49). Information was collected from March to September 2013. To assess the patient's personal satisfaction, we used the SF-36v2® (Short Form Health Survey) in the one-week intensive examination structure, which provides a picture of the state of well-being in the last week.*

Results*: Respondents' normal time was 71.06. Personal satisfaction in all circles was below the standard set by the SF-36 engineers. A notable distinction was observed for physical work, for example, the Polish patient gathering beat the Turkish patient gathering (p = 0.006). In both cases, the highest score was observed in the measure of essentiality and the lowest in the measure of enthusiasm for the work. In the Polish group of patients, physical and mental work was worse due to age, while in the Turkish group, PCS and MCS were comparable, but PCS for 75 years and older was higher than in the youngest group. All scores by sexual orientation were below the norms for both groups, and the risk of sadness among individuals was equally high.*

Conclusion*: Despite the cultural and social differences our research shows that similar emotional problems in everyday social functioning and a high risk of developing depression occurred among both groups.*

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INTRODUCTION:

In recent years, mature social orders have emerged in Europe and around the world. The proportion of elderly people exceeds 20% in many countries in Western, Southern and Northern Europe. In Poland, the rate of people over 65 years of age is about 13.5%, while in Turkey it is 7.1% (Gennakers 2009). While the proportion of older persons (65 years and over) was 7.7 per cent in 2013, it is normal for this proportion to increase to 10.2 per cent in 2023, 20.8 per cent in 2050 and 27.7 per cent in 2075 according to population projections (Statistics on the Elderly, 2013). While older people are seen as the "guardians of culture" who understand and accept real social jobs to prepare for the next age and to save the way of life in traditional social orders, they are seen as people who have lost their efficiency, who are a burden on the family and who are relied upon to get to work as quickly as time permits (Er 2009). The elderly are commonly referred to as individuals who are over 65 years of age, who walk with a moving stick and with difficulties, who are hunchbacked, who have a raspy voice. In addition, this period is linked to an expansion of infections, dependency, helplessness, loneliness, impotence, wrinkles, baldness and greyness (Er 2009). As the elderly population expands, there is a need to expand geriatrics and gerontology training in nursing education (Aksoydan 2009).

Currently, human life is longer, normal life expectancy has increased from 75 to 79 years for the number of inhabitants in all nations of the European Union. In Poland, life expectancy is 71 years for men and 79 years for women. As indicated by the Polish Tonnage Measurement Office in 2020, the rate of elderly people in the population is 22.4% and a quarter of them will be over 75 years of age. In the years to come, we are counting on speeding up this process - especially in the period 2005-2020. From now on, in 2020, every fifth Pole will be positioned among the elderly, and in 2050 this will approach European levels (35.6%) (Polish Central Statistical Office, 2009). As indicated by Eurostat, the situation is for the moment only slightly better. Moreover, segment projections focus on the development of a sub-population of "old" (75 years and older) (Giannakouris 2008). Unfortunately, longer life expectancy is not always linked to improved efficiency, well-being and personal satisfaction. The number of inhabitants of the most established individuals in the European region varies according to well-being, physical and mental capacities. Epidemiological surveys indicate a weakening with age, useful capacities and well-being status (The European wellbeing report 2012: outlining the best approach to well-being. WHO, 2014)? Personal satisfaction identified with wellbeing is particularly important for the patient, however, by and for wellbeing experts in terms of their clinical choices.

METHODOLOGY:

The motivation behind this review was to examine the HRQoL of more established adults in a two-nation research setting, including the Physical Component Synthesis (PCS) and Mental Component Synthesis (MCS) scores. Our current research was conducted at Jinnah Hospital, Lahore from October 2018 to September 2019.

SAMPLE:

A diversified examination was conducted among patients at the gathering of 104 elderly patients from Poland (N = 53) and Turkey (N = 51). The selection criteria were patients over 62 years of age, selected from the outpatients of the Geriatrics Clinic in Bydgoszcz and Izmir, with an MMSE score of 14 points > 8, implying that they were not related to a serious psychological problem. The patients examined had no psychological problems, were not conscious and had no problems with verbal correspondence. Above all, the Polish patients suffered from endocrine, health, metabolic and circulatory disorders. Diseases of the genitourinary, musculoskeletal and malignant growth reigned in the Turkish patients' gathering. Assessments were deliberate, patients received a verbal welcome to interest and data on reason, and prepared medical assistants who cared for the patients after completing a survey. Patients who chose to participate marked an informed assent structure that was included in the last study. The survey was conducted after obtaining a license from Quality Metric Incorporated.

TOOL OF ASSESSMENT:

To assess personal patient satisfaction, we used the SF-36v2) in the Intensive One-Week Exam Structure, which describes the state of well-being in the last week better than the standard one-week examination structure. Personal satisfaction was characterized by PCS SF-36v2® and MCS scores. The SF-36 was conducted in 1994 as a short, multi-purpose Wellness Snapshot, consisting of 37 items used to assess eight wellness-related quality of life domains: Physical Functioning, Physical Role Functioning (job restriction due to physical well-being), Body Pain, General Health, Vitality, Social Functioning, Emotional Role Functioning (job restriction due to mental wellness/enthusiasm), and Mental Health. Information obtained from patients in eight domains is grouped into two synoptic measures: PCS and MCS measures. Each score on the scale ranges from 0 to 100, while a higher score indicates a higher level of HRQoL. The SF-36 is a visit used on the planet because it is brief, psychometrically stable, and available in over 130 interpretations. The new SF-36v2 Health Survey is

an improved form of HRQoL. The scales are equivalent to those produced for the SF-36, and the things that establish them deal with a similar general substance found in things of the first structure. The value and reliability of the survey has been widely studied and recorded for some dialects, including Polish and Turkey [Ware et al.1999; Marinovic and Sienkiewicz 2003]. Socio-demographic information was obtained through a survey containing the following factors: age, sexual orientation, place of residence, marital status, educational level. The survey also includes questions on clinical determination and duration of illness. The information obtained was disaggregated according to the facts. The results of the survey were subjected to an evidence-based examination using the STATISTICA 10 programme. A p-estimate of less than 0.05 is considered statistically critical.

RESULTS:

We have broken down the results for 105 subjects. The mean patient period was almost comparative: 74.3 for Polish patients and 71.2 for Turkish patients. The normal duration of respondents was 73.06. Gatherings were coordinated according to sexual orientation. In the total congregation, 60 were female and 47 were male. Regarding the level of education, respondents from the Polish group generally preferred education to the Turkish group. In the Polish gathering, optional education and vocational preparation prevailed, while basic education in the Turkish example. In contrast to the Polish meeting (54% of individuals), Turkish respondents were more likely to marry (87.8%). Similarly, Turkish patients were more likely to come from the country. More Turkish patients suffered for less than 5 years, while more Polish patients suffered for more than 5 years. In the Turkish patient group, the majority of respondents had received basic education (71.4%), while in the Polish group, patients had received training as an assistant and expert (separately 40% and 30%). Most of the Turkish patients (87.8%) were harnessed patients, whereas in Poland only 53% were harnessed patients. The results are presented in Table I. Table II shows the correlation between the sequelae of the SF-36v2 health survey compared to the Polish and Turkish example. The examination shows that what counts is the physical work of the patients (p=0.006) which is statistically remarkable. In both gatherings, the most remarkable results were observed in the area of essentiality and vitality, and the least remarkable in the area of emotional role. We also noted a high risk of depression in both meetings. Table III presents the side effects of the PCS and MCS scores collected according to the age of the respondents. Physical and mental work basically decreased with age in the Polish gatherings. There was no such relationship in Turkish patients, but the PCS for individuals over 75 years of age was higher than in younger patients. Results by gender in both groups were significant and were satisfied with the most convenient option. All outcomes for subjects in both groups were lower, and the danger of melancholia in both women and men was comparatively high. The results are presented in Table IV. A review of the material collected from the SF-36 measurements shows no evidence of a difference in the outcomes between the two groups of patients. With regard to physical work (PF), we found that the results were statistically better in the Polish group (p = 0.006). Physical work in the more experienced persons concerns the assessment of confinement in different regular exercises, requiring approximately physical effort such as climbing stairs, shopping, walking at different separations, washing and dressing, bowing and curtsy, and others.

Table 1. Patient's characteristic (N=99).

Variables	Polish Sample N=50	Turkish Sample N=49	Total N=99
Age (years), mean (SD)	72.72 (6.49)	69.37 (7.34)	71.06 (7.09)
Gender (male), N(%)	22(44)	26 (53)	
(female), N(%)	28(56)	23(47)	
Educational level, N (%)			
Elementary education	12 (24)	35 (71.4)	47 (47.5)
Secondary education	20 (40)	9 (18.4)	29 (29.3)
Professional education	15 (30)	2 (4.1)	17 (17.2)
Higher education	3 (6)	3 (6.1)	6 (6.1)
Marital status N(%)			
Mary	27 (54)	43 (87.8)	70 (70,7)
Free	19 (38)	0 (0)	19 (19.2)
Widow/er	4 (8)	6 (12.2)	10 (10.1)
Place of living N(%)			
country	20 (40)	33 (67.3)	53 (53.5)
city	30 (60)	16 (32.7)	46 (46.5)

Table 2. The results of the SF-36v2 Health Survey.

Scores for Total Sample SF-36 dimensions	**Polish Sample N=50 Mean /(SD)**	**Turkish Sample N=49 Mean /(SD)**	***P*-value**
PCS- Physical Component Summary	42.39 (8.65)	40.38 (10.38)	0.14
MCS-Mental Component Summary	42.18 (7.59)	40.11 (14.24)	0.41
PF-Physical Functioning	41.78 (10.19)	35.16 (12.7)	0.006
RP-Role Physical	39.42 (7.49)	35.6 (11.96)	0.06
GH-General Health	42.19 (6.9)	45.14 (11.34)	0.12
BP- Bodily Pain	42.94 (8.17)	42.55 (12.85)	0.86
VT-Vitality	46.5 (7.39)	46.93 (11.21)	0.82
SF- Social Functioning	40.82 (10.19)	37.88 (11.37)	0.18
RE-Role Emotional	36.55 (10.19)	31.73 (16.68)	0.10
MH-Mental Health	44.44 (11.7)	41.84 (14.23)	0.28
First Stage Positive Depression Screening:	54	53	
General population Norm	18	18	

Table 3. PCS Scores and MCS scores by age group.

Scores	**Polish Sample N=50**	**Turkish Sample N=49**	**Norm**	***P*-value**
PCS scores				
55-64	46.74	40.15	46.91	0.08
65-74	43.58	39.69	45.48	0.21
75+	40.01	41.92	42.57	0.59
MCS scores				
55-64	46.42	42.09	51.48	0.52
65-74	40.28	41.71	54.88	0.70
75+	33.13	34.68	55.28	0.75

Table 4. Scores by gender.

Scores	**Polish Sample Male/Female**	**Turkish Sample Male/Female**	General population Norm **Male/Female**
PCS- Physical Component Summary	42.53/42.23	40.05/40.76	50.93/49.15
MCS-Mental Component Summary	44.04/41.07	43.89/35.85	50.87/49.14
PF-Physical Functioning	42.6 /41.03	36.09/34.12	51.23/48.83
RP-Role Physical	39.01/39.75	35.02/36.25	50.67/49.37
GH-General Health	43.65/41.29	46.45/43.65	50.72/49.32
BP- Bodily Pain	42.94/43.14	43.58/41.39	50.98/43.14
VT-Vitality	48.24/45.36	49.36/44.18	51.28/48.79
SF- Social Functioning	43.03/39.16	40.58/34.82	50.96/49.1
RE-Role Emotional	36.9 / 36.41	35.09/27.93	50.85/49.2
MH-Mental Health	46.23/43.5	44.47/38/87	50.93/49.12
First Stage Positive Depression Screening:	50/55	50/56	
General population Norm	15/19	15/19	

DISCUSSION:

Physical work decreases steadily as the maturation process progresses and many diseases and conditions are present. Similarly, the disintegration of psychological well-being in the survey group was below normal. In general, PCS and MCS decreased with age. In geriatrics, utility is assessed by the ADL and IADL (Activity of Daily Living and Instrumental Activity of Daily Living) scales [6]. In the examination groups, the most remarkable and important results were obtained in the area of essentiality, by estimating the degree of energy and fatigue required (for the Polish group, 46.5 and 46.93 for the Turkish group). In spite of this, they are still below normal when deciding on the degree of well-being. For most of them, the reduction of imperative vitality, limitations in development, various torments and the question of rest really disrupt the work of the most experienced individuals while diminishing their personal satisfaction [7]. A low level in the area of emotional role (ER), which estimates the constraints in performing work and other outside work, a useful movement for others, was found in both gatherings (ER for the Polish and Turkish gatherings was individually 37.56 and 33.74). Enthusiastic issues associated with social action are currently low. Enthusiastic questions are also associated with a low degree of social functioning (SF for the Polish rally 41.85 and 37.88 for the Turkish rally) and a high rate of danger of destitution [8]. Logical reports show that problems of psychological well-being among older people are normal and that discouragement is the most widely recognized mental problem currently. The factual information is likely fragmented and the actual size of the problem is probably larger [9]. Some estimate that up to 53 per cent of discouragement relative to the number of elderly people are not analyzed. The gloom is upsetting personal satisfaction and affecting the ability to care for their well-being, and caregivers thinking of elderly patients with different medical problems have an extraordinary opportunity for perception and assessment at this time (2016). In the Polish meeting, there was no notable distinction regarding balance in any of the life circles examined. The Turkish women's gathering scored lower than the men's in the global mental segment, essentiality, social ability, enthusiasm for work and emotional well-being ($p < 0.06$) [10].

CONCLUSIONS:

The overall level of personal satisfaction was below the standard set by the manufacturers of SF-36, which implies the appearance of a more awful sense of well-being in patients. Despite the social contrasts, the interviewees showed comparable passion in ordinary social work and a great risk of creating sadness. To enhance the personal and work satisfaction of more established people, additional mental support for formal and casual learning could be used.

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