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Research Article

Effect of disease acceptance in geriatric individuals on life satisfaction

Geriatrik bireylerde hastalığı kabullenişin yaşam doyumu üzerine etkisi

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Abstract

Introduction: Elderly must maintain regular care and complex treatment of several chronic diseases that develop with age or that pre-exist. Having a chronic disease entail both a feeling of loss and the need to keep the disease and one's life under control. It is important for these individuals to accept their illness while maintaining treatment and care. Life satisfaction, on the other hand, is the result of comparing what a person has with his or her expectations. This analytical cross-sectional study was conducted to examine the effect of disease acceptance on the life satisfaction of geriatric individuals.

Methods: The research type is analytical cross-sectional study. The research was conducted between February 1-July 31, 2019 in a hospital in Izmir, in Türkiye. A total of 140 individuals over the age of 65 were included. A sociodemographic questionnaire, the Disease Acceptance Scale, and the Life Satisfaction Scale were used as data collection tools.

Results: The mean disease acceptance score of the elderly individuals was 25.95 ± 5.25, and the life satisfaction score was 20.39 ± 5.94. Cardiology, endocrinology, dermatology, and gastroenterology patients evaluated their health as good, while individuals with respiratory system diseases evaluated their health as bad. A significant relationship was also found between marital status, disease type, health assessment status, and life satisfaction. While the life satisfaction of married individuals was borderline significant, it was determined that the life satisfaction of individuals with respiratory problems and poor health status was low. When the scores of the two scales were compared, a moderate positive correlation was found.

Conclusion: There is a strong correlation between the acceptance of illness and life satisfaction of elderly individuals. When older individuals accept their illness, their life satisfaction also increases. When older individuals accept their illness, their life satisfaction also increases. Socioeconomic status of elderly individuals and having more than one disease play an active role in accepting the disease and life satisfaction. The importance of accepting the disease should be considered in order to increase life satisfaction.

Keywords: Aging, elderly, satisfaction

Öz

Giriş: Yaşlılar, yaşla birlikte gelişen veya önceden var olan çeşitli kronik hastalıkların düzenli bakımını ve karmaşık tedavisini sürdürmek zorundadır. Kronik bir hastalığa sahip olmak hem bir kayıp hissini hem de hastalığı ve yaşamı kontrol altında tutma ihtiyacını beraberinde getirir. Bu bireylerin tedavi ve bakımlarını sürdürürken hastalıklarını kabullenmeleri önemlidir. Yaşam doyumu ise, kişinin sahip olduklarıyla beklentilerini karşılaştırmasının sonucudur. Bu analitik kesitsel çalışma, geriatrik bireylerin hastalık kabulünün yaşam doyumu üzerindeki etkisini incelemek amacıyla yapılmıştır.

Yöntem: Bu çalışma analitik kesitsel bir araştırmadır. Araştırma 1 Şubat 2019 -1 Temmuz 2019 tarihleri arasında Türkiye'nin İzmir ilinde bulunan bir hastanede gerçekleştirildi. Araştırmaya 65 yaş üstü toplam 140 kişi dahil edildi. Veri toplama araçları olarak sosyodemografik verileri içeren araştırmacı tarafından hazırlanmış veri formu, Hastalık Kabullenme Ölçeği ve Yaşam Memnuniyeti Ölçeği kullanılmıştır.

Bulgular: Yaşlı bireylerin Hastalık Kabullenme Ölçeği toplam puanı 25,95 ± 5,25 arasında ve Yaşam Memnuniyet Ölçeği toplam puanı puanı 20,39 ± 5,94 olarak tespit edildi. Kardiyolojik, endokrinolojik, dermatolojik ve gastroenterolojik ibr hastalığa sahip bireyler sağlık durumlarını iyi olarak değerlendirirken, solunum sistemine ait bir hastalığı olan bireyler sağlık durumlarını 'kötü' olarak değerlendirdi ve bu fark istatistiksel olarak anlamlı bulundu. Medeni durum, hastalık türü, sağlık değerlendirme durumu ve yaşam doyumu arasında da anlamlı bir ilişki bulundu. Evli bireylerin yaşam doyumları sınırda düzeyde anlamlı iken, solunum yolu hastalıkları olan ve sağlık durumu kötü olarak değerlendiren bireylerin yaşam doyumlarının düşük olduğu tespit edildi. İki ölçeğin puanları karşılaştırıldığında orta düzeyde pozitif yönde bir ilişki bulundu.

Sonuç: Yaşlı bireylerin hastalık kabulü ile yaşam doyumu arasında güçlü bir ilişki vardır. Yaşlı bireyler hastalıklarını kabul ettiklerinde yaşam doyumları da artmaktadır. Yaşlı bireylerin sosyoekonomik durumu ve birden fazla hastalık sahibi olma durumu hastalığı kabullenme ve yaşam doyumu üzerinde etkin rol almaktadır. Yaşam doyumunu arttırmak için hastalığı kabullenmenin önemi göz önünde bulundurulmalıdır.

Anahtar kelimeler: Yaşlanma, yaşlılık, memnuniyet

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Key Points

1. There is a linear relationship between the acceptance of illness and life satisfaction of elderly individuals.
2. As the adaptation of the elderly to the disease increases, their preparedness for the negative situations that may develop related to the disease or the nature of the disease increases.

Introduction

Aging is an irreversible process during which there is differentiation in cells, organs, and systems and functional losses occur in individuals as they age [1]. The dictionary meaning of being old is the state of showing the effects of increased age. For living things are the process of change and transformation in the period from the end of the reproductive period until death [2].

Many elderly individuals must maintain regular care and complex treatment with some chronic diseases that develop with age or that pre-exist. Having a chronic disease entail both a feeling of loss and the need to keep the disease and one's life under control [3]. Disease acceptance is defined as the sick individual being aware of his or her disease. This means that the patient is ready to cope with the changes and limitations that the disease and the treatment bring. The fact that the individual must comply with the treatment rules and make changes in his or her normal lifestyle can cause the individual to have problems with adaptation to and acceptance of his or her disease [3,4]. Everyone reacts differently to the fact of illness: some people accept this condition; others do not agree with this situation. People who can accept the disease are more likely to undertake a fight for recovery, which causes them to experience fewer negative emotions. Therefore, from a psychological point of view, acceptance of a disease is an important aspect of therapy. It is treated as one of the most important determinants of adaptation to a difficult situation in life [4].

The concept of life satisfaction is a result of comparing what people have with their expectations. According to Neugarten, the result obtained from the comparison of what one wants in life with what one achieves is equal to life satisfaction. Life satisfaction not only affects one's mental and social relationships but also expresses a state of well-being that includes such feelings as happiness and morale [5]. According to Schmitter, life satisfaction may differ from person to person due to the uncertainty of its scope [6]. Acceptance of disease means gaining a positive attitude towards a given situation and encourages patients to mobilize their own vital strength to prevent the deterioration of their quality of life due to chronic disease. It is recognized that the level of such acceptance depends not only on such factors as the nature of the disease, its severity, and the discomfort it imposes, but also patient-associated factors, which are socio-demographic determinants [7].

In the study, it was aimed to determine the variables that affect the life satisfaction of elderly individuals and affect the disease acceptance process. It is thought that the article will contribute to the literature in that it includes evaluations for geriatric patient groups, which have become increasingly important in recent years, and emphasizes concepts such as health and disease perception, life satisfaction, quality of life rather than surveillance, and important issues in the provision of services to individuals with chronic diseases in clinical practice.

Methods

Population and Sample of the Research

The research was conducted at the İzmir Atatürk Training and Research Hospital between February 1 and July 31, 2019. The sampling method was not used in the study, and the whole universe was used as a sample. All elderly individuals who applied to the internal medicine outpatient clinic of the hospital between February 1 and August 31, 2019 and accepted to participate in the study and met the research acceptance criteria were included in the study. A total of 140 individuals over the age of 65 who were hospitalized in seven internal medicine clinics between these dates and who agreed to participate in the study were included.

Data Collection

A sociodemographic questionnaire, the Disease Acceptance Scale, and the Life Satisfaction Scale were used as data collection tools. The patients were informed about the purpose of the study, written and verbal consent was obtained, and data were collected by the researchers using face-to-face interview techniques.

Sociodemographic Questionnaire is prepared by the researchers, the introductory characteristics of the patients (age, gender, marital status, number of children, education level, income status, social security, who they live with) and disease-related characteristics (type of disease, duration, previous illness/surgeries, alcohol and cigarette use, evaluation of their disease) were asked [5,8].

The validity and reliability study of the Disease Acceptance Scale in Turkey, developed by Felton and Revenson (1984) to determine disease acceptance level, was carried out by Buyukkaya (2011), and adapted to diabetic individuals in accordance with Turkish culture [9,10]. A Likert-type scale was used and scored according to the five-point agreement-disagreement status; it consisted of eight items. The lowest score on the scale was eight, and the highest score was forty. The sixth item of the scale was scored inversely. High disease acceptance indicated compliance and less physical discomfort. Disease acceptance showed the lack of negative emotions and negative reactions brought about by the disease in the sick individual [8]. Cronbach's α value of the scale, whose validity and reliability were applied to patients with hypertension, diabetes, rheumatoid arthritis, and cancer, was = 0.83.

Life Satisfaction Scale (LSS**)** was developed by Diener et al. in 1985 [11]. The Turkish validity and reliability of the scale was performed by Durak et al. The scale consists of five items in total. The evaluation is out of seven points and is based on a Likert-type scale. The lowest score is seven; the highest score is thirty-five [12]. An increase in the score indicates that the life satisfaction of the individual increases [8]. In the study examining the life satisfaction of stroke patients, the Cronbach's α value was calculated as 0.72.

Ethical approval, informed consent, and permissions

To carry out the study, the permission of the İzmir Atatürk Training and Research Hospital Ethics Committee, written permission from the authors who conducted the reliability and validity studies of the Turkish versions of the data collection tools and written and verbal consent from the elderly individuals participating in the study were obtained. Ethics committee approval was obtained from Izmir Katip Çelebi University Non-Interventional Clinical Research Ethics Committee on 06.02.2019 with Decision No: 37. Survey data is stored. The authors contributed equally.

Statistical analysis

In the analysis of the data obtained from the research; SPSS (Statistical Package for the Social Sciences) 20.0 program was used. Descriptive statistics presented as numbers and percentages. As the mean value (mean) and median (median) values of the data were close to each other, it was seen that the data were suitable for normal distribution. The chi-square test was used to compare categorical variables within the sample population. The one-way ANOVA test was used to analyze how the independent variables interact with each other and the effects of these interactions on the dependent variable and the Kruskal-Wallis test was used for nonparametric data. and correlation analysis were used in the analysis. Pearson correlation analysis was used to determine whether there was a relationship between two or more variables.

Results

Of the individuals participating in the research, 62 (44.3%) were between the ages of 75 and 84, and 61 (43.6%) were between the ages of 65 and 74. Seventy-six (54.3%) were male, 85 (60.7%) were married, 134 (95.7%) had children, and 73 (52.1%) were primary school graduates. According to their own statements, 99 (70.7%) had income equal to expenses, 107 (75.7%) lived with their spouse or child, and 139 (99.3%) had social security. When the duration of the disease was examined, 63 (45.0%) were diagnosed within 0–2 years. The number that had a previous illness/surgery was 107 (76.4%). The number answering "no" to alcohol use was 124 (88.6%) while 73 (52.1%) answered "no" to smoking. Fifty-six individuals (40.0%) evaluated their health as moderate. Twenty patients from each disease type (endocrinological, rheumatological, cardiological, dermatological, gastroenterological, respiratory, musculoskeletal) were included in the study. The disease acceptance score (mean ± sd) of the elderly individuals was 25.95 ± 5.25, and the life satisfaction score was 20.39 ± 5.94 (Table 1).

Table 1. Findings on the disease acceptance scale and the life satisfaction scale among the elderly

Scale	Min	Max	SD	*mean*
Disease Acceptance Score Average	12	38	5.252	25.95
Life Satisfaction Score Average	8	37	5.945	20.39

Min: Minimum, Max: Maximum; SD: Standard Deviation

When the relations between the disease acceptance and life satisfaction scores of the elderly individuals according to gender, education level, disease duration, and disease/surgery status were examined, no significant difference was found. The parameters that are significant with the disease acceptance score are age, disease type, and health assessment status. Disease acceptance scores and age groups were p = 0.009, and individuals in the 65–74 age group were more likely to accept their disease than other groups. There was a highly significant difference between at least two groups in the relationship between individuals and disease type (p < 0.001). The scores of patients with respiratory problems were found to be significantly lower than individuals with cardiological, gastroenterological, and musculoskeletal problems. There was a highly significant difference between at least two groups in relation to their assessment of their health status (p < 0.001), and individuals who evaluated their health status as good had higher levels of acceptance of their disease than who evaluated their health status as moderate and poor. Other groups are similar (Table 2).

Table 2. Parameters relating to the elderly individuals' disease acceptance score.

Disease Acceptance Score		Mean± sd	p
Age			
	65–74	27.48 ± 4.98	0.009
	75–84	24.85 ± 5.25	
	85 and older	24.47 ± 5.03	
Disease type			
	Endocrine	25.40 ± 3.20	**< 0.001
	Rheumatic	24.45 ± 4.41	
	Cardiological	28.50 ± 5.0	
	Dermatologic	26.95 ± 6.06	
	Gastroenterological	27.80 ± 5.83	
	Respiratory	22.10 ± 3.72	
	Musculoskeletal	26.45 ± 4.48	
Health assessment status			
	Good	28.33 ± 4.53	* < 0.001
	Moderate	26.25 ± 4.82	
	Bad	26.25 ± 4.82	

Test statistics: P* ;One way ANOVA, P**;Kruskal-Wallis test; SD: Standard Deviation

There was a significant relationship between the life satisfaction scores of the elderly and their marital status, disease type, and health. There was a borderline significance (p = 0.05) between marital status and life satisfaction scores. Married individuals showed higher life satisfaction. When the disease types were examined, there was a significant difference between at least two groups (p = 0.006), and the scores of the patients with respiratory problems were significantly lower than those of the patients with cardiological and gastroenterological problems. Other groups are similar. There was a highly significant difference between at least two groups in terms of evaluating the health of individuals (p < 0.001), and the

life satisfaction scores of individuals who stated their health status as poor were significantly lower. The life satisfaction of individuals who rated their health as good or moderate was found to be similar (Table 3).

Table 3. Outcome parameters related to the life satisfaction scale of elderly individuals.

Life Satisfaction Score	Mean± sd	p
Marital Status		
Married	21.24 ± 5.817	*0.005
Widowed	19.22 ± 5.939	
Disease Type		
Endocrine	19.50 ± 5.21	
Rheumatic	20.50 ± 5.88	
Cardiological	22.80 ± 5.89	**0.006
Dermatologic	19.15 ± 6.08	
Gastroenterological	23.80 ± 7.13	
Respiratory	16.60 ± 3.58	
Musculoskeletal	20.40 ± 5.02	
Health Assessment Status		
Good	22.58 ± 6.10	
Moderate	20.71 ± 5.17	* < 0.001
Bad	16.97 ± 5.42	

Test statistics; P*; One way ANOVA, P**; Kruskal-Wallis test SD: Standard Deviation

There was a significant difference between the health evaluation status of the elderly individuals, the type of disease, and age (p = 0.006, p = 0.008). While the majority of endocrine, cardiology, dermatology, and gastroenterology patients evaluated their health as good, most individuals with respiratory system disorders rated their health as poor. Individuals aged 65–74 evaluated their health as good, while those aged 75–84 evaluated their health as moderate, and individuals aged 85 and over evaluated their health as bad (Table 4).

Table 4. Investigation of the relationship between health assessment status of elderly individuals and disease types

		Health Assessment Status			Test Statistics
		Good *n* (%)	Moderate *n* (%)	Bad *n* (%)	
Disease Type	Endocrine	12 (60)	7 (35)	1 (5)	
	Rheumatic	4 (20)	9 (45)	7 (35)	
	Cardiological	9 (45)	8 (40)	3 (15)	
	Dermatologic	8 (40)	7 (35)	5 (25)	*p* = 0.006
	Gastroenterological	9 (45)	5 (25)	6 (30)	
	Respiratory	4 (20)	6 (30)	10 (50)	
	Musculoskeletal	2 (10)	14 (70)	4 (20)	
Age	65–74	29 (47.5)	24 (39.3)	8 (13.1)	
	75–84	16 (25.8)	26 (41.9)	20 (32.3)	*p* = 0.008
	85 and older	3 (17.6)	6 (35.3)	8 (47.1)	

Test Statistics; Chi-square

When the disease acceptance and life satisfaction scores of the individuals participating in the study were compared, a moderate positive correlation was found between them (r = 0.467; p < 0.001). As individuals' acceptance of their disease increases, their life satisfaction also increases (Table 5).

Table 5. Comparison of the Disease Acceptance and Life Satisfaction Scores of the Individuals Participating in the Study

		Disease Acceptance Score	Life Satisfaction
Disease Acceptance Score	Pearson Correlation	1	0.467**
	Sig. (2-tailed)		< 0.001
Life Satisfaction Score	Pearson Correlation	0.467**	1
	Sig. (2-tailed)	< 0.001	
	n	140	140

**Correlation is significant at the 0.01 level (2-tailed). r: Pearson correlation analysis

Discussion

In this study, the mean score of the elderly individuals' disease acceptance scale was found to be 25.95 ± 5.25. The mean life satisfaction score was found to be 20.39 ± 5.945. When we look at the literature, the average life satisfaction score in the elderly in one study was found to be 20.96 ± 6.92 [14]. In another study, it was found to be 20.2 ± 5.6 [15]. When the disease acceptance and life satisfaction scores of the individuals participating in the study were compared, a moderate positive correlation was found between them. According to this result, as individuals' disease acceptance increases, their life satisfaction also increases.

When we examined the relationship between the two scales according to the age of the participants, a significant difference was found between the disease acceptance scores and age groups, but no similar study was found in the literature. Individuals in the 65–74 age group proved more likely to accept their disease than other groups. There was no significant difference between the life satisfaction scores of the individuals and the age groups. One study in the literature did not find a relationship between age and life satisfaction [16]. However, in another study, it was determined that there was a significant difference between life satisfaction scores according to age, and life satisfaction scores of individuals over 75 years old were higher [14].

In our study, in line with the literature, no significant difference was found between the disease acceptance and life satisfaction scores of individuals according to gender [14,16,17]. It is thought that this result may be related to the similarity of life satisfaction factors in old age.

In terms of the relationship between the disease acceptance and life satisfaction scores according to the marital status of the elderly individuals, while there was no significant difference between the disease acceptance scores and marital status, a borderline significance was found between the scores for life satisfaction. While there is no relationship between marital status and life satisfaction in the literature, in our study it was determined that married individuals had higher life satisfaction [14,16,17].

When we examined the relationship between the disease acceptance and life satisfaction scores according to the health assessment status of elderly individuals, a highly significant difference was found between their assessment of their health and their disease acceptance scores. Individuals who evaluated their health status as good were found to have higher levels of disease acceptance. A highly significant difference was also found between the individuals' assessment of their health and their life satisfaction scores. Individuals who evaluated their health status as bad had lower life satisfaction scores. When we look at the literature, the life satisfaction scores of the elderly who evaluated their health as good were found to be higher [17]. The self-confidence of the elderly person who has health problems and needs care in their daily life may decrease, they may experience a feeling of inadequacy, and this may cause the elderly individual to be unhappy and reduce their life satisfaction.

Considering the disease acceptance scores of the individuals according to disease types, a highly significant difference was observed. The scores of patients with respiratory problems were found to be lower than individuals with cardiological, gastroenterological, and musculoskeletal problems. When the life satisfaction scores and disease types were examined, a significant difference was found again. The scores of patients with respiratory problems were found to be lower than those with cardiological and gastroenterological problems. There is no study on this in the literature. However, it is stated that an economic situation related to the acceptance of the disease and the quality of life is effective on the quality of life and that the disease requires acceptance [19].

When the relationship between the health evaluation status of the elderly individuals and the types of diseases was examined, a significant difference was found. According to these findings, the majority of endocrine, cardiology, dermatology, and gastroenterology patients evaluated their health as good; most individuals with respiratory system disorders rated their health as poor. The reason for this is thought to be that respiratory system disorders stress individuals more, affect their psycho-cognitive states more physiologically, and make them more exhausted. [18,19].

When we examined the relationship between the age of the elderly individuals and their health assessment status, a significant difference was found. Individuals between the ages of 65 and 74 evaluated their health as good, while those between the ages of 75 and 84 evaluated their health as moderate, and individuals aged 85 and over evaluated their health as bad. This situation can be associated with their increasing discomfort with age and the loss of relatives.

Limitations

The limitations of the study are that the study was conducted in a single center and the whole population was taken as a sample, but the number of participants was not very high.

Conclusion

Considering that older individuals can manage the disease process better by accepting their disease and increasing their life satisfaction by adapting themselves to the current situation by knowing their inadequacies and limitations, it is suggested that it may be beneficial for health professionals to inform the elderly about this issue. In addition, when the literature is examined, it is recommended that the variables affecting life satisfaction and disease acceptance process specific to disease groups should be discussed in more detail in different studies.

Conflict of interest: No conflict of interests has been declared between the authors.

Author Contributions		Author Initials
SCD	Study Conception and Design	GD, GP, SGA, EUA
AD	Acquisition of Data	GD, GP, SGA,
AID	Analysis and Interpretation of Data	GP, EUA
DM	Drafting of Manuscript	GD, GP, SGA, EUA
CR	Critical Revision	GD, EUA

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