Online ISSN: 2158-0820
Advancesin Open Access Journals

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Chronic Diseases Prevention Review, 2024, Vol. *8, No.29*

RESEARCH ARTICLE

Title: Research on the Method of Constructing Continuous Nursing Service Standards for the Disabled Elderly at Home and Its Impact on Patients' Quality of Life

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Abstract: To explore the method of constructing the standard of continuous nursing service for the disabled elderly at home and its impact on the quality of life of patients. 102 cases of disabled elderly at home were selected as subjects from August 2020 to December 2020. Random number table method was used to divide the patients into two groups, with 51 cases in each group. The control group adopts conventional nursing intervention, and the observation group introduces the demand-oriented concept based on the control group. After 3 months of nursing, the awareness rate, adverse event rate, quality of life, and satisfaction of the two groups were compared. The awareness rate of medication guidance, passive exercise, and complication prevention in the observation group was higher than that of the control group (P<0.05). The incidence of falling bed, pressure sores, and choking and coughing was lower in the observation group than that of the control group (P <0.05). The physical function, emotional function, social function, role function, and cognitive function scores of the observation group were higher than those of the control group (P<0.05). The nursing method, follow-up, nurse-patient communication, rehabilitation guidance and service attitude satisfaction were all higher in the observation group than those of the control group (P<0.05). Establishing continuous care service standards based on the service needs of the elderly can improve the quality of life and satisfaction of patients, reduce the incidence of adverse events, and is worthy of promotion and application.

ARTICLE HISTORY

Received: 27-Sep-2022
Revised: 14-Sep-2024
Accepted: 14-Sep-2024
DOI: 10.54762/CDPR2024-29.6-10

Keywords: Disabled elderly at home; Service demand; Continuous care; Service standards; Self-management ability; Quality of life; Satisfaction

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1. Introduction

The disabled elderly refer to the elderly who partially or completely lose the ability to take care of themselves due to old age, physical weakness or disease [1]. According to international standards, one of the indicators of "eating, bathing, grooming, getting in and out of bed, walking indoors or going to the toilet" is difficult to complete, that is, disability [2] [3]. In recent years, with the intensification of the aging of our country's population, the rapid growth of disabled elderly has led to severe adjustments to our social security system [4]. Although the conventional nursing model can satisfy the daily life of the disabled elderly at home, the nursing content is relatively single and the nursing lacks pertinence, which leads to a higher incidence of adverse events during the home and affects the quality of care. In view of national conditions, home care is still the main mode of care for disabled elderly in our country [5] [6]. At the same time, because the elderly are older and often accompanied by a variety of underlying diseases, treatment and nursing issues have become the current research hotspots [7]. The continuity care model originated in the 1980s. A series of behavioral designs are used to ensure that patients can obtain varying degrees of

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continuity in different health care settings (such as from hospital to home) or in different places in the same hospital. However, there are few research on the application of this nursing method to the disabled elderly at home [8]. Therefore, this study takes the disabled elderly at home as the object, discusses the method of constructing the standard of continuous care service for the disabled elderly at home and its impact on the quality of life of patients. The report is as follows.

2. Materials and methods

2.1 Clinical data

Please fill in your content here. Please fill in your content heFrom August 2020 to December 2020, 102 cases of disabled elderly at home were selected as the objects, and the random number table method was used to divide the patients into two groups. There were 51 cases in the control group, including 32 males and 19 females, aged (60-93) years, with an average of (73.59±6.81) years; disability time (1-7) years, with an average of (3.64±0.61) years; disease type: 21 cases of cerebral hemorrhage, 8 cases of chronic heart failure, 18 cases of cerebral infarction, 4 cases of other cases; complications: 8 cases of diabetes, 4 cases of coronary heart disease, 14 cases of hypertension. There were 51 cases in the observation group, including 29 males and 22 females, aged (61-95) years, with an average of (74.71±6.87) years; disability time (1-8) years, with an average of (3.68±0.72) years; disease type: There were 19 cases of cerebral hemorrhage, 7 cases of chronic heart failure, 22 cases of cerebral infarction, and 3 cases; complications: 6 cases of diabetes, 5 cases of coronary heart disease, 12 cases of hypertension.re. Please fill in your content here. Please fill in your content here. Please fill in your content here.

2.2 Inclusion and exclusion criteria

Inclusion criteria: (1) Meet the diagnostic criteria for disabled elderly [9] [10], the patient's age is ⩾60 years old, and the self-care ability (ADL) score is ⩽60 years old; (2) The patient is accompanied by 1-2 chronic diseases, daily Life requires family assistance; (3) Have complete baseline and follow-up data. Exclusion criteria: (1) Patients with mental abnormalities or dying of life; (2) Cognitive dysfunction, patients requiring radiotherapy and chemotherapy.

2.3 Inclusion and exclusion criteria

Control group: conventional nursing intervention. Within 1 month after the patient was discharged from the hospital, the inpatient department conducted 2 telephone return visits to the patient and family members to provide guidance on medication, diet and functional exercise. The home care of the patient mainly relied on family members, who implemented passive rehabilitation exercises and followed the doctor's medication. Diet guidance to assist patients in completing daily care, including dressing, urinating and defecate, washing, moving, etc. To maximize the patient's subjective initiative and improve the patient's limb function [11]. Observation group: based on the control group, the demand-oriented concept was introduced, the questionnaire survey method was used, and the Kano model was used to analyze the service demand attributes of the disabled elderly at home and formulate and implement the continuous service plan and service standards for the disabled elderly at home. (1) Analysis of the current situation of elderly disabled elderly care at home. For the enrolled elderly disabled at home, search related literature, understand the current situation of elderly disabled at home in my country through comparative analysis, analyze the problems in the elderly care process, and make corresponding records; (2) Survey on the service needs of elderly at home. In view of the existing problems in the search, the needs of the disabled elderly at home are guided by them. The relevant questionnaires are issued to the patients/family. The questionnaire consists of two parts, one is the general survey form. The other is the elderly disabled at home based on the Kano model Continuing nursing service demand survey, the questionnaire has 15 pairs of questions, and each question contains a forward question and a reverse question, as shown in Table 1. Sort out and analyze the questionnaires for the disabled elderly at home, sort out their nursing service needs, and formulate detailed nursing plans. (3) Method. ①Establish health files. Before leaving the hospital for the disabled elderly at home, establish a health file for them. When the patient is discharged from the hospital, fill in the community information where they are located, and set up an extended service team according to the hospital situation. The team members contact the community service center to help the patient establish and improve the personal health file. Basic information, disease-related conditions and family care needs, etc.; ② Follow-up service. Most of the disabled elderly at home are eager to obtain professional medical care and hope that medical staff can follow up regularly. Therefore, nursing staff strengthen patient follow-up, follow-up methods: telephone follow-up, outpatient follow-up and home follow-up, follow-up content includes patient's vital signs, medication guidance, rehabilitation exercise, complication rate, etc., strengthen disease education and prevention. The elderly disabled at home can make appointments for on-site services by an extended service team according to their own needs, dynamically understand the patient's physical condition, etc., investigate high-risk factors in their home environment, and provide wound stoma care, PICC maintenance, anti-drug exercise guidance, and drugs according to their needs Diet guidance, etc.; establish long-term contact with patients, and contact the extended service team in time when the patient's condition changes, and the hospital will provide them with a green channel for hospitalization; ③ Strengthen the linkage management of multiple medical institutions. The traditional management model with hospitals and communities as the main body has been

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unable to meet the care needs of disabled elderly at home. Therefore, according to the local conditions, strengthen the multiple linkages between hospitals, communities, and families, and build a "hospital-nursing home-community-family joint care model" to address the current dual needs of medical and continuity care, and achieve patient transfers, transfers and transfers. Full-process closed-loop management. ④Strengthen the training of patients' family members and improve the home service and treatment. According to the education level and age of caregivers of disabled elderly at home, the hospital strengthens family nursing skills training and education, provides scientific nursing for disabled elderly, and evaluates the patient's effect after 3 months of nursing.

Table 1. Corresponding attributes of answers in Kano model

Positive problem	Reverse problem				
	like	As it should be	It doesn't matter	Can bear	dislike
like	Q	A	A	A	O
As it should be	R	I	I	I	M
It doesn't matter	R	I	I	I	M
Can bear	R	I	I	I	M
dislike	R	R	R	R	Q

Note: Q in the table indicates the answer to a question; R stands for retrograde property; I denotes no difference attribute; O denotes the expectation attribute; A stands for Attractive Attribute.

2.4 Observation indicators

(1) Awareness rate and incidence of adverse events. Three months after nursing, the two groups used a general awareness questionnaire to investigate the awareness of patients' medication guidance, passive exercise, and complication prevention. The total score for each item was 100 points, and ⩾90 was divided into awareness; the two groups were recorded as falling from bed during nursing, The incidence of pressure sores and choking and coughing [12]; (2) quality of life. Before and 3 months after nursing, the two groups used the Simple Quality of Life Questionnaire (SF-36) to assess the patient's quality of life in terms of physical function, emotional function, social function, role function and cognitive function. The higher the score, the higher the quality of life [13] [14]. (3) Satisfaction. A general satisfaction questionnaire was used to investigate patient care methods, follow-up forms, nurse-patient communication, rehabilitation guidance and service attitudes. The total score for each item was 100 points, and ⩾90 points were satisfied [15].

3. Statistical analysis

The SPSS24.0 software was used to process the count data and the χ^2 test was performed using n (%), and the measurement data was performed using the t test. The difference was statistically significant at P<0.05.

4. Results

4.1 Comparison of awareness and incidence of adverse events between the two groups

The observation group's awareness rate of medication guidance, passive exercise, and complication prevention 3 months after nursing was higher than that of the control group (P<0.05). The incidence of bed falling, pressure sores and choking and coughing during nursing was lower than that of the control group (P<0.05), as shown Table 2.

4.2 Comparison of awareness and incidence of adverse events between the two groups

The quality of life of the two groups before nursing was not statistically significant (P>0.05); the quality of life of the two groups after nursing was higher than that before nursing (P<0.05); the physical function, emotional function, and social function of the observation group were 3 months after nursing The scores of role function and cognitive function were higher than those of the control group (P<0.05), as shown in Table 3.he observation group's awareness rate of medication guidance, passive exercise, and complication prevention 3 months after nursing was higher than that of the control group (P<0.05); the incidence of bed falling, pressure sores and choking and coughing during nursing was lower than that of the control group (P<0.05), as shown Table 2.

Table 2. Comparison of the awareness rate and the incidence of adverse events between the two groups [n (%)]

Group	Cases	Awareness rate			Adverse events			
		Medication guidance	Passive exercise	Complication prevention	Fall in bed	Pressure sore	Choking	Incidence
Observation group	51	48（94.12）	50（98.04）	49（96.08）	1（1.96）	0（0.00）	1（1.96）	2（3.92）
Control group	51	41（80.39）	42（82.35）	40（78.43）	3（5.88）	4（7.84）	5（9.80）	12（23.53）
x^2	/	5.635	8.301	6.434	/	/	/	6.324
P	/	0.035	0.019	0.028	/	/	/	0.021

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Table 3. Comparison of the quality of life between the two groups

Group		Physical function	Emotional function	Social function	Role function	Cognitive function
Observation group	Before care	13.23±2.51	12.69±2.34	13.02±2.43	13.11±2.35	12.14±2.19
（n=51）	3 months after care	18.52±1.36#*	17.49±2.11#*	18.15±1.29#*	18.42±1.58#*	17.94±1.43#*
Cntrol group	Before care	13.25±2.53	12.71±2.36	13.06±2.46	13.10±2.34	12.16±2.21
（n=51）	3 months after care	15.39±1.69*	15.94±2.14*	15.67±1.58*	14.39±1.95*	15.34±1.95*

Compared with the control group, #P<0.05; compared with before treatment, *P<0.05

Table 4. Comparison of satisfaction between the two groups [n (%)]

Group	Cases	Nursing method	Follow-up form	Nurse-patient communication	Rehabilitation guidance	Service attitude
Observation group	51	50（98.04）	51（100.00）	48（94.11）	49（96.08）	50（98.04）
Control group	51	41（80.39）	43（84.31）	42（82.35）	40（78.43）	43（84.31）
x^2	/	7.926	6.215	8.092	6.496	7.224
P	/	0.025	0.029	0.019	0.023	0.030

5. Discussion

As of the end of 2017, the number of people aged 60 and over in my country has reached 241 million, of which the disabled and semi-disabled elderly population is close to 40 million, accounting for 17.4% of the total elderly population [16]. At present, in clinical practice, home care is mainly used for the disabled elderly, but it is still necessary to provide them with medical care, rehabilitation promotion and hospice care [17]. Conventional home care mainly relies on family caregivers. Although it can meet the daily needs of the elderly at home, the nursing content is relatively simple, the nursing methods are relatively simple, and the actual needs of the patients are not fully considered, resulting in poor quality of care. Continuing care was first proposed by American scholars, which can ensure that patients receive scientific care in different places and can ensure the continuity and coordination of patient care. For qualified hospitals [18], the content of care should be clarified, and the needs of patient care services should be met as much as possible, which fully reflects the importance and care for elderly patients. This study introduces a demand-oriented concept in the patient care process, and with the help of relevant questionnaires, can understand the true needs of patients for care. Through questionnaire surveys, and communicate with patients and their families, not only can understand the true care of patients after discharge. If necessary, it can also increase patient awareness and reduce the incidence of adverse events [19]. In this study, the observation group's awareness rate of medication guidance, passive exercise, and complication prevention 3 months after nursing was higher than that of the control group (P<0.05). The incidence of falling bed, pressure sores and choking during nursing was lower than that of the control group (P<0.05), suggesting that continual care based on service needs can help improve the awareness rate of disabled elderly people at home and reduce the incidence of adverse events. At the same time, the Kano model is introduced in the nursing process for the disabled elderly at home. With the help of this model, it can more accurately reflect the needs of nursing services for the disabled at home and provide medical decision-makers and care managers with and improve the basis for remote care and continue to improve elderly care quality and nursing satisfaction. In this study, the physical function, emotional function, social function, role function and cognitive function scores of the observation group were higher than those of the control group 3 months after nursing (P<0.05) [20]. The nursing method and follow-up form of patients in the observation group 3 months after nursing, nurse-patient communication, rehabilitation guidance, and service attitude satisfaction are all higher than those of the control group (P<0.05). From the results of this study, it can be seen that constructing continuity nursing service standards based on the service needs of the elderly can improve the quality of life and satisfaction of patients.

6. Conclusion

According to the service needs of the disabled elderly at home, constructing continuity nursing service standards and applying them to the disabled elderly at home can help improve the quality of life, increase nursing satisfaction and awareness, and reduce the incidence of adverse events. It is worthwhile promote applications.

CONFLICT OF INTEREST

Not any conflict interest.

ACKNOWLEDGEMENTS

This study was supported by Chongqing Joint Medical Scientific Research Project of Science and Health (No. 2021MSXM243).

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