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Morale and Outlook on Life and Death of Old Inpatients

Keiko Kato

Abstract

The morale of old inpatients was studied. Interviews for present study were performed with 60 old patients who were hospitalized and could speak with others to find out the subjective factors which defined their morale and how they thought of life and death. Their properties for daily living were obtained from nurses at the wards.

The findings are as follows :

1. Subjective factors deciding if the old inpatients felt their present life positive or negative were ; ① expectancy that their family would accept them on their discharge from the hospital, ② retention of the desire to eat and drink, ③ frequency of the contact with other patients in the same room/ward, and ④ experience of the death of the patient in the same room/ward.

2. Factors related to the outlook on life and death which affected the impression for present life as positive or negative were : ① feeling of fulfillment of life's goals, ② feeling of satisfaction with their life, ③ desire to live as long as possible, and ④ desire to receive sufficient medical treatment until the end of their life.

Key Words : old inpatient, morale, outlook on life and death

I . Introduction

In Japan the ratio of the elderly population is increasing : surviving rate of those of 65 years exceeds 80% in males and 90% in females, while about 50% of males and 70% of females of 80 years can survive¹⁾. As can be seen above, life span of many people has become longer than ever.

However, the number of the those who take medication has been increasing among those over 65 years²⁾. During 1970~1990 the population over 65 years became double^(Notes-1). On the other hand, the number of the those who took medication increased to c. 4.3 times, and the number of the those hospitalized increased to about 6.2 times as many as that in 1970. During the same period, the increasing rate of all of the population who took medication was about 1.2 times, while that of hospitalized was about 1.5 times^(Notes-2). This showed how the number of the elderly who fall ill and go into hospitals has been increasing for these 2 decades. The admission period of old inpatients was twice as long as that on average³⁾. The number of death of the elderly at hospital increased by

about 10.1 times during the 20 years^(Notes-3).

When the elderly fall ill, activities of their daily living are highly damaged³⁾. They should face with themselves who cannot act so smoothly as before. Furthermore, in the highly industrialized society a person is evaluated by a criteria of the usefulness in the society⁴⁾, which seems to deny the value of old.

Aging is a natural process to death⁵⁾. It is a characteristic of the outlook on life and death of the elderly that they think of their death as a matter of national course in near future, and they cannot escape from being conscious of their future death in their daily life.

There may be various definitions of outlook on life and death, but here I would like to define the outlook on life and death as the recognition related to "life, aging, falling ill, and death".

It is said that the factors to define morale of the elderly include extend of satisfaction with the various subjective factors and of the internal self recognition⁶⁾. I thought that it would be very useful to reveal these two sides of the outlook on life and death of old inpatients and discuss their morale to support their daily life and to take care of them at terminal care.

Development of various gerontologic sciences resulted in the accumulation of studies on the outlook on life and death of the elderly leading their normal life in the community, but no previous reports on hospitalized old persons could be found. This study would be the first one. In this study I dealt with those over 65 years as the aged^(Notes-4).

II. Objects

The objects of this study were to find out various subjective factors to define the morale of hospitalized old persons and their outlook on life and death as internal self-recognition in order to discuss their morale.

III. Subjects and methods

1. Subjects

Sixty patients over 65 years were chosen who were allowed to see visitors and recognized to be able to speak with others. Of 128 inpatients in 2 wards for the elderly (130 beds in total) in a private hospital (233 beds). The patients were chosen because they formed a group in the same living circumstances.

2. Method

① An interview was made with a subject for about 1 hour on the outlook on life and death, using a questionnaire.

② Basic properties, present and past history, ADL (activities of daily living), and so on were copied from the nursing record or obtained from the chief nurse at the wards.

IV. Results

1. Subjects

The average age of 60 subjects was 79.0 ± 6.3 (Mean \pm S. D.) years and the ratio of males to females was 1 : 2.2. They stayed at the hospital for 1.8 years on average : 61.7% of them were stayed at the hospital for more than 1 year, and 36.7% had been transferred from other hospitals^(Notes-5). With ADL, more than half of the subjects needed complete help in excretion and/or gait, who mostly had to be assisted in the both activities. Of the 60 subjects, 60.0% retained their desire to eat and drink regardless of the extents of the independence in the activities of excretion, gait, and eating and drinking. Frequency of taking contacts with other patients in the same room/wards was significantly high in those who could walk and who had no disorder in hearing. Though 61.7% of the subjects had at least one visit of their family member in a week, the estimated ratio of the subjects who would be accepted by family members at their home was 58.3% according to the subjects themselves and 21.7% according to the nurses.

2. The subjective factors related to the positive impression for life

I asked a question to know how they thought of their present life as a result of their long private history. To the question whether they felt happy for having been living, 37 (61.7%) subjects answered they felt happy, 22 (36.7%) said they did not feel happy, and the remaining 1 (1.7%) answered that she could not say happy nor unhappy. The answer that they felt happy was thought to show that they had a positive impression for the present life, while the opposite answer was recognized as an expression of negative impression. Relationships of these positive and negative impressions to the subjective factors and outlook on life and death were studied.

The subjective factors significantly associated with the impression for present life were the following 4 factors ;

- ① Expectancy of the possibility of the acceptance by the family when discharged
- ② Retention of the desire to eat and drink
- ③ Frequency of the contact with other patients in the same room/ward, and
- ④ Experience of the death of any patient in the same room/ward.

3. The outlook on life and death related to the positive impression for life

The following 4 factors in relation to outlook on life and death were significantly related to the positive/negative impression for the present life.

- ① Feeling of fulfillment of life's goals
- ② Feeling of satisfaction with life
- ③ Desiring to live as long as possible, and
- ④ Desiring to have sufficient medication till end of life.

More than 60% of the subjects had experiences to think of their death and the place where they

would die, and many felt more fear of the suffering till the time of death than death itself.

V. Discussion

1. Relationship of positive impression for the present life to subjective factors

The attitude of family members was the most important for hospitalized old persons to think positively of their life. For the old persons it would be the most important that they could feel the support of family as a member or that they could expect to go home. Very many old persons said that they wanted family members to be with them at dying bed side. None wanted friends or acquaintances to be with them. When the elderly fall ill, their activity range tends to be narrowed and it will often become quite difficult to maintain the human relationship outside their family. Then, the support by family members seems to be the most important, who have been associated with their living history and who can recognize them as an individual.

The secondly important factor is the retention of the desire to eat and drink, ability to take sufficient meals with pleasure. This seems to be a concrete expression of the power to live. It is very interesting that the retention of the desire to eat and drink was highly related to the positive impression for life, a consciousness of high order. This fact also suggested a close relationship between mental and physical functions in the elderly.

Thirdly, high frequency of contact with other patients in the same room/ward came. This suggested that the friendship and sympathy among the people with whom they lived supported their living. To the question when growing old was felt or what they suffered from, many subjects pointed out that they could not move smoothly or by themselves. Consciousness's of growing old and falling ill were very closely related each other, and the impairment of the ability to move inhibited the sufficiency of their fundamental needs. As mentioned before, for the old persons the retention of the ability to move and hear was the key to keep company with others.

In contrast, the death of any patient in the same room/ward was the closest experience which made the subjects think of their own death. This experience would be a factor which led to the negative impression for the present life.

2. Relationship of positive impression for present life to morale

It can be thought that a fact that an old person who has the feelings of fulfillment of life's goals and satisfaction with his or her past life can think positivity of present life indicates that positive impression for the past life leads to a positive impression for the present life. On the other hand, this also suggested that self-evaluation of his or her all life would result from whether he or she has a positive impression for the present life or not.

Next, desire to live as long as possible and to have sufficient medication till the end of life seems to show that the positive attitude to the present life is linked to the positive approach to future life. The latter desire may suggest that the present positive impression is based on the expectancy and reliance to the hospital and medication.

According to M. P. Lawton^(Notes-6), the following 3 condition should be satisfied for a person to

have high morale :

- ① One should be fundamentally satisfied with oneself
- ② One can feel that one has the place to live in one's circumstances, and
- ③ One can accept in some way a fact which cannot be removed with one's best efforts¹³⁾.

All the categories associated with the positive impression for present life of the old inpatients can be matched to this criteria as follows :

- ① Having the feelings of fulfillment of life's goals and satisfaction with life
- ② Believing the acceptance by family at home when discharged and having frequent contact with other patients in the same room/ward. These may suggest having a place to live in the human circumstances.
- ③ Retention of the desire to eat and drink, to live as long as possible, and to have sufficient medication till the end of life comes thirdly. These desires indicate the positive attitude towards life after he or she accept the reality of life, aging, falling ill and death.

IV. Conclusions

In order to study the relationship between morale and outlook on life and death, interviews were made with hospitalized old persons, and living properties were heard from the nurses at wards. The following findings could be obtained.

1. Subjective factors to decide the impression of the old inpatients for present life were ; ① their expectancy of the possibility that their family would accept them at home when discharged, ② retention of the desire to eat and drink, ③ frequency of the contact with other patients in the same room/ward, and ④ experience of the death of any patient in the same room/ward.

2. Factors concerned with the outlook on life and death which affected the impression for present life were ; ① feeling of fulfillment of life's goals, ② feeling of satisfaction with life, ③ desiring to live as long as possible, and ④ desiring to take sufficient medication till the end of life.

Here, I showed my results in connection with the positive and negative impressions for present life of the old inpatients. In future, I would like to quantify the structures of the morale by showing the general living properties and outlook on life and death.

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[Notes]

- 1) Calculated by author using Census for many years, published by Statistics Bureau, Management and Coordination Agency.
- 2) Calculated by use of Patients' Survey for 1970 and 1990 published by the Ministry of Health and Welfare.
- 3) Calculated by use of Dynamic Statistics of Population for 1970 and 1990, published by the Ministry of Health and Welfare.
The number of death at nursing homes or health institutes for the aged was eliminated.
- 4) Geriatric Hospitals under exceptional permission by Medication Law accept only the patients over 65 years having chronic diseases.
Here "old patients" means those over 65 years.
- 5) Mean admission period on those above 65 is 0.2 year, while that of the patients with cerebral vascular disease is 0.4 year (Patients' survey for 1970). The admission period of the subjects in this study was longer, and that including the period of the previous admission period of the subjects who had been transferred was much longer.
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