

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCE
DEPARTMENT OF NURSING AND MIDWIFERY**

**ASSESSMENT OF PSYCHOSOCIAL WELL BEING AND MEANING OF
LIFE AMONG THE ELDERLY IN THE ELDERS' HOME SETTING AT
ADDIS ABABA, ETHIOPIA, 2015**

By:-

Tigist Demssew (BSC)

**A Thesis submitted to Addis Ababa University, College of Health Sciences,
and School of Allied Health Science, Department of Nursing and Midwifery
for Partial Fulfillment for the Degree of Masters of Science in Adult Health
Nursing.**

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June, 2015

ADDIS ABABA, ETHIOPIA

Approval by the board of Examiners

This thesis by Tigist Demssew is accepted in its present form by the board of Examiners as satisfying thesis requirement for the degree of Masters of Adult health nursing.

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ACRONYMES/ABBREVIATIONS

AMTS- Abbreviated Mental Test Score

BSC – Bachelor of Science

CRDA- Christian Relief and Development Association

EWB- Emotional well being

FACT-G Functional Assessment of Chronic Therapy General

FGD – Focused group discussion

FWB- Function well being

MOLSA -Ministry of Labor and Social Affairs

MSC – Master of Science

NGO's – Non- Governmental Organizations

PIL- Purpose in Life

PWB-Physical well being

QOL- Quality of Life

S/r- Sister

SNNP- Southern Nations and Nationalities and People

SPSS –Statistical Package for Social Studies

SWB-Social well being

UNICEF- United Nations International Children's Emergency Fund

ABSTRACT

Background: Most elders in elders' home setting are suffering from lack of meaning in life all over the world. A study done showed it 43.6% of elder in elders home have low meaning in life.

Objectives: To Assess Psycho-social wellbeing and meaning-in life among elders in elders' home setting, Addis Ababa, June 2015

Methods: The study was employed an institution based cross-sectional study design by using both qualitative and quantitative methods starting from April to May, 2015. Systematic sampling method was used to select the 330 study participants. The quantitative study was assessed using Meaning-in-life test measurement scale and Multidimensional well-being measurement scale. The qualitative study was assessed using in-depth interview and focus group discussion. Data entering, coding and clearing was performed using Epiinfo window version 3.5 and the analysis was done using SPSS window version 20 for quantitative data manual thematic analysis was done for the qualitative study.

Result: A total of 330 study participants were included in this study with response rate of 100%. Majority of the study participants 317 (96.1%) reported bad psychosocial wellbeing, 10(3.0%) reported wellbeing and 3(0.9%) reported high wellbeing. The mean score of psychosocial wellbeing is 1.0485 with SD of 0.25399 [female scored (1.0640, SD 0.30438) and males scored (1.0390, SD 0.21792)]. Majority of participants 306(92.7) reported lack of clear purpose and low meaning in life, 16(4.8%) reported moderate meaning in life and only (2.4%) of elders reported high meaning in life. Family relationship, religion, activities and staff relationship have great impact in psychosocial wellbeing and meaning in life of elders. Elder home found to have association with meaning in life and Psychosocial well-being. Psychosocial wellbeing and meaning in life have significance association (AOR=0.014, CI 0.003, 0.056).

Conclusion and recommendation: The state of psychosocial and meaning-in life is bad in most Elders. Elders' home have significance association with meaning in life and psychosocial wellbeing life. Therefore, Management personnel who manage the elders' home and staff members' needs to improve the living environment and arrangement as the whole contributing to improvements in elders' living environments.

Key words: psychosocial needs, psychosocial well-being and meaning in life.

1. Introduction

1.1. Background

Aging is a normal part of human development and it is the final phase of the human life cycle. Aging is a process of time related change that occurs throughout life. It involves all aspects of the organism, physiological, psychological and social changes that interact to influence behavior and adaptation (1). According to the World Health Organization, old age is fixed at 60 years old for developing countries and the third world, whereas 65 years for developed countries (2).

When looking at projections of the aging population, those aged 60 years and above are globally increasing. In 1950, populations with the age of 60 and above were 200 million that represents about 8% of the total world population. This has increased by 75% to 350 million in 1975 and rising dramatically to 630 million in 2002. By the year 2025 and 2050 the population of age 60 and above will be estimated to be 1.2 billion and 2 billion people, respectively (3).

Like other regions in the world, African's population is also ageing; however this is occurring at a more rapid pace. In 2005, Africa was home to about 47 million people aged 60 and over, most of whom live in rural areas. Africa's older population is set to increase by 50% between 2000 and 2015 and by nearly fivefold by the year 2050(4).

Like ways, Ethiopia is also the second most populous country in sub-Saharan Africa; the prevalence of the population aged 65 years and above is estimated to be 3 %. In Ethiopia, even though, there is no registered birth certificate and other vital statistic data, the older people often refer their age in relation to the historical incidences such as war, drought and famine. In addition to that, Ethiopian people have other various methods to determine the age of someone; that are hair color change to gray, having hearing problem, having grandchildren and being menopause for females are some of the indicators that the people used it traditionally (5).

Worldwide, since aged people are considered to be vulnerable because of the high incidence of chronic illnesses and degenerative functional impairment that lead to increased need for health care services, they are in increasing need of health care service particularly focused on elders' home. Additionally, most elders are living alone because of different reasons either due to family lose or incapability of the family to provide full protection (6).

Therefore, the old age homes, in the form of institutions are indispensable to provide care of the elders with different problems in order to forsaken them in the evening of their lives. The idea of elders' home is initiated by the western countries, but nowadays, it spreads out to developing countries including Ethiopia (7).

As the number of the aged population grows dramatically in Africa, the care requirement increased for the elders in the psychosocial dimension at the twilight of their life (8).

According the UNICEF definition, the term psychosocial is defined as the connection between the psychological and social aspects of the person. While psychological aspect is experienced with thoughts, emotions, and behavior, the social context expressed with family and community relationships, tradition, culture, and environment. In line with this psychosocial wellbeing is described as the state of being or doing well in all aspects of life. By which while basic survival needs are met, the physical, intellectual and emotional development needs also be addressed. Generally, people with positive and supportive social relationships will have access to economic and environmental resources (9).

As a result, several nurse researchers have defined meaning-in-life as a significant element in psychosocial well-being. Purpose and meaning-in life have been interpreted as a set of attitudes and viewpoints that makes the world comprehensible, such as having goals to strive for and relating to other people, nature or a higher power. Purpose refers to intention in terms of achieving personal aims, whereas meaning refers to establishing a sound coherence in one's existence (10).

To find meaning is to understand the nature of one's life and to feel that life is significant, important, worthwhile or purposeful (6).

1.2 Statement of the problem

Population ageing is expanding worldwide including developing countries like Ethiopia. The proportion of population aged 65 years and above is 2.7 %.As a consequence, more individuals live in elders' homes. Therefore finding ways to improve elders' home elders' global psychosocial wellbeing and meaning in life is highly desirable. Increasing psychosocial wellbeing could potentially enhance meaning in life and satisfaction in general (5).

The concept of psychosocial wellbeing comprises physical, social, emotional and functional wellbeing. The experience of psychosocial wellbeing contributes to positive health, in terms of effective functioning and it can be used as predictors of overall elders' satisfaction and as important dimension of mental wellbeing (10).

Meaning in life as a concept originated from Frankl's writing about the will to meaning as a primary motivational force for survival, which perceives meaning in life to be a motivational and vitalizing force in humans' lives. (11).

Researches showed that meaning and purpose in life are resources in maintaining emotional, physical, and functional wellbeing in elders' population, however most elders in elders' home setting are suffering from lack of meaning in life all over the world. A study done in Norway showed that 43.6% of elder in elders home have low meaning in life (6,10,12).

Ethiopia as one of the developing countries is unable to provide basic needs to its people specifically to the elderly and a change in societal norms of young generation and loosen reciprocal relationship of elders with their children at this time. So the government is responsible to provide care for the elders, however the Government alone cannot adequately satisfy the basic needs of its population. (5, 12).

Elders homes are one of the none Governmental sector that provide care for the old population. The advantage of elders' home is an institutional response to the gaps of the Government in providing care of the elders. Those elderly people who are sick, cannot work, who have no support and who live in the street and engaged in beggary are provided with institution based care as a means of elders home; where they are provided with food, clothing, shelter and medical service(13).

Ageing, by itself is associated with functional declination, economic dependence, social isolation, loosing autonomy, as well as seeking care from the younger generation. Therefore, providing supports to elders by means of elders' home setting is important to improve the psychosocial need and the meaning of life (14).

Institutionalized elders in elders' home setting are considered a particularly vulnerable population, as they experience loss of beloved one, losing their economic power, facing their own illnesses, loss of their home and social relationship as well as potential mortality. As a consequence, finding meaning- in-life might prove more challenging (6, 15).

Most elderly people who move in to elders' home facilities do not feel "at home" in their new living environment. Significantly higher levels of hopelessness, helplessness and depression, social isolation and significantly lower scores on meaning in life are found among elders in elders' home setting compared with community-dwelling older individuals (12).

Even though the elders need are many the elder homes strive to meet the elders' psychosocial needs and to improve meaning in life. Since providing care in elders home is new care alternative in this country and no standards have been developed by Ethiopian Ministers of Health and no studies showing the elders satisfaction, it is difficult to know whether the elders home fulfill psychosocial needs and meaning in life (5)

Currently no research is done on assessment of psychosocial needs and meaning-in-life among elders in the elders' home setting in Addis Ababa town.

The purpose of the study was to explore different aspects that provide psychosocial needs and meaning in Life of elderly in elders home in with regard to the country context. As the same time, the importance of family relationships, religion, activities, and staff relationships to the participants' psychosocial needs and meaning of life was explored.

Hypothesis

- ✓ Meaning in life not significantly associated with psychosocial well-being among old adults
- ✓ There is no significant relationship between earlier life style and psychological well-being of older adults.

1.3 Significance of the study

This study will explore the psychosocial well-being and meaning in life of the elders in elders home with regard to the country context. The study result will be used to identify the elders psychosocial need and meaning in life so that the elders will be treated according to the identified need, the thesis aims to explore the different aspects that provide psychosocial wellbeing and meaning in life for elderly in elders home. As part of this study, it will show the relevance of the previous literature done on this topic and how it relates to this study. Feedback will be given to management personnel who manage the elders' home, for care provides, for policy makers and researchers; contributing to improvements in elders' psychosocial wellbeing and meaning in life of the elders in elders' home setting. This study aims to show the importance of family relationships, religion, activities, and staff relationships to the participants' psychosocial wellbeing and meaning in life.

2. Literature review

2.1 Elders population

Studies done in Baghdad City showed that the majority of the group studied (60%) were elderly males. In regards to the age most of the study participants (40%) were in age group of (70-74) years. Most of the study participants (38%) were illiterate (56%) and (8%) were married. The majority of the sample population lives in a geriatric home (1-5) years. (94%) of the sample had no salary or support from their families (1).

2.2 psychosocial well being

A qualitative study done in Ireland by Laura Cantwell showed that most interview participants stated that participating in social activities is important for their mental well-being, hence it becomes a source of meaningful interactions. Within the same study most discussion participants perceived the group activity as a social media of social interaction. Even though most elders need to have activity sessions, activity session was inappropriate for the elders“ age as one of the focus group discussion participant stated (8).

A study done in Ireland by Rourke showed that interviewed participants expressed different opinions regarding the various activities. As most of the study participant explained activities have great benefit to their life in nursing home. They do have much enjoyment in some of activities in their nursing home however some of the study participants believe that activities in their nursing home didn“t have any benefit for them (13).

A study done by Laura Cantwell in Ireland showed that when interview participants asked about their hobbies and interests before they moved into the nursing home, many said they would wish to continue with those interests. As one participant stated she always had a keen interest in nature and gardening and her Nursing home has supported keeping this interest alive for her and she enjoyed life in nursing home by doing this(8).

A qualitative study done in Norway showed that positive outlook was found to be associated with personal faith and spirituality. Personal faith and spirituality were found to be key factors that influence psychosocial wellbeing. As one participant in the interview indicated ,her faith helped her to cope with loss of her spouse, her home and loss of her ability too (12).

A National Nursing Homes Surveys done by Joseph E. Gaugler indicated that many NH residents received visitors, 61% of residents were visited at least once a week, while 25% were visited less than weekly. Only 11% of residents received no visitors. The majority of residents (50.3%) received visits from children (23).

A study done in Ireland by Rouke revealed that, family relationship and visit kept elders in nursing home arising. As some of the study participants stated family visits and relationship was importance and source of strength for these elderly people. However some of participants had to move into the elders' home as they had no family to take care of them anymore so they sees family visits as something they wishes they could have, they do get very lonely when they do see all others getting visits from their children, but they enjoy talking to other peoples visitors (13).

A study by Laura Cantwell showed that some participants eagerly waited in anticipation of their families taking them home for the day. Some of the participant were interested when they brought from nursing home for trip and recalls the most recent time they brought out of the nursing home for the day(8).

A study done by Abdi Ayana showed that elders in elder home have reduced social networks and physical mobility and ill health the interviewed elderly feel a great deal of loneliness and depression. The interview result showed that loneliness and depression are their daily experiences. Even though they eat together and share rooms, this has not helped them from feeling lonely and depressed. Since the people live in elders home are stranger to each other they can't share their feeling to each other. They considered as they live in a small cave (5).

A study done in Kathmandu India showed that the mean percentage score of all the psychosocial problems were greater in institutionalized elderly than the home living elderly. Severe psychosocial problems were higher in institutional settings (29%) than home settings (6%). Moderate psychosocial problems were present in 51% of the institutionalized elderly whereas most of the homes living elderly (76%) were having only mild psychosocial problems (14).

A study done by Abdi Ayana showed that most elders, getting institution based care have developed a sense of being dependent and burden on others as revealed by the interview result. They feel angry on their condition that makes them dependent on others and feel inferior (5).

2.3 Meaning in life

A study done in Norway showed that 8.9% (18) of the elders' home client reported high meaning in life , 45% (91) reported indecisive meaning in life , and 43.6% (88) reported low meaning in life . The purpose in life score ranged from 43.131 with a mean of 93.09 (SD 14.85). Females scored (93.60, SD 15.10) slightly higher than the males (91.75, SD 14.22).Independent t-tests for mean differences revealed no significant differences in purpose in life mean scores between females and males. The purpose in life mean score decreased marginally with age, showing means of 95.5 in patients >80 years old, 91.97 in the group aged 80.89 and 93.32 for those 90 years and older (10).

A study done by HauganG showed that purpose in life mean score was (93.09, SD 14.85) indicating that nursing-home patients suffer from lack of meaning-in-life. (6)

A qualitative study done by Maria Célia de Freitas showed that old age for the elderly sometimes has a positive meaning or is associated to suffering. The elderly point out the situation of getting sick as something that compromises their functional capacity, mainly when the disease causes pains which prevent them from working, dancing, socializing and/ or maintain stronger ties with friends like in the old days(2).

A study done in Ireland showed that religion has a very strong impact on the lives of the elderly. They were proud of their religion and proud of the fact that they relied on it during difficult times. As one of the participant explained her high point on her day is going down to the chapel in the home for an hour or so every day. Most participants found meaning of life through religion and admitted it was one of the main reasons they got up in morning (13).

A study done in Ireland by Laura Cantwell showed that each participant interviewed considers a good relationship with the staff of the Nursing Home to be of great importance. As some of the participant stated having a good bond with the staff is great as they'd help them out that little bit

more. None of the participants in the interview expressed any problems with the staff and spoke about them in highest regard. (8)

A study done in New Delhi India showed that the mean satisfaction of elders with life score was 19.12 with a standard deviation of 8.32. More than half of participant (52%) express their life was not close to their ideal life and scored low satisfaction with life. only small number of participant (14%) expressed that their condition of life was excellent and satisfied with the present living environment (17).

A study done by Abdi Ayana showed that most elders gave meaning for the care they get from the institutions. Most of the elderly receiving institution based care never had children and those who had, their children had died. Those children that are alive are too poor to support their parents and the reciprocal relationship between them and their children is broken (5).

CONCEPTUAL FRAME WORK

Psychosocial needs and meaning in life are interrelated with different concepts. This conceptual framework is derived by reviewing different literatures. (2, 5, 15, 25)

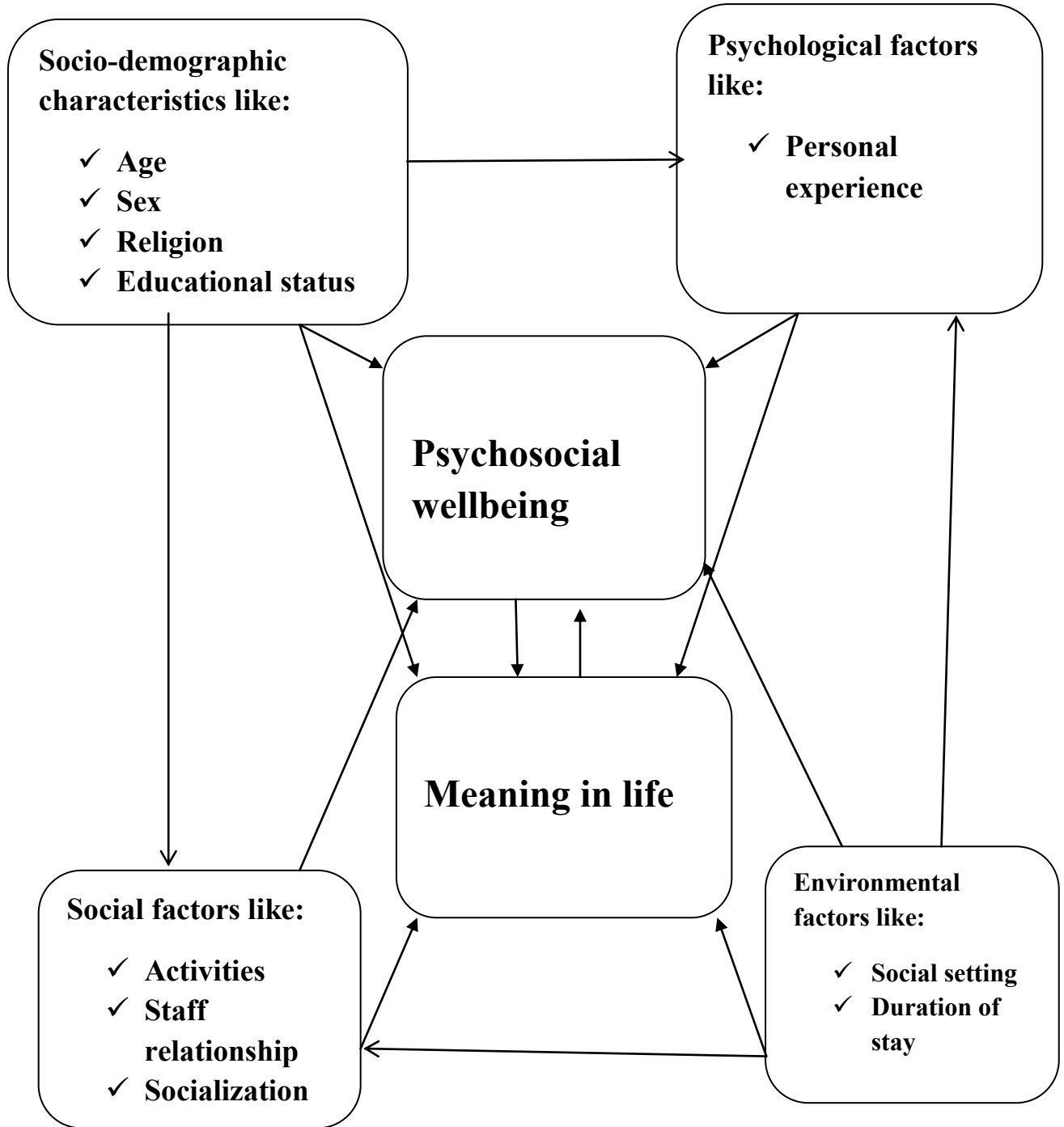


Figure 1 Conceptual frame work (developed from the sited literatures)

3. Objective

3.1. General Objective

The General objective of the study:

- ✓ To Assess Psychosocial wellbeing and meaning-in life among elders in the elders' home setting, Addis Ababa, June 2015.

3.2. Specific objectives

This Study seeks to accomplish the following Objectives:

- ✓ To identify psychosocial wellbeing among elders in elders' home setting, Addis Ababa.
- ✓ To determine meaning in life among elders in elders' home setting, Addis Ababa.

4. Methods and materials

4.1 Study design

The study was employed an institution based cross-sectional study design by using both qualitative and quantitative methods to assess psychosocial wellbeing and meaning in life among elderly in elders' home setting in Addis Ababa town.

4.2 Study area and period

The study was conducted in Addis Ababa elders home starting from April to May, 2015. Addis Ababa is a capital city of Ethiopia and head quarter of the African union. It is located on a well-watered plateau surrounded by hills and mountains, in the geographic center of the country. The city was founded in 1887 and was named Addis Ababa.

Currently the city has 10 recognized sub-cities. Ten elderly home centers and 277 elderly support organizations and associations were found in the country as a whole known by Ethiopian Federal Democratic Republic Charity and Association agency. From those seven elderly home centers and 182 elderly supports organization and associations were found in Addis Ababa town.

The study was conducted in Addis Ababa elders' home starting from April to May, 2015. There are 1352 elders in the seven homes. The study was undertaken in randomly selected three elderly home centers. Mekedoniya elderly and mentally ill's home, Yewedekutn Ansu elderly home center and Nobel cause elder care and support are the three randomly selected elder homes. Three elders home were selected by considering the representativeness issue in consideration. Number of elders in the selected elders home were 44% of the study population and it was representative. 720 elders and mentally ill are found in Mekedoniya, from those 430 are elders above 60 years, 100 elders are found currently in Yewedekutn Ansu whereas 63 elders are found in Nobel cause elder care and support

4.3 Source population

- ❖ The source population for this study was elders in age group of 60 and above in all elders' home found in Addis Ababa town.

4.3 Study population

- ❖ The study population was elders in age group of 60 and above in all randomly selected elders“ home and who fulfill the inclusion criteria.

4.3.1 Inclusion and exclusion criteria

Elders were included in the study according to the following criteria.

Inclusion criteria

- ✓ Elders in age group of 60 and above.
- ✓ Elders in a reasonable mental health (cognitively intact) were included in order to understand the full implication of involvement in the study and to provide legitimate informed consent. This was assessed using Abbreviated mental test score (26).Each question correctly answered scores one point. A person having a score greater than 8 was included in the study.

Table 1 Abbreviated mental test score (AMTS)

Question	Score
What is your age?	
What is the time to the nearest hour?	
Give the elder an address and ask him /her to repeat it at the end of the test	
What is the year?	
What is the name of the setting where the elder is situated?	
Can the elder recognize two people (the staff and elder in the setting)?	
What is your date of birth?	
In which year was the Easter rising? (Adjust this for a world event that elder would have known during childhood?)	
What is the name of the present monarch (head of the country)	
Count backward s from 20 down to 1	

- ✓ Elder who lives a recipients' home care for a period of 6 month and above was included in the study.

Exclusion criteria

- ✓ Elders who are critically ill during the data collection time.
- ✓ Elders having hearing impairment.

4.4 Sample size determination and sampling procedure

4.4.1 Sample size determination

The sample size for quantitative study was determined by using a formula for estimating a single population proportion and assuming a confidence interval of 95% and marginal error of 5%. Since research topic is new and no research is done previously take 50%, the prevalence will be 0.5. The sample size will be calculated using the following formula;

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}$$

Where

n=the minimum sample size required

Z= the standardized normal distribution curve value for the 95% confidence interval (1.96)

P= the meaning in life of elders in Addis Ababa elder home were unknown, so I take as 50%

$$q=1-0.5=0.5$$

d= degree of precision (the margin of error between the sample and population, 5%) = 0.05

$$n= (1.96)^2 \times (0.5) \times (0.5) / (0.05)^2 = 384$$

Since the total population is less than 10,000(1352). Sample size was determined by Fisher's formula.

$$n = \frac{n_o}{\left(1 + \frac{n_o}{N}\right)}$$

N =population size (Based on the records of all elder homes in Addis Ababa town, the total population size is 1352)

n =the minimum sample size required

$$n = \frac{384}{1 + 384/1352}$$

$$n = 300$$

By adding non response rate 10% of sample size = $300 \times 10\% = 30$ the total study unit (sample) required was = $300 + 30 = 330$, thus the total sample size needed was 330

Proportional allocation was done to get the study participants.

$$n_j = \frac{n}{N} N_j$$

n_j is sample size j^{th} stratum

N_j is proportional size of j stratum

$n = n_1 + n_2 + \dots + n_k$ is the total sample size

$N = N_1 + N_2 + \dots + N_k$ is the total population size

Sample from Mekedoniya,

$$\frac{n}{N} N_{\text{Mekedoniya}} = \frac{430}{430+100+63} \times 330 = \frac{430}{593} \times 330 = 239$$

Sample size from Yewedekutn Ansu

$$\frac{100}{430+100+63} \times 330 = \frac{100}{593} \times 330 = 56$$

Sample size from Nobel

$$= \frac{63}{430+100+63} \times 330 = 35 \text{ Total sample} = 239+56+35=330$$

Sample size for qualitative study

Recruitment of the participants was continued until data were saturated.

4.4.2 Sampling technique and procedure

Sampling procedure for quantitative study

There are seven elders' home centers in Addis Ababa town. From the seven elders' home centers the three were randomly selected, these are Mekedoniya elderly and mentally ill's home, Yewedekutin Ansu elderly home center and Nobel cause elder care and support were included in the study. Censuses was conducted in randomly selected elders' home to identify number of elders who are within the age group of 60 and above. Based on the result of census sampling frame was prepared then Proportionate allocation of sample was made for the randomly selected elder's home from the calculated sample size. Similarly actual number of elders was identified from the census. Systematic random sampling method was used to identify actual study participants.

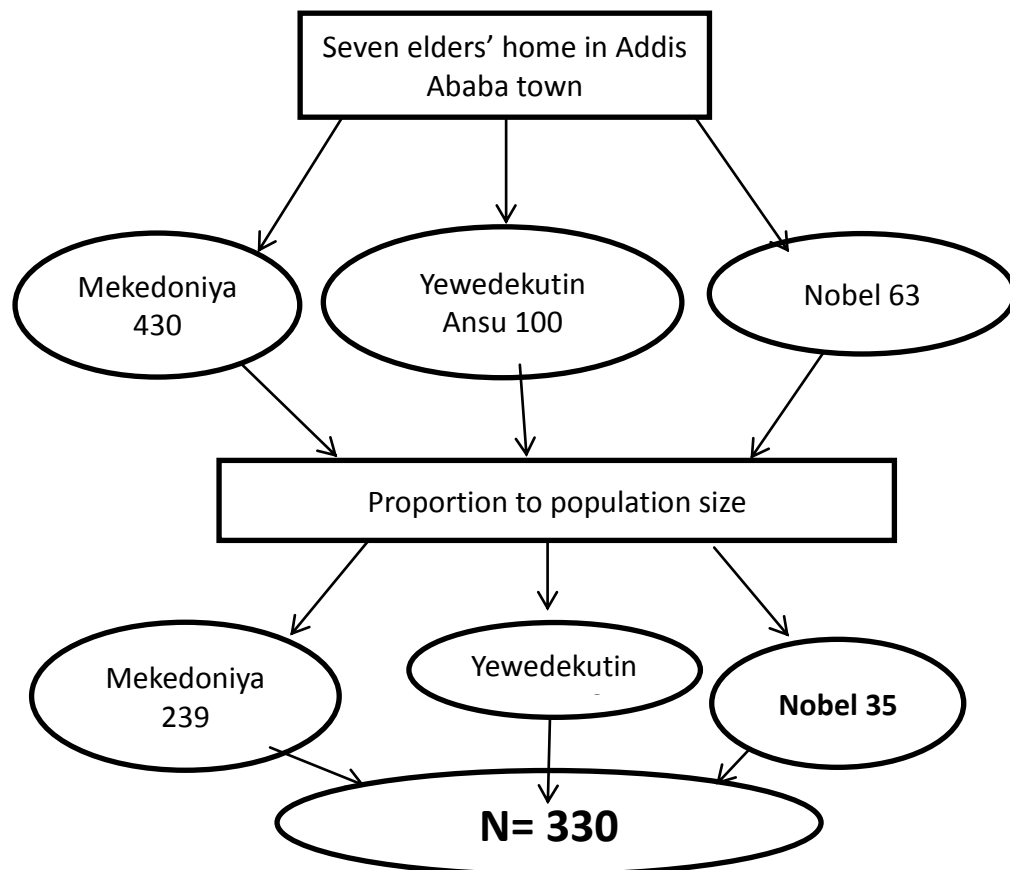


Figure 2 Schematic presentation of sampling procedure

Sampling Procedure for qualitative study

Convenient sampling was used to get the subjects to be interviewed and included in the focus group discussion.

4.5 Variables in the study

4.5.1 Dependent variable

- Meaning in life
- Psychosocial wellbeing

4.5.2 Independent variables

- Socio-demographic characteristics such as Age, Sex, Religion, Educational status, marital status
- Social factors such as family relationships, activities, staff relationships, friends communication
- Environmental Factors like, elder home and duration of stay in the setting.

4.6 Operational definitions

Elderly: A person whose age is 60 and above and live in elders home.

Elders home: A home containing elders whose age is 60 and above and give service for them.

Psychosocial well-being: Is a sum of physical well-being, psychological well-being, emotional well-being and functional well-being and it is a score in FACT-G, between 0-104

1. high well-being: a score greater than 78
2. well-being: a score between 52-78
3. bad well-being: A score less than 52

Since multinomial analysis is impossible due to baseline data in availability to use one as a reference, the outcome variable (psychosocial wellbeing) is dichotomous for bivariate and multivariate analysis in to good psychosocial wellbeing and bad psychosocial wellbeing.

Good psychosocial wellbeing: a score greater than or equals to 52(elders with high wellbeing and wellbeing).

Bad wellbeing: a score less than 52

Meaning in life: A scores on the Purpose in Life Test (PIL), between 20-60

1. Definite meaning- purpose-in-life- scores above 50
2. Moderate meaning - scores between 40-50
3. Bad meaning in life (Lack of a clear purpose and meaning in life)a scores below 40

Since multinomial analysis is impossible due to baseline data in availability to use one as a reference, the outcome variable (meaning in life) is dichotomous for bivariate and multivariate analysis in to good meaning in life and bad meaning in life.

Good meaning in life: Elders with moderate meaning and definite meaning (A score greater than or equals to 40)

Bad meaning in life: A score less than 40

4.7 Data collection tools and procedure

4.7.1 Data collection tools

Tool for quantitative study

Interviewer administrated questioner was used to assess the psychosocial wellbeing and meaning in life. It was assessed by the purpose in life test (PIL) and FACT-G measurement scales. The purpose in life test and FACTG test are standard measurement scales for measurement of meaning in life and multidimensional wellbeing, modified by the principal investigator (6, 27)

Meaning-in-life was assessed through the purpose-in-life test (PIL), which consists of 20 Likert-type attitude statements ranging from 1–3 test items. Each statement is scored from 1–3, where 2 represents a neutral value and the numbers from 1–3 stretch along a continuum from one extreme feeling to the opposite kind of feeling. The range of possible scores is 20–60; numerically, higher scores reflect increased purposefulness (27).

Multidimensional well-being was assessed by the FACTG measurement scale, questionnaire comprising 26 items and four subscales of physical, social/family, emotional and functional wellbeing. Each item is rated on a five-point Likert-type scale from 0 (not at all) and 4 (very much); higher scores indicate a greater degree of well-being. The FACT-G is a general QoL measure considered appropriate for use with patients who have cancer and has also been used and validated in other chronic illness conditions (e.g. HIV/AIDS, multiple sclerosis), as well as in the general population (using a slightly modified version) especially for the elder population(6).

Tool for qualitative study

Unstructured interviewer guides and focus group topic guides were devised to reflect psychosocial wellbeing and meaning in life among elderly in elders' home setting adopted from previous researches on the same topic with proper author permission asked by their email address.

4.7.2. Data collection procedure

Data collection Procedure for quantitative study

First a census was undertaken to identify study units before the actual data collection. The data was collected by 3 data collectors for 7 days under close supervision and facilitation by two supervisors. The research was employed quantitative data collection methods (unstructured questions was used to address psychosocial wellbeing and meaning in life among elders in elders' home).

Data collection Procedure for qualitative study

Unstructured interviewer guide and focus group topic a guide was used to reflect psychosocial wellbeing and meaning in life in elders. The initial unstructured interviewer guide was undertaken by the principal investigator. As with the initial unstructured interview guide, the initial focus group topic guide was also undertaken with coordination of the principal investigator. A list of four agenda items was used to guide the focus group discussion.

An audio tape recorder was used to avoid distraction of extensive note taking and to provide a detailed and accurate account of the interview content. The interview was range from 20-60 minutes in length. Prior to the focused group discussion, the agreed participant was contacted and availability of room was confirmed. The focus group discussion was last approximately 60-180 minutes.

4.8 Data quality

The questioners used to collect data was prepared in the English version and then translated into an Amharic version by language experts and back to an English version to be viewed by the research review committee. Data collector training with a brief discussion about the process of data collection was done before data collection. Close supervision was done during the data collection process and the questioners were checked daily for consistency and completeness by the supervisors and principal investigators.

Questionnaires were pretested to minimize ambiguity of words and for applicability to the local context. The pretesting was held in Birhen elders' home within 17(5%) of the sample. Finally the completeness of the questionnaires was checked before entering data into computer software program and before analysis and interpretation.

4.9 Data management and analysis

Data entering, coding and clearing was performed using Epiinfo window version 3.5 and the analysis was done using SPSS window version 20. Frequency and cross tabulation was used to check for missed values and variables. Errors was identified and corrected after revising the original questionnaires. The study finding was presented with tables and figures. Binary and multivariate logistic regression analysis was made to obtain statistical associations.

Manual analysis was conducted for analysis of the qualitative portion of this study. The finding was reported in thematic way.

4.10 Ethical Consideration

Ethical clearance and approval was obtained from Addis-Ababa University, college of health science, department of nursing and midwifery Ethical Committee. Official letters from ministry of health and written permission from each elder home was taken. Permission was be secured at all levels. After explaining about the purpose and the possible benefit of the study written consent was obtained from each participant before the interview.

Participation in this study was entirely voluntary. The elders were free to withdraw from the study without any penalty. No compensation offer was obtained for participation in the study.

4.11 Dissemination of the result

The study result has being submitted and presented to Addis Ababa University, Department of Nursing and Midwifery as partial fulfillment for MSc Degree in Nursing. The results will be published in scholarly nursing journals, will be presented in professional symposium, as well as will be presented to those individuals responsible for elders" home care including appropriate government sectors.

5 .Results

5.1 Result of the Quantitative study

A total of 330 study participants were included in this study with response rate of 100%. Proportionally 239(72.4%) of participants were from Mekedoniya elderly and mentally ill home, 56 (17%) from Yewedekutin Ansu elder home and the rest 35(10.6%), were included from Nobel care and support.

Socio-demographic characteristics

Majority of participants 205 (62.1%) were males, the mean age were 71.233 ± 8.203 . Regarding Religion majority of them 261(79.1%) were orthodox and educational status 156 (47.3%) were illiterate, marital status also found 225 (68.7%) were widowed. The majority of the study participants (91.5%) were lived in elders home for about 1- 5 years.

Table 2 Socio-demographic characteristics of psychosocial needs and meaning in life among the elderly in the elders' home setting Addis Ababa, June 2015 (n=330)

NO	Characteristic of the sample	Frequency (%)
1	Age 60-69 70-79 80-89 >90	157(47.57%) 115(34.83%) 51(15.50%) 7(2.10%)
2	sex Male Female	205(62.1%) 125(37.9%)
3	Religion Orthodox Protestant Muslim Other	261(79.1%) 30(9.1%) 38(11.5%) 1(0.3%)

4	Ethnicity Amara Oromo Tigre Other	218(66.1%) 64(19.4%) 40(12.4%) 7(2.1%)
5	Marital status Widowers Divorced Single	225(68.2%) 75(22.7%) 30(9.1)
6	Length of stay 1-5 year 6-10 year 11-15 year	302(91.5%) 25(7.6%) 3(0.9%)
7	Region Tigray Amhara Oromiya Other	36(10.9%) 230(69.7%) 57(17.3%) 7(2.1%)
8	Educational status Illiterate Read and write primary and secondary school collage graduated	156(47.3%) 153(46.4%) 16(4.8%) 5(1.5%)

Psycho-social wellbeing

Among 330 study participants 320(97%) have lack of energy while 10(3.0%) have no lack of energy at all. Of 320 study participants who have lack of energy 223(69.7) have very much lack of energy, 57(17.8%) quite a bite lack of energy, 25(7.81%) a little bite lack of energy while the rest 15(4.69) have neutral suggestion about their lack of energy.

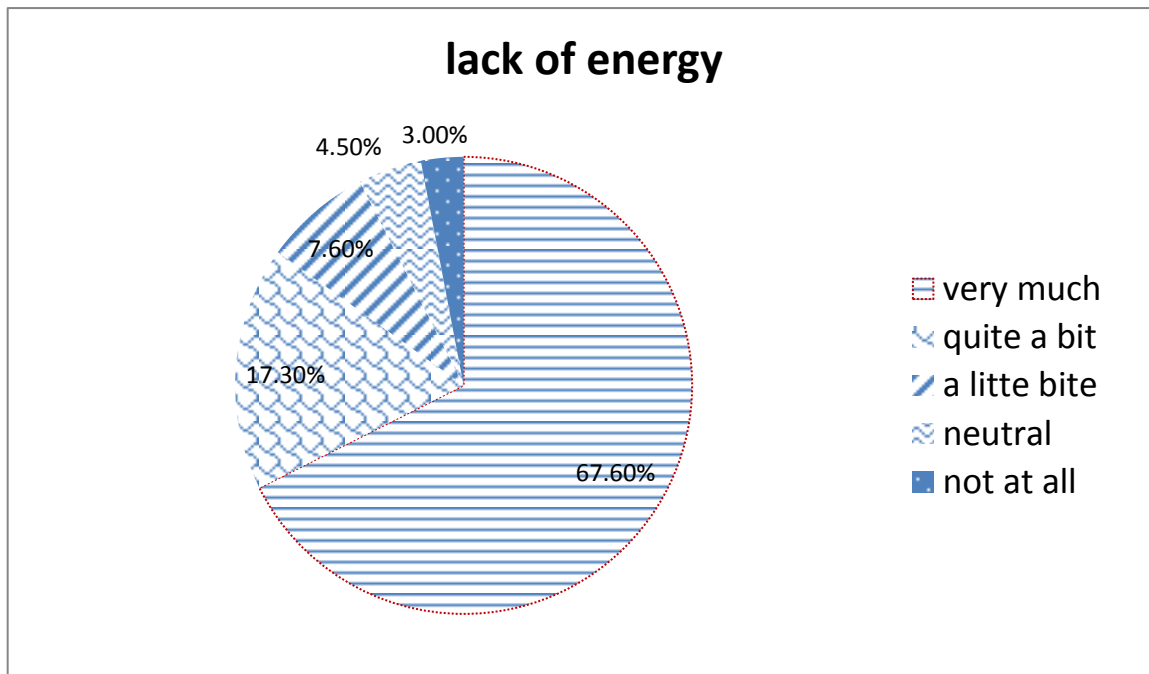


Figure 3 Lack of energy among elderly in elders’ home setting Addis Ababa, June 2015

Among 330 study participants 315(95.5%) have nausea and the rest 15(4.5%) not at all. Of the study participant who have nausea the majority 124(39.36%) have very much nausea and only 28(8.9%) have a little bit nausea

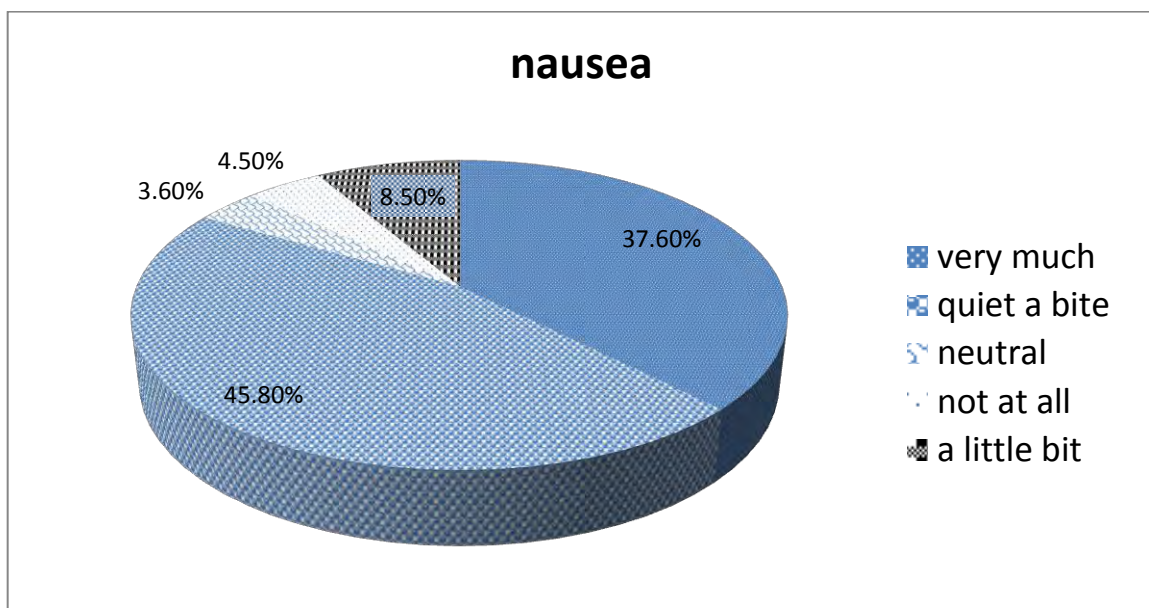


Figure 4 Presence of nausea among elderly in elders’ home setting Addis Ababa, June 2015

Of the study participants 316(95.9%) feel pain while only 14(4.1%) not. Regarding illness 318 (96.4%) feel ill while the rest 12(3.6%) not at all. Of the study participants 295(89.4%) forced to spend time in bed and the rest 35(10.6) not at all.

Of the 330 study participants 60(18.2%) have close relationship with their friends and the rest 270(81.8%) have no relationship at all with their friends. Regarding support from friends, 67(20.3%) get support from their friends, while 263(79.7%) didn't get any support from their friends. Of the elders 75(22.7%) get support from their former family while the rest 255(77.3%) didn't get any support from their family at all.

Fifty six (17%) of the study participants satisfied with their communication to their family, and 274(83%) were not satisfied with their communication to family. Regarding feeling close with the person who is their support 231(70%) of participants feel close with the person who is their support and the rest 99(30%) not at all.

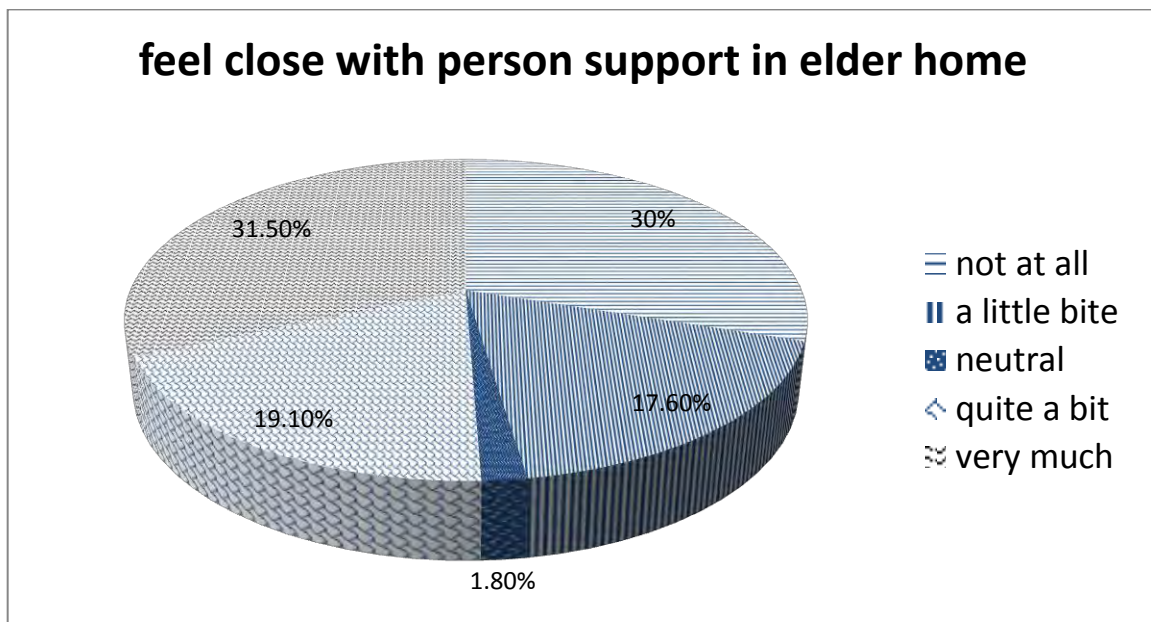


Figure 5 Elders feeling close with the person, who is their support among elderly in elders' home setting Addis Ababa, June 2015

Regarding coping mechanism with their current situation majority participant 324 (98.2%) feel unsatisfied with their coping mechanism and the rest 6(1.8%) feel satisfied with their coping mechanism. Of 330 study participants 322 (97.6%) feel sad and only 8(2.4%) not at all. Of the study participant 247(74.8%) feel very much sad, 57(17.3%) feel quite a bite sad, 5(1.5%) 13(3.9%) feel a little bit sad and the rest 5(1.5%) have neutral suggestion.

Regarding hope on life situation 324(98.2%) study participants lose hope on their life situation, 6(1.8%) have hope on their current condition. Two hundred sixty nine (81.5%) of study participants worry about dying and the rest 61(18.5%) not. 317(96.1%) worry about their current condition get worse and the rest 13(3.9%) didn't worry.

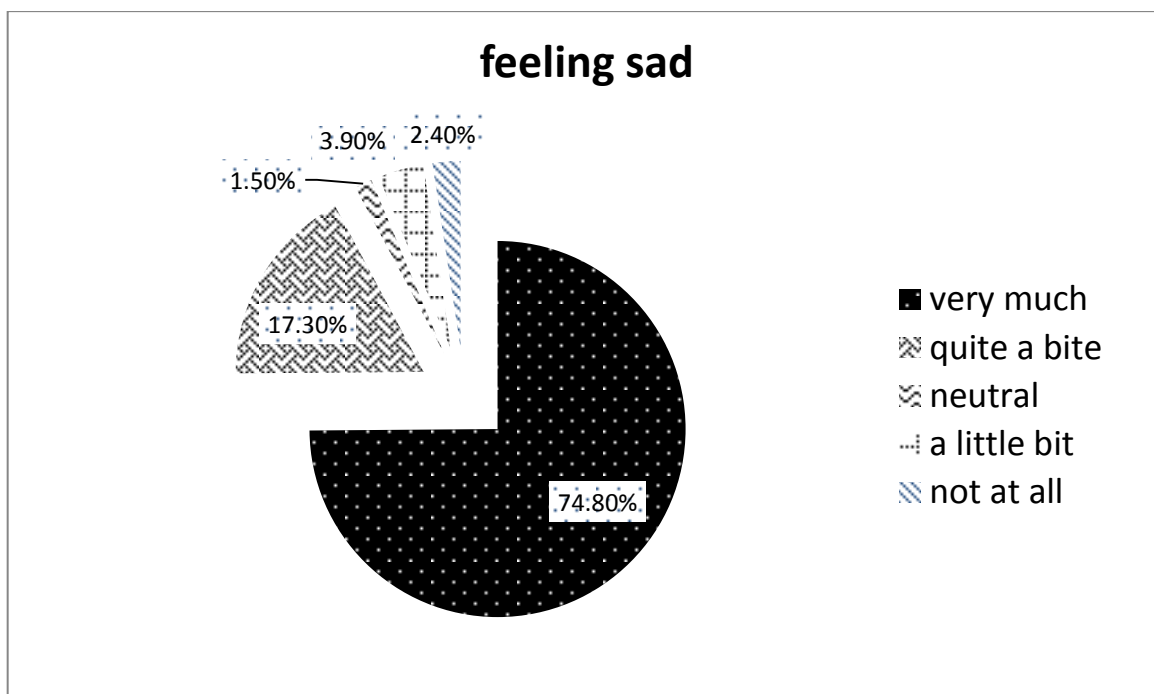


Figure 6 Elders feeling sad among elderly in elders' home setting Addis Ababa, June 2015

Functional wellbeing

Sixty five (19.7%) participants able to work in the elder's home, and the rest 265(80.3%) an able to work at all. While 87(26.4%) study participants able to enjoy life, 243(73.6%) not at all. Regarding in accepting life situation, 117(35.5%) of study participants accepted their life situation and the rest 213(64.5) did not at all.

Regarding enjoying life with the thing the usually do for fun, 109(33%) of the study participants enjoy on it, the rest 221(67%) not at all. Regarding quality of life 86(26.1%) are satisfied with quality of life they have, 244(73.9%) not at all. Of the study participants 243(73.6%) were sleeping well and the rest 87(26.4%) not at all.

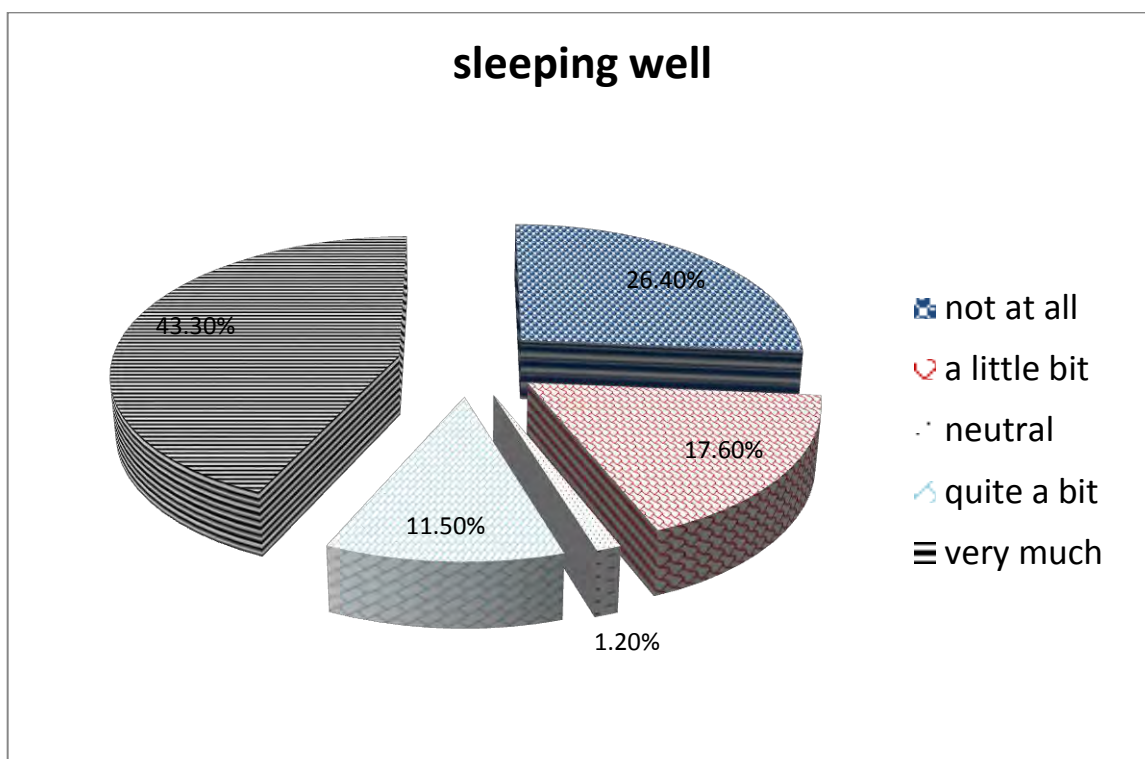


Figure 7 Elders sleeping condition among elderly in elders' home setting Addis Ababa, June 2015

Most study participants 317(96.1%) of elders reported bad psychosocial wellbeing, 10(3.0%) reported moderate wellbeing and only 3(0.9%) reported high wellbeing. The mean score of psychosocial wellbeing is 1.0485 with SD of 0.25399. Females scored slightly higher than males [female scored (1.0640, SD 0.30438) and males scored (1.0390, SD 0.21792)].

Meaning in life

Most of the study participants 306(92.73) reported lack of clear purpose and low meaning in life, 16(4.85%) reported moderate meaning in life and the rest 8 (2.42%) of the elders reported high meaning in life. The purpose in life score ranged starting from 20 with a mean of 28.2576 (SD 7.19657). Females scored (28.8800, SD 8.33144) slightly higher than the males (27.8780, SD 6.39928).

Majority of the study participants 275(83.3%) usually feel completely bored, 17(5.2%) usually exuberant and enthusiastic. Regarding personal existence, 251(76.1) feel that their personal existence is absolutely meaningless and 24(7.3%) of them felt as their personal existence is very purposeful and meaningful with mean of 1.31SD (± 0.601). Regarding preference to born 252(76.4%) prefer never to born while only 24(7.3%) like nine lives just like their current life.

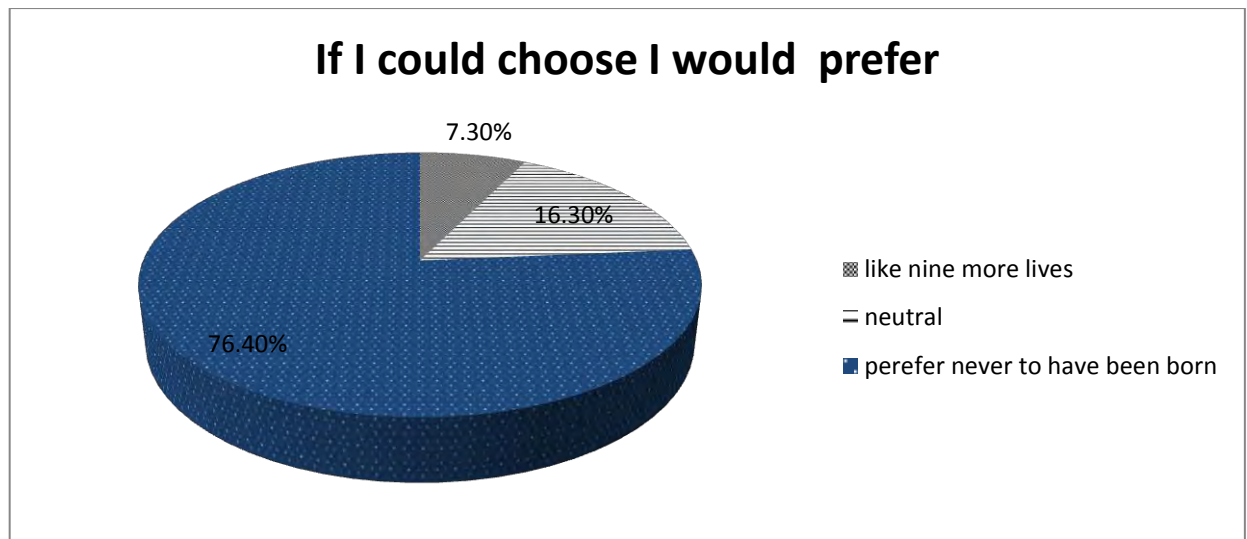


Figure 8 Chooses of elderly to be born, among elderly in elders' home setting Addis Ababa, June 2015

Regarding life goals most of the respondents 270(81.8%) have no goals and aims at all, while 21(6.4%) have very clear goals and aims. Of 184 (55.8%) feel themselves as they are very irresponsible and 42(12%) feel as they are very responsible person.

With regard to death 169(51.2%) are unprepared and unafraid, 99 (30.0%) are prepared and unafraid the rest 62(18.8%) are neutral. Regarding suicide 104(31.5%) of participants thought of suicide seriously as a way out while 154(46.7%) never give a second thought about it.

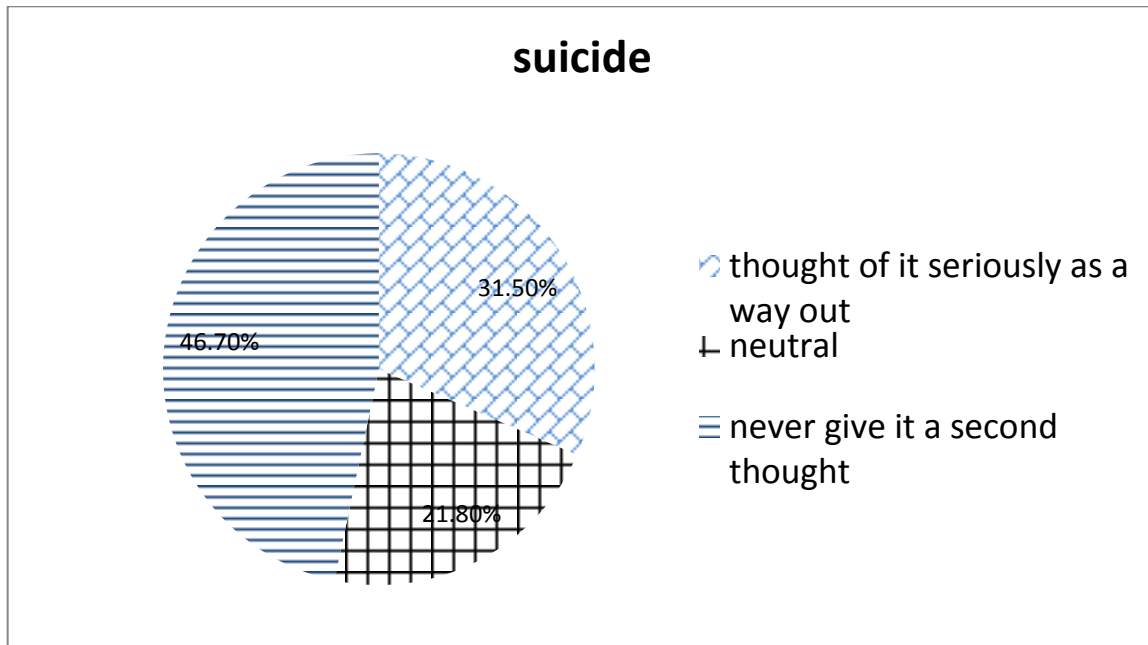


Figure 9 Thought of suicide, among elderly in elders’ home setting Addis Ababa, June 2015

Two hundred forty eight (75.2%) of the respondents were felt that their life is out of hand and controlled by someone else while 42 (12.7%) are neutral and 40 (12.1%) are feeling as life is in their own hand and control. Regarding discovering mission and purpose 257(77.9%) of study participants have no mission and purpose in their life, 34(10.3%) have clear-cut goals and a satisfying life purpose.

5.2 Regration

Bivariate and multivariate analysis for the outcome variable meaning in life

Before controlling for possible confounding variables sex, elders' home and length of stay were found to be significantly associated with meaning in life with their respective OR and p-value.

After controlling for possible confounding variables, elder home was found to be significantly associated with meaning in life of elders [AOR=7.927, 95% CI (2.952, 21.284)]. Table 3 and 4 shows the bivariate and multivariate analysis of the outcome variable (meaning in life) with the independent variables.

Table 3 Bivariate analyses of meaning in life with independent variables among the elderly in the elders' home setting Addis Ababa, June 2015(n=330)

Variable	Good meaning in life		OR with 95% CI	P value
	yes	No	COR	
	N (%)	N (%)		
Age				0.805
60-69	12(7.6%)	145(92.4%)	0.083(1)	0.000
>=70	12(6.9%)	16(93.1%)	0.901(0.392,2.068)	0.805
Sex				0.208
Male	12(3.6%)	193(58.48%)	0.585(0.225,1.347)	0.208
Female	12(3.6%)	113(34.32%)	0.106(1)	0.000
Religion				0.992
Orthodox	19(7.3%)	242(92.7%)	0.078(1)	0.000
Others	5(7.2%)	64(92.8%)	1.005(0.361,2.795)	0.992
Ethnicity				0.403
Amara	19(8.7%)	199(91.3%)	0.167(1)	0.097
Oromo	2(3.1%)	62(96.9%)	0.573(0.065,5.011)	0.615

Tigre	2(4.9%)	39(95.1%)	0.194(0.015,2.460)	0.206
Others	1(14.3%)	6(85.7%)	0.308(0.24,3.934)	0.365
Marital status				0.39
Widowers	11(4.9%)	214(95.1%)	0.051(1)	0.000
Divorced	8(10.7%)	67(89.3%)	2.323(0.897,6.13)	0.082
Single	5(16.7%)	25(83.3%)	3.891(1.250,12.110)	0.019
Elder home				0.000
Mekedoniya	10(4.2%)	229(95.8%)	0.44(0.736,6.851)	0.000
Yewedekutin Ansu	5(8.9%)	51(91.1%)	2.245(0.736,6.851)	0.155
Nobel	9(25.7%)	26(74.3%)	7.927(2.95221.284)	0.000
Length of stay				0.146
1-5	20(6.6%)	282(93.4%)	0.071(1)	0.000
>=6	4(14.3%)	24(85.7%)	2.350(0.743,7.4333)	0.146
Region				0.885
Tigray	2(0.6%)	34(10.3%)	0.059(1)	0.000
Amara	17(5.1%)	213(64.6%)	1.357(6.137,6.300)	0.692
Oromiya	4(1.2%)	53(16.1%)	1.287(0.223,7.392)	0.780
Others	1(0.3%)	6(1.8%)	2.833(0.221,36.379)	0.424
Educational status				0.781
Illiterate	12(7.7%)	144(92.3%)	1.125(0.490,2.583)	0.781
Literate	12(6.9%)	162(93.1%)	0.074(1)	0.000

Table 4 Multivariate analysis of meaning in life with independent variables among the elderly in the elders' home setting Addis Ababa, June 2015(n=330)

Variable	Good meaning in life		OR with 95% CI
	yes	No	AOR
	N (%)	N (%)	
Sex			
Male	12(3.6%)	193(58.48%)	0.870(0.355,2.131)
Female	12(3.6%)	113(34.32%)	
Elder home			
Mekedoniya	10(4.2%)	229(95.8%)	0.044(1)
Yewedekutin Ansu	5(8.9%)	51(91.1%)	2.245(0.736,6.851)
Nobel	9(25.7%)	26(74.3%)	7.927(2.952,21.284)***
Length of stay			
1-5	20(6.6%)	282(93.4%)	
>=6	4(14.3%)	24(85.7%)	2.143(0.456,10.063)

Bivariate analysis for the outcome variable psychosocial well being

Elder home was found to be significantly associated psychosocial wellbeing of elders [COR=6.472, 95% CI (1.861, 22.505)]. Table 5 shows the bivariate analysis of the outcome variable psychosocial wellbeing with the independent variables.

Table 5 Bivariate analyses, of psychosocial wellbeing with independent variables among the elderly in the elders' home setting Addis Ababa, June 2015(n=330)

Variable	Good psychosocial well being		OR with 95% CI	P value
	yes	No	COR	
	N (%)	N (%)		
Age				
60-69	5(2.9%)	149(97.1%)	0.030(1)	0.000
>=70	5(2.9%)	168(97.1%)	0.310(0.578,5.635)	0.310
Sex				
Male	7(3.4%)	198(96.6%)	0.701(0.230,2.136)	
Female	6(4.8%)	119(95.2%)	0.050(1)	0.000
Religion				
Orthodox	10(3.8%)	25(96.2%)	0.040(1)	0.000
Others	3(4.3%)	66(95.7%)	1.141(0.305,4.264)	0.845
Ethnicity				0.838
Amara	11(5.0%)	207(95.0%)	0.053(1)	0.000
Oromo	1(1.6%)	63(98.4%)	0.299(0.038,2.359)	0.252
Tigre	1(2.4%)	40(97.6%)	0.470(0.059,747)	0.476
Others	7(100%)	0	0.000(0.000)	0.999
Marital status				0.513
Widowers	7(3.1%)	218(96.9%)	0.032(1)	0.000
Divorced	4(5.3%)	71(94.7%)	1.755(0.499,6.169)	0.381
Single	2(6.7%)	28(93.3%)	2.224(0.440,11.240)	0.333
Elder home				0.012
Mekedoniya	6(2, 5%)	233(97.5%)	0.026(1)	0.000
Yewedekutin	2(3.6%)	54(96.4%)	1.438(0.283,7.322)	0.662
Ansu				

Nobel	5(14.3%)	30(85.7%)	6.472(1.861,22.505)	0.003
Length of stay				
1-5	12(4%)	290(96%)	0.041(1)	0.000
>=6	1(3.6%)	27(96.4%)	0.895(0.112,7.148)	0.917
Educational status				
Illiterate	7(4.5%)	149(95.5%)	1.315(0.432,4.002)	0.629
Literate	6(3.4%)	168(96.6%)	0.036(1)	0.000

Association between meaning in life and psychosocial well being

The outcome variable psychosocial wellbeing found to have significance association with meaning in life .Elders with bad meaning in life had 0.014 times less likely to have good psychosocial wellbeing than elders who have good meaning in life [COR=, 0.014 95% CI (0.003, 0.056)]

Table 6 Bivariate analyses, of psychosocial wellbeing with meaning in life among the elderly in the elders' home setting Addis Ababa, June 2015(n=330)

Variable	Good psychosocial well being		OR with 95% CI	P value
	Yes	No	COR	
	N (%)	N (%)		
Meaning in life				
Good meaning in life	10(41.7%)	14(58.3%)	0.714(1)	0.416
Bad meaning in life	3(1.0%)	303(99.0%)	0.014(0.003,0.056)	0.000

The outcome variable meaning in life found to have significance association with psychosocial wellbeing. Elders with bad psychosocial wellbeing had 0.014 times less likely to have good meaning in life than elders who have good psychosocial wellbeing [COR=, 0.014 95% CI (0.003, 0.056)]

Table 7Bivariate analyses, of meaning in life with psychosocial wellbeing among the elderly in the elders’ home setting Addis Ababa, June 2015(n=330)

Variable	Good Meaning in life		OR with 95% CI	P value
	Yes	No	COR	
	N (%)	N (%)		
Psychosocial well being				
Good meaning in life	10(76.9%)	3(23.1%)	3.333(1)	0.067
Bad meaning in life	14(4.4%)	303(95.6%)	0.014(0.003,0.056)	0.000

5.3 Finding from qualitative study

The results from in depth interview

The in-depth interview was continued till the data was saturated and it was saturated by five individuals. For the purpose of convenience, the results were presented under identified sub-themes. Reference scheme was used to identify the interviewee 1 (p1) to interviewee 5(p 5).

Of all the five elderly people getting institution based care that were interviewed only two of them have children. While the other interviewees said that they do not have children (either they died or never had one at all).

P1 Said that “if I had children I wouldn’t be in this situation, but having children alone is not enough these days if they do not have the capacity to support their parents.”

Environment

The interviewed elderly people reflected different view regarding the general environment and sense of belongingness. During the interview time I spent with each of them, I was able to witness that those elderly people who currently reside with the elder home feel the home setting as their home. Most of them are happy for their decision to come in the elderly home.

Commonly the elders’ home settings are providing food, clothing and shelter for old people. So that, they reflect their opinion with the following pattern: even though everything in the organization is not perfect, their life in the organization is better than the life before they joined to it. Additionally the sleeping arrangement was the top priority from the list of priorities. Therefore, the participants’ opinion is explained as follow

P2 said the following:

“I do not like the sleeping arrangement at all; we share one room for eight. It is crowded and suffocated and I do not like. I am sensitive to bad and irritating smells. I wish if the sleeping arrangement was been made one room for only two persons.”

Whereas p3 stated the following;

“Life is full of evoke, my time was very interesting when I was at home with my wife, I spend a sweet life with her she was my everything now she is not with me, I am with stranger but it’s better from beggary life thanks to the founders”

Nutrition

Most of the elderly receiving institution based care never had children and those who had, their children had died. When they responded to the question about their fate outside the organization, the word most interviewees spoke up was “begging.”

P4replied by saying the following,

“If there was no such elder home, I would have been in hunger and I would have been found in beggary to survive.”

Most of the participants do have an interesting life experience at youth when they were strong and health but in between they do face challenges as being in street and direct life by beggary, so that life here in the elder home care is not comparable with that uncomfortable time but it doesn’t mean that it is perfect and comfortable.

Overcoming sense of dependence and information void

Most of the elderly have different explanation regarding activities they do at past time at home to their life and their hobbies they want to do now. As most of them stated they were hard worker when they were youth and healthy. Therefore, they want to continue their activity here as a hobby and suggested to facilitate different activates to the elders’ home like cottage activities. As per their suggestion they stated that it is better to have activity in daily base so as to support the organization and to have good health. Be side to this, it will help to show their ability to work to the community.

P5 stated the following

Since begging is disgusting act “I want to engage in income generating activities if the origination have such activities, for me will give glad so as to be free from sense of dependence”.

As most elders explain there are no any recreational activities to be engaged. One participant explain the issue in the following “we want to see TV and up to date news about our country and hear different issues but we don’t have even a single TV to do so”

Feeling of dependence, hopelessness and liveness

All of the in-depth interview participants never go outdoors for visits; they do have poor family and friend’s relationship. As they stated engaging in social activities and having family relationship have great impact in their psycho-social wellbeing. They would be happy if their

family members visit them but no one comes to visit them as all participants said, there is no way to communicate with the family and friends. A 67 year old male said the following;

“I miss to see the outside environment and freedom but it’s not possible even to see the gets but I am really excited when visitors come to visit us”

Most of them developed a sense of being dependent and burden on others as revealed by the interview result.

P3 reflected on this issue in the following way;

“I look at myself as a burden on others, am angry on my current condition that makes me dependent on others. I had missed my strength when I was youth. The worst thing is being dependent on someone else. I feel as I am nobody and irresponsible person.”

While p2 year old male had the following to say,

“My biggest problem is that my health is in a very poor condition which has forced me to be dependent and hopeless. And with that comes my anxiety and depression. I cannot sleep unless I take sleeping pills.”

Most of the in-depth participants feel loneliness most of the time.

P1 said “Even if I am not alone, living with 8 peoples in a single room, feeling of loneliness is common to me. Peoples here are the people I didn’t know them before, it’s difficult to share secretes and deepest feeling to them. Beside I feel discomfort with the people ways of communication to me, I were respected person in my family. I was growing up with my 6 beloved brothers but none of them are alive, it makes my feeling of liveness worst. I see myself as I am above the dead and below the alive.”

As stated by most participants they have good relationship with the staff members and most of them made a friend in the elders home.

Spiritual based coping

Most of participants feel as they don't have opportunity to learn new things here or to build on existing skills. Even though they do have a plan to engage in different activities there is no opportunity to be engaged. Most of them feel bored and sad about this issue. As most in-depth interview participant stated that they do have different coping mechanism. Spirituality and prayer is the most key factor to relief their anxiety and bored feeling and it's also the key to psychosocial wellbeing. One of the participant stated in this way "God is everything in my life, everything will be fine with the will of God, I believe everything will be good. I always talk and share my feeling to God, I also see my chaplain as needed"

Results from focus group discussion

One focus group discussion is held with seven elders.

Elders home and environment and surrounding community

Most focus group discussion participants stated that their elders home give service to meet their basic needs. Most of the participants agreed that, the elder home try to give good service for them. One of FGO participant stated that the service given in elder home is better than the life she was face before 3 years;

"It's not comparable with the previous life, I am thankful for God, who give me a family again, I was a married woman and like most women I relied on my husband for income but unfortunately our marriage ended in divorce. I gave birth to three children, but only one of them is alive who is too poor to help me. So after the divorce it was very difficult for me because I never had any experience of life outside the home environment. But I had to adjust. I started working as a domestic servant (usually cooking and doing laundry). This was how I lived until I lost my site and as a result I couldn't work anymore. I could not afford the medical cost. I could not even afford food. That was the most horrible thing to happen to anyone."

Most elders agreed that the elders' home setting is not comfortable for their current condition. One of FGD participant stated; "It's not appropriate for our age to move". Most elders stated that their elder home have good relationship with community, and they are thankful the community

for their support. One of discussion participant stated the following about the importance of community support “We would begin beggary life as the whole if we had no community support at this time because the elder home by itself didn’t have sustainable source of income to give care for us”

Loss of relationship

Regarding to social relationship most participants stated that participating in social activity is important for their psychosocial wellbeing, since it is a means of meaningful relationship. Most of participants stated that they didn’t have communication with their family and friends, one of the FGD participants stated his feeling in most striking way,

“People that I knew before didn’t want to meet with me. Poverty has robbed my confidence. In fact I am no body now, I used to work, I used to have friends, and I used to go to weddings and funerals. Now I am just a useless old man. Now I just sit and go back in time thinking about when I was someone. Idleness is the worst thing that can happen to a human being.”

Most participants stated even though they didn’t have communication with their family and friends they do have good relationship with the visitors and staff members. One of the discussion participants expresses their relationship in such away; “the staff members are everything to us, they respect as elder, take care of us as needed. I always pray to God to protect them.”

Activities

Most elders stated there is no any activities for them .As they stated they would be happy if the elder home had facilitated some activities.

Meaning in life

During the focus group discussion, health issue was repeatedly mentioned as their biggest challenge both before and after joining the elder home.

When asked how they coped with that challenge and their suggestion for ways to maintain or improve quality of life and meaning in life, group responded as follows. Now there is no problem at all. “Whenever we feel sick, they take us to a hospital and we do not worry about the cost. They cover all the costs and that is why we feel safe now. Before we came here it was difficult.”

They also suggested that it would be better if the elder home engage elders in different activities like cottage industry and baking bread so that they can support themselves and the institution as well. In addition to providing institution based care for the elderly also it is better if the elder care assists those elderly people to live with their families in the community.

6. Discussion

According to multivariate analysis, elders' home found to have significance association with meaning in life; this association is may be due to more staff relationship, elder home setting, and the number of elders that is found in the elder's home.

As it was found from this study majority of the study participants 270(81.8%) have no relationship with friends and the rest60 (19%) of the participants have close relationship with friends, and only 56(17%) of the study participants satisfied with their communication to their family similar and supported by FGD result of this study.

The in-depth interview finding of this study showed that most of participants never go outdoors for visits. They do have poor family and friend's relationship. One of the participants said the following "I would be happy if someone come and take me out for trips but I lost my all relatives and families at all and I have no one in life. I feel as I am nothing. I miss to see the outside environment."

This study is in line with qualitative study done in Ireland by Laura Cantwell, which some participants eagerly waited in anticipation of their families taking them home for the day. In both studies elders in elders' home setting are eager to see the outside environment even though most elders in Ethiopian elder home have poor reciprocal relationship and have no support (8)

The result of this study showed that majority of participants275 (83.3%) usually feel completely bored and most of participants251 (76.1) feel that their personal existence is absolutely meaningless. Similarly Most of the focus group discussion participants feel loneliness most of the time.

Both the qualitative and quantitative findings are in line with the study done by Abdi Ayana on who is taking care of elderly when reciprocal relationship is broken in Ethiopian? The researchers showed that elder home have reduced social networks and physical mobility. Interviewed elderly feel a great deal of loneliness and depression. The interview result showed that the loneliness and depression are their daily experiences. Even though they eat together and share rooms, this did not help them from feeling of loneliness and depressed (5).

As it was found from this study majority of the participants 324 (98.2) % feel unsatisfied with their coping mechanism and the rest 6(1.8%) feel satisfied with their coping mechanism.

Regarding coping mechanism most in-depth interview participants coping mechanism seems to spirituality and relaying on God. One of the participant stated in this way “God is everything in my life, everything will be fine with the will of God, I believe everything will be good. I always talk and share my feeling to God; I also see my chaplain as needed”

Similarly qualitative study done by Gørill (2013) in Norway showed that Personal faith and spirituality were found to be key factors that influence psychosocial wellbeing. One female participants in the interview indicated her faith helped her to cope with loss of her spouse, her home and loss of her ability too (6).

According to this study finding majority of participants 306(92.7) reported lack of clear purpose and low meaning in life contrary with the study done in Norway in which only 43.6% reported lack of clear purpose and low meaning in life. This can be due to the difference in socio-cultural, economical level of the study subjects (10).

As it was found from this study females mean score of meaning in life (28.8800, SD 8.33144) slightly higher than the males (27.8780, SD 6.39928) similar with a study done in Norway which is Females scored (93.60, SD 15.10) slightly higher than the males (91.75, SD 14.22)(10).

According to this study finding majority of participants 317 (96.1%) reported bad psychosocial wellbeing and it was found to have significance association with meaning in life multivariate analysis; this association is may be due to close related phenomenon of those topics.

6. Strength and limitation of the study

Strength

- ✓ The study is new in Ethiopia. No Other studies done in this specific topic, researchers will have direction for to farther study.
- ✓ The study was done by random selection of elders home and has good representativeness
- ✓ The study used Quantitative and qualitative type to strengthen the result.

Limitation

- ✓ Shortage of domestic literatures done in related study area and in Africa to discuss the result and shortage of literatures done in elders" home so that nursing home elders results were used to compare.
- ✓ Shortage of time.

7. Conclusion

The study finding showed that most of elders in elders home have bad psychosocial wellbeing and bad meaning in life. There was significant difference in mean scores of psychosocial wellbeing and meaning in life in males and females. This means female elders in elders home have slightly higher meaning in life and psychosocial wellbeing. There was a significance association between meaning in life and psychosocial wellbeing. This shows that elders with bad psychosocial wellbeing were suffering with bad meaning in life and vice versa. Meaning in life and psychosocial wellbeing has significance association with elders home. The study shows the need of activities, family relationship, friends" communication and importance of religion in enhancing psychosocial wellbeing and meaning in life.

8. Recommendation

Based on the study finding, the following recommendations are forwarded.

- ✓ Management personnel who manage the elders' home and staff members' needs to improve the living environment and arrangement as the whole contributing to improvements in elders' living environments.
- ✓ The care providers in the elders' home needs to improve their service by including nurses and other health care providers like psychiatry nurses to improve the psychosocial wellbeing and meaning in life fulfilling the psychosocial needs and to improve meaning in life.
- ✓ Community, family and friends of elders have to be engaged in psychosocial support for the elders in elders' home by accustomed regular visiting of the elders home either individually or in group, institution.
- ✓ Health care providers especially nurse have to be engage in community services in elders home to improve the elders psychosocial wellbeing and meaning in life
- ✓ Researchers have to be engage in further study with large sample size in the country to fill the gap

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Annex

Annex I: Questioners English version

Part one Information sheet

Good morning/afternoon! My name is ----- I am aPost graduate student in Addis Ababa University, College of health sciences, Department of Nursing and Midwifery doing the following research.

Title of the research: Assessment of psychosocial wellbeing and meaning of life among elderly in elders“ home setting Addis Ababa, Ethiopia, 2015

Purpose: This interviewer administered questionnaire is provided to assess the psychosocial wellbeing and meaning of life among the elderly in elders“ home setting. The findings of the study may have implication for policy makers and health care professionals in their approach to care of this population. It is anticipated this research will generate valuable information which may contribute to improved practice guidelines in the care of the elderly.

Your name will not be written in this form and all the information you will give is kept confidential. If you do not want to answer all or some of the questions, you do have the right to do so. However, your willingness to answer all of the questions is highly appreciated. It doesn“t take more than 60 minutes. You are selected by systematic sampling technique.

Benefit and risk

You will not be provided any direct incentives to take part in this research however, findings from this study may lead to improve the psychosocial wellbeing and meaning in life and contribute to improve quality of life for elders. Participating in the study does not involve risks. Your participation in this study help us in assessing gaps of elders care , among elderly in elders home setting and will have the benefit of introducing the need for special trainings and guideline development. If you have any questions contact any of the following individuals and you may ask at any time you want:

1. Investigator address: Tigist Demssew, Tel: +251942591291 and
Email: tigdemssew@gmail.com
2. Advisors address: s/r Emebet Berhane (Bsc, Msc), Tel: +251911637761 and Email:
Emebetbwl@gmail.com

Part 2: Informed consent

Code number -----

I understand that the purpose of this study is to assess psychosocial wellbeing and meaning of life among elderly in elders' home setting. Similarly I am aware of participating in this study is voluntarily and do not have any payment or incentive. In addition, the information that is given is kept confidential and does not expose to another third party.

This questionnaire will be filled only if you agree to take part in the study and I sincerely ask you to give your genuine and true responses to the questions provided.

So, would you agree to participate in study?

Yes -----

No-----

Signature of participant _____

Name and Signature of the data collector who sought the consent _____

Name and signature of the supervisor _____

Date _____

Part 4 (questioners)

Part I socio-demographic characteristics

s.no.	Variable	Response	Skip
1	Age		
2	Gender	1. Male 2. Female	
3	Religion	1-orthodox 2-protestant 3 -Muslim 4- other, specify	
4	Ethnicity	1. Amhara 2. Oromo 3. Tigre 4. others, specify	
5	Marital status	1. Married 2. Widowers 3. Divorced 4. Single	
6.	Elder home _____		
7.	Length of stay _____		
8	Region	1.Tigray 2.Amhara 3. Oromiya 4. Others	
9	Educational status	Illiterate Read and write. Primary & secondary school graduate. College graduate	

Part 2:-Purpose in Life Test [PIL]

For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. "Neutral" implies no judgment either way.

Number	Questions	Score
1.	I am usually	1. completely bored 2. neutral 3. exuberant, enthusiastic
2.	Life to me seems	1. Always exciting 2. Neutral 3. Completely routine
3.	In life I have :	1. No goal or aims at all 2. Neutral 3. Very clear goal and aims
4.	My personal existence	1. Utterly meaningless without purpose 2. Neutral 3. Very purposeful and meaningful
5.	Every day is :	1. Exactly the same 2. Neutral 3. Constantly new and different
6.	If I could choose ,I would	1. Prefer never to have been born 2. Neutral 3. Like nine more lives just like this one
7.	After retiring, I would	1. Loaf completely the rest of my life 2. Neutral 3. Do something exciting things that I have always wanted to do

8.	In achieving goals I have	<ol style="list-style-type: none"> 1. I have no progress what ever 2. Neutral 3. Progressed to complete fulfillment
9.	My life is	<ol style="list-style-type: none"> 1. Empty, filled only with despair 2. Neutral 3. Running over with exciting good things
10.	If I should die today ,I would feel that my life has been	<ol style="list-style-type: none"> 1. Completely worthless 2. Neutral 3. Very worthwhile
11.	In thinking of my life ,I:	<ol style="list-style-type: none"> 1. Always see a reason for my being here 2. Neutral 3. Often wonder why I exist
12.	As I view the world in relation to my life ,the world	<ol style="list-style-type: none"> 1. Completely confuses me 2. Neutral 3. Fits meaningfully with my life
13.	I am a :	<ol style="list-style-type: none"> 1. Very irresponsible person 2. Neutral 3. Very responsible person
14.	Concerning man's freedom to make his own choices ,I believe man is ;	<ol style="list-style-type: none"> 1. Completely bound by limitation of heredity 2. Neutral 3. Absolutely free to make all life choices
15.	With regard to death, I am	<ol style="list-style-type: none"> 1. Unprepared and unafraid 2. Neutral 3. Prepared and unafraid
16.	With regard to suicide, I have been	<ol style="list-style-type: none"> 1. Thought of it seriously as a way out

		<ul style="list-style-type: none"> 2. Neutral 3. Never give it a second thought
17.	I regard my ability to find a meaning ,purpose ,or mission in life as	<ul style="list-style-type: none"> 1. Particularly none 2. Neutral 3. Very great
18.	My life is	<ul style="list-style-type: none"> 1. Out of my hands and controlled by external factors 2. Neutral 3. In my hand and I am in control of it
19.	Facing my daily tasks is	<ul style="list-style-type: none"> 1. A painful and boring experience 2. Neutral 3. A source of pleasure and satisfaction
20.	I have discovered :	<ul style="list-style-type: none"> 1. No mission and purpose in life 2. Neutral 3. Clear- cut goals and a satisfying life purpose

Part 3 Measurement instrument: functional assessment of chronic therapy quality of life (FACT-G)

For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling.

Number	Questions	Score
Physical well being		
1.	I have lack of energy	0 (Very much) 1(Quite a bite) 2(neutral) 3(A little bit) 4(Not at all)
2.	I have nausea	0 (Very much) 1(Quite a bite) 2(neutral) 3(A little bit) 4(Not at all)
3.	Because of my physical condition, I have trouble meeting the needs of my self	0 (Very much) 1(Quite a bite) 2(neutral) 3(A little bit) 4(Not at all)
4.	I have pain.	0 (Very much) 1(Quite a bite) 2(neutral) 3(A little bit) 4(Not at all)
5.	I am bothered by side effects	0 (Very much) 1(Quite a bite) 2(neutral) 3(A little bit) 4(Not at all)

6.	I feel ill.	0 (Very much) 1(Quite a bite) 2(neutral) 3(A little bit) 4(Not at all)
7.	I am forced to spend time in bed.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
Social wellbeing		
8.	I feel close to my friends.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
9.	I get emotional support from my family	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
10.	I get support from my friends	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
11.	My family has accepted my life situation.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)

12.	I am satisfied with family communication about my situation.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
13.	* I feel close to my partner or the person who is my support.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
Emotional well being		
15.	I feel sad.	0 (Very much) 1(Quite a bite) 2 (neutral) 3(A little bit) 4(Not at all)
16.	I am not satisfied with how I am coping with my situation	0 (Very much) 1(Quite a bite) 2 (neutral) 3(A little bit) 4(Not at all)
17.	I am losing hope in this life situation.	0 (Very much) 1(Quite a bite) 2 (neutral) 3(A little bit) 4(Not at all)
18.	I feel nervous	0 (Very much) 1(Quite a bite) 2 (neutral) 3(A little bit) 4(Not at all)
19.	I worry about dying	0 (Very much) 1(Quite a bite) 2 (neutral) 3(A little bit) 4(Not at all)
20.	I worry about that my condition will get worse.	0 (Very much) 1(Quite a bite) 2 (neutral) 3(A little bit) 4(Not at all)

Functional well being		
21.	* I am able to work (include work at home).	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
22.	* my work (include work at home) is fulfilling	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
23.	I am able to enjoy life.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
24.	I have accepted my situation	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
25.	I am sleeping well	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
26.	I am enjoying the things I usually do for fun.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)
27.	I am content with the quality of my life right now.	0 (not at all) 1(a little bit) 2 (neutral) 3 (quite a bite) 4(very much)

Part 4 Measurement for qualitative study

Socio-demographic characteristics

1. Age_____

2. Sex_____

3. Religion_____

4. Ethnicity_____

5. Marital status_____

6. Elder home _____

7. Length of stay _____

8. Region _____

9. Educational status_____

Semi –structured guide for elders’ interviews

Domain	Cue questions /prompts
Environment	<ul style="list-style-type: none"> ✓ Do you like living here? ✓ If so, what aspect of life here do you most enjoy? ✓ Is there anything you don’t like? ✓ How happy or unhappy were you with the decision to come here? ✓ Do you feel this is your home? Homey environment? Security? Feel safe? Sense of belonging? Space for personal belongings? ✓ Relationship with others within the facility?
Nutrition	<ul style="list-style-type: none"> ✓ Do you feel the facility here helps you continue to live as when you lived in your own home? ✓ Can you think of something from your past that was important to you, Can you access that here? ✓ Do you miss anything from your home? ✓ Do you live with anyone (companionship)? ✓ Do you have opportunity to see people when you lived at home? Do you have opportunity for social activity? ✓ Did you have any hobbies in the past? ✓ What did you do to pass the time when you were at home? ✓ Can you compare your past life at home to your life here now? Social life, hobbies, maintaining ones identity ,continuity of self, space, for personal effects(environment),link to community past life.
Family communication	<ul style="list-style-type: none"> ✓ Do you get outdoors as much as you want? ✓ Do you ever go outside on trips/visits/ where? How often? ✓ If yes, who takes you? Family, staff, friends, volunteers? ✓ Do you keep in contact with your family and friend?

	<ul style="list-style-type: none"> ✓ Accessibility of communication with family? How do you keep in touch(visit, telephone ,written correspondence) explore continuity of relationship with friends) ✓ Do you feel isolated here? ✓ Do you feel up to date with local news? ✓ How do you feel about visitors or members of local community joining in the activity here? ✓ Do you have any visitors? Do you have much opportunity for privacy or quiet time if you so wish?
Social activity	<ul style="list-style-type: none"> ✓ Do you have the opportunity to meet and chat with other people living here? ✓ Did you know any of other elders before moving here? Have you made friends here? ✓ Think of a supportive relationship that you have? Who is this with?
supportive relationship	<ul style="list-style-type: none"> ✓ Have you made any friends since moving here? ✓ Type of relationship formed? ✓ Social relationship with whom? ✓ Would you speak with the staff?
Activities	<ul style="list-style-type: none"> ✓ Do you look forward to the activities days? ✓ Do you get involved in the activity provided? ✓ How do you enjoy the activity you have been taking part in here? If so, which do you most enjoy? ✓ Do you like (solitary) activities? Preference? Feeling towards either? Example? ✓ If you prefer group activities why? ✓ Daily past time (reading, TV, video music ,exercise, old movies ,songs) ✓ Has your life changed since being involved in the activities? ✓ How do you feel on the days there are no activities?

	<ul style="list-style-type: none"> ✓ Are there any additional activities you would like to be available to do here? ✓ How do you spend your time when you were at home?
Cognitive well-being	<ul style="list-style-type: none"> ✓ Do you feel you have the opportunity to learn new things here or to build on existing skills? If so what? ✓ Have you taken up any new hobbies since moving here? ✓ Or is there anything that you are particularly interested in and would you like to learn more about or be more in touch with? ✓ Do you feel bored /sad here? ✓ Any unmet needs? ✓ Outlook and coping, fears, anxieties / hopes? Sense of control-autonomy and independence(continuity of self)
Overcoming sense of dependence and information void	<ul style="list-style-type: none"> ✓ Do you ever feel bored or sad here? If so any suggestion of how to relieve that boredom? Why you might you feel sad? ✓ Religion?(reminiscence, supportive system) ✓ Outlook and coping, fears, anxieties / hopes? Sense of control-autonomy and independence(continuity of self)
Feeling of dependence hopelessness and loneliness	<ul style="list-style-type: none"> ✓ How do you perceive your overall health and ability to carry out daily tasks? ✓ Independence /dependence ,autonomy ✓ Current level of independence compared to prior to moving here?
involvement in planning of care	<ul style="list-style-type: none"> ✓ Do you feel you have a say in the planning of your care? ✓ Can you choose how you spend the day? ✓ Do you feel you are dependent on the staff here? ✓ How do you feel about being cared for? ✓ Are you happy to have people do things for you? ✓ Would you like to/do you feel you could do more for yourself?

Part 5 Focus group discussion

Schedule

Focus group discussion

Date-----

Time allocated; 180-210 min maximum

Welcome

- ✓ General introduction
- ✓ Establishing rapport
- ✓ Participant introduction
- ✓ Ensure all participants have fully understood the information sheet
- ✓ Ensure informed consent has been obtained
- ✓ Give outline of the study
- ✓ Remind group that participation is voluntary and individuals are free to withdraw at any time
- ✓ Emphasis the nature of focus group discussion and intrinsic nature of confidentiality
- ✓ Inform the group of the role of the facilitator
- ✓ Inform that the interview is being recorded and insure equipment is working
- ✓ Begin recording and give first question probe to start the discussion
- ✓ Summarize the key points of the discussion and provide opportunity for confirmation and feedback
- ✓ Give information regarding gaining access to the transcriptions
- ✓ Thank all for attending
- ✓ Refreshment

Focus group welcome talk

Thank you sincerely for taking the time to attend this focus group discussion session today. As you are aware, I am undertaking this research as part of the requirement for a research masters.

The purpose of this session is to gain information regarding psychosocial wellbeing and meaning in life. There are no rights or wrong answers. I invite you to speak freely as this is a discussion not question and answer session. I understand speaking out in to the group situation may be somewhat daunting, but please do not worry what others thinks as each individuals opinion is valued and very much appreciated. I remind you that you are free to with draw from the discussion at any time.

The discussion will be audio taped, once again to ensure accuracy and also, to aid analysis. The tapes and the transcripts will be securely stored for a period of 5 years and then destroyed. I trust you received the topic guide outlining areas for discussion, having reflected on thesis issues I encourage you to speak open and honestly about your views and experiences. Throughout the discussion I will write own key points mentioned, which I will summarize at the end of the discussion. Thank you!

Any questions?

Instruments for focus group discussion

Topic guide for focus group discussion

Elders home environment and surrounding community

- ✓ Facilities
- ✓ Impact of the environment on well-being
- ✓ Impact of the environment on social relationship
- ✓ Link with the community

Loss of relationship

- ✓ Companionship
- ✓ Opportunity to engage with other activity
- ✓ Community with in the setting
- ✓ Link to the family and friends
- ✓ Visitors
- ✓ Perceived impact of social relationship

Activities

- ✓ Available activities
- ✓ Response to activities
- ✓ Willingness to participation
- ✓ Planning of activities
- ✓ Opportunity to maintain hobbies/pastime from life before living in the setting

Meaning in life

- ✓ Relationship between cognitive and social needs with meaning in life
- ✓ Suggestion for ways to maintain or improve quality of life.

Annex II Questioner (Amharic version)

የመረጃ ቅጽ

እንደምን አደሩ/እንደምን ዋሉ?

እኔ -----እባላለሁ። አዲስ አበባ ዩንቨርሲቲ የጤና ሳይንስ ኮሌጅ እና የ ነርሲንግ ትምህርት ቤት የድህረ ምረቃ የነርሲንግ ተማሪ ነኝ። በአረጋውያን መኖሪያ የሚኖሩ አረጋውያን የስነ-ልቦናና ማህበራዊ ደህንነት እንዲሁም የህይወት ትርጉሜ በተመለከተ ተጥናታዊ መረጃ በማሰባሰብ ላይ እገኛለሁ።

የዚህ ጥናት አላማ ምንድን ነው?

የጥናቱ ዓይነትና አላማ አረጋውያን በአረጋውያን መኖሪያ ቤቶች ስለሚያስፈልጋቸው የስነ-ልቦና እና ማህበራዊ ደህንነት እንዲሁም የህይወት ትርጉም ጥናት ማድረግ ነው።

የጥናቱ ግኝቶች ምሥራቅ ሲሰጡ ለሌሎች እና ለጤና እንደከብካቤ ባለሙያዎች በእንክብካቤ አሰጣጥ ረገድ እንድምታ ሊኖረው ይችላል። ይህ ጥናት የአረጋውያንን እንክብካቤ በተመለከተ ተግባራዊነት ያላቸውን መመሪያዎች በማሻሻል ረገድ አስተዋጽኦ ለማድረግ የሚችል መረጃን እንደሚያመነጭ ይጠበቃል።

ማንኛቸው የተሰበሰቡ መረጃዎች ተሰጥተው በሚሰጡ የሚያዘዙ ሆኗል። በዚህም መሰረት የእርስዎ ማንነት በጥናቱ ላይ አይገለጽም። ሁሉም ሰነዶችና በኮምፒውተር የተመዘገቡ መረጃዎች በጥንቃቄ የሚያዘዙ ሆኗል። የሚያያቸው ምንም የጥናቱ ባለቤት ስህተት ነው። እርስዎ በዚህ ጥናት የሚያደርጉት ተሳትፎ በፍላጎት ላይ የተመሰረተ ነው። በዚህ መሰረት እርስዎ ከጥናቱ በማናኛው ምረቃ መውጣት ይችላሉ።

የጥናቱ ጥቅም ገጠላት

በዚህ ጥናት መሳተፍ ቀጥተኛ ጥቅም አይሰጥም። ከጥናቱ የሚገኙ መረጃዎች የአረጋውያንን የስነ-ልቦናና ማህበራዊ ደህንነት ለማሻሻል እንደዚህም ህይወታቸው እንዲሻሻል አስተዋጽኦ ማድረግ ይችላል። በዚህ መሰረት ይህንን የስምምነት ቅጽ እንዲያሰጡና እንዲፈረሙ ይጠበቃል። ስለ ጊዜዎናት ብብርዎ እና መሰጠት ለን።

ጥናቱን በተመለከተ ለሚኖሩ ማንኛውም ጥያቄዎች በሚመከተለው አድራሻ መጠየቅ ይቻላል።

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አማካሪ ሲስተር እመቤት ብርሀነ ፣ ስልክ +251911637761፣ Email Emebetbwl@gmail.com

የስምምነት ቅጽ

የመለያ ቁጥር-----

የጥናቱን አላማ በሚገባ ተገንዝቤለሁ።ይህቅጽበሚገባኝቃንቃተነቦልኛል/አንብቤዋለሁ። በተጨማሪም በዚህ ጥናት መሳተፍ በፍላጎት ላይ የተመሰረተ እና ምንም አይነት ማከካሻ እንደሌለው ተረድቻለሁ።የሰጠሁት መረጃ በምስጢር እንደሚቀመጥ እና ለሌላ ሰባተኛ ወገን ተላልፎ እንደማይሰጥ አውቄለሁ።

ይህ የስምምነት ቅጽ የሚሞላው በጥናቱ ላይ ለመሳተፍ ከተስማሙ ብቻ ነው።

በጥናቱ ላይ ለመሳተፍ ተስማምተዋል?

አዎ-----

አይደለም-----

የጥናቱ ተሳታፊ ፊርማ-----

መረጃውን የሰበሰበው ስም እና ፊርማ -----

የሚያረጋግጠው፡የተቆጣጣሪስም----- ፊርማ----- ቀን -----

ክፍል አንድ - ጠቅላላ ግላዊና ማህበራዊ ሁኔታዎች

ቁጥር	ጥያቄ	አሜሪካ ማህበረሰብ	
1	እድሜ		
2	ጾታ	1. ወንድ 2. ሴት	
3	ሀይማኖት	1. ኦቶዶክስ 2. ፕሮቴስታንት 3. ሙስሊም 4. ሌሎች	
4	ብሄር	1. አማራ 2. ኦሮሞ 3. ትግሬ 4. ሌሎች	
5	የጋብቻ ሁኔታ	1. ያገባ 2. ባልዋወይም ሚስቱ የሞተችበት 3. የፈታ/የፈታች 4. ያላገባ	
6	በማዕከሉ ምን ያህል ጊዜ ቆዩ?		
7	የመጡበት ክልል (ቦታ)	1. ትግራይ 2. አማራ 3. ኦሮሚያ 4. ሌሎች	
8	የትምህርት ሁኔታ	ያልተማረ ማንበብና መጻፍ የሚችል የመ/ደ/ት/ትያ ጠናቀቀ ሁለተኛ ደ/ት/ት/ያ ጠናቀቀ የኮሌጅ ምሩቅ (የከፍተኛት/ም/ምሩቅ)	

ክፍልሁለት - የሕይወትአላማ እና ትርጉም

ከሚከተሉት መግለጫዎች እርስዎን በእጅጉ በሚመለከቱ አማራጮች ላይ ያክብቡ። ቁጥሮቹ ምንግዜም ቢሆን ከአንዱ ጫፍ ወደሚቀጥለው ጫፍ ይዘራል። ገለልተኛ መሆን ማለት ምንም ዓይነት አስተያየት አለመስጠት ይሆናል።

ተ.ቁ	ጥያቄ	የተሰጠው ነጥብ
1.	እኔ ሁል ጊዜም	<ol style="list-style-type: none"> 1. በጣም ይደብረኛል 2. ገለልተኛ 3. በደስታ የተሟላ የጋለስ ማት ያለው
2.	ለእኔ ሕይወት ሁል ጊዜ	<ol style="list-style-type: none"> 1. ተደጋጋሚ 2. ገለልተኛ 3. የሚያስደስት ነው
3.	ለሕይወቴ	<ol style="list-style-type: none"> 1. በጭራሽ ምንም ግብ፣ አላማ የለኝም 2. ገለልተኛ 3. በጣም ግልጽ ግብና ወይም ዓላማ አለኝ
4.	ህልውናዬ	<ol style="list-style-type: none"> 1. መሉብ መሉብ ትርጉም የለሽ፣ ትርጉም ቢሰጥ ነው 2. ገለልተኛ 3. አላማ ያለው ትርጉም ያለው ነው
5.	እያንዳንዱ ቀን	<ol style="list-style-type: none"> 1. ሁሌም ተመሳሳይ ነው 2. ገለልተኛ 3. አዲስ እና ልዩ ነው
6.	ምርጫዬ ቢሆን ኖሮ	<ol style="list-style-type: none"> 1. ባልወለድ እመርጥ ነበር 2. ገለልተኛ 3. እንደ ዚህ ከሆነ ከዘጠኝ ሕይወት በላይ በኖር እመርጣለሁ
7.	ጡረታ ከወጣሁ በኋላ	<ol style="list-style-type: none"> 1. ቀሪውን ጊዜዬን እዘርክ ነበር 2. ገለልተኛ 3. ሁል ጊዜ አስደሳች የሆኑትን ነገሮች እና የምፈልጋቸውን ነገሮች እደርግ ነበር
8.	የሕይወትን ግብ ማሳካት በተመለከተ	<ol style="list-style-type: none"> 1. ምንም ለውጥ አላመጣሁም 2. ገለልተኛ 3. ለውጥ አምጥቻለሁ ግቤንም አሳክቻለሁ
9.	ሕይወቴ	<ol style="list-style-type: none"> 1. ባዶ ነው፣ ተስፋ አስቆራጭ ነው 2. ገለልተኛ 3. ሁል ጊዜም ጥሩ ነገር ለማግኘት እርግጠኛ ነኝ
10.	ዛሬ በሞት ሕይወቴ	<ol style="list-style-type: none"> 1. መሉብ መሉብ ሰጠኝ 2. ገለልተኛ 3. የረባይ ሆኑ ነበር
11.	ስለ ሕይወቴ ሳስብ	<ol style="list-style-type: none"> 1. ለምን እንደ ምኞት ያስደንቀኛል 2. ገለልተኛ 3. ሁል ጊዜም ቢሆን ያመኛል ምንም ክንያት አያለሁ

12.	አለምንከሕይወቱ ጋር አዛምጄ ሳየው	<ol style="list-style-type: none"> 1. አለምበጣምታደናግረኛለች 2. ገለልተኛ 3. ከሕይወቱጋርተሰማሚነው
13.	እኔ	<ol style="list-style-type: none"> 1. ኃላፊነትየማይሰማኝሰውነኝ 2. ገለልተኛ 3. ኃላፊነትይሰማኛል
14.	የሰውን የራስንምርጫማድረግበተመለከተ ልጅ	<ol style="list-style-type: none"> 1. እንደማምነውየሰው ልጆች በዘር እናበአካባቢ ታስረዋል 2. ገለልተኛ 3. ሙሉ-በሙሉ-ምርጫውንለማድረግነጻነው
15.	ሞትንበተመለከተ	<ol style="list-style-type: none"> 1. አልተዘጋጀሁምአልፈራም 2. ገለልተኛ 3. አልፈራምተዘጋጅቻለሁ
16.	ራስን ማጥፋት በተመለከተ	<ol style="list-style-type: none"> 1. ብዙአስቤበትነበር 2. ገለልተኛ 3. አስቤበትአላውቅም
17.	የሕይወቱን ትርጉሙን፣አላማወይምየህይወትንተልእኮ ፈልጎ ማግኘት በተመለከተ ችሎታዬ	<ol style="list-style-type: none"> 1. በተግባር ምንም ነው 2. ገለልተኛ 3. በጣም ትልቅ ነው
18.	ህይወቱ	<ol style="list-style-type: none"> 1. ከእጄውጭነውየውጭኃይሎችይቆጣጠሩታል 2. ገለልተኛ 3. በእጄነውአቆጣጠረዋለሁ
19.	የእኔየየቀኑተግባር	<ol style="list-style-type: none"> 1. ስቃይየተሞላበትእናአሰልጅነው 2. ገለልተኛ 3. ደስታይሰጠኛል
20.	በህይወትውስጥ	<ol style="list-style-type: none"> 1. ምንምተልዕኮወይምአላማእንደሌለተረድቻለሁ 2. ገለልተኛ 3. ግልጽግብእናአርኪህይወትአለ ብየ አሰባለሁ

ክፍልሶስት ከዚህ በታች ከተመለከቱት መግለጫዎች እርስዎን በእጅግ በሚመለከት ላይ ያክብቡ። ቁጥሮቹ ምን ግዜም ቢሆን ከአንዱ ጫፍ ወደ ሚቀጥለው ጫፍ ይዘራል። ገለልተኛ መሆን ማለት ምንም ዓይነት አስተያየት አለመስጠት ይሆናል።

ተ.ቁ	ጥያቄ	የተሰጠው ነጥብ
የአካል ደህንነት		
1.	ጉልበት ያንሰኛል	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4 (በፍፁም)
2.	ያጥወለውለኛል	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
3.	በአካሌም ከንያት የቤተሰቤን ፍላጎት ማሟላት ይቸግረኛል	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
4.	ህመም ይሰማኛል	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
5.	በጎንዮሽ ጉዳዮች እጨነቃለሁ	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
6.	ህመም ይሰማኛል	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
7.	አልጋው ስጥጊ ዜቤን ለማሳለፍ እገደዳለሁ።	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)

ማህበራዊደህንነት		
8.	ከጓደኞቹ ጋር እቅራረባለሁ	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)
9.	ከቤተሰቤድ ጋር አገኛለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)
10	ከጓደኞቹ ድጋፍ አገኛለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)
11	የህይወቴ ሁኔታ ቤተሰቤ ተቀብሎታል።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)
12	ስላለሁ በትሁኔታ ከቤተሰቤ ጋር ባለኝ ግንኙነት ረከቻለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)
13	ከሰራ አጋሬ ወይም ከሚደግፈኝ ሰው ጋር እቅራረባለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)
14	በወሲብ ሕይወቴ እረካለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)

የሰሜን ደህንነት		
15	ከፍቶኛል	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
16	ባለሀብት ሁኔታ ረከቻለሁ፡	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)
17	ባለሀብት ህይወት ተስፋ ቆርጫለሁ፡፡	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
18	እደነግጣለሁ፡፡	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
19	ስለ ሞት እጨነቃለሁ፡፡	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
20	ሁኔታዬ እየተባበሰ ይመጣል ብዬ እጨነቃለሁ፡፡	0(እጅግ በጣም) 1 (በትንሹ) 2 (ገለልተኛ) 3(በጣም በትንሹ) 4(በፍፁም)
የሚሰራ ደህንነት		
21	መስራት እችላለሁ (እቤት ጭምር)	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግ በጣም)

22	ስራዬ (እቤትጭምር) አስደሳችነው	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግበጣም)
23	ህይወትያስደስተኛል	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግበጣም)
24	ሁኔታዬንተቀብየዋለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግበጣም)
25	ጥሩእንቅልፍአተኛለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግበጣም)
26	ለመዝናናትበምሰራቸውነገሮችእደሰታለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግበጣም)
27	አሁንባለውህይወቴአረክቻለሁ።	0(በፍፁም) 1 (በትንሹ) 2 (ገለልተኛ) 3 (በጣም በትንሹ) 4(እጅግበጣም)

የመረጃ ቅጽ

እንደምን አደሩ/እንደምን ዋሉ?

እኔ -----እባላለሁ። ኦዲስ አበባ ዩንቨርሲቲ የጤና ሳይንስኮሌጅ እናየነርሲንግ ትምህርትቤት የድህረምረቃ የነርሲንግተማሪ ነኝ። በአረጋውያንመኖርያ የሚኖሩአረጋውያን የስነ-ልቦናናማህበራዊ ደህንነት እንዲሁም የህይወት ትርጉሜ በተመለከተ ተጥናታዊ መረጃ በማሰባሰብ ላይ እገኛለሁ።

የዚህጥናትአላማ ምንድን ነው?

የጥናቱ ዋና አለማ አረጋውያን በአረጋውያን መኖሪያቤቶች ስለሚያስፈልጋቸው የስነልቦናና ማህበራዊ ደህንነት እንዲሁም የህይወት ትርጉም ጥናት ማድረግ ነው።

የጥናቱግኝቶችምለፖሊሲአውጭዎች እና ለጤና እንደከብካቤ ባለሙያዎች በእንክብካቤ አሰጣጥ ረገድ እንድምታ ሊኖረው ይችላል።ይህ ጥናት የአረጋውያንን እንክብካቤ በተመለከተ ተግባራዊነት ያላቸውን መመሪያዎች በማሻሻሉ ረገድ አስተዋጽኦ ለማድረግ የሚችል መረጃን እንደሚያመነጭ ይጠበቃል።

በቃለ መጠይቁ የሚነሱ ነጥቦች በትክክል ለመያዝ ያምች ዘንድ እያንዳንዱ ቃለ-መጠይቅ በቴፕ ይቀዳል።ማንኛቸው የተሰበሰበ መረጃ ኮድ ተሰጥቶት በሚስጥር የሚያዝ ይሆናል ።በዚህም መሰረት የእርስዎ ማንነት በጥናቱ ላይ አይገለጽም።ሁሉም ሰነዶችና በኮምፒውተር የተመዘገቡ መረጃዎች በጥንቃቄ የሚያዙ ይሆናሉ።የሚያያቸውም የጥናቱ ባለቤት ብቻ ነው።እርስዎ በዚህ ጥናት የሚያደርጉት ተሳትፎ በፍላጎት ላይ የተመሰረተ ነው።በዚህ መሰረትእርስዎ ከጥናቱ በማናኛውም ጊዜ መውጣት ይችላሉ።ቃለ-መጠይቁ ከ 60 ደቂቃ በላይ አይወስድም።

የጥናቱ ጥቅም /ጉዳት

በዚህ ጥናት መሳተፍ ቀጥተኛ ጥቅም አየስገኝም።ከጥናቱ የሚገኙ መረጃዎች የአረጋውያንንስነ-ልቦናናማህበራዊ ደህንነት ለማሻሻል እንደዚሁም ህይወታቸው እንዲሻሻል አስተዋጽኦ ማድረግ ይችላል።በዚህ መሰረት ይህንን የስምምነት ቅጽ እንዲያነቡና እንዲፈረሙ ይጠየቃሉ።ስለጊዜዎናትብብርዎእናመሰግናለን።

ጥናቱን በተመለከተ ለሚኖሩ ማንኛውም ጥያቄዎች በሚመከተለው አድራሻ መጠየቅ ይቻላል።

የጥናቱባለቤትትዕግስትደምሰው ፣ስልክ +251942591291፣Email; tigdemssew@gmail.com

አማካሪ ሲስተር እመቤት ብርሀነ ፣ ስልክ +251911637761፣EmailEmebetbwl@gmail.com

የስምምነትቅጽ

የመለያ ቁጥር-----

የጥናቱን አላማ በሚገባ ተገንዝቤለሁ።ይህቅጽበሚገባኝቃንቃተነበልኛል/አንብቤዋለሁ። በተጨማሪም በዚህ ጥናት መሳተፍ በፍላጎት ላይ የተመሰረተ እና ምንም አይነት ማከካሻ እንደሌለው ተረድቻለሁ።የሰጠሁት መረጃ በምስጢር እንደሚቀመጥ እና ለሌላ ሰነድ ወገን ተላልፎ እንደማይሰጥ አውቄለሁ።

ይህ የስምምነት ቅጽ የሚሞላው በጥናቱ ላይ ለመሳተፍ ከተስማሙ ብቻ ነው።

በጥናቱ ላይ ለመሳተፍ ተስማምተዋል?

አዎ-----

አይደለም-----

የጥናቱ ተሳታፊ ፊርማ-----

መረጃውን የሰበሰበው ስም እና ፊርማ -----

የሚያረጋግጠው፡የተቆጣጣሪስም----- ፊርማ-----ቀን -----

ክፍል 7 - ጠቅላላ ግላዊና ማህበራዊ ሁኔታዎች

1. እድሜ _____
2. ጾታ _____
3. ሀይማኖት _____
4. ብሄር _____
5. የጋብቻ ሁኔታ _____
6. በማዕከሉ ምን ያህል ጊዜ ቆዩ? _____
7. የመጡበት ክልል (ቦታ) _____
8. የትምህርት ሁኔታ _____

ክፍልሁለት፡ ቃለምልልስ

ክልል	ጠቋሚ ጥያቄዎች/ ፍንጭ
አካባቢ	<ul style="list-style-type: none"> ✓ እዚህ መኖር ይፈልጋሉ? ✓ የመጀመሪያው ጥይቁ መልስዎ አዎ ከሆነ እዚህ ካለው ህይወት በይበልጥ ያስደስትዎ የትኛው ነው? ✓ የማይፈልጉት ነገር አለ? ✓ እዚህ ለመምጣት በመወሰንዎ ምን ያህል ደስተኛ ነዎት? ✓ ይህ መኖሪያ ቤቱ ነው ብለው ያስባሉ? ደህንነቱስ? የኔነት ስሜት ይሰማዎታል? በድርጅቱው ስጥካላት ሌሎች ሰዎች ጋር ያለዎት ግንኙነትስ ምን ይመስላል?
ስለእራስዎት ያሉት ቀጣይነት	<ul style="list-style-type: none"> ✓ ይህ ድርጅት ቤትዎ ሲኖሩ የነበረውን ሕይወት እንድቀጥል እረድቶኛል/ አግዘኛል/ የሚል ስሜት ይሰማዎታል? ✓ ካለፈው ጊዜ/ ሕይወት/ ጠቃሚ የሆነ ነገር አለብለው ያስባሉ እዚህ ማግኘት ይችላሉ? ✓ ከቤትዎ የናፈቅዎት ነገር አለ? ✓ እቤትዎ ሲኖሩ ያውቃቸው የነበሩ ሰዎችን የማግኘት አጋጣሚ አልዎት? ✓ ማህበራዊ እንቅስቃሴ የማድረግ አጋጣሚ አልዎት? ✓ በፊት ጊዜ የሚዝናኑበት ነገር ነበር? ✓ እቤት በነበሩበት ጊዜ እንዴት ነበር ጊዜዎን የሚያሳልፉት የበሬቱና የአሁኑን ህይወት እንዴት ያነፃ ፅሩታል? ማህበራዊ ህይወት፣ ትርፍ ጊዜ፣ ራስን ማወቅ፣ የራስ ህይወትን ከመቀጠል አንፃር
ከቤተሰብ (ማህበረሰብ) ጋር ያለ ግንኙነት	<ul style="list-style-type: none"> ✓ እንደፈለጉ ወደው ጭይወጣሉ? ✓ ወደው ጭ ለእረፍት ወይም ለጉብኝት ይወጣሉ? የት? ምን ያህል ግዜ? ✓ አዎን ካሉ ከማን ጋር ከቤተሰብ፣ ከድርጅቱ ሰራተኞች፣ ከጓደኞች ወይስ ከቦን ፍቃደኞች ጋር? ✓ ከቤተሰብ እና ከጓደኞች ጋር ይገናኛሉ? እንዴት ይገናኛሉ? (በመጎብኘት፣ በስልክ፣ በፅሁፍ)? ✓ እዚህ በመኖርዎ የተገለሉ ይመስልዎታል? ✓ ዜና ይከታተላሉ? ✓ ኅብኝቶች ወይም የአካባቢው ማህበረሰብ አባላት በድርጅቱ ውስጥ በሚያደርጉት እንቅስቃሴ እረስዎ ምን ይሰማዎታል? ✓ የሚጎበኝዎት/ የሚጠይቅዎት ሰው አለ?
ማህበራዊ እንቅስቃሴ	<ul style="list-style-type: none"> ✓ እዚህ ከሚኖሩ ሌሎች ሰዎች ጋር የመጫወትና የመገናኘት እድል አልዎት? ወደ እዚህ ከመምጣት ያለፉት ሌሎች አረጋው ያን ያውቁ ነበር? እዚህ ጓደኛ አበጅተዋል?
የህክምና /ድጋፍ ሰጪ/ ግንኙነት	<ul style="list-style-type: none"> ✓ እዚህ ከመጡ ጊዜ ጀምሮ እስካሁን ድረስ ጓደኛ አበጅተዋል? ✓ የመሰረቱት ጓደኝነት ምን ይመስላል? ✓ ከድርጅቱ ሰራተኞች ጋር ይነጋገራሉ/ ይወያያሉ?

<p>እንቅስቃሴዎች</p>	<ul style="list-style-type: none"> ✓ እንቅስቃሴያሉባቸውንቀናትይናፍቃሉ? ✓ በእንቅስቃሴዎች ውስጥ ተሳትፎ ያደርጋሉ? ✓ በእንቅስቃሴዎች ላይሲሳተፋምንያህልይደስታሉ? የትኛው የበለጠ ያስደስትዎታል? ✓ ብቸኝነት ደስይሎታል? ወይስ የቡድን እንቅስቃሴ መርጣሉ? ለምን? ✓ በፊት በነበርዎት ህይወት በየቀኑ ጊዜዎትን እንዴት ነበር የሚያሳልፈት? (በማንበብ፣ ቴሌቪዥን በመመልከት፣ የቪዲዮ ሙዚቃ በማየት፣ ስፖርት በመስራት፣ ፊልም በማየት፣ ዘፈን በመስማት) ✓ በነዚህ እንቅስቃሴዎች ላይ መሳተፍ ከጀመሩ በኋላ ህይወትዎ ተቀይሯል? ምንም እንቅስቃሴ በሌለበት ጊዜ ምን ይሰማዎታል? አሁን በአሉበት ቦታ ተጨማሪ እንቅስቃሴዎች ቢኖሩ የሚሉዎቸው እንቅስቃሴዎች አሉ ካሉ ምንምን ናቸው? ✓ እቤትዎ በነበሩበት ጊዜ እንዴት ነበር ጊዜዎትን የሚያሳልፈት?
<p>የግንዛቤ ደህንነት</p>	<ul style="list-style-type: none"> ✓ አሁን ያሉትን ክህሎቶችዎን ለማዳበር አዲስ ነገር ለመማር አጋጣሚው ያለይ መስልዎታል? ካለ ምን ድንኳን ነው? ✓ እዚህ ከመጡ ጀምሮ አዲስ የጊዜ ማሳለፊያ አግኝተዋል? ወይስ እርስዎ የሚፈልጉት የተለየ ነገር አለ? ስለ እርሱ ለመማር ወይም ለማግኘት ይፈልጋሉ? የበለጠ ✓ እዚህ ውስጥ ድብርት/ ሀዘን ተሰምትዎት ያውቃል? ✓ ያልተሟላ ፍላጎት አለዎት?
<p>የስነ-አዕምሮ ደህንነት</p>	<ul style="list-style-type: none"> ✓ ድብርት ወይም ሀዘን ይሰማዎታል? ካለ ችግሩን ለመፍታት ምን አስተያየት ይሰጣሉ? ለምን ድንኳን ሀዘን የሚሰማዎት? ✓ ሀይማኖት? (ትዝታ፣ የድጋፍ ስርዓት፣) አመለካከት እና አብሮ መሄድ፣ ፍርሀት፣ ጭንቀት/ ተስፋ? ራስን መቆጣጠርና ነፃነት በተመለከተ የሚሰጡት አስተያየት አለ?
<p>ጤንነት፣ የስራ ችሎታ</p>	<ul style="list-style-type: none"> ✓ አጠቃላይ የጤንነት ሁኔታዎን እንዴት ይመለከቱታል? የየቀን ተግባራትን ማከናወን በተመለከተስ? ✓ ወደ እዚህ ከመምጣትዎ በፊት የነበርዎትን የነፃነት ሁኔታ ከአሁኑ ጋር ሲወዳደር እንዴት ነው?
<p>ራስን መወሰን/ በእንክብካቤ እቅድ ላይ ያልዎት ተሳትፎ</p>	<ul style="list-style-type: none"> ✓ በእርስዎ የእንክብካቤ እቅድ ላይ የሚሉት ነገር አለ? ✓ ግዜዎን እንዴት እንደሚያሳልፉት መርጠው ያውቃሉ? ✓ እዚህ ባሉት ስራ ተኞች ላይ ጥገኛ ሆኖ ለሁ የሚል ስሜት ተሰምትዎት ያውቃል? ✓ ስለ ሚደረግልዎት እንክብካቤ ስምን ይሰማዎታል? ✓ ሰዎች ለእርስዎ አንዳንድ ስለሚያደርጉልዎት እንክብካቤ ደስተኛነት?

የቡድንውይይትየጊዜሰሌዳ

የቡድንውይይት

ቀን -----

የተሰጠውጊዜ፡ቢበዛ 180 ደቂቃ

እንኳንደህናመጡ

- ✓ አጠቃላይ መግቢያ
- ✓ መግባባትን መመስረት
- ✓ የተሳተፈዎችመግቢያ
- ✓ ሁሉምተሳተፊዎችየመረጃውንወረቀትሙሉ-በሙሉእንደተረዱማረጋገጥ
- ✓ መረጃበፈቃደኝነትማግኘታቸውንማረጋገጥ
- ✓ የጥናቱን ንድፍወይምእቅድመስጠት
- ✓ ተሳትፎውበፈቃደኝነትመሆኑንለቡድኑማስገንዘብናእንዲሁምበማንኛውምጊዜግለሰቡውይይቱንለማቆምእንደሚችል መግለጽ
- ✓ የቡድንውይይትአስፈላጊመሆኑንአስረግጦመናገር
- ✓ ሚስጥርመጠበቅምእንደሚያስፈልግመግለፅ
- ✓ ማስታወሻመያዝመጀመርያየመጀመሪያውጥያቄእንዲነሳውይይቱንመጀመር
- ✓ የውይይቱንዋናዋናጥቦችበአጭሩመግለጽእንዲሁምለማረጋገጫናለግብረመልስእድልመስጠት
- ✓ ለጽሁፉአመቺሁኔታንመፍጠርበተመለከተመረጃመስጠት
- ✓ ውይይቱ ላይ ስለተገኙ ሁሉንም ማመስገን
- ✓ ማነቃቂያዎችን መጠቀም

የቡድንውይይትየእንኳንደህናመጣችሁንግግር

ዛሬበዚህየቡድንውይይትላይለመካፈልጊዜያችሁንሰውታችሁ ስለተገኛችሁ እጅግበጣምአመሰግናለሁ።እንደምታውቁት ይህ ጥናታዊ ፅሁፍ የማስተርስ ዲግሪ ማሟያእንደአንደኛውመስፈርትተደርጎ ይቆጠራል።

የዚህውይይትአለማስነፈስናዊናማህበራዊ ደህንነትና እንዲሁም የህይወት ትርጉም በተመለከተ መረጃ ለማግኘት ነው።ምንምአይነትትክክለኛወይምስህተትየሆነመልስየለም።ነፃሆናችሁእንድትናገሩበትህትናእጠይቃለሁ።ይህውይይትእንጂየ ጥያቄናመልስክፍለጊዜአይደለም።ብዙሰውባለበትሁኔታውስጥመናገርከባድእንደሆነእረዳለሁ።ነገርግንሌሎችስለሚያስበውትነገር እባካችሁንአትጨነቁ።የእያንዳንዱንአስተያየትዋጋያለውናበጣምየሚደነቅነው።እንደገናላሳስባችሁየምወደውበማንኛውምሰዓት ከዚህስብስባላይለማቋረጥእንደምትችሉነው።

ውይይቱበቴፕይቀዳል።ይህውምትንተናውንለማገዝእናትክክለኛነቱንእንደገናለማረጋገጥነው።ቅጂዎቹናጽሁፎቹለአምስትአመትያህልበሚስጥርናበደህንነትይቀመጣል።ለዚህውይይትየሚሆኑየመሪርእሶችእንደተቀበላችሁአምናለሁ።በግልጽነትእንድትናገሩአሳስባችኋለሁ።እንዲሁምያላችሁንአመለካከትናልምድሳታወላውሉበግልጽነትእንድትናገሩበትህትናአሳስባለሁ።በውይይቱላይየሚጠቀሱትንዋናዋናነጥቦችበጽሁፍአስፍራለሁ።ከዚያምበውይይቱመጨረሻላይማጠቃለያአቀርባለሁ።በጣምአመሰግናለሁ።

ጥያቄአላችሁ?

የቡድንውይይት የሚያገለግል መሳሪያ

የቡድንውይይት መሪ ርዕስ

የአረጋውያን መኖሪያ ቤቶች እና አካባቢው

- ✓ ግልጋሎቶች
- ✓ በደህንነት ላይ አካባቢው ያለው ተፅእኖ
- ✓ በማህበራዊ ግንኙነት ላይ አካባቢው ያለው ተፅእኖ
- ✓ ከማህበረሰቡ ጋር ያለው ግንኙነት

ማህበራዊ ትስስር

- ✓ ጓደኝነት
- ✓ በሌላ እንቅስቃሴ ላይ ለመሳተፍ ያለው አጋጣሚ
- ✓ እዚያው የአረጋውያን ማዕከል ውስጥ ያለው ማህበረሰብ
- ✓ ከቤተሰብ እና ጓደኞች ጋር ያለው ግንኙነት
- ✓ ጎብኝቻች
- ✓ በማህበረሰብ ግንኙነቶች ላይ የታየው ተፅእኖ

እንቅስቃሴዎች

- ✓ ያሉት እንቅስቃሴዎች
- ✓ ለእንቅስቃሴዎች የሚሰጥ ምላሽ
- ✓ ለመሳተፍ ያለው ፈቃደኝነት
- ✓ እንቅስቃሴዎችን ማቀድ
- ✓ እዚህ ከመምጣት በፊት ይጠቀሙባቸው የነበሩ የትርፍ ጊዜ ስራዎችን/ጊዜ ማሳራቻዎችን ለማስቀጠል የነበርዎት አገጣሚዎች

የህይወት ትርጉም

- ✓ በግንዛቤና በማህበራዊ ፍላጎቶች መካከል ያለው ግንኙነት ከህይወት ትርጉም ጋር ያለው ትስስር
- ✓ ህይወትን ለማሻሻል ወይም ጥሩ ኑሮ ለመኖር የሚሰጡት አስተያየት

Declaration

I the undersigned, declare that, this thesis is my original work, has never been presented in this or other university. All resources and materials used here in have been duly acknowledged.

Name of student Tigist Demssew

Signature _____

Place: Addis Ababa

Date of submission _____

This thesis has been submitted for examination with my approval as a university advisor.

Name of advisor S/r. Emebet Berhane (RN, MSc in Nursing)

Signature _____

Date _____