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Acceptance of the disease by neurogeriatric patients
Akceptacja choroby przez pacjentów neurogeriatrycznych

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Abstract

Introduction. Acceptance of the disease means reconciliation with its consequences, understanding the losses and limitations that result from it. This is the desired condition in each patient, because it plays a very important role in the treatment process and has an extremely significant impact on the psyche and functioning of the patient. ***Aim***. The aim of the research was to determine the degree of acceptance of the disease by elderly patients hospitalized in neurological wards. ***Material and methods***. The research was carried out in hospitals in the city of Lublin, in the departments of neurology. The study involved 102 older people. The youngest respondent was 65 and the oldest was 90 (average age 74.36 ± 6.78). The research was carried out using the Acceptance of Illness Scale (AIS) scale. ***Results.*** The average score in the Scale of Disease Acceptance was 17.56 ± 4.99. The average number of points obtained by women on the AIS scale was 17.80 points, and in men the result was lower and amounted to an average of 17.31 points. In the group of people aged 65-70, the average score was 18.80, and in the age group 71-90 years it was lower than 16.50. Persons with higher education (19.82) were the best to accept the disease, and the least with basic education (15.84). People who lived with their families (18.63) more accepted their illness compared to people living alone (17.03). The inhabitants of the city (18.03) accepted their illness better, compared to people living in the countryside (16.58). ***Conclusions.*** The studied group of neurogeriatric patients was characterized by a low level of disease acceptance. Patients most often had problems with adapting to the limitations caused by the disease. The level of acceptance of the disease in the examined group of patients was influenced by: age, marital status and education. *Geriatria 2018; 12: 125-129.*

Keywords: acceptance of the disease, elderly patient, neurological department

Streszczenie

Wstęp. Akceptacja choroby to pogodzenie się z jej skutkami, zrozumienie strat i ograniczeń, które z niej wynikają. Jest to stan pożądany u każdego pacjenta, ponieważ odgrywa bardzo ważną rolę w procesie leczenia i ma niezwykle istotny wpływ na psychikę oraz funkcjonowanie osoby chorej. ***Cel.*** Celem badań było określenie stopnia akceptacji choroby przez pacjentów w podeszłym wieku hospitalizowanych w oddziałach neurologicznych. ***Materiał i metody.*** Badania zostały przeprowadzone w szpitalach na terenie miasta Lublin, w oddziałach neurologii. Badaniami objęto 102 osoby w wieku podeszłym. Najmłodszy badany miał 65 lat, zaś najstarszy 90 lat (średnia wieku 74,36 ± 6,78 lata). Badania przeprowadzono za pomocą Skali Akceptacji Choroby (*Acceptance of Illness Scale* – AIS). ***Wyniki***. Średni wynik w Skali Akceptacji Choroby wyniósł 17,56 ± 4,99. Średnia liczba punktów uzyskana przez kobiety w skali AIS wynosiła 17,80 pkt, u mężczyzn wynik był niższy i wynosił średnio 17,31 pkt. W grupie osób w wieku 65-70 średni wynik wyniósł 18,80, a w grupie pacjentów wieku 71-90 lat był niższy (16,50). Najlepiej akceptowały chorobę osoby z wykształceniem wyższym (19,82), a najmniej z wykształceniem podstawowym (15,84). Bardziej akceptowały swoją chorobę osoby mieszkające z rodziną (18,63) w porównaniu z osobami mieszkającymi samotnie (17,03). Nieco lepiej akceptowali swoją chorobę mieszkańcy miasta (18,03), w porównaniu do osób ze wsi (16,58). ***Wnioski***. Badana grupa pacjentów neurogeriatrycznych charakteryzowała

się niskim poziomem akceptacji choroby. Badani najczęściej mieli kłopoty z przystosowaniem się do ograniczeń spowodowanych przez chorobę. Na poziom akceptacji choroby w badanej grupie pacjentów wpływały: wiek, stan cywilny oraz wykształcenie. *Geriatria 2018; 12: 125-129.*

Słowa kluczowe: akceptacja choroby, pacjent w podeszłym wieku, oddział neurologiczny

Introduction

Acceptance of the disease means acceptance its consequences, understanding the losses and limitations that result from it. This is a desired condition in every patient, because it plays a very important role in the treatment process and has an extremely significant impact on the psyche and functioning of a sick person. However, it should be mentioned that acceptance is a difficult and complex process, both for the patient, his relatives and medical staff, it often takes a long time for the patient to come to terms with the illness [1].

The degree of acceptance of the disease is undoubtedly dependent on many factors. They can be divided into two groups:

- factors depending on the patient (eg age, education, personality traits);
- factors related to the disease (type of illness, its impact on functioning).

When analyzing the first group of factors affecting the adaptation to the disease, the patient's age is very important [2]. An elderly person who until the onset of illness was independent, active, served the younger generation, often feels useless at the time of illness, dependent on others [3]. In the elderly it is very difficult to come to terms with the conditions imposed by the disease. Older people often talk about death at such times, depression occurs [4]. In contrast to young people who, when they have their whole life in front of them, gradually adapt to the disease, geriatric patients often do not see the sense of further life [5].

The second group of factors affecting the level of adaptation to the disease is those associated with the type of disease. a definitely lower level of acceptance of the disease occurs in oncological patients, in patients with orthopedic disorders, eg lumbosacral spine discopathy, in young people suffering from mental disorders such as schizophrenia. The greater the impact of the disease on daily functioning, the more restrictions and discomforts resulting from the disease entity, the longer and more difficult the process of adaptation to the disease. The duration of the disease and the degree of its severity is not without significance. People being ill for a long time with numerous complications show a lower level of acceptance of the disease. This is the so-called vicious circle because, as it has already been mentioned, the acceptance of the disease has a very large impact on the therapeutic process, and its low level makes it difficult to cooperate with the patient, which also affects the exacerbation of some disease processes [5].

Aim

The aim of the research was to determine the degree of acceptance of the disease by elderly patients hospitalized in neurological wards.

Material and methods

The research was carried out in hospitals in the city of Lublin, in the departments of neurology in the period from March to May 2018. The consent of the hospital management was obtained for conducting the research. Patients gave informed and voluntary consent to participate in the study.

The research was carried out in accordance with ethical principles. The study involved 102 older people. The youngest respondent was 65 and the oldest was 90 (average age 74.36 ± 6.78). Table I presents the sociodemographic characteristics of the studied group of patients.

Table I. Sociodemographic characteristics of the research pool

Variable		%
Gender	Female	50.00
	Male	50.00
Age	65-70 years old	72.00
	71-90 years old	28.00
Marital status	Single	62.70
	Married	37.30
Education	Elementary	18.6
	Vocational	38.2
	Secondary	32.4
	Higher	10.8
Lives	With family	66.70
	Alone	33.30
Place of residence	City	67.6
	Village	32.4

The research was carried out using the Acceptance of Illness Scale (AIS) scale. It contains eight statements regarding the consequences of bad state of health. Strong consent (score 1) expresses a bad adaptation to the disease, and a strong disagreement (score 5) means acceptance of the disease. The result of the assessment is in the range of 8-40 points. a low result means that the disease is not accepted, and the high score indicates that the patient is adjusted to life and accepts the illness [6].

The obtained results were subjected to statistical analysis. The database and statistical surveys were based on the Statistica 9.1 computer software (StatSoft, Poland). a significance level of $p < 0.05$ was accepted indicating the existence of statistically significant differences or dependencies.

Results

The average score in the Scale of Disease Acceptance was 17.56 ± 4.99. This indicates a poor level of acceptance of the disease among the respondents. Table No. II presents the average results of the AIS scale according to sociodemographic variables. It shows that the average number of points obtained by women on the AIS scale was 17.80 points, while in men the result was lower and amounted to an average of 17.31 points. There was no relationship between sex and the degree of acceptance of the disease.

The acceptance of the disease decreased with the age of the respondents. In the group of people aged 65-70, the average score was 18.80, and in the age group 71-90 years it was lower at 16.50. The statistical analysis carried out showed a significant relationship between the age and the degree of acceptance of the disease.

Analyzing the acceptance of the disease, depending on marital status it was found that it is more noticeable in the group of married persons (19.53). Statistical analysis carried out showed the existence of a significant relationship between the marital status and the degree of acceptance of the disease by neurogeriatric patients.

Analyzing the impact of education on the degree of acceptance of the disease, a significant relationship was found, along with the increase in education, the level of disease acceptance increased. Persons with higher education (19.82) were the best to accept the disease, and the least with basic education (15.84).

People who lived with their families (18.63) more accepted their illness compared to people living alone (17.03). This dependence, however, was not statistically significant.

The study also analyzed how the acceptance of the disease is shaped depending on the place of residence of the respondents. The inhabitants of the city (18.03) accepted their illness better, compared to people living outside the cities (16.58). However, it was not a statistically significant difference.

Discussion

Each condition affects both the mental state, physical condition and the functioning of a person, often

Table II. Average values of the evaluation with the AIS and sociodemographic variables

Variable		M	SD	Statistical analysis
Gender	Female	17.80	5.23	*Z = -0.426* *p = 0.670*
	Male	17.31	4.78	
Age	65-70 years old	18.80	4.84	***Z = -1.983*** ***p = 0.047***
	71-90 years old	16.50	4.96	
Marital status	Single	16.39	4.27	***Z = -2.850*** ***p = 0.004***
	Married	19.53	5.53	
Education	Elementary	15.84	4.40	***H = -4.107*** ***p < 0.001***
	Vocational	15.94	4.45	
	Secondary	19.72	4.77	
	Higher	19.82	4.87	
Lives	With family	18.63	5.41	*Z = 1.863* *p = 0.394*
	Alone	17.03	4.44	
Place of residence	City	18.03	5.03	*Z = -1.923* *p = 0.055*
	Village	16.58	4.83	

M-mean; SD-standard deviation; Z –Mann-Whitney u test; H-Kruskal-Wallis test

forcing him/her to permanently change his/her current lifestyle. The disease itself may be perceived differently – as a difficulty to be overcome as a loss or relief, and in some cases as an advantage. On the one hand, the lack of acceptance of the disease causes a great sense of mental discomfort and aggravates adaptability, on the other – the greater the acceptance of the disease, the lower the severity of negative reactions and emotions associated with both the disease and the ongoing treatment and care carried out comprehensively. In addition, acceptance of the disease may be an activating element of the patient [2].

Scientific publications report that in the period of aging and old age, the incidence of chronic diseases increases, which affect the level of fitness of the elderly people. The most frequently mentioned include: cardiovascular, respiratory, nervous, osteoarticular diseases and metabolic diseases [7].

In our study, a low level of disease acceptance was found, which confirms the result at the average level of 17.56. Kamusińska and Rojowska obtained better results in their research. The authors, when examining patients after stroke, received the result at the average level of 21.54 ± 9.42. This may be due to the fact that the authors also examined younger people [8]. However, in the studies of Rosińczuk et al. regarding the acceptance of the disease by people with MS (Multiple Sclerosis), the average AIS score was 24.83 ± 83. In the study group, the authors stated that 26.5% of patients did not accept their illness, 37.50% accepted it on average and 26.00% completely accepted their condition [9].

Analyzing individual statements contained in the AIS scale based on our own research, it was shown that the respondents largely agreed with the sentence "I have problems with adapting to the limitations imposed by the disease". a similar result in their research was received by Kamusińska and Rojowska, in which 59% of the respondents after stroke also admitted that they had difficulties in adapting to the limitations resulting from the disease entity. The results of the studies quoted above indicate that the biggest problem for neurological patients is adaptation to the new situation, which is the disease or, more importantly, to the limitations that it brings. Loss of physical fitness but also intellectual ability are the main complications of neurological diseases and to a large extent they affect the difficulties in accepting the disease [8].

Our research found that women better accept their illness. This is also confirmed by the results of studies by Kunikowska et al. [10] and Kowalska et al. [11].

The results of our research show that age affects the degree of acceptance of the disease. Respondents up to 70 years of age achieved a significantly higher AIS score than older respondents. It shows dependence – the older the patient, the worse adaptation to the new situation which is sudden illness.

In our study, a relationship was found between education and disease acceptance. With the increase of education, the degree of acceptance of the disease increases. Differing results were obtained in the studies of Moczydłowska and Krajewska-Kułak among patients hospitalized at conservative and surgical wards. In the authors' research results, regardless of the level of education, respondents showed a poor degree of disease acceptance [12]. More educated people may have more knowledge about particular diseases and methods of their treatment [13].

According to our studies people living in the city better accepted their illness. Other researchers confirm this fact [12]. Those living in cities have certainly easier access to health care facilities [13].

Conclusions

The studied group of neurogeriatric patients was characterized by a low level of disease acceptance. The examined patients most often had problems with adapting to the limitations caused by the disease. The level of acceptance of the disease in the examined group of patients was influenced by: age, marital status and education.

Conflict of interest
None

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