

VISOKA ZDRAVSTVENA ŠOLA V CELJU

DIPLOMSKO DELO

ZDRAVSTVENA PISMENOST STARIH LJUDI

HEALTH LITERACY OF THE ELDERLY

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POVZETEK

Uvod: S starostjo prihaja do upada fizičnih in kognitivnih funkcij, poveča se pogostost pojavljanja nenalezljivih kroničnih bolezni. Zdravstvena pismenost nam pove, kako se posameznik znajde v zdravstvenem sistemu, kako razume navodila, povezana z zdravstvom, in kako skrbi za svoje zdravje, obenem pa je lahko pokazatelj, kako zdrav bo posameznik. Z raziskavo smo želeli ugotoviti stopnjo zdravstvene pismenosti starih ljudi, kako se povezujeta njihova zdravstvena pismenost in življenjski slog ter kateri demografski dejavniki vplivajo na stopnjo njihove zdravstvene pismenosti.

Metoda: Raziskava je temeljila na kvantitativnem raziskovalnem pristopu, uporabljena je bila metoda deskripcije. Podatke smo pridobili s tehniko anketiranja. Za merski instrument smo uporabili anketni vprašalnik, ki smo ga oblikovali na osnovi pregleda domače in tuje strokovne in znanstvene literature. Uporabili smo neslučajnostni namenski vzorec, v katerega smo vključili 148 starih ljudi v starosti 65 let in več let, ki živijo v različnih bivanjskih okoljih in nimajo demence. Pravilno izpolnjenih je bilo 140 vprašalnikov, kar predstavlja 94 % realizacijo vzorca. Podatki so bili analizirani v statističnem programu SPSS 22.0.

Rezultati: Stari ljudje, ki so bili vključeni v raziskavo, imajo na področjih splošne zdravstvene pismenosti (PV=27,0), zdravstva (PV=26,2), preprečevanja bolezni (PV=28,8) in promocije zdravja (PV=26,6) omejeno zdravstveno pismenost. Na področju svetovanja medicinske sestre stari ljudje dosegajo zadovoljivo zdravstveno pismenost (PV=34,6). Iz statistične analize podatkov ne moremo sklepati, da se zdravstvena pismenost in življenjski slog starih ljudi povezujeta. Na zdravstveno pismenost vpliva stopnja izobrazba, saj imajo višje izobraženi manj težav s splošno zdravstveno pismenostjo ($p=0,001$; $r=0,268$). Na zdravstveno pismenost pa prav tako vpliva bivanjsko okolje; nezadostno zdravstveno pismenost ima pretežni del starih ljudi, ki živijo v hišah (PV=25,2), pri starih ljudeh, ki živijo v DSO (PV=8,2) in v stanovanju v bloku (PV=28,9), pa je problematična.

Razprava in sklep: Zdravstvena pismenost je eden od dejavnikov, ki pomembno vpliva na kakovost življenja starega človeka. Ugotavljamo, da imajo stari ljudje, vključeni v raziskavo, omejeno zdravstveno pismenost. Medicinska sestra lahko z zdravstveno vzgojnim delom in promocijo zdravja doprinese k dvigu zdravstvene pismenosti starih ljudi. Njena vloga v promociji zdravja se bo v prihodnje morala okrepiti, predvsem skozi njeno delovanje v referenčnih ambulantah in centrih za krepitev zdravja. Poseben izziv lahko medicinskim sestram v prihodnosti predstavljajo tudi t. i. posvetovalnice za stare ljudi, ki jih vidimo umeščene v lokalne skupnosti.

Ključne besede: zdravstvena pismenost, star človek, promocija zdravja, staranje, kakovost življenja.

SUMMARY

Introduction: Ageing brings a decline in physical and cognitive functions and increases the incidence of non-contagious chronic diseases. Health literacy tells us how individuals find themselves in the health system, how they understand instructions related to health and how they care for their health, yet it may also be an indicator of how healthy the individuals are. The research was to determine the level of health literacy of elderly people, how health literacy and lifestyle of the elderly are connected, as well as to find out the demographic factors which effect on the level of health literacy among the aged.

Method: The research was based on a quantitative research approach using descriptive method. Data were collected with interviewing technique. A questionnaire, formed on the basis of the review of domestic and foreign professional and scientific literature, was used as the measuring instrument. We used a non-random, purposive sample. The sample included 148 elderly people aged 65 years and over, who live in different living environments and do not have dementia. There were 140 correctly completed questionnaires. It represents a 94% realization of the sample. Data were analysed by statistical program SPSS 22.0.

Results: Elderly people who were included in the research have limited health literacy in the field of general health literacy (PV = 27.0), health care (PV = 26.2), disease prevention (PV = 28.8) and health promotion (PV = 26.6). In the field of registered nurse consulting elderly people achieve sufficient health literacy (PV = 34.6). From the statistical data analysis, we cannot conclude that health literacy and lifestyle of elderly are somehow connected. Health literacy affects the level of education. Highly educated elderly people have less problems with general health literacy ($p = 0.001$; $r = 0.268$). The living environment has also effect on health literacy. The major part of elderly people living in a house has an inadequate health literacy (PV = 25.2). Health literacy of elderly people living in nursing homes (PV = 28.2) and in the apartment blocks (PV = 28.9) is problematic.

Discussion and conclusion: Health literacy is one of the factors which significantly affect the life quality of the elderly. We have found out that elderly included in the research have limited health literacy. The registered nurses can contribute to health education and health promotion. They can also contribute to the raise of health literacy among elderly people. In the future the role of registered nurses will have to strengthen in the field of health promotion, particularly through their work in reference clinics and reference centres for health promotion. The so called counselling for elderly, embedded in the local community, will represent a special challenge for them in future as well.

Key words: health literacy, older adults, health promotion, ageing, quality of life