

: , ,

# 가

\* . \*\*

1. 가 80% , 70%가 ,

가 (Kim, 1998).

가 (Seo, , , (Forrest, 1995).

1995).

80%가 ,

(Laborde Powers, 1980).

가 Oh(1998)

가 4.74 % 가

(Kim, 1995; Yuk, Kim 10.31 % 가

Yang, 2001), (Hur, 1999; Lim

가 Moon, 1998; Park, Nam Baek, 2000; Lee, 2001).

(Ro, 1988), 가 가 ,

가 (Park ,

2000; Kim, Chung, Choi Kwon, 2000).

Stuifbergen, Seraphine Robert(2000)

\* 가

\*\* 2002 4 29 2002 7 29 2002 9 13

3) : , , ,

가 ,

가  
(Ro, 1988). Ro(1988)  
Park Suh(1999)가  
31

가 .

가 가

1.

가

2.

2.

1)

2)

가

1961

3)

6

65

4)

가

108

5)

3.

3.

1)

: 3 6

1:1

2001 7

2 8 24

(Lee Choi, 1993).

1

2)

가

: 가

가

가

(Cobb, 1976)

가

4.

1)

: Cleeland(Kim, B. J., ,

2000 ) Brief Pain Inventory  
 , 0  
 10 ,  
 2) 가 : 가 ,  
 24 (5 )  
 (1 ) 5 ,  
 (5 ) (1 ) 5  
 3) : Ro(1988)가  
 Park Suh(1999)가  
 31 . 1  
 5 5  
 가 . Park  
 Suh(1999) Cronbach's = .95  
 Cronbach's = .95 .  
 4) : Barthel Index Song(1991)  
 15 5 , 가  
 .  
 Song(1991) Cronbach's = .98  
 Cronbach's = .95 .

88.9%  
 60.2% 가 47.2  
 %가 가  
 56.5% 43.5%

<Table 1> Biographical data of subjects  
 (N = 108)

variable		N (%)
age(yrs)	65-69	62(57.4)
	70-74	29(26.9)
	75	17(15.7)
vocation	yes	12(11.1)
	no	96(88.9)
education	none	65(60.2)
	primary school	29(26.9)
	middle school or more	14(13.0)
religion	protestant	14(13.0)
	buddhist	51(47.2)
	catholic	14(13.0)
	none	29(26.9)
subjective economy level	middle	61(56.5)
	low	47(43.5)

5.  
 SAS  
 ANOVA , Pearson  
 Correlation , Stepwise Multiple  
 Regression .

<Table 2>  
 106.7 ,  
 10 5.56 24  
 가 5.70  
 3.20  
 6.03

<Table 3> 가  
 37.0% 가 23.2%  
 , 13.9%

<Table 1>  
 69 57.4 % 가 46.3% 가  
 24.1 % 24.1 %

<Table 2> Pain characteristics of subjects

variable	mean(SD)	range
pain duration(month)	106.72(122.92)	0 - 240
severity of present pain	5.56(2.52)	0 - 10
the worst pain for 24hrs	5.70(2.56)	0 - 10
disability due to pain	3.20(2.36)	0 - 10
satisfaction about pain management	6.03(2.65)	0 - 10

<Table 3> Characteristics related to family support

variable		N (%)
family caregiver	spouse	40(37.0)
	daughter in law	25(23.1)
	son	17(15.7)
	daughter&others	11(10.2)
	none	15(13.9)
caring time	for 24hours by family	26(24.1)
	a few hours per day	50(46.3)
	3-4 times per month	6( 5.6)
	once per several months	11(10.2)
	none	15(13.9)
elderly's satisfaction about family caring	a lot of	50(46.3)
	some	26(24.1)
	not	16(14.8)
	none	15(13.9)

<Table 4> Physical function and quality of life of subjects

variable	mean	SD
physical function	3.45	0.378
quality of life	3.23	0.489

<Table 5> Pearson correlations between variables

	economic status	caring time	pain duration	severity of present pain	the worst pain	disability due to pain	physical function	quality of life
economic status								
caring time	.40 (.001)							
pain duration	-.08 (.399)	-.06 (.520)						
severity of present pain	.16 (.092)	.16 (.102)	.25 (.011)					
the worst pain	.15 (.132)	.13 (.187)	.28 (.003)	.97 (.001)				
disability due to pain	.29 (.003)	.16 (.093)	.26 (.006)	.74 (.001)	.74 (.001)			
physical function	-.24 (.013)	-.05 (.578)	-.30 (.002)	-.59 (.001)	-.60 (.001)	-.83 (.001)		
quality of life	-.49 (.001)	-.37 (.001)	-.02 (.768)	-.46 (.001)	-.48 (.001)	-.65 (.001)	.58 (.001)	

<Table 4>

		5	3.45
		3.23	
<Table 5>			
	가		r = .40
	가		r = .25,
24	가		r =
.28			r = .97
			r = .29,
		r = .26,	r =
.74, 가		r = .74	
		r = -.24,	r = -.30,
	r = -.59, 가		r = -.60,
			r = -.83
		r = -.49,	r = -.37,
		r = -.46, 가	r =
-.49,		r = -.66,	r = .59

<Table 6>

		56.5%	
	가		가

<Table 6> Predictors of quality of life

R<sup>2</sup> = .565

Variable	parameter estimate	standard error	F	Prob> F	standardized estimate
spouse support	4.682	2.14			0.1598
satisfaction of caring	-3.295	1.42			-0.1798
duration of pain	0.916	0.40	22.699	0.0001	0.1733
disability due to pain	-2.424	0.91			-0.3885
physical function	0.878	0.36			0.3431

가 13.9% 가

가

69.8 (Lee, 1998) 가

Sohng(1999) 24 가

4.9 Kim, Kang, Choi Kim 가

(1997) 100 31.6 가 3

65 가 41 % (Ro Kim, 1995; Park Suh, 1999; Kim, K. H., 2000), 87.8 %가

Oh(1998) 5.3 가

Yuk (1998) 가 Seo(1995)

가

가

가

가 가

가 가 (Kim, K. H., 2000; Park, 1998; Kim, 1995)

가 가

가 가

가 가

가 가

(Kil Won, 1999)

가

56%

(Kim, 1995; 가 가

Yuk, 1998) 가 가 45% 63%

가 . 가

(Lim , 1998), 가 가

Moon, 1998), 가 가

(Yuk , 1998) 10 3

가

(Hong , 1998). 가 가 r=- .46 r=- .83

가가 , 56.5%

가 가

(Moon, 2001; Ro Kim, 1995; Choi, 1998). 가

Choi(1987)

가 가

가 가

References

(Walker, 1993)

Choi, H. K. (1987). *A study on the relationships between family support, compliance and life satisfaction in chronic arthritis*, Masters Thesis, Graduate School of Yonsei University, Seoul.

Choi, H. et al. (1998). Health status and the quality of rural elderly, *Korean J Health Policy & Admin*, 8(2), 149-165.

Cobb, S. (1976). Social support as a moderator of life stress, *Psychosomatic Medicine*, 38(5), 300-314.

Forrest, J. (1995). Assessment of acute and chronic pain in older adults. *J Geronto Nurs*, 21(10), 15-20.

Hong, Y. S. et al. (1998). Related factors of the quality of life in stroke patients, *Korean J Rehab Nurs*, 1(1), 111-123.

Hur, H. K. (1999). The relationships between

108

2001 7 2 8 24

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- role conflict, family support, and quality of life in patients with arthritis, *J Korean Acad Adult Nurs*, 11(1), 63-72.
- Kil, S. Y., Won, J. S. (1999). Health status and daily life style of the elderly, *J Korean Fund Nurs*, 6(2), 211-227.
- Kim, B. J. et al. (2000). Nursing and symptom management for cancer patient, Hyunmunsa, 382.
- Kim, H. S. (1995). A study on the health status and life satisfaction of the elderly, *Korean Central J of Medicine*, 60(2), 161-171
- Kim, J. I., Kang, H. S., Choi, H. J., Kim, I. J. (1997). The effect of aquatic exercise program on pain, physical index, self efficacy, and quality of life in patients with osteoarthritis, *J Rheum Health*, 4(1), 15-25
- Kim, K. H., Chung, M. H., Choi, M. H., Kwon, H. J. (2000). A study on self-efficacy and quality of life in the elderly patients with chronic pain. *J Korean Fund Nurs*, 7(2), 332-344.
- Kim, O. S. (1998). The effect of social support on loneliness and life satisfaction in elderly Korean immigrants. *J Korean Acad Adult Nurs*, 10(2), 311-321.
- Laborde, J. J., Powers, M. J. (1980). Satisfaction with life for patients undergoing hemodialysis and patients suffering from osteoarthritis, *Research in Nursing and Health*, 3, 19-24.
- Lee, E. O., Choi, M. A. (1993). Pain-Theory and Intervention-, Seoul, *Sumunsa*.
- Lee, H. Y. (2001). A study of correlation among the knowledge of the disease, health promoting behaviors and the quality of life in the female patients with osteoporosis, *J Rheum Health*, 8(1), 65-85.
- Lee, K. O. (1998). A study of ADL, quality of life, need for home care in residual elderly, *Nursing Science*, 10(2), 73-84.
- Lim, H. J., Moon, Y. I. (1998). Pain, family support and quality of life in patients with ankylosing spondylitis, *J Korean Acad Nurs*, 28(2), 329-343.
- Moon, M. J. (2001). A study on the instrumental activities of daily living and quality of life of elderly home residents, *J Korean Rehab Nurs*, 4(1), 46-57.
- Oh, H. J. (1998). The relationship between pain level and perceived family support and quality of life in musculoskeletal patient with chronic pain. *J Korean Rehab Nurs*, 1(1), 93-109.
- Park, E. S., et al. (1998). A study of factors influencing health promoting behavior and quality of life in the elderly, *J Korean Acad Nurs*, 28(3), 638-649.
- Park, S. Y., Nam, Y. W., Baek, M. W. (2000). The relationship among self care agency, family support, quality of life in patients with rheumatoid arthritis, *J Rheuma Health*, 7(2), 281-293
- Park, H. J., Suh, S. R. (1999). The Relationship Among Social Support, Powerless, and Quality of Life in the Hospitalized Elderly. *J Korean Geront Nurs*, 1(1), 5-15.
- Ro, Y. J. (1988). *An analytical study of the quality of life of the middle-aged in Seoul*, Doctoral Dissertation, The Graduate School of Yonsei University, Seoul.
- Ro, Y. J., Kim, C. G. (1995). Comparisons of physical fitness, self efficacy, instrumental activities of daily living, and quality of life between institutionalized and noninstitutionalized elderly. *J Korean Acad Nurs*, 25(2), 259-278.
- Seo, M. K. (1995). Health sates of the elderly and policy implications, *J Korean Geront Soc*, 15(1), 28-39
- Song, M. S. (1991). *Construction of a functional status prediction model for elderly*, Doctoral Dissertation, Seoul National University, Seoul.

- Sohng, K. Y. (1999). The Effects of PACE Program on Self-efficacy, Pain and Joint Function in Korean Immigrant Elderly with Osteoarthritis. *J Rheuma Health*, 6(2), 278-294.
- Stuifbergen, Seraphine, Roberts (2000). An explanatory model of health promotion and quality of life in chronic disabling conditions, *Nurs Res*, 49(3), 122-129.
- Walker, J. (1993). Pain in the elderly, *Pain: management & nursing care*, edited by Carroll D. & Boesher, D., London, Butterworth-Heinemann Co., 90-99.
- Yuk, M. K., Kim, S. S., Yang, E. J. (1998). A study on instrumental activities of daily living, self efficacy, and perceived social support of the aged who got the musculoskeletal pain, *J Kyungpook Nurs Sci*, 2(2), 57-70.

- Abstract -

### Factors Influencing on Quality of Life in Aged Women with Chronic Pain

Son, Jung-Tae \*. Suh, Sun-Rim \*\*

**Purpose:** This study was conducted to identify the pain characteristics, family support and physical functioning and to determine predictors of the quality of life in aged women with chronic pain.

**Method:** The questionnaires were collected through direct interview by a trained research assistant from July 2 to August 24, 2001.

Subjects were 108 women clients with chronic pain over 65 years of age. Data analyzed frequency, percentage, mean, Pearson's correlation, ANOVA and stepwise multiple regression by SAS.

**Result:** Care providers were mostly spouses and daughters in law. Care providers who took care of elderly for a few hours a day had the highest percentile. Aged women had persistently had chronic pain of moderate intensity and was moderately satisfied with pain management. The mean score of disability due to pain was 3 on a 10 point scale. The mean scores of physical function and quality of life were moderate and there were negative correlations between pain characteristics, physical functioning, and quality of life at the range from  $r = -.46$  to  $r = -.83$ . Satisfaction with care, duration of pain, disability due to pain, and physical functioning accounted for 56% of the variance in perceived quality of life for aged women with chronic pain. Disability due to pain was the most predictable variable of quality of life and physical function was the second.

**Conclusion:** The results suggest that care by family, education in pain control, prevention of disability, and maintenance of physical function are important to improve and maintain quality of life in aged women with chronic pain. Therefore, there is a need for program development that enhance family support and nursing intervention that focuses on active pain control.

**Key words :** Chronic pain, Aged, Women, Quality of life

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