ISSN: 0976-3031

Available Online at http://www.recentscientific.com

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 8, Issue, 11, pp. 22035-22038, November, 2017

International Journal of Recent Scientific Research

DOI: 10.24327/IJRSR

Research Article

QUALITY OF LIFE AMONG ELDERLY RESIDING IN OLD AGE HOMES

Shantha Seelan.G and Esha Sharma*

DOI: http://dx.doi.org/10.24327/ijrsr.2017.0811.1186

ARTICLE INFO

Article History:

Received 17th August, 2017
Received in revised form 21st September, 2017
Accepted 05th October, 2017
Published online 28th November, 2017

Key Words:

Elderly, Old age homes, Quality of Life, World Health Organization Quality of Life BREF (WHOQOL-BREF),

ABSTRACT

Introduction: Quality of Life (QOL) among elderly is a neglected issue especially in developing countries including India. Elderly people may suffer from the multiple health disorders due to the vulnerability for many physical and mental disturbances. Quality of life in elderly population can be affected by many environmental factors. The aim of this study was aimed to examine the quality of life in elderly people in Jammu, 2015.

Methods: Non-experimental, uni-variant descriptive design was used in this study. 40 males and females in the age group of 60-80 years from the old age home were selected through purposive sampling technique. World Health Organization Quality of Life-BRIEF (WHOQOL-BRIEF) questionnaire including 26 broad and comprehensive questions were used to determine the quality of life in elderly people. Descriptive and inferential statistics was used to find the results. Paired t-test was used to find correlation between the different domains of quality of life.

Results: Paired t-test was used to find statistical significant differences among different domains. Statistical significant differences were found among domain 1 & 2 i.e, physical health and psychological health ($p = 0.008$), domain 1 & 3 ($p = 0.041$), domain 2 & 4 ($p = 0.002$) and domain 3 & 4 ($p = 0.025$) and not significant among domain 1 & 4 ($p = 0.913$) and domain 2 & 3 ($p = 0.623$) at $p< 0.05$. Among the different domains, the highest mean and standard deviation of satisfaction were found for physical health (20.80 ± 3.763), followed by environmental domain (23.40 ± 4.005), psychological domain (16.52 ± 3.727) and social relationships domain (08.05 ± 2.591).

Conclusion: Among the four domains of quality of life, the physical domain had the highest score while the social domain had the lowest score. This emphasizes the need for more social support-related interventions in these homes. Policies and programs should be considered for improving the quality of life. Further studies are needed for assessing influential factors on the quality of life in elderly population.

INTRODUCTION

Despite the increase in the number of elderly people being an achievement for mankind, this does not necessarily guarantee them the dignity to live well, in other words, quality of life (QoL) has not kept pace with the evolution that has taken place in terms of demographic and epidemiological profile. In view of this, the greatest challenge has been to take care of a large population of old people, the majority of which have a low socioeconomic and educational level and a high prevalence of chronic and incapacitating diseases, which in turn has demanded greater investment in QoL research into old age.

Quality of life, it has defined as a degree of satisfaction or dissatisfaction with life, a person's sense of well-being, and as dimensions such as health function, comfort, emotional response, economics, spirituality, and social support. Older people talk about quality of life in terms of family relationships, social contacts and activities, general health and functional health status. According to WHO, it is defined as the individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standard, pattern and concerns. As the people ages, their quality of life dependent upon their ability to maintain autonomy and independence. Factor analysis of patient data was used to cluster related to element into four domains of quality of life: health and functioning, psychological-spiritual, social-economic, family. Model of quality of life contains physical well-being and symptom, psychological well-being, social well-being, spiritual well-being. Practically, QOL is often measured in terms of health and the term "HRQOL" is defined as "optimum levels of mental, physical, role and social functioning, including relationships and perceptions of health, fitness, life satisfaction and well-being". Sometimes, it may include some assessments of the patient's level of satisfaction with their treatment, health status, and future prospects. While many domains of HRQOL have been identified, its core dimensions generally include

Corresponding author:* **Esha Sharma

physical functioning, social functioning, role functioning, mental health, and general health perceptions.

Quality of life includes two related dimensions, life conditions and subjective well-being. Life conditions refer to functional capacity and to economic conditions. Subjective well-being will be measured as the auto perception of satisfaction with life. We examine the following hypothesis. Better functional capacity depends on having adequate nutrition and practicing moderate and constant physical activity, both influenced by education. Economic conditions are related only to educational levels. Subjective well-being is mainly influenced by life conditions, but there are some additional factors associated with it: significant activities such as going outside the home and reading several times a week, the quality of social relations, and the existence of social support. It is also influenced by educational level and the perception of self-efficacy. Our purpose in this study is to further understanding of the predictors of good quality of life in old age.

In addition to this, research such as this can help to gain a deeper and better understanding of the aspects related to ageing, as well as the planning and organization of health services, and the implementation of initiatives based on the populational context observed. Thus, this study has the object of verifying the association of different domains of QoL among the elderly living in old age homes.

Statement of the problem

A descriptive study to assess the quality of life among the elderly residing in selected old age home at Jammu.

Objective

1. To assess the quality of life among elderly residing at old age home.
2. To identify associated risk factors for quality of life in the elderly.

MATERIALS AND METHODS

Quantitative research approach was used in this study. The research design is non-experimental, uni-variant descriptive design. The study was conducted at selected old age home in Jammu. The target population was male and females residing in old age home. 40 males and females in the age group of 60-80 years from the old age home were selected through purposive sampling technique. Data collection was done by WHOQOL-BREF scale to assess the quality of life among elders residing in selected old age home; this instrument consists of 26 questions. The data was analyzed in terms of the objectives of the study using descriptive and inferential statistics. Reliability of the tool was established through test-retest method. The Karl parson's coefficient of correlation was computed.

RESULTS

Table 1 Variables showing socio demographic profile of study subjects

Variables	Group (N=40)	
	Frequency(f)	Percentage (%)
Age (Years)		
• 60-65		
• 66-70	14	35.0
• 71-75	11	27.5
• 76-30	06	15.0
*Mean age ± SD, Range: 69.275 ± 6 .279, 60-79	09	22.5
Sex		
• Male	25	62.5
• Female	15	37.5
Education		
• Illiterate	23	57.5
• Schooling	06	15.0
• Primary	08	20.0
• Secondary	03	7.50
• Graduate	00	00
• Pre university	00	00
Marital Status		
• Married	09	22.5
• Unmarried	12	30.0
• Widow/widowed	19	47.5
• Divorcee	00	00.0
Reason to join old age home		
• Nobody to look after in family	32	80.0
• Does not wish to stay with family	08	20.0
Duration of stay in old age home		
• <6 months	02	05.0
• 6-12 months	06	15.0
• 1-2 years	07	17.5
• >2 years	25	62.5

Table 2 Mean and standard deviation for the four domains of WHOQOL-BREF

S. No.	Domains	Mean ± SD		
		Raw Score	Transformed score	
			4-20	4-100
1.	Domain 1 :Physical health	20.80 ± 3.763	11.97 ± 2.154	49.90 ± 13.346
2.	Domain 2 : Psychological	16.52 ± 3.727	11.02 ± 2.465	44.00 ± 15.448
3.	Domain 3 : Social relationships	08.05 ± 2.591	10.77 ± 3.555	42.37 ± 22.30
4.	Domain 4: Environment	23.40 ± 4.005	11.95 ± 1.960	49.75 ± 12.158

Table 2 showed mean and standard deviation for the four domains of WHOQOL-BREF. Among the different domains, in raw score the highest mean and standard deviation of satisfaction were found for domain1 (20.80 ± 3.763), followed by domain 4 (23.40 ± 4.005), domain 2 (16.52 ± 3.727) and domain 3 (08.05 ± 2.591). For (4-100) transformed score, highest mean and standard deviation of satisfaction were found for domain 1 (49.90 ± 13.346), followed by domain 4 (49.75 ± 12.158), domain 2 (44.00 ± 15.448) and the lowest mean and standard deviation was found for domain 3 (42.37 ± 22.30).

Table 3 Paired *t*-test for the four domains of WHOQOL-BREF

	Quality of life Score (Mean ± SD)		t-value df p value
Pair 1	Domain 1 : Physical health Domain 2 : Psychological	5.975 ± 13.546	2.790 39 0.008*
Pair 2	Domain 1 : Physical health Domain 3 : Social relationships	7.600 ± 22.796	2.109 39 0.041*
Pair 3	Domain 1 : Physical health Domain 4 : Environment	0.225 ± 12.932	0.110 39 0.913
Pair 4	Domain 2 : Psychological Domain 3 : Social relationships	1.625 ± 20.769	0.495 39 0.623
Pair 5	Domain 2 : Psychological Domain 4 : Environment	5.750 ± 11.160	-3.259 39 0.002*
Pair 6	Domain 3 : Social relationships Domain 4 : Environment	7.375 ± 19.999	-2.332 39 0.025*

* Significant $p < 0.05$

Table 3 showed differences that were found between all four different domains of WHOQOL-BREF. Paired t-test was used to find statistical significant differences among different domains. Statistical significant differences were found among domain 1 & 2 i.e, physical health and psychological health ($p = 0.008$), domain 1 & 3 ($p = 0.041$), domain 2 & 4 ($p = 0.002$) and domain 3 & 4 ($p = 0.025$) and not significant among domain 1 & 4 ($p = 0.913$) and domain 2 & 3 ($p = 0.623$) at the p value of < 0.05.

DISCUSSION

Elderly population need especially care services to maintain high level of quality of life and health status. In this study, the quality of life in elderly people was assessed. The physical domain of quality of life had the highest mean score 14.3 (20.80 ± 3.763) in this study, while the social domain had the lowest mean score 10.8 (08.05 ± 2.591). This was anticipated as basic criteria for admission into these homes is the capacity to perform activities of daily living. In addition residents are usually abandoned by their relatives, and this explains the low scores in the social domain. Kumar et al., in a study in India also reported lowest score in the social domain. This could be as a result of the growing number of elderly that face abandonment and neglect in India. However, other studies of Tajvar M et al, and Vitorino L et al. have reported lower scores in the physical domain compared to other domains. This is because these studies were conducted in nursing homes, and such homes usually admit people with varying degrees of impaired physical function. Age was only significantly associated with the physical domain. This is because the older age group had more functional limitations compared to the younger age group, a study by Tajvar et al. reported impaired physical health among older age groups.

Those with higher level of social support had significantly higher quality of life scores in all domains. Those with higher levels of social support are least likely to feel abandoned because they still have people they can count on. In addition, higher levels of social support could lead to reduced risk of mental disorders, physical disease, mortality and improved quality of life as reported by Reblin M et al., Karmen L et al. and Seemen T. These findings were consistent with previous studies of Tseng S et al. also reported that social support is crucial for the elderly, it makes them feel loved, valued and prevent them from feeling abandoned. The findings of this study provides an insight on the quality of life of residents of these homes, it also highlights the range of factors that affect it. The neglect of residents of these homes takes quite a toll on their quality of life. These findings could guide interventions aimed at improving the health and overall quality of life of the elderly in elderly homes. There is need for multifactorial active ageing interventions to improve the quality of life in these homes, particularly the social component.

This study had some limitations; the main limitation of this study was small sample size of participants. In spite of assessing some associated factors affecting on the quality of life, examining the other factors were not possible in this study and can be suggested for the future studies.

References

1. Ramos LR. Fatores determinantes do envelhecimento saudável em idosos residentes em centro urbano: Projeto Epidoso, São Paulo. *Cad Saude Publica* 2003; 19(3):793-798.
2. World Health Organization Quality Of Life Group. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. *Soc Sci Med* 1995; 41(10):1403-1409.
3. Molzahn AE, Kalfoss M, Marakoff KS, Skevington SM. Comparing the importance of different aspects of quality of life to older adults across diverse cultures. *Age Ageing* 2011; 40(2):192-199.
4. Kumar SG, Majumdar AGP, Pavithra G. Quality of Life (QOL) and Its Associated Factors Using WHOQOL-BREF among Elderly in Urban Puducherry, India. *Journal of Clinical and Diagnostic Research: JCDR* 2014; 8(1):54-57.
5. Tajvar M, Arab M, Montazeri A. Determinants of health-related Quality of Life in elderly in Tehran, Iran. BMC Public Health. 2008; 8(1):323.
6. Rakesh PS, Ramesh R, Rachel P, Chanda R, Satish N, Mohan VR. Quality of life among people with epilepsy: A cross-sectional study from rural southern India. *The National Medical Journal of India*. 2012; 25:261-4.
7. The World Health Report 2000, Health Systems: Improving Performance, WHO, 2000. Available from: http:// www. who. int/ whr/ 2000/en/.
8. Mathew MA, George SL, Paniyad N. Comparative study of stress, coping strategies and quality of life of institutionalized and non-institutionalized elderly in Kottayam District. *Indian J Gerontol*. 2009; 23(1):79-89
9. Datta PP, Gangopadhyay N, Sengupta B. Association of psychological morbidity with socio-demographic characteristics among elderly: a cross-sectional study from Eastern Indian. *Int J Med Public Health*. 2013; 3:94-99.
10. WHOQOL Group. Development of the World Health Organization WHOQOLBREF quality of life assessment. Psychol Med. 1998; 28: 551-8.
11. Shruti S, Manjeet SB, Rajoura OP, Jessy J. Elder neglect in changing Indian scenario. *Delhi Psychiatry J*. 2013; 16(2):273-276.

12. Tajvar M, Arab M, Montazeri A. Determinants of health-related Quality of Life in elderly in Tehran, Iran. BMC Public Health. 2008; 8(1):323.
13. Vitorino L, Paskulin L, Vianna L. Quality of Life among older adults resident in long-stay care facilities. Latin Am J Nurs. 2012; 20(6):1186-195.
14. Reblin M, Uchino B. Social and emotional support and its implication for health. Curr Opin Psychiatry. 2008; 21(2):201-205.
15. Karnell L, Christensen A, Rosenthal E, Magnuson J, Funk G. Influence of social support on health-related quality of life outcomes in head and neck cancer. Head Neck. 2007; 29(2):143-146.
16. Seeman T. Health promoting effects of friends and family on health outcomes in older adults. *Am J Health Promot*. 2000; 14(6):362-370.
17. Tseng S, Wang R. Quality of Life and related factors among elderly nursing home residents. Public Health Nurs. 2001; 18(5):304-311.

How to cite this article:

Shantha Seelan.G and Esha Sharma.2017, Quality of Life among Elderly Residing In Old Age Homes. *Int J Recent Sci Res.* 8(11), pp. 22035-22038. DOI: http://dx.doi.org/10.24327/ijrsr.2017.0811.1186

****