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Quality of life among institutionalized senior citizens

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ABSTRACT: Ageing is a phase in the life of a human being, loaded with uncertainty and decreased productivity. The present study aims to assess the quality of life among institutionalized senior citizens. The study also determines the factors associated with better quality of life among senior citizens.

KEYWORDS: Senior citizens, old age homes, quality of life, associated factors.

I. INTRODUCTION

Aging is perceived globally, as a complex and intricate issue. The demographic transition affects all realms of society. Though the health system is the most evidently affected one, it also affects the labor and financial markets, social protection, and education among other facets. The current growth rate of Indian senior citizens is three times higher than the global rate.

Though declining mortality rate and increasing life expectancy are both indicators of good healthcare facilities, the new problem faced is the demographic transition. In this, the number of elderly gradually outnumbers the number of youths. This is a serious public concern. Moreover, the proportion of oldest old (adults aged 80 years and above) is also increasing dramatically.

Along with the changes in population structure, the health profile also changes. While infectious diseases were the major disease threat to our country during the early years, currently we are facing a higher rate of non-communicable diseases, emerging infectious illnesses, and higher rate of violence and abuse, especially towards the less privileged ones.

Among non-communicable diseases, cardiovascular, neurological illnesses and cancer are gaining higher attention. Although mental health illnesses are also included in the category of non-communication diseases, much attention is not been given. Physical and psychological health go hand in hand. There have been reports of increased prevalence of mental issues like anxiety and depression among those with chronic physical illneses[1].

The focus of current medical care is on adding quality rather than quantity to life years. WHO defines the quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns[2].

Studies have shown that institutionalized elderly are more prone to physical as well as psychological issues than those living with families. Hence, the investigators planned to conduct a study focusing on the quality of life among institutionalized senior citizens.

1.1 Objectives of the study

- To assess the quality of life among institutionalized senior citizens
- To determine the factors associated with quality of life among institutionalized senior citizens

1.2 Hypothesis

H_1 There will be a significant association between selected socio-personal variables and quality of life among institutionalized senior citizens

II. METHODOLOGY

2.1 Sample

The study was conducted among 148 senior citizens residing at selected old age homes of Alappuzha district. The samples were selected through purposive sampling.

1.3 Data collection tools

1.3.1 Socio-personal datasheet

The socio-personal datasheet consists of items seeking information about the socio-personal background of subjects such as age, gender,

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education, marital status, previous employment, presence of chronic illness, activities of daily living, stress, smoking history, history of alcoholism, subjective memory complaints and duration of personal prayer

1.3.2 WHOQOL-OLD scale

The WHOQOL-OLD instrument comprises 24 items, which measure the following facets: sensory Abilities, autonomy, past, present and future activities, social participation, death and dying and intimacy. High scores represent high quality of life, low scores represent low quality of life.

1.4 Data collection procedure

After obtaining permission for the conduct of the study from the old age home authorities and institutional ethics committee, the investigators explained the research purpose, and informed consent was obtained. Then socio-personal data and quality of life were assessed using socio-personal datasheet and WHOQOL-OLD respectively. The information was collected on a one‑to‑one basis through interview method. The collected data were coded and statistical analysis was carried out using descriptive and inferential statistics. All tests were two‑tailed, with a significance set at $p < 0.05$.

III. RESULTS

3.1 Socio-personal profile

Table 1: Socio-personal profile (n=148)

Variable	Frequency (%)
Age in years (mean±SD)	70.84±11.40
Age group	
60-70	54 (36.49)
71-80	40 (27.02)
>80	54 (36.49)
Gender	
Male	64 (43.24)
Female	84 (56.76)
Educational Status	
No formal education	12 (8.11)
SSLC	119 (80.40)
Higher secondary	7 (4.73)
Graduate & above	10 (6.76)
Marital status	
Single	51 (34.46)
Separated/ divorced	32 (21.62)
Widowed	65 (43.92)
Previous employment status	
Unemployed	43 (29.05)
Self-employed	7 (4.73)
Manual labourer	76 (51.35)
Government employee	3 (2.03)
Private firm employee	19 (12.84)
Presence of medical problems	
Yes	57 (38.51)
No	91 (61.49)
Performance of activities of daily living	
Performs independently	130 (87.84)
Performs with assistance	18 (12.16)
Presence of recent stressful events	
Yes	61 (41.22)
No	87 (58.78)
History of smoking	
Present	65 (43.92)
Absent	83 (56.08)
History of alcoholism	
Present	17 (11.49)
Absent	131 (88.51)
Presence of subjective memory complaints	
Present	62 (41.89)
Absent	86 (58.11)
Duration of time spent for personal prayer	
<15 minutes	36 (24.32)
15-30 minutes	77 (52.03)
31-60 minutes	21 (14.19)
>60 minutes	14 (9.46)

The mean age of participants was 70.84±11.40. Majority of participants studied up to SSLC, performed their activities of daily living independently, and had no history of alcoholism.

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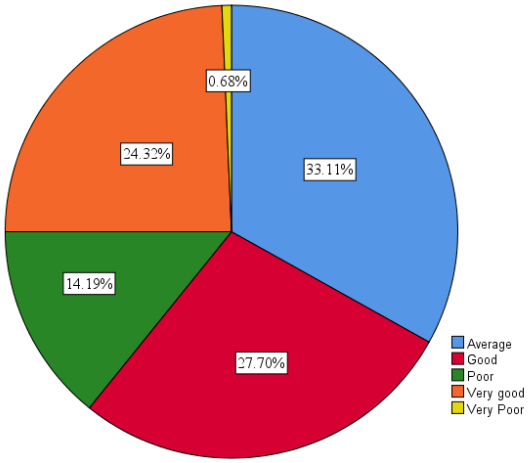

Figure 1: Percentage-wise distribution of participants based on quality of life

Figure 1 depicts that most of the participants had an average quality of life (33.11%), followed by good and very good quality of life. The mean quality of life was 64.23±20.90.

1.6 Association between quality of life and socio-personal variables

Chi-square test was done to assess the association between quality of life and socio-personal variables.

Table 2: Association of quality of life with socio-personal variables n=148

Variable	$\chi 2$ value	p value
Age group	10.71	0.19
Gender	8.68	0.05*
Educational Status	25.73	0.01**
Marital status	13.87	0.07
Previous employment status	25.44	0.06
Presence of medical problems	6.60	0.16
Performance of activities of daily living	3.22	0.52
Presence of recent stressful events	9.10	0.06
History of smoking	16.44	0.001***
History of alcoholism	2.74	0.60
Presence of subjective memory complaints	9.87	0.04*
Duration of time spent on personal prayer	23.02	0.03*

*significant at 0.05 level **significant at 0.01 level
***significant at 0.001 level

Table 2 shows that socio-personal variables like gender, education, smoking history, subjective memory complaints, and personal prayer time were associated with quality of life. Meanwhile, other variables (age, marital status, previous employment, presence of medical problems, performance of activities of daily living, presence of stressful life events, and history of alcoholism) didn't show a statistically significant association with the quality of life of senior citizens.

IV. DISCUSSION

The present study was carried out to assess the quality of life among institutionalized senior citizens. The study also aimed to determine the factors associated with quality of life. the study reported that most of the participants had an average quality of life with a mean score of 64.23±20.90.

Similar to the current study, a study conducted among old age home residents of South India reported that 56% had good quality of life[3]. Meanwhile, a study conducted among senior citizens residing in a rural community reported a high proportion of samples with average quality of life (82.4%)[4].

A community-based cross-sectional study conducted at Srilanka reported a slightly lower quality of life (56.73±12.57) among senior citizens. This may be due to methodological issues like differences in tools used, samples under the study etc. Another North Indian study also reported a slightly lower mean quality of life among senior citizens residing at old age homes[6].

A study conducted among the residents of a north Indian old age home also reported a lower quality of life. the tool used for assessment in both studies was WHOQOL-BREF[6,7].

The present study results also found that socio-personal factors like gender, education, smoking history, subjective memory complaints, and personal prayer time are associated with quality of life for institutionalized senior citizens. Similar to the present study many reviewed studies also reported an association between quality of life and factors like gender[5,7-9], education[5,7-11], smoking history[10,] and personal prayer time[5,11]. A study conducted at Telangana failed to find an association between quality of life and gender[10].

On the contrary, few studies revealed an association between quality of life and variables like

age[4,7], marital status[7], previous employment[10], presence of medical problems[5,7,9,11] and performance of activities of daily living[5,11].

Similar to the current study, other studies also reported no association of quality of life with variables like age[8,10], marital status[9,10], and presence of medical problems[8].

The study finding shows that nearly half of the participants only perceived their quality of life as good. This points towards the need for policy making. Regular care must be ensured for the residents of old age homes so that they feel productive. Certain factors (education, smoking, personal prayer) found to be associated with quality of life among institutionalized senior citizens point to the importance of developing coping strategies in younger years so that their lives will be fruitful in later years.

V. CONCLUSION

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