Research article

A comparative study to assess the quality of life among senior citizens residing at homes and old age homes of Pune city

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Abstract

The World Health Organization describes QOL as a broad-ranging concept that incorporates individual's physical health, psychological state, level of independence, social relationships, personal beliefs and their association to salient features of the environment. There is absence of information on quality of life among elderly Indian due to the absence of an appropriate QOL measure that would cover the basic concept and definition of health comprehensibly. The present study was aimed to compare quality of life between senior citizens residing in family or old-age home. A total of 100 senior citizens were participated in quantitative descriptive study. Quality of score was calculated using a questionnaire. All the participants in family group were in age group of 65-80 whereas 14% of the participants have age more than 80 years. There was no difference in number of female and male participants in both groups. All family group participants had good score while the other group participants have average score. There was significant difference in overall quality of score between both groups (P=0.000). Senior citizens residing in family have better quality of life than residing in old-age home

Keywords: Quality of life, senior citizens, old age homes, nursing.

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1. Introduction

Aging is a universal phenomenon associated with deteriorating socio-psycho-physiological changes. The aging process has had considerable influence on the development and functioning of societies, to such an extent that all countries tend to give priority to the possible repercussions of this progression in the areas of public health and national economy. The number of elderly in the developing world is increasing due to demographic transition, whereas their condition is deteriorating as a result of fast eroding traditional family system coupled with rapid modernization and urbanization. These sociodemographic changes have not been occurring homogeneously in all the regions or even in the cities of a same state. This situation results in important differences and a wide diversity in the health levels of the elderly, owing to socioeconomic factors. Several studies have shown that the result of the interaction between these factors and physical and mental health as well as environmental aspects influences the quality of life of the elderly and they are fundamental factors for the morbidity and mortality indices [1].

Chronic disabling conditions that often accompany aging are associated with increased prevalence of social and psychological disturbances. Hence, factors such as health status, extent of disability, perceptions about illness, available social support and psychological well-being are considered as important in determining the

quality of life of elderly. When considering the elderly as belonging to the most vulnerable groups, where the various risk factors are interconnected, we observe the need for special attention from the health care point of view.

However, for this to occur efficiently, we must know the situation in each region and thereby identify the conditions that predispose the elderly to a greater risk of developing the event of interest [2].

Health and quality of life (QOL) are inter-linked. WHO has defined health as a dynamic state of physical, psychological, social and spiritual well-being and not just an absence of infirmity. This is a new holistic perspective, but unfortunately, such an approach has not been applied pragmatically. Though the basic definition of quality of life is undisputed, the key dimensions and domains still elude many working in the field. The World Health Organization describes QOL as a broad-ranging concept that incorporates individual's physical health, psychological state, level of independence, social relationships, personal beliefs and their association to salient features of the environment [3].

Based on these concepts, efforts have been made to assess health status and quality of life of elderly. There are a number of instruments available to measure quality of life (QOL). Most researchers agree on the multidimensional nature of the construct of QOL, yet there is considerable debate whether outcome measures should have a multidimensional structure. There are two approaches to the development of QOL measures [4,5]. The psychometric approach attempts to provide separate measures for many dimensions of QOL, while the decision theory approach attempts to weigh the dimensions of health in order to provide a single/unitary expression of health status.

Most studies have assessed the health status of elderly persons in terms of physical dimensions alone. Absence of information on quality of life among Indian the elderly is due to the absence of an appropriate QOL measure that would cover the basic concept and definition of health comprehensibly [6,7].

It is, therefore, felt that for proper programme planning, quality of life needs to be evaluated in holistic terms and various factors that influence the 'Quality of Life' in elderly populations needs to be elucidated in a systematic manner [8]. In the present study, the investigators felt need to assess quality of life of elderly in all dimensions and to compare the same among elderly residing in old age home and homes or families.

2. Patients and methods

It was a quantitative descriptive survey of senior citizens from family/home or old-age home group. All participants were more than 65 years old and provided their consent for participation in the study. After screening of inclusion criteria (age more than 65 year, residing at old age home and families at Pune city, willingness to participate in the study, can understand Marathi or English), a total of 100 participants were selected and each group consisted of 50 participants. Senior citizens who were critically ill or admitted to hospitals were excluded from study.

Multistage Cluster Random sampling technique was used for sampling.

Tools and technique

A comprehensive Quality of Life (QOL) Scale was used. Every participant was interviewed at old age home and his/her residence and questionnaire was used to calculate the score. Final score was categorized in 3 category: Poor, average or good. Individual aspect of quality of life was calculated. A detailed scoring has been presented in table 1.

Statistical analysis

Data were presented as frequency, percentage or mean ± SD as possible. Unpaired t-test was used to calculate mean difference between continuous variables of 2 groups. P value less than 0.05 was considered significant.

3. Results

Demographic details of the enrolled subjects are presented in table 2. There were no subjects with more than 80 years in family

group, whereas 14% of the subjects were more than 80 years old in old-age home group. Majority of participants in family group (60%) were in 65-70 age group category while in old-age home category, distribution of participants were more or less in different age group category (Fig 1). There was no difference in male and female participants in both groups (Fig 2). There no unmarried participant in family group while 8% of the participants were unmarried in old-age home group. There was no living arrangement for participants in old-age group.

In family group, 22% of them had secondary education, 38% of them had graduation, 18% of them had post-graduation and 22% of them had some other education. In old age home group, 32% of them had secondary education, 30% of them had graduation, 8% of them had post-graduation and 30% of them had some other education (Fig 3).

In family group, 95% of them were married and 6% of them were widow/widower. In old age home group, 74% of them were married, 8% of them were single and 18% of them were widow/widower (Fig 4).

In family group, 30% of them were getting money from family, 36% of them were getting money from pension and 34% of them had savings. In old age home group, 38% of them were getting money from family, 34% of them were getting money from pension and 28% of them had savings (Fig 5.)

Overall quality of life score was not poor in both groups

Overall quality of score was calculated in both groups and it was observed that all the participants in family group had overall quality of life score more than 218 (good) while for old-age home group, all participants had score between 138 to 218 (average).

In individual quality of life aspect, majority of participants performed average score while family group participants performed good score. Interestingly, no participants in family group had poor score while in self-care aspect, 24% participants of old-age home

group had poor score. A detailed analysis has been presented in figure 6 and table 3.

Quality of life was better in family group

Two sample z-test was applied to compare of quality of life of senior citizens residing at home and old age home. Average quality of life score in family group and old age home was 251.4±7.0 and 159.3±5.5 respectively. Z-score for this comparison was 73 with 98 degrees of freedom. Corresponding p-value was of the order of 0.000 which is small (less than 0.05) resulting into rejection of the null hypothesis. The quality of life of senior citizens residing at home had significantly better quality of life as compared to those residing in old age homes (Fig 7).

4. Discussion

The present study showed that overall and individual quality of score was better for senior citizens residing in family. The quality of life could be better in family due to a number of reasons like familial relations, emotional values, health care etc.

The present stud identified that there were unmarried senior citizens in old-age home group. It can be observed that it could be a reason for their visiting and residing in old-age home group. However, individual score for such participants was not calculated in the present study.

It was also observed that 38% of the senior citizens were receiving money for their survival in old-age home; however, it was not known whether it had any impact of their individual or overall quality of life. The present study also could not conclude if there is any impact of education on quality of life.

Conclusion

The present study concluded that senior citizens residing in family have much better quality of life than residing in old-age home. Further studies are required to evaluate if any individual's demographic relation affect their quality of life.

Table 1: Score categorization of quality of life aspect.

| Aspect	Quality of Life	Score
Overall	Poor	57-137
	Average	138-218
	Good	>218
Physical Health	Poor	14-31
	Average	31-48
	Good	>48
Self-care	Poor	8-18
	Average	18-28
	Good	>28
Pain and symptoms	Poor	2-5
	Average	5-8
	Good	>8
Social relations and support	Poor	6-14
	Average	15-22
	Good	>22
Psychological well being	Poor	20-47
	Average	48-74
	Good	>74
Other issues	Poor	6-14
	Average	15-22
	Good	>22
Personal goals	Poor	2-8
	Average	9-14
	Good	>14
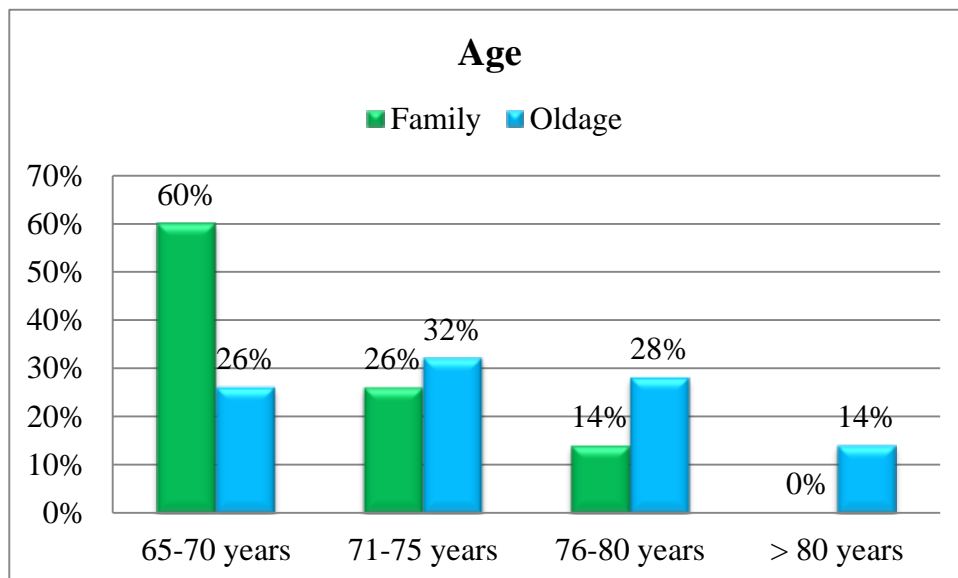
Fig. 1 Distribution of participants in different age category in both groups

Table 2: Demographic details of participants.

| Demographic variable	Family (n=50)		Old-age (n=0)	
	Frequency	%	Frequency	%
Age				
65-70 years	30	60%	13	26%
71-75 years	13	26%	16	32%
76-80 years	7	14%	14	28%
> 80 years	0	0%	7	14%
Gender				
Female	25	50%	25	50%
Male	25	50%	25	50%
Education				
Secondary	11	22%	16	32%
Graduate	19	38%	15	30%
P.G	9	18%	4	8%
Other	11	22%	15	30%
Marital status				
Married	47	94%	37	74%
Single	0	0%	4	8%
Widow/ widower	3	6%	9	18%
Domicile				
Mah.	50	100%	50	100%
Religion				
Hindu	50	100%	50	100%
Living status				
Family	50	100%	0	0%
Old age home	0		50	
Living arrangement				
Home	50	100%	0	0%
Money				
Family	15	30%	19	38%
Pension	18	36%	17	34%
Savings	17	34%	14	28%
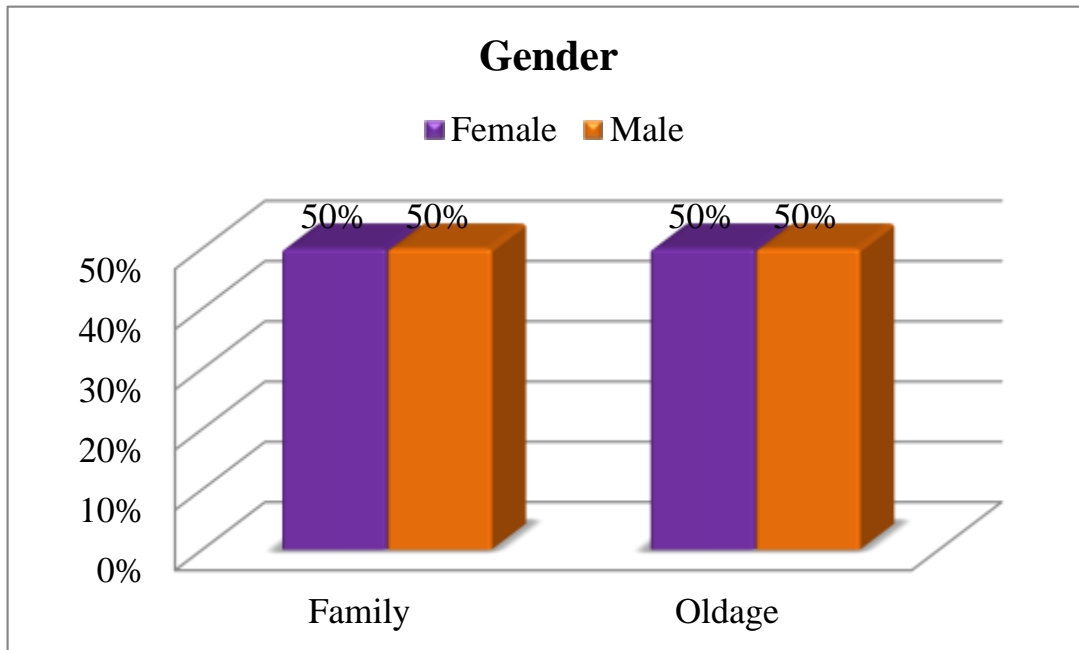
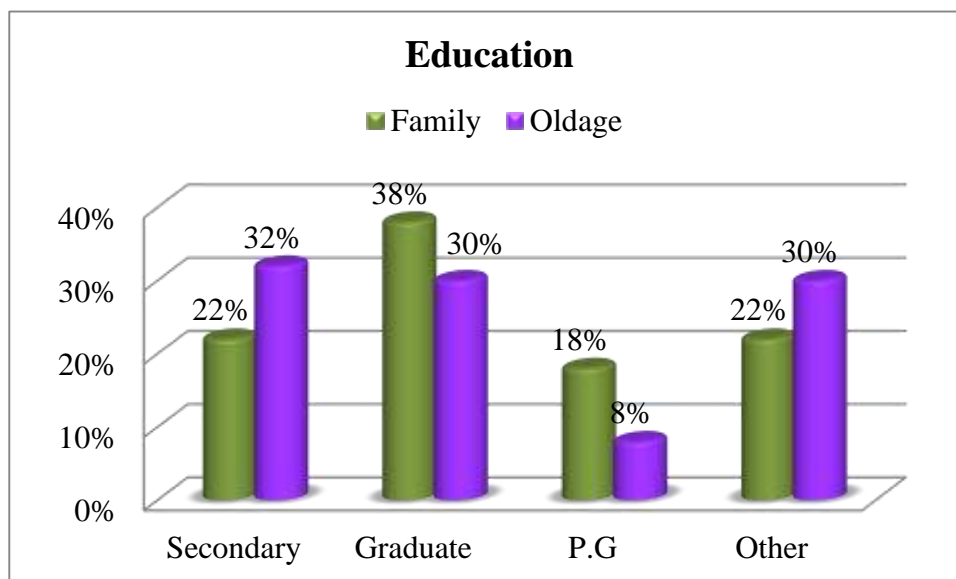Fig 2. Percentage of participants on gender-basis in family and old-age group

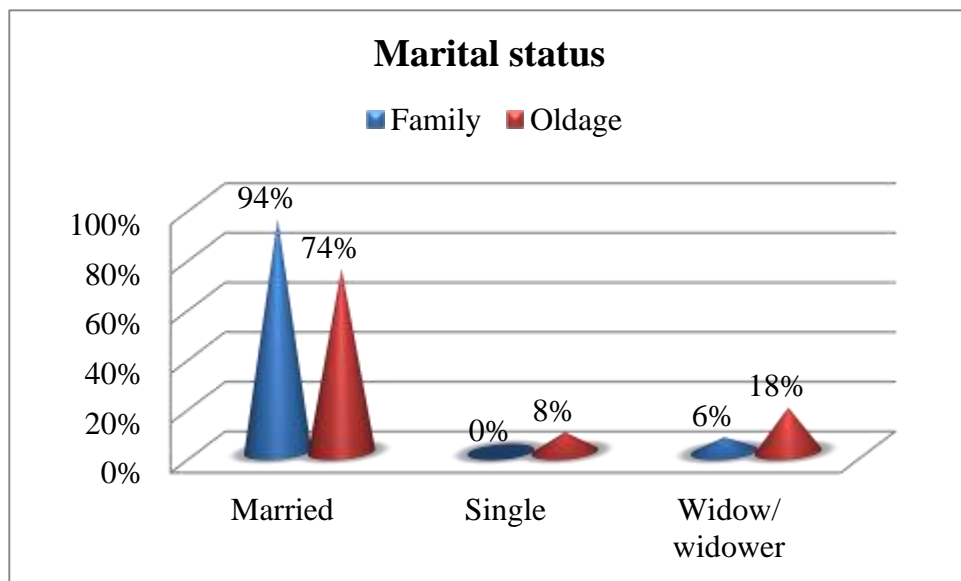Fig 3. Percentage of participants with type of education in family and old-age group

Marital status

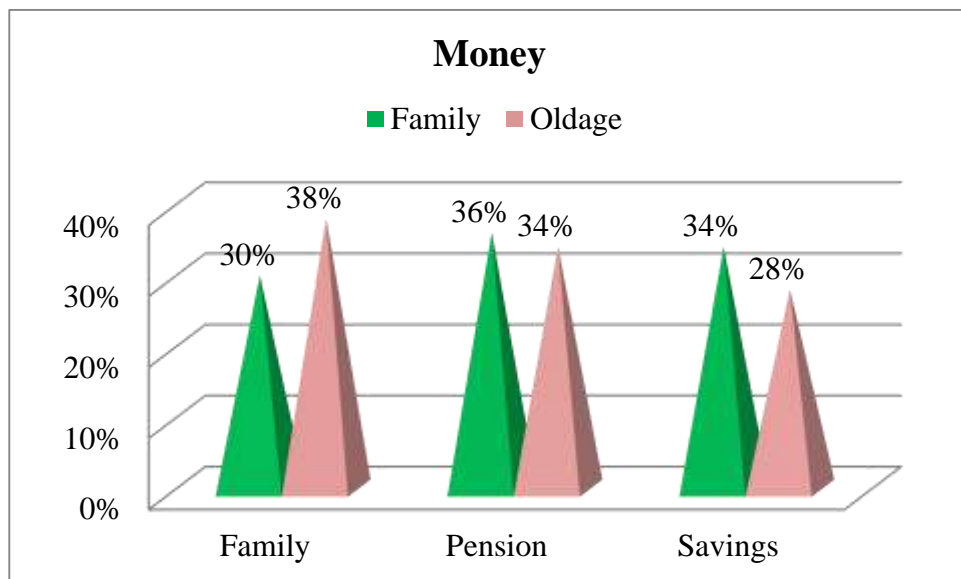Fig 4. Marital status of participants in family and old-age group

Money

Fig 5. Income for living status of participants in family and old-age group.
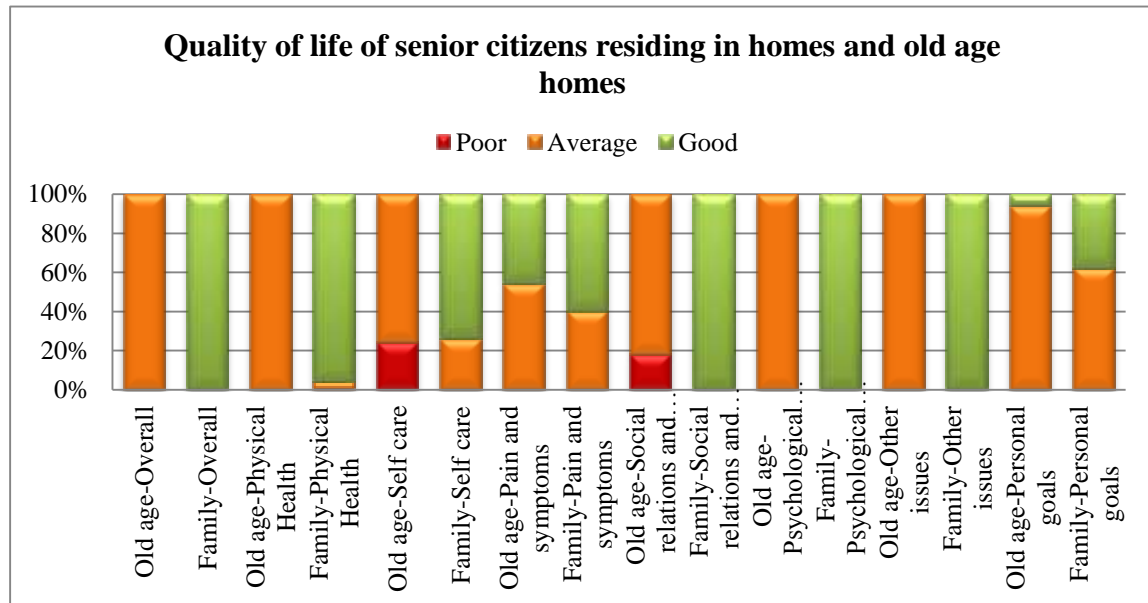
Fig 6. Quality of life of senior citizens in home and old-age home group

Table 3. Quality of life of senior citizens residing in family and old age home

| Aspect	Overall Quality of life	Family group (n=50)		Old-age group (n=50)	
		Frequency	%	Frequency	%
Overall	Poor (Score 57-137)	0	0%	0	0%
	Average (Score 138-218)	0	0%	50	100%
	Good (Score >218)	50	100%	0	0%
Physical Health	Poor (Score 14-31)	0	0%	0	0%
	Average (Score 31-48)	2	4%	50	100%
	Good (Score >48)	48	96%	0	0%
Self-care	Poor (Score 8-18)	0	0%	12	24%
	Average (Score 18-28)	13	26%	38	76%
	Good (Score >28)	37	74%	0	0%
Pain and symptoms	Poor (Score 2-5)	0	0%	0	0%
	Average (Score 5-8)	20	40%	27	54%
	Good (Score >8)	30	60%	23	46%
Social relations and support	Poor (Score 6-14)	0	0%	9	18%
	Average (Score 15-22)	0	0%	41	82%
	Good (Score >22)	50	100%	0	0%
Psychological well being	Poor (Score 20-47)	0	0%	0	0%
	Average (Score 48-74)	0	0%	50	100%
	Good (Score >74)	50	100%	0	0%
Other issues	Poor (Score 6-14)	0	0%	0	0%
	Average (Score 15-22)	0	0%	50	100%
	Good (Score >22)	50	100%	0	0%
Personal goals	Poor (Score 2-8)	0	0%	0	0%
	Average (Score 9-14)	31	62%	47	94%
	Good (Score >14)	19	38%	3	6%
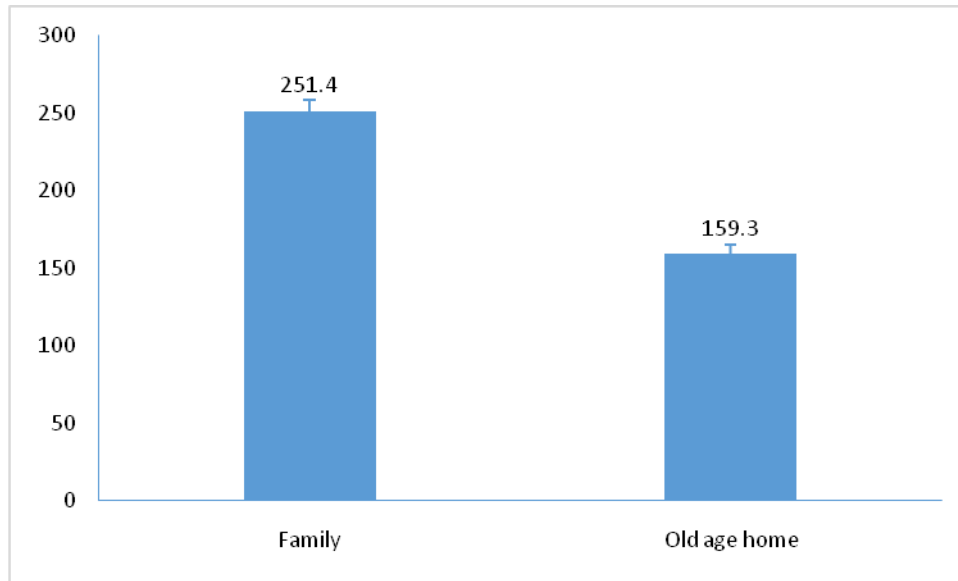
Fig 7. Comparison of quality of life in family and old-age group.

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