"A COMPARATIVE STUDY TO ASSESS THE QUALITY OF LIFE, EXPERIENCES AND EXPECTATIONS AMONG ELDERLY RESIDING IN OLD AGE HOME AND WITHIN FAMILY IN MOHALI (PUNJAB)"

[1]Miss Suman Vashist Associate Professor & HOD Psychiatric Nursing,

[2]Miss Raika Altaf, Nursing Tutor Rajiv Gandhi College of Nursing Jammu, India.

ABSTRACT

Aim of study: The study is intended to assess quality of life, experiences and expectations among elderly residing in old age home and within family.

Objectives of study

- To assess quality of life, experiences and expectations among elderly residing in old Age Home and within family.
- To compare quality of life, experiences and expectations among elderly residing in old age home and within family.
- To find out association between quality of life, experiences and expectation among elderly residing in old age home and within family with their demographic variables .

Material and methods: Ageing is a normal, physiological, biological and universal phenomenon that happens in all the living beings. It is commonly understood as the process of maturing or becoming older. So I have chosen to do research on A Comparative study to assess the quality of life, experiences and expectations among elderly residing in old age home and within family in Mohali (Punjab) 2018-2019.The study was based on Integrative Theory of the Quality of life Concept. The research approach used in this study was Quantitative approach. Convenient sampling technique was used to select the sample. The Sample size was 100 out of which 50 elderly residing in old age home and 50 within family. Data were collected by using Structured Questionnaire of WHOQOL-BREF. Analysis was done by using descriptive and inferential statistics.

Result: The Quality of life among Elderly in Old age Home shows that majority subject 31 (62%) have Average score of QOL, about 19 (38%) of elderly have Good QOL score. Whereas the Quality of life among Elderly within Family shows that 32 (64%) have Average score of QOL and about 18 (36%) of Elderly have Good QOL score. It has been seen that on the basis of Domains, Elderly residing in old age home and within family were more satisfied from their environment situations whereas there was a poor response from social relations.

Conclusion: The study findings concluded that QOL is good among elderly residing within family. The study needs to be replicated on a large sample to validate and generalize its findings.

Keywords: - Quality of life (QOL), family, old age home, elderly,

Introduction: Quality of life of elderly people (QOL) is becoming even more relevant with demographic shift happening towards an ageing society. There are indications that concerns related to QOL in elderly people are different from that of general population. In India, there is low awareness about special needs of elderly and care takers are yet to understand the basics of elderly care (physical and mental health, psychological, & social support). Furthermore, among elderly there is variation between those living in old age homes and those living in general population[1].

Quality of life (QOL) is not a new concept. Jonathan Swift noted that every man desires to live long, but no man wishes to be old. Isaac Stern had expressed a similar statement when he advised that everyone should die young, but they should delay it as long as possible[2]

The core of the Quality of life concept is to understand a human being and its needs, from different perspectives, keeping in mind that a human being is in constant interaction with the surroundings, according to the holistic-ecological approach[3]

Quality of life spans a broad range of topics and disciplines. It is made up of both positive and negative experiences and affect. It is a dynamic concept, which poses further challenges for measurement[5]

Quality of life has been defined by the **World Health Organization** Quality of Life Group as "an 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, standards and concerns"[8]

Ageing is a normal, physiological, biological and universal phenomenon that happens in all the living beings. It is commonly understood as the process of maturing or becoming older. The old age is characterized by a general reduction in functional capacities as well as structural changes in the body[9].

Apart from medical problems, psychiatric symptoms are also among the most prevalent health problems of the elderly and are an important source of distress for patients and cares, being also associated with significant growth in the costs and demand for the provision of health care services[10].

Elderly people are highly prone to mental morbidities due to ageing of the brain, problems associated with physical health, cerebral pathology, socio-economic factors such as breakdown of the family support systems, and decrease in economic independence. The mental disorders that are frequently encountered include dementia and mood disorders. Other disorders include neurotic and personality disorders, drug and alcohol abuse, delirium, and psychosis[11].

Today, the old age homes are indispensable as they are needed to take care of the lonely and forsaken elderly in the evening of their lives. Whenever the family does not provide full protection and security to the aged, the society has to share the burden of looking after them. Now-a-days, old age homes are established   to   take   care   of   the   old.   This   idea of "institutionalization" of the aged has largely been borrowed from the western countries. In the context of the dynamic changes taking place in Indian society, the problem of the aged has assumed importance. There is a gap between the needs of old people and the availability of health and social service in these institutions[14]

The elderly citizens are in need of urgent attention. They do not need our pity, but the understanding love and care of their fellow human beings. It is our duty to see that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life[15].

Many people think that ageing is a completely negative final segment of the human life span, but it is not so. Awareness and acceptance of the fact that ageing has physiological, psycho-logical and social determinants would make the ageing process acceptable, cheerful perhaps even desirable by making living meaningful. Nalini also reveals that some of the respondents, had "feeling of insecurity "Loss of dignity" and "Lack of emotional support" when neglected or ignored by the family[19].

Aging as a natural process of life is due to gradual changes in metabolic activity of organs and disability in regeneration capacity of cells. Worldwide, the average life span of people has been increasing. Several factors including heredity, life style and healthy diet, avoiding smoking and physical activity can effect on the longevity of life[20]

Elderly people have higher probability of suffering from multiple health disorders due to experience reduced physical and mental functions. Loneliness, impaired sexual activity and chronic metabolic disorders are some of causes can result in emotional disturbances[21]

The number of elderly people is increasing and the world is facing a demographic upheaval, therefore it is a challenge to manage the care and support of the rising proportion of older people's needs Consequently, it is very necessary to study about elderly people and their experiences of coping daily life[23] .

At present, besides government run old age homes, several voluntary organizations for social welfare and also the religious groups are running these homes. Private organizations have also established old age home which has well made schedules which cater to the needs of elderly, provide them with treatment and look after them in caring and methodical way. With the family increasingly nuclearized and with the progressive lengthening of the average life span, it becomes necessary that special steps to be taken for the welfare of retired and needy aged people[24].
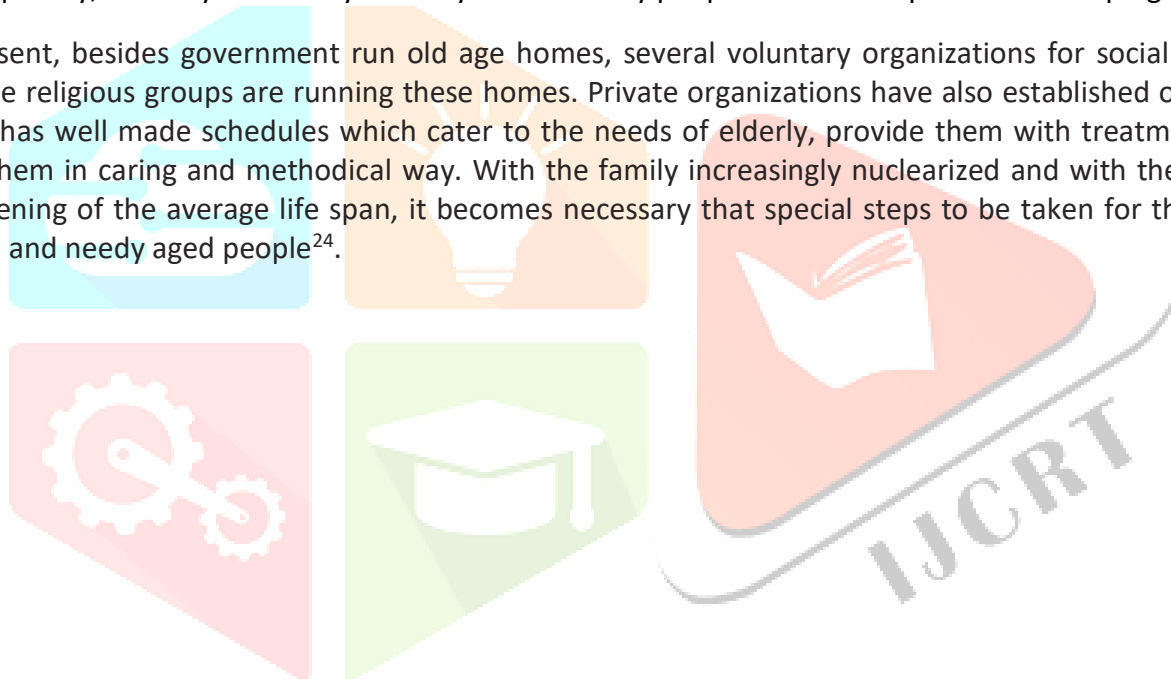
Material and methods:

Result:

SECTION 1

Table - 1: Frequency and percentage distribution of elderly according to socio-Demographic variables.

N=100

SECTION-1 SOCIO DEMOGRAPHIC PROFORMA		Old Age Home (%)	Within Family (%)	Old Age Home(F)	Within Family (F)
Age in Years	60 – 69	36%	70%	18	35
	70 – 79	40%	24%	20	12
	80 and Above	24%	6%	12	3
Gender	Male	54%	52%	27	26
	Female	46%	48%	23	24
Education Level	Illiterate	36%	34%	18	17
	Literate	14%	18%	7	9
	Primary	28%	14%	14	7
	Secondary	12%	12%	6	6
	Graduation	10%	20%	5	10
	Post Graduation	0%	2%	0	1
Type of Family	Nuclear Family	66%	54%	33	27
	Joint Family	30%	36%	15	18
	Three Generation	4%	10%	2	5
Place of Residence	Town	0%	24%	0	12
	City	0%	70%	0	35
	Village	0%	6%	0	3
	Old Age Home	100%	0%	50	0
Type of Residence	Houses	0%	100%	0	50
	Wards	0%	0%	0	0
	Twin sharing	100%	0%	50	0
Duration of Residence	Less than 1 years	12%	16%	6	8
	2-3 years	30%	22%	15	11
	4-5 years	22%	24%	11	12
	More than 5 years	36%	38%	18	19

Marital Status	Unmarried	12%	4%	6	2
	Married	22%	50%	11	25
	Widow / widower	40%	36%	20	18
	Divorced	6%	0%	3	0
	Separated	16%	6%	8	3
	Single	4%	4%	2	2
Religion	Sikh	62%	40%	31	20
	Hindu	32%	54%	16	27
	Muslim	6%	2%	3	1
	Christian	0%	4%	0	2
Occupation	Self Employed	8%	12%	4	6
	Service (private /Govt.)	20%	22%	10	11
	Housewife	6%	16%	3	8
	Agriculture	10%	2%	5	1
	Retired	4%	16%	2	8
	None	52%	32%	26	16
Pension	Yes	30%	52%	15	26
	No	70%	48%	35	24
Mode of Wages	Support by Family Member's	0%	72%	0	36
	Pension	0%	28%	0	14
	Destitute	100%	0%	50	0
Outdoor Leisure Time Activity	Yes	74%	78%	37	39
	No	26%	22%	13	11
Chronic Disease Condition	Hypertension	14%	14%	7	7
	Diabetic Mellitus	8%	18%	4	9
	Arthritis	22%	18%	11	9
	Heart Disease	4%	12%	2	6
	Others	52%	38%	26	19
Any Chronic Co-Morbidity	Yes	28%	44%	14	22
	No	72%	56%	36	28
Daytime Napping	Sometimes	30%	36%	15	18
	Often	44%	32%	22	16

	No	26%	32%	13	16
Use of Sleep Medication	Sometimes	34%	48%	17	24
	No	66%	52%	33	26
Alcohol Consumption	Sometimes	0%	26%	0	13
	Often	0%	14%	0	7
	Never	100%	60%	50	30
Smoking	Sometimes	0%	14%	0	7
	Often	0%	0%	0	0
	Never	100%	86%	50	43

SECTION –II

Table - 2: Frequency and percentage distribution of quality of life among elderly residing in old age home and within family

N=100

CRITERIA MEASURE OF QOLSCORE		
Category Score	OLD AGE HOME QOL(%)F	WITHIN FAMILY QOL(%)F
GOOD (95-130)	19(38%)	18(36%)
AVERAGE (61-94)	31(62%)	32(64%)
POOR (26-60)	0(0%)	0(0%)

Maximum =130

Minimum = 26

Table - 3(a): Frequency, percentage, mean and standard deviation distribution according to their Quality of life score, among elderly residing in Old Age Home and Within Family.

N=100

Selected area	Category Level of QOL	QOL score	n	%age	mean	SD
Old Age Home (50)	GOOD	95-130	19	38	91.44	±12.94
	AVERAGE	61-94	31	62		
	POOR	26-60	0	0		
Within Family (50)	GOOD	95-130	18	36	89.62	13.77
	AVERAGE	61-94	32	64		
	POOR	26-60	0	0		

Table - 3 (B): Effect of various domains with Mean and Standard deviation between Experiences and Expectations among elderly residing in Old Age Home and Within Family.

Unpaired T Test	Domain 1 (Physical)		Domain 2 (psychological)		Domain 3 (social)		Domain 4 (Environment)	
	Old age home	Within Family	Old age home	Within Family	Old age home	Within Family	Old age home	Within Family
Mean Score	21.00	21.44	19.90	18.60	9.28	10.98	32.42	31.10
S.D.	3.057	3.459	2.991	3.505	2.703	2.015	4.238	4.414
Median	21	21.5	19	18.5	9	11	31	31.5

Table 4(A): Association between quality of life among elderly residing in Old Age Home and within family with their demographic variables.

Socio Demographic Proforma		Poor		Average		Good		Chi		P value		df		Table value		Result	
		OAH	WIF	OAH	WIF	OAH	WIF	OAH	WIF	OAH	WIF	OAH	WIF	OAH	WIF	OAH	WIF
Age in Years	60 – 69	0	0	14	21	4	14	3.051	0.883	0.217	0.643	2	2	5.991	5.991	NS	NS
	70 – 79	0	0	11	9	9	3										
	≥80	0	0	6	2	6	1										
Gender	Male	0	0	13	14	14	12	4.780	2.424	0.029	0.119	1	1	3.841	3.841	NS	NS
	Female	0	0	18	18	5	6										
Education Level	Illiterate	0	0	15	14	3	3	10.648	10.700	0.031	0.058	4	5	9.488	11.070	NS	NS
	Literate	0	0	6	7	1	2										
	Primary	0	0	5	5	9	2										
	Secondary	0	0	3	3	3	3										
	Graduation	0	0	2	3	3	7										
	Post Graduation	0	0	0	0	0	1										
Type of Family	Nuclear Family	0	0	21	18	12	9	1.742	1.196	0.419	0.550	2	2	5.991	5.991	NS	NS
	Joint Family	0	0	8	10	7	8										
	Three Generation	0	0	2	4	0	1										
Place of Residence	Town	0	0	0	6	0	6	NA	2.753	-	0.252	-	2	-	5.991	-	NS
	City	0	0	0	23	0	12										
	Village	0	0	0	3	0	0										
	Old Age Home	0	0	31	0	19	0										
Type of Residence	Houses	0	0	0	32	0	18	NA	NA	-	-	-	-	-	-	-	-
	Wards	0	0	0	0	0	0										
	Twin sharing	0	0	31	0	19	0										
Duration of Residence	< 1 years	0	0	4	8	2	0	7.727	6.819	0.052	0.078	3	3	7.815	7.815	NS	NS
	2-3 years	0	0	5	7	10	4										
	4-5 years	0	0	8	8	3	4										
	> 5 years	0	0	14	9	4	10										
Marital Status	Unmarried	0	0	4	1	2	1	5.494	3.250	0.064	0.355	2	3	5.991	7.815	NS	NS
	Married	0	0	6	14	5	11										
	Widow /	0	0	1	1	7	5										

Category	Subcategory																
	widower			3	3												
	Divorced	0	0	3	0	0	0										
	Separated	0	0	3	3	5	0										
	Single	0	0	2	1	0	1										
Religion	Sikh	0	0	16	14	15	6	3.964	1.309	0.138	0.727	2	3	5.991	7.815	NS	NS
	Hindu	0	0	13	16	3	11										
	Muslim	0	0	2	1	1	0										
	Christian	0	0	0	1	0	1										
Occupation	Self Employed	0	0	1	5	3	1	7.702	16.618	0.173	0.005	5	5	11.070	11.0.70*	NS	NS
	Service (private /Govt.)	0	0	4	4	6	7										
	Housewife	0	0	3	5	0	3										
	Agriculture	0	0	3	1	2	0										
	Retired	0	0	1	2	1	6										
	None	0	0	19	15	7	1										
Pension	Yes	0	0	8	14	7	12	0.683	2.424	0.409	0.119	1	1	3.841	3.841	NS	NS
	No	0	0	23	18	12	6										
Mode of Wages	Support by Family Member's	0	0	0	25	0	11	NA	1.654	-	0.198	-	1	-	3.841	-	NS
	Pension	0	0	0	7	0	7										
	Destitute	0	0	31	0	19	0										
Outdoor Leisure Time Activity	Yes	0	0	22	23	15	16	0.390	1.943	0.532	0.163	1	1	3.841	3.841	NS	NS
	No	0	0	9	9	4	2										
Chronic Disease Condition	Hypertension	0	0	4	2	3	5	5.073	12.872	0.280	0.012	4	4	9.488	9.488*	NS	NS
	Diabetic Mellitus	0	0	2	9	2	0										
	Arthritis	0	0	10	7	1	2										
	Heart Disease	0	0	1	5	1	1										
	Others	0	0	0	9	0	10										
Any Chronic Co-Morbidity	Yes	0	0	8	15	6	7	0.195	0.298	0.659	0.585	1	1	3.841	3.841	NS	NS
	No	0	0	23	17	13	11										
Daytime Napping	Sometimes	0	0	10	12	5	6	0.219	0.629	0.896	0.730	2	2	5.991	5.991	NS	NS
	Often	0	0	13	11	9	5										
	No	0	0	8	9	5	7										

Use of Sleep Medication	Sometimes	0	0	14	17	3	7	0.896	0.935	0.925	0.333	5	1	9.488	3.841	NS	NS
	No	0	0	17	15	16	11										
Alcohol Consumption	Sometimes	0	0	0	7	0	6	NA	0.842	-	0.656	-	2	-	5.991	-	NS
	Often	0	0	0	5	0	2										
	Never	0	0	0	20	0	10										
Smoking	Sometimes	0	0	0	6	0	1	NA	1.666	-	0.197	-	1	-	3.841	-	NS
	Often	0	0	0	0	0	0										
	Never	0	0	31	26	19	17										

❖ NS- Statistically not significant $P < 0.05^{NS}$

❖ NA- Statistically not applicable

❖ *- Statistically significant

Table - 4(B): Association between Experiences and Expectations elderly residing in Old Age Home and within family.

Unpaired T Test	Domain 1 (Physical)		Domain 2 (Psychological)		Domain 3 (Social)		Domain 4 (Environmental)	
	Old age home	Within Family	Old age home	Within Family	Old age home	Within Family	Old age home	Within Family
Mean Score	21.00	21.44	19.90	18.60	9.28	10.98	32.42	31.10
S.D.	3.057	3.459	2.991	3.505	2.703	2.015	4.238	4.414
Unpaired Test	0.674		1.995		3.565		1.525	
P value	0.5019		0.0488		0.0006		0.1304	
Table Value at 0.05	1.98		1.98		1.98		1.98	
Result	Non Significant		Significant		Significant		Non Significant	

Discussion: The study depicts that there is significant associations from Psychological and social domain at the probability level 0.05. Hence, it has been concluded that elderly residing in old age home and were more satisfied from Psychological and sociological, so H_2 has been accepted to some extent. This study shows that the Quality of life, among Elderly residing in Old Age Home and within family. The subjects i.e.31 (62 %) had Average QOL followed by 19 (38%) had Good QOL. The overall mean score is 91.44 and SD is ±12.94, whereas elderly residing within Family subjects i.e.32 (64 %) had Average QOL followed by 18 (36%) had Good QOL. The overall mean score is 89.62 and SD is ±13.77.

Conclusion: The findings of the study reveals that majority of the elderly had average level of quality of life. The analysis of the research study shows among all demographic variables age in years, gender, education level, type of family, place of residence, type of residence, duration of residence, marital status, religion, occupation, pension, mode of wages, outdoor leisure time activity, chronic disease condition, any chronic co-morbidity, daytime napping, use of sleep medication, alcohol consumption, smoking. And statistically significance at the level of p<0.05.

REFERENCES

1. Uday Mohan et al. Dimensions and determinants of quality of life among senior citizen ofLucknow : India. Int J Med and public health, 2014; 477-481.

2. McDowell General Health Status and Quality of Life. In: McDowell I, editor. Measuring Health: A guide to rating scales and questionnaires. 3rd. New York: Oxford University Press; 2006. p. 520−703.

3. Lakić A . Quality of life in childhood and adolescence: from concept to practice. VojnosanitPreg 2012; 69(3): 257−9.

4. Bowling A. Measures of broader quality of life. In: Bowling A, editor. Measuring Health. A review of quality of life measurement scales. 3rd ed. Berkshire: Open University Press; 2005. p. 148−64

5. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. (1995)*Social Science & Medicine*, 41, 1403-1409.

6. RayiralaAnitha, NageswaNallapaneni r Rao et al. Quality of life in elderly living in old age homes ,Journal of Psychiatry of Telangana, January-June 2016:2(1):48-53

7. Almeida OP, Forlenza OV, Lima NK, et al. Psychiatric morbidity among the elderly in a primary care setting-report from a survey in Sao Paulo, Brazil. Int J Geriatric Psychiatry. Jul;12(7):728-3.

8. Khandelwal SK, Mental health of older people. Ageing in India.Situational analysis and planning for the future. New Delhi, Rakmo Press, 2003.

9. www.isca.in

10. Dandekar K 1993. The Elderly in India. New Delhi: Sage Publishers

11. Nalini B 2000.Institutional care for the aged: Life twilight years. Indian Journal of Community Guidance Service, 6(1): 27-29

12. 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.

13. Farzianpour F, HosseiniSh, Rostami M, PordanjaniSh B, Hosseini SM. Quality of life of the elderly residents. Am J Applied Sci . 2012; 9 (1):71–74

14. Antonsson, H., Korjonen, S. E. &Rosengren, K. 2012. First-line managers' experiences of alternative modes of funding in elderly care in Sweden. Journal of Nursing Management 20, 737-747

15.   Saroj, ShakuntlaPunia, Chandra K. Singh and Shanti Balda. Psycho-social Status of Senior Citizen and Related Factors. J. Hum. Ecol.2007; 22(3): 255-259