



Quality Of Life Among Geriatric Population

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ABSTRACT

Geriatric population is defined as an age of 60 and above. The study focuses on analysing the successful and quality ageing of geriatric population. Ageing is a complex phenomenon, needed and effective and functional efforts to bring out the quality and success. Quality of life which is a multi dimensional approach can ensure success and improvement. The main objective of the study is to examine the social, emotional and psychological problems or factors influencing the geriatric population and to analyse the quality of life among respondents in old age home and home based care. The study follows descriptive research design and it is based on both primary and secondary data collected from 60 respondents using structured questionnaires. Secondary data was collected from journals, articles and books.

The findings reveal that the quality of life among the geriatric population is mostly satisfied and engaged in social activities. The support is provided from the institution and the family for their success and improvement. It helps to promote better lifestyle and engagement. No one feels as a burden in their mind, easily maintaining friendship and effort to take care of it.

The respondents have the acceptance in their incidents, getting valued from their family and promoting their interest and hobbies. Mostly respondents spend time with their grandchildren and have positive feeling about themselves and some of the respondents faces alcohol issues and hyperactivity or agitation

INTRODUCTION

The quality of life among geriatric population is a very necessary process to ensure a better lifestyle and improvement in their life. The quality of life is in both subjective and objective dimensions (Andrews F.M 1986). The common accepted age for the golden age is marked as 60- 65. Golden age is a period which is generally considered as a closing period of life. The main objective is to get better living conditions and health care for the mental and women saved from the occurrence of mental and physical symptoms of ageing still in their seventies. Aging is an important part of all human societies reflecting the biological changes occurring, but also reflecting cultural and societal conventions. Decline comes partially from both physical and psychological factors. The physical cause of decline is the changes in the body cells due to the ageing process and hormone changes and the psychological decline is caused by various psychological factors associated with attitude, emotional, personality and cognitive functions.

The criteria of judging the old age is with the appearance, assessing what they can and cannot do, comparison with the characteristics traits of early adolescence, and the problems are development tasks and problems with decreased strength and failing health, physical helplessness, economic insecurity, adjustment on physical changes, reduction in social roles and activities, developing new activities for physical and emotional development, changes in appearance and visions and health issues and psychological problems. Mental changes in old age is poor memory status, perception is impaired due to the poor sight and hearing and which leads to an impaired perception and changes in interest. Physical hazards, psychological hazards, changes in life patterns and social insecurity among geriatric populations.

METHODOLOGY

Objectives of the study is to understand the socio - demographic characteristics of respondents, to study the quality of life of geriatric population in home based care and old age homes, to find the challenges faced by the respondents and to suggest suitable measures to improve the quality of life of the respondents. In this study the researcher adopted descriptive research design. The universe of the study is geriatric population in Coimbatore district. The sampling method used for the study is convenient sampling. Primary data and secondary data collection used as tools of data collection . Pretest are used for the useful and effective questionnaire to modify and refine the questions.

The collected data is coded, calculated and analysed. Pilot study was carried out by the researcher and the authorities to have discussion and explain the purpose and nature of the instruments to be used for the present study.

MAJOR FINDINGS

In the study, 67% of the respondents are 60-65 years, 25% of the respondents are between 66-70 and 8% of the respondents are above 71 years, Most of the respondents are females. 58% of the respondents are married, 33% are unmarried and 7% are widowed. Most of the respondents are illiterate and some of them are educated. 63% of the respondents are non-government employees, 17% of the respondents are government employees, 12% of the respondents are agriculture employees and 8% of the respondents are house wives. In old age home 50% of the respondents stay 1-2 years, 30% of the respondents stay 2-5 years, 13% of the respondents stay below 1 years and 7% of the respondents are 5+ years. 87% of the respondents willingly come to the institution and 13% of the respondents are convinced by someone. 60% of the respondent's family members never come to visit them, 30% of the respondents family comes sometimes and 10% of the respondents family members are always coming. 70% of the respondents are sometimes worried about the absence of family members, 20% of the respondents are never worried about family and 10% of the respondents are always worried about the absence of family.

Most of the respondents are satisfied in keeping relations. 93% of the respondents are engaged in group activities and 7% of the respondents are sometimes engaged in group activities. 80% of the respondents are never feeling loneliness and 20% of the respondents are sometimes feeling of loneliness 57% of the respondents are excellent in the rate of memory. 33% of the respondents are good in the rate of memory, 7% of the respondents are poor in rate of memory and 3% of the respondents are fair in the rate of memory. 98% of the respondents completely trust caregivers and 3% of the respondents highly trust caregivers. 87% of the respondents never have the feeling of control in personal choice and 13% of the respondents always have the feeling of control in personal choice. 47% of the respondents always feel understood when sharing feelings 33% of the respondents sometimes feel understood when sharing feelings among the inmates. satisfied in social relationship and 7% of the respondents not satisfied in 60% of the respondents are satisfied in social relationship, 33% of the respondents partially social relationship. 90% of the respondents are encouraged to participate in social events and 10% of the respondents are sometimes encouraged to participate in social events. Most of the respondents feel emotionally stable

SUGGESTIONS

Strengthening Family Support:Families should provide more emotional support, attention, and respect to elderly members living at home. Regular communication and involvement in family decisions can improve their mental well-being. **Improving Health Care Services:** Both home-based care and old age homes should ensure regular medical check-ups and proper medication management. Access to doctors, nurses, and emergency health services should be improved. **Encouraging Social Interaction:**

Elderly people should be encouraged to participate in social, cultural, and recreational activities to reduce loneliness. Community centers and senior citizen clubs can help increase social engagement. Enhancing Facilities in Old Age Homes: Old age homes should improve living conditions, hygiene, nutrition, and recreation facilities.

Staff should be trained to provide empathetic and respectful care to residents. Promoting Psychological Support Counseling services and emotional support programs should be provided for elderly people experiencing stress, depression, or loneliness. Government and Community Support: The government and NGOs should develop more welfare schemes, pensions, and health insurance programs for elderly people. Community awareness programs should promote respect and care for senior citizens. Encouraging Family Visits to Old Age Homes Families should maintain regular visits and contact with elderly relatives living in old age homes to strengthen emotional bonds. Awareness Programs on Elderly Care: Educational programs should be conducted to teach families and caregivers about proper for elderly care and aging-related needs.

SOCIAL WORK INTERVENTION

In geriatric care, the social worker has a major role in their development and improvement. It helps to act as a bridge between specific data collection, ethical practices and participant welfare. Contributed a holistic, psychological perspective to the research, to understand their physical, psychological problems and progress.

In geriatric care, the social worker plays a role in supporting older adults by managing psychological, emotional and social challenges to enhance their quality of life. To provide counselling, conduct comprehensive assessment study and bridge between families and health care teams. Developing individual care and support, adult programs and activities, to help them cope up with stress, reduce burnout and assisting with decision making.

CONCLUSION

The findings of the study reveal that physical health remains a primary determinant of quality of life among the elderly. The prevalence of chronic conditions such as hypertension, diabetes, arthritis, and cardiovascular diseases significantly affect their daily functioning and independence. Limited mobility and increased dependency on others for basic activities can lead to feelings of frustration and helplessness.

Therefore, access to affordable and quality healthcare services, regular medical check-ups, and preventive health measures are crucial in maintaining the physical well-being of older adults. In addition to physical health, psychological well-being plays a vital role in shaping the quality of life of the geriatric population. Many elderly individuals experience loneliness, anxiety, and depression, often due to factors such as loss of a spouse, social isolation, or lack of emotional support. The study

highlights that those who maintain positive mental health, emotional resilience, and a sense of purpose tend to report higher levels of life satisfaction. Engagement in recreational activities, community participation, and access to mental health support services can significantly enhance their psychological well-being.

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