

Comparison of Quality of Life of Senior Citizens Residing in Old Age Homes and Own Residence

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ABSTRACT

Background: Quality of life of elderly is becoming even more relevant with demographic shift happening towards an ageing society. With fast changing family condition and social contexts, lives of elderly people in Nepal have been changing dramatically. Old age homes have sprung up to cater to the needs of the elderly from different socio-economic backgrounds. The objective of this study is to compare the quality of life of senior citizens of selected old age homes and own residence and to find the association of quality of life with selected study variables.

Methods: A comparative study was conducted among 120 senior citizens from Dhankuta, Morang and Sunsari districts of Koshi zone. Two strata were formed based on their residence, i.e., old age homes and own residence. Equal proportion of the samples were selected from both the settings. Data was collected using interview schedule through pretested semi-structured and standard World Health Organization, quality of life – old questionnaires.

Results: More than one fifth (23.33%) of research participants were from the age group 65-69 and 75-79 and more than half (55%) of them were female. More than half (58.33%) of the research participants residing in their own residence had high quality of life level, while among those residing in the old age homes, only about 40% had high quality of life level. Quality of life level was found to be significantly associated with sex and educational status of the research participants.

Conclusions: Quality of life was found to be better among the people residing in their own residence as compared to those residing in old age homes.

Keywords: Old age homes; quality of life; senior citizens

INTRODUCTION

Ageing is a normal, inevitable and universal phenomenon which continues throughout life.¹⁻³ Rapid ageing of population is of global concern.⁴ Social, economic and demographic developments have caused changes at the individual, family and societal levels, all of which influence the lives of elderly people.⁵ For elderly, quality of life (QOL) is not only rating their physical health but also emotional and social health which can be evaluated by assessing their subjective feelings about various life concerns.⁶⁻⁸ Elderly depend economically and socially on their children, who move away elsewhere from their birthplace for higher studies or employment and fail to look after their ageing parents and most of them abandon home or are left alone. This is bound to increase the need for housing for the elderly.^{5,9,10}

The primary objective of this study is to compare the QOL between senior citizens of selected old age homes and own residence. Secondary objective is to find the association between QOL and selected variables.

METHODS

A comparative study was done to assess the quality of life of the senior citizens residing in the old age homes and those living in their own residence. Two strata were made based on type of residence i.e., old age homes and own residence. The old age homes of Koshi Zone registered in the Ministry of Women, Children and Social Welfare were enlisted. Among the total of 5 registered old age homes, three old age homes were selected by lottery method. They were Bishranti Mandir, Moolghat, Dhankuta; Biratेशwor Bridhhashram, Biratnagar; Shree

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The comparison criteria of age group and sex were set. Based on these criteria, senior citizens living in their own residence nearby the above-mentioned old age homes were selected. The study population consisted of senior citizens of selected old age homes and own residence in selected districts of Koshi Zone, Nepal and the sample of this study were the senior citizens from 3 selected old age homes and nearby community. Sample size was 120 (60 from each setting).

Stratified proportionate random sampling was done for selection of research participants by finding out the number of residents from each old age homes, calculating the proportion of research participants from each one and selecting the research participants randomly until required proportion was met. For sampling from the community setting, comparison criteria of age group of 5-year interval and sex was set. Then, the senior citizens fulfilling the comparison criteria, residing in their own residence, were selected consecutively till the sample size was met.

Senior citizens residing in their own residence and in old age homes for at least 6 months and those willing to participate in the study were included and those who had mental retardation, diagnosed with psychosis and unable to communicate properly were excluded. The questions related to the socio-demographic information were prepared on the basis of literature review and consultation with advisor/experts. For assessing quality of life, a standardized tool called WHOQOL-OLD was used.

The WHOQOL-OLD comprises of 6 facets like sensory abilities, autonomy, past, present and future activities, social participation, death and dying and intimacy, comprising of 24 questions. A cut-off score of more than or equal to 60% of the QOL score was used to identify high QOL. The translation and back-translation of the tool was done by consulting with subject experts. Reliability of the tool was assessed in terms of consistency coefficient and was found to be 0.89.¹¹

After the review of thesis protocol by the Institutional Review Committee (IRC), BPKIHS and receiving the ethical clearance, permission for data collection was obtained from the selected old age homes and related local authorities. The procedure and purpose of the study were explained and research participants were recruited based on inclusion and exclusion criteria.

An informed written consent was read to the senior citizens and once the consent was signed, a face to face interview was conducted using pretested structured questionnaires required for the study. For community, door-to-door survey was done to assess senior citizens with the comparison criteria.

After the completion of data collection, information was checked for completeness. The filled format was handled with great care, stored and coded for further analysis. Serial number was given for each questionnaire. Master sheet was prepared to enter data. Finally, data were processed in the form of tabulation, categorization, summarization and interpretation of data. Data was analyzed using Statistical Package for Social Sciences (SPSS) version 11.5. Descriptive statistics like mean and standard deviation (SD) were used to analyze the data. Inferential statistics, i.e. independent t test, was used to compare the mean scores of quality of life of senior citizens residing in the selected old age homes and in their own residence and chi-square test was used to find out the association of level of quality of life with selected variables.

RESULTS

A total of 120 research participants, 60 from old age homes and 60 from nearby community, were selected.

Table 1 depicts that almost one quarter (23.33%) of the research participants were from the age group (65-69) and (75-79) and least (5%) from the age group (90-94) from both the old age homes and own residence with the mean age (S.D.) of 72.52(±8.75). Equal numbers of male and female research participants were selected from both the settings with more than half (55%) female research participants. More than half (58.33%) and (60%) of the research participants from both the settings respectively were Brahmin/Chhetri. More than half (51.67%) of the research participants from both the settings were illiterate. Majority of the research participants residing in the old age homes (70%) and own residence (65%) had some illnesses. Out of 81, ill research participants, 30.95% of the research participants residing in old age homes and 30.77% of the research participants residing in their own residence had hypertension.

Table 2 shows that more than half (60%) of the research participants residing in the old age homes had low quality of life level whereas more than half (58.33%) of the research participants residing in their own residence had high quality of life level.

Table 1. Socio-demographic characteristics (n = 120).

Characteristics	Categories	Type of residence	
		Old age homes n(%)	Own residence n(%)
Age group (in years)	60-64	12 (20)	12 (20)
	65-69	14 (23.33)	14 (23.33)
	70-74	6 (10)	6 (10)
	75-79	14 (23.33)	14 (23.33)
	80-84	9 (15)	9 (15)
	85-89	2 (3.33)	2 (3.33)
	90-94	3 (5)	3 (5)
		Mean ± S.D.=72.52 ± 8.75	
Sex	Male	27 (45)	27 (45)
	Female	33 (55)	33 (55)
Ethnicity	Dalit (Hill)	1 (1.67)	1 (1.67)
	Janajati (Hill)	20 (33.33)	22 (36.67)
	Janajati (Terai)	1(1.67)	0
	Madhesi	2 (3.33)	0
	Brahmin/ Chhetri	35 (58.33)	36 (60)
	Others	1 (1.67)	1 (1.67)
Educational Status	Literate	29 (48.33)	29 (48.33)
	Illiterate	31 (51.67)	31 (51.67)
Current Illnesses	Present	42 (70)	39 (65)
	Absent	18 (30)	21 (35)
Current illnesses (n=81)	Hypertension	13 (30.95)	12 (30.77)
	Others	29 (69.05)	27 (69.23)

Table 2. Level of Quality of Life (n=120).

Characteristics	Categories	Type of residence	
		Old age homes n(%)	Own residence n (%)
QOL Level	Low (<60%)	36 (60)	25 (41.67)
	High (≥60%)	24 (40)	35 (58.33)

Table 3. Comparison between QOL and Type of Residence (n=120).

	Type of residence	Mean	Standard deviation	t-value	p-value
QOL score	Old Age Homes	55.26	11.67	- 3.91	0.001
	Own Residence	63.21	10.57		

Table 3 depicts that the mean score of QOL of the research participants residing in the old age homes was found to be 55.26 (±11.67) whereas that of the research participants residing in own residence was found to be 63.21 (±10.57). Applying independent t-test, it was found that there was significant difference between QOL scores and type of residence, with the p-value of 0.001.

Table 4. Association between Socio-demographic Variables and QOL Level (n=120).

Characteristics	Categories	QOL level		p value
		Low	High	
Age	<72	27	31	0.364
	≥72	34	28	
Sex	Male	21	33	0.018
	Female	40	26	
Ethnicity	Brahmin/ Chhetri	33	38	0.251
	Others	28	21	
Type of Family	Nuclear	15	19	0.355
	Joint	46	40	
Educational Status	Literate	20	38	0.001
	Illiterate	41	21	
Current Illnesses	Present	44	37	0.271
	Absent	17	22	

Table 4 shows significant association of QOL level with sex (p=0.018) and educational status (p=0.001) of the research participants.

DISCUSSION

Life satisfaction continues to be an important construct in the psycho-social study of the ageing. Old age means reduced physical ability, declining mental ability, the gradual giving up of role playing in socio-economic activities, and a shift in economic status moving from economic independence to economic dependence upon others for support. QOL of senior citizens is greatly influenced by their previous lifestyle, culture, education, health care beliefs, family strengths, and integration into the communities.¹² QOL of elderly people is becoming even more relevant with demographic shift happening towards an ageing society.¹³ It was observed that majority of the research participants residing in the old age homes (70%) and own residence (65%) had some illnesses. Out of 81 ill research participants, more than a quarter (30.95% and 30.77%) of the research participants residing in old age homes and in their own residence respectively had hypertension. The results reported by a study conducted in Brazil were similar to those reported

by this study showing 60.5% of the research participants having hypertension.¹⁴ With the increasing age, the risk for hypertension also increases. Majority (60%) of the research participants residing in the old age homes had low quality of life scores which is contradictory to the study conducted in urban Bangalore district which showed that only 16.5% of the research participants residing in the institutional settings had low quality of life level. More than half (58.33%) of the research participants residing in their own residence had high quality of life scores which is again contradictory to the study conducted in urban Bangalore district which showed that majority (40.2%) of the research participants had low quality of life level.⁶ This study showed that the senior citizens residing in their own residence had better quality of life than those residing in the old age homes which is similar with the findings of the study conducted in Hyderabad. This might have occurred because the senior citizens residing in the old age homes may feel lonely and miss their family members and there might be no one to share their feelings with. The mean QOL score of the research participants residing in the old age homes was found to be (55.26±11.67) and that of the research participants residing in their own residence was found to be (63.21±10.57). This finding is similar with the study conducted in Hyderabad which showed that the mean QOL score of the research participants from old age homes to be (56.4±13.40) and that of those residing in community to be (65.7±10.97).¹⁵ In the current study, no significant association was found between QOL level and age group, which is contradictory to the findings of the study conducted in urban Bangalore district which showed association between level of quality of life and age group. Significant association was found between level of quality of life and sex of the research participants (p=0.018). This finding is similar with the findings of the study conducted in urban Bangalore district.⁶

CONCLUSIONS

The study concluded that the mean score of quality of life of the people residing in their own residence was better than those residing in the old age homes. The study findings revealed that there was significant difference in mean scores of QOL and type of residence. There was significant association of QOL level with sex and educational status of the research participants.

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