Original Research Paper

Volume - 11 | Issue - 11 | November - 2021 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Nursing

# QUALITY OF LIFE AND PSYCHOLOGICAL WELL BEING AMONG ELDERLY: A CROSS SECTIONAL STUDY

**Mr. Bipin Baby** Msc (N) Associate Professor Dhanalakshmi college of Nursing Kannur.

**ABSTRACT** A descriptive cross sectional study was conducted upon 240 subjects randomly selected from the older adults of a south India based region residing in Old age homes. The method of sampling was stratified purposive sampling selecting 40 subjects each from the high, middle and low SES status groups. The socioeconomic status of the subject was determined by Kupuswamy SES scale. In each of the SES groups, equal number of men and women will be included in the study. McGill Quality of Life Questionnaire consisting of 15 items each to be responded by the subjects on a 10 point scale. Higher the score in the scale better is the quality of life. Ryff scale for psychological wellbeing consists of 42 items to measure 6 dimensions of psychological wellbeing namely; Self- acceptance, Positive relations with others, Autonomy, Environmental mastery, Purpose in life, and personal growth. Study findings reveals that none of the geriatric fall in fourth category, i.e., poor QOL while 56% (n = 140) belonged to good category and 41%% (n = 102) were having excellent QOL. 50% subjects are having medium scores, followed by 35% subjects with high scores and 15% subjects are having low scores in psychological well being scoring.

**KEYWORDS :** Quality of life, psychological well being, elderly.

## INTRODUCTION

Population ageing is now a daunting challenge across the globe. In the last few decades, enormous advancement in medical science, coupled with a sharp decline in fertility, has accentuated the share of the elderly population and created the problem of population ageing. Compared to the developed world, the demographic transition is more challenging for the Asian countries like China and India because of the huge population size and inadequate social security system for the elderly citizens. Projection suggests that Asia will be the largest resident of the elderly people by 2050—almost '38 per cent of 1 billion elderly' (60 years and above) will reside in India and China alone (United Nations, 2011). Among them, 432 and 330 million of elderly population will belong to China and India, respectively (United Nations, 2007).

The World Health Organization (WHO) has defined quality of life (QOL) as "an individual's perception of life in the context of culture and value system in which he or she lives and in relation to his or her goals, expectations, standards, and concerns." It is a broad concept covering the individual's physical health, mental state, level of independence, social relationships, spiritual beliefs, and the environment. By 2020, for the first time in history, the number of people aged 60 years and older will outnumber children younger than 5 years. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 841 million today. The rapidly growing numbers of older peoples' population in both developed and developing countries mean that they all would be at risk of a challenge to their QOL. The challenge in the 21st century is to delay the onset of disability and ensure optimal QOL for older people. The WHO has recently warned the member countries that as people across the world live longer, soaring levels of chronic illness, and diminished well-being are poised to become a major global public health challenge.

Aging is mostly outlined as a method of degradation within the practical capability of a private that results from structural changes, with advancement elderly. Longevity should return in conjunction with the standard, and then feeling of happiness can be achieved. To stress the medical and psychological difficulties two-faced by geriatric folks is that they want of current time. Analysis during this field would be useful to understand the precise standing of the standard of lives of the senior folks. Results of the study might give a baseline initiative for additional analysis and intervention methods. With this within the prospect, a study would be significantly useful among the senior population to understand their quality of lives.

## MATERIALS AND METHODS

The sample consisted of 240 subjects randomly selected from the older adults of a south India based region residing in Old age homes. The method of sampling was stratified purposive sampling selecting 40 subjects each from the high, middle and low SES status groups. The socioeconomic status of the subject was determined by Kupuswamy SES scale. In each of the SES groups, equal number of men and women will be included in the study. McGill Quality of Life Questionnaire consisting of 15 items each to be responded by the subjects on a 10 point scale. Higher the score in the scale better is the quality of life. Ryff scale for psychological wellbeing consists of 42 items to measure 6 dimensions of psychological wellbeing namely; Self- acceptance, Positive relations with others, Autonomy, Environmental mastery, Purpose in life, and personal growth. The investigator contacted some social organizations, religious institutes, senior citizen clubs and residential apartments to find out the sample for the study. Each subject was personally contacted and requested to cooperate and participate in the research. Formal ethical approval was taken from the Institutional Ethical Review Committee (ERC) (letter no- RIN/2021/18, August 2021). A formal permission was taken from the significant authorities (Chairman/managing director) of the selected old age homes. The study objectives were explained to all participants and they were assured their personal data and responses would be kept confidential. Informed written consent was taken from all participants. These elderly persons were contacted personally, and the questionnaires were administered to them.

## RESULTS

Total 240 geriatric age group people (age 60 years or more) were included in the study. Mean age of the study population was 62.8 years with standard deviation of 6 years. Number of people belonged to age group 60–64 were 116 (45.6%) while 103 (41.2%) were between 65 and 70 years age. Only 8% were above 75 years. Female preponderance was found in our study with 54.3% as compared to males ($n$ = 106, 42.4%). Educational status of study population showed that 45.6% were illiterate while half of the geriatrics ($n$ = 131, 52.4%) was primary educated. Only nine (3.6%) were graduates or above graduate.

**Table 1: QOL of elderly – Overall scoring (n=240)**

| Grades of QOL | Frequency (f) | Percentage (%) |
|---|---|---|
| Excellant | 102 | 41% |
| Good | 138 | 56.3% |
| Fair | 6 | 2.7% |
| Poor | 0 | 0 |

Table 1 reveals scoring of QOL profile using WHOQOL-BREF criteria. None of the geriatric fall in fourth category, i.e., poor QOL while 56% (n = 140) belonged to good category and 41%% (n = 102) were having excellent QOL. Mean score for four different domains, namely, physical, psychological, social, and environmental was depicted for QOL. Mean score of social domain was maximum (69.4 ± 9.7) as compared to other three domains. Lowest mean score was found in environmental domain (57.6 ± 10.0)

### Psychological wellbeing

**Table 2: Frequency and percentage distribution of subjects.**

| Psychological well being | Living in old age home | |
|---|---|---|
| Scoring | Frequency | Percentage |
| High | 83 | 35% |
| Medium | 120 | 50% |
| Low | 37 | 15% |

Table 2 reveals that 50% subjects are having medium scores, followed by 35% subjects with high scores and 15% subjects are having low scores in psychological well being scoring.

The psychological welfare of the topics were measured in six dimensions specifically autonomy, environmental mastery, personal growth, positive relations, purpose in life and self acceptance.

## DISCUSSION

The elderly population is on rise in India and Asia, and this suggests that there is a need to develop the area of Geriatric Psychiatry. Available literature arising from India suggests that the prevalence rate of depression is significantly high among elderly population. Cross nation data suggest that the prevalence rate of depression among elderly in India is possibly higher than other developing and less developed countries, which can be affecting quality of life and psychological well being of elderly.

Scoring of QOL profile revealed that in the present study, none of the geriatric had poor QOL, whereas 56% fall into category "good" and 50.8% were having "excellent" QOL. Similar findings were found in the research by Qadri et al. Who revealed that majority (68.2%) of elderly had good QOL whereas only 0.9% had poor. Mean score for four different domains, namely, physical, psychological, social, and environmental were illustrated for QOL. Mean score of social domain was maximum (69.4 ± 9.7) as compared to other three domains. Lowest mean score was found for environmental domain (57.6 ± 10.0). Similar presentation was seen in study by Sowmiya and Nagarani in Tamil Nadu, where the highest score was for the social relationship domain. Mudey et al.

The physical, psychological, environmental, and social domains were compared for numerous demographic and social characteristics. Geriatric population surveyed below this study had suffered from numerous morbidities. They found tough to succeed in government facility because of numerous reasons, one among it absolutely was distance they have to travel. In such instances, specifically for minor sicknesses, government health services will be provided by mobile medical van at their door step at regular interval. Overall QOL was smart to wonderful; however environmental domain wasn't up to the mark which might be improved by collective efforts from family further as by network of geriatric support teams. Social characteristics like education, legal status, and gender all play role for the perceived QOL among the respondents. Positive outcome within the QOL can be achieved if level of education is improved within the society.

## REFERENCES


1. World Health Organization. WHOQOL-BREF: Introduction, Administration, Scoring and Generic Version of the Assessment. Programme on mental health. Geneva: WHO; 1996. Available from: http://www.who.int/mental_health/media/en/76.pdf . [Google Scholar]
2. World Health Organization. Ageing Well Must Be a Global Priority. 2014. [Last accessed on 2016 Sep 16]. Available from: https:// www. who.i nt/ media centre/ news / releases/2014/lancet-ageing-series/en/
3. Mohapatra SC, Gambir IS, Singh IJ, Mishra NK. Nutritional status in elderly people of Varanasi district. Indian J Prev Soc Med. 2010;40:152–6. [Google Scholar]
4. Harman D. The free radical theory of aging. Antioxid Redox Signal. 2003;5:557–61. [PubMed] [Google Scholar]
5. Situation Analysis of the Elderly in India, Central Statistics Office Ministry of Statistics and Programme Implementation Government of India. 2011 Jun [Google Scholar]
6. Sowmiya KR, Nagarani R. A study on quality of life of elderly population in Mettupalayam, a rural area of Tamil Nadu. Natl J Res Community Med. 2012;1:123–77. [Google Scholar]
7. Jacob AP, Bazroy J, Vasudevan K, Veliath A, Panda P. Morbidity pattern among the elderly population in rural area of Tamil Nadu, India. Turk J Med Sci. 2006;36:45–50. [Google Scholar]
8. Qadri SS, Ahluwalia SK, Ganai AM, Bali SP, Wani FA, Bashir H. An epidemiological study on quality of life among rural elderly population of Northern India. Int J Med Sci Public Health. 2013;2:514–22. [Google Scholar]
9. Gupta I, Dasgupta P, Sawhney M. Health of the elderly in India – Some aspects of vulnerability. India: Institute of Economic Growth, University Enclave Delhi; 2000. pp. 4–28. [Google Scholar]