

Quality of Life among Elderly at Primary Health Care Centers in Al-Amara City

جودة حياة المسنين في مراكز الرعاية الصحية الأولية في مدينة العمارة

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الخلاصة:

خلفية البحث: يعتبر مفهوم جودة الحياة من المفاهيم المحيرة نظرا لاستخدامه في كثير من المواقف المختلفة وفروع العلم المتعددة فيمكن أن يشير إلى الصحة، أو السعادة، أو تقدير الذات، أو الصحة النفسية، أو الرضا عن الحياة.

الأهداف: تهدف هذه الدراسة إلى تحديد جودة حياة المسنين ولمعرفة العلاقة بين جودة الحياة والمتغيرات الديموغرافية- الاجتماعية. **المنهجية:** أجريت الدراسة الوصفية في مدينة العمارة خلال الفترة من 14 كانون الثاني إلى 12 آذار 2019. تم استخدام أسلوب العينة العشوائية البسيطة لتحديد (6) مراكز للرعاية الصحية الأولية، لاختيار (50) مسن وفق معايير خاصة من الذين يعيشون في المجتمع ويراجعون مراكز الرعاية الصحية. تم جمع البيانات من خلال أسلوب المقابلة بعد تطوير استمارة الاستبيان المولفة من جزئين. الجزء الأول يحوي الصفات الديموغرافية- الاجتماعية بينما الجزء الثاني يتكون من (6) محاور تتعلق بجودة حياة المسنين. تم وصف وتحليل البيانات باستخدام أساليب الإحصاء الوصفي (التكرارات، النسب المئوية...) والاستنباطي (مربع كاي).

النتائج: أظهرت نتائج الدراسة أن الوسط الحسابي لمحاور جودة الحياة كان بمعدل متوسط (0.739 ± 2.15) مع مستوى ضعيف في التقييم العام لجودة حياة المسنين 21 (42.0%). علاوة على ذلك، الدراسة أظهرت هنالك ارتباطات معنوية ذات دلالة إحصائية بين الصفات الديموغرافية للمسنين التي شملت العمر والجنس والمهنة ومستوى التعليم والحالة الزوجية والدخل الشهري وجوانب جودة الحياة ($P < 0.01$).

الاستنتاج: بينت النتائج أن معظم المسنين لديهم مستوى ضعيف إلى متوسط في أغلب محاور جودة الحياة. إضافة إلى ذلك، تشير النتائج إلى وجود علاقة ذات دلالة إحصائية عالية بين متغيرات الدراسة وجودة حياتهم.

التوصيات: الدراسة توصي بإجراء التنقيف الصحي من قبل ممرضين مؤهلين فيما يتعلق بزيادة الأنشطة والعلاقات الاجتماعية والتغيرات البيئية التي قد تساعد في تحسين جودة حياة المسنين. بالإضافة إلى ذلك، توصي الدراسة بإجراء دراسات أوسع على مجموعة من كبار السن.

الكلمات المفتاحية: كبار السن، جودة الحياة، رجال، نساء.

Abstract:

Background: Quality of life is one of the perplexing concepts given its use in many different situations and multiple branches of science. It can refer to health, happiness, self-esteem, mental health, or satisfaction with life.

Aims of the study: The study aims to determine the quality of life among elderly resident in community and to found out relationship between life qualities with their socio-demographic characteristics.

Methodology: A quantitative design (descriptive study) was carried out during the period 14 January to, 12 March 2019 in the city of Al-Amara. A simple random sample method was used to identify (6) primary health care centers, to select (50) elderly people according to special criteria from those who live in the community and review health care centers. The data was collected through interview method using developed instrument consisted of (2) parts. The first part includes demographic data and second related to elderly quality of life, which contain six domains. The data analyze through use descriptive statistical by (Frequency, Percentage) Inferential (Chi-Square test).

Results: The mean score and standard deviation of the overall quality of life ranges were moderate (2.15 ± 0.739) with poor level in overall assessment for elderly quality of life 21 (42.0 %). Moreover, the findings of the study demonstrated that there was high significant association between elderly: age, gender, occupation, educational level, marital status, and income and quality of life score at ($P \text{ value} < 0.01$).

Conclusion: The study shows that the majority of participants have a weak to moderate degree in all domains of quality of life. Also, there was high significance among these domains with their socio-demographic characteristics.

Recommendations: the present study recommends conduct health education by specialize nurses in relation to increase activities, social relationship, and environmental changes may help in improving elderly life quality. In addition, the study recommends broader studies on a group of elderly people.

Key words: Elderly, Quality of Life, Men, Women.

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INTRODUCTION:

Aging is a normal process in a person's life due to the inability of the cells of the body to regenerate or as a result of gradual changes in the activity of metabolism of organs. On the other hand, many factors can affect the quality of life (QoL) of the elderly including heredity, lifestyle, avoiding smoking, and physical activity. In particular, loneliness, poor sexual

activity and chronic metabolic disorders are some of the reasons that can lead to a decline in the life quality of the elderly ⁽¹⁾.

A report by the World Health Organization (WHO) shows that more than 600 million elderly people live in different countries of the world. Moreover, it is estimated that this rate will double by 2025, possibly reaching 2 billion by 2050 ⁽²⁾. The number of these elderly people continues to grow due to many changes in social, economic, cultural and demographic characteristics. In Iraq, the proportion of individuals over 60 years of age has increased from (3.4%) in 2010, to (5%) in 2015 according to the Ministry of Health's annual statistical report and is expected to reach 7.2% in 2050 ^(3,4).

Quality of life for the elderly is a universal term that assesses the health status of individuals in different health conditions, and is a broad concept that carries many meanings as any perceptions of individuals about their situation in the state of the value system and the culture of the society in which they live, and with regard to their level, expectations and goals ⁽⁵⁾.

Hence, one of the important issues of caring for the elderly is attention to aspects of their QoL, which includes: health state, cognitive, social support, emotional, sexual, behavioral functioning, economic situation, level of life satisfaction, and vitality ⁽⁶⁾. In addition, the life quality is described as a wellness which produced from multi domains such as physical, emotional, social and functional factors. But low educational level, poor economic, cultural, and inadequate social interactions and health care conditions can lead to a decline in the QoL of older persons ⁽⁷⁾.

Considering the importance of healthy status for elderly; the impact of the vulnerability on these people and because of the lack of studies on QoL and factors associated with the elderly living in the community, this study aims to assess QoL of the elderly in this city.

AMIS OF THE STUDY:

1. To determine the QoL among elderly who live in community.
2. To found out relationship between life qualities with their demographic data.

METHODOLOGY

A descriptive study was done during the period 14th January to, 12th March 2019. Simple random sample is used by the researcher to select (6) primary health care centers PHCs at Al-Amara city. Purposive sample (50) elderly visiting PHCs for therapeutic or preventive reasons, these elderly were collected from the six centers. The data were collected through face-to-face interview. Subjects of both genders, apparently and healthy, mobile, independent, and were able to communicate verbally defined as inclusion criteria. While exclusion criteria were individuals who suffering from chronic illness and elderly with cognitive disorders who had no ability to answer the questions and took part in the interview.

In order to assess QoL, the researcher developed the questionnaire to assess variables underlying the present study. The instrument contains 31 items, the first domain includes three items were about overall QoL and overall health status, while remaining 28 questions were divided into five health dimensions including: physical health, psychological and emotional, social communication, environment and spiritual health.

Physical health was assessed through (7) elements including pain, dependence on medical aid, mobility, sleep and rest, energy, measurement of work capacity and activities of daily life. With regard to the mental and emotional health were assessed through (6) elements included: personal beliefs and a sense of positive self-esteem and physical image and love of life. As for the social aspect, it included (3) elements are interpersonal relationships, social support and sexuality. In addition, environmental health includes (8) aspects including safety,

home environment, physical environment, easy access to information, financial support, recreational activities and transportation.

The total scores for each certain domain were demonstrated by the perception elderly to their quality of life. These items was rated according to the Likert scale and the scoring for these questions was range from 1 to 5, the high scores corresponding to better QoL classified as (5), while low scores classified as (1). The time taken for the questionnaire took about (20-30) min to complete. All questionnaire items were scaled in a positive direction (higher scores indicate higher QoL). This scale was evaluated according to five levels as following: Low level = (1-1.80): 1; Moderate = (1.81- 2.60): 2; Good = (2.61- 3.40): 3; Very good = (2.41- 4.20): 4; Excellent = (4.21- 5): 5. The reliability and validity of the instrument is determined by a panel of 16 experts and the grade of alpha-Cronbach ($r = 0.90$), respectively.

The data of our study was analysis by used of Statistical Package of social sciences (SPSS) version 20, by application of two statistical approaches. (I) Descriptive method which includes: frequency, percentage and mean of score. (II) Inferential approach which include: Chi-Square test. The results were confirmed as significant at $P \leq 0.05$ and no significant at $P > 0.05$.

RESULTS:

The findings of the data analysis were corresponding with the objectives of the study. Such a presentation was systematically organization to demonstrate the significant findings.

Table (1): The study sample is distributed according to its demographic characteristics

No.	Variables	(N=50)	F	%
1.	Age	65- 69 years	34	68.0
		70- 74years	16	32.0
2.	Gender	Male	25	50.0
		Female	25	50.0
3.	Occupational Status	Unemployed	22	44.0
		Government Employed	6	12.0
		Self-Employment	5	10.0
		Retired	17	34.0
4.	Level of educational	Read and Write	15	30.0
		Primary School	9	18.0
		Middle School Graduate	7	14.0
		Secondary School	9	18.0
		Institute	6	12.0
		Collage Graduate	4	8.0
5.	Marital Status	Married	35	70.0
		Divorced	6	12.0
		Widowed	9	18.0
6.	Monthly Income	Less than 700,000 ID	25	50.0
		700,000 – 1000,000 ID	16	32.0
		More than 1000,000 ID	9	18.0
		Total	50	100

N = Total number of the sample, F=frequencies, %= Percentages, ID= Iraqi Dinars.

The above table shows that the majority of sample is within (65-69) years old, with equal distribution for gender (50.0%) male and female respectively. While the occupation status shows that less than half of the sample is unemployed/ housewife (44.0%), most of the sample is within the read and write level (30.0 %), so the almost of participant is married (70.0 %), and finally in regarding for monthly income in our study shows the majority of elderly (50.0%) have less than 700,000 Iraqi dinars.

Table (2): Assessment Domains for elderly QoL

Domains of QOL	Rating	F	%	M.S.	S.D.	Ass.
Life Overall	Poor	14	28.0	2.31	0.767	Moderate
	Moderate	22	44.0			
	Good	11	22.0			
	Very Good	1	2.0			
	Excellent	2	4.0			
The Physical Health facet	Poor	19	38.0	2.25	0.803	Moderate
	Moderate	16	32.0			
	Good	10	20.0			
	Very Good	5	10.0			
The Emotional and Psychological facet	Poor	23	46.0	2.05	0.779	Moderate
	Moderate	13	26.0			
	Good	12	24.0			
	Very Good	2	4.0			
The Social Relationships facet	Poor	24	48.0	2.09	0.824	Moderate
	Moderate	13	26.0			
	Good	9	18.0			
	Very Good	3	6.0			
	Excellent	1	2.0			
The Environment facet	Poor	25	50.0	2.10	0.899	Moderate
	Moderate	14	28.0			
	Good	4	8.0			
	Very Good	6	12.0			
	Excellent	1	2.0			
The spiritual facet	Poor	24	48.0	2.16	0.803	Moderate
	Moderate	10	20.0			
	Good	11	22.0			
	Very Good	5	10.0			
Total Domains	Poor	21	42.0	2.15	0.739	Moderate
	Moderate	17	34.0			
	Good	9	18.0			
	Very Good	3	6.0			

No: number of sample, M.S. =Mean of score, SD = Standard Deviation, Ass. =Assessment, Assessment Level score: (1.00 – 1.80): Low; (1.81 – 2.60): Moderate; (2.61 – 3.40): Good; Very Good :(3.41-4.20) and Excellent: (4.21-5).

The above table shows that there is moderate level score in all domains for elderly quality of life with average mean and standard deviation for total domains was (2.15 $\pm$ 0.739).

Table (3): Overall assessment of QoL for Elderly

No.	Level of QoL	Frequency	Percent
1.	Poor	21	42.0
2.	Moderate	17	34.0
3.	Good	9	18.0
4.	Very Good	3	6.0
Total		50	100%

No. = number. QoL= quality of life. Assessment Level score: (1.00 – 1.80): Low; (1.81 – 2.60): Moderate; (2.61 – 3.40): Good; Very Good: (3.41-4.20) and Excellent: (4.21-5).

Reveals this table that the majority of participants have poor quality of life through overall assessment (n=50 with 42.0 %).

Table (4): Association between QoL for Elderly and their Demographic Characteristics

Characteristics (N=50)	Rating					Chi-Square test			
	Poor	Mode rate	Good	Very Good	Excellent	χ^2	d.f	P- value	Sig.
Age						154.552	4	0.00 0	HS
65- 69 years	235	429	204	134	52				
70- 74years	236	207	34	16	3				
Gender						41.608	4	0.00 0	HS
Male	191	314	137	94	39				
Female	280	322	101	56	16				
Occupational Status						249.078	12	0.00 0	HS
Unemployed	243	316	79	34	10				
Government Employed	22	37	46	53	28				
Self- Employment	28	72	32	16	7				
Retired	178	211	81	47	10				
Level of educational						93.766	20	0.00 0	HS
Read And Write	180	190	49	35	11				
Primary Graduate	88	131	44	14	2				
Middle Graduate	58	81	31	30	17				
Secondary Graduate	80	119	49	26	5				
Institute Graduate	44	61	40	27	14				
Collage Graduate	21	54	25	18	6				
Marital Status						32.630	8	0.00 0	HS
Married	334	424	170	111	46				
Divorced	55	69	27	26	9				

Widowed	82	143	41	13	0				
Monthly Income									
≤ 700,000 ID	308	316	81	53	17	109.955	8	0.00 0	HS
700,000 – 1000,000 ID	113	218	98	47	20				
≥ 1000,000 ID	50	102	59	50	18				

N. Number of sample, χ^2 = Chi-Square test, df= degree of freedom, Sig.= Significant, p = probability value.

The table (4) shows there were high significant relationship between the elderly QoL with their demographic data: age, gender, having spouse, level of education, occupational status and monthly income at $P < 0.01$.

DISCUSSION

Considered our study is one of the few investigations intended to collect particular data regard quality of life for elderly in city of the Al-Amara. In table (1): data were shown with respect to sample ages (68.0%), which means that more than half of the sample is between 65-69 years of age, which is considered to be part of the early age for elderly that is more influential on their health status. This result was agree with Roopa et al., (2014) in study that is objective to help the elderly to cope with prevailing conditions and improve their QoL in a sample of 80 elderly, 40 of them were men and 40 were women aged 65 to 76 years⁽⁸⁾. With regard to the occupational situation the majority of the sample unemployed/housewife (44.0 %), while other of them were retirees (34.0 %), for their educational level, (30.0 %) of elderly were able to read and write, about (70.0 %) of them were married, and half of sample (50.0%) have insufficient income this result concur with Thadathil et al., (2015) who found that most of the sample (90.4 %) were unemployed, (65.4%) who having partner and about (55.54%) of them with low monthly income⁽⁹⁾.

In regarding to assessment domains for elderly QoL as in (table 2) shows that there is moderate level score in life overall, physical health, emotional and psychological facet, social relationships, environment, and spiritual facet with average mean and standard deviation for these domains were (2.15±0.739). This result was agreed with Khaje-Bishak et al. (2014) showed that overall QoL and physical health in participants were about in moderate level (3.61± 0.84 and 3.57±0.81) respectively⁽¹⁰⁾. Mudey, et., al. (2011) reported that most elderly people living in urban society have a lower level of QoL in physical health (51.2 ± 3.6) and psychological domain (51.3 ± 2.5) than living in rural areas⁽¹¹⁾. This may be due to the growing number of elderly people in cities facing neglect and abandonment or because of the low socio-economic status.

Regarding the overall QoL assessment as shown in Table 3, showed that most participants (42.0%) had poor quality of life. This finding was disagree with previous studies conducting in Spain and Brasil^(12, 13) the results of their studies showed that most seniors have a good QoL because they are better satisfied with their health. These results may be due to the culture context of communities that provide different services to maintain the health of the elderly through provision of green spaces, physical activities, the promotion of social support and social interactions that increase well-being.

The findings of our study in table (4) showed there was high significant association ($P < 0.05$) between score of QoL and age at ($P=0.000$) this finding may be associated with all study participants who were elderly at an early age and were independent in their lives. In agreement with this study, Heydari et al.,⁽¹⁴⁾ Who found that there is a high statistical significance among old age QoL obtained through Short Form -36 with their age at (P value 0.01). Association between score of QoL and gender was high significant in this study

($P=0.000$). This result was supported by ⁽¹⁵⁾, the results of a survey conducted in Marivan city/Iran among 400 elderly people aged 60 years and above showed that males had a higher quality of life than females at ($P < 0.001$). This result can be related to gender discrimination, cultural beliefs or through greater attention to health aspects. In some Eastern societies, females are more responsible and active than males through domestic or work activities. In our study employment, level of educational, married elderly, and monthly income have high significant association ($P=0.000$) with QoL. Thadathil et al., ⁽⁹⁾ that is aims to assess the domain wise QoL of elderly which found education, occupation, staying with partner, and higher income were found to be have high significant with QoL score which is similar to the result we got.

CONCLUSION

The study shows that majority of elderly have moderate level score in life overall, physical health, emotional and psychological, social relationships, environmental, spiritual domains for quality of life. Also, the poor level in overall assessment that is considered more effect on their health status. With regard to the association between the quality of life of the elderly and demographic characteristics, the result shows a significant correlation between: age, sex, education, marital status of the elderly, occupation and financial situation with the quality of life.

RECOMMENDATION:

1. Based on the conclusion, the present study recommends increasing level of awareness for elderly by offering health education that focuses on maintaining physical and mental health and increasing the social relationship that improve their quality of life.
2. The study recommends further studies on the size of a large sample of the elderly in Maysan governorate instead of Al-Amara city.

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