

Psychosocial Quality of Life among Elderly People and its relationship to Chronic Diseases

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Abstract

Background: Aging is a natural process which universally affects all the human beings in the society. Quality of life among the geriatric population is a global concern as it reflects the status of health and of wellbeing among the set population. This study aimed to assess the quality of life among elderly and its relationship to chronic diseases.

Method: A descriptive cross-sectional study conducted in a nursing home in Baghdad for the period from November 1st, 2022 to March 1st, 2023, on a sample of (139) elderly people. The questionnaire was validated by experts and then its reliability was verified through a pilot study. The total number of items included in the questionnaire was 26 items for quality of life assessment. Data were collected using interviews and analyzed by applying descriptive and inferential statistical analysis.

Results: The results indicate that the average age of the respondents was 72.15 (\pm 2.39) years, more than half of the participants were males (58.3%), the monthly income was less than 300 thousand Iraqi dinars (45.3%), one-third of the elderly were divorced (36.7%), and they graduated from school primary (28.8%), more than half of them have sons (59.7%), residents of the nursing home for more than 6 years and most have diabetes (30.2%). The results showed that (55.4%) of the elderly expressed a low quality of life. The analysis of variance showed that there were statistically significant differences in QoL between elderly with respect to associated chronic diseases ($F=30.496$; $p=.000$).

Conclusions: The results of the current study demonstrated that the quality of life for senior people decreases when the incidence of chronic diseases rises like diabetes mellitus and hypertension. Given that the category of the elderly is constantly increasing, and the statistics indicate an increase in chronic diseases at this age stage, it is necessary to conduct more studies that seek to reveal the quality of life of the elderly according to their different circumstances and social statuses.

Keywords: Psychosocial Quality of Life • Chronic Diseases • Elderly • Geriatric Homes

Introduction

All human life requires aging, and this unwelcome process of getting older just emphasizes how crucial it is. It is the final stage of human development. At this period, human life weakens physically and psychologically becomes more sensitive and emotional. Old age is viewed as a curse because it is associated with every physical [1]. The definition of quality of life for older people is how they perceive and assess their lives, including whether they experience depression, how well they perceive their health is, and how satisfied they are with various aspects of their lives, including their sexual activity and relationships with their spouses and children as well as their financial situation [2]. QoL in old age is greatly influenced by circumstances, events, and choices made in childhood and adulthood, including aspects related to the environment and lifestyle [3]. Biological deterioration causes a variety of chronic diseases in elderly persons, and health issues are practically a given throughout the final years of life. Cancer, hypertension, osteoporosis, diabetes mellitus, etc. are some of the

most prevalent degenerative disorders that impair quality of life (QoL) [4]. Age can have an impact on the quality of life associated with chronic conditions, especially for older persons. Because of their dependency on others and the impact of chronic illnesses on their mobility, seniors' physical and functional state, emotional equilibrium, and self-esteem deteriorate [5]. Aging is a natural phenomenon that has an impact on every single person in society. Because the elderly population is quite susceptible, they may experience physical and mental impairments that jeopardize their independence [6]. Geriatric population quality of life is a major concern since it represents overall population health and well-being [7]. The continued rise in the absolute and relative numbers of elderly people in Iraq has been one of the major trends in the country's population over the past few decades. Iraq is predicted to have the highest percentages of elderly people (18 million) and oldest-old (3.1 million) in the region by 2050. If this pattern persists, a group of people known as the elderly population will eventually exist [8]. Little is known about the elements that affect senior people's quality of life, and it should be kept in mind that any plan for promoting health that is developed and put into action must be founded on scientific data. Otherwise, health programs could be extremely expensive [9]. Since increasing number of elderly will lead to serious problems and issues for the society, it is necessary to pay special attention to elderly and their special circumstances, so as to provide them with mental and physical health. Recognition of chronic diseases of the community of elderly, considering differences in their living conditions, could provide a basis for enhancing their quality of life [10]. Furthermore, considering the fact that the number of places where elderly is provided with nursing services is increasing and that a general cultural trend is developing toward further assigning nursing homes for taking care of elderly, indicates further necessity of undertaking such studies.

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Research Methodology

Study Design

The descriptive cross-sectional study design technique was adopted by standard questioning individuals of the study population with the sole purpose of describing the examined phenomena in terms of its nature and degree of presence was conducted during the period from November 1st 2022 to March 1st 2023.

Study Sitting and Sample

The study population consisted of 152 elderly enrolled in the archives of the Rashad and Aslikh nursing homes in Bagdad City. However, of all the elderly on the list that were included by scanning the archives presented in nursing homes. In the in nursing homes, 2 refused to participate in the study, 1 they are not meet the study criteria, and 10 were excluded from the study due to pilot study. Standards. The study was completed on 139 elderlies. They were selected on the basis of the following inclusion criteria:

1. who agreed to participate in the study
2. who were residents in nursing homes.
3. who stay in nursing homes for last six months or more.

Study Instrument

This questionnaire consists of two part include the followings.

Part I: Factors prediction quality of life such as elderly age, gender, marital status, monthly income, education, did have sons, length of nursing home stay, and comorbid chronic diseases.

Part II: The WHOQoL in terms of psychological health, social relationships, and environmental health. The mobility, everyday activities, functional ability, energy, pain, and sleep topics are all part of the physical health domain. Self-image, unfavorable ideas, favorable attitudes, self-esteem, mentality, learning capacity, memory focus, religion, and mental status are among the psychological domain measures. Personal relationships, social support, and sexual life are all included in the social relationships domain of the test. the living physical environment, opportunities to learn new skills and knowledge, recreation, the general environment (noise, air pollution, etc.), and transportation are all covered under the environmental health domain [11]. The Cronbach-alpha value in current was 0.82.

Data Collection

The researcher interviewee the participants (Elderly), explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The interview techniques were used on individual bases, and each interview (15-20) minutes after taking the important steps that must be included in the study design.

Statistical Analysis

The IBM SPSS 20.0 program was used for all the analyses that follow. Numbers and percentages (No. and %) were used to categorize the variables, while the mean and standard deviation were used to characterize the continuous variables (mean and SD). ANOVA test to different between study variables. Statistical significance was defined as a two-tailed p .05.

Result

The in (Table 1) indicate that the average age of the respondents was 72.15 (± 2.39) years, more than half of the participants were males (58.3%), the monthly income was less than 300 thousand Iraqi dinars (45.3%), one-third of the elderly were divorced (36.7%), and they graduated from school primary (28.8%), more than half of them have sons (59.7%), residents of the nursing home for more than 6 years and most have diabetes (30.2%).

The results demonstrated that (55.4%) of the elderly expressed a poor quality of life 46.2 (± 12.45).

The analysis of variance showed that there were statistically significant differences in QoL between elderly with respect to associated chronic diseases (F=30.496; p=.000).

The quality of life among elderly's who are with DM and HTN is significant worse quality of life.

Discussion

The results show the characteristics of the participants; the average age is 72.15 (±2.39) among age group 65-75 years was the highest recorded. This results are supported by findings from India, most of participants within age group 60-69 years old [12]. This results come because the most people who residents geriatric home are within those age as stated in the mentioned Indian results. Also, in line with studies conducted in Iraq [13, 14]. In regard with gender, more than half of participants were male as compared with those

Table 1. Socio-Demographic Characteristics

Variables	Classification	No.	%
Age /years	65 to 75 years old	98	70.5
	76 to 85 years old	22	15.8
	86 and older	19	13.7
	72.15 ± 7.39		
Gender	Male	81	58.3
	Female	58	41.7
Monthly income	None	47	33.8
	<300 Thousand IQD	63	45.3
	300-600 Thousand IQD	21	15.1
	601-900 Thousand IQD	6	4.3
	>900 Thousand IQD	2	1.4
Marital status	Single	25	18.0
	Married	27	19.4
	Divorced	51	36.7
	Widower	22	15.8
	Separated	14	10.1
Education level	Illiterate	9	6.5
	Read and write	24	17.3
	Elementary school	40	28.8
	Middle school	39	28.1
	High school	13	9.4
	College	14	10.1
Do you have sons	Yes	83	59.7
	No	56	40.3
Duration in geriatric home	<1 year	28	20.1
	1-3 years	40	28.8
	4-6 years	27	19.4
	>6 years	44	31.7
Chronic Diseases	Rheumatism	31	22.3
	Heart attack	17	12.2
	DM	42	30.2
	HTN	29	20.9
	CVA	8	5.8
	Asthma	12	8.6

Table 2. Overall Assessment Psychosocial

Psychosocial QoL	Rating	No.	%
	Poor	77	55.4
	Moderate	52	37.4
	Good	10	7.2
	Total	139	100.0

Table 3. Statistical Differences in QoL between Groups of Chronic Diseases

Chronic diseases	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	Sig.
Psychosocial QoL	Between Groups	14.583	5	2.917	30.496	.000
	Within Groups	12.720	133	.096		
	Total	27.303	138			

Table 4. Multiple Comparisons in Psychosocial QoL between Groups of Chronic Diseases.

(I) Chronic Diseases	(J) Chronic Diseases	Mean Difference (I-J)	Std. Error	Sig.
Rheumatism	Heart attack	0.03104	0.09333	0.74
	DM	.72251 [*]	0.07323	0
	HTN	.57139 [*]	0.07989	0
	CVA	-.11996-	0.12264	0.33
	Asthma	.44700 [*]	0.10514	0
Heart attack	Rheumatism	-.03104-	0.09333	0.74
	DM	.69148 [*]	0.0889	0
	HTN	.54035 [*]	0.09446	0
	CVA	-.15100-	0.13259	0.26
	Asthma	.41597 [*]	0.1166	0
DM	Rheumatism	-.72251 ⁻	0.07323	0
	Heart attack	-.69148 ⁻	0.0889	0
	HTN	-.15113 ⁻	0.07467	0.05
	CVA	-.84247 ⁻	0.1193	0
	Asthma	-.27551 ⁻	0.10123	0.01
HTN	Rheumatism	-.57139 ⁻	0.07989	0
	Heart attack	-.54035 ⁻	0.09446	0
	DM	.15113 [*]	0.07467	0.05
	CVA	-.69135 ⁻	0.1235	0
	Asthma	-.12438-	0.10615	0.24
CVA	Rheumatism	0.11996	0.12264	0.33
	Heart attack	0.151	0.13259	0.26
	DM	.84247 [*]	0.1193	0
	HTN	.69135 [*]	0.1235	0
	Asthma	.56696 [*]	0.14115	0
Asthma	Rheumatism	-.44700 ⁻	0.10514	0
	Heart attack	-.41597 ⁻	0.1166	0
	DM	.27551 [*]	0.10123	0.01
	HTN	0.12438	0.10615	0.24
	CVA	-.56696 ⁻	0.14115	0

*. The mean difference is significant at the 0.05 level

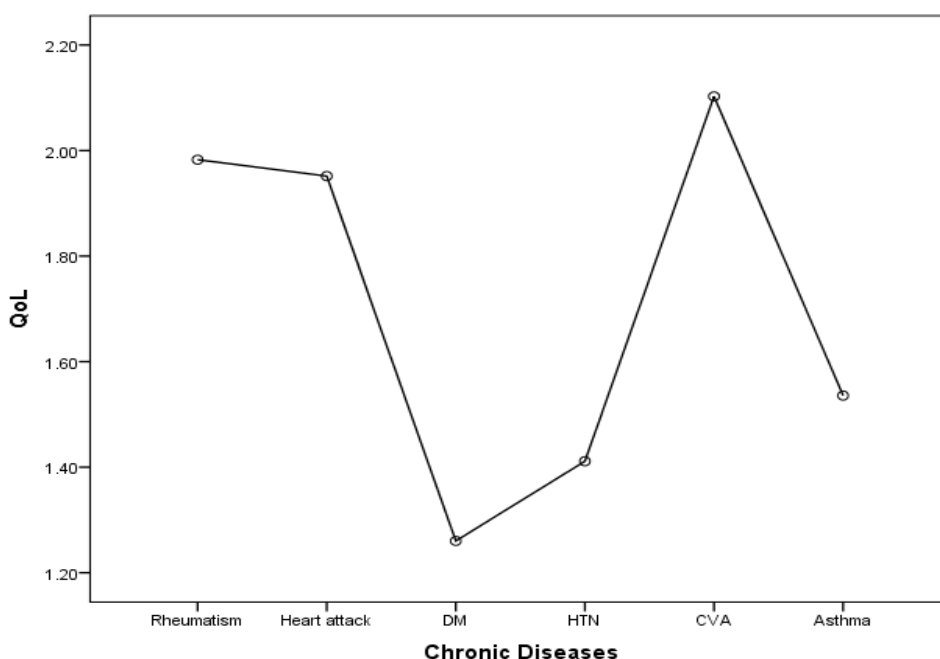


Figure 1. Quality of life between Groups of Chronic Diseases

who are female. This can be justified by the fact that most of the residents of nursing homes are men, and this is due to the nature of our society caring for women more than men. This results come consisting with findings from Bagdad city, the male elderly was predominated in nursing home compared with those

who are female [15, 16]. Monthly income related findings, elderly's expressed <300 Thousand IQD. These results come because they depend only on the nursing home and there is no support from the community. This results is supported by findings from Bagdad city [17, 18]. Concerning marital status, one-

third were divorced, followed by married, single, widower and separated. This finding disagreement with findings from Qom city, where most of the residents of nursing homes were from the category of married people and the least of them were from the category of divorced people, the differences are due to the nature of society and the desire of the elderly to enter the nursing home, and this completely contradicts our results because of the difference in the culture of our society [19, 20]. Education level associated findings, most of participants were elementary school. These findings in agreement with findings from China, most of the residents of nursing homes are (illiterate) not formally educated and level of education does not qualify them to manage stress [21]. Elderly expressed residents for >6 years in geriatric homes. Chronic diseases associated findings, were diagnosed with diabetes mellitus (DM), followed by Rheumatism, hypertension (HTN), Heart attack, Asthma and cerebrovascular diseases (CVA). This finding is supported by geriatric home in Baghdad, the occupation plays an importance role in social relationship in nursing home, chronic diseases and long duration negatively influences the elderly in nursing home [22].

The present study in old age homes was conducted to assess the quality of life among elderly population. The overall quality of life among aged population in geriatric homes was 46.2 (± 12.45). Thus, the aged persons residing at old age homes are not satisfied with environmental condition of old age home like health care and transport facilities in old age homes. With advanced age, there is decrease in functional ability which limits their daily routine activities and access to health services when required which was reflected in significantly [23]. These findings were anticipated because the study sample was restricted to senior people with chronic illnesses, and illnesses like these generally lower people's quality of life. These results are consistent with those from Mullana, who found that people without chronic illnesses have higher quality of life [24]. To better care for the elderly and their morbid conditions, the health care system needs to be reinforced [25]. According to a study published in MentDis, the quality of life in the present is in conflict with results obtained in industrialized nations like Europe, where the QOL scores were determined to be satisfactory (56.6%) [26]. The highest QOL scores were in the psychological and environmental areas. These variations are a result of the nursing home's quality [27], as the standard of care in nursing homes significantly affects residents' quality of life. The nursing home service quality needs to be highlighted in comparison to the international norm.

Quality of life is one of the major determinants of healthy living among the elderly. All of the major non-communicable diseases like diabetes, hypertension and even cancer has an important psychosocial component which is responsible for proper control and prognosis which depends on the quality of life they live. This study done in a geriatric homes gave interesting results which are discussed below. The analysis of variance showed that there were statistically significant differences in QoL between elderly with respect to associated chronic diseases ($F=30.496$; $p=.000$).

The quality of life among elderly's who are with Rheumatism are not differs from those who are Heart attack and CVA; and differs from those who are DM, HTN and Asthma. Among elderly's who are with heart attack are not differs from those who are Rheumatism and CVA; and differs from those who are DM, HTN and Asthma. Among elderly's who are with DM are differs from those who are Rheumatism, Heart attack, HTN, CVA and Asthma. Among elderly's who are with HTN are differs from those who are Rheumatism, Heart attack, DM and CVA; and not differs from those with Asthma. Among elderly's who are with CVA are not differs from those who are Rheumatism and Heart attack; and differs from those who are with DM, HTN and Asthma. Elderly who are with Asthma are not differs from those who are with HTN; and differs from those who are with Rheumatism, Heart attack, DM and CVA.

Elderly who are with DM and HTN is significant worse quality of life. This may be due to the presence of complications or those diseases that need intensive care and adherence to treatment. A study showed that measures are needed to control high blood pressure, diabetes mellitus and related complications in order to improve QOL. This similar to previous studies [28, 29, 30], hypertension and diabetes was found to be significantly associated with QOL. Besides, Chang's study indicated that older adults with chronic diseases may still live with good QoL if their mental or psychological problem was effectively managed [31].

Although hypertension is often perceived as asymptomatic, it is associated with impaired QOL because of complications or co-morbidities, awareness of the diagnosis, and adverse effects from antihypertensive medications [32]. The patients with DM with other comorbid conditions had low QOL score in comparison to the group without co-morbidity in all 4 domains of QOL [33].

Regarding self-reported morbidity among the study participants, hypertension and diabetes mellitus was the common health conditions encountered [34]. Similar results were found in study done in Puducherry (35), where diabetes mellitus had higher prevalence when compared to other co-morbid conditions. These health problems can influence and affect their Quality of Life as these chronic diseases can affect the physical and psychological wellbeing of the individuals [36].

The present study has got its own limitations. There may be subjective bias introduced during the interview period. Under reporting of chronic diseases is also another limitation because the study has taken into consideration only the diagnosed cases. We could not study some factors like mental health status, complications of chronic morbid conditions of the elderly due to feasibility constraints. In spite of these limitations, this community based cross-sectional study gives valuable information on the QOL and its associated factors among elderly population using a standard instrument.

Conclusions

The results of the current study demonstrated that the quality of life for senior people decreases when the incidence of chronic diseases rises like diabetes mellitus and hypertension. Given that the category of the elderly is constantly increasing, and the statistics indicate an increase in chronic diseases at this age stage, it is necessary to conduct more studies that seek to reveal the quality of life of the elderly according to their different circumstances and social statuses.

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