

## RESEARCH

# A study on quality of life between elderly people living in old age home and within family setup

Rishi Panday, Manisha Kiran, Prashant Srivastava, Saurav Kumar

## Abstract

**Background:** Ageing in the new millennium will be greatly influenced by both global and region specific factors, although increasing numbers as well as significant changes in the socio-cultural milieu are responsible for the recent emphasis on studies pertaining to older adults in India. This has resulted in the caregiver issue becoming a growing concern for national policy makers. The family as a single unit is undergoing changes leading to significant adjustments in accommodating and caring for older adults in the family, making them more vulnerable to illness and psychosocial strains in the absence of familial support network.

**Aim:** To assess and compare quality of life (QOL) between elderly people living in old age home and within the family setup.

**Methods and materials:** A cross sectional research design was adopted for the study. The study was conducted at two old age homes and two areas of Ranchi - Kantatoli and Kanke. The sample comprised of 80 participants who were further divided into 40 participants from old age homes and 40 participants from family. Tools such as socio-demographic data sheet and QOL scale were administered to obtain the data.

**Result and conclusion:** Findings of this study indicate that QOL was better of those elderly people who were living in old age home in comparison of those elderly people who were living within family setup.

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**Correspondence:** rishiraj.lu@gmail.com

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Old age is the closing period of the life span. It is a period when people 'move away' from previous more desirable periods or times of 'usefulness'. Old age is considered as a curse, being associated with deterioration of all physical, psychological factors, isolation from social, economic, and other activities. Socially, this stage was considered as the sum total of one's lived experiences. Hence, the society offered a space of respect to the old. In such a society, the aged were the repositories, transmitters, and sole authorities of wisdom and knowledge. All these provided a 'golden age' concept to this stage, old age.

**Quality of life and ageing:** Quality of life (QOL) is defined as this combination of an individual's functional health, feeling of combination of an individual's functional health, feelings of competence, independence activities of daily living, and satisfaction of social circumstances.

QOL is widely recognised as an important concept and measure of outcomes in health care. This concept is

emerging more and more often also in connection with long term care. However, although improving or maximising QOL of the clients seems to be increasingly mentioned in care policies and development programmes of long term care of older people, it less often is a goal pursued in actual care practices. In our view, among the reasons for this are underdeveloped concepts, structures, and processes of evaluation of care outcomes in the long term care of older people.

**Old age home (alternative shelter for the elderly):** The home environments primarily for those elderly persons who are unable to stay with family members due to any reasons. It is an alternative shelter where elderly persons can share their feeling, liking, experiences with each other staying at this type of settlement. They live in an institutional setup according to some rule and regulations.

**Aim:** To assess and compare QOL between elderly persons living in old age home and within the family setup.

**Methods and materials:** A cross sectional research design method was adopted for the study. The study was conducted at old age homes, DAV Nand Raj and Urse line Society old age homes, Ranchi. This study was approved by institutional ethics committee. Permission to conduct study at old age home was sought from old age home authority. Study aim and objectives were explained to the participants; following the consent, participants were interviewed with standardised tools by first author. A total 80 people participated in the study. In this study, researchers selected two areas of Ranchi - Kantatoli and Kanke - for selecting elderly people living within family setup. First, family members were contacted and informed about aim and objectives of the study, and to seek their permission to conduct the study. The elderly people living within family setup were also told about the aim and objectives of the present study, and then according to inclusion and exclusion criteria, samples were selected through purposive sample technique. The sample comprised of 80 participants who were further divided into 40 participants, who were living in old age homes and 40 participants who were living within family setup. Selected samples were informed about the tools for data collection and doubts were clarified. Tools such as QOL were administered to obtain the data.

#### ***Inclusion and exclusion criteria***

Inclusion criteria for elderly people living in old age home: 1) Educated up to fifth standard, 2) both male and female, 3) age between 60-75 years, 4) living in old age home between two to eight years, 5) willing to participate in study.

Exclusion criteria for elderly people living in old age home: 1) There should not be any history of major physical illness, 2) there should not be any history of major psychiatric and neurological illness.

Inclusion criteria for elderly people living within family setup: 1) Educated up to fifth standard, 2) both male and female, 3) age between 60-85 years, 4) willing to participate in study, 5) living with family members, 6) not involved in any occupation and professional work.

Exclusion criteria for elderly people living within family setup: 1) There should not be any history of major physical illness, 2) there should not be any history of major psychiatric and neurological illness.

#### ***Tools***

**1. Socio-demographic datasheet:** It is semi-structured, self-prepared proforma, especially drafted for this study. It contains information about socio-demographic variables like age, sex, religion, education, marital status, and domicile.

**2. QOL scale (WHOQOL-Bref, Hindi):** Hindi version of the World Health Organization Quality of Life

(WHOQOL)-Bref (WHOQOL-Bref, Hindi) has been derived from the original WHOQOL scale. WHOQOL-Bref, Hindi scale is adopted by Saxena *et al.*[1] WHOQOL-Bref is a short version of WHOQOL-100 questionnaires. WHOQOL-Bref has been tested in 15 centres including New Delhi and Chennai from India. WHOQOL-Bref contains 26 questions in four major domains (i.e. physical health, psychological health, social relationships, and environment) to measure QOL.

#### **Result**

Table 1 shows the socio-demographic variables between persons living in old age home and family setup. Majority of the participants were female, Hindu, of general category, widow, studied up to primary, and of urban residence in both the groups, i.e. old age home and family setup.

Table 2 reveals that mean age of respondents living in old age home was  $72.90 \pm 6.92$  years. The mean age of respondents living with family was  $72.78 \pm 7.71$  years.

Table 3 shows the mean scores and comparison of QOL (domain wise) between elderly people living in old age home and within family setup. Significant group deference was found in term of social health and environmental health between elderly people living in old age home and within family setup. It shows that the mean score of social health of elderly people living with family ( $2.82 \pm 1.10$ ) was better than the elderly people living in old age home ( $1.55 \pm 0.63$ ). There was significant difference at 0.05 levels ( $p \leq 0.05$ ). It indicates that elderly people living with family was better social health than elderly people living in old age home. The mean score of environmental health between elderly people ( $23.15 \pm 2.58$ ) living in old age home was better than the elderly people ( $20.02 \pm 3.44$ ) living with family. Significant difference was found at 0.01 levels ( $p \leq 0.01$ ). It indicated that elderly people living in old age home had better environmental health than elderly people living with family. The mean score of QOL between elderly people living in old age home ( $65.17 \pm 7.29$ ) was better than the elderly people living with family ( $61.62 \pm 8.52$ ). The difference was significant at 0.05 levels ( $p \leq 0.05$ ). It indicated that elderly of elderly people living in old age home had better QOL than the elderly people living with family.

#### **Discussion**

**Physical health:** The mean score of physical health was  $21.75 \pm 3.73$  in those respondents who were living in old age home. The mean score of physical health was  $20.45 \pm 4.07$  in those respondents who were living with family. The mean score of persons who live with family was lower than persons who live in old age home. It is domain of QOL scale and in this scale, higher scores indicate good QOL and low score indicates poor QOL. In

**Table 1. Socio-demographic variables between elderly people living in old age home and with family setup**

Variable		Group		df	$\chi^2$
		Old age home	Family		
Sex	Male	11 (13.8%)	19 (23.8%)	1	3.413 NS
	Female	29 (36.2%)	21 (26.2%)		
Religion	Hindu	25 (62.5%)	28 (52.8%)	2	5.16 NS
	Christian	14 (35.2%)	12 (46.2%)		
	Other	1 (2.2%)	0		
Category	General	19 (47.5%)	21 (52.5%)	3	2.54 NS
	OBC	7 (8.8%)	4 (5.0%)		
	SC	0	3 (3.8%)		
	ST	14 (17.5%)	12 (30%)		
Marital status	Married	6 (7.5%)	12 (66.7%)	3	4.00 NS
	Unmarried	4 (5%)	1 (1.2%)		
	Widow	23 (57.5%)	20 (50%)		
	Widower	7 (17.5%)	7 (17.5%)		
Education	Primary	19 (23.8%)	21 (52.5%)	5	4.78 NS
	Middle	1 (1.2%)	5 (6.2%)		
	Secondary	7 (8.8%)	5 (6.2%)		
	Intermediate	4 (5%)	2 (2.5%)		
	Graduation	2 (2.5%)	3 (3.8%)		
	PG and above	7 (8.8%)	4 (5.0%)		
Residence	Rural	14 (17.5%)	16 (40%)	1	0.21 NS
	Urban	26 (32.5%)	24 (60%)		

df=degree of freedom, NS=Not Significant, OBC=Other Backward Classes, SC=Scheduled Castes, SC=Scheduled Tribes, PG=Post graduation

old age home, good medical facilities were available; weekly, doctors did proper check-up of every person; so, the result of physical health was better of person living in old age home than person living with family. Person in old age home lived alone; so, he takes care properly. Some studies supported this finding, as Asadullahet al.[2] and Mehraet al.[3] found that physical health of elderly people was good who lived in old age home in comparison to those people who lived with family. Top and Dikmetaş[4] found better physical health of people who lived in old age home than people living with family.

**Psychological health:** The mean score of psychological health was  $19.40 \pm 3.11$  of those respondents who were living in old age home. The mean score of psychological health of those respondents who were living with family was  $18.32 \pm 3.09$ . Psychological health of persons who were living in old age home was higher than persons who were living with family. An elderly lives in old age home with many persons who were belonging to the same age group; so, a person shares his/her feelings with another person in group. But, in family, same age groups were not present; so, a person cannot share his/her problems with other. Some study supported our finding as Litwin and Shiovitz-Ezra[5] found that stressful family relationships and lack of family care precipitate the poor psychological well-being in family. Some studies are against our finding as Chou and Chi[6] revealed that elderly people living alone had a higher level of financial strain, more depressive symptoms, low level of life satisfaction. Kotwal and

Prabhakar[7] found that elderly people who lived in old age home faced many psychological problems in comparison of elderly people living in family setup.

**Social health:** The mean score of social health of those respondents who were living in old age home was  $1.58 \pm 0.63$ . The mean score of social health of those respondents who were living with family was  $2.82 \pm 1.10$ . Social health was good of those respondents who were living in family because of person's interaction with many people in family and going to relative's home, neighbour, and religious place. In old age home, person got very less chance to go anywhere and his interaction with people was also very less; so, her/his social health was not good in comparison to person who were living with family. Many other studies also supported this finding as Dutta[8] also observed low social worth, feeling of social deprivation due to negligence, sense of isolation, and poor social health of those people who live in old age home. Asadullahet al.[2] also observed that people living in old age home had poor social health because of miserable social relationship of inmates of old age home with family, friends, and community. Mehraet al.[3] conducted study and found that people has poor social health in old age home; people living with family devoted most of the time to devotional activities with community people.

**Environmental health:** The mean score of environmental health was  $23.15 \pm 2.58$  of those respondents who were living in old age home. The mean score of environmental health was  $20.02 \pm 3.44$  of those respondents who were living with family. Environmental health was good in old age home because in old age home person got good facilities of housing, sanitation, electricity, water,

**Table 2. The difference of age between elderly people living in old age home and family setup**

Variable	Group	Mean $\pm$ SD
Age (years)	Old age home	72.90 $\pm$ 6.92
	Family	72.37 $\pm$ 7.71

SD=Standard deviation

**Table 3. Comparison of quality of life between elderly people living in old age home and within family setup**

Variable	Group		t
	Old age home (N=40) Mean $\pm$ SD	Family (N=40) Mean $\pm$ SD	
Physical health	21.75 $\pm$ 3.73	20.45 $\pm$ 4.07	0.42
Psychological health	19.40 $\pm$ 3.11	18.32 $\pm$ 3.09	1.54
Social health	1.55 $\pm$ 0.63	2.82 $\pm$ 1.10	1.36*
Environmental health	23.15 $\pm$ 2.58	20.02 $\pm$ 3.44	1.65**
Total quality of life	65.17 $\pm$ 7.29	61.62 $\pm$ 8.52	0.87*

N=number, SD=Standard deviation, \*=significant at 0.05 level, \*\*=significant at 0.01 level

and it was peaceful place; but, those persons who lived in family got difficulty for these facilities. Many other studies also supported this finding as Asadullah *et al.*[2] also observed that people living in old age home had good environmental health in comparison to people living with family. Mehra *et al.*[3] found that people were satisfied with their living place in old age home.

**Total QOL:** The mean score of QOL was  $65.17 \pm 7.29$  in those respondents who were living in old age home. The mean score of QOL was  $61.62 \pm 8.52$  in those respondents who were living with family. QOL of persons who were living in old age home was better than persons who were living with family. In old age home, there were good facilities for living, no family burden, peer group, freedom, and extracurricular activities. Persons were engaged whole day in these types of activities and follow daily routine of old age home. Other studies also supported this finding. Asadullah *et al.*[2] also observed that people living in old age home had good QOL. Mehra *et al.*[3] found that people had good QOL in old age home in comparison to people who lived with family. Varma *et al.*[9] conducted a study on old age home and rural community people, and found that QOL of people who lived in old age home was higher than people living in rural community. Lakshmi Devi and Roopa[10] found that in institutional settings, a higher percentage of elderly showed high QOL as compared to non-institutional setting where none of the elderly men and women respondents showed high level of QOL. Many older people living with their families face abuse of one kind or another.[11] Karličić *et al.*[12] studied 148 participants from the welfare institution for elderly inmates, “Dolce Vita Kej” in Belgrade, and they observed that the institutionalisation rate was increasing in the last ten years.

### Limitations

The limitations of the present study are as follows:

1. Being a time bound study, sample size was small and hence, the generalisation of the result remains doubtful.
2. Data was collected from only two areas of Ranchi: Kanke and Kantatoli.
3. Data was collected from only two old age homes of Ranchi.
4. The samples were selected by using purposive sampling technique.

### Future directions and implications

1. The study needs to be carried out on large sample, with comparable representation of both the groups, i.e. old age home and family.
2. Elderly person living in old age home and elderly person living within family from various places need to be taken.
3. The future studies must attempt to carry out other social

aspects which are related to ageing.

4. The scope for intervention by mental health professionals, especially psychiatric social workers in planning and delivering adequate therapeutic services in the clinical context.

5. Based on the present study finding, psychosocial intervention programme can be developed to enhance QOL of the elderly persons.

### Conclusion

This study is based on cross-sectional research design to assess and compare QOL between elderly persons living in old age home and within the family setup. The findings of the study indicate that persons living in old age home have good health because health facilities are available, weekly doctors come for checkups. Findings also indicate that physical health, psychological health, and environmental health of those people living in old age home were better than the people living in family setup. Social health was better of those respondents who were living with family setup in comparison. Overall, elderly people living in old age home had good QOL in comparison to elderly person living with family.

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**Rishi Panday**, PhD Scholar, **Manisha Kiran**, Associate Professor, Department of Psychiatric Social Work, Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Ranchi, Jharkhand, India; **Prashant Srivastava**, Psychiatric Social Worker, Department of Paediatrics, Child Development Centre, Maulana Azad Medical College and associated LokNayak Hospital, and PhD Scholar, Department of Social Work, Jamia Millia Islamia, New Delhi, India; **Saurav Kumar**, PhD Scholar, Department of Psychiatric Social Work, Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Ranchi, Jharkhand, India