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A STUDY OF THE QUALITY OF LIFE AMONG ELDERLY INDIVIDUALS LIVING IN OLD AGE HOMES IN UDAIPUR: A CROSS-SECTIONAL APPROACH

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ABSTRACT

Background: Ageing is a continuous and irreversible process characterised by a decline in the functional capacity of an individual resulting from structural changes with the advancement of age. With the disintegration of the traditional joint family system, migration of the younger generation, and increasing economic dependence, old age homes have emerged as a credible alternative accommodation for the elderly in India. Quality of Life (QOL) is defined by the World Health Organization as an individual's perception of their position in life within the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns. Assessing the quality of life of elderly individuals under institutional care is essential, as they are often deprived of person-centred attention available to those living with family.

Objective: To assess the quality of life of elderly individuals residing in old age homes in Udaipur.

Methods: A cross-sectional study was conducted on 50 elderly individuals aged above 60 years residing in old age homes in Udaipur, selected using a random sampling technique. The Mini-Mental Status Examination (MMSE) was used as a screening tool, and participants scoring 20 or above were included. Quality of life was assessed using the Older People's Quality of Life Questionnaire (OPQOL-35). Descriptive statistics, including mean, standard deviation, frequency, and percentage, were computed using statistical software.

Results: The mean age of the participants was 75.72 years, with an equal distribution of 25 males and 25 females. The mean OPQOL-35 score was 117.72 with a standard deviation of

14.32. On categorisation of the OPQOL-35 outcome, none of the participants fell into the "worst quality of life" or "good quality of life" categories, while all 50 participants (100%) fell into the "follow-up needed" category, indicating a consistent degradation of quality of life across the sample.

Conclusion: The findings indicate a significant degradation of quality of life among elderly individuals residing in old age homes in Udaipur, with all participants requiring regular follow-up. The absence of a caregiver at home was the most important reason cited for institutional residence. The alternative hypothesis is therefore accepted and the null hypothesis rejected. The results highlight the need for structured geriatric rehabilitation, person-centred care, and periodic quality of life assessment within institutional settings.

KEYWORDS: Quality of Life, Elderly, Old Age Homes, OPQOL-35, MMSE, Geriatrics, Ageing, Cross-Sectional Study, Occupational Therapy.

1. INTRODUCTION

The World Health Organization has defined healthy ageing as a process of maintaining functional ability to enable wellbeing in older age. Ageing is continuous, irreversible, and profoundly affects an individual's life experience on a daily basis. It is generally defined as a process of deterioration in the functional capacity of an individual resulting from structural changes with the advancement of age. A declining death rate and falling fertility rate are contributing to the rise of the ageing population in many countries. To be old is often to be physically incapacitated, to suffer the loss of mental capabilities, to become economically dependent, to experience social isolation, and to lose social status.

Taking care of the aged has become a serious problem on account of increasing poverty, a high cost of living, and expensive medical treatment. Consequently, governments and voluntary organisations manage numerous old age homes which care for the elderly by providing accommodation, food, care, and support. Old age homes provide basic needs for the inmates such as food, shelter, and clothing, while some provide additional facilities for a fee. Based on physical, psychological, social, and environmental conditions, the level of satisfaction differs from one inmate to another.

Old age homes are sheltered accommodation for older people, generally without any nursing or health-care infrastructure. The old age home sector is largely unregulated, and there is a need to put in place certain minimum standards. Old age homes have become a credible alternative accommodation for elders in India due to several factors, including changing

family structure, fewer children in urban and middle-class families, migration, a desire to live independently, and abusive situations in some families. Due to increased physical and economic dependence, more elders are compelled to stay in old age homes, which are generally the last resort for the aged.

The proportion of the elderly population in India has increased from 5.6% in 1961 to 7.1% in 2001. The physiological disturbances associated with ageing lead to changes in health status, and diseases affect the elderly person, so that their activities of daily living become impaired and they become dependent on others for their daily needs. The old age dependency ratio has increased from 11% to 14% between 1961 and 2011. Asia and Europe are the two main regions where a significant number of countries will face a severe increase in the aged population in the near future.

Quality of life can be interpreted as a person's sense of wellbeing that stems from satisfaction or dissatisfaction with the areas of life that are important to them. It is a general feeling of happiness which is not a momentary experience but a long-term sense of wellbeing. The World Health Organization defines quality of life as the conditions of life resulting from the combination of the effects of a complete range of factors such as those determining health, happiness, education, and social, economic, and intellectual attainments, freedom of action, justice, and freedom from oppression. Quality of life includes areas such as physical health, psychological state, level of independence, personal relationships, beliefs in a particular context, the natural environment, and perceived social support.

Living arrangements play an important role in determining the quality of life of older people. In traditional joint families, senior citizens lived with their children and grandchildren and were affectionately looked after, and in turn played a specific role in rearing the grandchildren and transmitting family traditions. Today, the traditional joint family system has given way to the nuclear family system, in which the aged find less and less place. Many people experience loneliness and depression in old age, either as a result of living alone or due to reduced connections with their culture of origin, which results in an inability to participate actively in community activities.

The problems faced by the elderly differ from person to person and require a person-centric approach to be resolved. This person-centric approach remains achievable for people living with family members, but the elderly living in old age homes are usually deprived of one-to-one conversation about their issues and their resolution. This is where the quality of life led by the elderly becomes significant, especially for those under institutional care and away

from family. The present study is therefore an attempt to assess the quality of life of elderly people residing in old age homes in Udaipur.

2. Need of the Study

Elderly individuals residing in old age homes represent a particularly vulnerable population, as they are frequently deprived of family support and person-centred attention. While a few studies have been conducted on old age homes, they have not adequately analysed the quality of life of the elderly residing in institutional care in the Udaipur region. Further studies are needed to assess the influential factors affecting quality of life in the elderly population. The present study is therefore a pioneering effort attempting to analyse the quality of life of elderly people in old age homes in Udaipur, in order to establish the degree of degradation of quality of life and to inform the planning of appropriate geriatric care services.

3. Aim and Objectives

3.1 Aim of the Study

To assess the quality of life of elderly people residing in old age homes in Udaipur.

3.2 Objectives of the Study

- To assess the quality of life of elderly individuals residing in old age homes using the OPQOL-35 questionnaire.
- To determine the frequency and percentage distribution of quality of life categories among the study population.
- To describe the demographic characteristics of elderly individuals residing in old age homes.

3.3 Hypothesis

Null Hypothesis (H0): There will be no significant degradation of quality of life among the elderly population residing in old age homes in Udaipur.

Alternative Hypothesis (H1): There will be significant degradation of quality of life among the elderly population residing in old age homes in Udaipur.

4. METHODOLOGY

Study Design: A cross-sectional study design was employed to assess the quality of life among elderly individuals residing in old age homes.

Source of Data

Old age homes located in Udaipur.

Study Setting

The study was conducted through the Occupational Therapy department in coordination with old age homes in Udaipur.

Sample Size

A total of 50 elderly participants meeting the eligibility criteria were included in the study.

Sampling Technique

A random sampling technique was used to recruit participants.

Study Duration

The total duration of the study was 1 month.

4.1 Inclusion Criteria

- Older adults aged above 60 years.
- Both male and female participants.
- Participants without cognitive impairment, scoring 20 or above on the MMSE.
- Participants residing in old age homes and willing to provide informed consent.

4.2 Exclusion Criteria

- Individuals younger than 60 years of age.
- Individuals with cognitive impairment.
- Individuals with hearing and vision impairment.

4.3 Outcome Measures

Screening Tool

- Mini-Mental Status Examination (MMSE)

Primary Outcome Measure

- Older People's Quality of Life Questionnaire (OPQOL-35)

The Mini-Mental Status Examination has a maximum score of 30 points. The domains assessed are orientation to time and place (10 points), registration of three words (3 points), attention and calculation (5 points), recall of three words (3 points), language (8 points), and visual construction (1 point). Elderly individuals who scored 20 points or above on the scale were included in the study.

The Older People's Quality of Life Questionnaire is a self-assessment instrument for the assessment of quality of life. It is a 35-item measure with five-point Likert scales ranging from strongly agree to strongly disagree, representing the domains of life overall, health, social relationships and participation, independence, control over life and freedom, home and

neighbourhood, psychological and emotional wellbeing, financial circumstances, and religion or culture. Items are scored with reverse coding of positively worded items so that higher scores equate to higher quality of life. The scale ranges from 35, indicating quality of life so bad that it could not be worse, to 175, indicating quality of life so good that it could not be better.

4.4 Materials Required

- MMSE assessment form
- OPQOL-35 questionnaire
- Demographic data sheet
- Pen and stationery

4.5 Procedure

The study was reviewed, discussed, and approved by the institutional ethical committee. Participants were recruited from old age homes in Udaipur in accordance with the inclusion and exclusion criteria. Participation in the study was voluntary and anonymous, and respondents were informed of their right to refuse or withdraw from the study at any time. Each participant was informed about the purpose of the study and the time required for its completion.

Demographic details were recorded for each participant, following which the Mini-Mental Status Examination was administered as a screening tool. Participants who satisfied the screening criteria were then administered the OPQOL-35 questionnaire. The responses were collected and entered into a master chart for subsequent analysis.

4.6 Statistical Analysis

The data obtained using the OPQOL-35 questionnaire were entered into a master chart prepared in a spreadsheet application. Descriptive statistics were used to analyse the demographic characteristics of the participants and the frequency distribution of quality of life categories. The mean and standard deviation of the outcome measure were calculated using statistical software. Results were presented using tables and graphical representations.

5. Data Analysis

Table 1.0: Demographic Characteristics of the Subjects.

S. No.	Baseline Characteristics	Subject Details
1	Number of Subjects	50
2	Age Range (years)	63–94
3	Mean Age (years)	75.72
4	Gender (Male / Female)	25 / 25

Table 1.0 presents the demographic characteristics of the study population. A total of 50 elderly individuals residing in old age homes participated in the study. The age of the participants ranged from 63 to 94 years, with a mean age of 75.72 years. The sample comprised an equal distribution of 25 male and 25 female participants, indicating a balanced gender representation across the study population.

Table 2.0: Descriptive Statistics of the Outcome Measure.

Outcome Measure	Mean	Standard Deviation
OPQOL-35	117.72	14.32

Table 2.0 presents the descriptive analysis of the outcome measure. The mean OPQOL-35 score of the study population was 117.72 with a standard deviation of 14.32. Considering that the OPQOL-35 scale ranges from 35 to 175, the obtained mean score falls within the intermediate range, indicating that the participants did not achieve a good level of quality of life and consistently required further attention and follow-up.

Table 3.0: Frequency and Percentage Distribution of the OPQOL-35 Outcome.

OPQOL-35 Category	Frequency	Percentage
Worst Quality of Life	0	0%
Follow-Up Needed	50	100%
Good Quality of Life	0	0%
Total	50	100%

Table 3.0 presents the frequency and percentage distribution of the OPQOL-35 outcome among the study population. None of the participants were categorised as having the worst quality of life, and none were categorised as having a good quality of life. All 50 participants, representing 100% of the sample, fell into the category requiring follow-up. This uniform distribution indicates that every elderly individual assessed in the old age homes demonstrated a compromised level of quality of life warranting regular monitoring and intervention.

6. RESULTS

A total of 50 elderly individuals residing in old age homes in Udaipur were assessed in the present study. The mean age of the participants was 75.72 years, with an age range of 63 to 94 years, and the sample comprised 25 male and 25 female participants.

The descriptive analysis of the outcome measure revealed a mean OPQOL-35 score of 117.72 with a standard deviation of 14.32. On categorisation of the OPQOL-35 scores, none of the

participants demonstrated the worst quality of life and none demonstrated a good quality of life, whereas all 50 participants, representing 100% of the sample, required follow-up.

These findings indicate a consistent degradation of quality of life across the entire study population, with every participant demonstrating a compromised quality of life requiring regular follow-up. The results therefore support the alternative hypothesis and lead to the rejection of the null hypothesis.

7. DISCUSSION

The World Health Organization defines quality of life as an individual's perception of their position in life within the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. The elderly population requires specialised care services to maintain a high level of quality of life and health status. In the present study, the quality of life of elderly individuals residing in old age homes was assessed, and the results showed that the participants did not attain a satisfactory level of quality of life, with all participants requiring follow-up. No substantial difference was observed between the two genders. This finding is consistent with earlier research reporting no significant difference between gender and quality of life among elderly populations.

The geriatric population surveyed in this study suffered from various morbidities associated with advancing age. It was observed that most of the elderly participants cited strained family relations as a reason for institutional residence. The most important reason for elderly people living in public old age homes was the absence of a caregiver at home, followed by poverty and a lack of support from children, whereas in private old age homes the absence of a caregiver was followed by self-satisfaction and loneliness.

Table 1.0 presents the demographic characteristics of the 50 participants, with a mean age of 75.72 years and an equal male-to-female ratio. Table 2.0 presents the descriptive analysis of the OPQOL-35, in which the mean value was 117.72 with a standard deviation of 14.32. Table 3.0 presents the frequency and percentage distribution of the OPQOL-35, showing that no participants fell into the worst or good quality of life categories, while all 50 participants required follow-up.

Previous research has discussed both the advantages and the limitations of residence in old age homes. Some studies have reported that elderly residents expressed satisfaction with the company of friends of the same age group with whom they could share their feelings, with timely and nutritious meals, and with fewer restrictions on their movement compared with living with family. However, other research has highlighted the substantial gaps in geriatric

care provision. Studies on the quality of life of the elderly in India have reported that a large proportion of the elderly are unaware of the availability of government-funded geriatric health-care services near them, and that very few ever avail themselves of geriatric welfare facilities owing to a lack of awareness.

The literature has also emphasised the inclusion of geriatric care in institutionalised primary health-care services, the professional and behavioural training of health-care professionals in accordance with the needs of the geriatric population, and the importance of specialised areas such as geriatric medicine, geriatric physiotherapy, geriatric occupational therapy, and geriatric counselling. The rehabilitation aspect, including the provision of visual aids, hearing aids, and walking aids such as sticks, canes, and walkers, together with the development of a positive attitude towards life, has been identified as important in improving the quality of life of the elderly. The findings of the present study reinforce the need for such structured and person-centred geriatric services within institutional settings.

8. CONCLUSION

The findings of the present study demonstrate that the quality of life of elderly individuals residing in old age homes is degrading, as all participants were found to require regular follow-up. The absence of a caregiver at home was identified as the most important reason for residence in old age homes. It can therefore be concluded that there is significant degradation of quality of life among the elderly population residing in old age homes in Udaipur. The alternative hypothesis, stating that there is significant degradation of quality of life among the elderly population, is accepted, and the null hypothesis is rejected. The results highlight the need for regular quality of life assessment, structured geriatric rehabilitation, and person-centred care within institutional settings.

Limitations

- Difficulty was encountered in collecting information from the elderly on issues that were emotionally sensitive, as these evoked painful memories associated with their move to old age homes.
- Participants were reluctant to reveal the circumstances that led to their residence in old age homes, and several became emotionally distressed while recounting past experiences.
- The study was limited by a short time span and a relatively small sample size.

Future Recommendations

- The study can be conducted on a larger sample size across multiple regions.
- Future studies may assess other influential factors affecting the quality of life of the elderly population.
- Comparative studies between free and paid old age homes, and between institutionalised and community-dwelling elderly, may be undertaken.

Conflicts of Interest: None.

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