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Comparative study to assess & compare quality of life among elderly population living in selected old age homes & community, Haryana

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Abstract

Introduction: Elderliness is a qualitatively different experience for each subject. It is preponderantly good for some, 'an autumn with deep bright tonalities' and a bad experience for others. Between these two extremes of good and bad quality, there is probably a continuum. Erikson has referred to the two extreme poles, satisfaction and dissatisfaction, as respectively the pole of 'integration' and of 'despair'. explaining these Erikson's concepts, Kimmell *et al.* summed up in the following way these two possibilities of emotional positioning of the elder facing the old age : "if the elderly subject manages to build a secure sense of the ego and a perception of his/her legacy, be it through the children or the work, he/she maintain an ego integrity, whereas the incapability to provide for a solution for this conflict results simultaneously in disappointment with his/her own self (with the subject proper) and, therefore, despair" ².

Objective: To assess and compare quality of life among elderly population residing in selected old age homes and community.

Methods: Total sample of the study was 200 (100 from selected old age home and 100 from selected community). Modified older peoples quality of life questionnaire was used to assess quality of life among elderly population residing in selected old age homes and community.

Results: That most of the (98%) of elderly population had fair quality of life living in selected old age homes whereas, all of the (100%) of elderly population had fair quality of life living in community area. mean score and standard deviation of quality of life of elderly population living in community was higher (105 ± 4.901) than the mean score and standard deviation of quality of life of elderly population living in selected old age homes (100 ± 8.478). The computed 't' value (tab) = 1.98, indicates that there was significant difference between the quality of life score of elderly population living in selected old age homes and community. Thus, it was established that the difference obtained in the mean quality of life score of elderly population living in selected old age homes and community was true difference and not by chance.

Conclusion: The Elderly population living in old age home and community both had fair quality of life.

Keywords: Assess, compare, quality of life, elderly population

Introduction

Elderliness is a qualitatively different experience for each subject. It is preponderantly good for some, 'an autumn with deep bright tonalities' and a bad experience for others. Between these two extremes of good and bad quality, there is probably a continuum. Erikson has referred to the two extreme poles, satisfaction and dissatisfaction, as respectively the pole of 'integration' and of 'despair'. explaining these Erikson's concepts, Kimmell *et al.* summed up in the following way these two possibilities of emotional positioning of the elder facing the old age : "if the elderly subject manages to build a secure sense of the ego and a perception of his/her legacy, be it through the children or the work, he/she maintain an ego integrity, whereas the incapability to provide for a solution for this conflict results simultaneously in disappointment with his/her own self (with the subject proper) and, therefore, despair" ^[1].

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The quality of life depends on the emotional interpretation the subject gives to the facts and events. The quality of life is increasingly acknowledged as an assessment strongly dependent on the person's subjectivity. In the specific field of physical health, for example, there is a great variability between people regarding their capacity of facing up to physical limitations and diseases and their expectations concerning their health. The individual concepts can have a determinant influence in the perception and valuation people have about their health condition. Thus two persons with the same functional state or the same 'objective' health condition (for example, degree of rheumatic arthritis), can have very different qualities of life due to these subjective aspects [1]. Therefore, elderliness having a preponderantly positive quality for elderly people depends on the internal emotional coordinates and on the external coordinates or on the contingencies. Whether elderliness will be an enjoyable stage in the elderly's life depends on the subject's emotional resources as well as on the intensity of stressing factors and resources offered by the environment to the subject (buffers). As these internal and external coordinates may range from very favorable to intensely unfavorable we can understand how the intersecting or resulting point of these two axis vary from subject to subject. This intersecting point between the external reality and the opinion and feeling about this reality can be called the subject's quality [1]. Quality of life is widely recognized 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 maximizing quality of life 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 under developed concepts, structures, and the processes of evaluation of care outcomes in the long term care of older people [2].

Objective

To assess and compare quality of life among elderly population residing in selected old age homes and community.

Methods

After obtaining administrative approval, and permission from the respective authorities the final study was conducted in selected community (Mullana village) & selected old age homes-

- Jeevan Dhara red cross old age home (Ambala)
- Day care center old age home (Chandigarh)
- Tau Devi Lal old age home in (Kurukshetra)

Total sample of the study was 200 (100 from selected old age home and 100 from selected community) through convenient sampling technique. Modified older peoples quality of life questionnaire was used to assess quality of life among elderly population residing in selected old age homes and community. Each of them gave written consent for the study. The average time taken by the subjects to complete the questionnaire was 25-30 minutes

Results

Table 1: Frequency and Percentage distribution of quality of life score of elderly population living in selected old age homes and community N=200

Level	Range	Old age home (n- 100)		Community (n- 100)	
		f	%	f	%
Good	121-150	01	01%	00	00
Fair	76-120	98	98%	100	100%
Poor	30-75	01	01%	00	00
Minimum score = 30 Maximum score = 150					

Table 1 shows that most of the (98%) of elderly population had fair quality of life living in selected old age homes whereas, all of the (100%) of elderly population had fair quality of life living in community area.

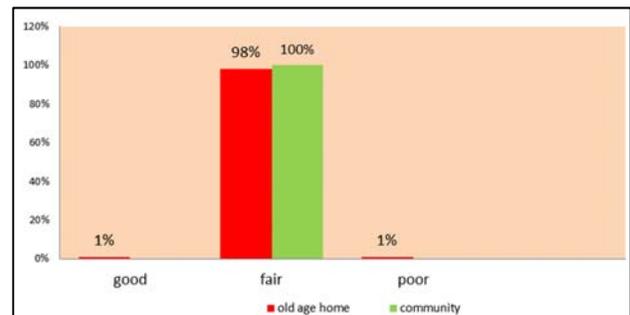


Fig 1: Bar graph showing, Range, Mean, Median and Standard Deviation of quality of life score of elderly population living in selected old age homes and community

Table 2: Range, Mean, Median and Standard Deviation of quality of life score of elderly population living in selected old age homes and community(N=100)

Quality of life	Range	Mean+SD	Median
Old age home	84-112	100± 8.478	102
Community	100-122	105± 4.901	105
Minimum score- 30 Maximum score- 150			

The data presented in Table 2 indicates that the mean score and standard deviation of quality of life of elderly population living in community was higher (105 ± 4.901) than the mean score and standard deviation of quality of life of elderly population living in selected old age homes (100 ± 8.478)



Fig 2: Bar graph showing, Range, Mean, Median and Standard Deviation of quality of life score of elderly population living in selected old age homes and community

Table 3: Mean, Median, Standard deviation and t –value of quality of life of elderly population living in selected old age homes and community (N=200)

Group	Mean±SD	SE md	't ' value
Old age home	100± 8.478	.979	5.198*
Community	105± 4.901		

p (198) = 1.96 < 0.05 level of significance

The data presented in Table 3 shows that 't ' value was significant at 0.05 level of significance. The computed 't ' value (tab) = 1.98, indicates that there was significant difference between the quality of life score of elderly population living in selected old age homes and community. Thus, it was established that the difference obtained in the mean quality of life score of elderly population living in selected old age homes and community was true difference and not by chance.

Discussion

The present study aimed to assess quality of life among elderly population living in selected old age home and community. The result of current study showed that The Elderly population living in old age home and community both had fair quality of life. The findings of the present study are discussed here with consistent and inconsistent supports from previous studies.

The result of current study showed that elderly population living in selected old age home and community had fair quality of life. A similar study was conducted by Abhay Mudey (2013), conducted cross sectional study to assess quality of life among community and old age home elderly population of Wardha district, Maharashtra. study participants were 400 aged 60 years and above selected randomly. Among 400 community participants, 44% were males and 56% were females. 90% of elderly people have fair quality of life. Quality of life assessed good with 85% in elderly people living in old age home. This study concludes that elderly people living in old age home have good quality of life. The findings of this study is inconsistent with the findings of current study.

Reference

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