

Research Paper

Evaluation of Quality of Life and its Related Factors in Elderly in Mashhad in 2017



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ABSTRACT

Objectives As Iran is one of the countries in the world which its population moves toward aging rapidly, it is essential to consider older adults' needs and concerns, which might have an impact on their health-related Quality of Life (QOL). QOL is a multi-dimensional concept that has physical, mental, and social components. The present study has been conducted to determine the correlation between economic status and educational level with health-related QOL in community-dwelling and institutionalized older adults living in Mashhad City, Iran.

Methods & Materials In this descriptive-analytic cross-sectional study, we recruited 135 (77 [57%] men and 58 [43%] women) community-dwelling older adults (Mean±SD=71.7±5.9 y), and 135 (65 [48.1%] men, 70 [51.9%] women) institutionalized older adults (Mean±SD=71.2±5.6 y). They were living in Mashhad City, Iran. Through the interview, we collected the subjects' demographic characteristics, monthly income, and the level of education. The Persian validated version of SF-36 questionnaire was used for assessment of health-related QOL. The questionnaire assesses 8 physical and mental health subscales. The statistical analysis was conducted by SPSS version 19. The Mann-Whitney U test was used to compare monthly income and health-related QOL between community-dwelling and institutionalized older adults. The Chi-square test was used to compare the educational level of the two groups. Also, the effect of some independent variables on physical and mental health domains of QOL was assessed by multiple regression models.

Results The education level community-dwelling older adults was lower than that in institutionalized older adults (P=0.03). In general, in terms of physical and mental dimensions of QOL, the institutionalized older adults had a lower QOL than community-dwelling older adults (P<0.01). Also, the institutionalized older adults had lower monthly income than community-dwelling older people (P<0.001). The results of multiple regression model indicate that only living place of the elderly (community, nursing home) had a significant effect on both physical and mental dimensions of QOL (P<0.001). While the elderly's income, education, gender, age, diseases (such as diabetes, blood pressure) and smoking didn't have any significant effects.

Conclusion A higher level of education can promote the social class and increase the income of older people. Having enough income is a prerequisite of high QOL, although it cannot meet all the basic needs of life. Improving health-related QOL of old Iranian adults is achieved by considering all its dimensions, including physical, emotional and social needs, and using interventional, educational, and social support programs.

Key words:

Quality of Life, Economic status, Elderly, Iran

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Extended Abstract

1. Introduction

Iran is one of the countries in the world, whose aging population is rapidly growing [1, 2]. With increasing age, successive changes in physiological systems and organs decline the general health in older adults, thereby affecting their Quality of Life (QOL) [3-6]. Many factors affect the QOL of older people. In other words, QOL is a multidimensional concept with physical, psychological, and social dimensions [7-12]. Living in an inappropriate place, having insufficient income, and lacking proper social communication are effective factors in decreasing the QOL of the elderly. Higher education can also improve the dynamics of older people's lives, promote their social class, increase their economic status, and lead to a better QOL [13-19]. This study aims to evaluate the association of education level and economic status with the QOL of older people living in Mashhad City, Iran.

2. Materials and Methods

This research is a descriptive-analytical study. The study population consists of all older people aged >60 years living in Mashhad, Iran. By cluster sampling method, 270 people aged 65 to 88 years were selected and assigned into two groups; group 1 living in the community (n=135) and group 2 living in nursing homes (n=135). The inclusion criteria included being older than 65 years, being able to follow guidelines, and having no common elderly diseases such as Alzheimer's and Parkinson's. Those who were unwilling to continue participation in the study were excluded from the study.

Informed consent was obtained from the participants before collecting the data. For this study, ethical clearance was obtained from the University of Social Welfare and Rehabilitation Sciences (Code: IR.USWR.REC.1396.162). Firstly, a demographic form surveying age, level of education, and monthly income was completed. We assured the participants of the confidentiality of their information. For measuring the QOL level, we used the Persian version of the 36-Item Short Form (SF-36) health survey questionnaire with acceptable validity and reliability [13, 20]. It has 8 subscales: physical functioning, physical health problems, bodily pain, general health, vitality, social functioning, emotional problems, and mental health. These subscales can be summarized into physical and mental QOL.

We used the Kolmogorov-Smirnov test to test the normality of the data distribution. The results showed no normal

distribution. Then, the Mann-Whitney U test was used to compare the means of income and QOL, and the Chi-squared test to compare the educational level with QOL. The effect of some independent factors on mental and physical QOL was investigated using multivariate regression analysis. The data were analyzed in SPSS by considering a significance level of less than 0.05.

3. Results

Of 135 samples in group one, 77 (48.1%) were men, and 58 (43%) were women. Group 2 consisted of 65 (48.1%) men and 70 (51.9%) women. The Independent t-test showed no significant difference between groups in terms of age (P=0.50). Most of the participants were married (84.4%) and illiterate (70%). Group 2 had a lower educational level. The majority of them were suffering from diabetes (38.5%) and hypertension (62.2%) and were smoking cigarettes (23%). The results of the Chi-squared test reported that the income level of the two groups was significantly different (P=0.03). Most of them (about 39%) had an income of less than 5 million IRR. Although some people in group 1 had no income source (about 16%), their income was better than that of the elderly living in nursing homes (group 2). The results of the Chi-squared test after removing the non-income sample group showed that the income level of the two groups was significantly different (P<0.001).

The results of QOL for the elderly in two groups show that both physical and mental dimensions of QOL in group 2 were at a lower level compared to group 1. The overall score of physical QOL was 45.7 in group 1 and 34.2 in group 2, indicating that the participants had a poor QOL in terms of physical functioning. Furthermore, the overall score of mental QOL was 36.3 in group 1 and 29.8 in group 2, indicating that the participants had a worse overall mental state than the physical one. The results of the Mann-Whitney U test showed that the two groups had significant differences in the subscales of physical functioning, physical problems, vitality, mental health, and general health, but in 3 dimensions of emotional problems, social functioning, and bodily pain, the difference was not significant (P>0.05).

The results of multivariate regression analysis showed that only the effect of place of residence (community and nursing homes) had a significant effect on both QOL dimensions. The level of income, education, gender, age, and diseases such as diabetes, hypertension, and smoking had no significant effect. The effect size (Eta coefficient) ranged from 0.001 to 0.035 for the mental QOL response and from 0.001 to 0.154 for the physical QOL response. In both dimensions, the largest effect size was related to the place of residence of the elderly.

4. Conclusion

Sanatorium seniors had a lower educational level, monthly income, and QOL compared to the community seniors. The overall score of physical QOL was 45.7 for the elderly living in community and 34.2 for those living in nursing homes, indicating that the participants had a poor QOL in terms of physical functioning. Furthermore, the overall score of mental QOL was 36.3 for the elderly living in community and 29.8 for those living in nursing homes, indicating that the participants had a worse overall mental state than the physical state. Having enough income is a necessary condition for QOL, though it cannot meet all the basic needs of life. Having higher education can improve the social class and increase the economic status of the elderly. The improved QOL of Iranian seniors can be achieved through treatment, education, and social support programs.

Ethical Considerations

Compliance with ethical guidelines

Prior to the study, informed consent was obtained from the participants and the ethical approval of the study was obtained from the Research Ethics Committee of the University of Social Welfare and Rehabilitation (Code: IR.USWR.REC.1396.162).

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Authors' contributions

All authors contributed in preparing this article.

Conflicts of interest

The authors declared no conflict of interest.