

Assessment of Quality of life among Elderly Patients in an Outpatient Department in Coimbatore: A Descriptive Study

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Abstract

Background: The improvement of medical technologies and healthcare delivery systems has given rise to increased life expectancy of human beings. The care takers of the elderly are ignoring the difficulties faced by their elderly dependents. It is the crucial period to assess their bodily, mental, interpersonal, and ecological aspects and improve the life quality of the elderly to lead a healthier and satisfied life.

Objectives: The aim of the study is to evaluate the life quality among elderly patients, assess the significant contribution of the physical, mental, societal, and ecological domains to the life quality among elderly patients, and find the association between the life quality among elderly patients with their demographic variables.

Methodology: A descriptive study was conducted in an outpatient department in Coimbatore. Two hundred and forty samples (120 Men and 120 women) were selected by using a Goal-directed Sampling Technique at a referral hospital in Coimbatore. A modified WHOQOL - BRIEF questionnaire about life quality of elderly was used to obtain data from samples.

Conclusion: Friedman test reveals that the life quality of elderly was foremost influenced by the environmental domain (mean rank = 3.30) and the Chi Square test score 188.579 ($p < 0.0001$) was inferred that the four domains of health were strongly influenced the life quality of the elderly. The mean value (23.9702) shows that those samples belonged to 60-69 years age group had a higher level of life quality compared to other age groups. Older men had a higher life quality than older women.

Keywords – Elderly, Environmental domain, Physical domain, Psychological domain, Quality of Life, Social domain, WHOQOL - BRIEF

INTRODUCTION

Elderly persons are a valuable resource in our society. India has 153 million (aged 60 and above) elderly population, constituting 10.5% of the total population in 2024 and is expected to reach 347 million by 2050. In Tamil Nadu, the elderly population was 13.6% during the year 2021 (The Times of India, Chennai) (1). Because of increased life expectancy and the nuclear family in society, the elderly person is alone. Good attitude and good mental health promote life

quality in elderly people. The elderly life quality will be satisfied when; a person feels good physical health, emotionally comfortable, able to meet their friends and family, and having a comfortable living environment. The aging process may be different with one another that live in the similar environment.

Due to the medical advancement, our living age has been increased, so it is our responsibility to educate and take care of them to undergo this process in a healthier way. The Healthy Ageing Collaborative

(HAC) is a network for the elderly population that adds life to the years wherever they live (2021–2030).

Successful ageing is a combination of physical, emotional, spiritual aspects and social involvement with the elderly. A healthy person of old age will be at low risk of disease and disability. Hence, a successful old person is actively living with his problem-solving skills, proper adaptation to his present situations, emphasizing his language skills, maintaining good social contact, and participating in productive activities. The functional ability of a person is a set of performance capabilities that allow the person to look after himself and to survive in the community.

STATEMENT OF THE PROBLEM

Assessment of Life Quality Among Elderly Patients in an Outpatient Department in Coimbatore: A Descriptive Study

Objectives: The objectives of the study were to,

- Assess the life quality among elderly patients in an Outpatient Department in Coimbatore.
- Assess the significant involvement of the physical, mental, societal and ecological domains to the life quality among the elderly patients in an Outpatient Department in Coimbatore.
- Find the relation between the life quality among elderly patients in an Outpatient Department in Coimbatore with their demographic variables.

Hypotheses:

- H1 - There will be a significant contribution between the physical, psychological, social, and environmental domains and the life quality among elderly patients in an Outpatient Department in Coimbatore.
- H2 - There will be a significant association between the life quality

among old aged patients in an Outpatient Department in Coimbatore with their demographic variables.

METHODOLOGY

Quantitative Research method was adopted for the study. Descriptive research design was selected to assess the life quality among elderly in a selected Hospital, Coimbatore. The population of the study was old aged persons aged ≥ 60 years. In the study setting, the average statistics of elderly patients attending the outpatient departments was 100 per day. The purposive Sampling Technique was adopted, and the sample size was 240 (120 Men and 120 Women) elderly persons aged ≥ 60 years. The setting of the study was OPD in a selected hospital, Coimbatore.

INCLUSIVE CRITERIA

- Elderly who were attending OPD in a selected hospital, Coimbatore.
- Elderly having a willingness to participate in the study.
- Elderly who were available during the data collection period?

EXCLUSIVE CRITERIA

- Elderly patients with cognitive impairment.
- Elderly patients require emergency/critical care.

TOOLS OF DATA COLLECTION

Part A: Baseline Data like age, gender, education, religion, marital status, living status and the opinion about life quality of elderly were collected.

Part B: Thirty-Five Dichotomous Questions were formulated to evaluate the life quality among elderly in a selected Hospital, Coimbatore. The score of life quality of the samples were categorized in to Satisfied (18-35) and Not Satisfied (0-17).

- The data collection period was two weeks and data was collected with a questionnaire through the interview.
- The data analysis technique includes both descriptive and inferential statistics in the form of frequency percentage, mean, standard deviation, Friedman test and ANOVA test.

RESULTS AND DISCUSSION

Baseline Data of Study Participants

Table 1: Demographic parameters of study participants.

Baseline Data	Frequency	Percentage
Age		
60-69	168	70
70-79	65	27.1
80-89	6	2.5
90-99	1	0.4
Gender		
Male	120	50
Female	120	50
Education		
Primary Education	153	63.7
High School Education	68	28.3
Higher Secondary Education	10	4.2
Degree	9	3.8
Religion		
Hindu	220	91.7
Christian	9	3.8
Muslim	11	4.6
Marital Status		
Married	220	91.7
Unmarried	0	0
Widow/ Widower	17	7.1
Separated	3	1.3
Number of Children		
1	61	25.4
2	113	47.1
3	54	22.5
>3	12	5.0
Living Status		
Alone	17	7.1
With spouse	92	38.3
With son	97	40.4
With daughter	34	14.2

Most of the samples (70%) were lies between 60 to 69 years of age and one samples was belonged to 90-99 years of age; one hundred twenty (50%) samples were males and 120 (50%) samples were females; Most of the samples (28.3%) had high school education and 3.8% samples had undergone degree course; most of the samples were (91.7%) were Hindu, 9 (3.8%)

samples were Christian; Most of the samples (91.7%) were married, and three (1.3%) samples were separated; most of the samples (47.1%) samples were having two children and 5% samples were having more than three children; Most of the samples (40.4%) samples were living with their son and seventeen (7.1%) samples were living alone (Table 1).

Assess the Life Quality Among Elderly Patients in an Outpatient Department in Coimbatore

Table 2: Life quality among study participants.

Quality of Life	Score	Frequency		Total	Percentage	
		Men	Women		Men	Women
Satisfied	18-35	110	100	210	91.7	83.3
Not Satisfied	0-17	10	20	30	8.3	16.7

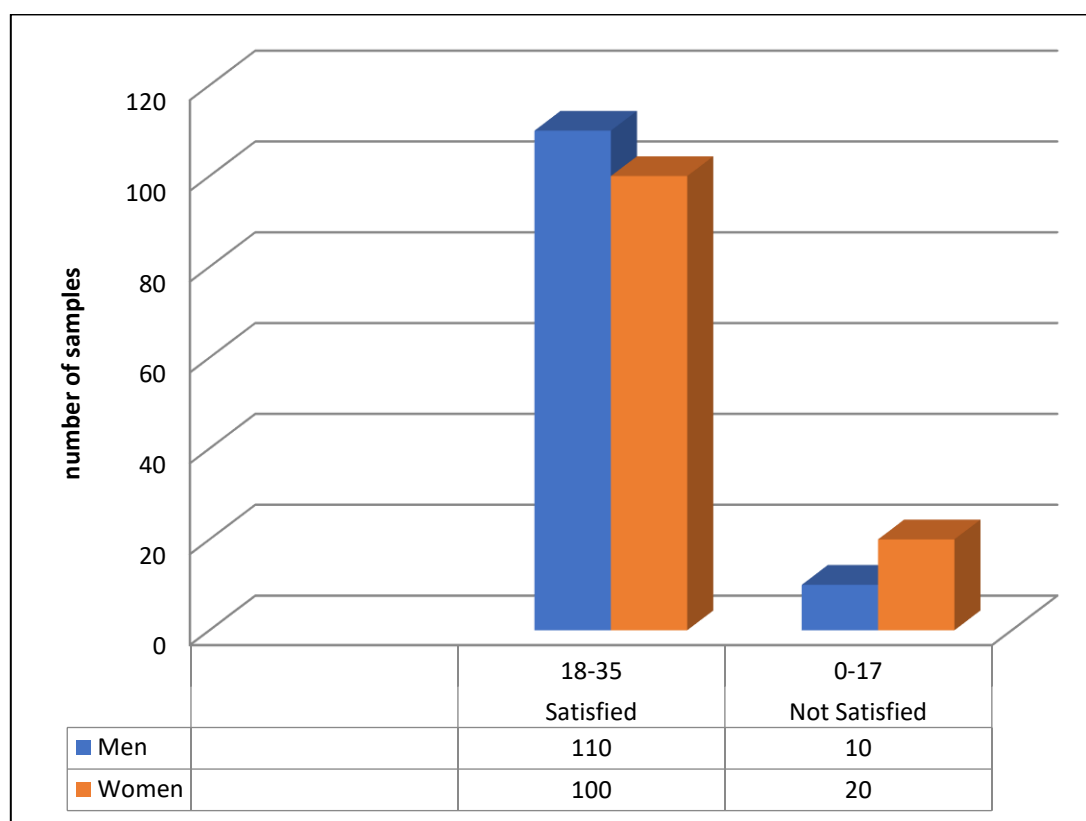


Figure 1: Life quality among study participants.

Among 240 samples, 210 samples (110 elderly men and 100 elderly women) were scored between 18-35 score, and they had satisfied with their quality of life; 30 samples (10 elderly men and 20 elderly women) were scored 0-17 score, and they had not satisfied with their Life quality (Table 2). The gender is one of the determinants of life quality of elderly. In a study by Dhasaram et. al (2024) found that there was a noteworthy change between old aged men and women in life quality (2). Old aged men had a more life quality than same aged women (Fig. 1). In a study, García and Navarro (2018) stated that the quantitative review and evaluations tests that the applicants have a good insight of their life

quality, including health, relaxation, ecological quality, efficient capacity, satisfaction level, peer support, peer networks, and optimistic interactions as the aspects of their well-being, however public contact fades away as the age increases (3). Khaje-Bishak et. al (2014) stated in their study the Male elderly had slightly high score in the life quality (4). Kritika et. al (2017) stated that the total QOL score was more in males, who are living with in joint families. Substantial connection was found between gender and three QOL facets (AUT, PPF and DAD), where fellows had higher mean scores in self-rule and past, present and future related activity involvements and females in Death and Dying (5).

Assess the Significant Contribution of the Physical, Psychological, Social, and Environmental Domains to the Life Quality Among the Elderly Patients in an Outpatient Department in Coimbatore

Table 3: Contribution of the physical, psychological, social, and environmental domains to the life quality among study participants.

Domains	Mean Rank	Rank	CHI Square	Significance
Physical	1.86	4	188.579	.0001 (Highly Significant)
Psychological	2.37	3		
Social	2.46	2		
Environmental	3.30	1		

Friedman test reveals that the life quality of the elderly was foremost influenced by the environmental domain (mean rank = 3.30), followed by the social domain (mean domain = 2.46), the psychological domain (mean rank = 2.37), and the physical domain (mean rank = 1.86). The Chi Square score is 188.579 ($p < 0.0001$) (Table 3). It was inferred that the four domains of health were highly significant for the satisfied life quality of the aged. Dhasaram et. al (2024) studied that the ecological domain has higher mean score for QOL; mental domain has low mean QOL. Also advised the reasonable medical services at door step to progress the physical domain and focus on health education for intimate members and the public members who form the immediate bond with the elderly, can show a vital role in enhancing

the peer domain and there was a straight and noteworthy bond between mental health and QOL, which imply that aloneness and community separation in the elderly are linked with a decline in physical and mental health, which cause to a lower QOL and a straight and vital relationship between social relationships and QOL (2). Thakur et. al (2019) stated in his study that the Domain wise mean suggests that mean QOL score in domain 4 (environmental/ecological) was greater i.e. (24.71 ± 2.84) than other domains; however total score in domain 3 i.e. (5.90 ± 1.95) imply that peer relations were weak among subjects as compared to other domains. These results specify that life quality in old aged who were staying with their families was good while QOL is poor for elderly who were living in old age homes (6).

Comparison among the life quality among elderly patients with their demographic variables

Table 4: Association between the life quality among study participants with their demographic variables.

Baseline Data	Mean	Standard Deviation	F Value	ANOVA
Age				
60-69 (S)	23.9702	4.45795	2.293	0.079 NS
70-79	24.2923	3.72375		
80-89	19.5000	5.71839		
90-99	23.0000	-		
Gender				
Male	23.8083	4.88058	0.226	0.635 NS
Female	24.0750	3.73303		
Education				
Primary Education	23.6667	4.29198	1.650	0.178 NS
High School Education	23.9853	4.59231		
Higher Secondary Education	26.1000	3.38132		
Degree	25.8889	3.3333		

Religion				
Hindu	23.9773	4.35779	0.854	0.427 NS
Christian	22.2222	4.60374		
Muslim	24.6364	3.69521		
Marital Status				
Married	23.9636	4.38121	0.071	0.932 NS
Unmarried	-	-		
Widow/ Widower	23.5882	4.00092		
Separated	24.3333	4.16333		
Number of Children				
1	24.2131	4.02954	0.437	0.727 NS
2	23.8850	4.23158		
3	24.0370	5.12472		
>3	22.6667	3.02515		
Living Status				
Alone	24.5294	3.42997	0.630	0.596 NS
With spouse	24.0761	4.58194		
With son	23.5155	4.36156		
With daughter	24.5000	4.03207		

The ANOVA value of ($F = 2.293$) reveals that the age groups of the elderly was not having a significant association (0.079) with their quality of life. The mean value (23.9702) shows that those samples belonged to 60-69 years age group had a higher level of life quality compared to other age groups (Table 4). In a study, Juanita et. al (2022) stated that the result of their study has shown that 60.1% of lower-age elderly (60–69 years) had more life quality while oldest old (>70 years) had minimum life quality (57.7%) (7). A study by Devraj and D'mello (2019), stated the total age of the older aged was 65.59 ± 6.53 years and this witnessed the linear connection between age and QOL is negative, also depicting and rise in age and a fall in health-related QOL (8). A study by Anum and Akotia (2024) found that the when individuals grow older and older their scores for life quality from all aspects was decreased (9).

NURSING IMPLICATIONS

Nursing Education: In order to address the increasing demands of an aging population, nursing education must change. Nursing educators may give aspiring nurses the information and abilities they need to greatly enhance the life quality for the elderly by covering the particulars of elder care, such

as managing chronic diseases, holistic evaluations, palliative care, and cultural competency. These initiatives provide a compassionate, all-encompassing approach to aging and health, in addition to improving patient care. Student nurses' knowledge and attitude towards elderly life quality are to be evaluated.

Nursing Research: The study found that the environmental domain was primarily associated with the life quality of the elderly. The same study can be conducted in a different setting, like an elderly home or an elderly dwelling in a rural area. This study could demonstrate the significance of social and physical surroundings in enhancing the health of senior citizens and offer nurses evidence-based tactics to improve their treatment. Studies may indicate that older persons who reside in age-friendly settings report greater levels of independence and satisfaction as well as fewer depressive or anxious symptoms.

Nursing Administration: Nurse Administrators should make sure that staff members receive on-going training, with a focus on geriatric syndromes, the intricacies of caring for the elderly, and effective communication techniques. In order to meet the mobility and safety requirements of the elderly, nurse administrators should make sure that healthcare facilities are modified to

incorporate fall prevention measures, sufficient lighting, and accessibility. Elderly care and life quality can be enhanced by teaching nurses to use contemporary technologies like telehealth and assistive devices, especially for individuals who live in remote places or have mobility challenges.

CONCLUSION

This study assessed the life quality of elderly patients with a modified WHOQOL-BRIEF questionnaire. Informed consent was got from the 240 enrolled individuals aged ≥ 60 years. Data analysis revealed that the life quality of the elderly was foremost influenced by the environmental domain, followed by the social, psychological, and physical domains, and all four domains are highly significant for the satisfied life quality of the elderly. Those who aged between 60-69 years had a increase chance of life quality in relation to other age groups. Overall, in this study, most of the men had a more satisfied life quality than women, and all four health domains highly influenced the life quality of the old aged.

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