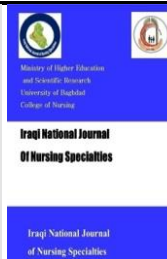




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Factors Predicting Quality of Life among Elderly People at Geriatric Homes in Baghdad City

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ABSTRACT

Objective(s): This study aimed to assess quality of life among elderly in geriatric homes and its influencing factors.

Methods: A descriptive cross-sectional study conducted in a geriatric home in Baghdad for the period from November 1st, 2022 to March 1st, 2023, on a sample of (139) elderly people. A validated WHOQOL-BREF questionnaire was used with a total number of 28 items for quality-of-life assessment. Data were collected using interviews and analyzed by applying descriptive and inferential statistical analysis.

Results: The results indicate that the average age of the participants was 72.15 (\pm 2.39) years, more than half of the participants were males (58.3%), the monthly income was less than 300 thousand Iraqi dinars (45.3%), more than half of them have sons (59.7%). The results showed that (55.4%) of the elderly expressed a low quality of life. The study indicated that participants age, sex, marital status, monthly income, educational level, who have sons, length of stay in a geriatric home, and associated chronic diseases are all factors that predict quality of life among the elderly ($p < 0.05$).

Conclusion: The level of quality of life among the elderly was poor due to many influential socio-demographic characteristics such as age, gender, marital status, monthly income, education, occupation, length of stay in the geriatric home, and comorbid chronic diseases that are factors that predict the quality of life among the elderly.

Recommendations: The study boosts an understanding on how elderly sociodemographic characteristics predicts their quality of life in geriatric homes. More research is required to exploring geriatric demands and the standard of services offered.

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العوامل التي تتنبأ بنوعية الحياة بين كبار السن في دور المسنين بمدينة بغداد

المستخلص

الأهداف: تهدف هذه الدراسة إلى تقييم جودة الحياة بين المسنين في دور المسنين والعوامل المؤثرة فيها.

المنهجية: دراسة مقطعية وصفية أجريت في دار المسنين بمدينة بغداد للفترة من 1 تشرين الثاني (نوفمبر) 2022 إلى 1 آذار (مارس) 2023 على عينة مكونة من (139) مسناً. تم التحقق من صحة الاستبيان من قبل الخبراء ومن ثم التحقق من موثوقيتها من خلال دراسة تجريبية. كان العدد الإجمالي للفقرات المدرجة في الاستبيان 28 فقرة لتقييم جودة الحياة. جمعت البيانات باستخدام المقابلات وحللت بتطبيق التحليل الإحصائي الوصفي والاستدلالي.

النتائج: تشير النتائج إلى أن متوسط عمر المشاركين 72.15 ± 2.39 سنة وكان أكثر من نصف المشاركين من الذكور بنسبة (58.3%)، وكان الدخل الشهري أقل من 300 ألف دينار عراقي (45.3%)، ثلث المسنين كانوا مطلّقين (36.7%)، وتخرجوا من المدرسة الابتدائية (28.8%)، وأكثر من نصفهم لديهم أبناء (59.7%)، ومقيمون في دار المسنين لأكثر من 6 سنوات وبعض منهم مصابين بداء السكري (30.2%). وأظهرت النتائج أن (55.4%) من كبار السن أعربوا عن تدني نوعية الحياة. كان العمر، والجنس، والحالة الاجتماعية، والدخل الشهري، والمستوى التعليمي، والذين لديهم أبناء، ومدة الإقامة في دار رعاية المسنين، والأمراض المزمنة المصاحبة لهم، كلها عوامل تتنبأ بنوعية الحياة بين كبار السن ($p < 0.05$).

الاستنتاجات: كان مستوى جودة الحياة بين كبار السن ضعيفاً بسبب العديد من الخصائص الاجتماعية الديموغرافية المؤثرة مثل العمر والجنس والحالة الاجتماعية والدخل الشهري والتعليم والمهنة وطول الإقامة في دار رعاية المسنين والأمراض المزمنة المرضية المصاحبة التي تعتبر عوامل تتنبأ جودة الحياة بين المسنين.

التوصيات: تعمل الدراسة على تعزيز فهمنا لكيفية التنبؤ بالخصائص الفردية التي تؤثر على جودة الحياة في دور رعاية المسنين من خلال التثقيف الصحي لجميع الفئات المجتمعية. سيتطلب استكشاف متطلبات الشيخوخة ومستوى الخدمات المقدمة في الموقع الحالي للدراسة مزيداً من البحث.

الكلمات المفتاحية: جودة الحياة، العوامل المؤثرة، المسنين، دور المسنين.

Introduction

Human life inevitably involves aging, a profound process that underscores its utmost significance. Aging represents the pinnacle of human progress, yet the accompanying challenges spotlight its crucial nature. The physical and psychological dimensions of life begin to undergo changes, each aging symptom often viewed as an unfortunate occurrence (1). The quality of life for older individuals intricately weaves into their subjective perceptions and evaluations across various facets of life. This intricate tapestry includes emotional well-being, gauged by the presence or absence of depression, and cognitive assessments of overall performance. Additionally, health status plays a pivotal role in shaping their outlook on life. Satisfaction with aspects such as sexual activity, relationships with spouses and children, and financial stability collectively forms the nuanced fabric of their

quality of life (2). The circumstances, experiences, and decisions from infancy to adulthood, along with environmental and lifestyle factors, significantly impact the quality of life in old age (3).

Health issues become nearly inevitable in later years, with elderly individuals often developing chronic diseases due to biological deterioration. Prevalent conditions such as cancer, hypertension, osteoporosis, and diabetes mellitus contribute to a decline in quality of life (QoL) (4). The impact of chronic illnesses on quality of life is further exacerbated by age, especially for seniors. Their physical and functional status, mental stability, and sense of self-worth decline due to dependence on others and the effects of chronic illnesses on mobility (5).

The impact of aging permeates every facet of society, with elderly individuals facing an increased vulnerability to both

physical and mental ailments, jeopardizing their independence (6). The quality of life for seniors is not merely a personal concern; it serves as a barometer for the overall health and happiness of the population (7). Over the past few decades, Iraq has witnessed a steady surge in the absolute and relative numbers of its elderly citizens, marking a significant demographic shift. Projections indicate that by 2050, Iraq is poised to have the highest percentages of seniors (18 million) and oldest-old (3.1 million) in the region (1). If this demographic trend persists, a substantial increase in the elderly population is imminent. Nurses play a crucial role in enhancing the quality of life (QoL) for elderly individuals by providing comprehensive care that addresses both physical and emotional needs. They conduct regular assessments to manage chronic conditions, administer medications, and coordinate with other healthcare professionals to ensure holistic care. Beyond clinical tasks, nurses offer emotional support, facilitate social interactions, and advocate for patient-centered approaches that respect the dignity and preferences of older adults. By creating personalized care plans and promoting independence, nurses help elderly individuals maintain their well-being and improve their overall QoL (8).

Given the limited understanding of factors influencing the quality of life for senior adults, it is imperative to emphasize that any health improvement plan devised and implemented should be underpinned by robust scientific data. Furthermore, the potential costliness of medical procedures cannot be ignored (9, 10). The outcomes of this study hold the potential to guide managers, decision-makers, and medical specialists in formulating and executing policies aimed at enhancing prediction variables for quality of life, thereby laying the foundation for future research on aging.

Utilizing the WHOQOL-BREF tool, this study evaluated the Quality of Life (QoL), exploring the impact of various factors such as sex, marital status, education, sons' status, length of geriatric home care, and associated chronic problems.

Methods

Study Design and Setting

The descriptive cross-sectional study design technique was adopted by standard questioning, which is conducted during the period from November 1st 2022 to March 1st 2023.

Study Sample and Sampling

This study comprised 152 elderly individuals registered in the archives of Rashad and Aslikh geriatric homes. However, the selection process involved scanning the archives of all eligible elderly individuals within these geriatric homes. Two individuals declined participation, one did not meet the study criteria, and ten were excluded due to the pilot study standards. Ultimately, the study was concluded with 139 elderly participants who met the following inclusion criteria: 1) willingness to participate, 2) residency in geriatric homes, and 3) a minimum stay of six months in the geriatric homes.

Data Collection and the Study Instruments

An interview was conducted with elderly participants, guiding them through instructions, addressing any concerns related to the form, persuading them to actively engage in the study, and expressing gratitude for their valuable participation. Each individual interview, lasting 15 to 20 minutes, followed a carefully designed process, ensuring the inclusion of crucial stages in the study design.

The study questionnaire is divided into two parts, encompassing various aspects:

Part I focuses on participant's characteristics as factors influencing the prediction of quality of life among elderly individuals. These factors include sex, marital status, monthly income, level of education, presence of sons, length of stay in a geriatric home, and the presence of comorbid chronic diseases.

The study also utilized the World Health Organization Quality of Life (WHOQoL) (11), a comprehensive 26-item tool designed to assess general health and quality of life. This instrument covers four domains: physical health, psychological well-being, social relationships, and environmental health. The internal consistency, as measured by Cronbach's alpha, was found to be 0.82 in the current study.

Ethical Considerations

After receiving the approval of the College of Nursing, University of Baghdad for the study, the researcher discussed study details with officials at the selected geriatric homes. The general purpose of the study was

explained to the participant, as well as how to complete the questionnaire, to ensure that they understand the participation is optional and that they can withdraw at any time they wish to. The researcher assured participants that the confidentiality of their data will be safeguarded and securely maintained during and following study participation. The student researcher further assured study participants that their identities will remain anonymous in presentation, reporting, and any eventual publication of the study.

Data Analysis

The subsequent analyses were conducted using SPSS 20.0 software. Categorization of variables was accomplished through numerical and percentage representations, while continuous variables were characterized by their mean and standard deviation. For forecasting study variables, a simple linear regression approach was employed. Significance levels were set at a two-tailed P-value of 0.05 to denote statistical significance.

Results

Table 1. Socio-demographic characteristics of the elderly participants (No.= 139)

| Variables | Classification | No. | % |
|--------------------|---------------------------|-----|------|
| Age /years | 65 to 75 years old | 98 | 70.5 |
| | 76 to 85 years old | 22 | 15.8 |
| | 86 and older | 19 | 13.7 |
| | M±SD= 72.15 ± 7.39 | | |
| gender | Male | 81 | 58.3 |
| | Female | 58 | 41.7 |
| Monthly Income | None | 47 | 33.8 |
| | <300 thousand IQD | 63 | 45.3 |
| | 300-600 thousand IQD | 21 | 15.1 |
| | 601-900 Thousand IQD | 6 | 4.3 |
| | >900 thousand IQD | 2 | 1.4 |
| Marital Status | Single | 25 | 18.0 |
| | Married | 27 | 19.4 |
| | Divorced | 51 | 36.7 |
| | Widower | 22 | 15.8 |
| | Separated | 14 | 10.1 |
| Level of Education | Illiterate | 9 | 6.5 |
| | Read and write | 24 | 17.3 |
| | Elementary school | 40 | 28.8 |
| | Middle school | 39 | 28.1 |
| | High school | 13 | 9.4 |

| | | | |
|----------------------------|--------------------------|----|------|
| | College | 14 | 10.1 |
| Do you have Family | Yes | 83 | 59.7 |
| | No | 56 | 40.3 |
| Duration in Geriatric Home | <1 year | 28 | 20.1 |
| | 1-3 years | 40 | 28.8 |
| | 4-6 years | 27 | 19.4 |
| | >6 years | 44 | 31.7 |
| Chronic Diseases | Rheumatism | 31 | 22.3 |
| | Heart attack | 17 | 12.2 |
| | Diabetes Mellitus | 42 | 30.2 |
| | Hypertension | 29 | 20.9 |
| | Cerebrovascular accident | 8 | 5.8 |
| | Asthma | 12 | 8.6 |

No= Number; %= Percentage, $M \pm SD$ = Mean \pm Standard Deviation

Table 1 shows that, on average, the participants were 72.15 years old, the majority were male (58.3%), and 45.3% reported monthly incomes of less than 300,000 Iraqi dinars. Additionally, 33.7% of the participants were divorced and 28.8% had completed primary school. Furthermore, a significant proportion of the respondents (59.7%) were parents, and the same percentage had been residents of geriatric homes for more than six years.

Table 2. Overall quality of life among elderly

| | | | | |
|-----|----------|-----|-------|------------------|
| QoL | Rating | No. | % | ($M \pm SD$) |
| | Poor | 77 | 55.4 | 46.2 \pm 12.45 |
| | Moderate | 52 | 37.4 | |
| | Good | 10 | 7.2 | |
| | Total | 139 | 100.0 | |

No= Number; %= Percentage; M = Mean of Scores; SD = Standard Deviation

Table 2 revealed that a significant number of the elderly population, specifically 55.4%, reported a diminished quality of life, with an average score of $M \pm SD = (46.2 \pm 12.45)$.

Table 3. Relationship between participant's quality of life and their socio-demographical characteristics

| Variables | Unstandardized Coefficients | | Standardized Coefficients | t | P value |
|----------------------------|-----------------------------|------------|---------------------------|---------|---------|
| | B | Std. Error | Beta | | |
| Age | -.071- | .075 | -.082- | -2.950- | .044 |
| gender | -.016- | .088 | -.013- | -2.184- | .024 |
| Monthly income | .011 | .099 | .009 | 4.113 | .01 |
| Marital status | .026 | .049 | .037 | 5.530 | .007* |
| Education level | .016 | .040 | .031 | 2.411 | .012 |
| Do you have family | .120 | .035 | .255 | 3.445 | .001* |
| Duration in geriatric home | -.181- | .048 | -.325- | -3.783- | .000* |
| Chronic Diseases | -.134- | .030 | -.320- | -4.449- | .000* |

t=t-test, *P-value = 0.5

Table (3) indicates that various socio-demographic factors, such as age, gender, monthly income, marital status, educational background, parental status, duration of residence in geriatric homes, and the existence of comorbid chronic conditions were significant predictors of the quality of life among elderly individuals.

Discussion

The results highlight the key characteristics of the participants. The majority were concentrated in the 65-75 age group. This finding is consistent with similar studies conducted in India, where most participants were within the 60-69 age range (12). This correlation likely reflects the common age demographics of residents in geriatric homes observed in Indian studies. Furthermore, our results align with research conducted in Iraq, reinforcing these trends (13, 14).

The study found that more than half of the participants were male, a trend frequently observed in geriatric homes. This pattern may be attributed to societal norms that often prioritize the care of elderly men over women. This finding aligns with previous research conducted in Baghdad City, which also identified a predominance of male elderly residents in geriatric homes compared to their female counterparts (15,16). Additionally, the monthly income data indicated that most elderly participants reported an income below 300,000 IQD. This situation is likely due to their reliance on geriatric home support as their primary source of income, with limited assistance from the community, as confirmed by similar studies in Baghdad City (17-20).

This study revealed that a significant percentage of participants had only completed elementary school. This finding is consistent with research from China, which shows that many geriatric home residents have minimal formal education and are predominantly illiterate (21). Such low educational levels are often insufficient for effectively managing stress.

Most elderly participants in the study had resided in geriatric homes for over six years. Among chronic diseases, diabetes mellitus (DM) was the most commonly diagnosed, followed by rheumatism, hypertension (HTN), heart attack, asthma, and

cerebrovascular diseases (CVA). This aligns with findings from geriatric homes in Baghdad, highlighting the critical influence of occupation on social relationships within geriatric homes. Furthermore, it emphasizes the negative impact of chronic diseases and extended residency on the overall well-being of elderly residents (22).

In geriatric homes, participants reported to have an average quality of life. This reflects the dissatisfaction among elderly residents with various environmental factors, such as transportation availability and healthcare services. Aging often leads to a decline in functional ability, which restricts daily activities and access to healthcare (23). The study focused on senior citizens with chronic illnesses, a known factor that significantly impacts overall quality of life. These findings are consistent with Mullana's research (24) indicated that individuals without chronic illnesses tend to have a higher quality of life. Improving the healthcare system is crucial to addressing the treatment needs of the elderly and managing their chronic conditions effectively (25).

In contrast, studies from developed countries, such as those in Europe, report a higher quality of life. For example, a publication by MentDis et al. found a good quality of life rating of 56.6% (26), with the psychological and environmental categories receiving the highest ratings. Disparities in the quality of geriatric home care contribute to these differences (27), highlighting the significant impact of care standards on residents' quality of life (3). Therefore, it is essential to compare the quality of geriatric home services to global standards to identify areas for improvement.

Several factors influence the quality of life for elderly individuals, including age, sex, monthly income, education, occupation, duration of stay in a nursing facility, and presence of chronic illnesses. Age-related declines notably impact the quality of life

among older adults. Although geriatric homes provide essential shelter and basic needs, the emotional and psychological aspects of care, such as self-expression and emotional sharing, are better addressed within a family setting, which is a cornerstone of Iraqi culture. To gain a thorough understanding of quality of life, it is important to compare the experiences of seniors living in age care facilities such as geriatric homes with those residing with their families. This comparison will aid in shaping future policies. This study focused specifically on elderly individuals in geriatric homes, as highlighted by research conducted in San Diego (28). Notably, similar trends were observed in participants over the age of 85, who exhibited relatively low quality of life scores. This finding is crucial for assessing and forecasting the quality of life among the elderly in Iraq.

This trend is attributed to their greater emotional expression and more extensive social networks (30), which aligns with the findings of Campos et al. (30). In contrast, Lee et al. (29) report that older men in five low- and middle-income countries experience a higher quality of life compared to older women (31). These differing results highlight the complexity of factors affecting the quality of life among older adults.

In addition, Zhou et al. (32) found that families of elderly people generally report a higher overall quality of life compared to younger Chinese individuals. This difference may be linked to the support they receive from their families living at home. However, it is crucial to recognize that this study presumes the availability of adequate health insurance and government-funded long-term care services in geriatric homes. While these factors contribute to quality of life, the involvement of family also plays a significant role (33). Cultural expectations in Iraq, where family members are traditionally responsible for elderly care, may further influence this dynamic. The research indicates that simply

having or lacking family does not directly correlate with the quality of life for older individuals.

Monthly income appears to have limited impact on the quality of life among the elderly, as their living environment, particularly in geriatric homes, seems to be more influential. This finding aligns with Knodel et al. research (34), suggested that poverty can affect physical and mental health, social connections, and overall living conditions for older adults. It underscores the complex interplay between socioeconomic factors and quality of life in the elderly.

Regarding marital status, Mettupalayam et al. (35) did not find a statistically significant relationship between quality of life and marital status, despite the majority of participants being married and cohabitating. These findings challenge previous research and may explain some of the observed discrepancies.

The study by Gobbens et al. (36) underscores that higher education and improved financial status can positively impact the physical, psychological, and environmental quality of life for elderly individuals. The current study findings are consistent with those of Talarska et al. (37), found that the duration of stay in a geriatric home is a predictor of quality of life. Extended stays in geriatric homes are associated with a diminished quality of life, potentially due to age-related factors or the quality of services provided. Supporting this, research from South Korea highlights the significance of considering the length of residence in geriatric homes when evaluating the quality of life in elderly populations (33). Additionally, the current study found a strong association between diabetes and hypertension and quality of life, corroborating other studies (38). Chang's research further suggests that older adults with chronic conditions can still lead fulfilling lives if their

mental and psychological health is properly managed (37).

A key limitation of this study on factors predicting quality of life among elderly people in geriatric homes in Baghdad City is its cross-sectional design, which restricts the ability to infer causality between the identified predictors and quality of life outcomes. Additionally, the study's focus on a specific geographic area may limit the generalizability of the findings to other regions with different socio-cultural or economic contexts.

Conclusion

The quality of life among elderly were at poor level due to many influencing socio-demographic characteristics such as age, sex, marital status, monthly income, education, occupation, length of geriatric home stay, and comorbid chronic diseases. The study increases the nursing community understanding of how individual characteristics that affect QoL in geriatric homes can be predicted through health education or all societal groups. Exploring geriatric demands and the standard of services offered in the study's current location will require more research.

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Conflict of interest

Nil.

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