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Evaluation of Elderly's Quality of Life at Government and Non-Government Geriatric Homes in Baghdad City: A Comparative Study

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Abstract: ***The elderly quality of life at the Government and non- Government homes Geriatric Homes in Baghdad City. A cross-sectional study was carried out among (60) Elderly is selected throughout the use of non-probability sampling approach. The sample of the study includes Elderly who are (65-74) year old and live at Geriatric Homes of Al Salaikh at Al Adhamiya and Al Rahma Home at Al Kadhimiya towns in Baghdad City. The sample is divided into (2) groups; Government and non-Government of (30) elderly each. The study indicate that the elderly has weakness level toward quality of life as general, physical, psychological, social relationship, independency, environment, and spiritual health, in this study for two groups.***

Keywords: Evaluation; Elderly Quality of Life Comparative Study

1. Introduction

An Elderly quality of life is considered in the context of health and disease; it is commonly referred to as health-related quality of life (HRQoL) to differentiate it from other aspects of quality of life. Since health is a multidimensional concept, HRQoL is also multidimensional and incorporates domains related to physical, mental and emotional, and social functioning. HRQoL goes beyond the direct measures of health and focuses on the quality-of-life consequences of health status. Another related concept to HRQoL is well-being. Measures of well-being typically assess the positive aspects of a person's life, such as positive emotions and life satisfaction.Quality of life measures the effects of chronic illness, treatments, and short- and long-term disabilities. In addition, institutes in the National Institutes of Health (NIH) – such as the National Cancer Institute (NCI) – and Homes within the Homes for Disease Control and Prevention (CDC) – such as the National Home for Chronic Disease Prevention and Health Promotion (NCCDPHP) – have included the evaluation and improvement of HRQoL and well-being as a public health priority [1].

Life expectancy and causes of death have traditionally been used as key indicators of population quality of life. While these indicators provide critical information about the health status of populations, they do not offer any information about the quality of the physical, mental, and social domains of life. Increasing life expectancy has also highlighted the need for other measures of health especially those that capture the quality of the years lived. The WHO recognized the importance of evaluating and improving people's quality of life [2].

The elderly have long been neglected as the addressee of health promotion activities. The need to promote health among older people was first highlighted in the 1990s. Before that, it was commonly assumed that the older generations were not a good target for health promotion as it was thought it is too late to change their lifestyle. Requiring the elderly to radically change their diet and start exercising is perceived as disturbing to their peace and wellness. Therefore, it was only after 2001, when WHO experts unanimously state the importance of a healthy lifestyle at every stage of life, health promotion measures targeted to the elderly started to grow in numbers. Evidence has shown that exercising, quitting smoking and limiting alcohol consumption, participating in learning activities and integrating in the community can help to inhibit the development of many diseases and prevent the loss of functional capacity, thus improving quality of life and lengthening life expectancy. Most of these health promotion activities among the elderly focus on the relatively younger seniors. Within the group of those aged (85) year and older, the emphasis is more on appropriate medical attention from physicians and care givers rather than on their health behavior [3].

2. Methodology of the Study

Subjects: The sample of the study includes elderly who are (65-74) year old and live at Geriatric Homes of Al Salaikh at Al Adhamiya and Al Rahma Home at Al Kadhimiya towns in Baghdad City. The sample is divided into (2) groups; governorate and private of (30) elderly each. The study conducted from April 6th 2017 to September 12th 2017 A purposive sample of (60) Elderly is selected throughout the use of non-probability sampling approach.

Questionnaire: The socio-demographic data sheet, consisted of (6) items of age, gender, marital status, residency, chronic diseases, and socioeconomic status Elderly's Quality of life Questionnaires are constructed for the purpose of the study. The questionnaires Content validity is determined through panel of (11) experts. Inter-observer reliability is ascertained for the study instrument. The test-retest reliability is obtained

the questionnaires equivalences. Results indicate that all instruments, which are applied in the present study, have acceptable reliability (Physical Health 0.70, Psychological Health 0.76, Social Health 0.84, Independency 0.81, Environmental Health 0.73, and Spiritual Health 0.79). This tool is designed through the use of (3) levels type of Scale for the evaluation of quality of life relative to the elderly at the geriatric homes. The rating and scoring system of the scale is consisted of (3) for adequate, (2) for fair, and (1) for inadequate. The observational tool is comprised of (6) statements that deal the major domains of the elderly quality of life [4], [5]. Also the first statement is measured through (1) item which is dealing with the elderly quality of life as general , the second statement is measured through (5) items which is dealing with the physical health (i.e., energy, fatigue, pain, comfort, and sleepiness), the third statement is measured through (5) items which is dealing with the psychological health (i.e., appearances, negative emotions, positive emotions, selfishness, and reflex about their learning, memory and focuses), the fourth statement is measured through (6) items which is dealing with the social relationships,(i.e., personal relationship, social support, love activity), the fifth statement is measured through (9) items which is dealing with the independency level,(i.e., activity, daily movement, independency in their treatment and medical help, and ability to work), the sixth statement is measured through (5) items which is dealing with the environment(i.e., resources and budget, freedom and safety, health care and social insurances, able to learn, hobbies, and physical environment (climate, hustle and pollution)), and the seventh statement is measured through (6) items which is dealing with the spiritual health (i.e., spirituality, religion and personal beliefs).

Data are analyzed through the application of Statistical Package of Social Sciences (SPSS) program of these approaches (Descriptive Statistical Data Analysis Approach and The Inferential Statistics Data Analysis).

3. Results

Table 1: Self-Evaluation of Elderly's Quality of Life

Quality of Life	Government Group (N= 30)		Non-Government Group (N=30)	
	F	**%**	**F**	**%**
Inadequate	30	100	30	100
Fair	0	0	0	0
Adequate	0	0	0	0
Total	30	100	30	100

F: Frequency, %: Percentage, Poor: (30-49)

Results out of this table reveal that elderly have experienced poor Quality of Life at the test for both of the Government and Non-Government groups.

Table 2: Overall Evaluation of Elderly's Quality of Life for the Government and Non-Government Groups

Quality of Life	Government Group (N= 30)				Non-Government Group (N=30)			
	F	%	M.S	S.D	F	%	M.S	S.D
Inadequate	30	100	**1.00**	**0.000**	30	100	**1.00**	**0.000**
Fair	0	0			0	0		
Adequate	0	0			0	0		
Total	30	100			30	100		

F: Frequency, %: Percentage, M.S: Mean of Scores, S.D: Standard Deviation, Inadequate: (36-60), Fair: (61-85), Adequate: (86-108).

This table indicates that the overall evaluation of the elderly's quality of life is inadequate for both of the Government and Non- Government groups at the test. Data analysis reveals that all of the study participants have experienced poor level of quality of life**.** So, their quality of life has inadequate for all domains.

Table 3: Significant Differences for Elderly' Gender among Government and Non-Government Groups with respect to Their Quality of Life

Quality of Life	Gender	Government Group (N=30)						Non-Government Group (N=30)					
		M	SD	T	df	Sig.	p≤0.05	M	SD	t	Df	Sig.	p≤0.05
Physical Health	Male	5.95	.999	-.400	28	.692	N.S	5.64	.809	-1.524	28	.139	N.S
	Female	6.13	1.126					6.21	1.084				
Psychological Health	Male	6.27	.985	-.850	28	.403	N.S	6.18	.982	-.765	28	.451	N.S
	Female	6.63	1.061					6.47	1.020				
Social Relationship	Male	8.32	1.644	-1.257	28	.219	N.S	8.91	1.868	.782	28	.441	N.S
	Female	9.25	2.188					8.37	1.802				
Independency	Male	13.64	2.083	-.515	28	.611	N.S	13.45	1.916	-.566	28	.576	N.S
	Female	14.13	2.850					13.95	2.483				
Environment	Male	7.14	.990	-1.484	28	.149	N.S	7.18	.874	-.475	28	.638	N.S
	Female	7.75	1.035					7.37	1.116				
Spiritual Health	Male	8.18	1.563	-1.362	28	.184	N.S	8.45	1.440	.151	28	.881	N.S
	Female	9.00	1.069					8.37	1.535				
	Female	53.63	5.975					53.79	5.653				

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Level of significance, P: Probability level, N.S: Not significant.

Table (3) shows indicate that there is no significant difference between elderly's quality of life relative to their gender. Analysis of these differences presents that all elderly, in this study, have shred almost the same degree to which their quality of life is heading regardless of their gender.

4. Conclusions

The results indicate that the elderly has weakness level toward quality of life as general, physical, psychological, social relationship, independency, environment, and spiritual health, in this study for two groups. All elderly, in this study have a same degree to which their quality of life is heading regardless of their gender.

Most of the elderly have experienced chronic diseases of hypertension and joint pain. But, few of them have visual and hearing impairment, asthma, peptic ulcer, heart failure and diabetes mellitus. Elderly socio-demographic characteristics of being widowed, retired, low socioeconomic status and urbanized residents play an important role on the elderly to be residents at the geriatric homes because most of elderly have lost partners, do not have remunerated, unable to handle the life by their own out of the geriatric homes and they have no any other places to go.

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