

A Study to Assess the Effectiveness of Planned Activities on Quality of Life among Elderly Residing at Selected Old Age Home

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Abstract: *The aim of the study was to determine the effectiveness of planned activities to improve Quality of life. The design used for the study was the True Experimental research design. The sample size for the study was 40 (20-experimental and 20-control group) In experimental group the pre test and post test level of QOL means was 57.1 and 76.4 The 't' value 4.58 is greater than table value (2.0) at degree of freedom 0.05 level. In control group the pre test and post test level of QOL was 58.3 and 59.0. The t value is 1.48. This indicates that planned activities was effective in increasing the level quality of life in elderly people in selected old age home.*

Keywords: Quality of life, Planned activities, Elderly, Old age home

1. Introduction

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and social conditions. These changes are expected to affect quality of life of the elderly.¹ In India the elderly constitute about 8.6 % of the total population and by 2050 the number is likely to increase to 20%.²

According to National sample survey Organization, 36.7% of 70 million elderly want to shift to old age homes because they can't manage alone.³ As articulated by the World Health Organization (2012) on World Health Day, 'Good health adds life to years', the importance of quality of life of older people, has once again been emphasised.³ Planned activities are the activities which include combination of recreational, play and communication activities which helps in improving the quality of life. Recreational activities were selected to promote their interest in life, and develop the decision making ability; the basic principle of recreational activities were to provide some mental exercises. Play activities were selected to promote their sleep, improve their physical strength and provide them positive energy for their daily living. Communicational activities were selected to increase their socialization with their inmates, help them to develop interpersonal relationship and make new friends. In India, there is less awareness about special needs of elderly and care takers are yet to understand the basics of elderly care (physical, mental health psychological, & social support)³. Due to the lack of studies regarding quality of life and associated factors elderly people living in the region, this study was aimed to assess the effect of planned activities on quality of life of elderly people.

2. Review of Literature

Dr. S. Chandrika, Dr. P. Radhakumari, Dr. B. Devi Madhavi A Cross-sectional descriptive study was conducted among elderly population aged 65 and above 65 years residing in OAHs & in the community of Visakhapatnam city in Andhra Pradesh. QOL of elderly was assessed using WHO QOL – bref questionnaire after taking informed

consent from the participants. The mean scores of QOL in physical and social domains were better in elderly living in community than OAHs where as the QOL in domain environmental was better in elderly living in OAHs than community. Least scores were obtained on social domain among elderly compared to rest of domains irrespective of place of stay.⁴

Varun Toshniwal Conducted a study to determine the effectiveness of planned activities on Quality of Life (QOL) of elderly, residents of an old age home and to assess their opinion about planned activities. Thirty five inmates of a selected Old Age Home of Dehradun were included in the study. One group pretest posttest design was adopted and a standardized WHOQOL-BREF questionnaire was used to assess the QOL of study participants before the implementation of planned activities and 30 days after implementation. Most of the participants (80%) felt that the planned activities were overall useful for them, 88.6% felt pleasure and enjoyed during those activities, 71.4% felt that it helped them ventilate their feeling and 83% of the participants wanted to continue those activities regularly. Findings confirm that planned activities were effective for the improvement of QOL of old age home residents. Planned activities need to be introduced in their daily schedule to improve their QOL though further studies can be done on larger sample and multiple settings.⁵

3. Problem Definition

"A true experimental study to assess the effectiveness of planned activities on quality of life among elderly residing at selected old Age home.

4. Objectives of the Study

- 1) To assess the pretest level of quality of life among elderly people residing at selected old age home.
- 2) To determine the effectiveness of planned activities by comparing pretest and posttest level of quality of life among the experimental group.

- 3) To determine the effectiveness of planned activities by comparing the posttest level of quality of life among experimental and control group.
- 4) To find out the association between pre test level of quality of life and selected demographic variables.

5. Methods / Approach

A Quantitative research approach was adopted for the study to accomplish the objective of determining the effectiveness of planned activities on quality of life among elderly people residing at selected old age home. To evaluate the effect of

planned activities, the investigator used True Experimental Pretest-Posttest Control Group Research Design the sampling technique use is simple random sampling technique. A short term version of QOL-100 which is a Standardized questionnaire developed by WHO Structured questionnaire- Contain 26 statements regarding the quality of life for their choice about agreement and disagrees. For measuring the effectiveness mean, mode, median, standard deviation ‘t’- test and chi-square test are used.

6. Result

Table 1: Frequency and percentage distribution of demographic variables among the elderly people in Experimental & control group

Sr.No.	Variable	Groups	Experimental		Control	
			Frequency	Percentage	Frequency	Percentage
1	Age	60-65	6	30.00	5	25.00
		66-70	8	40.00	11	55.00
		71-75	6	30.00	4	20.00
		more than 76	0	0.00	0	0.00
2	Gender	Male	12	60.00	9	45.00
		Female	8	40.00	11	55.00
		Transgender	0	0.00	0	0.00
3	Marital Status	Married	13	65.00	9	45.00
		Single	3	15.00	4	20.00
		Widowed	4	20.00	7	35.00
		Divorced	0	0.00	0	0.00
4	Religion	Hindu	13	65.00	14	70.00
		Muslim	3	15.00	3	15.00
		Christian	4	20.00	3	15.00
		Others	0	0.00	0	0.00
5	Education	Illiterate	5	25.00	0	0.00
		Primary	6	30.00	11	55.00
		Secondary	5	25.00	8	40.00
		HigherSecondary	2	10.00	0	0.00
		Graduation	2	10.00	1	5.00
6	Previous Occupation	Government	8	40.00	8	40.00
		Private	12	60.00	12	60.00
		Business	0	0.00	0	0.00
		Any other	0	0.00	0	0.00
7	Economic support from family	Yes	10	50.00	11	55.00
		No	10	50.00	9	45.00
8	Duration of Stay	1-5.	12	60.00	8	40.00
		6-10.	6	30.00	12	60.00
		11-15.	2	10.00	0	0.00
		above 15	0	0.00	0	0.00
9	meeting with family Members	Every month	7	35.00	7	35.00
		1 to 6 months	13	65.00	13	65.00
		above 6 months	0	0.00	0	0.00
		Never	0	0.00	0	0.00
10	Anyhistory of mental illness	Yes	2	10.00	4	20.00
		No	18	90.00	16	80.00
11	Reason for Stay at old age home	FamilyMigration	5	25.00	6	30.00
		Family Conflict	10	50.00	8	40.00
		Nobody to take care	3	15.00	6	30.00
		Any other	2	10.00	0	0.00

Effectiveness of Planned Activities on Experimental Group

Table 2: Comparison of mean scores between pretest and posttest level Quality of Life among experimental group

Group	Frequency	Mean	S.D.	t value	P value
Pre	20	57.15	3.96	4.58	0.000
Post	20	76.45	18.84		

*p<0.05 i.e. significant difference in the average

Table 3: Comparison of Quality of Life – Control Group

Group	Frequency	Mean	S.D.	t value	P value
Pre	20	58.3	3.49	1.48	0.156
Post	20	59.05	2.89		

Table 4: Comparison of Quality of Life - experimental vs. Control

Group	Frequency	Mean	S.D.	t value	P value
Exp.	20	76.5	18.8	4.08	0.001
Control	20	59.05	2.89		

Table 5: Association between pre-test level of quality of life and selected demographic variables

Sr.No.	Variable	Groups	Quality of Life		chi-square	d.f.	p value	Significance
			1	2				
1	Age	60-65	11	0	8.58	2	0.01	Significant
		66-70	16	3				
		71-75	5	5				
		more than 76	0	0				
2	Gender	Male	17	4	0.025	1	0.87	Not Significant
		Female	15	4				
		Transgender	0	0				
3	Marital Status	Married	18	4	0.39	2	0.82	Not Significant
		Single	5	2				
		Widowed	9	2				
		Divorced	0	0				
4	Religion	Hindu	24	3	7.41	2	0.03	Significant
		Muslim	5	1				
		Christian	3	4				
		Others	0	0				
5	Education	Illiterate	5	0	14.54	4	0.01	Significant
		Primary	15	2				
		Secondary	10	3				
		Higher Secondary	2	0				
		Graduation	0	3				
6	Previous Occupation	Government	11	5	2.1	1	0.14	Not Significant
		Private	21	3				
		Business	0	0				
		Any other	0	0				
7	Economic support from family	Yes	13	8	9.04	1	0.00	Significant
		No	19	0				
8	Duration of Stay	1-5.	15	5	0.93	2	0.63	Not Significant
		6-10.	15	3				
		11-15.	2	0				
		above 15	0	0				
9	meeting with family Members	Every month	13	0	4.81	1	0.03	Significant
		1 to 6 months	19	8				
		above 6 months	0	0				
		Never	0	0				
10	Any history of mental illness	Yes	4	2	0.78	1	0.37	Not Significant
		No	28	6				
11	Reason for Stay at old age home	Family Migration	6	5	6.28	4	0.18	Not Significant
		Family Conflict	16	2				
		Nobody to take care	8	1				
		Any other	2	0				

7. Discussion

The findings of the study have been discussed with reference to the objectives of the study. **Table 1:** Frequency and percentage distribution of demographic variables among the elderly people. Majority of the population belongs to the age group of 66-70 years 8(40%) 6(30%) with the age group of 60-65 and 6(30%) were with the age group of 71-75 have improve quality of life. Majority of males 12(60%) and females 8(40%) having improved quality of life. The population shows 13(65%) married elderly, 4(20%)

widowed, 3(15%) single have improve quality of life. The highest population belongs to 13(65%) Hindu religion, 4(20%) Christian and 3(15%) Muslim religion. Majority of population 6(30%) have primary education, 5(25%) are illiterate, 5(25%) are secondary education, 2(10%) are graduate education and 2(10%) are having higher education. The highest population whose having previous occupation as private 12(40%) have low quality of life whereas 8(40%) are having moderate quality of life. The majority of population 10(50%) are having economic support and 10(50%) are having no economic support. The majority of population staying in old age home are from 1-5 years 12(60%), 6-10

years 6(30%) and 11-15 years 2(10%). The highest population those who meet their family members are 1-6 months 13(65%), every month 7(35%). The majority of populations having history of mental illness 18 (90%) not have any mental illness and 2 (10%) have history of mental illness. The majority of population reason for stay in old age home 10(50%) having family conflict, 5(25%) have family migration, 3(15%) no body to take care and 2(10%) have other reasons. The pre test and post test Quality of Life means were 57.1 and 76.4 respectively in experimental group. The standard deviation for pre test and post test were 3.96 and 18.8 respectively. The calculated' value 4.58 is greater than table value (2.0) at degree of freedom 0.05 level. This indicates the planned activity was effective in increasing the level quality of life in elderly people. The pre test and post test Quality of Life means were 58.3 and 59.05 respectively in control group. The standard deviation for pre test and post test were 3.49 and 2.89 respectively. The mean difference was 0.7. The calculated' value 1.48 is greater than table value (2.0) at degree of freedom 0.05 level. **Table 5:** Association between pretest level of quality of life and selected demographic variables. Chi-square value was calculated to find out the association selected demographic variables (experimental and control group). The result shows that the calculated value is greater than (at 0.05 level) tabulated value for variables; as age, gender, marital status have significant association with pretest level of quality of life.

8. Conclusion

The findings of the study showed that elderly of the old age home participated in the study significantly improved their Quality of life through planned activities. Thus it can be concluded that these planned activities need to be introduced in their daily schedule to improve their Quality of life and increase their life expectancy.

9. Recommendation

On the basis of the findings of the study, the following recommendations have been made for the further study:

- 1) Replication of the same study on large samples may help to draw conclusion that are more definite and generalize to a larger population.
- 2) A comparative study can be conducted to assess the QOL of elderly people residing in old age home and in their own houses with their families.
- 3) A descriptive study could be conducted to assess the knowledge an attitude of nurses toward planned activities for quality of life.

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