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Selected quality of life elements in elderly inhabitants of Lublin

Wybrane elementy jakość życia starszych mieszkańców Lublina

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Abstract

Introduction. *A complex structure of the very concept of the quality of life makes it necessary for those studying this issue to take into account physical, material, social, and emotional well-being, as well as satisfaction with one's productivity. Assessing a level of the quality of life consists in a comparison of patient's expectations and their actual state, which is done according to subjective criteria as everybody establishes their own measure independently.* ***Aim of the work.*** *The work aimed at specifying quality of life self-assessment made by the elderly of Lublin.* ***Material and methods.*** *The research was done in the cohort of 219 elderly people living in the city of Lublin. The majority were females (59.00%). Most respondents had elementary education (37.00%). 55.00% of the research pool were married.* ***Results.*** *Seniors assessed their general quality of life at 3.55 ± 0.65, subjective quality of life assessment was at 3.05 ± 0.88. Within four individual domains, the values were as follows: physical domain 13.11 ± 2.55, psychological domain 13.01 ± 2.41, social relations domain 13.59 ± 2.47, environmental domain 13.51 ± 2.17. Respondents with higher education assessed their quality of life higher within all domains. Married respondents assessed their quality of life higher than single people.* ***Conclusions.*** *The level of self-assessment made by senior citizens of Lublin was relatively high. Education and marital status differentiated respondents' quality of life. (Gerontol Pol 2015, 4, 143-58)*

Key words: *elderly people, quality of life, elderly inhabitants of Lublin*

Streszczenie

Wstęp. *Koncepcja jakości życia ma złożoną strukturę. Rozpatrując to zagadnienie, należy uwzględnić dobrostan fizyczny, materialny, społeczny, emocjonalny i zadowolenie z własnej produktywności. Ocena poziomu jakości życia jest porównaniem oczekiwań pacjenta i jego stanu rzeczywistego. Dokonuje się tego według kryteriów subiektywnych, ponieważ każdy sam ustala swoją własną miarę.* ***Cel pracy.*** *Celem pracy było określenie samooceny jakości życia dokonanej przez lubelskich seniorów.* ***Materiał i metody.*** *Badania przeprowadzono w grupie 219 osób starszych zamieszkujących na terenie miasta Lublin. Większość stanowiły kobiety (59,00%). Najwięcej było osób z wykształceniem podstawowym (37,00%). W związku małżeńskim pozostawało 55,00% badanych osób.* ***Wyniki.*** *Seniorzy ocenili ogólną jakość swojego życia na poziomie 3,55 ± 0,65, subiektywna ocena stanu zdrowia wyniosła 3,05 ± 0,88. W każdej z czterech dziedzin wartości kształtowały się następująco: fizycznej 13,11 ± 2,55, psychologicznej 13,01 ± 2,41, relacji społecznych 13,59 ± 2,47, środowiskowej 13,51 ± 2,17. Badani z wykształceniem wyższym ocenili wyżej jakość życia we wszystkich dziedzinach. Również osoby pozostające w związku małżeńskim oceniły jakość swojego życia wyżej niż osoby samotne.* ***Wnioski.*** *Samoocen jakości życia prze lubelskich seniorów była na dość dobrym poziomie. Wykształcenie i stan cywilny różnicują jakość życia badanych. (Gerontol Pol 2015, 4, 143-58)*

Słowa kluczowe: *osoby w podeszłym wieku, jakość życia, starsi mieszkańcy Lublina*

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Introduction

A complex structure of the very concept of the quality of life makes it necessary for those studying this issue to take into account physical, material, social, and emotional well-being, as well as satisfaction with one's productivity. A number of factors were identified that affect quality of life in late adulthood: physical, emotional, intellectual and social functioning, satisfaction with life, perception of health, economic status, sexual functioning, vitality, energy and ways of spending one's free time [1]. The 70's of the 20th century saw a special interest in the problems of the quality of life as a lot of attention was paid to assessing life situation of patients with cardiovascular conditions and cancers. Later, research scope was broadened to incorporate fields such as: geriatrics, rheumatology and psychiatry [2,3].

Assessing a level of the quality of life consists in a comparison of patient's expectations and their actual state, which is done according to subjective criteria as everybody establishes their own measure independently. Examining patient's state in domains of their physical, mental, and social wellbeing, as well as various aspects of their satisfaction with life is the basis for quality of life assessment [4].

Material and methods

The research was conducted in the cohort of 219 respondents aged 65 to 89 inhabiting the city of Lublin. Investigated respondents were informed that they participated in the research on the anonymous and voluntary basis, and they subsequently provided their informed consent.

The majority were females (59.00%). Most respondents had elementary education (37.00%). 55.00% were married. Detailed sociodemographic analysis is presented in Table I.

The research material was collected by means of the WHOQOL-Bref scale, which has been designed for assessing quality of life of both healthy and sick people. It consists of 26 questions and facilitates obtaining a quality of life profile within four domains: physical, psychological, social, and environmental. The scale also features to questions which are analysed separately: the former referring to the general quality of life and the latter referring to a self-assessment of one's health state [5-7].

The findings were analysed statistically. Values of the measurable parameters were presented by means of the average value and the standard deviation. Non-measurable parameters were presented by means of cardinality and a proportion. Differences between both groups were examined by means of the U Mann-Whitney test. Kruskal-Wallis test was used for studying three or more groups. Statistical analysis was conducted by means of the Statistica 9.1 (StatSoft, Polska) software.

Results

Findings pertaining to quality of life assessment made by elderly people were analysed according to a general assessment of respondents' quality of life, their health state assessment, and within four domains: physical, mental, social, and environmental.

The research pool assessed their general quality of life at the level of 3.55 ± 0.65. Health state self-assessment was at the level of 3.05 ± 0.88. Average values in the four domains were as follows: physical domain – 13.11 ± 2.55, psychological domain – 13.01 ± 2.41, social relations domain – 13.59 ± 2.47, and environmental domain – 13.51 ± 2.17.

Gender was also taken into account while analysing quality of life of the seniors inhabiting Lublin. Males (3.58 ± 0.64) and females (3.52 ± 0.66) assessed their general quality of life at similar levels. Females' subjective assessment of their quality of life averaged out at 3.05 ± 0.93, whereas males' at 3.04 ± 0.80. Females' assessment results for the physical domain averaged out at 13.09 ± 2.67, and males' results averaged out at 13.15 ± 2.39. Males assessed their quality of life in the psychological domain slightly higher (13.22 ± 2.29) than females (12.87 ± 2.48). Investigated males' assessments were highest in their social sphere, which averaged out at 13.71 ± 2.26. Females' assessments averaged out at 13.51 ± 2.62. In the environmental domain, females' results averaged out at 13.46 ± 2.15, whereas males' at 13.58 ± 2.20. Statistical analysis failed to show any statistically significant dependencies between interrogated patients' gender and their quality of life assessments.

Analysis according to respondents' age proved patients from younger age groups to make better general quality of life assessments as well as better component domain assessments. However, health state self-assessment averaged out at similar levels. The difference was statically significant only within the psychological domain (Table II).

The research also specified quality of life fluctuations depending on respondents' education. Highest quality of life assessments were made by those with higher education. They also made best assessments of all quality of life components. However, it was respondents with elementary education that made best assessments of their health state. Statistical analysis discovered statistically significant differences (Table III).

Table I. Socio-demographic characteristics of the research pool

		N	%
Gender	Female	130	59.00
	Male	89	41.00
Age	65-74 years old	131	5.80
	75-89 years old	88	40.20
Marital status	Single	99	45.00
	Married	120	55.00
Education	Elementary	43	20.00
	Vocational	37	17.00
	Secondary	81	37.00
	Higher	58	26.00
Lives	With family	169	77.00
	Alone	50	23.00

Table II. Age and seniors' quality of life

Quality of life	65-74 years old		75-89 years old		Z	p
	M	SD	M	SD		
Subjective quality of life assessment	3.57	0.68	3.51	0.61	0.532	0.595
Subjective health state assessment	3.05	0.91	3.05	0.83	0.060	0.952
Somatic sphere	13.35	2.54	12.76	2.55	1.608	0.108
Psychological sphere	13.31	2.43	12.57	2.30	2.093	0.036
Social sphere	13.63	2.42	13.53	2.57	-0.496	0.620
Environmental sphere	13.75	2.24	13.35	2.05	-1.365	0.172

Table III. Education and senior citizens' quality of life.

Quality of life	Elementary		Vocational		Secondary		Higher		H	p
	M	SD	M	SD	M	SD	M	SD		
Subjective quality of life assessment	3.37	0.58	3.62	0.68	3.54	0.67	3.64	0.64	6.115	0.106
Subjective health state assessment	3.09	0.84	3.05	0.85	3.05	0.95	3.02	0.85	0.063	0.996
Somatic sphere	12.60	2.57	12.84	2.78	13.07	2.72	13.72	2.02	6.021	0.04
Psychological sphere	12.16	2.33	12.68	2.26	13.02	2.47	13.84	2.24	13.332	0.004
Social sphere	13.26	2.07	13.24	3.06	13.47	2.32	14.22	2.49	6.020	0.01
Environmental sphere	13.19	1.88	13.54	2.29	13.01	2.02	14.43	2.25	14.719	0.002

Table IV. Marital status and seniors' quality of life.

Quality of life	Single		Married		Z	p
	M	SD	M	SD		
Subjective quality of life assessment	3.43	0.56	3.64	0.71	-2.709	**0.007**
Subjective health state assessment	3.00	0.96	3.09	0.81	-0.755	0.450
Somatic sphere	12.94	2.58	13.26	2.53	-0.934	0.350
Psychological sphere	12.65	2.43	13.32	2.35	-1.954	**0.04**
Social sphere	12.77	2.46	14.27	2.28	-4.676	**0.001**
Environmental domain	13.15	2.09	13.81	2.20	-2.186	**0.029**

Table V. Residence company and seniors' quality of life.

Quality of life	Living on their own		Living with a family		Z	p
	M	SD	M	SD		
Subjective quality of life assessment	3.46	0.58	3.57	0.67	-1.314	0.189
Subjective health state assessment	3.12	0.94	3.03	0.86	0.553	0.580
Somatic sphere	13.07	2.16	13.26	2.66	0.085	0.932
Psychological sphere	12.96	2.38	13.03	2.42	-0.343	0.732
Social sphere	12.70	2.82	13.85	2.31	-2.490	0.013
Environmental sphere	13.12	2.09	13.63	2.19	-1.462	0.144

The next research stage checked how respondents' quality of life assessment varied depending on elderly people's marital status. Married people were found to make better quality of life assessments in all domains. Statistically significant differences occurred mainly in their general quality of life and within psychological, social and environmental domains (Table IV).

The last element to be analysed was comparing quality of life in those living on their own and with a family. Those living with a family assessed their quality of life better, except health state self-assessment, which was at a lower level. Statistically significant values were found only within the social domain (Table V).

Discussion

Quality of life is a broadly defined feeling of happiness, satisfaction with life, and well-being in all its spheres. It is perceived in a subjective and an objective domain. There are a lot of indicators affecting quality of life indirectly and directly. Those include physical and mental wellbeing of an organism, good economic conditions, a degree of independence, social relations, ways of spending one's free time, satisfaction with life, views and religious believes [1, 8].

Authors' own research findings point to a relatively high level of quality of life self-assessment. Seniors living in Lublin made best quality of life assessments within social relations domain. Similar research results were obtained by Zarzeczna-Baran, et al. [9]. Their investigation proved elderly people to make high assessments of their quality of life irrespectively of how independent they actually were. Other researchers' studies into elderly people under institutional care prove such patients to make worse quality of life assessments in comparison to those staying in their family environment [10]. Kurowska and Kajut [11] also obtained lower results for quality of life assessments. Elderly people who they studied were stating in social homes. Research by Fidecki, et al. [12] proved elderly people staying in long-term care institutions to make considerably lower quality of life assessments within all domains. Coincident results were obtained in the study by Jaracz and Woźna [13], who investigated quality of life assessments made by the elderly from care institutions and by those from the general population. They found respondents staying at home to make better assessments within all spheres.

Kaczmarek [14] conducted research which allowed her to find statistically significant differences in the perception of one's quality of life depending on respondents' level of education, which is an especially good measure of one's general consciousness. Hence people with lower education more often exhibited dissatisfaction than those with higher education, and the trend was especially pronounced in females.

Authors' own research proved better educated people to make higher quality of life assessments in comparison to those with lower education. Health state self-assessment was the only exception as people with elementary education made higher assessments.

Authors' own research findings prove married people to enjoy better quality of life. Rybka and Haor [15] obtained similar results. In their study, marital status correlated strongest with social relations, physical, and environmental domains, as well as with a general quality of life.

Own research proved people staying with their family to assess their quality of life much better than those living on their own. The greatest difference between the groups was found in the social domain.

Elderly people's quality of life is closely connected with one's biological condition, nevertheless, it also depends on one's personality features and a social context in which a given individual is found. While assessing elderly people's quality of life, it is vital to take into account whether a given person plays any social roles, is active, has friends, enjoys sufficient healthcare and economic conditions and whether they pursue their interests and fulfil emotional needs [16].

Conclusion

Quality of life self-assessment made by the seniors of Lublin was at a relatively good level. Education and marital status considerably differentiated respondents' quality of life. People staying with their families made higher assessments of their quality of life in comparison with those living on their own.

Conflict of interest
None

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