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THE QUALITY OF LIFE OF OLDER PEOPLE (70-85 YEARS) WITH PARTICULAR EMPHASIS ON PSYCHOSOCIAL FUNCTIONING

Jakość życia ludzi starszych (70-85 lat) ze szczególnym uwzględnieniem funkcjonowania psychospołecznego

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A - Koncepcja i projekt badania, B - Gromadzenie i/lub zestawianie danych, C - Analiza i interpretacja danych, D - Napisanie artykułu, E - Krytyczne zrecenzowanie artykułu, F - Zatwierdzenie ostatecznej wersji artykułu

Abstract (in Polish):

Cel pracy

Wstęp. Starzenie się jest ciągłym i nieodwracalnym procesem. Pożądana jakość życia, w miarę starzenia się organizmu, staje się coraz trudniejsza do utrzymania.

Cel. Celem pracy była ocena jakości życia ludzi starszych, ze szczególnym uwzględnieniem ich funkcjonowania psychospołecznego.

Materiał i metody

110 mieszkańców Domu Pomocy Społecznej w wieku 70-85 lat zapytano o ich jakość życia. Do oceny depresji wykorzystano skalę Becka oraz Geriatryczną Skalę Oceny Depresji, natomiast do oceny jakości życia wykorzystano kwestionariusz WHOQOL-BREF, ponadto wykorzystano kwestionariusz własnej konstrukcji zawierający pytania ogólne.

Wyniki
Badana grupa 110 osób miała średnio 76 lat. Zarówno według skali Becka jak i Geriatrycznej Skali Oceny Depresji stwierdzono łagodne lub ciężkie zaburzenia depresyjne u znacznej liczby badanych (80,9% i 86,4%). Na podstawie skali WHOQOL-BREF jakość życia osób badanych oraz zadowolenie z niego było przeciętne, średni wynik wyniósł 70,91 pkt. Kobiety oraz osoby nie posiadające członków rodziny oceniały niżej jakość swojego życia oraz miały większą skłonność do depresji.

Wnioski
Jakość życia starszych ludzi znajduje się na średnim poziomie. Większość z wykazuje objawy depresji o łagodnym lub ciężkim nasileniu. Starsze kobiety oraz osoby nieposiadające członków rodziny są mniej zadowolone z życia i mają większe tendencje do zaburzeń depresyjnych. Długość pobytu w DPS nie ma wpływu na jakość życia osób starszych oraz ich skłonności do zaburzeń depresyjnych.

Abstract (in English):
Aim
Aging is a continuous and irreversible process. The desired quality of life, as the body grows older, becomes more and more difficult to maintain.
Objective. The aim of this study was to assess the quality of life of older people, with particular emphasis on their psychosocial functioning.

Material and methods
110 residents of the Social Welfare Home aged 70-85 were asked about their quality of life. The Beck scale and the Geriatric Depression Rating Scale were used to assess depression, while the WHOQOL-BREF questionnaire was used to assess the quality of life. A self-constructed questionnaire with general questions was also used.

Results
The surveyed group of 110 people was on average 76 years old. According to the Beck scale and the Geriatric Depression Rating Scale, mild or severe depressive disorders were found in a significant number of respondents (80.9% and 86.4%). Based on the WHOQOL-BREF scale, the quality of life of the respondents and satisfaction with it were moderate, with average score of 70.91 points. Women and people who did not have family members rated their quality of life lower and had a greater tendency towards depression.

Conclusions
The quality of life of older people is at an average level. Most of them show symptoms of depression with mild or severe severity. Older women and people without family members are less satisfied with their lives and have greater tendencies towards depressive disorders. The length of stay in DPS does not affect the quality of life of older people and their tendency towards depressive disorders.

Keywords (in Polish): ludzie starsi, dom opieki społecznej, jakość życia, depresja.

Keywords (in English): older people, social welfare home, quality of life, depression.

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Introduction

The concept of old age and aging, in the sense of biological and social sciences, is difficult to define. Old age is defined as a state in human life of a rather static nature, while aging is seen as a continuous and irreversible process of a dynamic nature, introducing inevitable changes in mental, physical and social functioning.

The quality of life of older people is considered in terms of happiness, life satisfaction, physical and mental well-being and expectations about one's own life. Maintaining the desired quality of life becomes more and more difficult as the organism ages [1].

There are a number of both positive and negative phenomena that affect the quality of life of older people. Social activity of pensioners, including in Senior Clubs, Prayer Circles, and Rosary Rings, allowing retirees to contact other members of the community, enables them to continue playing social roles, making them feel needed, satisfied and accepted in society. Seniors, having a lot of free time at their disposal, focus on pursuing their own passions and hobbies. Religious practices also play an important role in their lives. Deterioration of health is the main negative phenomenon affecting the quality of life, having a negative impact on the psyche of the elderly. Significant emotional problems affecting the elderly are: depression, loneliness and addiction to various stimulants [2,3,4].

Social welfare homes operating in Poland offer assistance mainly to people who need 24-hour care due to illness or incapacity, and offer help to the lonely. Despite conducting various types of activities and extensive care, the residents of these facilities often have low self-esteem and, in extreme cases, no sense of the meaning of life [5].

Objective of the work

Assessment of the quality of life of older people, aged 70-85, with particular emphasis on their psychosocial functioning.

Material and methods

The paper uses the method of a diagnostic survey. The tools used for the study were the authors' questionnaire and three standardized questionnaires: Beck Depression Scale, Geriatric Depression Rating Scale and the WHOQOL-BREF quality of life questionnaire.

The authors' questionnaire consisted of 8 questions aimed at presenting the characteristics of the studied group in terms of sex, age, marital status, family situation and the period of living in a social welfare home.

The Beck Depression Scale consists of 21 questions accompanied by a four-point scale, from 0 to 3 points. Based on the total number of points scored, with a maximum of 63 points, the level of severity of depression symptoms is determined in four categories: no depression (0-11 points), mild depression (12-26 points), moderately severe depression (27-49 points) or very severe depression (50-63 points).

The Geriatric Depression Rating Scale is used to screen the self-assessment of depression among the elderly. It consists of 30 questions to which the respondents answer "yes" or "no". In each question, the respondent may obtain 1 point or 0 points depending on the answer given, indicating a risk of depression (1 point) or no risk of depression (0 points). On the basis of the total number of points, the respondents are defined as having severe depression (20 points and more), mild depression (10-19 points) or as not having depression (0-9 points) [6].

The WHOQOL-BREF questionnaire is a scale that assesses the quality of life of the surveyed. The respondents are asked to react to 26 statements by answering questions about their quality of life in the last four weeks, using a five-point rating scale, where a higher number on the scale means a better assessment of a given situation [7].

110 seniors participated in the study, including 59.1% women and 40.9% men. The subjects were aged from 70 to 85 years. The mean age of the respondents was 76.07 ± 5.05 years. The characteristics of the study group are presented in Table 1.

Table 1 Demographic characteristics of the respondents

Demographic characteristics		N	%
Sex	Female	65	59,1
	Male	45	40,9
Age	70-85 years	110	100
Martial status	Single	14	12,8
	Married	7	6,3
	Divorced	4	3,7
	Widow/Widower	85	77,3
Family members	Husband/Wife	7	6,4
	Children	87	79,1
	Brother/Sister	60	54,5
	Grandchildren	84	76,4
	None	21	19,1
Time of staying in SWH	Not a resident – day care centre	20	18,2
	Less than 1 year	1	0,9
	1-5 years	8	7,3
	6-10 years	25	22,7
	More than 10 years	56	50,9

Organization and course of research

The research was conducted from January to March 2019 in social care homes in Tarnów and its vicinity. The group selection criterion for the study was the age of the study participants from 70 to 85

years. All respondents gave their consent to participate in the study. The directors of the SWH also gave their consent to the study.

Statistical analysis methods

The statistical analysis of the collected material was performed in the Statistica 13.1 (StatSoft). The analysis used non-parametric tests - the Mann-Whitney U test and the Spearman's rank correlation test. Their selection was determined by the failure to meet the basic assumptions of the parametric tests, i.e. the compliance of the distributions of the studied variables with the normal distribution or the homogeneity of variance. The consistency of the distributions with the normal distribution was verified with the Shapiro-Wilk test, while the homogeneity of variance was assessed with the Levene test. The level of statistical significance was $p < 0.05$.

Results

The respondents obtained an average of 24.18 points (± 11.73 points) on the Beck Depression Scale The range of grades assigned to the respondents ranged from 3 to 52 points. Half of the respondents obtained no less than 24 points. (Tab. 2).

Table 2. Beck Depression Scale - Quantitative Assessment

Becka	Descriptive statistics							
	n	$\bar{x}$	Me	Min.	Max.	Q1	Q3	SD
[pkt.]	110	24,18	24,00	3,00	52,00	15,00	31,00	11,73

n-number of observations; -arithmetic average; Me-median; Min-minimum; Max-maximum; Q1-lower quartile; Q3-upper quartile; SD-standard deviation

Based on the number of points obtained in the Beck Depression Scale, 21 subjects (19.1%) had no symptoms of depression, 40 subjects (36.4%) had symptoms of mild depression, 46 subjects (41.8%) had symptoms moderately severe depression, while in the case of 3 subjects (2.7%).

In the Geriatric Depression Rating Scale, the respondents obtained an average of 16.15 points. ± 5.78 points The grades assigned to the respondents ranged from 4 to 28 points. Half of the respondents obtained no less than 17 points. (Tab. 3).

Table 3. Geriatric Depression Rating Scale (GDS) - Quantitative Assessment

SWG	Descriptive statistics							
	n	$\bar{x}$	Me	Min.	Max.	Q1	Q3	SD
[pkt.]	110	16,15	17,00	4,00	28,00	11,00	21,00	5,78

n-number of observations; -arithmetic average; Me-median; Min-minimum; Max-maximum; Q1-lower quartile; Q3-upper quartile; SD-standard deviation

On the basis of the number of points obtained in the Geriatric Depression Rating Scale, 15 subjects (13.6%) had no symptoms of depression, 59 subjects (53.6%) had symptoms of mild depression, and 36 subjects (32.7%).

The results obtained in the Beck and GDS depression scales were compared among people with and without family members. In the case of the Beck Depression Scale, the results obtained in the two

groups did not differ statistically significantly (p = 0.055), although they were close to the threshold of significance. In the case of the GDS scale, statistically significantly higher results were recorded among people without living family members (p = 0.009). Thus, lack of family members significantly influenced the tendency to develop symptoms of depression in the examined patients (Tab. 4).

Table 4. Depression rating scales: Beck and GDS - quantitative assessment among people with and without family members

Depresion scales	Having family members			Not having family members			Z	p
	$\bar{x}$	Me	SD	$\bar{x}$	Me	SD		
Beck	23,16	23,00	12,07	28,52	27,00	9,23	1,92	0,0550
GDS	15,42	16,00	5,87	19,24	19,00	4,27	2,61	0,0090

n-number of observations; -arithmetic average; Me-median; SD-standard deviation Z-result of the Mann-Whitney U test; p-level of significance of differences

The results obtained on the Beck and GDS depression scales were compared among women and men. Both in the case of the Beck Depression Scale and in the GDS Scale, the differences in the results of women and men were statistically significant (p = 0.001). In both scales, statistically significantly higher results were recorded among women than among men. Thus, the factor of female gender significantly influenced the tendency to develop depression symptoms in the examined patients (Tab. 5).

Table 5. Depression rating scales: Beck and GDS - quantitative assessment among women and men

Depression scales	Female			Male			Z	p
	$\bar{x}$	Me	SD	$\bar{x}$	Me	SD		
Beck	28,17	29,00	11,30	18,42	19,00	9,91	4,33	0,0010
GDS	17,74	19,00	5,36	13,84	13,00	5,64	3,45	0,0010

n-number of observations; -arithmetic average; Me-median; SD-standard deviation Z-result of the Mann-Whitney U test; p-level of significance of differences

The results obtained in the Beck and GDS depression scales were compared among people staying in the DPS and attending the day care center. Both in the case of the Beck depression scale and the GDS scale, the differences in the results obtained by the subjects from the two groups were statistically insignificant (p = 0.094 and p = 0.485, respectively). There was no statistically significant correlation between the results obtained by the respondents in the Beck depression scale and the GDS scale and the duration of their stay in the nursing home (p> 0.05).

The majority of respondents assessed their own quality of life as subjectively good and very good (64 people – 58.2%), or less often as neither good nor bad (30 people - 27.3%) or bad (16 people – 14,5%).

The respondents most often were neither satisfied nor dissatisfied with their lives (39 people - 35.5%), slightly fewer respondents indicated life satisfaction (36 people - 32.7%), while 25 people were dissatisfied with life - 22.7%.

In the WHOQOL-BREF quality of life scale, the subjective assessment of the quality of life of the respondents was defined on the 100-point scale at an average level of 70.91 points. ± 17.48 points The average assessment of satisfaction with one's life was 64.91 points. ± 18.61 points. In the somatic domain, the respondents obtained an average of 65.27 points. ± 14.59 points, in the psychological domain on

average 63.07 points. ± 15.32 points, in the social domain on average 47.65 points. ± 16.96 points and in the environmental domain, an average of 62.39 points. ± 10.57 points (Tab. 6).

Table 6. WHOQOL quality of life scale - respondents' BREF - quantitative assessment

WHOQOL - BREF	Descriptive statistics							
	n	$\bar{x}$	Me	Min.	Max.	Q1	Q3	SD
WHO1	110	70,91	80,00	40,00	100,00	60,00	80,00	17,48
WHO2	110	64,91	60,00	20,00	100,00	60,00	80,00	18,61
Somatic domain	110	55,27	56,00	19,00	88,00	44,00	69,00	14,59
Psychological domain	110	63,07	63,00	25,00	94,00	50,00	75,00	15,32
Social domain	110	47,65	50,00	19,00	75,00	31,00	69,00	16,96
Environmental domain	110	62,39	63,00	38,00	88,00	56,00	69,00	10,57

n-number of observations; -arithmetic average; Me-median; Min-minimum; Max-maximum; Q1-lower quartile; Q3-upper quartile; SD-standard deviation WHO1-quality of life assessment; WHO2-level of life satisfaction

The quality of life of the surveyed seniors was compared, taking into account their gender. It was observed that compared to men, women had a statistically significantly worse quality of life in each of the domains (successively in the somatic domain p = 0.004, in the psychological domain p = 0.001, in the social domain p = 0.001 and in the environmental domain p = 0.001). Women also assessed their own quality of life and the level of satisfaction with their lives worse than men (p = 0.001) (Table 7).

Table 7. WHOQOL quality of life scale - BREF - quantitative assessment among women and men

WHOQOL - BREF	Female			Male			Z	P
	$\bar{x}$	Me	SD	$\bar{x}$	Me	SD		
WHO1	65,85	60,00	16,85	78,22	80,00	15,85	3,56	0,001
WHO2	59,69	60,00	16,77	72,44	80,00	18,73	3,41	0,001
Somatic domain	51,80	56,00	13,51	60,29	63,00	14,78	2,86	0,004
Psychological domain	58,74	56,00	14,08	69,33	75,00	15,01	3,47	0,001
Social domain	42,20	44,00	14,32	55,51	69,00	17,53	3,80	0,001
Environmental domain	60,31	63,00	9,62	65,40	69,00	11,24	2,78	0,005

n-number of observations; -arithmetic average; Me-median; SD-standard deviation Z-result of the Mann-Whitney U test; p-level of significance of differences WHO1-quality of life assessment; WHO2-level of life satisfaction

The quality of life of the surveyed seniors was compared among those with and without living family members. Statistically significant differences were described in terms of the assessment of the level of satisfaction with one's own life (p = 0.034) as well as in the psychological (p = 0.050) and environmental (p = 0.005) domains. The results obtained in the three categories mentioned above were higher in the case of people with living family members compared to those without close relatives (Table 8).

Table 8. WHOQOL quality of life scale - BREF - quantitative assessment among people with and without family members

WHOQOL - BREF	Having family members			Not having family members			Z	p
	$\bar{x}$	Me	SD	$\bar{x}$	Me	SD		
WHO1	72,36	80,00	17,45	64,76	60,00	16,62	-1,79	0,073
WHO2	66,74	60,00	19,29	57,14	60,00	13,09	-2,12	0,034
Somatic domain	56,48	56,00	15,13	50,14	50,00	10,94	-1,91	0,056
Psychological domain	64,46	69,00	15,83	57,19	56,00	11,47	-1,96	0,050
Social domain	49,28	50,00	16,37	40,71	31,00	18,07	-1,93	0,054
Environmental domain	63,82	63,00	10,43	56,33	56,00	9,08	-2,84	0,005

n-number of observations; -arithmetic average; Me-median; SD-standard deviation Z-result of the Mann-Whitney U test; p-level of significance of differences WHO1-quality of life assessment; WHO2-level of life satisfaction

The quality of life of the respondents was compared among people living in a social welfare home and among people attending a day-care center. The quality of life of the subjects from the two groups did not differ in a statistically significant way (p> 0.05) (Tab. 9).

Table 9. WHOQOL quality of life scale - BREF - quantitative assessment among people staying in DPS and attending the day care center

WHOQOL - BREF	SWH			Day-care centre			Z	P
	$\bar{x}$	Me	SD	$\bar{x}$	Me	SD		
WHO1	70,67	80,00	17,28	72,00	80,00	18,81	-0,32	0,749
WHO2	64,44	60,00	18,91	67,00	70,00	17,50	-0,64	0,521
Somatic domain	55,08	56,00	14,14	56,15	56,00	16,88	-0,40	0,687
Psychological domain	62,96	63,00	15,01	63,60	69,00	17,07	-0,41	0,678
Social domain	47,53	47,00	17,05	48,15	50,00	16,95	-0,27	0,790
Environmental domain	61,88	63,00	10,55	64,70	66,00	10,60	-1,00	0,317

n-number of observations; -arithmetic average; Me-median; SD-standard deviation Z-result of the Mann-Whitney U test; p-level of significance of differences WHO1-quality of life assessment; WHO2-level of life satisfaction

There was no statistically significant correlation between the results obtained by the respondents in the quality of life scale and the duration of their stay in the nursing home (Table 10).

Table 10. WHOQOL quality of life scale - BREF - quantitative assessment depending on the duration of stay in SWH

Variables	R	P
WHO1 a czas pobytu w DPS	-0,01	0,950
WHO2 a czas pobytu w DPS	-0,08	0,453
Somatic domain	-0,09	0,403
Psychological domain	0,01	0,940
Social domain	-0,11	0,296
Environmental domain	-0,10	0,349

R-value of Spearman's rank correlation; p-level of significance of differences WHO1-quality of life assessment; WHO2-level of life satisfaction

Discussion

With the development of civilization, life expectancy has increased. Due to a low fertility rate, societies of many countries are increasingly composed of elderly people. With age, the body becomes more susceptible to various ailments, the motor ability is limited, cognitive disorders appear, and the sensitivity of the senses is limited. Maintaining the desired quality of life becomes more and more difficult as the body ages [8]. Many elderly people spend the last years of their lives in SWH, which should provide adequate conditions for a dignified life in old age. The aim of this study was to assess the quality of life of SWH residents in terms of physical, mental, social and environmental issues, as well as to assess the risk of developing depressive disorders. Moreover, this study attempts to identify socio-demographic factors predisposing to reduced quality of life and depressive disorders in advanced age.

Studies using the Beck scale and the Geriatric Depression Rating Scale (GSOD) show that 36.4% suffer from mild depression and 41.8% severe depression according to the Beck Scale, while 53.6% from mild depression and 32.7% for deep according to GSOD. Analyzing these results, it can be concluded that depressive disorders are a very important problem, especially in old age. The low level of detection of depressive disorders is most likely due to the reluctance of older people to medical appointments and low emphasis on screening for depression.

The study group assessed their quality of life in various ways, most often at an average level. It was noticed that women and people without family members assessed their quality of life lower. It was also observed that the length of stay in the SWH was not a significant factor influencing the quality of life and the tendency towards depressive disorders.

Gutierrez-Vega M. et al. assessed the impact of having a spouse on the quality of life in old age. The authors surveyed 276 elderly people. Their quality of life was assessed at the physical, mental, social and environmental levels. Researchers found that married people had a higher mental and social quality of life compared to widows, widowers and divorced people. A conclusion was drawn about the positive influence of marriage on the quality of life and its protective effect against depressive disorders [9]. Researchers from China reached similar conclusions, pointing to a reduced quality of life in widows and widowers compared to married people. Moreover, it has been observed that elderly people rely more often on their children for care, and that family support correlates with a higher quality of their life [10]. A similar tendency was observed in the current study. Older people with family members were characterized by a higher quality of life and were also less prone to depressive disorders.

The study conducted in India was aimed at assessing the sociological factors influencing the quality of life of people over 60. The WHOQOL questionnaire was used to assess the quality of life on the physical, mental, social and environmental levels. Scientists observed that the factors predisposing to a higher quality of life in the case of older people were: active physical and social life, spirituality, the level of health care, participation in decision-making and the amount of the pension received from the state [11].

The aim of the study by Wróblewska et al. Was to assess the quality of life of residents of the SWH located in Racibórz. The study involved 40 participants aged 51-89, the majority of whom were women. Wróblewska used a self-made questionnaire to assess the quality of life, containing questions about physical and mental health, satisfaction of residents with the staff and social activities offered by the center. The researchers concluded that the most important factors increasing the quality of life of residents are contacts with family members, sanitary quality of the center, professionalism of the staff and the availability of rehabilitation activities in the center. Older widows rated their quality of life high [12], while in the current study women assessed their quality of life significantly lower than in men. Due

to the low research sample in Wróblewska's work and the non-use of a standardized questionnaire to assess the quality of life, the obtained results should be approached with caution.

Nowak-Kapusta Z. et al. Examined the quality of life of 411 residents of social welfare homes. The quality of life was assessed on eight levels using the SF-36 questionnaire. Physical quality of life and general quality of life were rated the lowest [13]. In the current study, the quality of life was rated the lowest in terms of social status (on average 47.65 points), while the average assessment of life satisfaction was 64.91 points (with 100 points being the maximum). Male respondents from the Nowak-Kapusta study obtained a higher number of points compared to women on each level [13]. These results are consistent with the observations from the current study. It should also be remembered that two different questionnaires (WHOQOL-BREF and SF-36) were used, which makes the conclusion about the lower quality of life of women more reliable.

The study conducted by Burzyńska M. et al. Was aimed at assessing the quality of life of older people using institutional assistance. The participants of the study included 117 residents of 5 different SWHs aged 65 to 97. Burzyńska assessed lifestyle, family relationships and quality of life using a self-constructed questionnaire, while the Hodgkinson's Mental Abbreviation Test was used to assess mental fitness. It was observed that 62.1% of the respondents declared a poor quality of life, and that women declared a worse quality of life [14]. In the current study, 14.5% of people declared poor quality of life, while 27.3% were not able to determine whether it is good or bad, similar results were obtained regarding life satisfaction - 23.6% were not satisfied with it, while 35, 5% were not able to define it. In the current study, it was also observed that women perceive the quality of their lives to be worse on each of the examined levels. The higher quality of life of residents in the current study compared to the respondents of Burzyńska's study can be explained by the lower age of people in the current study (76.06 years on average, compared to 82.1 years). Burzyńska concluded that significant factors influencing the quality of life of older people are the length of stay in a SWH facility, the frequency of meetings with relatives, the ADL fitness score and self-assessment of health [14]. In the current study, no significant correlation was found between the duration of stay in SWH, the assessment of one's own quality of life, and the tendency to develop depressive disorders.

Due to the aging of society, the awareness of how the quality of life changes with age and knowledge about the factors influencing it is key to providing the best possible care for the elderly. Due to the diversity of research groups and different research methodologies, comparing the results becomes problematic. However, on the basis of the above studies, it can be concluded that the quality of life decreases with age, it is particularly influenced by gender, maintaining contacts with the closest family, proper health care and leading an active social life.

Conclusions

1. The quality of life of the surveyed elderly people was average, it was rated the lowest in the social domain by the respondents.
2. Gender significantly influenced the quality of life. Older women assessed their quality of life lower compared to older men.
3. Older people with family members were more satisfied with their lives, especially in the psychological and environmental domains, while the length of stay in SWH did not affect their quality of life.
4. Older people are slightly more prone to depressive disorders in the absence of family members, their place of stay is of little importance in this regard.

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