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REFLECTING ON PREDICTORS OF QUALITY OF LIFE AMONG ELDERLY

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Abstract

This article highlights the most crucial element of functioning, life expectancy and satisfaction in living that is predictors of quality of life. What predictors are and how it affects the quality of life in elderly is one of the most poorly understood concept. With this study the researchers aims to draw attention of the readers to the most crucial element of life and how it affects the vulnerable population nationally and globally. Maintaining the quality of life is obligation of family, society and government at large. Although many predictors relationship such as physical, mental, family support, social support are well documented but further exploration as to how spirituality, close emotional ties, financial dependency, living arrangements affects quality of life in old age is warranted.

Keywords: *Quality of Life, Predictors, Elderly people*

INTRODUCTION

The natural process of ageing is brought on by slow changes in the metabolic activity of the organs and a decrease in the ability of cells to regenerate. The average lifespan of individuals has been rising globally. The length of life can be influenced by a number of variables, such as inheritance, lifestyle choices, a healthy diet, quitting smoking, and physical activity.

There are more than 600 million senior people globally, according to a WHO report. It is predicted that number will double by 2025 and reach 2 billion by 2050.
Due to numerous sensible changes in cultural, economical, and demographic characteristics, the number of senior people in Iran is continuing to rise. According to a United Nations (UN) report from 2006, 6% of Iran's population was 60 or older.

Due to their diminished physical and mental capacities, older persons are more likely to develop several health conditions. Among the factors that can lead to emotional difficulties include chronic metabolic illnesses, reduced sexual function, and loneliness. These issues may lower elderly people's quality of life.

The WHO defines quality of life as a person's sense of their place in life in relation to their objectives, aspirations, standards, and worries, as well as the culture and value systems in which they live.
Quality of life is also defined as a state of wellness brought on by a confluence of physical, functional, emotional, and social aspects. A poor quality of life can be caused by inadequate social contacts, bad economic, cultural, educational, and health care situations, as well as due to retirement. Chronic diseases such as diabetes mellitus, coronary heart diseases, osteoporosis and cerebrovascular are most common diseases in elderly people. These disturbances that cause medical, social and psychological problems can decrease physical functions and the quality of elderly's in the

community.

QUALITY OF LIFE

INTRODUCTION

Quality of life is important to everyone. Although the World Health Organization (WHO) defined health very broadly as long as a half century ago, health in the United States has traditionally been measured narrowly and from a deficit perspective, often using measures of morbidity or mortality. But, health is seen by the public health community as a multidimensional construct[1] that includes physical, mental, and social domains.

As medical and public health advances have led to cures and better treatments of existing diseases and delayed mortality, it was logical that those who measure health outcomes would begin to assess the population's health not only on the basis of saving lives, but also in terms of improving the quality of lives.

DEFINITION

Quality of life (QOL) is a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life. What makes it challenging to measure is that, although the term "quality of life" has meaning for nearly everyone and every academic discipline, individuals and groups can define it differently. Although health is one of the important domains of overall quality of life, there are other domains as well—for instance, jobs, housing, schools, the neighbourhood. Aspects of culture, values, and spirituality are also key domains of overall quality of life that add to the complexity of its measurement. Nevertheless, researchers have developed useful techniques that have helped to conceptualize and measure these multiple domains and how they relate to each other.

The concept of health-related quality of life (HRQOL) and its determinants have evolved since the 1980s to encompass those aspects of overall quality of life that can be clearly shown to affect health—either physical or mental.

Since the 1980s, the idea of health-related quality of life (HRQOL) and its determinants have developed to include all facets of general quality of life that have a demonstrable impact on health—either physical or mental.

- At the individual level, HRQOL encompasses views of one's physical and mental health (such as energy level and mood) and their correlates, such as socioeconomic status, functional status, social support, and health risks and conditions.
- Resources, conditions, policies, and practices at the community level that have an impact on a population's views of their health and functional status are included in HRQOL.

The CDC has defined HRQOL as "an individual's or group's perceived physical and mental health over time" on the basis of a synthesis of the scientific literature and recommendations from its public health partners. The HRQOL concept promotes wellness collaborating with a larger network of health partners, such as social service organisations, community planners, and business associations, to legitimately address broader aspects of healthy public policy around a shared topic.

Indicators of unmet needs and the effectiveness of interventions, such as HRQOL, have grown to be

a crucial part of public health surveillance. In comparison to many objective measures of health, self-assessed health status is also a more effective predictor of death and morbidity. HRQOL measures, which go much beyond the previous paradigm that was restricted to what can be seen under a microscope, enable one to scientifically establish the relationship between health and quality of life. QOL is considered to be a multidimensional, subjective, value-driven construct. In the elderly, the most significant aspects of QOL assessment are autonomy, self-sufficiency, decision-making, absence of pain and suffering, the preservation of sensory abilities, the maintenance of a system of social support, a certain financial level, a sense of usefulness to others, and a certain degree of happiness (Gurková, 2011).

PREDICTORS OF QULAITY OF LIFE

1. Physical Health;- Ageing is caused by the accumulation of a wide range of molecular and cellular damage over time at biological level. This results in a gradual loss of physiological and psychological capacity, eventually leading to an increased risk of disease, and, eventually causing death. These changes are neither linear nor consistent, and they are only tangentially related to a person's age in years. The diversity seen in old age is not random. Hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia are all common conditions in older people. People who are older are more likely to suffer from multiple conditions at the same time. Older age is also characterized by the emergence of several complex health states commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers. All these may decline quality of slowly and progressively, the only way to stop the time and to delay the damage is to healthy living and functioning.

   Physical Activity in any productive forms and exercise has significant benefits on quality of life. In aging population health benefits from physical activity and healthy behaviors is well documented .Maintaining and engaging in healthy behaviours throughout life, particularly eating a balanced diet, engaging in regular physical activity and refraining from tobacco use, all contribute to reducing the risk of non-communicable diseases, improving physical and mental capacity and delaying care dependency.
2. Mental Health:- At any point in life there may be multiple risk factors for mental health problems. Older people may experience life stressors that all people experience, as well as stressors that are more common in later life, such as a significant ongoing loss of capacities and a decline in functional ability. For example, older adults may have reduced mobility, chronic pain, frailty, or other health issues that necessitate long-term care. Furthermore, older people are more likely to experience events such as bereavement or a decline in socioeconomic status as a result of retirement. All of these stressors can lead to isolation, loneliness, or psychological distress in the elderly, which may necessitate long-term care. Physical health affects mental health and vice-versa.

   Older adults with physical health conditions, such as heart disease, have higher rates of depres sion than healthy adults. In addition, untreated depression in an elderly person with heart dise ase can have a negative impact on the disease's outcome. Physical, verbal, psychological, financ ial, and sexual abuse, as well as abandonment, neglect, and serious loss of dignity and respect, c an all constitute elder abuse.

According to WHO statistics According to recent studies, one in every six elderly people is abus ed. Elder abuse can cause serious, and sometimes longterm, psychological consequences such a s depression and anxiety. Identifying and treating mental, neurological, and substance use disorders in the elderly is critical and becomes crucial. Psychological interventions and medications in combination might be effective.

3. Family Support:- As people get older, their social network tends to shrink and family support, as a vital component of elderly people's social support, has been found to have greater importance than non-family support for elderly people. A large body of research has demonstrated a positive association between family support and elderly people's living satisfaction. Study reported by Grundy and Henretta (2006) show that support stemming from within the family system may be of particular importance to well-being in older adults. Findings from Cheng and Chan (2006) suggested that support from family members is beneficial for the well-being of older groups . Results from study done by Zulfitri, Sabrian, and Herlina (2019) pointed out that family social capital, including family interactions, family relationships, family support, and family structures, has a great and positive impact on well-being at an older age in East Asian countries and communities. This brings to the conclusion that quality of life is mediated by family support which tends to bring satisfaction and progressing towards age and decline with integrity, acceptance and satisfaction.
4. Social Support:- The perceived availability of support, affection, and instrumental aid from significant social partners, such as family members, close friends, neighbours, and coworkers, is broadly defined as social support. (Antonucci, 1994). According to Taylor (1999) Social support can take many different forms, such as emotional support (such as affection, acceptance, or approval), instrumental support (such as financial support for medications or assistance with self-management), informational support (such as giving out education, counsel, or information), and affirmational support (validating self-care-related behaviours and efforts). Empirical studies of the relation between social support and quality of life in older adults suggest a positive relation across contexts. For example, Sherman et al. (2006) examined the role of health-related quality of life for 364 older adults with osteoarthritis, finding that perceived social support was positively related to baseline measures of quality of life. At 18-month follow-up, social support significantly predicted reduced depressive symptoms and increased life satisfaction. Increased attention is to be drawn to socially isolated, withdrawn and lonely aged people that has negative impact on emotional health and functioning leading to poor quality of life.

Remediating strategies to prevent isolation and establishing and maintaining social engagement is a complex factor as it is multilayered is crucial to understand and planned. Strategies to expand older individuals' social networks, improve social support, and raise their capacity for engaging in worthwhile and enjoyable activities would probably be helpful for improving health outcomes, especially for those who have functional restrictions. These interventions can involve developing accessible programmes for senior citizens and linking people with these programmes or peer support networks. It might also entail improving public safety and facilitating access to transportation services. Technologies of information and communication have enormous potential for encouraging social interaction. Social networking sites like Facebook and LinkedIn provide opportunities to meet new people and communicate about life's events with friends and family, fostering a sense of community and connection.

Old age people also need to be informed about technological advancements and how different technological applications might enhance their quality of life and general well-being. The cost of technology must be reasonable, and technical and instructional help must be accessible. Finally, while technology can supplement human touch, it cannot replace it as a means of social engagement.

It's important to note that merely expanding social networks and engaging in more social activities is insufficient to reduce loneliness. The interaction and networks must be fulfilling and increase feelings of support. Furthermore, activities must be enjoyable and captivating. Finally, it's critical to understand that there is no one solution that works for everyone when it comes to managing social isolation or loneliness, and interventions should be customized to the requirements, preferences, and settings of each individual.

5. Economic Support:- Due to their declining physical and mental capabilities, seniors have a much higher chance of experiencing financial stress than persons of working age. Due to the lack of adequate social safety nets, inadequate health insurance coverage, and the requisite social, transportation, and recreational infrastructure to fulfill the unique requirements of the elderly in resource-constrained environments, the problem of old-aged is more serious. Adjusting policies to emphasize the health and financial requirements of the elderly is a very difficult issue for low resource countries, and failing to do so may result in poor health and a lower standard of living. Income poverty in old age is a widespread occurrence, and its detrimental effects on health and happiness are widely acknowledged.. The state of economy at individual level is factor that may affect the health of elderly. Because older people have few sources of income and a heavy financial load, their quality of life is largely dependent on the amount of financial assistance they receive. Elderly people with chronic illnesses who receive little financial support are unable to maintain their own health, which worsens the financial burden of their medication, creating a vicious cycle. Government should pay close attention to the socioeconomic support for elderly patients with chronic illnesses and develop some policies that can enhance that support, such as appropriately raising the pension amount, broadening the scope of assistance for serious illnesses, and stretching the scope of reimbursement of medical insurance. Government authorities can help the case by rigorous planning and offering programmes and financial assistance for the elderly as welfare schemes
6. Living Arrangements:- Living arrangements are classified according to the number of families and the nature of the other inhabitants, and the main categories are housing for families with children, housing for families with other relatives, housing for single people, and housing for pension institutions. A person's living arrangement is the most immediate social context in which they can receive social support. As a result, living arrangements are critical for older people, as they require sufficient physical and medical care, as well as social and emotional needs, in order to improve their quality of life. Successful ageing depends on receiving adequate care and support from the family, feeling more content in their homes, and maintaining their independence. Evidence shows that while the drop in cohabitation with children decreased the support from families for older folks, it ultimately resulted in an increase in psychiatric diseases in those individuals' latter years of life.

An elderly person's living situation has a significant impact on their health (Wang et. al 2015;

Zang, 2015). Because living arrangements are linked to a person's current health behavior, supply and consumption of economic resources, and demands on individual responsibilities, they can have a substantial impact on physical and mental health in old age . In modern times there is often seen a shift and preference towards moving towards community dwellings or old age homes. The reason for the shift may be family conflict, property disputes, preference or choice of solitary living with or without spouse. Evidences or review are available that indicates that compared to older people residing in nursing homes, community-dwelling seniors had greater functional status, less stress and more independence. In general, elderly people who lived in communities had superior quality of lives than older people who were institutionalized. Older people who live in communities were shown to have favorable environmental domains. Age, death of spouse, children, economic status, and other familial factors affect the living arrangements of elderly which in-turn affect the quality of life.

7. Spirituality:- The dimension of spirituality is fundamental to give meaning to life, to deal with adversity and the experience of the disease, and in ageing people, simultaneously with the normal physical modifications. Of all age groups, the elderly population is the one with the greatest religious affiliation, asserting itself mostly as a practicing believer. This reality attaches greater importance to the role of religion in the aging process and the management of chronic disease. Spirituality and religiosity are a resource used for several patients to cope with chronic disease which have a positive impact on their quality of life and well-being. The concept of spirituality is extremely general and multidimensional anchored in subjective reasons and influenced by each person's life experiences, and includes a set of beliefs, that are not associated with religious doctrines in order to disclose a meaning and understanding life search and trust in a transcendent source, in nature or others, with God or a higher power .In religious people, spirituality may reflect the religious doctrine, creeds and philosophical beliefs being the life and disease understands in those perspective . In the literature, religiosity is conceptualised as religious practices, the creeds, beliefs that are reflected in individual's behaviour, values and way of living that contributes for quality of life in older people.. It seems that over the years, people tend to give a sense to their life supported in spirituality dimensions and this is also a continuing and evolving stage, giving different importance to the spirituality dimensions according to their meaning in different life events. In the face of aging, the difficulties inherent in the aging process and the inevitable sense of finitude, spirituality and religion are present as a support that helps the older people to counter the tendency to isolation and overcome the problems of daily life. Higer Spirituality has been found to de reduce depression and anxiety especially in chronic diseases. An inclination towards spirituality makes a person more optimistic and willing to accept the situation and life in a more positive way. Older aged people with higher spiritual quotient may have higher life satisfaction, .meaning in life, social relations and psychological well-being that is co-relate or mediating factor of quality of life. Though the literature or evidence is scanty more studies are needed to be carried out to investigate relationship further.

CONCLUSION

Family, Society and governments at large have a social and moral duty to improve or maintain the quality of life for the elderly. The extent to which nations have prepared economically and socially to care for this segment of the population will determine how well they are able to fulfil these obligations. The predictors of quality of life among elderly if taken care of can lead to better mental

health status of elderly population.

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