An Examination of the Quality of Life of Elderly People: A Turkey-Aksehir Sample

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Abstract
This study aims to determine the quality of life of elderly people over 65 years-old living in Aksehir. As data acquisition tool, the study used the World Health Organization WHOQOL-OLD Quality of Life Scale and a survey form which involves some variables and which was prepared by the researchers in order to determine the demographical features of elderly people. Obtained data were tested through one-way ANOVA for repeated measures in accordance with the aim of the researchers. In addition, independent samples t-test and one-way ANOVA was used for comparing the quality of life of the participants in terms of individual characteristics and a Tukey test from multiple comparison tests was used in order to determine the source of difference. A significant relationship was found between some sub-dimensions of the WHOQOL-OLD Quality of Life Scale and the gender, marital status, educational background and the accident history of elderly people.

KEY WORDS*:* Elderly, Quality of Life, WHOQOL Quality of Life Scale.

1. INTRODUCTION

Despite the absence of a common definition for the concept of "quality of life", it is a term generally used to refer to the state of "well-being", which involves being happy and content with life. Quality of life has become a universal concept that nearly all societies aim to attain for their citizens. As a concept, quality of life covers many factors such as health perceptions, well-being, functional status, happiness, general health status, emotional and economic status, psychological well-being, the degree of social communication and the experience of pain (Uçku et al., 2012).

The WHO defines the quality of life (QOL) as "an individual's perception of his position in life in the context of the culture and value systems he lives in, and in relation to his goals, expectations, standards and concerns". This definition includes six areas known as physical health, psychological condition, independence level, social relations, environmental features and mental characteristics (Skevington et all., 2004). The concept of the quality of life defines the approaches required for the similar values between health adjusted life and expected life year (Coats, 2001).

The number of the elderly population gradually increases in Turkey and in the world. According to the 2012 Census of the Address-Based Population Registration System conducted by the Turkish Statistical Institute (TSI), 7.5% of the population of Turkey are in the group of elderly people aged 65 or over **(**TUİK, 2013). A qualified life means lives spent healthily, productively and actively. It should not be forgotten that the quality of a life is more important than its length (Coats, 2001)**.** Some physical and physiological changes occur in the human body through aging (Baysal, 1993).

The accessibility and usability of health services, social isolation, issues regarding home and family, the degree of satisfaction from life, decreased life expectancy and working state, as well as chronic diseases, physiological inabilities, pains and cognitive inefficiencies observed through aging are important variables affecting the quality of life (Čeremnych et all., 2007). These changes can be observed in the period of elderliness, some restrictions can be placed on individuals in respect of some activities; they may fail to realize some desired activities and feel unhappy. This state is effective on the quality of life of individuals, especially where health is concerned (Ersoy & Demirel, 2003). The present study aims to determine the quality of life of elderly people living in Aksehir.

2. METHOD

2.1. Data Acquisition

The data of this research have descriptive features and were obtained from elderly people aged 65 or over living in Aksehir through face-to-face interviews in their place of residence. The individuals were given information about the research and volunteers for participation in the study were included in the study.

Research data were acquired using the World Health Organization-Quality of Life "WHOQOL". The WHOQOL scale is a comprehensive scale enabling intercultural comparisons and measuring the state of the well-being of individuals. The World Health Organization's Scale of Quality of Life of Elderly People is known as WHOQOL-OLD. The Turkish adaption, validity and reliability studies of the WHOQOL-OLD scale were conducted by Eser et al. (2004). The WHOQOL-OLD

module consists of 24 Likert-type questions and six sub-areas, which includes sensory functions, autonomy, past, present and future activities, social participation, death and dying and intimacy. Sensory functions examine the effects of changes in eyesight, the sense of hearing, taste, appetite and the tactual sense on the quality of life; autonomy examines the effect of factors such as independence, respect, general control over life, making independent choices on the quality of life; past, present and future activities examine the successes achieved in the past, and the life-long satisfaction that comes from that success, talking about the past, as well as senses of and thoughts regarding the future. Social participation examines views regarding the use of time and participation in important activities; intimacy examines the relationships with other individuals and social support; and death and dying examines the meaning of death and the views regarding the acceptance of the inevitability of death.

In the elderly people module (WHOQOL-OLD) study, Eser et all. (2004) reported the "Cronbach Alpha" values calculated for internal consistency of the scale for each domain as follows: Sensory abilities: 0.83, autonomy: 0.78, past, present and future activities: 0.77, social participation: 0.76, intimacy: 0.78 and death: 0.77.

The demographic information of the research participants were obtained through a data collection form prepared by the researchers.

2.2. Data Analysis

In the data analysis, the frequencies and percentage distributions of the demographic information of the participants (frequency and proportion distributions are equal since the sample group consists of 100 individuals) were presented. In addition, the views of participants regarding the questions in the WHOQOL Quality of Life Scale were described through calculating average and standard deviation values and the significance of the relationship between the sub dimensions of the WHOQOL Quality of Life Scale (sensory functions, autonomy, past, present and future activities, social participation, death and dying and intimacy) were tested through one-way ANOVA for repeated measures for relevant measurements. On the other hand, comparing the quality of life of the participants according to individual characteristics, independent samples t-test and one-way ANOVA was used, and multiple comparison was applied in order to examine the source of difference.

SPSS 14.01 for Windows software was used for data analysis in the research.

3. RESULTS

According to Table 1, 48 out of the 100 elderly people were female and 52 were male. Twelve of them were aged 70 and below, 72 were aged between 71-80 and 16 were aged 81 and over. Eleven of the elderly people were married, 89 were widow or widowed. Eight of the elderly people were literate, 92 were primary school, elementary school or high school graduates. Twenty nine of the participants were housewives, 7 were farmers and 64 were pensioners. Fifty two were living in their own houses, 3 were living with their children and 45 were living in retirement homes.

The results of one-way ANOVA for repeated measures regarding the relevant measurements of the comparison between descriptive statistics and dimensions (factors) of the WHOQOL Quality of Life Scale are presented in Table 2.

Table 2 indicates a significant difference between the sub-dimensions of the WHOQOL Quality of Life Scale ($p<0.001$). Examining the averages and total scores, the scores of participants regarding "death and dying" dimension is higher than that of the others (4.18; 16.72). In other words, the quality of life of elderly people participating in the study was high when compared in terms of the "death and dying" dimension. The answers of the participants to the questions, "How afraid of death are you?" and, "How much does it make you fear that you have no chance to control your own death?" determined that they had little fear.

Other dimensions aimed to determine the quality of life of the participants can be ranked as "intimacy" (3.76; 15.04), "past, present and future activities" (3.54; 14.16), "autonomy" (3.36; 13.44), "sensory functions" (3.01; 12.04) and "social participation" (2.31; 9.24) according to their average and total scores. Those findings indicate low levels of social participation for elderly people. The answer to the question, "How satisfied are you with your opportunities to take part in social activities" is observed to have a low average value (1.84), which indicates that elderly people do not frequently participate in social activities (Table 2).

Table 3 shows significant difference between some sub-dimensions of the WHOQOL Quality of Life Scale and the gender, age, marital status, educational status, occupation and living styles of the participants ($p<0.05$). In other words, significant relationships were determined between gender and "death and dying"; educational status and "autonomy", "activity", "social participation" and "general scale"; as well as living style and "social participation".

Given the averages in Table 3, the scores of males regarding "death and dying" were higher than those of the females; the scores of farmers regarding "general scale" were higher than the ones of pensioners and housewives; and the "social participation" score of the participants living with their children (2.83) and in their own houses (2.42) were higher than the ones of those living in retirement homes (2.14). In addition, the "autonomy", "activity", "social participation" and "general scale" scores of elementary and high school graduate participants are higher than those of the literate ones and the ones who graduated from primary school.

4. DISCUSSION AND RECOMMENDATION

Measures concerning the quality of life of elderly people are important for sustaining their physical and mental independence. These measurements can be classified as prophylactic (primary), early diagnosis of diseases (secondary) and minimizing the devastating effects of diseases (tertiary). The quality of life in aging can be increased though taking these measures at early stages in life, through increasing their social relationships, and their being active, rather than their retreating from social duties and responsibilities.

Individuals can develop their capacities to deal with the crisis of identity occurring in aging only through keeping up with the current dynamic and fulfilling their day to day activities as independently as possible. People who can sustain their activities in advanced periods are reported

to experience happier and more peaceful elderly periods (Uçku & Şimşek, 2012). Several studies of elderly people's some demographic features, their general health status, and quality of life have been conducted in Turkey and in many other countries (Ersoy & Demirel, 2003; Çalıştır et all.,2006; Netuveli & Blane, 2008).

Ozyurt et al. (2007) determined the social participation score of elderly people as 11.0 in their study conducted with the WHOQOL–OLD scale. Social elderly people who spend their free time more actively were reported to get more satisfaction from life. Other results obtained from the same study indicated that the score averages of sensory functions, autonomy, past, present and future activities, death and dying and intimacy of the quality of life scale were 11.2, 11.7, 11.7, 11.0, and 14.0, respectively. These score averages are lower than the score averages reported in the score averages of the WHOQOL–OLD scale conducted by the World Health Organization Quality of Life Group (WHOQOL Group) in 22 centers. This difference may result from the fact that the aforementioned study was conducted in rural areas and because of the cultural difference between countries. Aydın (2009) found the score averages of sensory functions, autonomy, past, present and future activities, death and dying and intimacy of the quality of life scale as 11.5±0.1, 9.0±0.1, 8.1±0.1, 5.9±0.1, 11.9 ±0.1 and 9.4±0.1, respectively. The score average of women in the death-dying sub-dimension in the present study is higher than that of the males. Koyuncu et all. (2012) obtained the same result in their study, and stated that this level resulted from the acceptance of death by females due to their religious beliefs. A similar result was reported in the studies of Guedes (2010) and Mello (2011), conducted in Brazil.

The present study also determined low scores of sensory functions, autonomy, past, present and future activities, death and dying and intimacy in the elderly people participating in the study. The total score average of the quality of life was determined as 13.44.

When all of the factors were combined, the total score from the WHOQOL-OLD Life Quality Scale was calculated as 12.18±0.14 on average (Erkal at all., 2011)

Şenol et all. (2012) determined the total score of quality of life as 43.45 ± 10.30. Accepting the average score as the breakpoint of a good and a poor quality of life, 53.0% of elderly people have a "good" quality of life. The sub-dimension score of the WHOQOL-OLD was 45.49±16.41 for sensory functions, 44.16±16.31 for past, present and future activities, 43.52±17.10 for social participation, and 43.10±16.21 for death and dying. The autonomy dimension score was determined as the lowest with 35.70 ± 19.96 and the intimacy dimension score as the highest with 48.75 ± 17.96.

In the present study, the group aged 70 and below was determined as 2.97.4±0.38, and the married ones were determined as 2.97 ± 0.32, however, the statistical difference is not significant ($p>0.05$). High school graduates (3.25±0.36) were determined to be higher than those with elementary school or lower graduation levels, however, the statistical difference is not significant (Table 3).

Another study (Arslan, 2011) found significantly higher quality of life in males (59.0±0.7), in the group aged between 65-74 (57.4±0.6), elementary and higher school graduates (68.5±1.7), the ones living in urban areas (56.1±0.5), the ones evaluating their income as good (62.4±0.8) and the ones living with their spouses (59.1±0.7) ($p<0.05$). Skevington et all. (2004) reported a decrease in all the score averages together with the

increase in age. The study conducted in Taiwan reported a decrease in the score averages of the quality of life together with the decrease in educational status (Kuan-Lang et all., 2005).

The present study found the quality of life to be higher in males (2.97.0±0.30) than in females (2.88±0.39), however, the difference is not statistically significant ($p>0.05$). Similar studies conducted by Cingil and Bodur (2001), Ersoy and Demirel (2003), in Turgul et al. (2004), whose studies were conducted in Narl dere, and Aslantaş et al. (2006) whose study was conducted in Eskişehir. Only the last one reported a higher quality of life score in males than females. Similar to the first four mentioned study results were reported in the study of Lee et all. (2006) conducted in Korea.

In the present study, the scores of the participants living with their children (2.83) or in their own houses (2.42) were higher than the ones living in retirement homes (2.14) and the difference is statistically significant ($p<0.05$). Another study (Arslan, 2011) found the WHOQOL-OLD total score average as 39.2±8.8 in elderly people living in retirement homes, as 40.8±8.3 in elderly people in receipt of services and as 50.3±8.8 in elderly people living in their own homes. The quality of life of elderly people living in their own homes were reported to be higher than the ones living in retirement homes and in receipt of services ($p<0.001$).

The significant differences determined in the results of different studies may result from different geographical regions and their cultural and regional differences. Maximizing the quality of life of elderly people living in every region should be the basic target. The equal receipt of services is important in terms of gaining more satisfaction from life.

It can be suggested that centers which enable elderly people to overcome the changes experienced in the aging period, and assist them to stand on their own feet, ones that provide them with hobbies so that they can feel more integrated in life; and centers that also provide psychological support, should be more widespread and increase in number.

In addition, elderly people should keep touch with children, relatives and friends, and spend time with family members. The satisfaction of elderly people gained from these activities, and the appropriate means to adapt themselves to aging, are important factors in the preservation, and indeed the development of, their quality of life.

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Table 1. The distribution of the participants according to their individual characteristics

Variable	Group	f and %
Gender	Female	48
	Male	52
Age	70 and below	12
	71-80	72
	81 and over	16
Marital Status	Married	11
	Widow- widowed	89
Educational Status	Literate	8
	Primary School Graduate	40
	Elementary School Graduate	39
	High School Graduate	13
Occupation	Housewife	29
	Farmer	7
	Pensioner	64
Living Style	In his/her house	52
	With their children	3
	In retirement home	45
Total		**100**

Table 2. Descriptive statistics pertaining to the WHOQOL-OLD quality of life scale and comparison of the factors

Dimensions	Articles	+/- Items	Average	S.D.	Dimension (Average) Aggregate	p
Sensory Functions	1-To what degree does the impairment in your senses (hearing, vision, taste, smell, touch) impact your daily life?	-	3.23	1.43	(3.01) 12.04 a	
	2-How do you think your functions related to your senses (hearing, vision, taste, smell, touch) are?	+	2.52	1.60		
	3-To what degree do the losses in your senses of hearing, vision, taste, smell, touch have an impact your participation in daily activities?	-	3.27	1.42		
	4-How much do the problems in your senses (hearing, vision, taste, smell, touch) have an impact your establishing relationships with others?	-	3.03	1.54		
Autonomy	5-How free are you with regards to making your own decisions?	+	3.63	0.81	(3.36) 13.44 b	
	6-To what degree do you believe you have control over your future?	+	3.10	0.78		
	7-To what degree do you believe you can do the things you want?	+	3.00	0.85		
	8-Do you think that people around you respect your independence?	+	3.69	0.81		
Past. today and future activities	9-How satisfied are you with your opportunities to take part in social activities?	+	3.40	0.80	(3.54) 14.16 c	***
	10-How satisfied are you with the successes you have achieved in your life?	+	3.80	0.70		
	11-How satisfied are you with your opportunities to lead a successful life?	+	3.40	0.83		
	12-How much do you think you have gained the prestige you deserve in your life?	+	3.56	0.72		
Social participation	13-How satisfied are you with your way of using the time?	+	2.81	0.91	(2.31) 9.24 d	
	14-How satisfied are you with the number of activities you participate in?	+	2.36	0.93		
	15-How satisfied are you with your opportunities to take part in social activities?	+	1.84	0.95		
	16-To what degree do you think you have sufficient things to do every day?	+	2.22	0.82		
Death and dying	17-How anxious are you about how you will die?	-	4.06	0.80	(4.18) 16.72 e	
	18-How much does it make you fear that you have no chance to control your own death?	-	4.37	0.73		
	19-How afraid of death are you?	-	4.49	0.56		
	20-How much are you afraid of feeling pain before you die?	-	3.78	0.84		
Intimacy	21-How much do you experience the feeling of friendship in your life?	+	3.51	0.98	(3.76) 15.04 f	
	22-To what degree can you experience and feel love in your life?	+	3.80	0.93		
	23-How much opportunity do you have to love people?	+	3.84	0.91		
	24-How much opportunity do you have to be loved?	+	3.87	0.95		
All dimensions –factors- (total score average)					**13.44**	

****: p<0.001* *a. b. c. d. e. f: there is a significant difference between the factors including different letters.*

Table 3. The comparison of the sub-dimension of the WHOQOL quality of life scale according to the demographic characteristics of the participants

Variables	Group	WHOQOL Quality of Life Scale													
		Sensory Functions		Autonomy		Activity		Social Participation		Death and Dying		Intimacy		General/Total	
		mean	***s.d.***	***mean***	***s.d.***	***mean***	***s.d.***	***mean***	***s.d.***	***mean***	***s.d.***	***mean***	***s.d.***	***mean***	***s.d.***
Gender	Female	2.71	0.80	3.30	0.72	3.53	0.70	2.27	0.74	1.71	0.49	3.76	0.90	2.88	0.39
	Male	2.81	0.72	3.41	0.57	3.55	0.49	2.35	0.62	1.93	0.52	3.75	0.80	2.97	0.30
	Sig.	-		-		-		-		*		-		-	
Age	70 and below	2.79	0.81	3.48	0.73	3.67	0.74	2.50	.081	1.75	0.59	3.65	0.73	2.97	0.38
	71-80	2.81	0.76	3.34	0.62	3.52	0.54	2.31	0.69	1.87	0.52	3.77	0.90	2.94	0.33
	80 and over	2.55	0.70	3.31	0.72	3.53	0.71	2.16	0.50	1.67	0.46	3.78	0.71	2.83	0.39
	Sig.	-		-		-		-		-		-		-	
Marital Status	Married	2.43	0.68	3.45	0.77	3.66	0.52	2.45	0.77	1.64	0.47	4.16	0.66	2.97	0.32
	Widow-widowed	2.80	0.76	3.34	0.63	3.53	0.60	2.29	0.67	1.85	0.52	3.71	0.85	2.92	0.35
	Sig.	-		-		-		-		-		-		-	
Educational Status	Literate	3.06	0.89	2.72a	0.31	3.16a	0.33	1.94a	0.42	1.75	0.55	3.31	0.87	2.66a	0.18
	Primary School	2.68	0.75	3.28ab	0.64	3.43ab	0.64	2.18b	0.67	1.73	0.51	3.75	0.87	2.83a	0.34
	Elementary School	2.66	0.72	3.47b	0.64	3.61ab	0.52	2.40b	0.71	1.89	0.54	3.72	0.80	2.95a	0.30
	High School	3.15	0.71	3.65b	0.55	3.90b	0.62	2.65b	0.59	1.96	0.44	4.15	0.81	3.25b	0.36
	Sig.	-		**		*		*		-		-		***	
Occupation	Housewife	2.78	0.79	3.18	0.64	3.43	0.57	2.16	0.70	1.72	0.50	3.52	0.82	2.80a	0.32
	Farmer	3.00	0.69	3.61	0.84	3.79	0.37	2.61	0.99	1.93	0.49	3.54	0.82	3.08ab	0.36
	Pensioner	2.73	0.75	3.41	0.62	3.56	0.62	2.34	0.63	1.86	0.53	3.89	0.84	2.96b	0.35
	Sig.	-		-		-		-		-		-		*	
Living Style	In his/her house	2.68	0.76	3.44	0.61	3.58	0.60	2.42a	0.71	1.72	0.46	3.76	0.86	2.94	0.37
	With his/her children	2.50	6.43	3.67	0.88	3.92	0.14	2.83b	0.38	1.75	0.25	3.25	0.25	2.99	0.13
	In retirement home	2.87	0.77	3.23	0.66	3.47	0.60	2.14c	0.63	1.95	0.57	3.78	0.86	2.91	0.34
	Sig.	-		-		-		*		-		-		-	

*: p<0.05 **: p<0.01 ***: p<0.001 a.b.c.d: there is significant difference between groups with different letters.