

Sociological Analysis of Quality of Life of Senior Citizens: A Study of Old Age Homes

Aqsa Shahid ^a Huma Butt ^b

Abstract: *The present study explores the sociological analysis of quality of life of senior citizens that come to be related with demographic shift. Quality of life is defined often with equally objective and subjective measurements. Majority of senior citizens evaluate their quality of life on the basis of substantial circumstances, physical and emotional wellbeing, dependency and social network. Earlier studies depict senior citizens are met with many challenges alternating from deprived admittance to health care, negligence by friends and family that might affect quality of life. The current research basically assesses the relationship between physical and emotional wellbeing and level of satisfaction among seniors at the age of 60 and above. Researcher collected the data from 116 participants through quantitative research design under simple random sampling, participants including 76 males and 40 females nominated from three areas Rawalpindi, Islamabad and Wah-Cantt. Results suggests negative but weak correlation among variables such as physical or emotional wellbeing and level of satisfaction. Findings advocates that quality of life of senior citizen is better for those who exist in old age home. Moreover, old age home can improve senior citizen's quality of life through generating cohesive social setting and also encouraging societal participation in healthy and recreational activities.*

Keywords: Senior Citizen, Old Age Home, Quality of Life, Physical Wellbeing, Emotional Wellbeing, Satisfaction

Introduction

Senior populations are facing many confronts ranging from poor admittance to health care, neglect by friends and family, decline in social participation, unfriendly interactions such as reproach and instabilities during sleep, that might affect quality of life. Sustaining health of senior citizens, freedom as long as possible, dignity, enhancing social participation, decreasing institutionalization and refining quality of life have come to be huge public health challenges in 21st century, and the number of seniors in old age homes rises across Pakistan, flattering well informed about their quality of life then components which effect quality of life and increases its importance. (Cassum, Cash, Qidwai, & Vertejee, 2020).

Physical wellbeing is the potentiality to improve the functioning of your body through healthy ways of living and good exercise habits (Davis, 2019). Seniors who engage in physical activity can improve and maintain their physical function and reduce their reliance. As they age, senior citizens become more unwell, develop physical disabilities, and lose some of their social abilities. It is the conviction that there is a link between psychological well-being and physical activity. The study's findings revealed comparatively few relationships, however there was some evidence that older adults who were more physically active and had better physical function felt more content. Those who were described as dependent had lower subjective wellbeing than those who were listed as independent (Garatachea et al, 2009). Emotional wellbeing is the capability to exercise stress management and relaxation techniques, boost self-love, be resilient and produce emotions that lead to superior feelings (Davis, 2019).

The word 'Emotional' has been broadly utilized in works on public health then past. One best important definition given through World Health Organization (WHO 2018) is "state to finalize social, emotional, as well as physical wellbeing and not purely the unavailability of delicacy and disease." Similarly

^a MS Scholar, Department of Sociology, International Islamic University, Islamabad, Pakistan.

^b Assistant Professor, Department of Sociology, International Islamic University, Islamabad, Pakistan.

emotional wellbeing rest on fitness, neighborhood, learning, houses, also on surroundings in those seniors live. This one was evident which social coherence, societal relationships, and communal support effected health and quality of life (Berkman, 2000). Lou et al (2022) research proceed to physical changes associated with the seniors with a range of emotions experiencing frustration, depression, aggression, anxiety, stress, impatience depending on the attitudes they had developed towards autonomy, independence and responsibility over the round of their later life. Some people seem to find much resistant to deal with, are the mainly negative social expectations of age group imposed on them by others. In earlier studies all the seniors had survey in common was a desire to be as operative as possible including physically, socially and emotionally for as long as possible. Senior citizens recognized the barriers to active ageing, participation and independence. They thought that these could be overcome if societal and governmental attitudes to age group were more positive and if services provided were more applicable to their needs.

Several studies indicate an association between the limitations of function, independence chronic diseases, and quality of life (Chan, Chiu, Chien, Thompson, & Lam, 2006). According to Mckain (2019), residence choice selection by the senior people may also affect quality of life. The quality of life of senior people sparks an interest and warrants further research. Vahia, Thompson, Depp, Allison, and Jeste (2012), suggested that quality of life of senior citizens involves active engagement in life, disability-free, disease, physical functioning, and high cognitive. These issues warrant further investigation to determine how the senior citizen's choice of residence interrelates to these factors and the quality of life. Senior citizens wanted to remain in old age homes but may require home modifications, supportive services, support from families, and also the engagement of their community.

Objective

- To examine the physical and emotional wellbeing of senior citizens in old age home.

Problem Statement

Present study has been explored that old age is examined as a social problem, considering that there is a change in socioeconomic status that unfavorably affects the individual's way of life. In old age, physical strength decline, mental stability eliminates; money power becomes desolate coupled with carelessness from the relatives and children. The senior citizen also feels low level of satisfaction because of the loss of earning power and social acceptance. The gap of this study is loss of the joint family structure probably to have significant effect on physical as well as emotional wellbeing of senior population, who may as a consequence end up living alone in shelter homes. So, the physical and emotional wellbeing of the senior citizen needs to be researched more in order to get understanding about how this will impact the satisfaction among senior citizen living in old age home (Mao & Manna, 2019).

Significance of the Study

This research attempted to explore that Pakistan is considered a country where culture, values, traditions, and family bonding are assumed high position, but globalization has extremely affected several spheres of life of the senior population with significant effect on change of the cultural values across the world. The senior population is revealed to the impact of modernity in the form of challenges from society and family. Generally, the senior citizen has been cared for their appearance is protected at home through their families, where they receive emotional wellbeing such as love, admiration, and also respect from the families of their children. Though, current years, decrease of the extended family system has disadvantaged senior citizen from the emotional and physical wellbeing given by the family members. As an outcome, seniors are left to run their lives in isolation, with no emotional and physical status. As of this absence, large number of senior people are ending up in old age homes. This study intentions to examine quality of life as well as assess the relationship between physical and emotional wellbeing and level of satisfaction among senior citizens. There are many studies on quality of life have been conducted earlier in qualitative perspective, but researcher have researched more in quantitative perspective.

Literature Review

Physical wellbeing refers the ability to maintain a healthy quality of life that allows the senior population to get the most out of their daily living activities without undue fatigue or physical stress. Physical wellbeing involves creating a plan to ensure senior citizens are getting regular physical activity, walking, physical exercises even clapping hands, healthy eating and getting enough sleep to balance all dimensions of their wellbeing including relieve anxiety and stress. Physical activity can delay most of the health problems that seem to come with age. It helps to keep doing their day-to-day activities without depending on others (Davis, 2017).

Abraham Maslow explained his theory of hierarchy of needs, focused on comprehensive variety of human necessities instead of individual difficulties. This theory proposed by Abraham Maslow in 1943. The philosophy classifies five dissimilar levels of human physical then emotional needs in direction of its significance. Necessities in Maslow's hierarchy comprise physiological necessities such as (nutrition, sleep and wear), safety needs such as (individual safety), social needs such as (companionship relations, social support), self-concept, and self-actualization. Quality of life can be determined as the fulfilment of several needs. These needs can encircle a range of human desires, from basic, physical needs of survival to complex, emotional needs surrounding an individual's emotional well-being.

Agreeing to this theory, human prerequisites must be rewarded but might be satisfied through individuals. Max Neef (1991) also indicated his concentration on behalf of the persons existing in deprived segment of societies; persons do not have sufficient diet, housing, earnings, environment, a well health care scheme, deprived quality of schooling, and energetic contribution in society. However, persons existing in a deprived society can further concentrate on gratifying basic prerequisites then sustaining themselves, instead of attaining aims of survives; explained in Maslow's work. Equally lesser senior's activity, lesser intellect of satisfaction in life. This philosophy appeared to be founded on expectations about relations between role harm, role cares, and satisfaction in life.

Since it can impact your perspective, relationships, and physical and mental health, emotional wellbeing is an important component of holistic wellness. Seniors are challenged by life's events, but when they know how to approach these challenges with a resilient mindset, their confidence in their capacity to overcome any situation is bolstered. Positive emotions, moods, thoughts, and sentiments are produced by emotional wellbeing, which also enables one to adjust to difficult and challenging circumstances. Sometimes we can bring emotional support for granted when we have a large social network around us. But at the old age home senior citizens most likely do not have a large social network that provide them significant emotional support. The term quality of life stays wide and rest on how a persona's degree to 'goodness' of multiplex features of their life. These are the retributions including one's emotional responses towards the life happening, sense of satisfaction then the life perfection, personal relationships, gratification with work as well as temperament (Diener & Lucas, 2000).

An additional study piloted by Ahmed and Chaudhry (2015), had similarly discovered viewpoints of senior citizens regarding old age home, and work had recognized senior age by means of disease, unhappiness, ignorance, anxiety, illness, social separation, enlarged dependency, socialization, lack of liberty, no pleasure, and absence of societal involvement (Ahmed & Chaudhry, 2015). Related results have been found in modern nation, especially North America, mostly adverse stereotypes, 'describing future life as a period of unkind health, dependence, isolation, also deprived physical and emotional functioning' (Ory, et al, 2003).

Research identified emotional satisfaction on senior individual who needs support in daily living activities, established bodily disabilities not essentially mean such quality of life remains weakened. Research exposed activities counting socialization and sense of intellectual and physical control sum more instead of whole self-sufficiency. Undesirable results rise through absence of good societal contact. The absence in respect to sufficient social maintenance standings on social network size, societal communication, also unmet prerequisites (i.e. little satisfaction), related with practical failure, being alone, and unhappiness (Hurdle, 2001).

Research Hypothesis

H1. Lower the physical or emotional wellbeing, low level of satisfaction will be among senior citizens.

Methodology

Quantitative research design was used in this present study. Population were senior citizens having 60 above ages over inclusive of males and females' participants living in old age homes. Researcher selected a sample through sampling method. Simple random sampling technique was used to choose sample from a statistical population so that every respondent that could be nominated has a predetermined probability of being selected. There are seven old age homes which nominated for this study having 164 total population but from three different areas including Rawalpindi Islamabad and Wah-cantt. By using Slovin's formula, the total sample size is 116 respondents including 76 males and 40 females. If the sample is representative of the population than what is accurate of the sample will also be accurate of the population (within a calculable margin and margin of error is 0.05).

Slovin's Formula is computed as: $n = N / (1 + N (e^2))$ Whereas:

n = Number of samples N = Total population e = Margin of error

As per Slovin's Formula: $n = N / (1 + N (e^2))$

$n = 164 / (1 + 164(0.05)^2)$ $n = 164 / 1 + 164(0.0025)$ $n = 164 / 1 + 0.41$

$n = 164 / 1.41$ $n = 116.31$

Survey method was used as a tool of this research. Data were collected on quality of life among senior citizens living in different old age homes by using questionnaire. Each group have nine sessions over ninety days for interviews and meetings as part of the data collection procedure. The surveys that were distributed to the chosen individuals were labeled appropriately such as Rawalpindi, Islamabad, and Wah-cantt. After the data entry into statistical analysis (windows version 25) than researcher started the analysis of the variables after using descriptive statistics, such as the sample's age range.

Results

Data analysis includes classification of variables, tabularization, clarification, interpretation as well as casual implications. Therefore, eventual goal of data analysis was to appeal expressive implications and generalization.

Table 1

Frequency Distribution of Respondents Regarding Satisfaction with Physical Wellbeing, Emotional Wellbeing, Social Network, and With the Overall Quality of Life in Old Age Home

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Satisfaction with your physical wellbeing (consider food, medical treatment, daily living activities, recreational activities, energy and fatigue, sleep and rest)	59 (50.9) %	55 (47.4) %	2 (1.7) %	0 (0.0) %	0 (0.0) %
Satisfaction with your emotional wellbeing (consider trust, respect, tolerance, creative, meaningful life)	3 (2.6) %	107 (92.2) %	5 (4.3) %	1 (0.9) %	0 (0.0) %
Satisfaction with your social network (consider friends, family)	29 (25.0) %	81 (69.8) %	5 (4.3) %	1 (0.9) %	0 (0.0) %
Satisfaction with the overall quality of life in old age home (consider sense of safety, wellbeing, associations)	13 (11.2) %	99 (85.3) %	3 (2.6) %	1 (0.9) %	0 (0.0) %

Majority 50.9 percent senior respondents have recounted that they were strongly agree with the satisfaction of overall physical wellbeing in old age home. In addition, 47.4 percent respondents were agreeing with the satisfaction of overall physical wellbeing and little 1.7 percent respondents were neutral nearly the satisfaction with the entire physical wellbeing of seniors in old age home. The table indicates that little 2.6

percent senior respondents has stated that they were strongly agree with the satisfaction of overall emotional wellbeing. Likewise, majority i.e. 92.2 percent respondents were agreeing with the satisfaction of overall emotional wellbeing and 4.3 percent of respondents were neutral nearly satisfaction with the entire emotional wellbeing acquired in old age home. A little but less than one percent (0.9) was disagree with the complete emotional wellbeing of seniors in old age home. In an inspection of the pragmatic literature, observing at emotional wellbeing among senior African American citizens, Chatter's (1988), and Jackson's (1988), results reinforced notion about there is an association among senior African Americans' social communication and resilient level of emotional wellbeing.

The above showcased information tells us that 25.0 percent senior respondents has conveyed that they were strongly agree with the satisfaction of social network. Likewise, majority i.e. 69.8 percent respondents were agreeing with the satisfaction of social network and 4.3 percent of participants were neutral almost satisfaction with the social network in old age home. A little but less than one percent (0.9) was disagree with the social network in old age home. Agreeing to Adams and Blieszner (1995), ageing healthy had considerably to do with senior residents' requisite to grow relations by individuals who support them in means they requisite and desire assistance. To feel reliant worse for ageing procedure than getting nope assistance at entirely. Family as well friends of senior persons can support equally with emotional provision and with everyday functioning, with economic problems, through shielding anxiety, serving with tasks, etc.

As per the above table, the outcomes of respondents shows that 11.2 percent seniors have reported that they were strongly agree with the satisfaction of overall quality of life which delivered to them in old age homes. In addition, majority 85.3 percent respondents were agreeing and 2.6 percent respondents were neutral. Moreover, little but less than one percent (0.9) was disagree nearly satisfaction of entire (QoL) in old age home. Quality of life and fitness are likely to come to be cooperated in later life consequently often expected to acute for satisfaction in life. In this research on quality of life, containing respondents age 60 and above, physical activities, like everyday living activities, curved to be an analyst of satisfaction in life. Further previous studies on the seniors authorize this outcome (Menec, 2003). What's more, even in actual aged people, superior quality of life linked with superior life satisfaction among seniors.

Table 2
Correlation between physical or emotional wellbeing and level of satisfaction among senior citizens in old age home

Lower physical or emotional wellbeing of senior citizens (consider food, medical treatment, daily living activities, recreational activities, safety, respect, lack of stress, creative, ability to concentrate and meaningful life)		Low level of satisfaction among senior citizens (consider physical support, emotional support, financial support, social network, civic participation, equal opportunities, respectful treatment, tolerance towards others, leisure & spare time)		
Pearson Correlation	Lower physical or emotional wellbeing of senior citizens (consider food, medical treatment, daily living activities, recreational activities, safety, respect, lack of stress, creative, ability to concentrate and meaningful life)	Pearson Correlation	1	-.208*
		Sig. (2-tailed)		.025
		N	116	116
	Low level of satisfaction among senior citizens	Pearson Correlation	-.208*	1
		Sig. (2-tailed)	.025	
		N	116	116
	(Consider physical support, emotional support, financial support, social network, civic Participation, equal opportunities, respectful treatment, tolerance towards others, leisure & spare time)			

*. Correlation is significant at the 0.05 level (2-tailed).

To assess the size and direction of linear association between the physical or emotional wellbeing and level of satisfaction among seniors, Pearson correlation coefficient (r) was calculated. The bivariate correlation between these two variables was negative but weak, $r(116) = -.208$, $p < 0.05$, two tailed which is statistically significant. Hence, the null hypothesis that there is no association between physical or emotional wellbeing of senior inmates and level of satisfaction among seniors in the population is rejected. It can conclude that there is negative association between the physical or emotional wellbeing and level of satisfaction among seniors. This designates that physical or emotional wellbeing in the higher category decreases the level of satisfaction as well among seniors in old age home. The data in this table indicates presence of an association between wellbeing and satisfaction among senior citizens in old age home. The application of correlation statistics also authorizes the presence of such relationship. This statistic remains significant at the five percent significance level. Therefore, hypothesis enclosed for this research is validate.

Conclusion

Research indicates the notion of old age homes in present day rising vastly in Pakistan. Throughout the research there are so numerous causes have been discovered that describes the difficulties about why occurs desire requirement of old age homes. Thus, core cause behind it by way of modernization as well as materialism, in which household bonds are flattering easily broken, and senior people have not any residence in their families that's why they acquired accommodation of old age homes. Researchers accomplish from this research that generally people existing in old age homes are persons who do not consume their personal property, and their partner was not alive likewise those people have detached and divorced, family associates infrequently visit to seniors in old age home. The conclusions were similarly revealed about majority 53% of aged has sentiment of loneliness.

Current study also authenticates that the people who are keeping fit additional times are at an inferior risk for depression. 32% of the people who stated that not keeping fit were at hazard for depression. These outcomes correspond with prior research that validates the steady physical activity is related with common emotional state of wellbeing and reduced indications of nervousness and depression. Several persons showing indications on depression incline to have definite restricted physical activity, then laziness of senior individuals is reduced intensities of stamina, power, equilibrium, and elasticity. (National Institute on Aging (NIA), 2003). The consequences also shown the way in which senior individuals apparent their fitness connected confidently with satisfaction. This discovery remains reliable in other study (Herzog, Franks, Markus, Holmberg, 1998; Hoyt, Kaiser, Peters, & Babchuk, 1980) establish the old men as well as women involve within extra activities, as well exercise acceptable to physical and emotional healthiness.

Recommendations

- Government must provide monthly stipend after retirement age might too be supportive in place of upgrading status of senior citizens in the society. Rise of funding should be for such programs like national family caregiver support program which deliver obvious supportive services for family caregivers to make seniors independent.
- There are so countless hygienic issues in old age homes due to unhygienic conditions of old age homes, administration must take practical steps planned to improve a hygienic environment that provide cleanliness in terms of personal hygiene, domestic hygiene and also environmental hygiene. Physical hygiene requisite for every senior people to live a vigorous life.
- There should be healthy activities for senior citizens such as wrapping of nutrients objects, creating of beautification objects to earn and increase wages that can rise their living standard in society.

References

- Adams, G. H., & De Blieszner, H. A. (1995). Physiological effects of an exercise training regime upon women ages 52–79. *Journal of Gerontology*, 28, 50–55. <https://doi.org/10.1093/geronj/28.1.50>
- Ahmed, A., & Chaudhry, A. G. (2015). AGEING AND AGEING STEREOTYPES: PERCEPTION OF OLDER PERSONS' OF RAWALPINDI. *The Explorer, Islamabad*, 1(4), 97–100.
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine*, 51(6), 843–857. [https://doi.org/10.1016/S0277-9536\(00\)00065-4](https://doi.org/10.1016/S0277-9536(00)00065-4)
- Cassum, L. A., Cash, K., Qidwai, W., & Vertejee, S. (2020). Exploring the experiences of the older adults who are brought to live in shelter homes in Karachi, Pakistan: a qualitative study. *BMC geriatrics*, 20, 1–12. <https://doi.org/10.1186/s12877-019-1376-8>
- Chan, S. W., Chiu, H. F., Chien, W., Thompson, D. R., & Lam, L. (2006). Quality of life in Chinese elderly people with depression. *International Journal of Geriatric Psychiatry*, 21(4), 312–318. <https://doi.org/10.1002/gps.1461>
- Chatters, L. M. (1988). Subjective well-being evaluations among older Black Americans. *Psychology and Aging*, 3(2), 184–190. <https://doi.org/10.1037//0882-7974.3.2.184>
- Davis, C. S., & Lachlan, K. A. (2017). *Straight talk about communication research methods*. Kendall Hunt Publishing Company.
- Davis, T. (2019). What is well-being? Definition, types, and well-being skills. *Psychology today*, 2.
- Diener, E., & Lucas, R. E. (2000). Explaining differences in societal levels of happiness: Relative standards, need fulfillment, culture, and evaluation theory. *Journal of Happiness studies*, 1(1), 41–78. <https://doi.org/10.1023/a:1010076127199>
- Garatachea, N., Molinero, O., Martínez-García, R., Jiménez-Jiménez, R., González-Gallego, J., & Márquez, S. (2009). Feelings of well being in elderly people: Relationship to physical activity and physical function. *Archives of Gerontology and Geriatrics*, 48(3), 306–312. <https://doi.org/10.1016/j.archger.2008.02.010>
- Hurdle, D. E. (2001). Social support: A critical factor in women's health and health promotion. *Health & Social Work*, 26(2), 72–79. <https://doi.org/10.1093/hsw/26.2.72>
- Lubben, J., & Gironde, M. (2003). Centrality of social ties to the health and well-being of older adults. *Social work and health care in an aging society: Education, policy, practice, and research*, 319.
- Luo, Y., Li, Y., Xie, J., Duan, Y., Gan, G., Zhou, Y., Luo, X., Wang, J., Chen, Z., Zhang, Q., & Cheng, A. S. K. (2022). Symptoms of depression are related to sedentary behavior and sleep duration in elderly individuals: A cross-sectional study of 49,317 older Chinese adults. *Journal of Affective Disorders*, 308, 407–412. <https://doi.org/10.1016/j.jad.2022.04.102>
- Mao, L., Mondal, K., & Manna, M. (2019). A comparative study on quality of life of older adults. *Indian Journal of Continuing Nursing Education*, 20(1), 73. https://doi.org/10.4103/ijcn.ijcn_7_19
- Max-Neef, M. A. (1991). *Human scale development: conception, application and further reflections*.
- McKain, D. (2019). *A Study of Home Choices and Quality of Life for Senior Citizens: A Quantitative Study*. University of Phoenix.
- Menec, V. H. (2003). The relation between everyday activities and successful aging: a 6-year longitudinal study. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 58(2), S74–82. <https://doi.org/10.1093/geronb/58.2.s74>
- Ory, M., Kinney Hoffman, M., Hawkins, M., Sanner, B., & Mockenhaupt, R. (2003). Challenging aging stereotypes: strategies for creating a more active society. *American Journal of Preventive Medicine*, 25(3 Suppl 2), 164–171. [https://doi.org/10.1016/S0749-3797\(03\)00181-8](https://doi.org/10.1016/S0749-3797(03)00181-8)
- Vahia, I. V., Thompson, W. K., Depp, C. A., Allison, M., & Jeste, D. V. (2012). Developing a dimensional model for successful cognitive and emotional aging. *International Psychogeriatrics*, 24(4), 515–523. <https://doi.org/10.1017/S1041610211002055>