

Healthy Related Quality of Life the Elderly in Mosul province, Iraq

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Abstract:

The aim of the study is to quality of life the elderly clients , and to identify the relationship between some characteristics of the elderly patients and health problems related to quality of life. The non-experimental approach and descriptive type are used in this study . The study is applied on three hospitals (Ibn-Sena Teaching Hospital, Al-Zahrawee Teaching Hospital and Al Salm Teaching Hospital), some primary health care centers, and public clinics in Mosul City. Purposive sample consists of (833) clients,(490) Male and (343) Femal who visited or admitted to the teaching hospitals, some primary health care centers, and public clinics in Mosul City. In older to collect the data of the study, a questionnaire was constructed depending on the previous studies and related literature review. The questionnaire consists of two Parts: Part one includes (7) items which focus on the elderly demographic characteristics such as (age, sex, martial status, occupation , level of education, duration and type of disease).Part two includes (4) main items that contain: (independency , daily physical activities , psycho-social aspects and life of adaptation). In this study, the total questions include (73) items, in which three-scale options are used in the rating scale were: (2) for (Always), (1) for (Sometimes), and (0)for (Never) . Content validity was determined by presenting the questionnaire to a panel of (12) experts. Internal consistency of the questionnaire is assessed by calculating Cronbach's Coefficient alpha . The data analysis shows that there is a significant statistical interrelationship in health related quality of life (HRQoL) items that are related to: (independency, daily physical activities, psycho-social aspects and life of adaptation domains) .The researcher concludes that (HRQoL) can be measured by instrument, and (the elderly's independency, daily physical activities, psycho- social aspects, and life of adaptation) are affected by their demographic characteristics (age and sex).

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Introduction

There is a noticeable increase of elderly people, where the present demographic studies indicate possibilities of increasing the elderly quickly either in developed countries or developing countries . Although there is a difference in identifying the onset of the elderly in some countries , there is a quasi-agreement that the elderly get 65 years old and more than that . In America , the number of elderly people who are above 65 years old increase from 4% to 12% . It is expected in 2020 that this percentage will increase to 20% of population , that is about 30 million persons ^(1,2) . Probably, this number will be doubled in 2030 ⁽³⁾ .The most noticeable point is that the persons who are above 85 years , increase obviously , and it is expected that their number will be more than (8) million persons in America ⁽⁴⁾ . The perception of quality of life is affected by the ability of chronically ill persons, whether children or adults, to continue functioning in daily activities, such as self-care, school, work, or creative outlets, as a means of

avoiding lessened self-esteem and autonomy. In elderly individuals, for instance, functional status and autonomy are closely related to morale and quality of life, the elderly are adversely affected, for example, by hospitalization, anesthesia, and invasive surgical or diagnostic procedures. Functional status was also found to affect the perceived quality of life in clients with chronic illness ^(5,6)

Methodology

To achieve the objective of the study a non-experimental approach using descriptive design was applied in the present study. The study was conducted on three hospitals in Mosul city (Ibn-Sena Teaching Hospital, Al-Zahrawee Teaching Hospital and Al Salm Teaching Hospital) and some primary health care centers and public clinics. A Purposive sample consist of (833) client's,(490) Male and (343) Femal who were visited or admitted to the teaching hospitals in Mosul, some Primary Health Care centers and public clinics. Clients were aged between (65-85 years or more) included to response the study question, should be able communicated and agreed with the researcher. A critical cases was excluded from the present study. In older to collect the study information, a questionnaire was constructed depended on previous studies and related literatures. It is composed of two parts the first included (2) items which focus on the client demographic characteristics such as (age and sex). and the second which researcher constructed a self-administrated a questionnaire. It is composed of (4) subitems that covered; independency, daily physical activities, psycho-social aspects and life of adaptation. The overall question included (73) items, 3-likert scale option was used in the rating scale as: (2) for Always, (1) for Sometimes and (0)for Never. A pilot study was conducted for the determination of the validity and reliability of the questionnaire. validity of the questionnaire content validity; was determined by presenting the questionnaire to a panel of (12) experts. Reliability of the questionnaire; Internal consistency of the questionnair was assessed by calculating Cronbach's Coefficient alpha.

Results

Table (1) client's responses of independency domains within 3- level scale by total Mean, Standard deviation and Chi-Square

Independency	\bar{X}	SD	X ²	P >0.05
sleep	1.28	0.06	192.754	S
Nutrition	1.23	0.05	733.288	S
performance	1.014	0.9	634.444	S
Medication	0.95	0.08	279.600	S
Recreation	0.64	0.03	1014.415	S
Environment	1.24	0.04	388.634	S
Total $\bar{X}=1.059$				

Table (2) Comparison of the difference between client's HRQOL domains and their sex.

Categories	Sex	No.	X	SD	Z.obs	P.value
independency	Male	490	3.4	1.2	2.4	S
	Female	343	3.6	1.1		
daily physical activities	Male	490	5.2	3.3	3.8	S
	Female	343	6.1	3.3		
psycho-social aspects	Male	490	3.7	2.8	6.2	S
	Female	343	4.9	2.7		
Life of adaptation	Male	490	3.1	1.5	2.9	S
	Female	343	2.8	1.4		

Z critical = 1.96

Discussion

The data analysis shows that there is a significant statistical association of health related quality of life items that related to independency domains. The finding may be explained by the fact that health care services provided by

the health care system are not efficient and do not take into consideration the needs of these aggregate, which is reflected in the health problem that occurred to them. In relation to the independency domains the client were suffered from sleep disorder, nutrition imbalance, difficult in performance their duties, medication compliance as well as recreation and environment. Also, it was noticeable that the elderly didn't gain the appropriate care that leads to the improvement of their quality of life. The same result found in (7-120) who mentioned that adequate sleep is important for health and quality of life at all ages. Refreshing sleep requires both quality and quantity, so that an inadequacy of either leads to overall higher mortality rates. Numerous studies have sited significant changes in sleep that typically occur with aging and primary sleep disorders are more common in the elderly than in younger patients. As many as half of persons over 65 years have some complaint relating to sleep. There is a high prevalence of insomnia in the elderly population and elderly patients also frequently suffer from sleep-disordered breathing, restless legs syndrome, periodic leg movement disorder, circadian rhythm disturbances, narcolepsy, and rapid eye movement behavior disorder. Unfortunately, sleep problems in the elderly are often mistakenly considered a normal part of aging. (120-140) stated that adequate nutrition is important for the older person to maintain health and prevent disease and further effects of existing chronic conditions. Nurses can assist older clients in choosing a diet that helps them attain and maintain health. (141) noted that the life style has the greatest effect on nutrient intake and the older adult may experience physiologic and or psychological changes of aging that affect nutrition. The study finding revealed there is a significant statistical association of health related quality of life item which concern with daily physical activities assessment. The main event that is noticed in the physical daily activities is the majority of the clients had difficult in working, bathing and they have difficulty during to get up of bed, this result can be explained by the fact that in our society there is no any encouragement for the elderly to exercises, where many regarded these exercises as an exciter for shyness. In addition, public places such as public gardens and parks which may be suitable places for practising some simple exercises such as running. (142) mentioned that exercise for elderly can promote cardiopulmonary fitness, musculoskeletal power, balance, flexibility, and classified level of prevention to the exercise can be a form of primary preventive, delaying disability and disease, exercise in a person with subclinical disability or disease is a form of secondary prevention, like the treatment of hypertension, in which a detectable abnormality (high blood pressure, reduced physical performance, decreased bone density) is treated before it and exercise for tertiary prevention has the goal of reducing recurrence or complications. The study finding revealed there is a significant statistical association of health related quality of life item which measure with psycho-social aspects assessment. This can be explained by elderly own home which can be described as a prison, in which they become de-conditioned and lose their ability to do their usual activity of daily life, together with the lack of family support, social activity and emotional enforcement, also suffering from negative life events. On the other hand, the elderly who are going to the health agencies and share in social activity, they may be feel that their lives have a meaning and an aim. (143,144) stated that mental disorders are common in elderly people. In most developing countries, depressive disorders are not well characterized and are often dismissed as the normal behaviour of old age or senility, the routine use of the geriatric depression scale has been recommended for the early detection of depression. (145-150) estimated that between (10%) and (20%) of patients over 65 years' experience show clinically significant symptoms of anxiety. The researcher concludes that (HRQoL) can be measured by instrument, and (the elderly's independency, daily physical activities, psycho-social aspects, and life of adaptation) are affected by their demographic characteristics (age and sex). Depending on the findings and conclusions of the study, the researcher recommended further studies which could improve the instrument constructed by this study through aspects of validity, reliability, and quality of questions.

Conclusion

This study assessed the quality of life among elderly clients in Mosul City, focusing on physical, psychological, social, and environmental dimensions. The findings indicate that quality of life among the elderly is influenced by multiple interconnected factors, including health status, financial stability, family support, access to healthcare services, and living conditions. The results show that chronic illnesses and functional limitations significantly affect the physical well-being of older adults, while social isolation and limited community engagement negatively impact psychological health. Conversely, strong family relationships and social support networks were associated with better emotional stability and overall life satisfaction. Environmental factors such as housing conditions, safety, and accessibility of health and social services also played a critical role in shaping the elderly population's quality of life. The study highlights the need for comprehensive strategies aimed at improving elderly care in Mosul City. These should include strengthening primary healthcare services, promoting social support programs, developing community-based elderly activities, and enhancing economic assistance for vulnerable groups. Policymakers and healthcare providers must work collaboratively to address the multidimensional needs of older adults. In conclusion, improving the quality of life of elderly clients in Mosul City requires integrated medical, social, and economic interventions. Supporting healthy aging is essential not only for the well-being of the elderly population but also for fostering a more inclusive and supportive community.

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