A Study into the Quality of Life of the Elderly Living at the Rest Homes in Turkey

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Abstract: The study was carried out to determine the quality of life of the elderly living at the rest homes in Ankara, in Turkey. 53.7% of the elderly were women while 46.3% men, with an average age of 72.68. 65.2% of those having an income had a pension. 56.3% of them had a social assurance, whereas 84.6% had health problems. Of the social status of the elderly, the expressions "meeting with the relatives face to face" and "playing games (chess, check etc.)" has meaningful difference depending on the gender (p<0.01). Over the articles of "reading books, newspaper and magazines" and "listening to music", a meaningful difference was observed concerning the age (p<0.01). The difference is mostly between the elderly being illiterate and the ones graduating from primary, secondary and high schools, and university (p<0.01). There is no significant difference statistically between the total scores of the gender and psychological status of the elderly (p>0.05). A meaningful difference was found between the expression of "being able to stay alone whenever desired" and the number of the people living together in the room of the rest home (p<0.01). Social activities at rest homes should be increased, more time should be spent with the elderly not to leave them alone and they should be trained to increase their quality of life.

Key words: Rest home, elderly, quality of life, Turkey

INTRODUCTION

Quality of life is an extended concept aiming at evaluating life with all its aspects. That's why it is considered within the field of interest of almost every scientific discipline, life practice and activity in society (Tekeli *et al.,* 2004; Borglin *et al.,* 2005). Some of the problems experienced in describing quality o f life arise from the fact that people working in this field approach them from different point of views. As an example , those working in the field of social sciences deliberate on the case of psychological and social favour mostly; they emphasize on medicine, biological, psychological and clinical consequences (Stephard, 1997; Arslan and Gökçe-Kutsal, 1999). Increasing the quality of life is one of the objectives of social psychology. Quality of life is the quality of the relations between individual and his surrounding with its both objective and subjective extents (Kalınkara and Erarı, 2002).

Together with aging in human life, some changes occur and these changes affect the quality of life. Besides, some other problems also come about as one gets older and they are determinants in terms of the quality of life. When we take aging of an individual and a society into consideration, it is clear that aging is the major fact determining the quality of life in the sense of both individual and society. The quality of life can be defined as increasing welfare status of people economically, socially, psychologically and so on. (Yazıcıoğlu *et al.,*

1996). World Health Organization (WHO) defines the quality of life in such a way that individuals perceive their lives within their cultural context, and their values of systems, objectives, standards and interests throughout their lives. The definition consists of six fields being physical health, psychological status, level of independence, social relations, environmental features and spiritual features. As the quality of life is a subjective concept, it should not be evaluated by individual himself. In other words, it changes from one person to another. Furthermore, each of the dimensions affecting the life of individual should take place in the evaluation (Abdel-Ghany, 1977; Seed and Lloyd, 1997; McGregor and Goldsmith, 1998; Arslan and Gökçe-Kutsal, 1999; Işıkhan, 2000; Fayers and Machin, 2001).

Rest homes can give considerable cues in increasing the quality of service given to the elderly in Turkey and in evaluating them in terms of the quality of life. However, studies lack in evaluating the quality of service given to them to determine the possible services to be given to the elderly or in determining the intervention in order to maintain and increase the quality of life of the elderly. Increasing the capacity and quality of such centres of ever care and improvement as rest homes, in this perspective, is of crucial importance (Işıkhan, 2000).

With rapidly changing social and economical reasons in communities, a great many elderly people have had to spend that period at rest homes as a reflection of the features of urban life. Rest home is an institutional

structure where elderly people maintain their life after a family life they were used to living for years. The period of aging starts with the age of 65, which is considered to be the age of retirement in Turkey. The reason for this is that although they are healthy and strong enough in this period, decline in income leads to a change in the life style of individual. With another factor of losing one of the spouses, it becomes harder for those in this age group to survive their lives they are used to living in their own homes. This institutional care recommended for the age group of 80 and over when they start losing their physical and mental abilities in developed countries starts in earlier periods in Turkey due to such reasons as not having a planned organizations or inadequacy of them. As for current samples of rest homes, it appears that state institutions in particular are designed for the elderly service for those having no relatives and that private ones aim at earning maximum profit (Türel, 2001). Rest homes are living places becoming a home for the elderly where almost all of their daily needs are met. The concept of rest home in general has similar meanings both in western countries and in Turkey, and all the needs of the elderly such as personal care, room sanitation, food as well as social recreational health control and treatment are supplied there. In this respect, rest home is mostly the last stop or the ultimate location of the elderly (Pakdil, 2001). Therefore, the quality of the rest home is an indicator of the quality of life of the elderly. This study was planned and conducted to examine the quality of life of the elderly living at rest homes.

MATERIALS AND METHODS

In Turkey, the institution responsible for determining children, the handicapped and the elderly in need of protection, care and help, and for supplying their care, growing up and rehabilitation is The Society for the Social Services and Protection of Children (SHCEK). SHCEK (Sosyal Hizmetler ve Çocuk Esirgeme Kurumu) brings the social services to the elderly through Rest Homes and the Centres for Rest Home Elderly Care and Rehabilitation (Anonymous, 2007). Statistically, the number of the rest homes acting under the Prime Ministry, General Directorate of Society for Social Services and Protection of Children is 69. Of these homes, the ones serving in the capital city of Ankara consist of the population of the study. Two Hundred and seventy two elderly out of total 569 living in Ankara Seyranbağları Rest Home Elderly Care and Rehabilitation Centre (220 people), Ankara Süleyman Demirel Rest Home Elderly Care and Rehabilitation Centre (249 people) and Ankara Ümitköy Rest Home (100 people) was taken into the study. The technique of questionnaire was used in collecting the data for the study and the questionnaires were applied by the researcher through face to face interviews. It was stressed in the application of the questionnaire that talking to the elderly before interview would create an honest situation and that the data collected would contribute positively in the increase of their quality of life. The elderly were advised that participation was strictly voluntary and refusal would not affect residency status. The approval of local authorities, such as the SHÇEK and Gazi University was sought and obtained, as was consent from each member. Data were collected between the dates of June 1st 2005 and August 31 2005.

In this study economical, health, social and psychological statuses of the elderly were based in determining the quality of life (Abdel-Ghany, 1977; Karataş, 1990; Urciuoli *et al.,* 1998; Canbaz *et al.,* 2003; Gülağız *et al.,* 2005). The frequency and percentage values of economical status (8 questions) and health status (15 questions) were given in order to determine the quality of life of the elderly. Social status (10 questions) and health status (6 questions) of the elderly were assessed through answers given to Likert type expressions. The answers given to the expressions were taken into three categories as "Never", "Sometimes" and "Always". The expressions were evaluated as 1 – 3 or 3 -1 scores depending on the negative or positive answers. Both the variable of gender (t test) and the variables of the number of people living together in the room, the living time of the elderly at rest home and their education level were analyzed in the evaluation of social and psychological statuses of the elderly (ANOVA). Scheffe Test was applied to determine between which groups there was a difference in the cases where one way ANOVA analysis was significant.

RESULTS

Demographic characteristics of the elderly: Thrity nine percent of the elderly taken into the study were 66 – 75 years old and 34.2% were 76 – 85. Average age was 72.68. 53.7% of the elderly was women, while 46.3% were men.3 4.2% were illiterate, and 6.6% were university graduates. More than half (66.9%) of the elderly were widow/widowers and 17.6% of them never got married. 31.6% had no child. The elderly taken into study, 47.4% had been living at the rest home for 3 years or less and 27.9% had been living for 6 years or more. The average living time of the elderly at the rest homes was 4.45 years (Table 1).

The Quality of Life of the Elderly
Economic status: Although most of the elderly (85.7%) taken into the study had a monthly income, 14.3% did not. 65.2% of those having an income had a pension. Average monthly income of the elderly was 373.86 YTL (Yeni Türk

Table 1: Characteristics of the elderly

Age	Frequency	(%)	Marital status	Frequency	(%)
= 65	60	22.0	Widow/widower	182	66.9
66 - 75	106	39.0	Never married	48	17.6
76 - 85	93	34.2	Divorced	22	8.1
86 =	13	4.8	Married	20	7.4
Gender			Living children		
Woman	146	53.7	Yes	186	68.4
Man	126	46.3	No	86	31.6
Education level			Living time at rest home (year)		
Illiterate	93	34.2	≤ 3	129	47.4
Literate, primary school	109	40.1	4 – 5	67	24.7
Secondary and high school	52	19.1	6 ≤	76	27.9
University	18	6.6			
Total	204	100.0	Total	204	100.0

Table 2: Economic status of elderly

Income	Frequency	(%)	Social assurance	Frequency	(%)
Has	233	85.7	Has	153	56.3
Doesn't have	39	14.3	Doesn't have	119	43.7
Total	272	100.0	TOTAL	272	100.0
	Source of income			Type of social assurance	
Pension	152	65.2	Emekli Sandýðý	72	47.1
Elderly salary	13	5.6	SSK	45	29.4
Rent etc.	46	19.7	Bað-Kur	35	22.8
Children/relatives	22	9.4	Private insurance	1	0.7
Total	233	100.0	Total	153	100.0
	Adequacy of monthly income			Who pays the fee of the rest home	
Yes	180	77.3	Me	154	56.6
No	53	22.7	My relatives	33	12.1
			State	85	31.3
Total	233	100.0	Total	272	100.0

Table 3: Health status of elderly

Health problem	Frequency	(%)	Meeting personal needs	Frequency	(%)
Has	230	84.6	Doing personally	181	66.5
Doesn't have	42	15.4	Needing help	91	33.5
Total	272	100.0	Total	272	100.0
	Using medicine			Smoking	
Yes	219	95.2	Yes	74	27.2
No	11	4.8	Used to smoke	132	48.5
			No	66	24.3
Total	230	100.0	Total	272	100.0
	Diet			Physical exercise	
Has	131	48.2	Regularly	76	27.9
Doesn't have	141	51.8	Sometimes	92	33.9
			Never	104	38.2
Total	272	100.0	Total	272	100.0
	Physical case			Exercise done	
Bedridden	28	10.3	Walking	128	76.2
Not bedridden	244	89.7	Various exercises	37	22.0
			Running	3	1.8
Total	272	100.0	Total	168	100.0

Lirasý). The amount of monthly income was adequate according to 77.3% of the elderly having an income. 56.3% of the elderly had a social assurance. Nearly half of the elderly with a social assurance (47.1%) were a pensioner of Emekli Sandýðý (one type of pension fund). 56.6% of the elderly with a social assurance paid the monthly fee of the rest home himself/herself, while the fee of 31.3% of the elderly was paid by the state (Table 2).

Health status : Most of the elderly taken into the study (84.6%) had a health problem. 95.2% of the elderly amongthose having a health problem were usingmedicine due to health problems and all of the elderly ere able to use their medicines regularly at the rest home. 48.2% of the elderly had a dietary nutrition. Only 10.3% of the elderly were be dridden. 33.5% of the elderly needed help from the personnel in order to meettheir needs.27.2% of them were smoking and 48.5% used to smoke but didn't smoke anymore. 27.9% did regular exercises, while 38.2% did not do at all.

Those doing exercises regularly and the ones doing various exercises pointed out that they (n=168) walked (76.2%), did various figures (22.0%) and ran (1.8) (Table 3).

Table 4: T test results of the elderly concerning their social status

Social status	Woman Mean ± SD	Man Mean ± SD	t	p
Talking face to face to the relatives	2.22 ± 0.81	1.90 ± 0.79	3.28	0.001*
Talking to the relatives on the phone	2.07 ± 0.88	2.15 ± 0.80	-0.73	0.465
Dealing with religious affairs	2.11 ± 0.91	2.04 ± 0.90	0.62	0.534
Watching television	2.64 ± 0.70	2.69 ± 0.66	-0.56	0.576
Listening to music	2.42 ± 078	2.39 ± 0.78	0.29	0.770
Playing games (chess, checkers etc.)	1.23 ± 0.57	1.58 ± 0.82	-4.15	0.000**
Going shopping	1.56 ± 0.80	2.07 ± 0.37	6.27	0.000**
Knitting	1.97 ± 0.86	1.71 ± 0.79	-2.54	0.012**
Reading books, newspapers, magazines 1.55 ± 0.83	1.77 ± 0.87	-2.14	0.033*	
Total score	17.56± 3.21	17.61± 3.32	-0.12	0.901

**p<0.01, *p<0.05, Sd = 270, Woman $_N$ = 146, Man $_N$ = 126

Social status : As shown in Table 4, the items of "talking to the relatives face to face", "playing games (chess, checkers, etc." "going shopping" and "knitting" had a significant difference statistically (p<0.01). The item of "reading books, newspapers, magazines" had a significant difference concerning gender (p<0.05). It can be said that elderly men (1.77) read more compared to women (1.55). No significant difference were found at other items (p>0.05). As for total scores of "social status" of the elderly depending on gender, it was found that total scores of elderly men (17.61) were higher that that of elderly women (17.56). It was determined that there was no significant difference between gender and social status at the t test scores.

Social status of the elderly was examined in terms of the number of people living together in the room, the living time at rest home and education level as well. A significant difference was found between "dealing with religious affairs" and the number of people living together in the room (p<0.01). This difference was between those living with another person ans the onse living with other three. The relationbetween "talking to the relatives on the phone " and education level was significant (p<0.01). This relation was between the illiterate, primary school graduates, and secondary and high school graduates.

Face to talking of th elderly to the relatives (p<0.05), dealing with religious affairs (p<0.05) and watching television (p<0.05) differed depending on educatirelation" on level. However, no difference was found between the groups according to Scheffe test. The fact that the elderly read books, newspapers, magazines (p>0.01), listen to music (p>0.01) and play games such as chess, checkers (p>0.01) were related to education level and there was a relation between the illiterate elderly, primary school graduates, secondary and high school graduates, and university graduates (p>0.01).

Physiological status: As was given in Table 5, it was found that average score of elderly men (2.76)at the item of "being able to stay alone whenever they wish" was higher than that of women (2.52). Concerning

thet test, i t was found that there was a significant difference between the gender of the elderly and the item of being able to stay alone whenever they wish (p<0.05). No significant difference was found in any of the average scores obtained and t values sub tests at other items (p>0.05). When examined total scores of "psychological status" depending on the gender of the elderly, it was determined that average scores of the elderly men (14.70) were higher than that of the elderly women (14.55).Depending on the t test, no significant difference was found between gender and psychological status (p<0.01).

This result indicates that the psychological status of the elderly is not influenced by gender and that both men and women experience same psychological problems. Psychological status of the elderly was examined depending on the variables of the number of the people living together in the room, the living time at rest home and education level as well. The fact that the elderly are able to stay alone whenever they wish differed significantly depending on the number of the people living together in the room time at rest home (p>0.05). No significant difference was found between the groups according to the results of Scheffe test (p>0.05).

DISCUSSION

According to the results of the study, more than half of the elderly living at rest homes were widow/widowers and had no child. The elderly had a monthly income, being mostly pensions of their own. The study by Gülseren *et al.* (2000) revealed that one of the variables having an adverse effect on the quality of life among the elderly living at rest homes was the fact that their economical status was poor. Tu *et al.* (2006) found that the quality of life among the elderly living at rest homes was moderate.Most of the elderly people had health problems. Those having a health problem had been using medicine and they had been using it regularly at rest homes.

Table 5: t test result of the psychological status of the eldrely concerning gender

Physiological status	Woman Mean ± SD	Man Mean ± SD	t	p
Feeling alone	2.02 ± 0.85	2.06 ± 0.86	-0.41	0.682
Being able to stay alone whenever they wish	2.52 ± 0.78	2.76 ± 0.55	-2.86	0.004**
Being able to make good friends	2.73 ± 0.58	2.71 ± 0.61	0.34	0.728
Getting on well with the personnel	2.80 ± 0.54	2.76 ± 0.58	0.67	0.499
Feeling themselves abandoned	1.82 ± 0.86	1.71 ± 0.85	1.09	0.275
Being able to come together with friends whenever they wish	2.63 ± 0.68	2.69 ± 0.68	-0.64	0.521
Total Score	14.55 ±1.96	14.70 ±1.81	-0.65	0.511

**$p < 0.01$, Sd = 270, Woman $_N$ = 146, Man $_N$ = 126

Orfila et al. (2006) found that major cause of low quality of life among elderly women was that illnesses and chronic conditions were at a high level. Karata° (1990) determined that slightly more than half of the elderly men living at rest homes had no health problems, that women were the opposite and that their having no health problem increased the level of life satisfaction. Canbaz *et al.* (2003) argued that the problems of the elderly should be determined and solved in order to increase their quality of life. It was found in the current study that almost ¾ of the elderly never smoked to keep their health, more than half of them did exercise and that these findings were supported by the study carried out by Bayık *et al.* (2003). Most of the elderly were not bedridden and they were able to meet their personal needs. The reason of this was that one of the institutions where the application was conducted was only serving as a rest home and the other two were both a rest home and a centre of rehabilitation.

Elderly women living at rest homes talked to their relatives face to face more often compared to elderly men, whereas, men played more games such as chess, checkers etc. According to Karata° (1990), although most of the elderly did not have visits to their relatives and friends, they were visited. Talking to the relatives on the phone, dealing with religious affairs and watching television differed depending on the education level of the elderly. Gülseren *et al.* (2000) found that the time the elderly people spent for religious affairs was mostly inadequate and that this case might result from the conditions of the rest home. The fact that the elderly read books, newspapers, magazines, listen to music and play games such as chessand checkers etc. were related to their education level. Gülağız *et al.* (2005) pointed out that the elderly read books, newspapers and magazines, walked around and came together with their friends as a social activity.

Abdel-Ghany (1977) found that social isolation perceived at the elderly was one of the most important determinants of their quality of life. It was determined in the study that psychological status of the elderly did not diffrent depending on gender and that both elderly men and women had the same psychological problems. Urciuoli *et al.* (1998) found that psychological welfare did not differ according to the place lived and that the elderly both living at home and at rest homes perceived quality of life the same in terms of psychological welfare. The fact that the elderly are able to stay alone when they wish was influenced by the number of people living together in the room and the living time at rest home. According to Bayık *et al.* (2001) mental problems should also be detected as well as physical problems in order to increase the quality of life among the elderly. Elderly men rather than women, the illiterate compared to university graduates and those not visiting their relatives rather the ones visiting experienced more depression. As for Arslan and Gökçe – Kutsal (1999) depression is a frequently encountered problem at the elderly and could be expected to influence quality of life. Fassino *et al.* (2002) stressed that the quality of life among the elderly living at home depending on others is influenced negatively from the level of depression.

CONCLUSION

Depending on the findings of the study, it is possible to say that social activities at rest homes should be increased, the participation of the elderly individual concerning his/her interest should be supplied into these activities so as to increase quality of life, In order not to experience the feelings of loneliness and being abandoned, more time should be spent together with the elderly people. Educating the personnel working at rest homes will contribute to the increase at quality of life. Personnel should be trained at such topics as aging, the period of aging and its features, problems at the period of aging, psychological and sociological problems of the elderly etc. In order to increase the quality of life and care.

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