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QUALITY OF LIFE AMONG ELDERLY IN COMMUNITY SETTING: PONDOK PASIR TUMBOH, MADRASAH DINIYAH BAKRIYAH, KOTA BHARU, KELANTAN
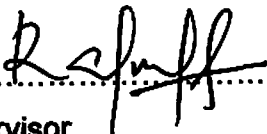
by

NORFAIRUZIANA BINTI TINGGAL

Dissertation submitted in partial fulfillment of the
requirements for the degree
of Bachelor of Health Sciences (Nursing)

April 2009

CERTIFICATE

This is to certify that the dissertation entitled Quality of Life among Elderly in Community Setting: Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kota Bharu, Kelantan is the bonafide record of research work done by Miss Norfairuziana Binti Tinggal, 87446 during the period of July 2008 to April 2009 under my supervision. This dissertation submitted in partial fulfillment for the degree of Bachelor of Health Sciences (Nursing). Research work and collection of data belong to Universiti Sains Malaysia.

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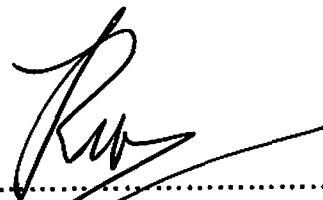
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ABSTRACT

Life expectancy seems to increase from year to year and cause the increasing of the older people worldwide. Unfortunately, this does not ensure a good quality of life among older population if their physical, psychological and social needs are not met. A good quality of life among elderly in community setting had been seen to be related with demographical data and environmental condition which might be worsens or improves quality of life. The study is purposely to evaluate the quality of life among elderly in Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kota Bharu, Kelantan. Apart from that, it is conducted to determine the relationship of demographical data and environmental condition with quality of life among elderly in the residency.In the study, 76 respondents have been chosen using purposive sampling. Data from an interview based on questionnaire which consisted of socio-demographical data and WHOQOL-BREF were collected in 6 weeks and processed by using Statistical Package for Social Science (SPSS) 12.0 descriptively, with the p-value of 0.05 for Chi-square Test. From the study, 47.4% respondents stated that their quality of life is good while 52.6% are moderate. Demographical data which have a significant relationship with quality of life are sex (p=0.046), age (p=0.037) and educational level (p=0.013) while for the environmental condition are recreational facilities (p=0.023), health services (p=0.018) and transportation services (p=0.011). Sex is related to QOL because women, who are less apt to have a spouse to care for them as their age increase, perceived poorer QOL

than men. Age also related to QOL because higher age will increase dependency and decrease QOL. Level of education associated with QOL because studying increased self-esteem. Recreational facilities, health services and transportation services seem to be related with quality of life because they can prevent physical and psychological dependency.

KUALITI HIDUP WARGA EMAS DI PENEMPATAN BERASASKAN KOMUNITI: MADRASAH DINIYAH BAKRIYAH, PONDOK PASIR TUMBOH, KOTA BHARU, KELANTAN

ABSTRAK

Jangka hayat semakin meningkat setiap tahun dan menyumbang kepada peningkatan bilangan warga tua di seluruh dunia. Malangnya, perkara ini tidak mampu menjamin kualiti hidup yang baik dalam kalangan warga emas sekiranya keperluan fizikal, psikologikal dan sosial mereka tidak dipenuhi. Kualiti hidup yang baik dikatakan mempunyai perkaitan dengan data demografi dan keadaan persekitaran. Kajian ini adalah untuk menilai kualiti hidup warga emas di penempatan berasaskan komuniti, Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kota Bharu, Kelantan. Selain itu, kajian ini untuk mengenalpasti hubungan data demografi dan keadaan persekitaran dengan kualiti hidup warga emas di penempatan tersebut. Dalam kajian ini, seramai 76 orang responden telah dipilih melalui persampelan bertujuan. Data daripada temubual berdasarkan borang soal selidik yang mengandungi sosiodemografi data dan WHOQOL-BREF dikumpulkan selama 6 minggu dan diproses menggunakan *Statistical Package for Social Science (SPSS)* 12.0 secara deskriptif dan nilai signifikan iaitu $p=0.05$ digunakan dalam ujian Chi-square. Daripada kajian ini, 47.4% responden menyatakan bahawa kualiti hidup mereka adalah baik dan 52.6% responden mempunyai kualiti hidup yang sederhana. Data demografi yang mempunyai perkaitan dengan kualiti hidup ialah jantina ($p=0.046$), umur ($p=0.037$) dan tahap pendidikan ($p=0.013$) manakala keadaan persekitaran yang berkaitan dengan kualiti hidup ialah

kemudahan rekreasi (p=0.023), kemudahan kesihatan (p=0.018) dan kemudahan pengangkutan (p=0.011). Jantina mempunyai hubungan yang signifikan dengan kualiti hidup kerana wanita yang biasanya tidak mempunyai pasangan yang boleh menjaga mereka apabila mereka semakin tua, mempunyai kualiti hidup yang lebih rendah berbanding lelaki. Faktor umur mempunyai perkaitan dengan kualiti hidup kerana umur yang semakin bertambah menyebabkan peningkatan kebergantungan dan menjadikan kualiti hidup lebih rendah. Tahap pendidikan mempengaruhi kualiti hidup kerana pengalaman bersekolah meningkatkan keyakinan warga emas. Kemudahan rekreasi, perkhidmatan kesihatan dan pengangkutan mempunyai kaitan dengan kualiti hidup kerana ia mampu mengatasi kebergantungan dari segi fizikal dan psikologikal.

CHAPTER 1

INTRODUCTION

1.1 Background of the study

Based on the Department of Statistic Malaysia (2008), the life expectancy for both men and women has increased continuously from year to year. The life expectancy for men in 2005 was 71.4 and has gradually increased to 71.6 in 2006 and 71.9 in 2007. Meanwhile, the life expectancy for women was 76.1 in 2005 and has progressively increased to 76.2 by 2006 and 76.4 by 2007 (Department of Statistic Malaysia, 2008). This prolonged life expectancy seems to increase the proportion of older people worldwide. In fact, with the advances in technology and medicine, older population is growing by an unexpected 800000 people a month (National Institute on Aging, 2001).

There were 390 million people who aged 65 years and above reported in the World Health Report (1998). This figure is estimated to double in 2025. Meanwhile, there will be 2 billion people who aged above 60 years old by 2025 and 80% from it is living in developing countries. In Asia itself, the older adult population is expected to increase of up to 300% by 2025 (World Health Organization, 2008).

In Malaysia, there was an increase of older population in the past two decades which in 2000, the population of elderly has reached to almost 1.4 millions. This figure is expected to increase rapidly by 2020 to a number which is more than 3.4 million (United Nations Economic and Social Commission for Asia and Pacific, 2008). However, prolonged life expectancy which causes rapid growing of number among older population does not ensure a good quality of life when their needs of physical, psychological and social are not met. A good quality of life is important because it does not only guarantee a good health status among elderly people, but it is also to

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ensure that the prolonged life expectancy among older population will give a meaningful life to themselves.

Based on United Nation (2007), one will consider as older people whenever he or she reaches the age of 60. However, the age of elderly population is different depending on the policies of elderly in the country itself. As a result, Malaysia also has it's own age estimation of elderly. Based on Department of Information Malaysia (2008), the elderly is defined when the age of individuals is 60 years old and above.

There is no doubt that older population is very important to our country. They have a lot of experiences and skills since they are a part of a family, community and country itself. Being old does not mean that they are unattractive, unintelligent, and unproductive. They still can contribute their skills and experience in order to enhance the development of self, family, community and country although their age is increasing. Thus, they are supposedly obtaining the attention, caring and loving from others so that they can live a meaningful life throughout their age. Consequently, they can experience a successful aging without having gerontophobia in self.

Awareness and interest of quality of life among older population is important to ensure that they can live a meaningful life although they have increase in age. Quality of life among elderly seems to be higher whenever they have functional independence and no health problem (Hayran & Subasi, 2005). Apart from that, social environmental factors such as social integration, the importance of having a purpose in life, and sense of belonging to a community have all been indentified as being important to quality of life besides having self-esteem, a sense of self and identity, a sense of control and spiritual well-being factors (Corner, Brittain & Bond, 2007). Quality of life is measure based on 4 main domains which are physical, psychological, social and environment domains that take the physical well-being, psychological well-being and social interaction with the community and environment into considerations (World Health Organization, 2008).

The importance of awareness and interest in quality of life among elderly have given an idea to administrator of Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kota Bharu Kelantan to build a setting especially for the elderly population who is willing to stay there. In the Madrasah Diniyah Bakriyah, the education system for elderly population is slightly different from the system for other age group. Madrasah Diniyah Bakriyah which has been built in 1954 by collaboration of Tuan Guru Haji Ab. Aziz bin Haji Abu Bakar with his brother, Tuan Guru Haji Mustafa, and his brother-in-law, Tuan Guru Haji Hashim, is located 4 kilometers from Kubang Kerian district, and 9.6 kilometers from Kota Bharu town. It has provide some facilities such as a mosque, 5 classrooms, an office, 2 libraries, a meeting room, guest house for outsider, cafeteria, grocery shop, multipurpose hall, and a public toilet. Apart from that, there is also a 5 floor hostel for teacher and students which had been built in early of March 2004, a big waste bin provided by Majlis Perbandaran Kota Bharu, 90 units of fire extinguishers and a few of safety lamp in each classroom (Nurrosobah, 2008).

1.2 Problem statement

There is no doubt that study of assessing quality of life among older populations has been done by several researchers with the purpose of investigating the rehabilitation of the elderly and determining the efficiency of the health care services provided for them (Ebersole, 1995 cited in Subasi & Hayran, 2005). In the scope of community setting, most researchers focused the assessment of quality of life among elderly in nursing homes rather than other community settings. In nursing homes, 31.1% of residents were rated as having disabilities and functional dependence (Arslan & Gokce-Kutsal, 1999 cited in Luceli, Hey & Subasi, 2008). This is a major difference to community setting residency in Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kelantan if were to compare with other community setting institution because the elderly are functional independence although they have several health problems (Mahadi, 2008).

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Apart from that, Pondok Pasir Tumboh is a setting that gives the opportunity to the older population to interact with other residents in different age level because it accepts residents from age 13 and above. Therefore, older population are very respected since the residents here are practicing respectfulness to one who is older and has more experienced (Mahadi, 2008). Hence, this factor seems to enhance the self-esteem and a sense of control which influence in higher quality of life (Corner et al., 2007). This setting also provides some services such as libraries, grocery shop, meeting room and classrooms which is different with facilities that provided by nursing homes residency (Rose, Benedicts, Russell, & White, 2008). Researcher believes that the differences of the facilities provided will also give some differences in quality of life among older populations.

In the mean time, Pondok Pasir Tumboh, which still in the developing phase, need the information source in order to upgrade their facilities and equipment for a better living of the residents (Lajnah Perhubungan & Penerangan Pondok Pasir Tumboh, 2008). This is congruent with the fact that stated measuring the quality of life in older populations can provide health professionals the information to achieve a number of important objectives such as assessing the effects of illness and treatment, identifying the need of support services, and developing health enhancing environments (Raphael, Brown, Renwick, Cava, Weir & Heatcore, 1997).

Apart from that, assessing quality of life is very crucial since there are many factors influence quality of life. From the literature, the concepts of quality of life are slightly different depending on who the researcher is (Alesii, Mazzarella, Mastrilli & Fini, 2006). At the beginning, quality of life had been described as mental and physical health only and not considering other factors such as aspirations, personal values and satisfaction in social relationships (Schalock, 2004 cited in Alesii et al., 2006). However, as times passed by, quality of life has wider concept which consists of

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satisfaction of physical, psychological, social, relation, material and structural needs (Hornquist, 1982, 1989 cited in Alesii et al., 2006).

In order to a better understanding of quality of life concept, quality of life model that has been adapted from Explanatory Model of Quality of Life and the factors that might be affected quality of life by Hodgson (1999) will be used to explore the factors influencing quality of life among older population (Figure 1.1). In this model, quality of life is a multidimensional complex which consists of 3 main dimensions that included physical well-being, social well-being, and psychological well-being. However, quality of life will also be affected by some other external factors such as demographical data and environmental factors.

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┌──────────────────────┐
│ Demographical data   │
└──────────────────────┘
            ↘
        Physical well-being
               ↑
  Multidimensional quality of ——▶ Social well-
  life                              being
               ↓
        Psychological well-
        being
            ↗
┌──────────────────┐
│ Environment      │
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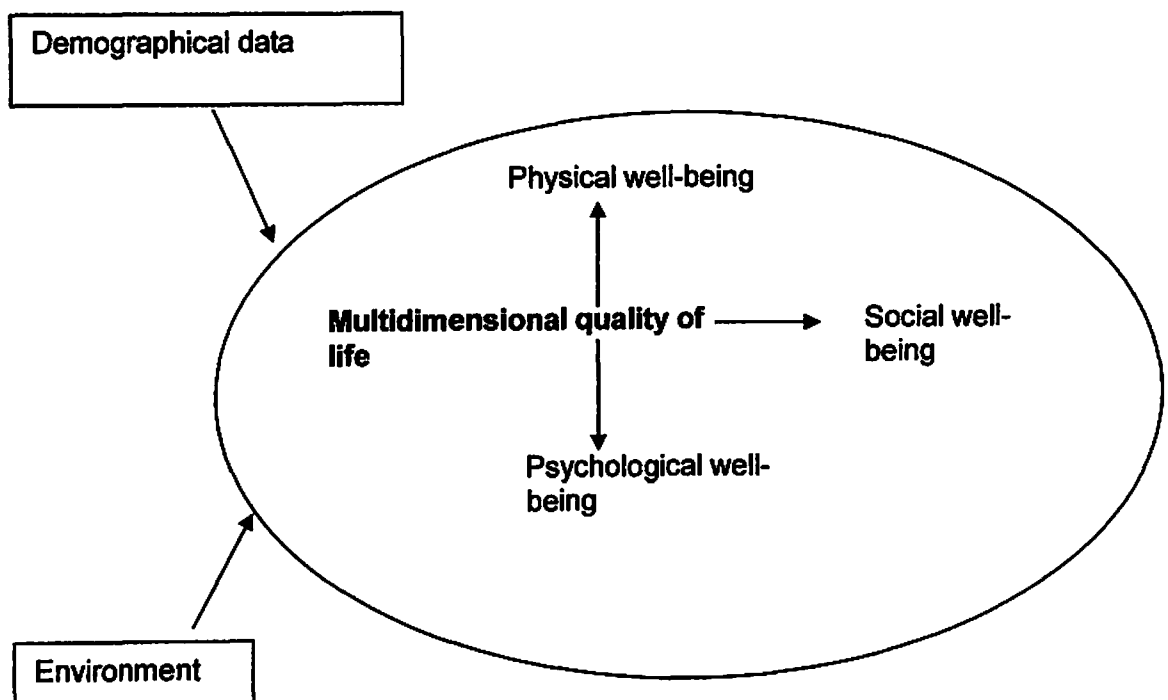
Figure 1.1 Quality of Life among Elderly in Community Setting Model Adapted From Explanatory Model of Quality of Life and the Factors that might be Affect Quality of Life by Hodgson (1999).

In this adapted model, the physical well being as a dimension of quality of life, is described in term of older adults perceive disruption in physical and functional well-

being including activities of daily living, level of health status, sleep and rest and work capacity. Meanwhile, the psychological dimension refers to the elderly appraisals of his or her emotional well-being such as bodily image and appearance, self-esteem, satisfaction of life, spirituality and personal beliefs while the social dimension is defined as the subjective judgment of elderly in term of social roles such as personal relationship, social interaction and social support.

1.3 Objectives of the Study

1.3.1 General Objective

To determine quality of life among elderly residents in Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kelantan.

1.3.2 Specific Objectives

1. To identify the level of Quality of Life among elderly in community setting.

2. To determine the relationship of demographical data and quality of life among elderly.

3. To determine the relationship of environmental condition and quality of life among elderly.

1.4 Research Questions

i. What is the level of Quality of Life among elderly in community setting?

ii. Does demographical data related to quality of life of elderly in the community setting?

iii. Does environmental condition related to quality of life among elderly in the community setting?

1.5 Hypothesis

Ho 1: There is no relationship between demographical data and quality of life in community setting.

Ha 1: There is a relationship between demographical data and quality of life in community setting.

Ho 2: There is no relationship between environmental condition and quality of life among elderly in community setting.

Ha 2: There is a relationship between environmental condition and quality of life among elderly in community setting.

1.6 Definitions of Terms

Quality of Life

Quality of life is a general and abstract concept which has been defined differently by a few different researchers (Cohen, Mount & MacDonald, 1996; Tu, Wang & Yeh, 2006; Uzzell, 2006). Ferrans and Powers (1992) in Tu et al. (2006) defined quality of life as self-satisfaction with important events, and a subjective perception of happiness and satisfaction. Meanwhile, Oleson (1992) in Tu et al. (2006) defined quality of life as level of satisfaction in health and function, psychological or spiritual, family and the socioeconomic domains.

In this study, the researcher has agreed with the definition provided by World Health Organization (2008) which defined quality of life as individual's perceptions of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

There are 3 important domains which is significant to older people's quality of life. They are physical, social and psychological domains. Physical domain is explained as physical well-being, functional ability, mental health and nutritional intake. It is also related to the physical environmental condition such as standard of housing or

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institutional living arrangements and control over physical environment. Social domain such as social integration, the importance of having purpose in life and belonging to a community also have been identified as being important to quality of life. In the other hand, psychological domain is explained as psychological well-being, morale, life satisfaction, happiness, self-esteem, a sense of self and identity, a sense of control and spiritual well-being (Corner et al., 2007).

Elderly

Elderly person is defined as a person who has reached the age of 60 years old and above (United Nation, 2007). However, the age of elderly actually is different depending on the policies in each country itself. Malaysia approved the age of elderly of 60 years old (Department of Information Malaysia, 2008) as agreed in the World Assembly on Ageing at Vienna in 1982 (World Health Organization, 2008).

In this study, researcher defined older people as individual who aged 60 years old and above as approved by Department of Information Malaysia (2008) and World Health Organization (2008).

Community setting

There are many types of community setting that provided for older populations such as nursing homes, old folk's homes and 'Pondok' for elderly. This community setting usually has different purpose of development and management systems. However, they all were built with the main objectives to fulfill the needs of elderly and for taking a good care of elderly welfare. Apart from that, community setting gives the opportunity for the elderly to be looked after in their homes close to friends which enhanced social interaction among themselves (BBC Home, 2008).

Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kelantan is one of the community setting which provided special facilities for elderly and provide an home-

environment to elderly in order to fulfill their needs especially in term of religion and belief.

Environmental Condition

Environmental condition is divided into 2 main aspects, which are physical environmental factor and social environmental factor. Physical environmental factor is defined as overall standard of living, control over physical environment, and access to facilities such as public transport and leisure activities. In the other hand, social environmental factor is explained as family and social relationships and support and the belonging to the community (Corner et al., 2007).

1.7 Significance of the Study

If this study is not conducted, the elderly population may not really understand about good quality of life in their daily living. Thus, this study is to increase the knowledge among elderly regarding the importance of having good quality of life in daily living especially in the duration of stay in community setting. This study also can help elderly population to understand the factors which influence quality of life. Otherwise, the elderly cannot really know the life satisfaction, physical function, psychological status, social support, financial resources and support, and the safety, security and comfort ability of the environment in Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kota Bharu, Kelantan can affect either good or poor quality of life if this study is not conducted.

As well as nursing is concern, the data can be another major step to a better understanding of the elderly population. Thus, it can bring us to a higher level of nursing care towards elderly in order to increase their quality of life. Apart from that, this study can help in nursing education especially for gerontological nursing, through the information that will be obtained regarding the factors influencing quality of life among geriatric population.

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In nursing research field, the data that had been obtained in this study will be a reference and baseline data to conduct a research study regarding the quality of life among elderly in other communities setting such as nursing homes, old-folks home and so on. As a result, comparison between quality of life among elderly who stay in community setting and their own homes can be determined.

In fact, the data that had been obtained from this study can provide the information to the head administrator of community setting for elderly residents regarding the improvement of management and services provided. Hence, this can affect in increasing quality of life among residents especially elderly population. Apart from that, the data is essential for the policy makers to develop further improvement in intervention related to community setting for elderly in order to ensure a good quality of life in aging population.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Recently, the life expectancy of the populations in Malaysia has been increased with the advanced of technology and science in medical field. The life expectancy for men in 2005 is 71.4 and has gradually increased to 71.6 in 2006 and 71.9 in 2007. Meanwhile, the life expectancy for women is 76.1 in 2005 and has progressively increased to 76.2 by 2006 and 76.4 by 2007 (Department of Statistic Malaysia, 2008). This demographic shift will results in rising numbers of older people globally. In Malaysia, the number of older population at the present time has increase progressively. Based on Associate Professor Dr. Tengku Aizen Hamid, from Sekretariat Alumni Aspirasi UPM (2006), the numbers of elderly who aged 60 years and above has reached 1.6 billion and this number give elderly population 6 percent from all populations in Malaysia. He also was expecting that this number will increase continuously until 10 percent from the populations in our country. Researcher believes that increasing number of elderly people will make them one of the important groups in the development of country. As a result, health professionals are giving the priority to this population in term of treatment and health promotion.

However, Donmes et al. (2005) cited in Luceli et al. (2007) reported that advancing age is associated with an increase in the health conditions that lead to disability. This fact is supported by Kershner (1998), who believed that the older people will face the possibility of many years of chronic disability from health disorders such as arthritis, diminished hearing or visual acuity, hip fracture and osteoporosis. As a result, study related to quality of life among elderly population seems to be very crucial at the moment especially in the field of health. Based on Fyrtak (2008) in Borglin, Edberg & Hallberg (2005), a challenge for researchers and health care

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providers is to avoid measure of quality of life that exclude or ineffectively explore areas but are important to an older population in order to allocate health resource decisions. Nevertheless, most studies and models of quality of life defined quality of life too narrowly, focusing only for those who have chronic diseases and disabilities. They were not seen from other point of views that quality of life also can be an assessment to identify individuals at risk for poor health which further, can identify the interventions to health promotion and illness prevention (Raphael, Brown, Renwick, Cava, Weir & Heathcote, 1997). Researcher also agrees that quality of life is not only the assessment for ill patient. It is also suit to healthy person who have the probability to fsuffer from physical or functional disability. Therefore, this encourages the researcher to study the rate of quality of life among elderly population with the purpose to evaluate how far this population experiences the satisfaction of living their additional life with the possibility of having physical, psychological and social disabilities.

2.2 Quality of life among Elderly in Community Setting

Recently, nursing care homes for older population increase progressively as well as the increasing of aging population. This is reflected by increasing number of double-income families who sent the incapacitated elderly to the nursing homes because of lack of available family members to care (Tu et al., 2006). Because of that, older people who sent to the nursing homes tend to have a lower quality of life compare to those who live in their own homes.

Actually, the ideal nursing home can be described as a place where people live their lives with dignity, a good quality of life and with as little physical or psychological disability as possible (Pearson, 1993 cited in Luceli et al., 2008). However, not all of the nursing homes can provide dignity and control to ensure a good quality of life among older adults. That is why there are other types of community setting built for older population such as Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, in Kota Bharu Kelantan. Residency of community setting such as Pondok Pasir Tumboh does

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not only provide care and education for the residents especially older adults, but also provide independency among them. This is because residents in this community setting are given control and power to make their own decision regarding their activities of daily living.

2.3 Multidimensional Quality of Life

As quality of life is a multidimensional concept, Fassino, Leombruni, Daga, Brustolin, Rovera & Fabris (2002) suggested that quality of life has three domains which are important to be assessed together with the health status in order to have a proper evaluations of quality of life among elderly. Those domains are psychological, functional and existential. Meanwhile, Cornet et al. (2007) and Hogdson (1999) believe that the important domains to older people's quality of life include physical, social and psychological domains. In the other hand, World Health Organization, through WHOQOL-BREF has explained 4 domains which are important to study the life quality and daily life activities of elderly people. The domains covered physical characteristics, psychological aspects, social relationship and environmental circumstances (Arslantas, Unsal, Metintas, Koc & Arslantas A., 2007). Since quality of life is influenced by internal and external factors, researcher believes that multidimensional quality of life in elderly have to cover all aspects include physical, social, psychological, environmental condition and also sociodemographical data because all these aspects will results either good or bad quality of life in elderly people.

Physical domains that can influence quality of life are functional status such as activities of daily living and physical function. This is supported with a study conducted by Tu et al. (2006), who claimed that participants who had better physical function, had better activities daily living, perceived a higher level or empowering care, and further had better quality of life. Borglin et al. (2005) has also found out that some of health complaints such as pain, fatigue and mobility impairment were proved to be more prevalent and more prominent than other factors in term of significantly predicting a low

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quality of life. This may be due to the disabilities to perform activities of daily living had caused the low satisfaction and self-esteem among elderly residents, which promote lower quality of life. However, Blane, Higgs, Hyde & Wiggins (2004), who conducted a study regarding quality of life in early old age, reported that the health problems which can affect quality of life is health problems which limiting, serious or requiring medical care only. As a result, the researcher believes that elderly residents in community setting will experience good quality of life if they have health problems without disabilities in performing daily living activities.

Furthermore, social domains such as social interaction can also affect quality of life in individual especially older adults. Based on a study conducted by Knapp (1977) in Luceli et al. (2008), quality of life among elderly population in United Kingdom was directly related to the degree of social interaction or the level of activity. In another study in China which conducted by Chan, Shoumei, Thompson, Yan, Chiu, Chien and Lam (2006) in Arslantas et al. (2008), has revealed that WHOQOL-BREF total scores were higher in cases where elderly people had better social support. In the researcher's point of view, having better social support can results in better quality of life because it can assists in developing the sense of belonging, power and control since their ideas and energy will be acceptable in the community. In conclusion, social well-being is one of the major factors that can influence quality of life in elderly population.

Apart from that, psychological domain is also one of the important factors that influence quality of life among elderly. This is because freedom from depression, good mental faculties and optimism also associate with quality of life among elderly. In fact, when describing the psychological dimensions of quality of life, most healthcare professionals include the aspects of human needs such as enjoyment, leisure activities, happiness, a sense of purpose and control over one's life (Hilderley, 2001). A study conducted by Beaumont (2003) found out that depression leads to a lower of quality of life. Dragominecka and Selapova (2005) who studied the relationship of

psychosocial and quality of life have found out that psychological is no doubt has strong correlation with quality of life, in which individual who has good psychological well-being would experienced a higher quality of life. Meanwhile, Kurtus (2002) stated that the way a person lives his or her life in the later years can make those years exciting for that person. The researcher also agrees that psychological well-being can results in a meaningful life which further assist in having good quality of life in older population. Thus, the researcher believes that psychological well-being is one of the important domains which have to be evaluated in assessing older people's quality of life.

2.4 Factors that Influenced Quality of Life in Elderly

There are many factors that influenced quality of life in individual especially in elderly population. The factors can be divided into four domains as suggested in the WHOQOL such as physical, social, psychological and environmental (World Health Organization, 1996). However, the researcher believes that there are other factors which can influence quality of life among elderly such as demographical data and environmental condition.

2.4.1 Demographical Data

Demographical data have been found to be associated with quality of life (Tu et al., 2006). In Malaysia, the researcher believes that demographics data such as gender, age, ethnic group, marital status, state of origin, educational level, previous occupational and financial support may influence quality of life among elderly especially in the community setting.

This is because Oleson (1992) and Tseng and Wang (2001) in Tu et al. (2006) who studied the relationship or empowerment care and quality of life among elderly residents in within nursing homes in Taiwan, found that other factor which influenced quality of life was age. They found out that the older the residents, the better quality of life they perceived. In contrast, Arslantas, Unsal, Metintas, Koc and Arslantas A.

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(2008) had found out that increasing in age may also increase in dependency especially in activities daily living. This will further affected quality of life whereas those who more dependent will experience poorer quality of life.

Apart from that, other demographical data that seems to be related with quality of life is sex. Subratty, Anathelle, Johawer and Cheong Wah (2004) had found out that sex factor can affect individual's satisfaction of life. Previous researches had also found out that sex or gender may influence quality of life whereas men will experience higher quality of life than women (Rubin, 2000). Lu and Chang (1998) cited in Tu et al. (2006) in their study regarding quality of life have come out with the result of male gender has experienced better quality of life comparing to female gender. In addition, there is a fact in which women are risk to live alone with increasing age and as a result, they are more likely to experience widowhood which further can lower their quality of life especially in their later age (Binsctock & George, 2001). As a result, researcher believes that sex factor will have a significant relationship with elderly quality of life.

Apart from that, higher level of education seems to be an important factor to have a better quality of life. This is because, Tseng and Wang (2001) in Tu et al., have found out that higher level of education can contribute to a better quality of life. From the researcher's point of view, level of education will affected quality of life because knowledge and education can results in superior positions and high self-esteem in elderly. Therefore, it can further increase their enjoyment of life which affecting their quality of life positively.

Other demographical data such as having a spouse (Lin et al., 2002), higher socioeconomic status (King, 1996) and having a religious beliefs (Oleson et al., 1994; Krause, 2003) were found to have a relationship with quality of life among elderly residents in Taiwan (Tu et al., 2006). Arslantas et al. (2008) had also found out that individual without spouse has experienced poorer quality of life compare to those who were married. However, there was a previous study which come out with the result of marital status has no significant relationship with quality of life whenever they still get

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public support and experienced social relationship (Luttik, Jaarsma, Nic, Veegar & Dirk, 2006). Yet, researcher believed that marital status has a significant relationship with quality of life because only husband or wife can give the best emotional support to their spouse.

On the other hand, source of financial support may also affect individuals' quality of life. This is because, Li, Chen and Wu (2008) had found out that elderlt with well-established financial sources have experienced better quality of life than those who are in the lowest category of income. In the researcher's point of view, demographical data such as education, financial support, having a spouse and religious beliefs will make older people's life be more meaningful because they feel that their needs to live a good life is fulfilled. Because of this, researcher believes that demographical data is a major factor that can determine either an elderly has good quality of life or not.

2.4.2 Environmental Condition

Apart from physical, social and psychological factors, environment also has contributed to a higher or lower quality of life among elderly people (Arslantas et al., 2008). This fact is supported by Uzzell (2006) who stated that a positive relationship between self and place is necessary to well-being. He also stated that environmental factors could influence quality of life among elderly people such as the comfort of dwelling, access to services, green spaces, noise and level of criminality, transport facilities, preservation of natural environments and the quality of water and air (Uzzell, 2006). From the researcher's point of view, these factors can be an important factors in determined quality of life in elderly especially in the community setting because the environmental conditions in the community-based residency will habe a little bit different with their own homes.

Rizk (2003) in Uzzell (2006) from his study regarding quality of life, has found out that noise and pollution, problems of security, inadequate facilities, lack of satisfactory transport, are repeatedly mentioned by city dwellers as threatening their

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quality of life. Yet, there was a previous study which found out that individual safety does not affect quality of life in elderly because of the some internal factors, which in the same time, can decrease the life satisfaction among themselves (Wold, 2004). Therefore, researcher believes that there will be only some environmental factors which can affect quality of life in elderly.

Ballesteros (2001) has stated that there is an association between health satisfaction, complaints, functional abilities, activity level and other personal values with environmental conditions. Apart from that, Onishi, Masuda, Suzuki, Gotoh, kawamura and Iguchi (2006) had found out that opportunity to involve in pleasant recreational activities can increase life satisfaction level in elderly which further can makes them to experience a better quality of life.

On the other hand, some researchers believe that environmental condition such as the availability of health services can enhance quality of life in elderly people (McEwen, 2002). Mikasa, Katayama and Isasegi (1999) had found out that health services can influence quality of life whereas elderly who have the opportunity to access the health services experienced a better quality of life. Meanwhile, Banister and Bowling (2004) had found out that other environmental factor which can affect quality of life among elderly is the power and control to access the transportation services. Researcher believes that, the elderly need the transportation services to ensure that their physical, psychological and social needs are met.

Bond and Corner (2004) had found out that social support networks have an important influence on the quality of life of older people in the community. This is because, social support network capable to maintain an older person in the community to face high physical and psychological dependency which further can increase their quality of life. Hence, researcher is certainly believes that environmental condition is one of the most important factors that influences quality of life in older people.

2.5 Conceptual Framework

A model that can be used to explain quality of life among elderly, clearly and effectively is the adapted explanatory model that has been created by Hodgson in 1999 (Figure 1.1, page 6). This model is actually guided by an explanatory theory of quality of life that has been suggested by Calman in 1984 and 1987 (Hodgson, 1999). Calman (1984) has suggested that age modify expectations of quality of life in individuals. This is because, aging process may cause the older adults adjust their perceptions of lived life and life desired (Ershler & Longo, 1997; Wan, Conte & Cella, 1997; Erikson, 1982 in Hodgson, 1999). Therefore, it is indirectly changes the experiences of quality of life among elderly.

In this model, Hodgson (1999) has explained that quality of life is multidimensional complex which consist of external factors and internal factors. The internal factors are physical well-being, social well-being, and psychological well-being. The physical well being of quality of life in this study is described as older adult's perceives disruption in physical and functional well-being as a result of aging. Meanwhile, the psychological dimensions is the elderly appraisals of his or her emotional well-being as a result of increasing in age and the social dimensions is defined as the subjective appraisals of elderly in terms of the effects of aging on social roles (Hodgson, 1999).

Previously, the branching theory of aging proposes that physical, psychological and social functioning has positive or negative effects on quality of life (Schroots, 1996 in Hodgson, 1999). These branching factors are harmonizing with dimensions of quality of life in the proposed model (Hodgson, 1999). Because of that, the researcher has chosen and adapted this explanatory model of quality of life in order to suit quality of life among elderly in community setting.

However, the multidimensional quality of life will be affected by some other external factors. Because of the multiple variables could potentially associated with multidimensional of quality of life in the model proposed by Hodgson (1999),

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researcher only choose the variables such as demographical data and environmental factors so that it is congruent with the setting chosen for this study.

Demographical data seems to be very important in the assessment of quality of life among elderly. Tu et al. (2006) stated that demographical data have been found out to be associated with quality of life. Apart from that, environmental factors also have the association with quality of life since World Health Organization (1996) has included the environmental facet as one of the domain in WHOQOL in assessing the quality of life in individuals regardless of age and culture. Therefore, it will suit the researcher's setting of study in order to determine either community setting has any affect on quality of life among older population.

According to Hodgson (1999), quality of life is multidimensional complex which consists of external and internal factors. The internal factors included physical well-being, social well-being and psychological well-being while the external factors chosen by the researcher are demographical data and environmental condition. Summary of internal factors and external factors in multidimensional quality of life was shown in figure 2.1.

Demographic data

- Sex
- Age
- Ethnic group
- Marital status
- Level of education
- Source of financial

Physical well-being

Multidimensional quality of life

Social well-being

Psychological well-being

- Physical environment
- Safety and security
- Recreational facilities
- Health services
- Public transport facilities
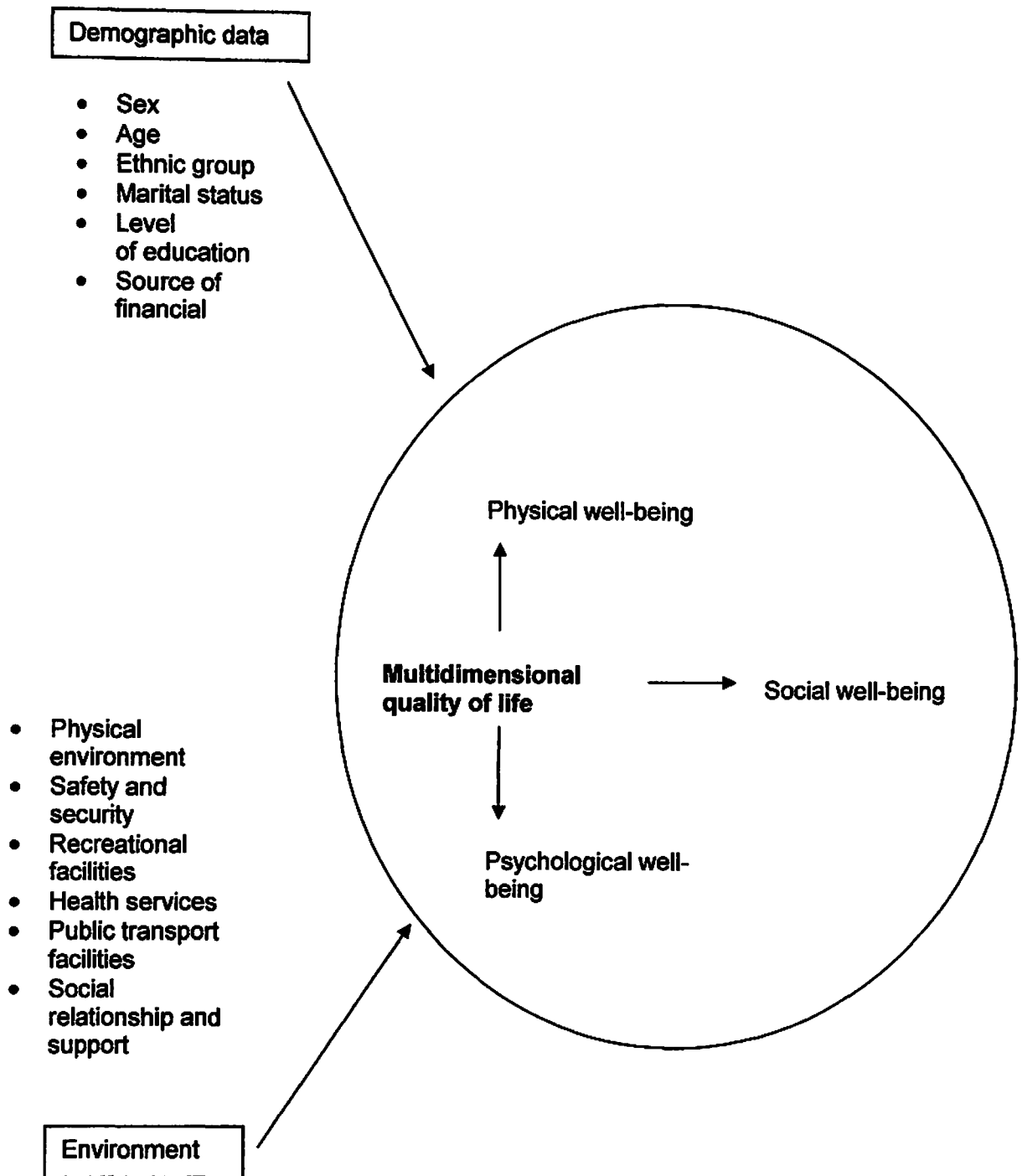- Social relationship and support

Environment

Figure 2.1 Quality of Life among Elderly in Community Setting Model adapted from Explanatory Model of Quality of Life and the Factors that might be Affect Quality of Life by Hodgson (1999).

CHAPTER 3

METHODOLOGY

3.1 Research Design

This research was a descriptive and quantitative study which used the instruments of questionnaire forms and applied cross sectional design for data collection.

3.2 Population and Setting

The population in this study had involved older person who aged 60 years old and above and are permanently living in Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kota Bharu, Kelantan. This location was chosen because it is one of several communities setting in Kelantan that provide commodity for elderly people.

3.3 Sample

3.3.1 Sample Size

The total of sample who had participated in the study was 76 from 79 respondents. Sample size was determined by using the table of sample size determination at sampling error 5% and confidence level 95% (significance level = 0.05) (Cohen, Manion & Morrison, 2001 cited in Chua, 2006, p.187).

3.3.2 Sampling Design

This study applied purposive sampling whereby only older people who met the inclusion criteria will be included.

3.3.3 Inclusion and Exclusion Criteria

Respondents for this study are elderly who stay in Madrasah Diniyah Bakriyah, Pondok Pasir Tumboh, Kota Bharu, Kelantan and fulfilled the inclusion criteria.

The inclusion criteria for respondents are as follow:

- Aged 60 years old and above.

- Female and male client.

- Stay in the community setting more than 4 weeks.

- Client who can understand Bahasa Melayu.

- Client who is willing to participate in the study as a respondent.

The exclusion criteria of respondents are:

- Client who is not alert.

- Client who cannot communicate verbally.

- Client who does not consented to participate in the study.

3.4 Instrumentation

3.4.1 Instrument

Instrument that had been used in this study was a questionnaire which consisted of 2 parts. Part A is socio-demographical data which included 6 questions related to demographical data and 6 questions related to environmental condition. The questions focusing on demographical data include sex, age, ethnic group, marital status, level of education and source of finance. For socio-demographical data related to environmental condition, researcher has referred to Professor Dr. Wan Abdul Manan Wan Muda from Dietetic Program, School of Health Sciences USM. The sociodemographical data related to environmental condition included physical environment, safety and security, recreational facilities, health services, public transport facilities and social relationship and support.

In part B, the questionnaire that had been used was adapted from WHOQOL-BREF which consists of 26 questions that derived from WHOQOL-100. WHOQOL-BREF had been used in this study because it seems to be more practical since it is the shorter edition for WHOQOL-100. This questionnaire included four domains which is

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relevant to the 24 facets relating to quality of life (World Health Organization, 1996). The four domains, which denote an individual's perception of quality of life, include physical health (question 3, 4, 10, 15, 16, 17 and 18), psychological (question 5, 6, 7,11,19 and 26), social relationships (question 20, 21 and 22) and environment (question 8, 9, 12, 13, 14, 23, 24 and 25). Each domain involved the facets related to quality of life as shown in the table 3.2.

For section B which has been adapted from WHOQOL-BRE, it is use use Likert scale 1 to 5 and scaled in a positive direction which higher scores indicate higher quality of life..

Very dissatisfied/very poor	= 1
Dissatisfied/poor	= 2
Moderately satisfied/neither poor nor good	= 3
Satisfied/good	= 4
Very dissatisfied/very good	= 5

Domain score had been calculated by using the mean score of items within each domain. Then, the mean score had been converted to score 0 to 100 to make domain scores comparable with the scores used in the WHOQOL-100 (World Health Organization, 1996). Score for each domain were converted into 0-100 in order to make the score comparable with the score in WHOQOL-100 (World Health Organization, 2006). Score for each domain then had been calculated and divided into 3 categories. Those are good quality of life, which is higher than 267 marks, moderate quality of life, between 133 to 267 marks and poor quality of life, lower than 133 marks (Akbulut & Ersay, 2008).