

## QUALITY OF LIFE AMONG ELDERLY PEOPLE LIVING IN OLD AGE HOMES

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### ABSTRACT

**Background of the study:-** Overall improvement in the living standards of country's population is leading to longer life expectancy Ageing is an important part of all human life and this unwanted process of becoming older makes it more important. It is the last stage of human life, in this stage human life becomes weaker on physical perspective as well as more sensitive and emotional on Psychological perspective. To emphasize the medical and psychological difficulties faced by geriatric people is essential to know status of their quality of life (QOL).

**Aim:** To assess the quality of life among elderly people living in selected old age homes of Amritsar, Punjab.

**Material and Method:-** A non-experimental approach, descriptive exploratory design, purposive sampling technique was used to assess 100 elderly person living in selected old age homes of Amritsar. Modified Quality of life scale with structured interview schedule was used to collect data.

**Result:-** As per quality of life among elderly according to domains mean percentage and rank order of quality of life score was highest in psychological health (62.13% and rank 1<sup>st</sup>), followed by physical health (61.94% and rank 2<sup>nd</sup>), regarding social health (50.85% and rank 3<sup>rd</sup>) and lowest in the environmental health (50.34% and rank 4<sup>th</sup>).

**Conclusion:-** It shows that majority of study subjects (95%) had poor quality of life whereas only 5% were having good quality of life. Hence, findings revealed that majority of elderly had poor quality of life living in selected old age homes of Amritsar.

**KEY-WORDS:** - Quality of life, Elderly people, Old Age Homes.

## BACKGROUND OF THE STUDY

### INTRODUCTION

**“Aging is not 'lost youth' but a new stage of opportunity and strength.**

**Betty Friedan(2006)**

A positive approach to old age implies that activity is directed towards ensuring that people reach old age and that they continue to live the last years of their lives in the best possible state of mental and physical health.

**Help Age India**<sup>1</sup> stated that there are 728 Old Age Homes in India today. Detailed information of 547 homes is available. Out of these, 325 homes are free of cost while 95 old age home are on pay & stay basis, 116 homes have both free as well as pay & stay facilities and 11 homes have no information . A total of 278 old age homes all over the country are available for the sick and 101 homes are exclusively for women. Kerala has 124 old age homes which is maximum in any state.

The WHO defines quality of life as the individuals perceptions of their position in life in the context of the value system and culture in which they live and in relations to their goals, expectations, standards and concerns. Quality of life in old age can be understood as the maintenance of life in all human life aspects, physical, social, psychosocial and spiritual.

The population projections made by the UNESCO indicates that the proportions of the aged above 60 is likely to go up from 7.1 per cent in 1991 to 12.3 percent in 2025 in India alone. Therefore, there is a need to pay proper attention to the quality of life of the older persons. In almost all the countries of the world, elderly women outnumber the elderly men. Rapid ageing trends present new challenges to government, families and the elderly themselves.

#### Need of the study

**Rani Soma D (2010)**<sup>2</sup> concluded the feeling of loneliness along with the natural age related decline in physical and physiological functioning is making older people prone of psychological disturbances. Migration of younger generation, lack of proper care within the family, insufficient housing especially in urban area, economical hardship and break-up in joint family system are some of the reasons for institutionalization of the elderly in old age homes. Joint families have been a peculiarity and an important identity of Indian society.

**Ghosh (2006)**<sup>3</sup> stated that modernization and globalization have disintegrated the Indian family system and elders are forced to stay in old age homes. In some cases elderly members of relatively rich families or aged persons who have nobody to look after takes shelter in old age homes. The elderly live in these homes merely in terms of existence to complete the last phase of the lives.

**Kivelf et al (2001)<sup>4</sup>** concluded that old age home are a need of today as the life-styles are changing fast and diminishing acceptance of family responsibilities towards one's elders. Older people are, therefore, in need of vital support that will keep important aspects of their life- styles intact while improving their overall quality of life

As researcher had a visit in the old age home during her graduation, at that time researcher experienced that elderly people who were living over there, were having poor quality of life considering all the domains which now had included in research study. Nurses have to spend more time with their clients so that they should know about the people of every age. Moreover, quality of life is very much disturbed in the people living in old age homes because they are deprived of the love of their family. Old age people can be helped to improve quality of the life by carefully assessing the pattern of living in old age. Therefore, there is a need to assess the quality of life among elderly people because of their decreased physical, psychological, social & culture activities is very much imbalanced in the old age people.

### Research problem

A Descriptive Study to assess the quality of life among elderly people living in selected old age homes of Amritsar, Punjab.

### AIM OF THE STUDY

The purpose of the study was to assess the quality of life among elderly people living in old age homes which includes their physical independence, psychological, social, and environmental.

### OBJECTIVES

1. To assess the quality of life among elderly people living in old age homes.
2. To assess the quality of life among elderly living in old age homes according to domains.
3. To determine the relationship of quality of life among elderly people with selected demographic variables i.e age, gender, education, marital status, monthly income, religion, time period of stay, room partner and disease condition.
4. To prepare and distribute booklet providing information for improving elderly quality of life.

### Operational definitions

- **Elderly people:** Old age people of age above 60 years living in selected old age homes.
- **Quality of life:** quality of life in old age can be understood as the maintenance of life in all human life aspects: physical, social, psychological and spiritual.
- **Old age homes:** an institution run by private or government funded agency which gives care, shelter and food for the elderly people on the basis of payment or free of cost.

### Assumptions

- 1) There will be poor quality of life among elderly in selected old age homes.
- 2) Psychological health of the elderly will be disturbed more as compared to physical health.

3) There will be the significant relation between the disease condition and quality of life.

### **Delimitation**

- Study was delimited to the elderly people living in old age homes of Amritsar.

### **Conceptual framework**

Conceptual framework of the present study is based on Betty Neuman's System Model. It is focused on the response of the client system to actual or potential environmental stressors and the use of primary, secondary and tertiary prevention as nursing interventions for retention, attainment and maintenance of optimal client system wellness.

#### **Key concept of Betty Neuman**

**Physiological** - refers of bodily structure and function.

**Psychological** - refers to mental processes, functioning and emotions.

**Sociocultural** - refers to relationships, and social/cultural functions and activities.

**Spiritual** - refers to the influence of spiritual beliefs.

**Developmental** - refers to life's developmental processes.

#### **Stressors:**

**Intrapersonal forces:** occur within person, eg: thoughts, feelings.

**Interpersonal forces:** occur between individual. Eg role expectation.

**Extrapersonal forces:** occur outside individual.

## **METHODOLOGY**

This chapter deals with the methodology. Methodology is the framework for conducting research. It indicates the general pattern of organizing procedure to gather valid and reliable data for investigation.

**Research approach** Non-experimental approach.

**Research design** Descriptive exploratory design was selected to accomplish the objectives **Research setting** The study was conducted in the three different old age homes of Amritsar, Punjab i.e Shri Guru Ramdas old age home run by Vishvkarma Welfare trust, situated on the Taran Tarn Link road, Amritsar. It started operating in July 21, 2001 and there were 25 elderly people. The trust is committed to provide Medical assistance, nursing services apart from boarding and lodging to the inmates, along with arrangements of library, recreational activities, meditation and visits to Harmandir Sahib and other places of interest. The other one was Bhagat Puran Singh Charitable Society consist of 15 elders and third one was Bhai Veer Singh ji old age home, Amritsar. It run by the chief khalsa Diwan and consist of 50 elderly people.

## Target population

**Polit and Hungler (1999)<sup>5</sup>** refers population as the aggregate or totality of all the objects, subjects or members that conform to a set of specifications. The population of the present study was elderly people (more than 60 yrs of age).

## Sample & Sampling technique

In this study purposive sampling technique was used to select the sample. A total sample of 100 elderly people living in old age homes during the study period was selected for the present study.

## Variables under study

Age, gender, marital status, education, monthly income, religion, time period of stay, room partner, disease condition & quality of life among elderly living in old age homes

## Inclusion & Exclusion criteria

### Inclusion criteria:

- a) Elderly people residing in the selected old age homes of Amritsar, Punjab.
- b) Those who were willing to participate in the study and had given verbal consent.

### Exclusion criteria:

- a) Elderly people living with families and in hospitals.
- b) Those who were not willing to participate in the study and not given verbal consent.

## Selection & Development of tool

The research tool was selected and developed by keeping in mind the objectives of study, by reviewing theoretical sources, previous studies, internet and thorough discussion with the field experts.

## Description of tool

The research tool was divided into two parts.

### PART 1: Socio-Demographic Profile

Demographic data includes Age, gender, education, monthly income, room partner, marital status, religion, time period of stay & disease condition.

### PART 2: Modified quality of life scale regarding quality of life among elderly people.

It consist of 24 items divided into four domains namely physical health, psychological health, social health and environmental health. It was developed with 5- point scale (not at all, a little, a moderate, a very much, an extreme amount) containing three negative statement (1,2,13) and 21 positive statements(3-12 & 14-24).So the

maximum score was 5 and minimum 1 to positive statement and for negative statements the scores were reversed. Quality of life score was divided into two categories i.e. good quality ( $\geq 84$ ) and poor quality ( $< 84$ ).

### Criterion measures

Quality of life among elderly is categorized into two levels

Quality of life	Total Score	Total Percentage
Good	( $\geq 84$ )	( $\geq 70\%$ )
Poor	(< 84)	(< 70%)

### Validity of tool

Validity of the demographic profile, quality of life scale was determined by expert's opinion. The tool was given to the nursing experts from the field of community health nursing, maternal and child health nursing, psychiatric and mental health nursing and language experts in English and Punjabi. Necessary modification were made according to suggestions.

### Reliability of tool

Reliability refers to the accuracy and consistency of the measuring tool. Reliability of the tool was computed by split half technique & was calculated by Spearman Brown's Prophecy formula. The reliability of the tool of the 5-point likert scale was calculated to be  $r=0.85$ . Thus, the tool was highly reliable.

### Pilot study

**Polit & Beck (2008)** described pilot study as a small scale version or trial run designed to test the methods to be used in a larger, more rigorous study, which is sometimes referred to as the parent study.

Pilot study was conducted to ensure the feasibility of the study. It was conducted on 10 study subjects in one day i.e. on 11-11-2012 in Shri Guru Ramdas old age home, link road Amritsar.

### Data collection procedure

The data collection for the study was carried out from 1<sup>st</sup> January 2013 to 31<sup>st</sup> January 2013 with a selection of 100 elderly people who were living in selected old age homes of, Amritsar. A formal permission was obtained from directors of selected old age homes, Amritsar. Tool used to collect data was explained to study subjects. Researcher first introduced herself to the respondents and explained the purpose of study. They were assured that their responses would be kept confidential and used only for research purpose. Verbal consent was taken from elderly people. The time taken by elderly people to fill the tool was approximately 15 -20 mins. At the end guidelines were provided to elderly regarding the improving of quality of life .

### Ethical consideration

Verbal consent was taken from elderly people living in old age homes. To gain their confidence, they were told that their responses will be kept confidential and the information will be used only for research purpose. They were also informed about their rights to refuse from participating in study. A written permission for conducting

pilot study and final study was taken from Directors of selected old age home of Amritsar and Principal, Khalsa college of Nursing, Amritsar (Punjab).

### Plan of data analysis

Analysis of data was done in accordance with the objectives of the study . Statistically analysis was performed by using SPSS version 14 software. Descriptive statistics was performed for sample characteristics i.e. calculating %age, mean score, mean percentage, standard deviation(SD) and inferential statistics i.e. ANOVA and Z-test were used to access the quality of life among elderly people as per research objectives. Data had been represented in forms of table, bars and pie diagram.

### Summary

This chapter had dealt with the research approach, research design, research setting, target population, sample & sampling technique, description of tool, validity and reliability of tool, pilot study, data collection procedure, ethical consideration and approval for the study, description of tool, plan of data analysis.

### ANALYSIS AND INTERPRETATION

**BT Basavanthappa (2007)<sup>6</sup>** defined The analysis and interpretation of data involve the objective material in the possession of the researcher and his subjective reactions and desire to derive from the data the inherent meanings in that relation to the problem.

Analysis was the examination was done in accordance with the **objectives** laid down for the study.

1. To assess the quality of life among elderly people living in old age homes.
2. To assess the quality of life among elderly living in old age homes according to domains.
3. To determine the relationship of quality of life among elderly people with selected demographic variables i.e age, gender, education, marital status, monthly income, religion, time period of stay, room partner and disease condition.
4. To prepare and distribute booklet providing information for improving elderly quality of life.

## SECTION I: Sample Characteristics

Table 1

## Frequency and Percentage Distribution of Sample Characteristics

N=100

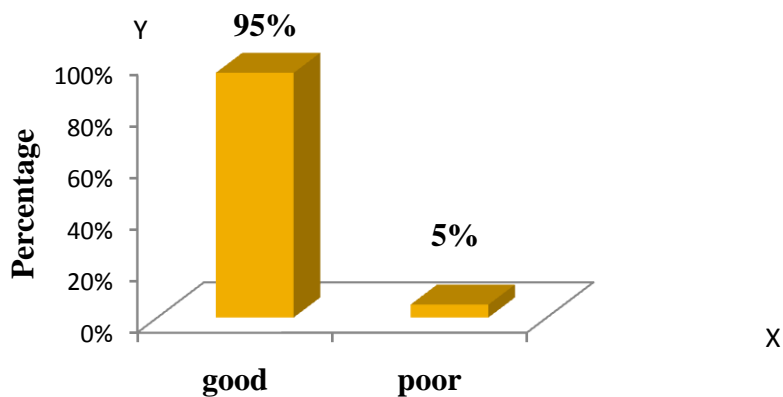
S. no.	Demographic variables	Frequency (n)	Percentage (%)
1.	<b>Age (In years)</b>		
	60-70	46	46
	70-80	44	44
	80 & above	10	10
2.	<b>Gender</b>		
	Male	54	54
	Female	46	46
3.	<b>Education</b>		
	illiterate	35	35
	Primary/Middle	29	29
	Matric/Secondary	31	31
	Graduation and above	05	05
4.	<b>Marital status</b>		
	Married	24	24
	Unmarried	16	16
	Widow/widower	57	57
	Separated	03	03
5.	<b>Monthly income</b>		
	<5000	29	29
	5000-10,000	12	12
	10,000-20,000	-	-
	>20,000	-	-
	Nil	59	59



<b>6. Religion</b>	33	33
Hinduism	61	61
Sikhism	-	-
Christianity	06	06
other	-	-
<b>7. Time Period of stay</b>		
Less than 1 year		
1 year	28	28
2-4 years	24	24
More than 5 years	20	30
	28	28
<b>8. Room Partner</b>		
Yes	48	48
No	52	52
<b>9. Disease Condition</b>		
Diabetes Mellitus	03	03
Hypertension	36	36
Joint pain	45	45
Eye/ear problems	15	15

### SECTION II: Objective wise Analysis

**Objective 1: To assess the quality of life among elderly living in old age homes.**



Frequency and percentage distribution of elderly people living in old age homes according to quality of life.

N=100		
Quality of life	n	%
Good ( $\geq 70\%$ )	5	5
Poor ( $< 70\%$ )	95	95

Maximum score=120  
Minimum score =24

**Objective 2: To assess the quality of life among elderly living in old age homes according to domains.**

**Table 3**

**Mean, Mean percentage and Rank order of quality of life among elderly according to domains.**

Domains	Maximum Score	Mean	Mean %	Rank Order
Physical Health	35	21.68	61.94	II
Psychological health	30	18.64	62.13	I
Social health	20	10.17	50.85	III
Environmental Health	35	17.62	50.34	IV

Maximum score =120  
Minimum score =24

**Objective 3: To find the relationship of quality of life among elderly in old age homes with selected socio- demographic variables.**

Table 4(a)

Relationship of Quality of life among elderly in old age homes with Age

N=100

Age	n	Quality of Life Score		Variance	df	F
		Mean	S.D			
60-70	46	65.65	10.27	B/G	2	
70-80	44	68.61	10.87			0.84 <sup>NS</sup>
80 and above	10	64.30	10.91	W/G	97	

Maximum score=120  
Minimum score=24

NS-Non significant  
B/G- between the group  
W/G- within the group

TABLE 4(b)

Relationship of Quality of life among elderly living in old age homes with Gender.

N=100

Gender	n	Quality of Life Score		SE	Z
		Mean	S.D.		
Male	54	66.65	11.38		
Female	46	67.02	9.72	2.09	0.18 <sup>NS</sup>

Maximum score=120  
Minimum score=24

NS- Non significant  
B/G- between the group  
W/G- within the group

TABLE 4(c)

Relationship of Quality of life among elderly living in old age homes with Education.

N=100

Education	n	Quality of Life Score		Variance	df	F
		Mean	S.D.			
Illiterate	35	67.40	10.18	B/G	3	0.19 <sup>NS</sup>
Primary	27	66.62	11.52			
Matric	29	65.84	10.66	W/G	96	
Graduate and above	5	70.00	9.67			

Maximum score=120  
Minimum score=24

NS-Non significant  
B/G- between the group  
W/G- within the group

TABLE 4(d)

Relationship of Quality of life among elderly living in old age homes with Marital Status

Marital Status	n	Quality of Life Score		Variance	df	F
		Mean	S.D.			
Married	25	65.20	9.73	B/G	3	0.20 <sup>NS</sup>
Unmarried	15	68.07	8.49			
Widow/widower	57	67.25	11.72	W/G	96	
Separated	03	66.00	4.58			

Maximum score=120  
Minimum score=24

NS-Non significant  
B/G- between the group  
W/G- within the group

TABLE 4(e)

**Relationship of Quality of life among elderly living in old age homes with Monthly Income**

N=100						
Monthly Income	n	Quality of Life Score		Variance	df	F
		Mean	S.D.			
Less than 5000	29	67.14	11.54	B/G	2	0.03 <sup>NS</sup>
5000-10,000	12	66	11.70			
10,000-20,000	-	-	-	W/G	95	
20,000 above	-	-	-			
Nil	59	66.83	10.25			

Maximum score =120  
 Minimum score =24

NS- Non Significant  
 B/G- Between the group  
 W/G- within the group

TABLE 4(f)

**Relationship of Quality of life among elderly living in old age homes with Religion.**

N=100						
Religion	n	Quality of Life Score		Variance	df	F
		Mean	S.D.			
Hinduism	33	67.79	12.26	B/G	3	0.35 <sup>NS</sup>
Sikhism	61	66.66	9.89			
Muslim	-	-	-	W/G	96	

Christianity	-	63.17	8.13
Others	-	-	-

Maximum score=120  
Minimum score=24

NS-Non significant  
B/G- between the group  
W/G- within the group

**TABLE 4(g)**

**Relationship of Quality of life among elderly living in old age homes with Time Period of Stay.**

N=100

Time Period of stay	n	Quality of Life Score		Variance	df	F
		Mean	S.D			
Less than 1 yr	28	64.96	9.43	B/G	3	0.56 <sup>NS</sup>
1 year	24	65.63	12.02			
2-4 year	20	68.85	10.38	W/G	96	
More than 5 yr	28	68.25	9.88			

Maximum score =120  
Minimum score =24

NS- Non Significant  
B/G- between the group  
W/G- within the group

**TABLE 4(h)**

**Relationship of Quality of life among elderly living in old age homes with Room Partner.**

N=100

Room Partner	n	Quality of Life Score		SE	F
		Mean	S.D.		
Yes	48	67.41	11.05	2.13	0.20 <sup>NS</sup>
No	52	66.62	10.26		

Maximum score=120  
Minimum score=24

NS- Non significant  
B/G- between the group  
W/G- within the group

TABLE 4(i)

**Relationship of Quality of life among elderly living in old age homes with Disease condition.**

Disease Condition	n	Quality of Life Score		Variance	df	F
		Mean	S.D.			
		Diabetes Mellitus	3			
Hypertension	36	66.42	12.65			0.11 <sup>NS</sup>
Joints Pain	45	66.46	9.50	W/G	96	
Eye/Ear	16	68.44	9.83			

**Maximum score =120**  
**Minimum score =24**

**NS-Non-Significant**  
**B/G- between the group**  
**W/G- within the group**

## DISCUSSION

This chapter deals with the findings of the present study, “A Descriptive study to assess the quality of life among elderly people living in selected old age homes of Amritsar, Punjab. In this chapter, an attempt has been made to discuss the findings of the study in accordance with the objective of the study. The present study was conducted in Guru Ram Das old age home , Bhai Vir Singh old age home and Bhai Puran Singh charitable Society. Total sample were 100 elderly people. Purposive sampling was used to collect the samples. Before collecting data investigator gave brief introduction about self, purpose of the study and instruction regarding filling the tool and gain confidence.

**Objective 1: To assess the Quality of life among elderly people living in old age homes.**

The study findings regarding quality of life revealed that elderly people living in old age homes had poor quality of life(95%). Similar study reported by **Fraczak B(2007)**<sup>7</sup> showed that majority of elderly people in old age homes has low or poor quality of life.

**Objective 2: To assess the quality of life among elderly people living in old age homes according to domains.**

The findings of the present study depicts the mean quality of life score in physical(21.68), psychological(18.64), social(10.17) and environmental domain(17.62). These findings are similar to **Renata Junqueira Pereira(2006)<sup>8</sup>** who reported mean quality of life score in physical(16.20), psychological(16.14), social(17.28) and environmental(15.20).

**Objective 3: To find the relationship of quality of life among elderly living in old age homes with selected socio demographic variables.**

The findings of the present study related with age, education and marital status revealed that 46% belong to age group 60-70, 65% are literates and 24% are married. These findings are inconsistent to **Jayarani Premkumar,(2010)<sup>9</sup>** who reported 80% of subject belong to 60-70 yrs of age group, 75% were literate and 78.6% were married.

The data of present study revealed that relationship of quality of life among elderly with gender, religion, educational status, monthly income and disease condition are non significant. These findings are similar to **Bhaskar Ameet, (2007)<sup>10</sup>** reported that gender, educational status, monthly income and disease condition were statistically non significant.

**Summary**

This chapter deals with analysis, interpretation and discussion of data collected from 100 elderly people in selected old age homes of Amritsar, Punjab. Descriptive and inferential statistics were used for the analysis. Bar diagrams were used to depict the findings.

**SUMMARY, CONCLUSION & RECOMMENDATIONS**

This chapter deals with the brief description of the study undertaken including the conclusion drawn from the major findings implications of the study and recommendation for the future research.

**Summary**

Quality of Life is defined as a person's sense of well being that stems from satisfaction and dissatisfaction with the areas of life that are important to him or her. With age, several changes occur that can place one at risk for age related changes in physical, psychological, social, environmental health and lifestyle changes.

The student researcher observed that majority of the elderly people were having poor quality of life in old age homes. They also have lack of knowledge regarding improving of quality of life. The study deals with the assessing the quality of life among elderly living in old age homes.

A descriptive study was adopted to conduct the present study. The sample was 100 subjects who were purposely selected from the selected old age homes of Amritsar. The data was collected through Modified Quality of life scale tool. The descriptive statistics was used for data analysis. The analysis findings were depicting through the use of frequency distribution tables and bars, diagrams.



According to age, majority of elderly 46% were in age group of 60-70 years. According to Gender it was depicted that majority 54% were male. According to education majority of the elderly 35% were illiterate while only 5% were graduate or post graduation education. As per Marital status of subjects more than half of the subjects 57% were widow/widowers and only 25% were married. In context of Monthly income more than half of the subjects had no source of money. According to religion majority of elders 61% were sikh, 33% were hindu while only 6% were Christian. With regard to time period of stay 28% of elderly staying there at old age home from 2-4year. As per room partner more than half of the elderly were living alone in their room.in context of disease condition approximately half of the elderly had joints pain.

As per quality of life, the maximum number of subjects i.e. 95(95%) had poor quality of life and only 5% had good quality of life.

As per quality of life among elderly according to domains mean percentage and rank order of quality of life score was highest in psychological health (62.13% and rank 1<sup>st</sup>), followed by physical health (61.94% and rank 2<sup>nd</sup>), regarding social health (50.85% and rank 3<sup>rd</sup>) and lowest in the environmental health (50.34% and rank 4<sup>th</sup>).

According to relationship of quality of life among elderly in old age homes with selected demographic variables such as age, gender, education, monthly income, marital status, religion, time period of stay, room partner and disease were found to be non significant.

## CONCLUSION

Majority of subjects i.e. 95% had poor quality of life in old age homes and only 5% had good quality of life. Most of the elderly were graduate and above and were suffering from joints pain. Most of the elderly people were illiterate and living alone and had poor quality of life. This shows no relationship with quality of life. There is no relationship of age, gender, education, monthly income, marital status, room partner and disease condition(diabetes mellitus, hypertension ,joint pain, and eye-/ear problems . So, student nurse must conduct more research studies on quality of life among elderly people so that measures to improve quality of life.

### Limitations

- The study was limited to elderly people age above 60 years living in old age homes.
- The study was confined to only 100 elderly people.
- The study was limited to the elderly who were present at the time of study only.

### Implications

#### Nursing education

The study has an important implication in the nursing education and other field. In the revised curriculum of basic nursing education & in post graduation there is much emphasis on quality of life among elderly in old age homes.. The education of new era should face this problem by preparing a curriculum, which is able to improve the quality of life among elderly. Nurse educators should be more rigorously enlightened regarding improving of quality of life among elderly in old age homes.

#### Nursing research

A very limited research studies conducted on quality of life among elderly living in the old age homes in India. More research is needed to delineate specific assessment parameters and intervention techniques. In addition, it is essential that nurses acquire greater biotechnological knowledge and skill in objective quality of life to facilitate the design and implementation of sophisticated nursing research studies that can address complex bio psychosocial hypotheses about quality of life among elderly both in old age homes as well as in community setting also thus providing data that have relevance for all disciplines that care for and about elderly people.

### **Nursing practice**

Nursing care of elderly living in old age homes of Amritsar, Punjab focuses on problem identification and stabilizing the situation. Early recognition of quality of life among elderly people in old age homes are very essential and nursing students should be sensitized towards it. Therefore, there is a need for health counselor who can provide knowledge and prevent situation at three levels.

- At primary level, the nurses can assess the quality of life among elderly people living in the old age homes.
- At Secondary level, the measure like encourage for daily living activities and guidelines to improve quality of life in old age homes.
- At tertiary level, a nurse can reassure and maintain the stability.

The community health nurse and counselling therapists can motivate subjects to gain emotional, psychological support for uplift their life style for better achievement.

### **Nursing administration**

Nurse administrator can conduct education and training programme for student nurses to conduct more and more researches on quality of life among elderly people living in old age homes.

### **Recommendations**

- Similar study can be under-taken on a large sample for making a more valid generalization.
- Similar study can be conducted on different population in different setting.
- The study can be undertaken in community setting for that population who have less awareness and less access to health care facilities.
- A multi setting study should be done.
- An effect of structured teaching programme can be assessed regarding improvement of quality of life.

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