

Sociodemographic Factors Affecting the Quality of Life of Elderly Persons Attending the General Outpatient Clinics of a Tertiary Hospital, South-South Nigeria

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Abstract

Background: In the last few decades, the evaluation of the quality of life (QoL) among older adults has become increasingly important in health as well as in social sciences. There has been growing emphasis on the need to understand what influences older people's QoL as it is argued to be of greater value than the traditional outcome measures, such as health status. **Aim and Objective:** The aim of this study was to determine the sociodemographic factors affecting the QoL of elderly patients attending the General Outpatient Clinics of the University of Uyo Teaching Hospital (UUTH), Uyo. **Methodology:** The study was a cross-sectional descriptive study. Three hundred and ten elderly persons attending the General Outpatient Clinics of the UUTH for medical conditions between July and September 2014 were consecutively recruited for the study. Details of sociodemographic information were taken, and QoL of respondents was assessed using the older persons' QoL questionnaire. Data were analyzed using the Statistical Package for Social Sciences-17.0, and the level of statistical significance was set at $P < 0.05$. **Results:** Of the three hundred and ten respondents recruited for the study, One hundred and seventy-seven (57.1%) were female and one hundred and thirty-three (42.9%) were male. The female-to-male ratio was 1.3:1. The age range of the respondents was between 60 and 90 years and the mean age (\pm standard deviation) was 67.4 (\pm 6.6) years. Two hundred and thirty-two respondents (74.8%) had at least primary level of education and one hundred and sixty-one (51.9%) were married. The median monthly income was ₦ 25,500.00 with interquartile range of ₦ 10,000.00 to ₦ 50,000.00. From the study, 85.5% of the elderly reported an overall good QoL. High-income grade ($P = 0.019$), high social class ($P = 0.036$), and high level of education ($P < 0.001$) were the factors associated with good QoL in this study on univariate analysis. **Conclusion:** A high percentage of respondents reported an overall good QoL. High-income grade, high social class, and high level of education were the factors associated with good QoL.

Keywords: Elderly, hospital, quality of life, Uyo

INTRODUCTION

Early notions of quality of life (QoL) can be dated to Aristotle's (384-332 BC) written concepts of "the good life" and "living well" and how public policy can help to nurture it. His social ethics and perfect society doctrines explored both individual and society concepts of QoL. He said that "the most desirable life for the state cannot be known unless the nature of the most desirable life for the individual is known."¹

In a computerized search of electronic journal databases, the first use of the term quality and life was found in an article written by James Seth in 1889. In 'The Evolution of Morality', Seth talked about a moral end to which mankind can aspire:

"we must not regard the mere quantity, but also the quality of the 'life' which forms the moral end."²

In the past few decades, the evaluation of QoL among older adults has become increasingly important in health as well as in social sciences.³⁻⁵ There has also been growing emphasis on the need to understand what influences older people's QoL as it is argued to be of greater value than the traditional outcome

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measures such as health status.⁶ While physical health is widely regarded as important for QoL, other domains theorized as integral to QoL in the elderly are psychological well-being, social relationships, independence, mobility, and physical environment.⁷

In 1991, the World Health Organization (WHO) developed a unifying and trans-cultural definition of QoL. They defined it as the individual's perception of his or her own position in life, within the cultural context and value system he or she lives in, and in relation to his or her goals, expectations, parameters, and social relations. It is a broad-ranging concept affected complexly by the person's physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their environment.⁸ Based on this definition, the concept of health-related QoL was introduced, which is a broad and multi-dimensional model that includes various domains of physical, psychological, and social health.⁸ The process of senescence affects all of these domains and reduces health-related QoL generally, especially in developing countries like ours where poverty is widespread and the elderly persons are at higher risk; where social securities to the elderly are not provided and where supports from the family are fast fading out.

QoL has been widely accepted as an indicator of successful aging, and it is monitored as a means of measuring the effectiveness of social policies, welfare programs, and health care.⁹ For this reason, QoL is increasingly assessed in population surveys of older people. The WHO has further stressed that the prerequisite for a fuller life is not simply to add years to life but to add life to years. This can be no more pertinent for any other section of a population than the older population.

In view of the above, the QoL of the elderly people has become relevant more so with the impending demographic shift which will result in an increasing number of the elderly population, and with indications that concepts and concerns related to QoL in older ages are different from the general population.¹⁰ This study focuses on determining the sociodemographic factors affecting the QoL of elderly persons attending the outpatient clinics of a tertiary hospital in South-South Nigeria, its implication for those involved in research, health and social policy for older people.

METHODOLOGY

This study was carried out at the General Outpatient Clinics of the University of Uyo Teaching Hospital (UUTH), Uyo in Akwa Ibom State, Nigeria. The hospital is a tertiary health institution located in Uyo, Akwa-Ibom State, South-South, Nigeria. It is a 400-bed tertiary health institution which offers services to indigenes of Akwa-Ibom State and neighboring states of Cross River, Abia, and Rivers. The study was a cross-sectional descriptive study designed to determine the sociodemographic factors affecting the QoL of elderly persons who presented for medical treatment at the general outpatient clinics of the UUTH.

A total of 310 consenting elderly patients from 60 years and above who presented at the general outpatient clinics of the UUTH for medical care within the study period were consecutively recruited. Respondents were recruited daily from Monday to Friday after the morning sorting routine. Information was given to each subject in English or the local language (Ibibio) on the research objectives and informed written consent was obtained. Participation was voluntary and confidentiality ensured. Thereafter, each individual was administered a questionnaire by the researcher to provide the information therein. The questionnaire, which was semi-structured, sought information on sociodemographic characteristics such as age, sex, and marital status. Oyediji's social classification¹¹ was used to ascertain the socioeconomic status of the respondents. The older persons QoL Questionnaire is a 35-item QoL questionnaire developed by Bowling.¹² It has 5-point Likert scale from strongly agree to strongly disagree. It assesses overall well-being, social relationships and participation, independence, control over life, freedom, psychological and emotional well-being, financial circumstances, religion, and culture. Items with negative responses were reverse coded and summed with positive responses so that scores of 106–175 correlated with poor QoL and scores of 35–105 correlated with QoL.

Data entry and analysis were performed using the Statistical Package for Social Sciences version 17.0 (IBM, Armonk, New York, USA). Descriptive statistics such as mean and standard deviation were used to analyze continuous variables while frequency and percentages of categorical variables were also determined. Inferential statistics such as the Chi-square (χ^2) test and odds ratios were employed to compare differences in proportions or groups. The level of statistical significance was set at $P < 0.05$.

Ethical clearance

Approval for the study was sought and obtained from the UUTH Research and Ethical Committee before the commencement of the study.

RESULTS

A total number of 310 participants were recruited for the study between July and September 2014.

Sociodemographic characteristics of respondents

The demographic characteristics of the study participants are shown in Table 1. Majority of the respondents were women (57.1%), the female-to-male ratio of participants recruited was 1.3:1. The minimum and maximum ages of respondents were 60 and 90 years, respectively. The mean age (\pm standard deviation) of the respondents was 67.4 (\pm 6.6) years. About 74.8% of them had at least attained the primary level of education, and most were married (51.9%). The median monthly income was ₦ 25,500.00 with an interquartile range of ₦ 10,000.00–₦ 50,000.00.

Quality of life of respondents

Table 2 shows that the majority of respondents (85.5%) had a good quality life, whereas 14.5% had a poor QoL.

Table 1: Sociodemographic characteristics of respondents

Characteristics	Frequency (%)
Sex	
Male	133 (42.9)
Female	177 (57.1)
Total	310 (100)
Educational level	
No formal education	78 (25.2)
Primary education	130 (41.9)
Secondary education	22 (7.1)
Postsecondary education	80 (25.8)
Total	310 (100)
Income source	
None	136 (43.9)
Pension	102 (32.9)
Trading	36 (11.6)
Gifts	14 (4.5)
Salary	18 (5.8)
Farming	2 (0.6)
Driving	1 (0.3)
Carpentry	1 (0.3)
Total	310 (100)
Marital status	
Single	6 (1.9)
Married	161 (51.9)
Divorced	6 (1.9)
Widowed	137 (44.3)
Total	310 (100)
Average income grade	
No income	136 (43.9)
<₦50,000	128 (41.3)
₦50,000 <₦100,000	29 (9.3)
>₦100,000	17 (5.5)
Total	310 (100)
Religion	
Christianity	310 (100)
Islam	0
Others	0
Tribe	
Ibibio	224 (72.2)
Annang	61 (19.7)
Oron	13 (4.2)
Igbo	9 (2.9)
Others	3 (1.0)
Total	310 (100)
Type of settlement	
Rural	184 (59.4)
Urban	126 (40.6)
Total	310 (100)
Social class	
1	35 (12.3)
2	32 (10.3)
3	44 (14.2)
4	102 (32.9)
5	97 (31.3)
Total	310 (100)

Association between sociodemographic factors and quality of life of respondents

The association between sociodemographic characteristics and QoL of the respondents is shown in Table 3.

There was a significant level of association between the QoL and the educational levels of the respondents. Those who had at least primary education had a better QoL than those with no formal education ($\chi^2 = 16.342, P = 0.001$). Those who had a higher income grade > ₦100,000.00 per month were also observed to have a better QoL than those who earned <₦50,000.00 per month, and this association was statistically significant ($\chi^2 = 7.943, P = 0.019$). Furthermore, those in social Class 1 were found to have a better QoL than those belonging to social Class 5 ($\chi^2 = 10.267, P = 0.036$). This association was also statistically significant.

DISCUSSION

Several studies in the developed countries have reported an overall good QoL among elderly persons.¹³⁻¹⁶ Interestingly, in this study, majority of the study participants (85%) had a good QoL despite the differences in socioeconomic conditions in developed and developing countries. Studies have revealed a relationship between increasing age and QoL;¹⁷⁻¹⁹ however, this study did not show a statistically significant relationship between age and QoL of the respondents. This study found no significant difference in the QoL among the male and female respondents. This observation is similar to studies in Britain where little or no difference was observed in the QoL of elderly male and female respondents. This may be because elderly people face the same life situations that could impact on QoL whether they are males or females. The study observed a higher QoL in those that had formal education than those that had no formal education. Similar observation was also reported in other studies.^{19,20} The reason for this observation may be that higher educational attainment may also be associated with higher income and socioeconomic status; and this will, in turn, equip people with greater confidence in their ability to determine the path of old age and to experience satisfaction and fulfilment as they age. This study revealed that financial resources at the disposal of the elderly had a significant influence on their QoL. In Nigeria, poverty is widespread and the elderly persons are at high risk. Unfortunately, the Nigerian government does not provide social security to the elderly and the supports from the family is fast fading out. The finding from this study is similar to that of Adebowale *et al.* in their study on the elderly well-being in a rural community in Nigeria. He noted that poor well-being in older people was associated with not having enough money to meet daily and health needs.¹⁹ Majority of the respondents in that study did not also receive regular and meaningful financial support from children and relatives.¹⁹ Gureje *et al.* also noted in their study that economic status was the most consistent predictor of the four domains of QoL assessed.²¹ Other studies, outside Africa, have also shown that poor income is associated with poor QoL.^{13,20,21}

Table 2: Quality of life of respondents

Characteristics	Frequency (%)
QoL	
Good	265 (85.5)
Poor	45 (14.5)
Total	310 (100)

QoL – Quality of life

Table 3: Association between sociodemographic factors and quality of life of respondents

Variables	QoL		χ^2	P
	Good	Poor		
Age				
60-69	166 (89.4)	24 (12.6)	2.681	0.444
70-79	85 (83.3)	17 (16.7)		
80-89	12 (75.0)	4 (25.0)		
90-99	2 (100.0)	0 (0.0)		
Sex				
Male	115 (86.5)	18 (13.5)	0.181	0.670
Female	150 (84.7)	27 (15.3)		
Educational level				
No formal	57 (73.1)	21 (26.9)	16.342	0.001*
Primary	114 (87.7)	16 (12.3)		
Secondary	18 (81.8)	4 (18.2)		
Postsecondary	76 (95.0)	4 (5.0)		
Income grade				
<N50,000	109 (85.2)	19 (14.8)	7.943	0.019*
N50,000-<N100,000	28 (96.6)	1 (3.4)		
>100,000.00	17 (100.0)	0 (0.0)		
Social class				
1	33 (94.3)	2 (5.7)	10.267	0.036*
2	29 (90.6)	3 (9.4)		
3	39 (88.6)	5 (11.4)		
4	90 (88.2)	12 (11.8)		
5	74 (76.3)	23 (23.7)		
Settlement				
Urban	112 (88.9)	14 (11.1)	1.983	0.159
Rural	153 (83.1)	31 (16.9)		
Marital status				
Single	5 (83.3)	1 (16.7)	4.356	0.226
Married	142 (88.2)	19 (11.8)		
Divorced	6 (100.0)	0 (0.0)		
Widowed	112 (81.8)	25 (18.2)		
Chronic medical illness				
Yes	127 (84.1)	24 (15.9)	0.450	0.520
No	138 (86.8)	21 (13.3)		

*Significant P value. QoL – Quality of life

QoL for people with chronic physical illnesses has been the focus of a substantial body of work.^{22,23} Studies have shown that there is a relationship between the number of illnesses and general QoL and well-being, with those having multiple chronic medical illnesses having a significant reduction in QoL than those that have single morbidity.²⁴ Multiple morbidities have been associated with feelings of being unhappy and

more psychologically distressed. Lyons *et al.*²⁴ found that after controlling for age and gender, all patient groups (asthma, diabetes, arthritis, back pain, sciatica, hypertension, angina, myocardial infarction, and stroke) had significantly poorer health-related QoL (HRQoL) than those without the condition. In this study, however, there was no statistically significant relationship in the QoL of those who had chronic medical illnesses.

CONCLUSION

The overall QoL in the elderly was high (85%) in this study. High levels of education, high income, high social class, were factors associated with good QoL in this study. There is, therefore, a need for the government to establish a functional social security system for the elderly as is obtainable in developed countries. It is also not out of place if the elderly benefit from the National Health Insurance Scheme coverage as many of them may not be able to afford out of pocket payment, especially for medical services. Above all, as seen from the study, attainment of higher levels of formal education has been associated with higher QoL. It, therefore, behooves every government to ensure free basic education and affordable tertiary education as this will ultimately equip individuals better, amongst other benefits, to experience a satisfying and fulfilling old age. Finally, more research is needed in areas related to the QoL of the elderly as there is an observed paucity of local literature with regard to the subject.

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Conflicts of interest

There are no conflicts of interest.

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