

Most common obstacles to the quality of life of older adults in the home environment: descriptive research

Najczęstsze przeszkody w jakości życia osób starszych w środowisku domowym: badania opisowe

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STRESZCZENIE

NAJCZĘSTSZE PRZESZKODY W JAKOŚCI ŻYCIA OSÓB STARSZYCH W ŚRODOWISKU DOMOWYM: BADANIA OPISOWE

Cel pracy. Celem badania było ustalenie, jakie przeszkody utrudniają zapewnienie jakości życia w środowisku domowym.

Materiał i metody. Zastosowano ilościową, opisową, nieeksperymentalną metodę badań empirycznych. Zastosowanym narzędziem pomiarowym był kwestionariusz, który został wypełniony przez 110 starszych osób dorosłych, które mieszkają w domu i potrzebują pomocy w codziennych czynnościach. Zastosowano nielosową próbę wygodną. Uzyskane dane zostały przeanalizowane za pomocą statystyk opisowych, z wykorzystaniem rozkładu normalnego i testów nieparametrycznych.

Wyniki. Ocena jakości życia jest statystycznie różna w zależności od dochodu ($p = 0,001$) i niezależnego wykonywania codziennych czynności życiowych ($p = 0,001$). Istnieje istotny statystycznie związek między czynnikami wpływającymi na odmowę pomocy przez opiekunów nieformalnych a statusem rodzinnym ($p = 0,032$).

Wnioski. Badania pokazują, że jakość życia osób starszych zależy od poziomu dochodów i samodzielnego wykonywania codziennych czynności. Poczucie bycia obciążeniem dla innych jest dla nich przeszkodą w dobrej jakości pobytu w środowisku domowym. W dalszych badaniach rozsądne byłoby uwzględnienie kwestii zintegrowanej opieki długoterminowej oraz uwzględnienie dostawców i użytkowników tego rodzaju pomocy.

Słowa kluczowe: jakość życia, osoby starsze, przeszkody, środowisko domowe, jakość środowiska życia

ABSTRACT

MOST COMMON OBSTACLES TO THE QUALITY OF LIFE OF OLDER ADULTS IN THE HOME ENVIRONMENT: DESCRIPTIVE RESEARCH

Aim. The purpose of the research was to find out what obstacles impede the provision of a quality of life in the home environment.

Material and methods. A quantitative, descriptive, non-experimental method of empirical research was used. The measurement instrument employed was a questionnaire that was completed by 110 older adults who live at home and need help with daily life activities. A non-random, convenience sample was used. The obtained data were analysed with descriptive statistics, using normal distribution and non-parametric tests.

Results. The assessment of quality of life is statistically different depending on income ($p = 0.001$) and independent performance of daily life activities ($p = 0.001$). There is a statistically significant association between the factors influencing the refusal of help by informal caregivers and family status ($p = 0.032$).

Conclusions. Research shows that the quality of life of older adults depends on the level of income and independent performance of daily life activities. For them, the feeling of burdening others is an obstacle to a quality stay in their home environment. In further research, it would be sensible to cover the issue of integrated long-term care and include providers and users of this type of assistance.

Key words: quality of life, older adults, obstacles, home environment, quality living environment

INTRODUCTION

The ageing of the population is increasing, life expectancy is increasing, and the birth rate is decreasing, all of which brings social changes [1,2]. The ageing of the population has been at the centre of attention in recent years, especially from the point of view of care and quality of life for older adults [1,3]. Changes are also evident in healthcare, the composition of healthcare personnel, retirement policy, the organisation of long-term care services and social security [2]. These types of demographic changes will have many consequences in healthcare, mainly due to the increase in people with dementia and other cognitive disorders. Prince and colleagues [4] state that this situation will have a major impact on both formal and informal care. Sandberg and colleagues [5] claim that studies on this topic are crucial for the future, especially in regard to older adults living at home. They think that it is necessary to improve health and social services (e.g., home help services), so that older adults can be provided with a suitable environment for independent living at home. Verulava and colleagues [6] add that this could improve both the quality of life of older adults and that of their relatives.

Despite the fact that each individual interprets quality of life in his/her own way, Ramovš [7] is of the opinion that living in the home environment is the main component of quality of life in old age. Bökberg and colleagues [8] state that research also shows that older adults prefer to live at home, in an environment they know, and thus experience a better quality of life. Both Nagode [9] and Wang et al. [1] believe that it is therefore necessary to provide them with a healthy, comfortable and independent life and thereby improve their quality of life. Ramovš [7] states that independence begins to decline between the ages of 76 and 85. Older adults need help with supporting everyday tasks, and later they also need help with basic everyday tasks. Dependence on other people is not only related to age, but also to illness and injuries. It makes sense to think about the provision of help by formal and informal caregivers, which will help to ensure quality ageing in the older adults' home environment.

Older adults find it more difficult to perform daily tasks due to various health problems and reduced mobility [10]. As a result, more and more older adults need health and social care, both in the home environment and in institutional care. However, obstacles often appear in both formal and informal care that impede the provision of this type of assistance.

The family, which is usually also the primary source of care, often comes to the rescue in such tasks. Family members (relatives or their working children) are therefore forced to take responsibility for older adults [11]. Informal caregivers (family, friends, neighbours) who ensure that older adults age in their home environment can somewhat relieve the health and social system [12]. Nowadays, formal and informal caregivers support each other in a complementary way. In Slovenia, informal caregivers dominate, taking care of approximately 75% of the people concerned, while the other 25% are cared for by formal caregivers [7]. Obstacles appear that impede formal and informal care providers alike, as well as impede the users.

Informal caregivers often struggle with problems in caring for older adults, mainly due to taking on a new and unfamiliar role (inadequate knowledge and education), experiencing stressful situations, and being overworked [13, 14]. Care also requires a lot of time, and, as a result, it can interrupt the caregiver's working life, thereby making caring for an older adult an even greater financial burden, while the caregiver's social circle is narrowed or even disrupted, and physical impairments may increase [15,16]. If the needs of informal caregivers are not met, this affects their health and well-being, as well as the quality of care they provide to the older adult [13,14]. As a result, obstacles also appear that can impede the older adult.

Bell and Menec [17] state that older adults want independence. They find that its loss is related to the fear of ageing and the fear of being a burden to others. Older adults are reluctant to ask for help because of fear of losing their independence. Cahill and colleagues [18] also claim that older adults do not want to burden their adult children and ask them for help with care, mainly because their children are busy with their families and jobs. What is more, they do not want to worry their family and limit them because of their illness. Finally, older adults worry that their children are overly concerned about their health care. Kovač and colleagues [19] state that some are of the opinion that they do not need help and consequently refuse it. Nagode and colleagues [20] believe that some people do not apply for services for various reasons (stigma and property registration).

The authors [19-21] agree that obstacles to the availability of formal assistance mainly arise due to the lack of knowledge of the types of assistance and the financial inaccessibility of services. Many people are also on the waiting list, but due to organisational issues and overburdening of the staff, they do not receive help.

Purpose and goals of the research

The purpose of the research was to identify the most common obstacles to quality living of older adults in their home environment. The aim of the research was to use a questionnaire to identify the most common obstacles that can be influenced and consequently eliminated, thereby ensuring the quality of life for older adults in their home environment.

We formulated the following hypotheses:

- **Hypothesis 1:** The quality of life of older adults is affected by the amount of monthly net income.
- **Hypothesis 2:** Older adults, who live alone, most often do not want to ask informal caregivers (family, neighbours, friends) for help because they do not want to be a burden on them.
- **Hypothesis 3:** Older adults, who can perform tasks independently (without formal and informal assistance), have a better quality of life.

METHODS

A quantitative, descriptive, non-experimental method of empirical research was used.

Instrument description

To collect data, we used a survey questionnaire that measures the quality of life of older adults, and it also identifies barriers to providing a satisfactory quality of life for older adults in the home environment. Survey questionnaire was designed on the basis of a literature review [13, 14, 18-22]. The questionnaire contains 11 questions, which we have divided into three sections. The first set of questions contains demographic data (gender, age, family status, personal monthly income and residence). In the second set, the questions relate to the quality of life. The second set contains two questions of the closed type. In the first question of this set, the respondent subjectively assesses the quality of his/her present life, while he/she chooses a key factor in the second question, which in his opinion affects this subjective perception of quality of life the most. The third set of questions is aimed at identifying obstacles to ensuring the quality of life of an older adult in the home environment. The third set contains three questions of the closed type. These questions investigate the degree of independence of respondents in daily tasks, the factors affecting their rejection of formal assistance, and obstacles that prevent sufficient assistance from non-formal caretakers for the respondents. In addition to three closed-type questions, this set also contains a table consisting of five items to which the respondents could answer with „yes” or „no”. The survey questionnaire does not contain personal data; thus, the identity of the respondent is protected.

Description of the sample

A non-random convenience sample was used in the research. The sample in the research is represented by 110 older adults. Inclusion criteria for participation in the research were age (65 years or older) and living in a home environment (not in an institutional environment). A total number of 65 (59.1%) women and 45 (40.9%) men participated in the research. The average age of the respondents was 77 years. When it comes to 68 (61.8%) of the surveyed older adults, they live in a village / rural area and 42 (38.2%) live in a city. They live there either alone (29%), with their spouses / partners (41%) or with their family (30%) and are potential users of home assistance services (according to their own opinion or the opinion of family, neighbours, acquaintances).

Description of the research and data processing

A questionnaire in physical form was used to collect data. It was distributed among acquaintances who belong to the group of older adults and asked them to forward the questionnaire to their acquaintances who also belong to the group of older adults. The sample was therefore disseminated in accordance with the snowball principle. The survey of older adults took place between 28 March 2022 and 10 April 2022. The data were later processed and ana-

lysed using Microsoft Office Excel and IBM SPSS Statistics 25.0 software.

Basic descriptive statistics were used. Due to the non-normal distribution of the variables, we performed the Kolmogorov-Smirnov test and the Shapiro-Wilk test. The level of statistical significance considered was $p < 0.05$.

RESULTS

We present the results that represent how the quality of life of older adults is affected by the amount of monthly net income (Tab. 1).

Tab. 1. Normal distribution test for quality of life assessment

	Kolmogorov-Smirnov test			Shapiro-Wilk test		
	Statistics	df	Sig.	Statistics	df	Sig.
How would you generally rate the quality of your life today?	0.191	110	0.001	0.885	110	0.001

df – degrees of freedom, Sig. – significance or p-value

Normal distribution tests – Kolmogorov-Smirnov and Shapiro-Wilk tests are statistically significant ($sig. < 0.05$), which means that the quality of life assessment is not normally distributed, so we will use a non-parametric test to investigate the first hypothesis: Kruskal-Wallis test (Tab. 1).

Tab. 2. Average rankings for quality of life assessment based on personal net monthly income

	What is your personal monthly net income?	N	Average ranks
How would you generally rate the quality of your life today?	under €300	22	31.48
	€301-600	53	55.06
	€601-900	16	78.59
	901-1200€	8	69.25
	more than €1201	3	91.50
	I do not know	3	70.83
	I don't want to answer	5	39.20
	Total	110	

N – number

Respondents, who have a net monthly income of more than €1,201, assess the best quality of life, while those respondents, who have a monthly net income of less than €300, have the worst quality of life (Tab. 2).

Tab. 3. Kruskal-Wallis test for quality of life assessment based on personal net monthly income

	How would you generally rate the quality of your life today?
Kruskal-Wallis H test	30.330
df	6
Sig.	0.001

df – degrees of freedom, Sig. – significance or p-value

■ Tab. 4. Contingency table for factors that affect informal caregivers not being asked for help and family status

			Family status				Total
			I live alone	I live with my spouse or partners	I live with my children/grandchildren	Other	
What factors prevent informal caregivers from providing you with as much help as you would need?	I do everything independently	f	3	9	1	1	14
		f (%)	9.4 %	20.0 %	5.0 %	7.7 %	12.7 %
	I don't want to burden	f	11	15	5	2	33
		f (%)	34.4 %	33.3 %	25.0 %	15.4 %	30.0 %
	Lack of time and problems with time adjustment	f	3	8	7	3	21
		f (%)	9.4 %	17.8 %	35.0 %	23.1 %	19.1 %
	Ignorance	f	2	1	5	1	9
		f (%)	6.3 %	2.2 %	25.0 %	7.7 %	8.2 %
	Health issues	f	2	3	2	3	10
		f (%)	6.3 %	6.7 %	10.0 %	23.1 %	9.1 %
	Financial problems	f	3	4	0	1	8
		f (%)	9.4 %	8.9 %	0.0 %	7.7 %	7.3 %
	Distance	f	8	5	0	2	15
		f (%)	25.0 %	11.1 %	0.0 %	15.4 %	13.6 %
Total	f	32	45	20	13	110	
	f (%)	100.0%	100.0%	100.0%	100.0%	100.0%	

f – frequency, f (%) – frequency expressed as a percentage

The Kruskal-Wallis test is statistically significant (sig. < 0.05), which means that the assessment of the quality of life is statistically significantly different depending on the personal net monthly income (Tab. 3).

Based on the data analysis, we can confirm hypothesis 1, which means that the quality of life of older adults is influenced by the amount of monthly net income.

Table 4. shows the factors that influence older adults not to seek help from informal caregivers and how this is influenced by family status.

The majority of respondents, who live alone (34.4%), with a spouse or a partner (33.3%) do not ask informal caregivers for help because they do not want to burden them. However, the majority of respondents, who live with children / grandchildren (35%) and others (23.1%), do not ask informal caregivers for help because of their lack of time and having problems in adjusting their schedule (Tab. 4).

■ Tab. 5. Chi-square odds ratio for factors that affect informal caregivers not being asked for help and family status

	Value	df	Sig.
Pearson chi-square	29.414a	18	0.044
Chi-square odds ratio	30.650	18	0.032
Linear-linear connection	0.110	1	0.740
N	110		

N – number, df – degrees of freedom, Sig. – significance or p-value, a – 21 cells (75%) have expected frequencies of less than 5.

Since the condition for using Pearson's chi-square is violated and as many as 75% of the cells have an expected frequency of less than 5, we used the chi-square odds ratio. Chi-square is statistically significant (sig. < 0.05),

which means that there is a statistically significant relationship between factors influencing an unwillingness to ask for help from an informal caregiver and family status (Tab. 5).

Based on the data analysis, we can confirm hypothesis 2, which means that older adults, who live alone, most often do not want to ask informal caregivers (family, neighbours, friends) for help because they do not want to be a burden on them.

Below, we present results that describe the relationship between older adults, who can perform tasks independently (activities of daily living without family and formal assistance), and their quality of life.

Normal distribution tests – Kolmogorov-Smirnov and Shapiro-Wilk tests are statistically significant (sig. < 0.05), which means that the quality of life assessment is not normally distributed, so we will use a non-parametric test to test the third hypothesis: Mann-Whitney test.

■ Tab. 6. Average ranks for quality of life assessment and independent performance of daily life activities without formal and informal assistance

	Do you think you can independently carry out daily life activities without formal and informal help?	N	Average ranks	Sum of ranks
How would you generally rate the quality of your life today?	Yes	34	70.49	2396.50
	No	76	48.80	3708.50
	Total	110		

N – number

The quality of life is rated higher by those respondents who can independently perform tasks – daily life activities without formal and informal help, than those who cannot (Tab. 6).

■ Tab. 7. Mann-Whitney test to assess quality of life and independent task performance without formal and informal assistance

	How would you generally rate the quality of your life today?
Mann-Whitney U test	782.500
Wilcoxon W	3708.500
Z	-3.419
Sig.	0.001

Sig. – significance or p-value

The Mann-Whitney test is statistically significant (sig. < 0.05), which means that there are statistically significant differences in the assessment of the quality of life according to the independent performance of tasks – daily life activities without formal and informal assistance (Tab. 7).

On the basis of data analysis, we can **confirm** hypothesis 3, which means that older adults, who can independently perform tasks (activities of daily living without the help of family and formal assistance), have a higher quality of life.

DISCUSSION

The aim of our research was to identify the most common obstacles to the quality of life of an older adult in the home environment while discovering the needs of older adults, which is also the purpose of our research. Within the framework of the first hypothesis, we determined the influence of the amount of monthly net income on the quality of life of older adults. We found that respondents, who have a net monthly income of more than €1,201, have a high quality of life, and older adults, who have a monthly net income of less than €300, have the worst quality of life. Based on a literature review, Wang and colleagues [1] found a relationship between financial ability and meeting the needs of older adults. Their findings showed that financial ability is the most important factor in achieving successful and quality ageing. Lower financial capacity can therefore negatively affect both the quality of health and life satisfaction in old age. Chen and colleagues [23] also found that financial status is important for the quality of life of older adults. One of the key factors to a higher quality of life was a lower financial burden. The authors [24,25] note that older adults associate lower income with a lower quality of life. This is also confirmed by the research done by Gobbens and colleagues [26], while Sováriová Soósová [27] states that income does not affect quality of life, but in the mentioned research it is necessary to take into account that such results were obtained due to a failing to take into account joint households, which could have a positive impact on the financial situation of the participants in the research. In our survey, we emphasised that the respondents should indicate their personal monthly net income, and we believe that they were responding only regarding themselves. We can confirm the first hypothesis, as we found that the amount of monthly net income affects the quality of life of older adults.

Below, we wanted to find out the most common reason for older adults who live alone being unwilling to ask

for help from informal caregivers (family, neighbours, friends). Through research, we found that the majority of older adults, who live alone, with a spouse or partners of informal carers, do not ask for help because they do not want to burden them. On the other hand, respondents, who live with children or grandchildren and others, do not ask informal caregivers for help because informal caregivers lack time and have difficulty in adjusting their schedule, due to work, their own family and other obligations. Bruggencate and colleagues [28] found that adult children in Asia play a large role in providing social support to their parents, while older adults in Western countries are less dependent on their adult children. They state that with sufficient social resources, older adults prefer to live alone and thus be independent, mainly because they do not want to be a burden to their children / family. Mlinac and Feng [29] share the same opinion, stating that older adults are afraid of being a burden to others and consequently do not want to ask for help. Cahill and colleagues [18] also agree with this. They also found that older adults worry that their children are overly concerned about their health care and therefore do not ask them for help. Verulava et al. [6] state that beneficiaries, who do not live with their spouses, but with other persons (e.g., adult children), and need help with various tasks, prefer care institutions. The same authors hypothesise that this is because older adults do not want to burden their families with additional concerns. Hlebec and colleagues [30], on the other hand, state that older adults living alone have fewer needs than older adults living with children/grandchildren. This finding brings us to a conclusion that older adults do not ask for help from their family because they do not need it. We can confirm the second hypothesis, which means that older adults, who live alone, most often do not want to ask informal caregivers (family, neighbours, friends) for help because they do not want to be a burden on them.

Finally, we determined the connection between the quality of life and the independent performance of daily life activities without formal and informal assistance. We found that the quality of life is rated higher by those older adults who can independently perform daily life activities without formal and informal assistance than it is by those who cannot. Van Leeuwen and colleagues [22] state that quality of life is related to maintaining as much independence as possible in daily activities. The more independence was preserved in daily life activities, the better the quality of life. Schoene and colleagues [31] also agree with this finding, stating that older adults are more susceptible to falls, which can cause and leave many consequences. A fall can lead to disability, the need for care, and loss of independence, which has a major impact on quality of life. Dasgupta and colleagues [32] believe that poor health and the resulting lack of independence in performing daily life activities have reduced the quality of life of older adults. Bell and Menec [17] demonstrate that a loss of independence or a greater need for help can lead to low self-esteem, feelings of depression and worthlessness. Often, the addiction of older adults is reflected by a medical condition. Based on this, we can assume that their quality of

life is worse. This allows us to confirm the third hypothesis, which means that older adults, who can independently perform daily activities of living (without the help of family and formal assistance), have a higher quality of life.

Limitation of research

The biggest limitation of the research is the small sample of respondents; the research covered only a small part of all potential users of this type of assistance, meaning that the findings cannot be generalised. The research included older adults, who usually require more time, attention, and assistance in completing the surveys, many older adults also declined participation in the research due to lack of interest, trust or due to medical condition. Older adults hate to admit that they require assistance, which was a substantial challenge in identification of potential users of assistance at home. The aforementioned study used the convenience sampling method, which means that we included older adults who were most accessible and willing to participate voluntarily on the basis of an informed consent. Given the convenience sample used in the research, there is a great probability that bias may occur, which is why it would pose a risk to use it for assuming on the entire population. By covering a larger number of potential care users in the domestic environment, the results would be more reliable. An additional limitation was the non-uniform use of the concept of care or help at home in comparing Slovenia and abroad. As a result, little research was conducted in the area of obstacles for potential users of formal and informal help in the home environment. Due to this limitation, it was also more difficult to compare the results of our research with research conducted abroad.

CONCLUSIONS

Quality of life is a multidimensional concept. We found that both the amount of monthly net income and independence in performing daily life activities have an impact on the quality of life of older adults, a finding that is also consistent with past research dealing with such issues. The findings indicate that the most common reason why older adults, who live alone, do not ask for help from informal caregivers is mainly because they do not want to be a burden to them.

The findings show that it is necessary to make a change towards integrated long-term care, which should be accessible to all older adults who need it in the home environment. In further research, the obstacles facing existing users of both types of assistance in the home environment should be investigated, as should the obstacles facing formal and informal caregivers.

Research ethics

The research was prepared in accordance with the principles of the Helsinki-Tokyo Declaration [33] and in accordance with the Code of Ethics in Nursing and Care of Slovenia [34].

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