



Research Paper: Comparison of the Quality of Life of Elderly Women and Men Living in Nursing Homes



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Abstract

The aim of this study was to evaluate the quality of life of the elderly and compare it between men and women. In this cross-sectional study, four elderly homes in the city of Ardabil were randomly selected (two male elderly homes and two female elderly homes) and then 60 elderly (36 female and 24 male) They were asked to answer the SF-36 questionnaire and then the data were analyzed using SPSS 21 software and descriptive and inferential statistics. The results showed that the mean scores of elderly residents of Ardabil in the nursing home in each of the eight sub-scales of the quality of life questionnaire were lower than those of non-elderly people in similar research. Also, the mean scores of these people's quality of life were lower than other elderly people in other studies, and they only had higher scores in terms of energy-fatigue. Another finding of this study was that elderly men had significantly higher scores in energy-fatigue subscales ($t = 2.73$, $p = 0.008$), emotional well-being ($t = 2/05$, $p = 0.04$) and physical pain ($t = 0.22$, $p = 0.05$). According to the results, it seems that the elderly residents of the elderly homes of Ardebil are not well-positioned in terms of quality of life. Although it is inevitable to reduce the quality of life in old age, failure to address the conditions of the elderly and their quality of life can impose material and immaterial costs on the society and these people themselves.

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1. Introduction

Humans go through many stages from the beginning of sperm coagulation to the day of death. During these stages, it is important to pay attention to mental health (Asl et al., 2014; Abaspour et al., 2014; Khayatan et al., 2022; Baniyadi, Ranjbari, Abedini et al., 2022) physical health (Chaharbaghi et al., 2022; Baniyadi, Ranjbari, Khajehafleton et al., 2022), and problems such as concentration (Baniyadi et al., 2019) decrease of well-being (Hazrati et al., 2022) decrease of resilience (Chaharbaghi., 2022) and other problems. This issue becomes even more important with age. Old age is the last stage of life in this series of stages. Considering the young population of our country and most of the countries in the world, it seems that in the future, the world will face a problem called aging of the population. The population of elderly people over 60 years of age in the world is estimated to be more than 605 million people, and it is estimated that this number will reach two billion people by 2050 (Hamidizadeh et al., 2008). Therefore, the study of this age group is very important and can be used in the implementation of prevention programs because people in this age group also face problems (Baniyadi, Namazizadeh & Sheikh, 2022; Baniyadi, 2023; Dana et al., 2022).

In psychological theories, old age was usually ignored, but one of the people who extended his theory to old age was Erik Erikson. Contrary to theories and ideas that considered old age to be equivalent to stagnation and incapacity, Erikson adopted a more optimistic view. He called this stage

cohesion against despair (Mansour, 2002). Also, most of the theories that were presented after Erikson, following him, also dealt with the abilities and strengths of the elderly. For example, some psychologists stated that the elderly show compensatory emotional abilities to compensate for their weaknesses. In his opinion, the elderly are more in touch with their emotions, which helps them to be more proficient in processing emotional information and regulating negative emotions (Berk, 2007). On the other hand, in recent studies on aging, it has been shown that in old age, extroversion decreases slightly and agreeableness increases slightly, which contradicts previous theories indicating a decrease in personality flexibility in old age (Kaplan & Sadook 2008). Therefore, it seems that in recent decades, attention has been paid to the strengths and advantages of old age, but despite this, the problems and weaknesses that these people face cannot be ignored. For example, the rate of suicide in the elderly is high (Kaplan & Sadook 2008). Also, elderly people face physical disabilities. But one of the problems that can appear at the same time as old age is a decrease in the quality of life. Quality of life may be affected by many factors, including physical activity and other factors (Mohammadi, Nafei, Baniyadi & Chaharbaghi, 2022; Dana, et al., 2022; Baniyadi, Ranjbari, Dana & Mofrad, 2022).

In 2001, Viver defined the quality of life as follows: the quality of life is the perception of each person about his health status and the level of satisfaction with this situation (Hamidizadeh et al., 2008). The World Health Organization also defines the quality

of life as a person's understanding of his place in life in the context of the culture system and values in which he lives, which is related to his goals, expectations, standards and concerns (Asl et al., 2016; Shah et al., 2011). Therefore, according to these definitions, there may be a decrease in the quality of life of the elderly, which should be investigated. But in the meantime, we should also pay attention to gender differences.

Biological, psychological and sociological differences between male and female people are mentioned in many texts. For example, it has been found that major depression, eating disorders, specific phobias, and generalized anxiety disorder are more common in women than men, and conversely, the prevalence of alcohol-related disorders, pathological gambling, and paranoid personality disorder is more common in men (Kaplan & Sadook 2008). Therefore, there may be differences in the level of quality of life between the elderly of both sexes.

In the conducted surveys, no research was found about the quality of life of the elderly living in the nursing home of Ardabil city. Also, there are very few studies that have examined the quality of life of the elderly of both sexes. Therefore, according to these cases, the aim of the present study was to investigate the quality of life of the elderly and compare it in both men and women.

2. Methods

This research was cross-sectional-analytical. The study population was all elderly residents of Ardabil nursing homes in 2022. The research sample was randomly selected from

four nursing homes in this city (two male nursing homes and two female nursing homes). By referring to these nursing homes, 60 elderly people (36 women and 24 men) were asked to answer the research questionnaires. Demographic information questionnaires and SF-36 questionnaire were used to collect data.

The Short Form Health Survey is a 36-item (SF-36) has 36 questions and consists of eight scales, each scale consists of 2 to 10 items: energy/fatigue, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, mental health or emotional wellbeing. Also, from the integration of the subscales, two summary measurements are obtained, the first one is called physical health and the second is called mental health. Except for one question that individually examines the change in a person's health over a period of one year, the rest of the questions are used to calculate the scores of the eight subscales (Muntzari et al., 2006). In the Iranian sample, the internal consistency analysis showed that except for the energy/fatigue scale ($\alpha = 0.65$), other scales of the Persian version of SF-36 have a minimum standard reliability coefficient in the range of 0.77 to 0.9, and in total its reliability and validity. In order to measure the quality of life related to good health, it has been reported (Muntzari et al., 2006).

After collecting the questionnaires and coding them, the data were entered into SPSS software version 21 and analyzed using descriptive (mean and standard deviation) and inferential (t-test of independent groups) methods.

3. Results

60 elderly people were present in this research, including 34 women and 26 men. Also, the average age of the sample group was 74.57 with a standard deviation of 13.06.

The people of the sample group obtained the lowest score in the general health subscale (42.83) and the highest score in the emotional well-being subscale (73.20) (Table 1).

Table 1

mean and standard deviation of the sample group in the quality of life questionnaire

Subscales	Mean	Standard Deviation
energy/fatigue	65.25	21.26
physical functioning	47.67	34.69
bodily pain	64.08	32.50
general health perceptions	42.83	14.76
physical role functioning	46.67	42.80
emotional role functioning	47.65	56.67
social role functioning	68.96	25.67
mental health or emotional wellbeing	73.20	18.91

To compare the difference between two groups of elderly men and women, t-test was used for independent groups. The results showed that there is a significant difference between the quality scores of elderly women and men in three subscales, so that men had

higher scores in these subscales. Also, according to the results, women had higher scores only in the limitation subscale due to physical performance, but this difference was not significant (Table 2).

Table 2

Comparison of the quality of life of elderly women and men

Subscales	Gender	Mean	Standard Deviation	T	P
Energy/Fatigue	Female	59.44	21.54	2.73	0.008
	Male	73.96	17.93		
Physical Functioning	Female	43.61	33.22	1.11	0.27
	Male	53.75	36.66		
Bodily Pain	Female	57.36	30.59	2.01	0.05
	Male	74.17	33.31		
General Health Perceptions	Female	40.00	15.53	1.85	0.06
	Male	47.08	12.67		
Physical Role Functioning	Female	47.92	40.25	0.27	0.78
	Male	44.79	47.19		
Emotional Role Functioning	Female	54.63	47.24	0.40	0.69
	Male	59.72	49.12		
Social Role Functioning	Female	66.32	25.14	0.96	0.34
	Male	72.92	26.49		
Mental Health Or Emotional Wellbeing	Female	69.22	19.19	2.05	0.04
	Male	79.17	17.17		

4. Discussion

Old age is a period that can be the best stage of human life, but in order to prevent some problems and especially reduce the quality of life of these people, it seems necessary to conduct some studies. This research was the first study that investigated the quality of life of elderly people in Ardabil nursing homes.

According to the results, it seems that the elderly living in nursing homes in Ardabil do not have a good quality of life. For example, in comparison to the research of [Albo Kurdi, Ramezani and Qraizi](#), which they conducted in 2004 on the elderly of Shahin Shahr, the scores obtained in this research were lower in 6 subscales and elderly in Ardabil city only in two subscales of energy/fatigue and The emotional well-being had higher scores ([Albo Kurdi, Ramezani and Qraizi., 2004](#)). One of the reasons for this difference can be related to the average age of the sample group in the two studies. In the current study, the average age of the sample group was 74.57, while in the above study, the average age of the sample group was 67.2. Therefore, it seems natural that the quality of life decreases with age.

But another finding obtained from this research was that elderly men had higher scores in three sub-scales of energy/fatigue, emotional well-being and bodily compared to elderly women. In the present explanation, it can be said that although according to most researches, women live longer than men ([Saduk and Saduk, 2018](#)), this issue may cause women who face many diseases.

5. Conclusion

In general, it seems that elderly people face a decrease in quality of life. Quality of life is a multi-dimensional concept and includes mental, psychological, social and physical dimensions and to maintain the quality of life of the elderly, attention should be paid to these issues. To prevent this reduction, appropriate interventions such as group exercise and self-care training are available ([Hamidizadeh et al., 2008](#)). Also, spirituality has been considered to have a role in the quality of life of people with epilepsy ([Giovangoli et al., 2006](#)), and therefore strengthening the spirituality of these people can be useful.

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Conflict of Interests

The Author declares that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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