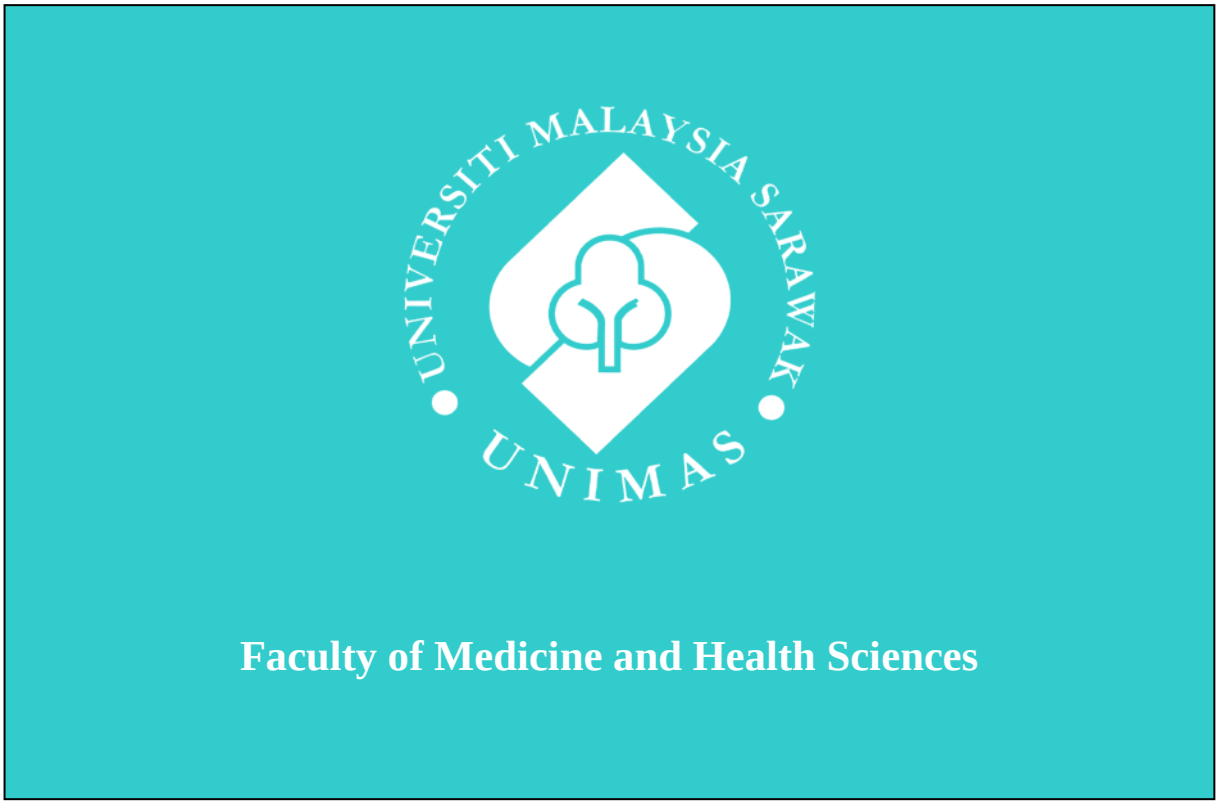

FUNCTIONAL STATUS AND LIFE SATISFACTION OF OLD PEOPLE KKIA JAWA CLINIC

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FUNCTIONAL STATUS AND LIFE SATISFACTION OF OLDER PEOPLE IN WARGE EMAS JAWA CENTRE, KUCHING

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ABSTRACT

This descriptive study was conducted at a public area, Warge Emas Jawa, Child and Maternity Clinic (KKIA) Jawa Center. Sample of 30 older adults aged 60 years old above both female and male were taken as a convenience sampling in this study. The aim of the study is to measure the self rated health, functional status, and life satisfaction and also relationship between the variables of the participants. The study was conducted using close ended type of questionnaire, the functional status were assessed using the modified Katz Index of Activities of Daily Living and Instrumental Activity of Daily Living scale, and the life satisfaction of the respondent was assessed using modified Deiner's Satisfaction With Life Scale. The survey tool was being administered using face-to-face structured interviews.

Mean age of the respondent was 72.07 years (*SD* = ±6.44). The majority of the respondents were aged 70-79 years old (53.3%), 36.7% were aged 60-69 years old, and 10% of the respondents were aged 80 and above. Most of them rated their own health as moderate or good; both involve 12 respondents which is 40% of the participant. Then the rest 4 respondents (13.3%) rate their own health as excellent and 2 respondent (6.7%) rate their health as poor. Overall, most of the respondent showed having difficulties in functional dependency, 22 of the respondents (73.3%) having difficulties in performing some of the functional task, whereas 26.7 percent of the respondent showed independent in ADL and IADL. In terms of Life satisfaction, most of the respondent 53.3%, 16 respondents scored highly satisfied in this scale, 7 of the

respondent (23.3%) scored satisfied, and 5 respondents (16.7%) scored neutral, and 2 respondent showed not satisfied base on this scale.

There was a significant relationship found between occupational status and functional status (p=0.01); income and respondent's life satisfaction score (p= 0.05); and lastly self rated health and their life satisfaction score (p=0.03).

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INTRODUCTION

With the significant increase of world's population, the World Health Organization (WHO) is urging governments to promote active and healthy ageing to maintain well-being and quality of life in older people (Charles, 1999). In 2000, there were 600 million people aged 60 and over; there will be 1.2 billion by 2025. Currently there were about two thirds of all older people are living in the developing world; by 2025, it will be 75% (WHO, 2003). Women outlive men in virtually all societies; consequently in very old age with the ratio of women and men is 2:1. (WHO, 2007)

From 2000 to fifty years later, the world's population with aged 60 and over will increase triple from 600 million to 2 million. Most of this increase will occurred in the developing countries where the number of older people will rise from 400 million in 2000 to 1.7 billion in 2050 (WHO, 2006) which means Malaysia, will experience some implication of the aging population process as well. According to Department of statistic Malaysia (2007), the population of older people in Malaysia increased rapidly from 26.13 million people in 2005 to 27.17 million people in 2007. As stated in the Sarawak Population Vital Statistic (2000), the population with 65 years old above were 97,600 people. The advance of the medical technology, increase quality of health care service, and better life status–had bring to longer life expectancy (Kinsella, 1994). According to department of statistic Malaysia (2007), life expectancy for men in 2007 was 71.9 years old and for female was 76.4 years old. The figures showed some

increase as compared to 2001 whereby male was 71.4 years old and 76.1years old for female.

Healthcare is particularly important for the older population. A person aged 60 and older has the highest overall rates of death, disease and disability, as well as the most frequent and intense use of medical services (Wallance & Villa, 2003). Aging is an ongoing process from birth to death that encompasses physical, social, psychological, and spiritual changes. Ageing process brings us to deterioration of health status, some older people suffered from chronic illnesses which include diabetic mellitus, heart disease, and hypertension. Some of them also experience the effect of osteoporosis which brings to decrease of bone density yet increase the risk of fracture after fall (Ebersole & Hess, 1994). The decline of functional status not only associated with loss of independence and reduced quality of life for older adults, but also with increased health service use, greater risk for institutionalization, and greater risk for mortality (Barberger & Fabrigoule, 1997). The increased of aged population had bring a great challenge for the society to adapt to the demand of the increased elderly population in terms of maximizing the health and functional capacity of older adult as well as their social participation and safety (Quinn, Johnson, Andress, McGinnis & Ramesh, 1999).

Statement of the problem

Normal ageing process has brings an increase in the likelihood of multiple activities of functional limitations (Al-Abdulwahab, 1999). Health status of older individual also affected by the pathophysiological changes of the body organs with the limitation of the functional status and alteration of body organ functioning due to ageing had consequently limited the social life of the older people (Cone, 2005), therefore the

assessment on functional status and life satisfaction of the older people is important as it provides us some insight of older people's problem on functional status and their overall life satisfaction and influencing factors.

Significance of the study

The purpose of this study is to examine functional status and life satisfaction of the older people. This study is important that it provides awareness and evidences for the health care policy makers of factors that influence the life satisfaction of older people in the community so that some changes in terms of health care facilities can be made to adapt to their need and perspective.

Research question

1. What is the functional status of older people?
2. What is the life satisfaction of the older people?
3. What are the factors that influence functional status and life satisfaction of older people?

General Objectives

The purpose of this study is to assess functional status and the life satisfaction of the older people in Warga Emas Jawa Centre, Kuching.

Specific objective

1. To assess functional status of older people
2. To assess the life satisfaction of the older people in their life.

3. To examine factors that influence functional status and life satisfaction of the older people.

Operational definitions

1) Older people: The conceptual definition of the elderly according to United Nations World Assembly on Ageing held in Vienna, 1982, used ’60 years and over’ as the cut-off in deliberating ageing trends. Consequently, Malaysia policy makers have adopted this demarcation and are officially used in planning for the senior citizen (Mat & Taha, 2003). Operational definition on older people in this study are those who aged 60 years and above.
2) Functional status: Ability of oneself to perform activity of daily living and instrumental activity of daily living.

    a. Activities of daily living is the things that we normally do in daily living including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking, and leisure (Katz, Down, Cash, & Grotz, 1970).

    b. Instrumental activity of daily living is the personal self-care reflected in the ADL measures and more complex activities, which include home-management activities, preparing meals, shopping, managing money, using the telephone, doing laundry, managing finance, managing own medication and ability to travels independently (Kart & Kinney, 2001).

3) Life satisfaction: Satisfaction is a Latin word that means to make or do enough. Satisfaction with one's life implies contentment with or acceptance of one's life circumstances, or the fulfilment of one's wants and needs for one's life as a whole (Diener, Emmons, Larsen & Griffin, 1985).

LITERATURE REVIEW

Introduction

This chapter describe previous study that had been carried out by the other researchers who discussed about functional ability and life satisfaction and factors that influence the functional and life satisfaction of older people.

According to Ng, Niti, Chiam, & Kua, (2006), functional disability on at least one of the basic activity of daily living was independently associated with female sex, Indian ethnicity, older age, poor self-rated health. They found that lower prevalence of functional disability among older people in Singapore accompanies with rapid aging and health transition than other countries. Though, there was increased reported disability compared with past prevalence in the country.

Sulander, Rohkonen,and Uutela. (2003) also had conducted a research study on functional ability in the elderly Finnish population, from their result, functional ability deteriorated clearly with age. Their study also revealed that retired office employees had the best functional ability. Functional ability of divorced and widowed elderly emerged as slightly worse than the married people. Generally from this study, young age and non-manual occupation prior to retirement were associated with better functional ability. The overall improvement of self-reported functional ability among elderly people suggests that the onset of disabilities could be postponed; especially of health-

rated circumstances were more evenly disturbed at the start of or even before retirement age.

The study of Borg, Hallberg, and Blomqvist, (2005) shown that life satisfaction among older people with reduced self-care capacity stood out as multidimensional. Low life satisfaction was found among women, as well as those living in special accommodations. From their study, factors that significantly predicting low life satisfaction includes poor overall self-reported health, poor financial resources in relation to needs, severe and totally impaired self-care capacity, feeling lonely and feeling worried. Poor self-rated health and poor financial resources in relation to needs were most strongly related to low life satisfaction, whilst age, gender, living conditions and participation in physical activities did not explain low life satisfaction.They stated that those with reduced self-care capacity seem to have low life satisfaction depending on physical, psychological, social as well as economic aspects, and they suggested to have preventive home visits including comprehensive assessments and interventions to preserve high life satisfaction among the older people.

Chou, and Chi (1999) on their research on determinants of life satisfaction in Hong Kong Chinese elderly concluded that financial strain was the strongest predictor of life satisfaction in Hong Kong Chinese older adults. Those who had higher level of financial strain reported lower level of life satisfaction. According to Chou, and Chi (1999), life satisfaction had associated with number of variables which including age, years of education, functional impairment, self-rated health, somatic complaints, vision, social network, social support from family members, quality of social support and financial strain.

The study done by Bowling, Farquhar and Grundy (1996) had done a research associated with changes in life satisfaction among three -samples of elderly people living at home, across the finding as a whole. The results showed the importance of the initial stages of functional decline and their influence on emotional well-being at that stage and in the longer term. It was supported from the view of the functional status in the elderly should be assessed early on and appropriate services should be referred in order to optimize their wellbeing which will subsequently bring to satisfaction in their later life. Besides, consistently low and worsening life satisfaction was associated with worsening of functional status and health status of the individual.

The study conducted by Palmore and Luikart (1972) on health and social factors related to life satisfaction, reported that the first strongest variable related to life satisfaction was self rated health, then followed by organizational activity which indicated that involvement in social organization can contribute to better life satisfaction. Last but not lease, the internal control orientation was the third strongest variables.

A study done by Schumaker, Shea, Monfries and Marnat (1992) examined the relationship between loneliness and life satisfaction in 121 Japanese residents and 139 Australian residents used the Satisfaction with Life Scale and Loneliness Scale. Australian subjects reported significantly less loneliness and significantly greater life satisfaction than Japanese subjects. Their results indicated that relationship between loneliness and life satisfaction was different in the two samples. Loneliness appeared to play a rather prominent part in the experience of life satisfaction for the Australian group rather than Japanese. There were high inverse correlation found between loneliness and life satisfaction in Australian subjects when compared with Japanese

subjects. The study showed that loneliness in Japanese subjects did not emotionally translate into life dissatisfaction as it did on Australian subjects. Instead, the experience of loneliness in Japanese individuals may remain largely independent of general life satisfaction.

The study done by Steinkamp and Kelly, (1985) on relationships among motivational orientation, level of leisure activity, and life satisfaction in older men and women, indicated that there were three motivational orientations which include challenge seeking, concern with recognition and reward, and family focus were systematically related to life satisfaction of the older adult. From the finding, preretirement counselling programs, encouragement to the retired senior in order to seek cognitive, and social experience to complement family activities are able to bring the elderly to a greater life satisfaction.

According to Amy and Lucy (1998) on their study of Life satisfaction among Chinese elderly in Beijing, they find out the life satisfaction of the Chinese elderly was significantly influenced by health and financial status among community elderly, as well as family support of the elderly. Their findings had concluded that Chinese elderly life satisfaction was influenced by health and financial status as significantly as in the West. Amy and Lucy (1998) found that the Chinese elderly life satisfaction is distinctively affected by family financial condition, family support and the primary family caretaker.

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Summary

Most of the studies indicate that there are correlation between functional status and life satisfaction. The deterioration of functional status among elderly will influence their daily activities. The functional problem that they face due to normal ageing process may associate with chronic disease. This may affects personal value on their life satisfaction. There is a paucity of information about older people's functional status and life satisfaction of Sarawak older population and it is timely to find out what is the functional status of the older people in Jawa Clinic, the factors that influence the functional status, as well as their life satisfaction and life satisfaction of the elderly.

METHODOLOGY

Research Design

The design of this study was cross-sectional approach as the participant will be examined at one point in time. This design was used to examine groups of subjects simultaneously in various stages of development (Burns & Grove, 1995). Thus cross-sectional method was applied in order to measure the self rated health, functional status, and life satisfaction of the respondents.

Research setting

The study was conducted at a public area, Warge Emas Jawa, Child and Maternity Clinic (KKIA) Jawa Center because there are elderly who will come and do routine checkup which include blood pressure measuring, physio therapy and attend the exercising session every Tuesday, Wednesday and Friday from 8am until 10am. Therefore, convenience sample will be used to select 30 candidates aged 60 and above.

Sampling method

Sample of 30 older adults aged 60 years old and above, both female and male, were taken as a convenience sampling in this study, the inclusion criteria were aged 60 years old and above, able to understand the question asked, free from any physical impairment such as deaf and mute, free from any mental problems and able to give consent.

Instruments

This study used close ended type of questionnaire. There were 4 sections in this questionnaire. The first part contains demographic data, age, gender, marital status, educational level, educational level, race, region, occupation income and living arrangement. The second part is self rated health of each individual, where the participant will rate their own health using Likert scale base on their own perception on good health with very poor health at '1' and excellent health as '5'. Third part is the functional assessment of each individual, Katz Index of Activities of Daily Living and Instrumental Activities of Daily Living (Lawton & Brody, 1969) being adapted for functional assessment for the older people which include basic personal care on bathing, dressing toileting, eating and climbing stairs, then instrumental activities of daily living on ability to use telephone, laundry, ability to handle finances, shopping, ability to handle own medication, mode of transportation, housekeeping and ability to prepare food. All these functional status being measured on 3 parts weather the respondent were able to handle it independently, partially dependent or fully dependent on others. Lastly, the last section of questionnaire is the satisfaction of life scale which is adapted to measure the life satisfactory of the participant, whereby the participants are given a rated scale from dissatisfied as '1' to very satisfied '7' on 5 different statement on life satisfaction which include, whether their life is closed to their ideal, condition of their life, satisfaction of life, important things that they had gotten, and lastly whether to change their life if being given a chance to change. After the respondent rated this Satisfaction with life scale, the rating score for the 5 statement will be totaled up and being rated base on these total score, 30-35 as very satisfied, 25-29 as satisfied, 20-24 as moderate satisfy, 15-19 as not satisfy, below 10-14 as not satisfied and 5-9 as extremely dissatisfied (Diener, 2006).

A report on the development and validation of Satisfaction with life scale showed that this scale is suited for use with different age groups. From the study done on 53 elderly people with four major groups of subjects, it showed a good level of interval consistency of the scale (Diener, Emmons, Larsen & Griffin, 1985).

Ethical issues

Ethical approval was obtained from Research and Ethics Committee of Faculty of Medicine and Health Sciences, University Malaysia Sarawak (UNIMAS) (Refer to Appendix 1) and Ministry of Health Sarawak (Refer to Appendix 2). Each questionnaire that distributed was enclosed with a letter, which has the information of the researchers' name, the purpose of the study; respondents' consent and confidentiality of the data (refer to Appendix 3). Each candidate will be given a consent form that has to be signed prior to questionnaire and respondents may refuse to participate in the study. Before the candidate signs the consent form, clear information sheet about the project will be given. All personal detail will remain confidential.

Data Collection

The data was collected starting from 2nd of January till 30th of January on every Tuesday, Wednesday and Friday, from 8am until 10am when the elderly were attending the exercise session. Thirty older adult were participated in this study. This study being conducted using a set of questionnaire. The questionnaires were being prepared in 3 languages which were English, Malay, and Chinese. The survey tool was being administered using face-to-face structured interviews. The interview questions were being read to the participant and answers being recorded.

Data Analysis

Collected data was analyzed using Statistical Package for the Social Science version 15 software programs. The frequency and observation in each part was determined for descriptive purposes. Pearson chi-square test was run between all the variables to test if there is any significant relationship. The significance level was set at $p<0.05$.

RESULTS

Characteristic of the sample

The characteristic of the sample are shown in the Table 1. The mean age was 72.07 years (*SD* = ±6.44). The majority of the respondents were 70-79 years old (53.3%), 36.7% were 60-69 years old, and 10% of the respondents aged 80 and above. Most of the respondents were female that were 56.7% of the sample and males represented 43.3%. The majority of the sample was Malay 16 respondents (53.3%) then followed by Chinese13 participants (43.3%) and other races which only consisted 1% of the sample. Most of the respondents have educational level of secondary school (53.3%), with never been to school and only had primary educational level each consist 20% and only 6.7% of them had their tertiary education level.

There were 3 respondents (10%) working, 8 respondents (26.7%) never been to work, and 19 respondents (63.3%) have retired. Table 1 show that 11 of the respondent (36.7%) have income more than RM1000, 10 respondents (33.3%) have income RM 500-RM1000, and the rest 9 respondents (30.0%) have income less than 500. Most of the respondents spend their older life with their spouse, 15 of the respondent (50%) lived with their spouse, 9 respondents (30.0%) lived with their children, 4 respondents (13.3%) lived with others and only 2 respondents living alone.