What is Important to Older Adults Quality of Life?

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Aim of Presentation

To describe the importance given to 36 areas of QoL to older adults in 22 countries and identify differences in importance ratings by age, gender, health status and level of economic development.

Presentation is based on a secondary analyses of the WHOQOL – Old Pilot Data which was collected simultaneously in 22 centres.
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Why Should We Explore Important Aspects to Older Adults QoL ?
Worldwide: 893 million people are 60 or older. By 2050 it is expected that there will be 2.03 billion people age 60 and over.

Ageing will put increasing social and economic demands on all countries. If governments are to cope with the rapid ageing population they need to have policy driven initiatives based on a clear understanding of the importance of personal, social and cultural factors that contribute to quality of life (QoL) among older adults.
Lay views of older adults are seldom given attention when measuring QoL

“I enjoy talking with very old men, for they have gone before us, as it were, on a road that we too may tread, and seems to me that we should find out from them what it is like and whether it is rough and difficult or broad and easy.” Socrates, in Plato, The Republic, pp 4-5.
Why Should We Explore Important Aspects to Older Adults QoL?

Presently, the position is taken that QoL should be studied from the perspective of the individual as Socrates has said.

In a recent review of 47 empirical studies from 1995 - 2006 applying QoL assessments in older adults, we found only two studies (4.2%) provided evidence of the personal importance given to various QoL domains.

Researchers have been specifically challenged to avoid using QoL measures that exclude or inappropriately explore areas that are important to older persons or worse lead to disadvantages in the allocation of health resources.

Why Should We Explore Important Aspects to Older Adults QoL?

- Because the importance of the various dimensions of QOL had not been systematically investigated across diverse cultures....

- World Health Organization Quality of Life Assessment Group

- Importance ratings should be of value to both instrument developers as well as for clinicians, since assessments of QOL should address only the most relevant and salient aspects of life, so as to reduce possible respondent burden.
Background- WHOQOL Assessment Group

- Originally gathered in the 1990s for the purpose of developing quality of life measurements which could be used cross-culturally. Originally 15 countries. Presently 23 countries.
- Definition of QoL. An individual’s perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concern
- Subjective perception

Current measures:
- WHOQOL-100 (1995)
- Importance Questions (1995)
- WHOQOL-BREF (1998). Translated into 40 languages
- Spirituality-Religiousness- Personal Beliefs module (2003)
- WHO- OLD module (2005)
- Attitudes to Ageing (2005)
WHOQOL Importance Questions

The WHOQOL assessment group developed a set of 38 items asking respondents about the relative importance of QoL issues related to QoL included in two other instruments we have developed, known as the WHOQOL – 100 and the WHOQOL – Old.

In addition, two overall items assessing overall quality of life and health were also included among the importance ratings.
WHOQOL-100 Domains

- Physical
- Psychological
- Social
- Level of Independence
- Environment
- Spirituality, Religious and Personal Beliefs
- Global QOL and health items
- 27 facets (sub-domains)
WHOQOL – OLD Module

- Sensory abilities
- Autonomy
- Past, present and future activities
- Social participation,
- Death and dying
- Intimacy
Importance Questions

**How important to you is:**
- Overall QOL
- Overall Health

**Physical Health**
- Free of pain
- Energy
- Restful sleep

**Psychological**
- Feel happiness/enjoyment of life
- Feel content

- Feel hopeful
- Able to learn and remember important information
- Able to think through everyday problems/make decisions
- Able to concentrate
- Feel positive about self
- Body image and appearance
- Free of negative feelings
Importance Questions

**How important to you is:**

**Levels of Independence**
- Able to move around
- Able to take care of ADL
- Free of dependence on medicines/treatments
- Able to work

**Social Relationships**
- Relationships with other people
- Support from others
- Sexual life
Importance Questions

How important to you is:

Environmental
- Feeling physically safe and secure
- Home environment
- Financial resources
- Being able to get adequate health care
- Being able to get adequate social help
- Chances for new information or knowledge
- Chances to learn new skills
- Relaxation/leisure
- Environment
- Adequate transport in everyday life

Spiritual, Religious and Personal Beliefs
Importance Questions

*How important to you is:*

**WHOQOL-OLD Facets**
- Sensory abilities
- Autonomy
- Past, present and future achievements
- Use of time
- Social participation
- Attitudes towards death and dying
In the pilot study, participants completed the WHOQOL – 100, the WHOQOL – Old, 38 questions related to the importance of the 31 facets of QoL. They also completed a range of socio-demographic and health questions and identified themselves as healthy or unhealthy.

Respondents were asked to report on how important each aspect of life is to them and how much it affects their QoL. No specific time period is suggested. Items are measured on a 5-point Likert scale from not important (1) to extremely important (5).
International Pilot Study
Participants

The international protocol stipulated that each centre obtain a minimum of 300 older adults, and use quota sampling to access approximately equal numbers of men and women (50%), people aged 60 to 80 years, and over 80 years, and people who considered themselves to be well and ill.
WHOQOL - Old Pilot Study: Participating Centres

- Edinburgh (Scotland)
- Bath (England)
- Leipzig (Germany)
- Barcelona (Spain)
- Paris (France)
- Copenhagen (Denmark)
- Prague (Czech Republic)
- Budapest (Hungary)
- Oslo (Norway)
- Victoria (Canada)
- Melbourne (Australia)
- Seattle (USA)
- Beer-Sheeva (Israel)
- Tokyo (Japan)
- Umea (Sweden)
- Guangzhou (China)
- Hong Kong
- Porto Alegre (Brazil)
- Montevideo (Uruguay)
- Izmir (Turkey)
- Vilnius (Lithuania)
- Geneva (Switzerland)
International Pilot Study
Participants

A total of 7,401 older adults with a mean age of 73.1 years participated; 57.8% were female and 70.1% considered themselves to be healthy although 92% reported 1 or more co-morbid conditions.

Pilot Study

Measurements were completed by participants in the countries using a variety of culturally appropriate methods; 2965 questionnaires were returned by mail, 2546 were self-administered (but not mailed), 1381 participants were interviewer-assisted, and other strategies were used for 169 participants.
International Pilot Results

**Highest mean importance**
- Ability to perform activities of daily living (ADL)
- Being healthy
- Having sensory abilities
- Ability to move around
- Autonomy (freedom and independence)
- Energy

**Least mean importance**
- Sex-life
- Chance to learn new skills
- Social participation
- Body image and appearance
- Positive attitude towards death and dying

All items were moderately – highly important except sex – life which was under the mean score of 3.00 (scores 1-5)
International Results: Gender Differences

For both men and women: the highest rating was for ability to perform ADLs.

Women rated all importance items more important than men with the exception of sex – life which was more important to men.

There were significant gender differences for ratings of importance on most aspects of QOL, except for the importance of happiness, financial resources, chances for new information/knowledge, relaxation/leisure, freedom and independence and achievements.
International Results: Age groups

- Comparison between two age groups; 60 - 79 years and 80 years or more

- Eight significant differences in importance rated as more important by the younger age group:

- These included overall QoL, freedom from pain, feeling happiness/enjoyment in life, feeling content, ability to take care of activities of daily living, work, home environment and adequate social help.
International Results: Health Status

Fewer self-reported healthy participants in Hungary, Lithuania, Brazil, Turkey, Czech Republic, Japan and China

Healthy adults rated all issues more important than non-healthy except for: freedom of pain, restful sleep, support from others, adequate health care, adequate social help which were most important for unhealthy

Freedom from medicines/treatments, financial resources, and personal beliefs were the same for both healthy and unhealthy groups.
Comparison Between Developed and Developing Countries

- Definition of developed and developing country based on categorization from the Human Development Index
- The HDI was designed by the United Nations Development Program to assess country development levels annually and combines life expectancy, educational attainment and income information into a composite index ranging between 0 and 1. Highly developed countries score .8 or above; scores for medium development exceed .5.
- In this study, 19 developed countries (including Hong Kong) were in the high band of development, and China, Brazil and Turkey were in the medium HDI band.
Developed Countries

- Higher mean scores on 31 issues as compared to developing countries:
  - Overall QoL
  - Feel happiness/ enjoyment in life
  - Feel content
  - Feel hopeful
  - Able to learn and remember important information
  - Able to think though everyday problems/make decisions
  - Able to concentrate
  - Feel positive about self
  - Free of negative feelings
  - Mobility
  - Able to take care of ADL
  - Able to work

- Relationships with other people
- Sex life
- Feeling physically safe and secure
- Financial resources
- Adequate health care
- Chances for new information or knowledge
- Learn new skills
- Relaxation / leisure
- Environment
- Adequate transport in everyday life
- Spiritual, religious and personal beliefs
- Sensory abilities
- Autonomy
- Past, present and future activities
- Use of time
- Social participation death and dying
Developing countries
China, Brazil and Turkey

- As compared to developed countries
  - Overall health
  - Free of pain
  - Energy
  - Resful sleep
  - Free of dependence on medicines/treatments

- Support from others
  - Financial resources
  - Being able to get adequate health care
  - Being able to get adequate social help

More highly important
Results: Comparing Countries

- Ability to perform ADLs had the highest mean rankings in all participating countries except for Japan, mainland China and Hong Kong, Brazil, Turkey, and Lithuania.

- Participants in Japan, mainland China, Hong Kong, and Turkey rated health as of the highest importance.

- In Brazil, sensory ability was the most highly ranked facet.

- The importance of sex-life was ranked lowest in every country studied.

- Lithuania and Hungary reported lowest ratings for health and also self-reported health
Comparing Countries

- Leipzig: Highest mean ratings
  - Energy
  - Free of pain
  - Feel hopeful
  - Home environment
  - Environment
  - Social participation
- Denmark: Highest mean ratings
  - Able to learn
  - Able to concentrate
  - New information
Israel: Highest mean scores for overall health, mobility, autonomy and ADL.
Comparing Countries

- **Uruguay:** Highest mean ratings
  - Health
  - Energy
  - Able to think
  - Feel positive
  - Body image
  - Relationships

- Support from others
  - Sexual life
  - Physically safe
  - Adequate social help
  - Learn new skills
  - Personal beliefs
  - Sensory abilities
  - Use of time
Comparing Countries

- Guangzhou: lowest mean ratings when comparing countries
- Feel hopeful
- Relationships
- Sexual life
- Learn new skills
- Personal beliefs
- Past, present and future activities
- Use of time

- Lithuania
- Lowest mean ratings on all other items
**Mean Score under 3**

- Least importance to all countries was sex life. All mean scores under 3.
- Guangzhou- learn new information (2.74), personal beliefs (2.38), past present and future activities (2.88), social participation (2.66)
- Lithuania- body image (2.83)
- Turkey- body image 2.83
- Guangzhou- body image (2.35)
- Hong Kong – death and dying (2.66)
- Learn new skills: Edinburgh (2.95), Budapest (2.95), Melbourne (2.82), Guangzhou 2.34
- Hong Kong (2.98), Lithuania (2.74)
The Norwegian convenience sample \((n = 379)\) comprised two cohorts.

The first cohort \((n = 287)\) was recruited from five institutions; 2 national organizations and 3 senior organizations.

The second cohort included 93 older adults recruited from three medical wards from a 600 bed hospital and ambulatory clinic in Eastern Norway.

Norwegian Participants

The mean age of the sample was 73.3 (range: 60–90 years). The majority of adults were female (74.1%).

Almost half of the sample was cohabitating (47.2%), with 87.9% living in their own homes and 6.9% in institutions.

Nearly two-thirds of the sample (68.6%) had completed vocational school, college or university.
Norwegian Results

Highest mean importance
- Ability to perform activities of daily living (ADL)
- Being healthy
- Sensory abilities
- Ability to move around
- Home environment

Least mean importance
- Sex-life
- Opportunities to learn new skills
- Ability to participate in community
- Body image and appearance
- Positive attitude towards death and dying

All items were moderately – highly important except sex – life which was under the mean score of 3.00
Nordic Results: Greatest Importance

- **Norway**
  - ADL
  - Mobility
  - Sensory abilities
  - Overall health
  - Home environment

- **Sweden**
  - ADL
  - Mobility
  - Autonomy
  - Adequate health care
  - Home environment

- **Denmark**
  - ADL
  - Autonomy
  - Sensory abilities
  - Overall health
  - Chance to learn new skills

All items were moderately – highly important except sex – life which was under the mean score of 3.00 for Nordic countries.
Nordic - least importance

- Norway
  - Sex- life
  - Adequate social help
  - Opportunities to learn new skills
  - Body image and appearance
  - Free of dependence on medications/treatments

- Denmark
  - Sex life
  - Social participation
  - Personal beliefs
  - Learn new skills
  - Death and dying

- Sweden
  - Sex life
  - Personal beliefs
  - Adequate social help
  - Able to learn and remember important information
  - Free of dependence on medicines/treatments
Implications

- All importance issues were found to be moderately to highly important for older adults with the exception of sex – life supporting the claim that many valued aspects of life do not decrease with age.

- Findings support the importance given to many domains of QoL including physical, psychological, social, environmental and spiritual – QoL is a multidimensional concept.

- Highest mean importance was given the ability to perform activities of daily living (ADL), being healthy, having sensory abilities, ability to move around freedom and independence, and energy.

- There were significant differences in the importance given to various aspects of QoL by younger old and older old, for women and men, for healthy and unhealthy and between developed and developing countries.
Future Use

Although the importance ratings were not originally intended to serve as a scale per se, the internal consistency of the scale showed high reliability at 0.92. Low item-to-item and item-to-facet correlations with the WHOQOL - 100, suggest the importance ratings might be used as a reliable index with other WHOQOL assessments tapping into a different aspect of QoL.
Implications

Understanding the self-reported importance of diverse aspects of QOL for different cultures and for healthy and less healthy people may assist national and international policy makers to decide on priorities for the development of programs for the ageing population.
Implications

For those interested in enhancing the life quality of older adults in a variety of settings, it is important to establish what aspects of QoL are significant to older adults and whether the same aspects of life are equally important to various subgroups of elderly.
It is vital to understand the stable and fleeting importance issues through which old age is created. By examining such issues, the changing nature of age related experiences can be placed in context as part of broader ranging current of change.

Future application of the importance questions may facilitate understanding and recognition of importance issues as it varies among older adults according to their experiences.
Thank You for Listening