

A survey of quality of life and its associated factors in community-living older adults in QiqiharLi Guiling¹, Wang Jinguo²¹Nursing Institute of Qiqihaer Medical University, Heilongjiang, 161006, China.²The Nursing College of Zhengzhou University, Zhengzhou, 450052, China.wnlgl@sohu.com

Abstract: Study the quality of life among the old of empty nest and non empty nest in Qiqihar, and analyze of its influence factors. **Method:** The investigation objects are divided into two groups, which are at least as old as 60 years old from 6 communities. One has three hundred old people of empty nest, so does the other three hundred with non empty nest. All above were surveyed with self-made questionnaire. **Result:** There are little differences between cultural level, occupation and medical payment (average $P > 0.05$), while great differences between marital status, chronic disease, mental health and somatic pain (average $P < 0.05$). **Conclusion:** The help and support from the whole society to the old of empty nest is very important.

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【Key words】 : quality of life; associated factors; community-living

"Empty nest family" means that the family has no children or if have children, but they have grown up to leave the family, leading to the old live alone. With the rising and the aging society of family structure and the core of miniaturization, the number of Chinese empty nest family is increasing [1]. At present, our country has more than 23.4 million old man of empty nest, in the city, the number of empty nest family is at least more than 30%, and nearly a third of the old have no children living together. Social supports are defined as one person get influence with social ties, this kind of influence can help him decrease psychological stress response, relieve mental tension and improve social adaptation ability [2]. This study focus on the old more than 60 people's quality of life, and its impact factors, thereby provide better basic information and evidence for the relevant departments to make relevant policy.

1. Objects and Methods

1.1 Objects

Empty and nonempty nest families in six Qiqihar communities were selected from November to December in 2010, of which the old person was study,

using the cluster sampling method. Every one researched in the investigation have no mental illness and memory, no intelligent damage, and voluntary to answer each content during the survey. 630 old men were chosen, including the old in empty nest 300, and in nonempty nest 330.

Requirement: be in empty nest, clear consciousness, normal language ability and have no communication obstacle with the researcher. Willing to cooperate with this study. Age ruled from 60 to 90 years old.

1.2 Method

Use the self-designed questionnaire to design by questionnaires. Put out 670 questionnaires, and take back 630. The effective recover is 94%.

1.3 Statistical Analysis

Apply SPSS10.0 statistical package to analysis. X^2 test was adopted to statistical analysis, and $P < 0.05$ has statistic meaning.

2. Results

Table 1: General material comparison of the old from empty and nonempty nest

group	marrage status		occupation		Entertainment activities		Medical payment	
	Yes	No	Yes	No	Yes	No	pay oneself	Medical insurance
In empty nest	140	160	200	100	130	170	63	237
In nonempty nest	200	130	240	90	210	120	55	245
X^2	12.29		2.74		26.07		0.78	
P	<0.05		>0.05		<0.05		>0.05	

Table 2: The comparison of factors which influence the old quality of life

Group	Life Enrichment		Negative emotional experience		Chronic disease		Mental health		Body pain	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
In empty nest	130	170	110	190	219	81	137	163	125	175
In nonempty nest	210	120	76	254	181	149	219	111	200	130
X ²	26.07		14.04		22.34		27.39		22.56	
P	<0.05		<0.05		<0.05		<0.05		<0.05	

3. Discussion

3.1 Analyze of the solitary aged who are the quality of life and related element

In this study, there are no remarkable difference in respondents' cultural level, profession and the style of paying a bill for the medical care (those condition $p > 0.05$), while there are remarkable difference in marriage condition, chronic disease, emotional health and physical pain (those condition $p < 0.05$).

This survey shows that the happiness level and the standard of a full life that divorce or losing spouse/solitary aged have encountered are lower than the aged who are no solitary; It is an important factor affecting the aged psychological health that they experience the stimulation of negative life events (such as losing spouse, children having serious disease etc), and there are highly remarkable positive correlation between the amount of stimulation about negative life events and the aged' depression, anxiety, hostility and terror. Generally speaking, the aged who experience unfortunate marriage (having no spouse) or living alone or too many negative life events can easily become a solitary aged. the solitary aged' daily life depend on taking care of themselves, feeling alone and helpless in their heart ,and they will appear need satisfaction's problems as soon as they meet precipitant events or crisis in their lives, so the aged who live alone are obviously lower than the aged who live with their children or spouse in respect of the medical care of psychological disease, social function and taking care of daily life, the probability of chronic disease which includes senile inspiritual disease and psychological disease (as senile demential, senile depression) that the solitary aged suffer is higher than the aged who is no solitary^[3-4].

3.2 Intensify social support to the solitary aged

The solitary aged have a high expectation to improve the quality of their life, and expect to obtain support or aid about mentality and substance from other people and all respect of society. Especiality their children and relations' support are very important, so children should give the aged mental support besides necessary substance.

In addition ,the service innovation in community that the aged spend the rest of their life at home should be continually improved ,and the service innovation (including special medical hygiene for the aged, recovery care, recreation and sports of entertainment, information's consultation and senior education etc)should be developed and vigorously promoted, and constructing the survice net in community for the aged, setting up the young volunteer service for the aged, calling on the aged regularly. Encouraging female and the solitary aged who their cultural level is lower to contact society, increasing the chance that the aged contact the society, increasing more entertainment activities, and applying actively the social support.

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