

CASE REPORT

Exploring the Quality of Life (QoL) of the Users of an Open Care Centre for Older People at Municipality of Glyfada, South Attica, Greece

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Citation: Evangelou E, Galanopoulou E (2019) Exploring the Quality of Life (QoL) of the Users of an Open Care Centre for Older People at Municipality of Glyfada, South Attica, Greece. *J Aging Res Gerontol Stud* 1: 101

"I want to die young as late as possible"

- Ashley Montagu

Context

The present paper describes the outcomes of a small scale research which examined the Quality of life (QoL) of 100 members of a Local Open Day Centre for Older People (Kentro Anixtis Prostatias Ilikiomenon, K.A.P.I), at Municipality of Glyfada. Glyfada is a suburb situated in the southern parts of the Athens' Urban Area. The area stretches from the foot of the Hymettus Mountain to the Saronic Gulf. It is the largest southern suburb of Attica, with permanent population 87300 [1]. Open Day Centres for Older People (K.A.P.I), were implemented the mid 1980's under the umbrella of the Greek Ministry of Health and Welfare in order to address the health and social needs of men and women over 60 years of age, residents of each local area. This is brief report forms part of a bigger project which also examined a) the impact of K.A.P.I activities on the lives the members, and b) the way the aged members of local social services assess their needs. The qualitative part of the project aimed at giving participants "voice" to express their views about what a "good life" means for them. Staff members of the Open Day Centre were also encouraged to give their opinion about quality of life of ageing population. A richer analysis regarding the important outcomes which came out from this part of the study is to be published in a subsequent report.

Rationale

In Greece the proportion of older people is going to reach the 24% at 2030 and the 31% the 2060 [2]. Whilst, this demographic change is a success in terms of life expectancy it also represents a challenge to health care services in terms of preventing this growing sector of the population becoming unwell and treating those living with chronic and age-related conditions that remain difficult to prevent or delay such as dementia, Parkinson's disease and osteoarthritis [3]. The trend of community care for older local residents is marked by other innovating policies which highlighted the post-80s period up to the present time, such as the implementation of Greek National Health Service (E.S.Y), as well as de-institutionalization programmers for the severe mentally ill. The philosophy of community care policies in European countries and lately in Greece has been based upon some key principles such as, providing alternative structures for health and social care, and preventing long term health problems and social isolation. Community care as a policy began to gain pace among the politicians, as it seemed to be promising a cheap alternative [4].

The new concept gave emphasis on developing services that might improve the quality of people's life and the notion of Quality of Life (QoL) has been used to justify a number of health and social care practices worldwide and lately in Greece. The needs assessment approach which incorporates QoL indicators, aims to explore individuals' real needs and not just their needs in terms of services that the local authority has to offer. It has also a proactive approach, through the implementation of programs, which are designed in accordance with services users' views and level of satisfaction from the existing community resources.

There is still an open debate with regard to the meaning of the quality of life construct and most current definitions derive from different theoretical models and from empirical evidence [4]. The social/objective indicators include a vast array of activities, life events and characteristics pertaining to individuals and do not 'reflect an individuals' description of their own life [5]. Among these domains are demographic variables, such as income, education level, employment, living conditions, community participation, etc. These data can be easily counted and compared across communities and thus provide a basis for developing or altering social policy. This approach to conceptualizing quality of life assumes that there are 'standard' needs common to all individuals who can be determined through the consensus of experts, or from normative data collected in large population surveys.

Subjective quality of life indicators (SubQoL) refer to the psychological approach and to the level of satisfaction from several life domains. The main argument of this approach is that psychological indicators depend primarily on the direct experience in a person's life, indicating how a person perceives his/her own life [6]. Based on the above arguments, the World Health Organization (WHO) has provided a definition, which encompasses the multidimensional nature of the construct, including a global quality of life dimension (Global Well-Being, GWB), that is, the way that a person feels about his life in general. According to WHO's definition;

Quality of life is an individual's perception of their position in life in the context of the culture and value systems in which they live in relation to their goals, expectations, standards and concerns. It is a broad ranging concept incorporating in a complex way the person's physical health; psychological state; level of independence; social relationships; personal beliefs and the relationship to salient feature of the environment [7].

Aims and Objectives of the Study

The specific objectives of the study were:

- a) To provide a comprehensive account of the socio demographic profile of K.A.P.I members.
- b) To examine objective and subjective QoL indicators; interrelations between subjective QoL indices, as well as how these interrelate with global well-being (GWB).

Research Design

The present study employed a quantitative method, a structured interview based on two international QoL instruments. The instrument was based on the WHOQoL-Bref, Greek version [8], and the LancQoL Profile, Greek version [4]. To LQoLP is a structured interview developed in Great Britain, for the QoL assessment of mental health service users. It examines objective and subjective life domains, as well as the global well-being (GWB) [9]. The LQoLP was standardized in Greek for the accomplishment of a Ph.D project which examined the QoL of adult users of community mental health service users in Greece [4]. The research team cooperated for the adaptation of the research tool and two more thematic categories were added, in order to examine the Level of Satisfaction from Local Social Services [10].

The sample of the study consisted of 100 adults residents in Glyfada. According to the main sampling criteria, participants should be; a) over 60 years old, b) men and women, c) members of K.A.P.I at least the past 12 months, d) with no serious mental or physical handicap. Ethical issues are at the heart of social research practice and are believed to be a matter of principled sensitivity to the rights of others. The study was designed and carried out that fulfilled the usual ethical issues, that is to say, informed consent, anonymity, confidentiality and avoiding harm. The purpose and the utility of the study were made clear in an informed consent letter which all potential participants were invited to read and sign [11].

All data was analyzed via SPSS version 20. Descriptive statistics were used to examine objective and subjective QoL outcomes. The participants' Subjective QoL was rated on a 5-point Likert scale (from 1-mostly dissatisfied to 5-mostly satisfied). Spearman's correlation coefficient was used in order to look at interrelations between mean scores of Sub-QoL indicators, and associations between GWB and Sub-QoL indicators [12].

Results

Age	61-70	71-80	81+	Total	
	25	54	21	100	
Sex	61-70	71-80	81+	Total	
	Men	3	28	13	44
Women	22	26	8	56	
Total	25	54	21	100	
Marital Status By Sex	Unmarried	Married	Widow/Er	Divorced/Separated	Total
Men	-	37	6	1	44
Women	2	22	23	9	56
Total	2	59	29	10	100
Education By Sex	None/ Primary	Lower Secondary	Secondary	Higher	Total
Men	19	5	11	9	44
Women	31	5	11	9	56
Total	50	10	22	18	100

Table 1: Socio- demographic characteristics of older people members of the Open Day Centre. N=100

Objective and Subjective QoL Indicators in Nine Life Domains & GWB

Income: The 23% of the total sample had annually income less than 6000 euros (less than 500, 00 euros per month). 56% had income between 500-1000 euros, while 21% had income more than 1000, 00 euros per month. Almost half of the respondents reported moderately satisfied from their financial situation. The average mean SubQoL score for financial situation was 2.8, (SD=1), the lowest among all other life domains.

Living conditions: The vast majority, 88%, lived in their owned house, and 70% lived with members of family, while 30% lived alone. Living alone is more common amongst female participants. In particular, half of women between 71 and 80 yrs were widowed and lived alone. With regard to length of residence, 78% lived in the same house for more than 10yrs. With regard to level of satisfaction from living conditions, two thirds of the total sample, 62% reported satisfied and quite satisfied. Mean SubQoL score: 3.6, SD=.84.

Leisure activities / community participation: 60% participants in the study, 32 men, and 28 women, had outdoor activities, while several said that their main daily activity was to go to the KAPI every day. They were asked about their participation in groups of activities over the previous 12 months, such as, chorus, sports, religious groups, etc. Most of respondents were members in local groups organized by the Open Cay Centre (sewing/ drawing, chorus, dancing lesson, excursions). Participants were not involved in voluntary or charitable activities.

With regard to indoor activities, most of the respondents, mainly women, were occupied with their grand children, with gardening, reading, watching TV or listening to radio and household keeping.

Relations with neighbourhood: In order to look at how they get along with neighbours they were asked whether they exchange greetings with other residents in their neighbourhood. The vast majority of 94% reported that they had daily contact with their neighbours. As a result, there are stable relationships in the community of residence, and this can be linked with the fact that most of the participants lived in the same area for over 10 years.

Personal safety: Participants were asked if they had been a victim of any sort of violence over the past 12 months, and how safe they felt in their geographical community. 13% had being a victim of robbery in the past, and one third of the sample reported that they not feel safe in the area (SubQoL mean score for level of Satisfaction from safety: 2.8, SD=1.03).

Family relations: The study looked also at participants' family structure (spouse, children and other relatives), contact with relatives. With regard to frequency of contact with other family members, data showed that 55% out of the total sample had contact with their families, daily or several times a week. Only 7% of participants contacted family and relatives on a less than annually basis. 73% reported satisfied & very satisfied from their family relations (Sub QoL mean score 4, SD= .95).

Social relations: The majority of people taking part in this study had a wide circle of family and friends. Participants were asked about how many close friends they have or if there is someone who can call on for help. Almost half of the participants reported satisfied from their social relationships, (mean SubQoL score: 3.7, SD=.93). For some, coming to the K.A.P.I was the only way to get out from home and meet their friends

Health: 74% participants reported dependence on medication (including prescription/non-prescription), in order to function in everyday life. The vast majority 82% had no mobility problems. 56% reported good sleep and 58% were satisfied from their memory and ability to concentrate. Less than half of the total sample said that they had no negative feelings, during that past two weeks. Half of the respondents reported satisfied from their general health (SubQoL mean score, 3.6 SD =.94).

Access to the Health and Social Care System: 83%, respondents reported that over the past 12 months, they had good access to health care system. Those who had addressed the public health services reported moderately satisfied from the kind of services they received. (SubQoL meanscore=2.9,SD=1.15). Participants were asked to rate how they assess the local services in general and the K.A.P.I services in particular. Responses indicated that both men and women were moderately satisfied with access to local social services (Sub QoL mean score=3.8, SD=1.3), while they were quite satisfied with their participation in the K.A.P.I activities (Sub QoL mean score=4, SD=.86).

Global Well-Being (GWB): Participants were asked how they felt in general about their lives, and what a "good life" means for them and 51% said that they were moderately satisfied or satisfied while 36 % reported mixed feelings. (SubQoL mean score, 3.4, SD=.95).

They were also encouraged to mention three important domains that they would like to improve in order to feel better. They referred to the improvement of their financial situation and to the well-being of their children and grandchildren. Good physical and mental health and access to public health care was another important issue linked with respondents' general well-being. Both male and female participants referred to physical and mental health and to good relations with family and partners.

Associations between Sub-QoL indicators & GWB

In order to look at associations between mean scores of subjective QoL indicators, Spearman's correlation coefficient was used. A strong positive association was found between family relations and social relations ($r=0.511$, $p \geq 0.01$). Satisfaction from family relations was also moderately positively associated with a) living conditions ($r=0.474$, $p \geq 0.01$), and b) weakly positively associated

with access to K.A.P.I ($r=0.272$, $p\geq 0.05$). General health was weakly positively associated with level of satisfaction from contact with the public health sector ($r=0.260$, $p\geq 0.05$). Spearman correlation coefficient was used in order to examine the way that the overall sense of participants' well-being was associated with their subjective perceptions on several life domains. Results showed that GWB was positively associated with a) living conditions ($r=0.332$, $p\geq 0.01$), b) financial situation ($r=0.231$, $p\geq 0.05$), c) family relations ($r=0.285$, $p\geq 0.01$) and d) social relations ($r=0.267$, $p\geq 0.01$), general health ($r=0.221$, $p\geq 0.05$), and access to health care sector ($r=0.260$, $p\geq 0.01$).

Discussion

This paper described the key findings of a small scale study which aimed at examining main life domains in the lives of older people who use Open Day Centres in Glyfada area South Attica Greece. Results drawn from the individuals' responses indicated that the relationships domain was a key domain in their lives. Social isolation can be defined as *"a state in which the individual lacks a sense of belonging socially, lacks engagement with others, and has a minimal number of social contacts which are deficient in fulfilling and quality relationships"* [13]. Findings drawn from international studies have shown that quality of life increases with social integration. Participants' responses elicited than as members of the K.A.P.I (Open Centre for Older People), they had the opportunity to create and maintain social relations and prevent social exclusion. Social engagement includes, intimate social relationships, active and relatively social leisure, passive or relatively solitary leisure activities, such as watching television, or reading. Similar studies conducted in England indicate that older people maintain their social networks and civic participation and these results are compatible with the findings of the present project [14].

Results of the study also indicated that older family members are a source of financial support for unemployed adult children, especially during the economic crisis years, and they also provide care for grandchildren. In Greece family plays an important role for its' vulnerable members, however, patterns of care provision for other family members are shown in similar international studies [15].

More than half of the total sample reported quite satisfied or satisfied from local social services, while, their representations from K.A.P.I were quite positive. The narratives of participants also expressed their views regarding general QoL issues such as, cleaner environment, better transportation, road safety, which are social determinants of health linked to urban and city setting [16]. Qualitative data of this study are still in a stage of analysis.

In conclusion, the main outcomes of the present study indicated that QoL for older people depends on the good family and social relations, participation in leisure activities, as well as good general health status and access to the health and social care system.

Concluding Remarks

The promotion of active healthy ageing is a global challenge, and wellbeing and welfare services targeted to older people is one of the key debates in the so called Western societies. The fact that life expectancy is increasing in Greece, means that we need to find ways to improve the quality of older people's lives, and how they can maintain their social, cultural and economic contribution. Municipality of Glyfada is part of the Hellenic Healthy Cities' Network which is committed to working together with other municipalities' members of the Network to ensure strategies which promote active healthy ageing. The vision of the local government is for city of Glyfada to become an age-friendly area, in which people as they get older are valued and supported to live actively to their fullest potential, with their rights respected and their dignity protected. Age friendly policies target also a large amount of older tourists who come to visit Athens Riviera every year.

Finally, the main contribution of this study was the use of objective and subjective QoL indices in order to explore the needs of older people who live in the community. This is an innovative project, which has inspired sister studies in other areas of the country. We hope that over time as the study matures its value to policy makers will increase, so that they will be able to evaluate their policies, and focus on what works and counts for the public good.

Acknowledgment

This research was carried with intersectoral cooperation of the Local Social Service and the Local Open Day Centre for the Elderly Research team with alphabetic order.

We would like to express our special thanks to all colleagues for their exemplary cooperation in the implementation of this study and to the members of K.A.P.I, who gave their time to be interviewed. We would also like to express our special thanks and appreciation to the ex and the present political authority for largely backed this project.

References

1. Hellenic Statistical Authority (2011).
2. Ritsadaki A, Tsouros A (2015) Defystifying the myths of ageing, (Greek) edition for Greek National Network of Healthy Cities.
3. Di Gessa G, Glaser K, Tinker A (2016) The health impact of intensive and non intensive grandchildren care in Europe: new evidence from SHARE. *J Gerontol B Psychol Sci Soc Sci* 71: 867-9.
4. Evaggelou E (2007) Examining the quality of life of adults with mental health problems. An empirical study in two Mental Health Centres in Athens. PhD thesis Bradford University.

5. Campbell A (1976) Subjective measures of well-being. *Am Psychologist* 31: 117-24.
6. War P (1987) *Work, Unemployment and Mental Health*, Oxford: Clarendon Press.
7. WHOQOLGroup (1993) Study Protocol: Division of Mental Health, Geneva: World Health Organization 2: 153-9.
8. Ginieri-Coccosis M; Triantafillou B, Tomaras V, Soldatos C, Mavreas V, et al. (2012) Psychometric properties of WHOQOL-BREF in clinical and health Greek populations: incorporating new culture-relevant items. *Psychiatriki* 23: 130-42.
9. Oliver JPJ, Huxley P, Bridges K, Mohamad H (1997) Measuring the quality of life of severely mentally ill people using the Lancashire Quality of Life Profile. *Social Psychiatry Psychiatr Epidemiol* 32: 76-83.
10. Evaggelou E, Galanopoulou E (2014) QoL Interview for the Elderly, available at: "Quality of life of users of Open Cay Care Centre of Municipality of Glyfada (K.A.P.I.).
11. Marlow CR (2001) *Research Methods for Generalist Social Work*, United States: Books/Cole (3rd edition).
12. Roussos P, Tsaoussis G (2002) *Statistics for Applied Social Sciences*, Ellinika Grammata.
13. Nicholson NR (2009) Social isolation in older adults: an evolutionary concept analysis. *J Adv Nurs* 65: 1342-52.
14. Wolstenholme D (2010) Design-led Service Improvement for Older People. *Australas Med J AMJ* 3: 465-70.
15. Cruise Sh, Kee F (2017) Early Key findings from a study of older people in Northern Ireland. The Nicola Study.
16. WHO (2012) *Addressing the social determinants of health: the urban dimension and the local government*.