

Thesis Title Elderly Quality of Life in Din Daeng Elderly
 Social Club

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ABSTRACT

The growth rate of the elderly Thai population has been increasing since the last decade. Most of them have chronic, noncurable illnessess, inadequate incomes, etc. which effect their well-being and quality of life. Therefore, nurses as health care providers need to become more concerned with their quality of life.

The objective of this research was to study the structure of factors associated with quality of life, levels of quality of life and factors influencing quality of life in the elderly people. The sample consisted of 130 elderly people who were members of the Din Daeng elderly social club. The data were collected by structured interview consisting of two sets of questionnaires, demographic data and subjective quality of life. Factor analysis and multiple classification analysis were used in data analysis.

Finding show that there were twenty one factors indicating subjective quality of life. The factors were presented in order of their significance as followed : perception of economic status, perception of family relationship, perception of general health, perception of friends, perception of religious and social activities, perception of opportunity to take part in family activities, perception of sleep and rest, perception of housing condition, perception of hearing, self-esteem, perception of respiration, perception of expenditure capacity, perception of urination, perception of hobbies, perception of sexuality, perception of relaxation in the house, perception of security, happiness and life satisfaction, perception of community's environment, perception of dental condition and perception of vision. Together, all of the twenty one factors accounted for 73.7 percent of the common variance associated with subjective quality of life. The first eight factors were discerned as common factors which individually indicated the consistency and regularity of the variables and they accounted for as much as 49.2 percent of the common variance by themselves. While the other thirteen factors seemed to be less clear cut even though they formed part of the common variance.

Concerning quality of life level, about eighty five percent of the sample had low to medium quality of life. Only fifteen percent had high quality of life.

Regarding factors influencing quality of life, it was found that illness condition, debt burden and having insurance had significant impacts ($P < 0.05$) on the quality of life.

From this study, it was suggested that the evaluation of the elderly quality of life should at least cover the first eight factors. It was suggested that the plan to improve quality of life should focus on the elderly persons who have problems with illness condition, debt burden and don't have any life insurances. In addition, a special social security plan for the elderly person should be promoted.