

Level of Satisfaction of Geriatric People about Services Provided by an Old Home at Gajipur, Bangladesh

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ABSTRACT

Background & objective: With increased life expectancy and an increased proportion of older people, the demand for old-age homes is increasing. A satisfactory quality of service provision from old age homes can enhance the overall quality of life of an old person. This study aims to assess the level of satisfaction of geriatric people, with the services provided by the Bayaska Punarbasan Kendro (an old home), situated at Gajipur, Bangladesh.

Methods: This descriptive study was designed to evaluate the level of satisfaction of the residents of the Bayaska Punarbasan Kendro about the services provided there. The study was carried out at the Department of Community Medicine, Rajshahi Medical College, Rajshahi over a period of 1 year from January 2019 to December 2019. A total of 200 respondents (residents) were consecutively included in the study based on predefined enrollment criteria. To determine the level of satisfaction of the residents of the Bayaska Punarbasan Kendro about the services provided there, the respondents' opinion was sought about how well they were satisfied with each of those services. The responses given to each discrete question were scored from 0-4 using Likert Scale, where 0 meant "highly dissatisfied", and 4 meant "highly satisfied", with 1 "dissatisfied", 2 "neither dissatisfied nor satisfied", and 3 "satisfied" in between them. The scores obtained thus were then summed up to find an integrated score, which ranged from 0-32. The total score was then subdivided into five categories as scores 0-6 (highly dissatisfied), scores 7-12 (dissatisfied), scores 13-18 (neutral), scores 19-25 (satisfied), and scores 26-32 (highly satisfied).

Result: About two-thirds of the residents of the Bayaska Punarbasan Kendro were Muslim and in their 7th decade of life. More than 55% had already lost their spouses. Fifty percent of the residents came from rural regions. Half of the respondents did not have any income source and the rest half were facing economic hardship. About one-quarter (24.5%) of the respondents were illiterate, nearly two-fifths (37.5%) were primary-level educated and 9% were graduate-level educated. Day labourers comprised almost one-third followed by housewives and service holders. Residents of the old homes were invariably suffering from some sort of physical and mental illnesses concurrently with 42% having multiple physical ailments. The major chronic disease was CHD followed by diabetes and osteoarthritis. Nearly half (47%) of the respondents were satisfied with the services provided by the old home, 25.5% were dissatisfied and the rest 27.5% were neither satisfied nor dissatisfied. Probing about the status of living of the old home residents revealed that over one-third (35.5%) had been residing there for < 1 year, 28.5% for 1-3 years, 30% for 3-5 years, and only 5.5% for 5 years or more. More than one-third of the respondents had been residing there for < 1 year and only 5% for 5 years or more. Over three-quarters never communicated with their family members since they were admitted to the Bayaska Punarbasan Kendro. However, their children, spouses, or siblings communicated with them occasionally. They passed their leisure time working (22%), gossiping (29%), watching TV (35.5%), and hangout or reading books (13.5%). Regarding the level of satisfaction, less than half (47%) of the respondents were satisfied with the overall services. The respondents' level of dissatisfaction was highest with healthcare facilities (37%), followed by accommodation (28%), food service (21%), clothing (17.5%), and leisure time activities (10.5%). The majority (95%) of the respondents was satisfied with the security system and the social media services.

Conclusion: The study concluded that the old-home residents time and again miss their family members and are not happy living there. Nearly one-third of the old-home residents are forced to stay there by their family members and half live there for none of their children or close relatives live in the country and one-quarter do not have any residence to live. None of them has any interest to live there. Almost half are satisfied with the services provided by the old home, over one-quarter are dissatisfied and another one-quarter are neither satisfied nor dissatisfied. The respondents' level of dissatisfaction is mostly with healthcare facilities.

Key words: Old-age home, geriatric people, satisfaction, old-age home, and services etc.

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INTRODUCTION:

Aging is one of the ancient public health problems across the world. With the decline in fertility rate and infant mortality and improvement in healthcare services, the years of survival has increased to a great extent. This demographic shift in age structure has imposed financial stresses on the government in terms of health and social services to be provided to the elderly community. It is gradually fetching towards a global challenge to bear out the basic needs of the increasing elderly population and to make the most out of this demographic transition. The eventual increase of the problem demands effective planning and implementation straight away, in order to consider the elderly group of people as treasured resources, rather than the subject of discontentment. In Bangladesh, elderly folks are generally looked after by their family.¹ People in their advanced years of life, commonly yearn for staying in their homes with their children and grandchildren and share their life with their descendants.² Not very long ago, taking care of the elderly at home was the commonly practiced social norm. This practice was also regarded as a very fundamental concern for the emotional, humane, and psychological stability of the elderly and for the social as well as moral development of the forthcoming generation.¹ However, with rapid globalization, this traditional care system and congeniality are fading away. Therefore, the demand for elderly care homes is on an increased drift.¹

Aging brings with it, a distinctive set of complications that an individual must confront and master in order to achieve successful old age.¹ People move from middle age to young old age and then, with increasing frailty, to old age and death. This transition is accompanied by five crisis situations that they have to endure. They are- loss of social status, loss of close relatives, biological changes in the body, confrontation with death, and adjustment to new roles and activities.³ Elderly care homes are considered multi-residence housing facilities intended to avail the residential care facility for the elderly. Detached from their families, the elderly people reside in old homes with the expectation that they will live a better life compared to that living abandoned in their descendants' families. Whereas, it is poorly

suggestive of the fact that elderlies are experiencing a satisfactory life in old homes.⁴

It is miserable when an elderly faces physical and psychological vulnerability, financial insecurities, and social separations due to deteriorating health conditions and lack of mobility.⁵ Accompanying the biological losses, significant other alterations come off, such as transitions in social roles and positions. Increased demand for care and not availing as much support from the family make them feel abandoned.⁶ In such a situation, a nursing home/old age home, provided with housing as well as basic needs and health care facilities can be a great alternative, which can ensure a better, healthier, and satisfactory life for the elderly. To establish the idea of successful aging, it is mandatory to maintain the highest satisfaction level towards the services provided by an old home. To that end, the Boyoshko Punorbashon Kendro, a non-government old home was established in 1987 in Gazipur. It is the largest old home in the country, providing accommodation for 1200 senior citizens free of cost. Besides free accommodation, food, and clothing, they also provide free medical care for its inhabitants and involve them in pastimes like gardening, farming, & many others. Considering all these concepts, this study was undertaken to assess the level of satisfaction of elderlies living in this old home about the services provided there.

METHODS:

This descriptive study was designed to evaluate the level of satisfaction of the residents of the Bayaska Punarbasan Kendro about the services provided there. The study was carried out at the Department of Community Medicine, Rajshahi Medical College, Rajshahi over a period of 1 year from January 2019 to December 2019. Ethical clearance was taken from the Ethical Review Committee (ERC), Rajshahi Medical College, Rajshahi to carry out this study. Elderly people, aged 65 years or above, residing in the selected old home for more than 3 months, and willing to participate in the study were included. However, the residents diagnosed with major mental illness or severe physical illness which might impede the ability to communicate effectively during the interview, or were unwilling to participate in the interview were excluded. A total of 200 residents

(respondents) were consecutively included in the study.

In order to determine the level of satisfaction perceived by the respondents, they were asked about the quality of the services provided to them by the Bayaska Punarbasan Kendro. The services were categorized into eight domains and respondents' opinion was sought and stratified about how well they were satisfied with each of those services. The responses given to each discrete question were scored from 0-4 using Likert Scale, where 0 meant 'highly dissatisfied', and 4 meant 'highly satisfied', with 1 'dissatisfied', 2 'neither dissatisfied nor satisfied', & 3 'satisfied' in between them. The scores obtained from the responses to each discrete service were then summed up to find an integrated score, which ranged from 0-32. The total score was then classified into five categories as scores 0-6 (highly dissatisfied), scores 7-12 (dissatisfied), scores 13-18 (neutral), scores 19-25 (satisfied), and scores 26-32 (highly satisfied). Data analysis was done using the Statistical Package for Social Science (SPSS), version 20.0.

RESULTS:

Over 60% of the respondents were 65-70 years old followed by 23% 70-75 years and 16% 75 years and older. Approximately 64% of the respondents were Muslim, 29% Hindu and the rest were Christian and Buddhist. Over 55% of the respondents did not have their spouses, 26% were widows/widowers, 9% never married and 9.5% were divorced. About one-quarter (24.5%) of the respondents did not have any formal education, 26% could sign their name only, 37.5% were primary and 9% graduate level educated. In terms of occupation, day laborers comprised almost 30% of the respondents followed by housewives (26%), service holders (22.5%), businessmen (16%), and others (6%). Over half of the (52%) respondents came from rural areas and the rest from urban or semi-urban areas. Half of the respondents did not have any income source and the rest half were facing economic hardship (Table I).

All the respondents were suffering from some sort of physical & mental illness concurrently. Approximately 42% of patients were suffering from multiple physical ailments. Chronic heart disease (CHD) was the next dominant disease (21%), followed by diabetes mellitus

(14%), some sort of pain-related musculoskeletal disease (11%), and chronic kidney disease (4.5%). The majority (98.5%) of the respondents had some sort of mental illness. Major mental illness was detected in 3(1.5%) cases. Physical illness or departure of near family members was the most common (29.5%) cause of mental unhealthy state as reported by the respondents. Among the rest of the respondents, saddened underneath but still tries to remain cheerful and optimistic about life situations were prevailing in 25.5 and 26% of the respondents respectively. Well-adapted & mentally healthy to the surrounding environment was observed in 8% of the respondents (Table II). Investigating the status of living in the institution revealed that over one-third (35.5%) had been residing there for < 1 year, 28.5% for 1-3 years, 30% for 3-5 years, and only 5.5% for 5 years or more. Over three-quarters (77%) of the respondents never met their family members since they entered the Bayaska Punarbasan Kendro, 14% communicated sometimes, and 9% very often. In 16% of cases, their children, spouses, or siblings communicated with them (Table III).

The respondents informed that they were supplied with adequate food and clothing. Almost all the respondents told that there was a health center in each of the two compounds (male and female compounds) and healthcare services were provided by both doctors and nurses. Only 12% told they used to get economic or other support from sources other than the old home. More than 90% of the external support came from family members and close relations. They passed their leisure time working (22%), gossiping (29%), watching TV (35.5%), and hangout or reading books (13.5%). As reported by the respondents, 8% did not have any access to social media, 17% accessed them once a month, and 14% once a week. Over half (53.5%) had access to social media through old-home media and 7.5% used personal mobile. When the respondents were asked, whether they maintain social relationships, 58% nodded that they do so (Table IV). More than 90% told that they more often missed their family members and were not happy living there (90.5%). Asked about the reasons behind living in the old homes, the respondents' told that they were forced to stay there (29%), they did not have any children or

relatives in the country (25.5%), did not have any residence (25.5%), and felt lonely (20%). However, over 90% of them did not have any interest to stay there (Table V).

Around 60% of the respondents were satisfied with the food and clothing given to them. Forty-five percent were satisfied with their accommodation. The respondents' level of dissatisfaction was highest with healthcare facilities (37.5%), followed by accommodation (30.5%), food service (21.5%), clothing (17.5%), & leisure time activities (10.5%). The majority (95%) of the respondents was satisfied with the security system and the social media services. Nearly half (47%) of the respondents was satisfied with the total services provided, 25.5% were dissatisfied and the rest 27.5% were neither satisfied nor dissatisfied (Table VI).

Table I. Distribution of respondents with their socioeconomic status (n=200)

Socioeconomic status	Frequency	Percentage
Age (years)		
65 – 70	122	61.0
70 – 75	46	23.0
≥ 75	32	16.0
Religion		
Muslim	127	63.5
Hindu	58	29.0
Christian	10	5.0
Buddhist	5	2.5
Marital status		
Married	111	55.5
Unmarried	18	9.0
Widow	52	26.0
Divorced	19	9.5
Educational status		
No formal education	49	24.5
Can signature only	52	26.0
Up to primary level	75	37.5
Up to high school	6	3.0
Graduated	18	9.0
Previous occupation		
Day Laborer	59	29.5
Service	45	22.5
Housewife	52	26.0
Business	32	16.0
Others	12	6.0
Residential background		
Urban	51	25.5
Semi-urban	45	22.5
Rural	104	52.0
Economic solvency		
Presently no income source	200	50.0
Faces economic difficulties	200	50.0

Table II. Distribution of respondents with their physical and mental health status

Physical & mental health status	Frequency	Percentage
Type of illness*		
Physical	200	50.0
Mental	200	50.0
Type of physical illness		
Chronic musculoskeletal diseases (oosteoarthritis)	22	11.0
CHD, HTN	42	21.0
COPD, CLD	16	8.0
CKD	9	4.5
DM	28	14.0
Multiple	83	41.5
Type of mental illness		
Major	3	1.5
Minor	197	98.5
Mental state		
Restless	22	11.0
Unwell due to physical illness/ familial departure	59	29.5
Saddened underneath, still tries to remain cheerful	51	25.5
Optimistic about life	52	26.0
Mentally healthy and well adapted	16	8.0

*Total will not correspond to 100%, for multiple responses

Table III. Distribution of respondents with their status of living in the institution

Status of living in the institution	Frequency	Percentage
Duration of staying at the institution		
Less than 1 year	71	35.5
1-3 years	57	28.5
3-5 years	61	30.5
≥ 5 years	11	5.5
How often family/society communicate with respondents		
Very often	18	9.0
Sometimes	28	14.0
Never	154	77.0
Whom they communicate with respondents		
Spouse/children/siblings	32	16.0
Neighbors, relatives	14	7.0
None	154	77.0

Table IV. Distribution of respondents with their facilities provided by old home (n=200)

Facilities provided by old homes	Frequency	Percentage
Adequate food supplied	200	100.0
Needed clothing provided	200	100.0
Healthcare services provided by		
Doctors only	2	1.0
Nurses only	0	0
Both doctors and nurses	198	99.0
Availability of external economic or material support	24	12.0
Sources of the support (n = 24)		
Family members and close relations	22	91.7
Other than family members	2	8.3
Type of pastimes enjoyed		
Working whole day	44	22.0
Gossiping	58	29.0
Watching TV	71	35.5
Hangout or reading books	27	13.5
Access to social media		
No social media	16	8.0
Once a month	34	17.0
Once in a weekend	28	14.0
By Old-home media	107	53.5
Personal mobile	15	7.5
Maintaining social relation	116	58.0

Table V. Distribution of respondents with their feelings & nostalgia (n = 200)

Respondents' feelings & nostalgia	Frequency	Percentage
How often respondents miss their family		
Rarely	01	0.5
Often	06	3.0
More often	183	91.5
All the time	10	5.0
Respondents living happily		
Yes	19	9.5
No	181	90.5
The reason behind staying in the old home		
No children or relatives living in the country	51	25.5
Doesn't have any residence to stay	51	25.5
Feels lonely at home	40	20.0
Forced to stay	58	29.0
Interested to stay in the old home for the rest of their life		
Yes	19	9.5
No	181	90.5

Table VI. Satisfaction about the services provided by the institution

Services	Level of satisfaction				
	Highly dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied
Food	1(0.5)	42(21.0)	39(19.5)	116(58)	2(1.0)
Clothing	-	35(17.5)	44(22.0)	113(56.5)	8(4.0)
Accommodation	5(2.5)	56(28.0)	49(24.5)	90(45.0)	-
Health care facility	1(0.5)	74(37.0)	46(23.0)	79(39.5)	-
Pastimes enjoyed	-	21(10.5)	21(10.5)	158(79.0)	-
Security system	-	7(3.5)	3(1.5)	190(95.0)	-
Social media	-	2(1.0)	9(4.5)	189(94.5)	-
Overall satisfaction	-	51(25.5)	55(27.5)	94(47.0)	-

*Figures in the parentheses denote the corresponding percentages

DISCUSSION:

Measuring the quality of the care provided in old-age homes is complicated, as these care services are multifaceted, and may be perceived differently by different recipients.⁷ Thus, it is often difficult to measure the quality of care in order to improve its quality.⁸ In such a context, resident satisfaction may be the most appropriate assessment of the quality of old age homes.^{9,10} Therefore, the present study was intended to assess the level of satisfaction among the residents of the old-home (Bayaska Punarbasan Kendro) about the services provided there.

Almost two-thirds of the residents of the Bayaska Punarbasan Kendro were Muslim and in their 7th decade of life. More than 55% had already lost their spouses. Fifty percent of the respondents were rural residents. Day labourers comprised almost one-third followed by housewives and service holders. Half of the respondents did not have any income source and the rest half were facing economic hardship. The absence of any regular financial help from any sources has made them face economic hardship. A study in the Erbil City of Iraq observed that the 52-70 years old respondents comprised the largest cohort (56%) in the old age home; the majority of whom were male (88%) and Muslim (92%). In Chandrika¹¹ et al's study, nearly three-fourths of the participants were Hindus, and 16% were Christians. This variation in ethnicity between the two studies can be explained on the basis of the geographic location of the study population.¹² In the present study about one-quarter (24.5%) of the respondents

were illiterate, nearly two-fifths (37.5%) were primary-level educated and 9% were graduate-level educated. This finding is more or less consistent with the findings of Chandrika¹¹ et al. A study among the residents of an old home in Iran showed that among the residents, 53.8% were women and 46.2% men, with the mean age of the residents being 72 ± 9 years; nearly half (45.5%) of the elderly folks were widows and 15.4% were divorced.

Residents of the old homes were invariably suffering from some sort of physical and mental illnesses concurrently with 42% having multiple physical ailments. The major chronic disease was CHD followed by diabetes and osteoarthritis. Studies have shown that health status is the most significant predictor of satisfaction, though very few literatures evaluated health status as the predictor of residents' level of satisfaction in old age homes.¹³ The level of satisfaction with the services provided in the nursing home indicates the quality of services provided to the elderly in the old homes.¹² In the present study, nearly half (47%) of the respondents were satisfied with the services provided by the old home, 25.5% were dissatisfied and the rest 27.5% were neither satisfied nor dissatisfied. A study, conducted by Vinsi in selected old age homes in Indore City¹³ showed that the satisfaction level was high and females were more often satisfied than males.¹³ Demographic characteristics showed to have an influence on the satisfaction level.¹⁴

More than one-third of the respondents had been residing there for < 1 year and only 5% for 5 years or more. Over three-quarters never communicated with their family members since they were admitted to the Bayaska Punarbasan Kendro. However, their children, spouses, or siblings communicated with them in some cases. Isha sought the reasons behind staying at the old home. Strained relation with children (34.4%) was the predominant cause found, followed by loneliness (16%), not to be a burden on family (3.2%). In the present study, respondents informed that they passed their leisure time working, gossiping, watching TV, and hangout or reading books. In another study old home residents passed their free time watching TV (25%), reading books or newspapers (15.7%), & listening to the radio (5.1%).¹⁵

The respondents' level of dissatisfaction was highest with health care facilities (37%), followed by accommodation (28%), food service (21%), clothing (17.5%), and leisure time activities (10.5%). The majority (95%) of the respondents was satisfied with the security system and the social media services. The overall satisfaction regarding the services provided to the old home residents was not dependent on the socio-demographic background or the physical and mental health status or the statuses of living in the old home. Isha showed that, among the old home residents, 13.2% were dissatisfied regarding the service provision, 58.8% claimed to have a satisfactory service provision and 10% were highly satisfied. Over half (51.7%) stated that their basic needs were met by the institution and 23.5% told that their healthcare needs were met by the institution.¹⁵

A successful aging can bring with it prospective opportunities, not only for the older people and their families, but also for the community as a whole, as their lifelong experience can be valued as a guidance for the forthcoming generation in every aspect of life.⁴ Additional years provide the chance to pursue new activities and can add value and new meaning to life. Therefore, establishing suitable residential care for elderly people will not only benefit them but will also improve the overall status of the country. Public health actions and initiatives in response to aging are crucial not only in terms of considering the approaches to ameliorate the declining health and functional statuses, associated with the progression of age but also to reinforce their recovery, adaptation, and psychosocial growth.⁴ The period of old age demands additional support which will help them to keep essential aspects of their lifestyles intact while improving their overall quality of life.¹⁶ The quality of life of elderly people living in old age homes can be enhanced through satisfactory service provisions from the old age homes. Also, evaluating resident satisfaction is an important aspect of measuring the quality of a nursing home.¹⁷

CONCLUSION:

From the findings of the study, it appears that most of the old-home residents more often miss their family members and are not happy living there.

Nearly one-third of the old-home residents are forced to stay there by their family members. Nearly half live there for none of their children or relatives live in the country and they feel lonely. Another one-quarter do not have any residence to live in. Though none of them has any interest to stay there. Almost half of the respondents are satisfied with the services provided by the old home, over one-quarter is dissatisfied and another one-quarter is neither satisfied nor dissatisfied. Around half are satisfied with the food, clothing, and accommodation provided to them. The respondents' level of dissatisfaction is primarily with health care facilities followed by accommodation, food service, clothing, and leisure time activities.

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