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Effect of Group Interaction on Quality of Life in elder adults referring to Jahandidegan center in Shiraz, Iran

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Abstract

Background: The aim of this study was to examine the effectiveness of group interaction on life quality among elderly people attending a day centre in Shiraz, Iran.

Methods: A sample of 90 people aged 55-75 years participated in the study. The General Health Questionnaire was primarily administered to the elderly and scores lower than 23 were selected for the study. Then they were divided into 2 groups, Experimental and control, and completed the SF26 questionnaire. The Experimental group was divided into 5 sub groups, attending 8 weekly sessions on different aspects of healthy lifestyle. After the completion of the sessions SF-26 Questionnaire was completed by only the experimental group and after 3 months by both groups.

Results: The score of QOL of the experimental group was significantly higher than the control group (P<0.007) 3 months after the intervention.

Conclusion: Group interaction had a positive effect on QOL, especially on social communication end psychological dimensions.

Keywords: Elderly; Quality of life; Group interaction

Introduction

According to the latest census taken in 1996 in Tehran, the elderly population aged 60 and older was 6.6% of the whole population and the Census Bureau predict that the elderly age dominance will be more significant from the year 2030 onwards. In this regard the elderly population aged over 60 will 8.5 million in 2020 and 5 years later in 2025 this will reach up to 10.5 million [1]. Higher age often bring about health problems and a decrease in functional capacity [2]. So, that their dynamic health is due to increasing quality of life [3].

Some literature suggest that health promoting behaviors of older adults offer the potential for improving their health status and QOL, consequently offers a method of promoting healthy aging [4]. In which one of the most important duties of health professionals is health education and propagation of healthy behaviors. Studies show that health education has a significant impact on awareness of people [5]. Group work for educating health has become an increasingly important strategy in recent years [6]. This intervention is cost effective [7]. The most basic factor in changing a group is interaction [8]. However working with groups is one of the most important duties of community health nurse. It is important to seek strategies that promote the welfare and QOL of this population segment.

Based the above, this study aimed to evaluate the levels of QOL in elderly people with group interaction.

Methods

Study design

This study was an interventional study with simple random sampling to explore the relationship between group interaction and QOL among elderly in Iran.

Study setting and sample

The study was conducted from January to June 2010 at the Jahandidegan centre, a day centre affiliated to Shiraz welfare organization. Established in 1998, the centre has about 5000 registered members aged above 55. The members participated voluntarily in various activities in the centre. The inclusion criteria were female and male adults aged 55-75 years old, who were members of the centre and who get the score of 23 or less in General Health Questionnaire having the ability to talk appropriately. The exclusion criteria were: having a personal crisis during the intervention, or suffering from severe physical or psychological disorders, participating in other activities during the intervention (e.g., sports/physical activities or counseling). On the basis of these criteria 90 older adults were selected randomly to participate in the study.

Data collection

The instrument used for the study was the Quality of life Questionnaire (WHO QOL-BREF) SF26. The validity and reliability of it was performed in many studies, e.g., have validated a Farsi version on a community dwelling sample [9]. The questionnaire alpha has reported as 0.89 which concludes that the Farsi version was a reliable and valid instrument for QOL in Iran. After an explanation of the aim of the study by the researcher, 90 participants with all the required criteria and G.H.Q score ≤ 23 were selected as the study sample for the intervention. Participants divided into experimental and control groups, and completed WHO QOL-BREF before the intervention and 3 months after the last session of group interaction experimental group also completed it immediately after the last session. The verbal and written informed consent was taken from the participants before the intervention.

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Intervention

The experimental group was divided into 5 sub groups (9 in each) and 8 group interaction sessions were held weekly for each subgroup. For this study 8 topics were selected for discussion. The topics were: nutrition, stress management, physical activity, sleep and rest, safety, sexual relation, improving self-esteem and memory and learning (all items were in older segment). At the end of the sessions, one of the participants voluntarily summarized the discussed materials and the members were notified about the topic for the next session.

At first the coordinator designed the chairs in semi circle forms so that the participants can see and interact with each other. Then the topic was announced and the participants were asked to explain about their experiences on the topic. The coordinator managed the time and controlled the group participation.

Data analysis

The results were analyzed by spss version 11.5. Analysis was presented with frequency percentage, mean and standard deviation. The results were reported by independent t-test and repeated measurement.

Results

Out of the final sample of 90 participants, completed data were obtained from 76 female and 9 male (5 person were excluded). The demographic characteristics are presented at table 1.

Table 2 shows the QOL of the experimental and control group before and after 3 months after the last session of intervention.

The comparison of difference dimensions of QOL before 3 months after intervention by repeated measurement test showed significant difference (Table 2) between 2 groups p ≤ 0.007.
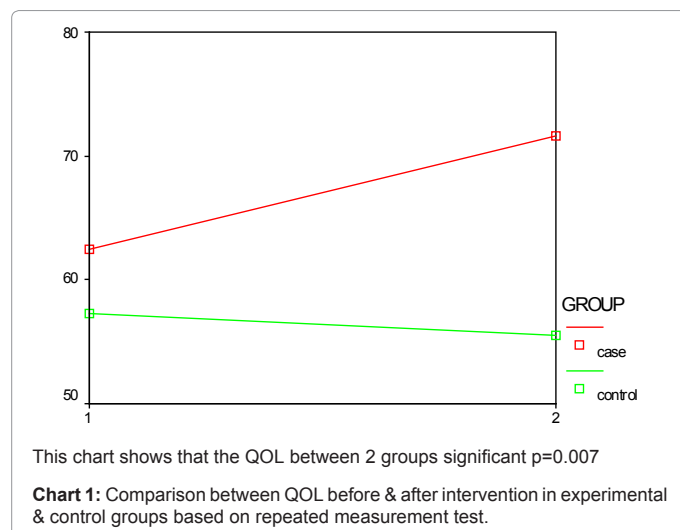
Discussion

QOL is a factor directly linked to the issue of aging [10]. Public health policies in most countries are concerned with how to keep older

Group	Experimental		Control		p-value
Time	Before	3 months later	Before	3 months later	
Variable	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Overall Quality of life	62.67	7.12	71.83	10.49	57.25	16.48	55.55	12.50	**0.007**

Table 2: Comparison between QOL before & after intervention in experimental and control groups (n=85).

This chart shows that the QOL between 2 groups significant p=0.007

Chart 1: Comparison between QOL before & after intervention in experimental & control groups based on repeated measurement test.

people living independently with a qualitative life [11]. Researchers believe that group interaction can increase the QOL of older people. Group interaction is conceptualized as a natural process and enables people to achieve a common opinion. It is important because people actively discuss and allow group members to become acquainted with each other at a deeper level and developed group cohesion. Interacting and sharing views and knowledge has a persistent effect on the mind and function of people and can also last for a long time. Navvabi nezhad recognized that in group interaction, leader is only facilitator and not an instructor [12], so that even at the end of the sessions and without the presence of the leader it can be continued. Golshan Fomani MR [13] explains: people born, die, be taken ill and cure in groups and cannot resolve their problems out of group. In the present study (Chart 1) the data analysis showed statistically significant increase in QOL scores comparing before and after 3 months of the sessions. The findings are in accordance with those of Tayari [14], who revealed that group interaction increase level of physical activity in student girls. Khalili [15] identified healthy life style improved the QOL of the elderly. The advantage of group interaction is that it provides for subjects a self-learning opportunity and so retains longer and offers a method of promoting healthy aging.

There were some limitations to the current study. The sample size was small so we cannot generalize the findings to the elderly population.

Overall, this research showed the effect of group interaction on QOL of elderly people. The finding of this study can provide a basis for planning geriatric care. Using this strategy for teaseling elderly and improving QOL needs more exploration.

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Group		Experimental		Control	
Variable	Number	Percentage	Number	Percentage
Female	40	90.9	36	87.8
Male	4	9.1	5	12.2
illiterate	3	6.8	13	13
literate	41	93.2	28	28
Single	3	6.8	1	2.5
Married	30	68.2	28	70
Separated	0	0	1	2.5
Divorced	0	0	0	0
Widow	11	25	10	25
Alone	5	11.4	2	5
With spouse	12	27.3	14	35
With children	8	18.2	10	25
With spouse & children	17	38.6	14	35
With others	2	4.5	0	0
Have insurance	41	93.2	36	90
Have not insurance	3	6.8	4	10
Independent	26	59.1	24	60
Dependent	15	34.1	16	40
Others	3	6.8	0	0

Table 1: Demographic characteristics in study groups.

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