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## Role of the Physical Environment and Quality of Life amongst Older People in Institutions: A mixed methodology approach

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### Abstract

There are many negative issues that often experienced by older people who live in an institution and these issues lead to deterioration in quality of life (QoL). However, a paradox could occur, in which, in spite of all issues existed; these older people could have a 'sensible' level of quality of life. One of the factors that could contribute to this is the environment where the older people live. The results from this simultaneous embedded mixed method study indicate that the QoL amongst the participants was present and was contributed to the 'like home' environment that are present in the institutions.

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### 1. Introduction

In Malaysia, a family has long been regarded as a social care institution, which bears the responsibility for looking after the elderly people. This belief derived from the teaching of Islam and Confucians ethics of filial piety that put a strong emphasis on respect for the elderly people. However, the social characteristics of people in Malaysia are changing as a result of urbanisation and modernisation of the population, for example, the changing

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role of women and their participation in the labour force, delay in marriage, smaller family size, migration of the younger generation to urban areas with more jobs and education opportunities (Sim, 2002). These changes have social implications for elderly people.

The extended family structure is being replaced by a nuclear family structure, consequentially affecting and putting a strain on the family as the role of the care-giver for elderly people who are declining in health conditions (Ng, Lim, Jin, & Shinfuku, 2005; Selvaratnam & Tin, 2007). In addition, the fertility rate has continuously declined. These changes have created a vacuum and demand for care options for elderly people. Subsequently, there are many expansions of care options for older people such as private nursing homes or public funded institutions. For example, the first nursing home was established in 1983, and by the year 2001, there were 50 moderate-sized nursing homes that contained 40 beds, but there are hundreds more smaller homes in operation (fewer than ten beds) which are located in bungalows and private residences (Sim, 2002). By the year 2007, there were 209 moderate size nursing homes and seven institutions for elderly people (Social Welfare Department of Malaysia, 2009).

As the need and demand increases, placing elderly people in institutions or nursing homes is becoming increasing common practice in spite of the cultural expectation and assumption that putting the elderly people in a nursing home is a violation of tradition and personal beliefs. An institution for older people has an adverse effect on health and well-being as the institutional environment creates feelings of dependency and reinforces a sick role amongst the older people (Dommenwerth & Petersen, 1992). In addition, the institutions and nursing homes are viewed as “dumping place where one would idle till death, ... close to death and possessing an uncontrolled future” (Lee, 1997, p. 333). The elderly people also feel dissatisfied with the quality of care, erosion of personal autonomy, lose of meaning and sense of belonging in life as a result of institutional policy, the stiffness of general routine and the hierarchical structure of the institution (Lee, 1997; Berglund, 2007; Brooker, 2008). As a result, elderly people feel isolated and lonely (Fessman & Lester, 2000; Kim, Jeon, Sok, & Kim, 2006) and depressed (Sabariah & Hanafiah, 2006; Sherina, Rampal, Hanim and Thong, 2006; Brooker, 2008). A study by Jones, who conducted a study of elderly people in an institution in Kuala Lumpur reported that 54% of the elderly people were depressed. In addition, Oksoo et al. (2009) reported that 66.7% of Korean elderly people and 41.7% of Japanese elderly people who live in nursing homes were depressed. Choi, Ransom, and Wyllie (2008) indicated that depression amongst elderly people in the institutions and nursing homes is due to loss of independence, inability to continue previous occupations, feelings of isolation and loneliness, lack of privacy and meaningful occupations. Depression causes the failure to thrive in the institution (Berglund & Kikrevold, 2006); thus, they are likely to comply and participate in the programme, processes and routine occupations run by the institution. Furthermore, there are many works of literature that indicate the poor quality of life amongst older people in nursing homes or elderly institutions (Chan and Pang, 2007; Bodur and Cingil; Hedayati, et al., 2014)

However, QoL is highly individualistic, multidimensional and subjective and it can be influenced by many factors. Environment in the institutions could contribute to QoL as the layman's definition of QoL comes from the people themselves and is based on personal expectations and judgement in their lives context, standards in life, grounded in their experience in different aspects of life and in comparison with other people such as friends and peers (Farquhar, 1995; Niv and Kreitler, 2001; Bond and Corner, 2004). In relation to the context in life, physical environmental factors such as greenery outdoor space and pleasant environment, privacy, comfortable living areas that allows social interaction and engagement in activities, thermal comfort, light exposure and risk-averse environment could contribute to QoL and life satisfaction (Parker, et al., 2004; Dahlan et al., 2010; Garre-Olmo, et al., 2012; Fleming, et.al. 2014; Kooshali, et al., 2015; Othman & Fadzil, 2015). In short, the physical environment must be a “... home-likeness environment...” (Fleming, et al., 2014: p10). Subsequently, a paradox could occur in elderly institutions, in which, the older people could have a ‘sensible’ level of quality of life as a result of the physical environment in spite of constraints and negative experiences living in the institutions as stated above.

Hence, the aim of this study is to identify the QoL amongst older people in institutions and to identify the elements of the physical environment that could contribute to QoL.

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