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## ORIGINAL ARTICLE

## Common chronic health problems and life satisfaction among Macau elderly people

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## ABSTRACT

**Aim:** Most elderly people live with one or more health problems and their quality of life is affected. This study aimed to compare life satisfaction of elderly people living with common chronic medical illness compared with those without these health conditions in order to identify conditions that most affect life satisfaction of elderly people living in the community.

**Method:** The data was collected by a questionnaire survey of 529 elderly living in community dwellings of Macau using a single measure of life satisfaction and self-reported common chronic medical illness diagnosed by a physician. A purposeful stratified random sampling method was used. Independent sample t-tests were conducted to compare participants who had a health condition to those without a health condition.

**Results:** Respondents who indicated the lowest life satisfaction were those with fracture after the age of 60, eye illness, chronic bronchitis/emphysema, and metabolic arthritis/arthritis. For men, prostate problems was also significantly related to low life satisfaction.

**Conclusion:** Lowest life satisfaction was reported among Macau elderly people living with mobility related chronic medical illness. Policies and practices should pay more attention to mobility related health problems or issues of elderly people, such as eye health and neuromuscular weaknesses.

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## 1. Introduction

Over the past two decades, China's population has been aging rapidly. The same as most developed countries, life expectancy in China is lengthening almost linearly with no sign of deceleration. By 2000, China's population aged 65 and older was almost 90 million, and the elderly could number well over 300 million by 2050 [1]. As a result of China's "one-child" policy and low mortality, the proportion of elderly citizens will continue to grow very quickly. A key question is: are functional limitations and chronic illnesses that are often concurrent with increases in life expectancy accompanied by changed life satisfaction, and which illnesses lead to the lowest life satisfaction?

Individuals with chronic diseases usually experienced a decline on their quality of life [2]. For example, daily activities are adversely

affected as a result of physical impairment. Also, physical impairments lower patients' psychological condition, making them become more sensitive and more easily offended. They also experience difficulties in expressing complaints and frustrations, which in turn leads to feeling upset and not being understood [3]. If patients also encounter physical pain, their daily functioning can be reduced, for example, studies have found that lower back pain correlated with a decline in cognitive performance [4], thus affecting patient's ability to manage their daily functioning. Most elderly people suffer from one or more health problems and their quality of life is affected [5].

Subjective well-being captures the affective feelings and cognitive judgments people have about the quality of their lives. Life satisfaction is a form of subjective well-being that reflects the perception of whether one is happy with one's life. Life satisfaction is associated with positive life outcomes, such as health and longevity, thus it has increasingly been used public policy, for example, France and the United Kingdom have begun to measure life satisfaction since 2010 and 2011, respectively, to guide policy-making [6]. In the United States, Healthy People 2020 – a federal

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funded initiative tracks population-level life satisfaction to help promote quality of life [7]. Therefore, in this study of elderly, life satisfaction is used as the indicator of quality of life.

Since resources are always scarce, governments and health care professionals are challenged in providing more effective health promotion services for the elderly to maintain or to enhance their quality of life. It seems logical to assume that patients who experience multiple chronic health problems would also experience lower life satisfaction. Some studies [8] found evidence to support that, yet as patients age, this adverse effect seem reduced [9]. Regardless, most governments have been putting in various resources to help people manage their chronic diseases, it is worth to identify which ones affect life satisfaction the most. In this present study, we wanted to identify chronic medical illness that affect the life satisfaction the most. Results of the study will guide policy makers and health care professionals design more effective health promotion services.

## 2. Methods

This study is a cross sectional descriptive questionnaire survey. We assumed that there are differences in the level of life satisfaction among the elderly with different health problems or chronic diseases. This study was conducted in Macau, China. Macau is a small city that is a Special Administrative Region of China. The study populations were those living in the community and were members of nonprofit organizations that serve elderly people. This population would be considered socially and physically active and had high desire for higher life satisfaction.

### 2.1. Participants

Eligible respondents in this study were community dwelling older adults aged 65 years old or over who were ambulatory and agreed to attend an in person interview at an office of a non for profit elderly serving organization. This study used a purposive stratified random sampling method. The respondents were selected from members of a large non for profit elderly serving organization, which had 6300 elderly members. All members who were aged 65 or above were stratified first into categories of the gender groups then four age groups of 65–69, 70–74, 75–79, 80–84, 85 or above. According to the population distribution, 200

of the groups of 65–69 and 70–74 were selected, 150 of the groups of aged 75–79 and 80–84 were selected and 50 of the group of aged 85 and or above were selected randomly using a table of random numbers. All together 1500 members were selected and telephone called to invite to participate in the study. The participants were informed that their participation in the study were voluntary and refusal won't affect their memberships also the data collected would be kept anonymous and confidential.

### 2.2. The instrument and data analysis

The instrument is a self-reported questionnaire consisting of three parts. Life satisfaction was measured by a single-item measure, which read, “In general, how satisfied are you with your life?” with a 4-point scale from 1 (*Very Dissatisfied*) to 4 (*Very Satisfied*). The higher values represented higher life satisfaction. This single item is a robust and reliable estimate of life-satisfaction [10–13]. The second part of the instrument is a self-report of health problems or disease that had been diagnosed by doctors. A checklist of 17 chronic medical conditions was used. On the one hand, this sample experiences free regular medical appointments which were part of the Macau primary health care scheme, on the other hand, the checklist were found reliable in a large scale study of health care needs of large number of randomly selected elderly people [14]. The third part was demographics including gender, age, marriage, education, household and finance. Independent sample t-tests were conducted to compare older adults who had a medical condition to older adults who did not report having a condition.

## 3. Results

When being telephone contacted, some phone numbers were found disconnected, some elderly people indicated being ill, working and or out of town during the study period, at the end totally there were 529 respondents with a response rate of 49%. Slightly more participants were female (56.2%). Most of the participants were married (72.9%), primary school or no education (69%), living with spouse (42.1%), having about or merely adequate income (73%) and having three or more health problems (51.2%). Detail of the participant's characteristic can be seen in this Table 1.

Respondents without any known health problems rated that their life satisfaction 3.16 out of 4. Others with any of the common

**Table 1**  
Demographics of the respondents.

	N (%)		N (%)
<b>Gender</b>		<b>Household</b>	
Male	230 (43.8)	Living with spouse	223 (42.1)
Female	296 (56.2)	Living alone	126 (23.8)
<b>Age</b>		Living with housework assistant	6 (1.1)
65–69	116 (22.0)	Living with friends	175 (33.0)
70–74	126 (23.9)		
75–79	112 (21.2)	<b>Income</b>	
80–84	110 (20.8)	Inadequate	112 (21.3)
85 or above	60 (12.1)	Merely adequate	211 (40.0)
<b>Marriage status</b>		About adequate	174 (33.0)
Married	385 (72.9)	More than enough	30 (5.7)
Single	18 (3.4)		
Widowed	117 (22.2)		
Divorced	8 (1.5)		
<b>Education</b>			
No formal education	170 (32.6)		
Primary school	190 (36.4)		
Junior high school	107 (20.5)		
Senior high school	36 (6.9)		
University or above	18 (3.5)		

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