Good Neighbours

Measuring Quality of Life in Older Age

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Summary and recommendations

Summary

- Quality of life (QoL) in old age is attracting more policy interest.
- But most measures of QoL have been based on 'expert' opinion.
- Research since 1999 has attempted to create a new measure of QoL, based on the priorities of older people.
- In the three 2007-8 surveys, 36% of the new ONS British sample aged 65+ scored at a high OPQOL score (representing a higher quality of life), although just 12% of the older follow-up sample did so (now aged 72+), and only 2% of the Ethnibus sample aged 65+.
- Far more of the ethnically diverse, Ethnibus survey respondents had poor QoL than other respondents, despite being more likely than other survey member to be aged 65<75 than 75+.
- The research has shows that there are a number of drivers of QoL in old age, including: social comparison; our expectations, having good health and mobility and feeling safe in the community.
- This research has given us valuable indications about how QoL can be improved for older people.
- Survey respondents emphasised the importance of living in a neighbourly and safe area, and having good local facilities to promote friendly and helpful relationship with other people, including neighbours.
- Respondents mentioned the importance of having someone for '*companionship', 'to take me out', 'to make life bearable'*.
- Meaningful contact, either face to face or by telephone, with sons and daughters was important to most respondents for enjoyment, help and security.
- Contact with grandchildren (and being able to play and go out with them), was frequently mentioned. It was through their grandchildren that they felt able to play a reciprocal role, and to feel useful and valued.
- Many respondents in each sample referred to the importance of having social or voluntary activities in the context of the importance of 'keeping busy' - to stop them worrying, feeling alone, or dwelling on the past.

Recommendations

- Involvement in social activities, and building up support networks from a young age onwards – to ensure that people have a stock of such social resources in later life.

- Development of positive thinking, and making downward social comparisons rather than aspiring to unachievable ideals; people need to learn to be, and to feel, more in control of their everyday lives.
- In sum, society also needs to work harder, and in partnership with local people, to promote local communities with good facilities, including health care and access to transport, with opportunities for social participation and networking, and environments which are perceived to be safe. These factors, including adequate pensions, can lead to the experience of enhanced QoL in older age.

National surveys of quality of life in older age

Increasing numbers of older people, higher expectations for 'a good life', and demands on health and social care services, have led to international interest in improving and measuring quality of life (QoL) in older age.

Yet whilst QoL is a subjective concept, most attempts to measure it have been largely based on 'expert' opinions. As a result we may not have been measuring the right things when we review the QoL of older people. In addition, if the expert led measures of QoL don't measure the right things, policy makers may end up making the wrong policy interventions.

Since 1999, research on QoL, which was funded by UK research councils, has allowed us to explore the potential for a new measure of QoL, based on the priorities of older people. Face-to-face interview surveys have explored older peoples' definitions of, and priorities for, QoL, and enabled the development of a measure of QoL based directly on their views.

The first survey was of 999 randomly sampled people aged 65 and over, living at home in Britain. These individuals were chosen and interviewed by the Office of National Statistics in the spring, summer, autumn and winter of 1999-2000. Those who answered the survey were asked their views again four times over the following eight years. We also carried out qualitative interviews with 80 of them in 1999/2000, and a further 40 eight years on in 2007-8. The respondents were all similar in their socio-demographic characteristics to those of people aged 65+ in Britain.

In 2007-8, a further national random sample of 589 people aged 65+ were again interviewed by the Office of National Statistics, and a further national, focused sample of ethnically diverse people aged 65+ by Ethnicfocus (Ethnibus survey of people who were Indian, Pakistani, Afro-Caribbean and Chinese).

This research has allowed us to test the measure of QoL which was developed from the things older people told us in 1999-2000 (the Older People's Quality of Life Questionnaire).

The research since 2007 has also allowed us to compare our new measure of QoL with two other national measures: the CASP-19 and WHOQOL-Old.

Measures of Quality of Life in Old Age

OPQOL

The OPQOL is a 32- to 35- item QoL measure. It was conceptually grounded in lay views from the baseline QoL ONS Omnibus Surveys. It has 5-point Likert scales from Strongly Agree to Strongly Disagree, with 32 or 35 items, representing: life overall (4 items), health (4 items), social relationships and participation (7 items in QoL follow-up survey, 8 items in Omnibus surveys), independence, control over life, freedom (5 items), area: home and neighbourhood (4 items), psychological and emotional well-being (4 items), financial circumstances (4 items), religion/culture (2 items; asked in Omnibus surveys only).

Items are scored (with reverse coding of positive responses, so that higher scores equal higher QoL; the scale ranges are 35 (QoL so bad could not be worse) to 175 (QoL so good could not be better) (Omnibus surveys) and, correspondingly 32 to 160 in the QoL follow-up survey.

CASP-19

The CASP-19 (Control, Autonomy, Self-realisation and Pleasure), was developed from the theory of human needs satisfaction, and tested with focus groups and a survey of people aged 65-75. It concentrates on four theoretically derived (19 items): Control (4 items), Autonomy (5 items), Pleasure (5 items), Self-realisation (5 items), with four-point Likert response scales 'Often' to 'Never'.

Items are scored (with reverse coding of positive responses, so that higher scores equal higher QoL; the authors define the scale ranges as 0 (complete absence of QoL) to 57 (total satisfaction in all four domains).

WHOQOL-Old

The WHOQOL-Old was developed from the parent instrument: the World Health Organization's WHOQOL Group's WHOQOL-100, and cross-cultural studies; it was tested on convenience samples of older people across cultures. It is a multi-faceted measure of QoL and comprises seven sub-scales (24 items): sensory abilities, autonomy, past present and future activities, social participation, death and dying, and intimacy (4 items per sub-scale).

Items are scored (with reverse coding of positive responses, so that higher scores equal higher QoL; the authors define the scale ranges as 24 (lowest possible QoL) to 120 (highest possible QoL). Response scales are all 5-point but vary in their wording ('Not at all' to 'An extreme amount'/'Completely'/'Extremely''; 'Very poor' to' Very good'; 'Very dissatisfied' to 'Very satisfied'; 'Very unhappy to Very happy'). Testing is ongoing for the version for use with older people – the WHOQOL-Old http://www.euro.who.int/ageing/quality).

Summary of Results

Our representative surveys showed that we can identify statistically the different factors that significantly predict QoL among older people.

The quantitative research indicated that the main building blocks, or drivers, of quality of life in older age were:

- Psychological: people's standards of social comparison & expectations in life,
- Psychological: a sense of optimism & belief that 'all will be well in the end' rather than a tendency to think the worst (glass 'half full' rather than 'half empty' perspective on life),
- Health: having good health & mobility, physical functioning,
- Social participation & social support: engaging in a large number of social activities & feeling supported,
- Neighbourhood social capital: living in a neighbourhood with good community facilities & services, including transport,
- Neighbourhood social capital: feeling safe in one's neighbourhood,
- Self-efficacy and having a sense of control over one's life was a mediating variable, which was initially statistically significant in predicting QoL, but lost significance by the end of the modelling process. These factors contributed far more to perceived quality of life than objective indicators of material circumstances, such as actual level of income, education, home ownership, or social class.

The statistical results of the research were supported by the open-ended survey responses and by the qualitative interviews. This resulted in the addition of the subjective perception of having an adequate income, and of retaining independence and control over one's life:

- having good social relationships with family, friends and neighbours;
- having social roles & participating in social, voluntary, other leisure activities;
- having good health & functional ability;
- living in a good home & neighbourhood;
- having a positive outlook & psychological well-being;
- having adequate income;
- maintaining independence & control over one's life.

These findings formed the formed the basis of the OPQOL questionnaire, and the items were based on older people's statements within each theme. Responses to each item formed a 5-point 'Strongly agree' to 'Strongly disagree' scale.

In the three 2007-8 surveys, 36% of the new ONS British sample aged 65+ scored at a high OPQOL score (representing a higher quality of life), just 12% of the older follow-up

sample did so (now aged 72+), and only 2% of the Ethnibus sample aged 65+ scored high quality of life.

Far more of the ethnically diverse, Ethnibus survey respondents had poor QoL than other respondents, despite being more likely than other survey member to be aged 65<75 rather than 75+.

Table 1: OPQOL Total Scores: Percentage of each sample scoring at the good and bad ends of the OPQOL, and in the middle ranges.

	Ethnibus	ONS	QoL f/up
OPQOL total score:	%	%	%
≤99 = QoL as bad as can be	6	1	7
100-119	67	11	38
120-139 (middle)	25	52	43
140-159	2	32	12
160-175 = QoL as good as can be	---	4	---

The samples' distributions on the OPQOL were similar on the other two QoL scales used (CASPE-19 and WHOQOL-Old). With each measure, the Ethnibus sample of ethnically diverse respondents had worse quality of life.

Despite having larger household sizes, and social network sizes (larger numbers of relatives), the Ethnibus sample members were more likely than others to feel emotionally unsupported: just 10% of them 'Strongly agreed' that 'I have someone who gives me love and affection', compared with 45-50% of members of the other two samples:

Table 2: OPQOL item 11. 'I have someone who gives me love and affection' by sample

	Ethnibus	ONS O/S	QoL follow-up
	%	%	%
Strongly agree	10	50	45
Agree	45	38	35
Neither agree nor disagree	---	5	13
Disagree	43	5	6
Strongly disagree	2	2	1

In analyses which controlled for the effects of differences in age, sex and economic status, over half of the differences between respondents' OPQOL scores were explained by their ratings of their:

- Ageing actively
- Health status
- Home & neighbourhood
- Psychological wellbeing & outlook
- Financial circumstances
- Social participation/activities

Ethnibus only: ethnic group (Chinese people - better QoL scores)
QoL F/UP only: sex (Females - worst QoL).

How QoL in older age can be improved: the policy implications of the research

The more detailed results from each approach gave valuable indicators about how QoL might be improved in older age. People's views, which have implications for policy, generally focused on enabling older people to maintain their health and independence, social activities, and relationships. The earlier baseline survey found that respondents emphasised the importance of living in a neighbourly and safe area, and having good local facilities to promote friendly and helpful relationship with other people, including neighbours. This was seen to be important in preventing loneliness and isolation.

> *'I have a good family, plenty of friends and lots of interests. I have lots of friends that come to wait for me and will take me wherever I want to go – and good neighbours. The man next door takes me shopping and to the doctor's in his car, and his wife does take me shopping if needed. Next door but one the neighbour keeps me company in the evenings.' (interview x 200x- OR Male65x)*

Respondents mentioned the importance of having someone for '*companionship', 'to take me out', 'to make life bearable', 'to know there is someone there willing to help me'* or *'look after me'.* Some respondents commented that this gave them confidence. The importance of living in a supportive and friendly neighbourhood when health has deteriorated and when people feel vulnerable was also illustrated by several respondents.

> *'I think when you live on your own and you're single you worry about what might happen to you if you get ill. If you have your health you can stay in your own house, it's free, but you do worry about what can happen when you get older. I have friends…but I have no family, and they (friends) are the same age, so you couldn't expect to get help there – all getting old together.' (3018 1 0012)*
>
> *'Good neighbours – all friendly. Four doors down the man called me to give me broad beans. When I did not put my washing line up he came round to see if there*

was any problem or I needed help. The lady two doors down does my eye drops three times a week. There is always times I need a doctor, she rings for me. They are all very good to me.' (10485)

Meaningful contact, face to face or by telephone, with sons and daughters was important to most respondents for enjoyment, help and security. Respondents said they enjoyed doing things and going out with their families, as well as seeing them achieve things and progress. Contact with grandchildren (and being able to play and go out with them), was frequently mentioned. It was through their grandchildren that they felt able to play a reciprocal role, and to feel useful and valued, which was emphasised as important to them:

'The quality of my life now is my family - my children and grandchildren. My life surrounds them. I go at weekends, they visit every week. Sometimes I have the younger grandchild staying overnight…. I can do things with the family. I'm there if they need me. I get them bits for their flat and make them more comfortable. I knit them big jumpers and just look out for them.' (2002 4 0009)

'My grandchildren. Well I'm noted for activity. I can't keep still. The grandchildren love to come here and go out with me. We like the cinemas, we like the parks, you name it. …At least somebody thinks I'm useful….The youngest, who is nine, is dyslexic so that can be very awkward. They're too different. They rely on me more – my sons - for hospital appointments, and doctors' appointments, now I've got the time.' (10321)

Without a reciprocal role, some were afraid of being seen to be a burden by their families, and also referred to their families' own time constraints in providing social contact and support:

'Both my daughters' husbands and grandchildren are good to me, but I feel I can't just keep pestering them. I am a little bit independent. They have their lives to live.' (10434)

Pets were mentioned by some as important alongside their families – for love (both directions), company and for the pets' dependency:

'The most important to me are my family and my dog – I don't know which one I would put first, as the dog is family'. (102602)

'My family – my son, my daughter-in-law and my two grandchildren...Oh, and my little cat. I talk to her a lot, she's just like a little child. She doesn't like being left alone, I love her to bits. Now and again I give her a little kiss.' (10141)

Having good friends, as distinct from neighbours and family, was also emphasised in relation to providing company (e.g. mixing, conversation, self-esteem), as opposed to providing practical help which was a role identified mainly for relatives and neighbours. One respondent said:

'Friends isn't it? They take me out for days and we have a social evening once a week. There are six of us and we go round to one another's houses and we play cards …We have these clubs for pensioners. I'm in two clubs and they come to fetch us in the buses.' (3085 5 0012)

In relation to 'bad' areas, 12% of respondents mentioned poor social relationships taking quality away from their lives. Respondents who were widowed were the group most likely to mention this.

For some, poor social relationships were due to difficulties maintaining contacts or good relationships with their families, either because of geographical distance, their families being 'too busy' to visit them, or family feuds. Moving in with relatives was also mentioned as a source of strain:

'When we sometimes have words and rows in the family. The worry with my daughter – she's not a very good patient, she's got rheumatoid arthritis…I do most of the housework. I worry a lot about what's going to happen to us when I get too infirm to do anything. I came here so as not to be on my own, but it's worrying when I came here to be looked after but I do the looking after.' (3035 3 0012)

For others, poor relationships were due to difficulties looking after grandchildren:

'I have a grandson with learning difficulties, we love him greatly. He comes regularly and we have him a lot because his parents are in business and his quality of life would be bad if we did not have him. At the end of the day I am very tired. He has lack of concentration so he is on a short fuse….He does not concentrate on what we tell him to do.' (10452)

Missing family/friends or a partner who had died was also mentioned, for their familiarity or love, for doing practical tasks, and sharing responsibility and decision making. One recent widow commented that she had:

'No hand to hold...Socially I am a person non-gratia, being seen by other wives as a threat...I am pulling myself up, all I want is mature company to help me.' (4060 1 0102)

Many respondents in each sample referred to the importance of having social or voluntary activities in the context of the importance of 'keeping busy' - to stop them worrying, feeling alone, or dwelling on the past. In addition, having good local facilities (shops, markets, post-office), health services, good local council services (street lighting, refuse collection, police, repairs), including a good local mobile/library, and having a pleasant landscape/surroundings was said to be important to their quality of life. Creation of local opportunities to meet other people and to maintain a role in society (e.g. work or voluntary work), access to transport and having enough money was said to be important for retaining independence.

At their later follow-up, when asked how people could be helped to age actively, their most common response was to be socially engaged, followed by doing exercise and activities. Many engaged in strategies of 'proactive coping' to deal with the challenges of

older age (the most notable examples were from those who belonged to clubs where people helped each other - including the bowling clubs where a range of arm-hand grip extensions and ball lifters were available to help people with stiff joints and poor sight).

People could be encouraged to involve themselves in social activities, and build up their support networks from young age onwards - so that they have a stock of such social resources in later life.

The results also indicated that: people could be encouraged to develop positive thinking, and direct their perceptions upwards; they need to learn to be, and to feel, more in control of their everyday lives and its competing demands; these characteristics are likely to enhance their coping skills in the face of the challenges of older age. There was some evidence that downward, rather than upward social comparisons enhance one's QoL (e.g. comparing one's situation with those worse, rather than better, off): for example, *'Seeing other people who are not well makes me feel lucky that I still have good health.' (10512)*

People with health problems, referred to making 'the best of things', 'being able to do things despite health problems', and the importance of being able to 'keep going'.

Others prioritised their good health because it was essential to their continued enjoyment of life. Some emphasised the importance of being fit enough to do what they wanted (including general and social activities, going out as much as they want, doing hobbies and looking after grandchildren); and being fit enough to continue driving was particularly valued. The importance of health and functioning underlines yet again the need to adopt healthy lifestyles and preventive health strategies throughout life in order to help retain independence.

In sum, society also needs to work harder, and in partnership with local people, to promote local communities with good facilities, including health care and access to transport, with opportunities for social participation and networking, and environments which are perceived to be safe. These factors, including adequate pensions, can lead to the experience of enhanced QoL in older age.

Finally, the OPQOL performed well in national population and ethnically diverse samples of older people, reflecting its multi-dimensionality, the item-generation by older people themselves. It was more reliable overall than the CASP-19 and the WHOQOL-Old. It is of potential value in the evaluation of interventions which have a multidimensional impact on people.

Recommendations

- People need to be encouraged to take part in social activities, and build up their support networks from young age onwards - so that they have a stock of such social resources in later life.
- Society needs to work harder, and in partnership with local people, to promote local communities, with good facilities for social activities and networking, in safe environments.
- Help is needed to develop positive thinking and to feel, more in control of one's everyday live.
- Examples can be learnt from self-management programmes for chronic diseases. These aim to build feelings of being in control and confidence ('self-efficacy').
- Others factors, including adequate pensions, access to good health services and transport, can also lead to the experience of enhanced QoL in older age.

Further reading on quality of life among older people

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