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A CORRELATION BETWEEN QUALITY OF LIFE AND DEPRESSION IN ELDERLY PERSONS

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Abstract: *The purpose of this paper is to find out if there is a relationship between quality of life and depression in elderly persons. This research also includes variables such as spirituality and the purpose of life. The objectives of the study involve exploring the associations between depression, spirituality, the purpose of life and the quality of life at an advanced age. Participants are 28 subjects, aged (65 to 97 with a mean age of 85.6 years) all residents of an elder people establishment. Participants are predominantly female. To test the hypotheses, we used 4 questionnaires, namely: Geriatric depression scale (Yesavage, et al, 1983), Quality of life (Flangan, 1970), The purpose of life test (Frankl, 1959) and a test that merge two questionnaires (Personal Value Scale, Scott, 1965 and Spirituality Index of Well-Being, Daaleman, & Frey, 2004). The results showed statistically significant data confirmed by the literature as well, with depression being negative correlated with quality of life, spirituality and purpose of life, while quality of life is positive correlated with spirituality and purpose in life. Implications and limits of the research are also discussed.*

Key words: *elderly persons, quality of life, depression, purpose of life, spirituality.*

1. Introduction

Aging has sparked interest from various fields' specialists from medicine to psychology, sociology and even economics. Aging seen as a set of physical, psychological, and social changes means not only providing measures for a medical or social insurance but includes measures for integration of elderly people in social activities and giving attention to their psychological features.

The changes in mental processes in old age largely depend on individual characteristics. It was also found that all physical and physiological changes have a strong psychological echo and determine most often feelings of helplessness, sadness in relation with awareness of physical weakness and approaching death (Fontaine, 2008; Crețu, 2009; Birch, 2010).

Regarding aging, considered as the last period of life, literature outlines several

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opinions which refer to the rate of aging, the factors that determine senescence, even the age at which we can say that a person belongs to the category of "elderly" persons. Specialists in the field brought up two sub-stages of aging, namely: early old age (between 65 and 74 years) and late old age (from 75 years on). Creţu (2009) provided an overview of research and classified old age into 4 stages: 65-70 years = the transition toward old age; 70-80 years = the first old age; 80-90 years = the second old age, and over 90 years = the great old age.

Researchers who have studied the concept of quality of life focus on operationalising the concept of quality of life especially on subjective indicators because quality of life reflect the state of individual satisfaction. The concept of quality of life seems to be a new image of the concept of welfare, already known, bringing with it new elements designed to help solve the requirements modern society currently has (Baumeister & Vohs, 2002; Hămuraru & Țurcanu, 2009). Studies on quality of life are centred on health status, socio-economic status, psychological and physical functioning, social network and general life satisfaction (Rădulescu, 1998; Lucuţ & Rădulescu, 2000) and the results are used in order to generate special programmes in order to improve conditions that are subjective to interventions.

An important variable that is related to the quality of life is the presence of purpose in life, or the meaning in life. The need for meaning can be identified in expressing ideas, in decision making process, but also, more largely in finding meaning in events, present states and future actions (Baumeister, 2011). In the past, people found meaning in tradition, religion or morality but today, the sources of meaning are less clear and more individually selected. People are encouraged to express their own ideas and emotions, to ask questions and to investigate, so, one possible source of meaning relies on oneself and it has to be disclose by each individual (idem).

Lack of meaning can lead to feeling depressed, and, even if age does not represent a risk factor for depression, a diminishment in purpose along with other factors that are more common to occur late in life may become triggers for depression. Such factors may be: loss of dear ones, diseases or physical deterioration, sensorial impairment, social isolation loss of professional status, and financial problems (Langle, 2004; Dinu, 2015).

2. Objectives

This research has aimed to find out whether there is an association between the depression and quality of life, purpose in life and spirituality in old age. Also, the association between spirituality, purpose of life and quality of life in old age was targeted. It was expected to find a positive association between quality of life, purpose in life and spirituality and a negative one between depression and the same variables.

3. Materials and Methods

To test the hypotheses, we used 4 questionnaires, namely: Geriatric depression scale (Yesavage, et al, 1983), Flangan Quality of Life Questionnaire (Burckhardt, Anderson, Archenholtz, & Hägg, 2003), The purpose of life test (Frankl, 1959) and a test that

merged two questionnaires (Personal Value Scale, Scott, 1965 and Spirituality Index of Well-Being (Daaleman & Frey, 2004).

Geriatric depression scale represents a questionnaire composed by 30 items used for identifying depression in elderly persons. This scale was first developed in 1982 by Yesavage. The answers of this scale are simple (yes or no). The scale is simple enough to be used to test diseased or moderately cognitively impaired people because a more complex set of responses may be confusing or inappropriate for elderly population. Alpha Cronbach coefficient for the depression test was .84, which means that the test has a good internal consistency.

The quality of life test was first realised by the American psychologist John Flangan in 1970 and it has been adapted for use in chronic disease groups. First, it was an instrument composed of 15 elements which measured five conceptual areas of quality of life. Following a descriptive research, that asked people with chronic conditions about their perception on the quality of life, this instrument has expanded to include another element: independence (ability to do something for you). The questionnaire in its current form contains items grouped into several subscales from A to F, each of which has a number of items addressing the following dimensions: material and physical well-being, relationships with other persons (social, community and civic), development and personal fulfilment, recreation and independence. Alpha Cronbach for the Quality of Life Questionnaire obtained was .94, an excellent internal consistency.

The purpose of life test is designed to measure the degree to which a person has a meaning and purpose in life. This was made by Frankl in 1959 to test his hypothesis that when the sense is absent there is an existential frustration. The questionnaire contains 20 items ranging from 1 to 7, where 1 represents absence of purpose and 7 its total presence. The internal consistency coefficient was .91.

The spirituality well-being questionnaire in relation with religion merged 19 items assumed from Scott questionnaire (1965, “Personal Value Scale”) and 12 items assumed from Daaleman and Frey questionnaire (2004, “Spirituality Index of Well-Being”). Alpha Cronbach for this scale showed an internal consistency coefficient of .82.

4. Participants

This study has 28 participants from two different backgrounds, urban and rural areas, all of them currently living in a nursing home in Brasov. Female accounts for 75% of the batch, and male for 25%. The age of the participants ranges from 65 to 97. The mean age for the group of participants is 85.68.

Regarding the education of the participants, most of them (67.86%) have high school education, while 32.14% have secondary studies. As this research also captures aspects related to spirituality, the group includes participants who belong to different religious groups. The predominant one was the evangelical - 78,57%, while the Catholic confession is equal to the Orthodox constituting 10.71% of the lot. Participation in the study was voluntary, freely expressed by them after a short presentation of the objectives of the study. The participants were not given any bonus. Careful attention was paid to privacy of participants and not to increase the daily discomfort of the

participants. Data collection was conducted during one week. For some participants the collection of information was done in one session but the opportunity to take a break when feeling tired was offered to all participants with no time limit.

5. Results

In the group tested, quality of life had a positive correlation with purpose in life ($r = .56$, $p < .006$) and spirituality ($r = .38$, $p < .05$) and a negative correlation with depression scores ($r = -.53$, $p < .003$) as seen in table 1.

Table 1

Association between quality of life and purpose in life, spirituality and depression

		Purpose	Spirituality	Depression
Quality of life	Pearson Correlation	.50**	.38*	-.53**
	N	28	28	28

** Correlation significant at 0.001 (2-tailed).

* Correlation significant at 0.05 (2-tailed).

Quality of life increases with the increase in life meaning and emphasizes the spiritual values and decreases with depressive feeling and symptoms.

Depression, on the other hand, is associated negatively with purpose in life and spirituality ($r = -.77$, $p < .001$, respectively $r = -.70$, $p < .001$ as showed in table 2), meaning that depression is linked with the absence of a goal in life, and spirituality may play a protective role against depression.

Table 2

Association between depression and purpose in life and spirituality

		Purpose	Spirituality
Depression	Pearson Correlation	-.77***	-.70***
	N	28	28

*** Correlation significant at 0.001 (2-tailed).

* Correlation significant at 0.05 (2-tailed).

As expected, purpose in life and spirituality also showed a strong correlation ($r = .79$, $p< .001$).

6. Discussion

The results of the present study showed that the quality of life scores will increase as the scores in depression decrease, similarly with a study conducted by the Norwegian Institute of Public Health (Ness et al., 2012). The results of this study showed that people diagnosed with chronic major depression (both women and men) experienced low life satisfaction. They concluded that being positive, satisfied and content in life correlates with the low risk of depression. In the Romanian population, depression and quality of

life are also found as opposable in terms of connectivity (Mărginean & Bălaşa, 2005).

Other findings of the present study reflect that depression is negatively associated with purpose in life and with spirituality. In other words, the elderly who have a high level of depression do not feel they have a purpose in life, and they are low in spiritual well-being. Empirical studies have identified significant associations between religion and spirituality health (mental and physical). The reasons for these associations, however, are not clear. Religion and spirituality have traditionally been measured by global indices (for example, frequency of church attendance, self-assessed religion and spirituality) that does not specify how and why religion and spirituality affect health (Hill, & Pargament, 2003). The authors highlight recent developments in defining the concepts of religion and spirituality and the theoretical and functional health-related measures. They also indicate areas of increasing the conception and measurement of religion and spirituality.

A California study has shown that people who practice spiritual life have a low rate of mortality and at the same time a healthier lifestyle. This study also argued that the practice of religious life, the prayer ritual practiced on a daily basis, has positive effects on the quality of life of people who are hypertensive, depressed, anxious or even infertile. (Idler, 2008).

Frankl (1959) has argued that we, as individuals, are capable of finding meaning (in order to have a better standard of living) even in situations that seem to us to be unreasonable. This argument rises the need for in depth analysis of what stands for purpose at different age.

Some limitations of the study the lack of a comparison group – elderly persons who live by their own, for example. No information regarding the time they spent in the facility was asked, nor the reasons why they moved here. Important for the impact on the quality of life might be the social network they still have active, but no data were collected about it. The quality of life's level in population who depend on professional care givers may be related with characteristics of the health professionals (Năstasă & Fărcaş, 2015). Therefore, further research is needed to clarify adjacent aspects of quality of life and depression in old age and the special conditions represented by living in retirement or nursing homes.

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