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The quality of life of seniors from Romania during the coronavirus pandemic period

Chirugu Gianina¹, Rus Mihaela², Rus Ciprian Vasile

¹Faculty of Theology, Ovidius University of Constanta, ²Faculty of Law and Administrative Sciences, Ovidius University of Constanta

chirugu.gianina@yahoo.com , psiholog_m@yahoo.com

Abstract. This paper presents a pilot study conducted at the national level of Romania, which has as main objective the analysis of the quality of life of elderly people during the pandemic period. The sociological survey based on self-administered questionnaire was established as a research method, and for the data collection was developed the working tool adapted to the older people's quality of life (OPQOL) questionnaire model. In order to have a clear picture of the quality of life of elderly people in Romania during the pandemic period, the following indicators were used in the analysis of the quality of life of elderly people: the status of beneficiary of social services, gender of the elderly, the geographical area in which the elderly person lives, the degree of satisfaction of the quality of life of the elderly, the impact of the pandemic on the lifestyle of the elderly. The participation of elderly people in the study was voluntary and their responses are confidential and are used exclusively for scientific purposes. The questionnaire has three parts, the first being dedicated to a general question, the second part contains 13 closed questions and the last part includes socio-demographic variables regarding the elderly participants in the research are cumulative for the whole sample both for those benefiting from social services, and for those who are not in the records of an institution providing social services. The research involved 306 elderly people aged between 61 and 99 years, the gender of the respondents participating in the research is mostly female, and the living environment is mostly urban and one third of the elderly people participating in the pilot study live alone. The two hypotheses from which quantitative research was based have been confirmed.

Keywords. Elderly people, quality of life, pandemic, social services, questionnaire.

1. Introduction

At present, the topic of the quality of life of the elderly and the quality of life in general is relative in theory, research, projects and in practice. An important dilemma in this area is the absence of a specific and direct definition of quality of life, which makes this concept and its use in the practice of social work difficult to fulfill. Another dilemma is to bring the concept of quality of life to the individual level.

Because the elderly form a heterogeneous group, and given the physical impact of physical and mental health on the quality of life of individuals, research conducted in recent decades has highlighted the importance of medicine in gerontology. In addition, a person's

past experiences, emotional state, personality, and expectations make measuring and evaluating quality of life a difficult process. Through a systematic analysis of the quality of life of elderly people in general, research carried out in five countries in the European Union - Germany, Italy, the Netherlands, Sweden and the United Kingdom - eight key factors in the quality of life of elderly people were identified: Environments, including housing, neighborhood quality, quiet neighborhood, a quiet environment, good environmental and transport conditions, physical and mental health, employment and retirement, income and wealth, family and support networks, including qualitative networks as well as quantitative aspects such as intergenerational family solidarity, neighbors and friends, emotional support, frequency of social contacts, participation in organizations and associations, Access to health and social services, life satisfaction and well-being, which is a subjective dimension of quality of life.

The research also identifies structural factors that correspond to socio-demographic variables that influence quality of life in old age: Social class, gender and ethnicity [1]. A study of elderly people living in Slovakia [2] identified three categories of factors that influence their quality of life: demographic factors, which contain age and sex, socio-economic factors containing marital status, education and income, and health factors, which contain functional status, anxiety and depression.

The quality of life can also be influenced by the characteristics of housing [3] or the involvement in recreational activities [4]. For people with severe physical and/or mental disabilities who are resident in care institutions, the study reveals four aspects of quality of life for those people: sense of self, including appearance, personal belongings, intimacy, participation in meaningful activities, environment, with two main aspects, control, autonomy and relationship with staff and relationships with other residents and family. A study on quality of life factors in elderly people hospitalized and receiving post-acute rehabilitation services in Switzerland showed that depression is significantly associated with the elderly's perception of their quality of life.

2. General information

The theme of the quality of life of the elderly should be part of the vision of social organizations in the future [5]. The condition for an organization to focus on the quality of life of its beneficiaries is to create optimal working conditions for its employees.

The concept is often used in the context of performance quality, quality of services, quality of cooperation, quality of relationships, in the field of research as its qualitative form. One of the paradoxes in this area is that very often quality is assessed unilaterally on the basis of quantitative indicators, such as frequency, duration, repeatability, which are usually measured in the same way. they are not quality indicators. For example, an elderly person may have frequent contact with professional staff, but the frequency of contacts says nothing about the quality of the service or relationship, because even frequent and inappropriate contact with a professional can be traumatic or harmful to a beneficiary. Even the social services quality systems currently in place, linked to cooperation with older people, have not prevented similar problems. Methodological problems are already identified in the definition and content of the concept of quality of life.

The term quality of life is currently topical and is one of the most common phrases in the field of social professions. Svehlikova & Heretik [6] specified three basic quality of life approaches that can be used in satisfying and exploring the quality of life in the elderly. The psychological approach works with the subjectively experienced life of the elderly person's

well-being and has a cognitive dimension that is related to the rational evaluation of life by the elderly person and an emotional dimension that is dominated by the person's experience of quality of life age. The sociological approach focuses on the attributes of social success of the elderly person: Social security; property; social status; education level; family status; subjective feelings of life in relation to other people. This important part is the standard of living. The third approach that is part of the quality of life of the elderly is the medical approach. In the medical approach, the focus is on the health impact on the quality of life in seniors; the accessibility and quality of healthcare; the level of health insurance and the possibility of using it.

The WHO definition incorporates health, psychological, cultural and social aspects. This definition of quality of life developed by the WHO is most often mentioned when considering quality of life. Social phenomena linked to increased life expectancy have spurred research into the quality of life of older people [7]. First approached in medical research, the quality of life subsequently expanded into sociology, psychology and social work. The objective of identifying the general characteristics of a good life, including a good life in old age, has led to the development of an elaborate literature on the subject.

The quality of life is a multidimensional, multifactorial construction [8], and contrary to various stereotypes, the definition of a good quality of life in old age is often similar to that identified for other age groups. Elderly people are usually affected by physical and mental pathologies, many of which require long-term care, physical and mental health, as well as functional ability, take on greater importance when measuring their quality of life. Health is a resource that enables older people to carry out their social activities and engage in the activities of everyday life.

3. Design of research

This analysis is a pilot study carried out at national level and is a starting point for wider and more diversified scientific research in the future, and a number of steps have been taken to be carried out, thus, the stage of documentation aimed the theoretical substantiation by consulting the specialized literature and the available bibliographic sources regarding the phenomenon studied. It was established as a method of research sociological survey based on self-administered questionnaire via email and social networks. For the collection of data, the working tool of the questionnaire for elderly persons was developed.

The concept of population refers to all people living in a given social space, and in the context of the research methodology, the population means the total number of cases corresponding to criteria established by the researcher. Specifying the population range is a fundamental requirement for each study, as it reflects the scope of generalization of research findings, and in practice this requirement is often replaced by a description of the sample characteristics.

Due to the restrictions imposed by the COVID pandemic and the limited interaction within the social assistance institutions providing social services to seniors, the variant of sampling of convenience which includes in the sample the accessible and available cases although it is the least rigorous, the usefulness of this sampling method cannot be denied. The most common sample pattern is the one of convenience that is often based on volunteering. We used snow ball sampling, which is a variant of the sample of convenience, as follows: The population investigated was made up of 306 elderly people from Romania.

The assessment of the quality of life of elderly people in Romania by quantitative methods involved the use and application of the questionnaire-based survey both self-administered online and face-to-face.

The data analysis stage involved the processing and interpretation of the obtained data: The centralization of the obtained data, the synthesis and ordering of the information, the analysis and interpretation of the data.

In order to have a clear picture of the quality of life of elderly people in Romania during the pre-pandemic and pandemic period, the following indicators were used in the analysis of the quality of life of elderly people: the status of beneficiary of social services, gender of the elderly, the geographical area in which the elderly person lives, the degree of satisfaction of the quality of life of the elderly, the impact of the pandemic on the lifestyle of the elderly

4. Methodology

The method selected for this study was self-administered questionnaire-based inquiry via email and social media. We chose the self-administered method by e-mail and social networks because according to the specialized studies [9], the advantages of this method are listed: The low cost of administration and the removal of the operator's disruptive influences. The following steps were taken into account when setting up the research tool: developing and prioritizing the questions potentially necessary to obtain information, evaluating each question according to the level of preparedness and understanding of respondents and determining the content of the questionnaire.

The self-completed or self-administered questionnaire is completed by the respondents. It can be handed to the participants, it can be sent by post, by email, online, from hand to hand by the respondents. The self-administered questionnaire is very similar to the structured interview, but there are a few differences: It has fewer open questions, is shorter and has a more transparent design, so that it can be easily completed. Self-administered questionnaires are more convenient for respondents, who can fill in in their spare time without outside pressure.

The conceptual models and tools of quality of life (QoL) for research and evaluation of different populations have been developed since the middle of the last century [10]. In recent decades, spirituality [11] a sense of meaning in life, hope, social relationships and social support [12] have become vital aspects of well-being and quality among older people. In planning this study, we have been looking in depth for a questionnaire model suitable for the elderly population.

In this way, we identified the questionnaire "quality of life for older people" (OPQOL-brief), which was first tested and validated on the elderly population not benefiting from social services in the UK. It was then tested and validated on samples of elderly people who benefit from social services.

It has been further tested in elderly social services in Milan, Italy, and has been shown to be of excellent application to cognitively normal elderly people and may be applicable to most people suffering from mild or moderate dementia. The tool used is adapted to the older people's quality of life (OPQOL) questionnaire model. The participation of the elderly in this study was voluntary and their responses are confidential and are used exclusively for scientific purposes. The questionnaire has three parts, the first being dedicated to a general question, the second part contains 13 closed questions and the last part includes socio-demographic variables regarding the elderly participants in the research are cumulative

for the whole sample both for those benefiting from social services, and for those who are not in the records of an institution providing social services.

Regarding the determination of the size and structure of the investigated population, for qualitative research, the size of the investigated elderly population was 306 respondents. The target group of quantitative research targeted the elderly in our country, and the investigated population was selected on the following criteria: The respondent to be over 60 years old and to show the desire to participate in quantitative research.

In the case of elderly persons benefiting from social services, the questionnaire was sent through modern means of communication to all 300 social services institutions to which we have identified their contact details and the participation of the elderly in this study was requested as numerous as possible. In the second situation in which the elderly are not beneficiaries of social services, the questionnaires were applied by the project volunteers (students in the social work, psychology, sociology specialties), for the love of grandparents” of the Association of Merciful Samaritan Constanta by the method of snowball. In this context, a third selection criterion was used, namely that the elderly should not benefit from social services.

5. Results

The research involved 306 elderly people aged 61 to 99 years, the gender of the respondents participating in the research is mostly female (62.7%), the rest being men, In terms of the environment of the senior respondents participating in the research, three-quarters of the elderly who answered the questions of the questionnaire live in urban areas and 25% come from rural areas, this being a limit of quantitative research.

According to the data obtained, the 306 beneficiaries participating in the research come from 17 counties, most of them living in Alba County.

About 30% of the elderly who participate in the pilot study live alone, 16% with family and half live with other people or in specialized institutions. The question is, “do you currently benefit from social services?” 83% of respondents said they have at least one social service, and of those who answered yes to this question 68% are beneficiaries of a residential center with accommodation, 21% receive home care and 11% participate in the activities of a center/club for seniors.

Verification of hypothesis 1: If older people benefit from social services that meet quality standards, then they have a chance of a better life. Looking at the answers to the general question: “Thinking about both the good and bad things that make up your quality of life, how would you assess the quality of your life? overall? 23.5% of the elderly in this study believe that they have a very good life, 42.5% of the senior respondents in this research have a good quality of life, 27.1% of the elderly say that their quality of life is average, the quality of life of 5%, 2% of respondents are poor and 1.6% of senior respondents have a very poor quality of life. When comparing the statistics, the elderly beneficiaries of social services responded 26.7% that they have a very good life, 45.5% good, 21, 6% average, 5.1% weak and 1.2% very weak, unlike seniors who do not benefit from social services who claimed 7.8% that they have a very good life, 27, 5% good, 54% average, 5.9% weak and 3.9% very weak, these results confirm hypothesis 1 of the present research.

Verification of hypothesis 2: Given that social services provided both in public and private in our country must be paid from the pension of the elderly or the income of legal representatives, we assume that: If older people have a good financial situation, then they are more likely to access and benefit from social services packages.

Analyzing the data obtained, 32.9% of the participants in the present study agree fully and 29.6% partially with statement II.1: "I have enough money to ensure a decent living". If we compare the answers to the previous statement, 36.9% of older people who benefit from social services agree fully with this statement compared to older respondents who do not benefit from social services where only 11.8% of respondents fully agree that they have enough money to have a decent living. The results confirm hypothesis 2 of the present research.

Comparative analysis of quantitative data obtained from the application of questionnaires of elderly persons who benefit from social services and those who are not beneficiaries of social services

The comparison elements used to outline the profile of the elderly beneficiary of social services and the one who does not benefit from social services but also the results obtained from the application of senior questionnaires are presented in the following rows.

The main criteria for comparison are: Mental and physical condition of seniors, social life and housing.

According to the data obtained, the elderly people participating in the study come from 18 counties of the country, those benefiting from social services come from 17 counties, most of them being from Alba County, and the elderly who do not benefit from social services come from 6 counties, most of them being from Constanta County.

In terms of the environment of origin 77.3% of people benefiting from social services come from urban areas, compared to 52.9% who are also urban but are not beneficiaries of social services. As for the statement: "I enjoy my life", the answers are similar in this way for beneficiaries of social services 43.9% enjoy their lives fully, as opposed to the 35.3% who also enjoy their lives fully but do not benefit from social services.

According to data obtained from the application of questionnaires 34, 9% of social services beneficiaries and 21, 6% of those who do not benefit from social services fully agree with the statement: "I see things in the future". The next element of comparison is the physical health of the elderly: 43.2% feel healthy enough to go out and walk, compared to the 32.5% who feel healthy enough. Seniors who do not benefit from social services trust their family, neighbors or friends that they would help them in case of need 74% compared to the social services benefactor who totally agree 58% with the statement: "My family, friends or neighbors would help me if I needed it." The social life of people who do not benefit from social services is more active than those who are beneficiaries of social services, and the satisfaction of the actions taken is 66.7% for those who do not benefit from social services compared to those who belong to a certain type of social service 45,9%. The living environment is another criterion for analysis, with the elderly feeling safe and enjoying the environment where they currently live.

6. Conclusions

The identification of the lifestyle of the elderly was materialized by applying a questionnaire targeting the elderly in Romania. The research was attended by 306 elderly people aged 61 to 99 years, the gender of the respondents participating in the research is mostly female, And in terms of the environment of the senior respondents participating in the research, three quarters of the elderly who answered the questions of the questionnaire live in urban areas, about one third of the elderly people participating in the pilot study live alone, 16% with family and half live with other people or in specialized institutions. The social life of people who do not benefit from social services is more active than those who are

beneficiaries of social services. The living environment was another criterion for analysis, the elderly feeling safe and enjoying the environment where they currently live. The hypotheses of the research were verified by the survey based on the questionnaire, thus hypothesis 1: If older people benefit from social services that meet quality standards, then they have a chance of better life; It was verified through question I of the questionnaire applied to elderly people in Romania and based on the results obtained this hypothesis was confirmed. Also, hypothesis 2: If older people have a good financial situation, then they are more likely to access and benefit from social service packages; it has been verified by question II.1. 13. From the questionnaire applied to elderly people in Romania and based on the results obtained, this hypothesis was confirmed. In conclusion, the two hypotheses from which we started in quantitative research have been confirmed.

As for the limits of quantitative research, one of the most important is the way of administering questionnaires through modern means of communication. Although questionnaires were sent throughout the country, questionnaires filled in only from certain counties were received, which represents another limit of quantitative research. The majority of older people who participated in quantitative research (75%) come from urban areas, which is a limitation of research. Also out of the 306 respondents participating in the quantitative study, 78 elderly people come from Alba County and this aspect is considered a limitation of quantitative research.

Lack of physical contact with survey respondents is one of the limits of quantitative research. In order to be able to carry out a more representative analysis, there should have been a much higher reporting of a comparative approach, but existing studies have been found to be extremely low and do not address the issue of older people integratively.

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