

International Journal of Medical Science and Innovative Research (IJMSIR)**IJMSIR : A Medical Publication Hub****Available Online at: www.ijmsir.com****Volume – 11, Issue – 1, January – 2026, Page No. : 01 – 07****Assess The Quality of Life Among Person with Dementia in Old Age Homes of Selected City**¹Suresh Rathod, Final Year MSc. Nursing Student, Dr.V.V.P.F's College of Nursing, Ahilyanagar²Amit Kadu, Professor, Dr.V.V.P.F's College of Nursing, Ahilyanagar³Nitin B. Nirmal, Assistant Professor, Dr.V.V.P.F's College of Nursing, Ahilyanagar**Corresponding Author:** Suresh Rathod, Final Year MSc. Nursing Student, Dr.V.V.P.F's College of Nursing, Ahilyanagar**Citation this Article:** Suresh Rathod, Amit Kadu, Nitin B. Nirmal, "Assess The Quality of Life Among Person with Dementia in Old Age Homes of Selected City", IJMSIR - January – 2026, Vol – 11, Issue - 1, P. No. 01 – 07.**Type of Publication:** Original Research Article**Conflicts of Interest:** Nil**Abstract**

Introduction: Dementia is a broad term used to describe a range of cognitive impairments, including memory loss, difficulties with thinking, problem-solving, and language, that interfere with daily activities and quality of life. It is not a single disease but rather a syndrome, which can result from various underlying conditions, with Alzheimer's disease being the most common cause. Other causes include vascular dementia, frontotemporal dementia, and Lewy body dementia, each with distinct features and progression patterns. Dementia primarily affects older adults, though it is not a normal part of aging. Its symptoms can develop gradually and worsen over time, leading to a significant decline in cognitive and functional abilities.

Methods: The non-experimental descriptive study Design will be used to "assess the quality of life among persons with dementia in old age homes of selected cities." is the main goal of the current study. The sample size was 70 people residing in an old age home by using a nonprobability purposive sampling technique.

Results: The majority of the persons with dementia in the old age home are 70–79 years old, i.e., 38.57%; the majority of the persons with dementia in the old age

home are female, 54.28%; the majority of the persons with dementia in the old age home are married, 88.57%; the majority of the persons with dementia have one child. 50% of the dementia persons' education has SSC 51.42%; the majority of the dementia persons are Hindu. 65.71% of the majority of dementia persons are staying in an old age home for 3-5 years. 45.71% of the majority of dementia persons reasons for staying in the old age home are that nobody is able to look after 41.42% of the majority of dementia persons are happy in the old age home. 58.57% of dementia person's expenses are paid by their family. 57.14% of the majority of dementia persons in old age homes have physical or mental illness. 100% of dementia persons are on medication (75.71%). The study reveals that the majority of the dementia persons had an average quality of life in the old age home, i.e., (34) 48.57%, (20) 28.57% of them had poor quality of life, and (16) 22.85% of them had good quality of life among people with dementia in old age homes. Test score regarding quality of life among persons with dementia in old age homes. In test quality of life Mean found to be 31.41, median is 30, and standard deviation is 6.57. Chi-square is calculated to find out the association of quality of life among persons with

dementia with their selected demographic variable. The study findings reveal that there is no significant association of quality of life among persons with dementia with their selected demographic variables. Not significant at the level of 0.05.

Conclusion: The findings of the present study indicated quality of life among persons with dementia in old age homes of the selected city, depicting that the majority of the persons with dementia had average quality of life in the old age home.

Keywords: Assess, quality of life, person with dementia, old age home, and city.

Introduction

Quality of life (QOL) is defined as an individual's perception of their position in life within their cultural context, value systems, goals, expectations, and concerns. Its assessment is inherently ambiguous due to its subjective nature, which poses challenges when QOL is used as a healthcare outcome measure. QOL includes both subjective elements, shaped by personal experiences and values, and objective aspects that can be modified to improve well-being. Despite its importance in care, there is no gold standard or consensus on the key factors influencing QOL. Assessing QOL is particularly difficult in individuals with cognitive impairments, such as persons with dementia, due to limitations in perception and communication.¹

Dementia is a broad term describing a group of cognitive impairments that affect memory, thinking, problem-solving, language, and daily functioning, ultimately impacting quality of life. It is not a single disease but a syndrome caused by various conditions, with Alzheimer's disease being the most common. Other causes include vascular dementia, frontotemporal dementia, and Lewy body dementia, each with distinct characteristics and progression patterns. Dementia

mainly affects older adults but is not a normal part of aging. Symptoms usually develop gradually and worsen over time, beginning with forgetfulness and confusion and later leading to significant cognitive, functional, personality, and behavioral changes.²

The study examined the quality of life (QOL) of persons with dementia in old age homes and assessed quality of care across domains such as stress tolerance and demographic variables. Findings showed that the quality of life of persons with dementia was significantly low, while caretaker quality was rated as fair. The study highlights the need for healthcare professionals to strengthen their competence in dementia care. Women with dementia were found to have poorer QOL than men, likely due to role loss and role reversal from being family caregivers to care recipients. The study also noted a relationship between income and QOL, influenced by past lifestyle, expectations, and socioeconomic background.³

The number of deaths from dementia has increased globally. The latest report of the World Health Organization (WHO) indicates that dementia was ranked as the 7th leading cause of death in 2019. Aging is one of the risk factors for dementia. Throughout Asia societies have aged including in Taiwan. A report from Lin and Huang indicated that the aging rate in Taiwan is more than twice that in European countries and the United States and the number of people with dementia is increasing in Taiwan. According to the report from Taiwan Alzheimer Disease Association indicated that the prevalence of dementia in Taiwanese who aged ≥ 65 years is 7.71%, which means about 1 in 12 people over the age of 65 have dementia and about 1 in 5 people who aged ≥ 80 .⁴

The COVID-19 pandemic and related healthcare policies have significantly affected people with dementia,

increasing their risk of mortality, especially among those living in care homes. Restrictions such as lockdowns, shielding, and social distancing disrupted essential health and social care services, causing distress and reduced care quality. In the UK, around 850,000 people with dementia depend on timely support, making service closures particularly concerning. While commentaries highlight negative effects on people with dementia and their carers, the full long-term impact of these restrictions remains unclear.⁵

Need For Study

Over the past decade, the quality of life (QOL) of persons with dementia has gained increasing attention in clinical practice and research. Efforts by researchers, clinicians, and policymakers have emphasized the need for clear definitions and systematic measurement of QOL, leading to the development of dementia-specific assessment tools based on Lawton's multidimensional model. Existing measures differ in conceptual frameworks, psychometric properties, and administration methods. Studies show mixed findings: Clare et al. (2012) reported poorer marital relationships among spouse caregivers; Gonzalez-Salvador et al. (2000) found better health-related QOL in assisted-living residents compared to nursing facilities; and Ballard et al. linked lower ADL and psychotropic use to reduced well-being. Banerjee et al. (2009) noted limited knowledge on the natural history of QOL in dementia. Overall, there is a pressing need for systematic, large-scale studies on QOL among persons with dementia, especially in Indian old age homes.⁶

Methodology

Quantitative Survey research approach with a descriptive design was adopted to assess the Quality of life among person with dementia in old age homes of selected city. The study was conducted in a selected district, with data collected from 70 elderly participants aged 60 years and

above, using a non-probability purposive sampling technique.

Data were collected using a Semi-structured tool, which consist of two sections:

Section A - To study the influence of socio demographic variables such as age, gender, religion marital status, number of children, education duration of stayed in old age home, reason of staying, happiness, who is paying expenses, any physical or mental illness, taking any medication

Section B - Quality of Life: Alzheimer 's disease scale Interview Version for the person with dementia will be used to study the quality of life of person with dementia in the old age homes.

The tool's content validity was established through expert review (n=10), and its reliability was confirmed with a split-half method, the internal consistency reliability is 0.972 indicating high reliability.

A pilot study with seven participants was conducted to ensure feasibility. Data were collected through face-to-face interviews in scheduled sessions. Participants provided informed consent, and ethical clearance was obtained from the relevant authorities.

Data were analyzed using descriptive statistics (frequency, percentage) for demographic variables and Quality of life assess by mean, median and standard deviation and chi-square test used for association with demographic variables.

Result

1) Socio-demographic variable of people: The majority of the persons with dementia in the old age home are 70–79 years old (27), i.e., 39%. The majority of the persons with dementia in the old age home were female (38), i.e., 54%. The majority of the persons with dementia in the old age home are married (62), i.e., 89%. The majority of dementia

persons had one child (35), i.e., 50%. The majority of the dementia person's education has SSC (36), i.e., 51%. The majority of the persons with dementia (46), i.e., 66% are Hindu. The majority of dementia persons stay in old age homes from 3-5 years (32), 46%. The majority of dementia persons reasons for staying in the old age home are that nobody is able to

look after them (28), i.e., 40%. The majority of dementia persons are happy in an old age home (41) 59%. The majority of dementia person expenses are paid by their family, i.e., (40) 57%. The majority of dementia persons in old age homes have physical or mental illness, i.e., (70) 100%. The majority of dementia persons on medication, i.e., 53 (76%).

2) Assess Quality of Life

Table 1: Assess quality of life among person with dementia in the old age homes of selected city.

SN	Criteria	Range of Score	Frequency	Percentage (%)
1	Poor	13 – 26	20	28.57
2	Average	27 – 39	34	48.57
3	Good	40 – 52	16	22.85
Total			70	100

Table 1: The majority of the dementia persons had average quality of life in the old age home, i.e., (34) 48.57%, (20) 28.57% of them had poor quality of life,

and (16) 22.85% of them had good quality of life among persons with dementia in the old age homes.

Table 2: Analysis of data related to assessment of quality of life among person with dementia in old age home.

S.N	Domain	Mean	Median	Standard Deviation (SD)
1	Quality of life	31.41	30	6.57

Table 2: Depicts the quality of life among persons with dementia in selected old age homes, and findings reveal a

mean score of 31.41, a median score of 30, and a standard deviation of 6.57.

Table 3: The association between quality of life among person with dementia with their selected demographic variables

S.N	Variables	Category	Quality Of Life Among Dementia Person			X2	DF	Table Value	P value	Level of Significance
			Poor	Average	Good					
1	Age in year	60-69 Year	5	17	4	7.18	4	9.49	0.51	Not significant
		70-79 Year	10	8	9					
		80 year or older	5	9	3					
2	Gender	Female	13	18	7	1.66	2	5.99	0.89	Not significant
		Male	7	16	9					
3	Marital status	Single	1	5	1	4.12	6	12.59	0.84	Not significant
		Married	18	29	15					
		Separated	0	0	0					
		Divorced	1	0	0					

4	Number of children	1	10	18	7	6.73	6	12.59	0.82	Not significant
		2	2	8	6					
		3 or More	1	0	0					
		No children	7	8	3					
5	Education	SSC	12	17	7	3.30	6	12.59	0.98	Not Significant
		HSC	6	12	7					
		Undergraduate	1	2	2					
		Other	1	3	0					
6	Religion	Hindu	13	22	11	1.99	6	12.59	0.99	Not significant
		Muslim	2	6	1					
		Christian	1	2	1					
		Other	4	4	3					
7	How long you are in the old age center	Less than one year	4	12	0	11.05	6	12.59	0.43	Not significant
		1-3 years	5	7	2					
		3-5 years	8	13	11					
		More than 5 years	3	2	3					
8	Why you are staying in the old age home	No children	7	8	3	10.48	6	12.59	0.48	Not significant
		Nobody able to look after	4	18	6					
		Children are in abroad	1	3	0					
		Financial problem	8	5	7					
9	Are you happy here	Not happy	9	11	9	2.71	2	5.99	0.74	Not significant
		Happy	11	23	7					
10	Who is paying your expenses here	Myself	6	8	6	6.38	4	9.49	0.60	Not Significant
		Family	9	24	7					
		Center itself	5	2	3					
11	Do you have any physical or mental illness	No	0	0	0	0	2	5.99	1	Not Significant
		Yes	20	34	16					
12	Are you on	No	3	8	6	2.47	2	5.99	0.78	Not

any medication	Yes	17	26	10				Significant
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Table 3: The study findings reveal that there is no significant association of quality of life among persons with dementia with their selected demographic variables. Not significant at the level of 0.05%.

Discussion

The study assessed the quality of life (QoL) among persons with dementia living in old age homes. Findings showed that nearly half of the residents (48.57%, n=34) had an average quality of life, while 28.57% (n=20) experienced poor QoL and only 22.85% (n=16) reported good QoL. The overall QoL test scores indicated a mean of 31.41, a median of 30, and a standard deviation of 6.57, reflecting moderate variation among participants. A similar multi-state Indian study involving 160 respondents across 10 residential care centers revealed comparable concerns. Most participants were aged 71 years or older, predominantly male, and had low educational levels. Institutionalization was mainly due to lack of caregiving support, children living abroad, and financial issues rather than childlessness. Although over half reported feeling happy, the overall quality of life remained low, emphasizing the need for strengthened dementia care services, policies, and social support systems in residential settings.⁷

The study examined the association between quality of life (QoL) among persons with dementia and various demographic and clinical variables using Chi-square analysis. Findings showed no significant association between QoL and factors such as age, gender, marital status, number of children, education, religion, duration and reason for stay in the old age home, happiness, financial support, presence of illness, or medication use at the 0.05 level. A similar study comparing home-dwelling and nursing home residents with dementia

found significantly higher QoL among home-dwelling individuals. Residency emerged as the only significant predictor of QoL, explaining 28% of the variance and influencing QoL decline over time.⁸

Conclusion

The study revealed that most persons with dementia in selected old age homes had an average quality of life. A smaller proportion experienced poor or good quality of life. No significant association was found between quality of life and the selected demographic variables, highlighting the need for continued support and interventions to enhance well-being in this population.

Recommendations

Based on the study finding the following recommendations made for the further study:

1. Implement regular recreational, social, and cognitive activities in old age homes to improve the quality of life of persons with dementia.
2. Provide staff training on dementia care to enhance emotional support and personalized care.
3. Encourage family involvement and regular visits to strengthen social connections and well-being.
4. Conduct larger, multi-center studies to explore factors affecting quality of life in diverse old age home settings.
5. Develop and implement individualized care plans based on residents' preferences and needs to promote overall quality of life.

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