A Qualitative Study on Quality of Life on Elderly in Community in Mianyang City, China

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Abstract: On the basis of literature combing and focus group interviews, the qualitative research method was applied and coding techniques were employed to identify the main influencing factors on the quality of life of the elderly in the community in Mianyang City, i.e., integrated health and medical care management, social life and interpersonal relationships, living environment and convenience, lifestyle and vitality, and mental health and emotional experience, by means of open coding, spindle coding and selective coding. The findings of the study have important theoretical significance and practical value for the improvement of the quality of life of community-dwelling older people in Mianyang City.

Keywords: Quality of Life of the Elderly; Knowledge Sharing; Influencing Factor; Coding.

1. Introduction

Population ageing is a social problem that the whole world is facing and paying close attention to. In China as a whole, from the data presented in the Seventh National Population Census Bulletin (No. 5) - Age Composition of the Population, published on the website of the National Bureau of Statistics, the proportion of elderly people has increased significantly, and the degree of ageing has accelerated more markedly. There are 264,018,766 people aged 60 and over, accounting for 18.70 per cent of the population, an increase of 5.44 per cent compared with the data from the Sixth National Population Census in 2010, while there are 19,063,520 people aged 65 and over, accounting for 13.50 per cent compared with 6.46 percentage points [1]. Mianyang, as the second largest city in Sichuan and China's science and technology city, is also aging significantly. According to the seventh population census of Mianyang, the population aged 60 years and over was 1154169, accounting for 23.71%, of which 893782, or 18.36%, were aged 65 years and over. Compared to the 2010 Sixth National Population Census, the proportion of the population aged 60 and over increased by 6.33 percentage points, of which the proportion of the population aged 65 and over increased by 6.71 percentage points [2]. In the face of the relatively large number of elderly people, their quality of life has gradually become a topic of concern and heated debate. Through in-depth research and scientific assessment of the living conditions of the elderly in the Mianyang community and the related influencing factors, we will be able to provide substantial scientific basis for improving the quality of life of the elderly, as well as feasible policy recommendations for the relevant government departments. This serve as a practical guidance significance for the elderly community in Mianyang City. Coping with the ageing of China's population is a long-term and arduous task. There is an urgent need to accelerate the development of community-based primary health-care programmes; at the same time, it is only on the basis of a clear and unambiguous understanding of the self-care capacity and quality of life of older persons in the community that the State and the Government will be able to make targeted policy decisions with regard to the current pressing problems of old age and the needs of older persons. Through health education and health interventions on the main factors affecting self-care ability and quality of life, it is possible to promote the physical and mental health of older people in the community and prevent diseases. Maintaining good health and self-care abilities of older persons is of great significance to the older persons themselves and to society as a whole.

2. Research Methodology

2.1. Interview Design and Implementation

2.1.1. Interview Design

Qualitative research method through focus group interview using semi-structured questions were implemented in order to find out factors affecting quality of life among elderly in community in Mingyang City. Regarding the interview design, the focus group interview method was selected for this study. Focus group interview method is an important method of collecting information and data, and is also a qualitative research method commonly used by scholars in research. In "focus group interviews", the participating members can draw strength from each other and express their ideas or opinions to each other, thus stimulating the potential cognition and implicit knowledge of the interviewees [3].

In this study, the researcher chose the group focus interview as the research method, mainly considering that the focus group interview method can help the researcher to initially understand the diversity of older people's lives, and then gain insights from the perspectives of different participants. Then, it can help the researcher to explore more deeply what the subjective feelings of older people in the community in Mianyang City are really like. At the same time, the researcher took into account the literacy level of the elderly and their lack of understanding of scientific research, and the relatively relaxed atmosphere of the focus group was more conducive to increasing participation in the study, helping them to eliminate their sense of unfamiliarity and become more secure and active in speaking up. In addition, focus groups are able to uncover hidden problems and needs, which
can provide accurate references for interventions.

2.1.2. Interview Implementation

Because Mianyang City is divided into three municipal districts, this study randomly sampled three older adults over the age of 60 from each municipal district and conducted focus group interviews containing a total of nine older adults. Inclusion criteria were older adults over 60 years of age who voluntarily participated in this study, and exclusion criteria were older adults over 60 years of age who were severely cognitively impaired, had verbal communication barriers, or were cut off from participation. A semi-structured interview outline was designed based on the research questions and literature analysis [4]. Total 20 questions was developed for this purpose. The questions are based on six head heading namely physical health, psychological health, social relationship, social activities, living environment, future expectation. About data collection procedure, researcher recruited volunteer that meet the sample selection criteria at living community. Research purpose and procedures has been explained and consented by the participant using consent form being developed for the purpose of this interview. Average 60 minutes were used for interview until saturation of the data obtained. Participants has been given rice and oil has appreciation to be the participant.

2.1.3. Coding Scheme and Strategy

In order to analyse the data collected from the focus group interviews in a more careful, in-depth and comprehensive way, and to refine, summarise and conclude the data, this study adopted the content analysis method to analyse the data obtained from the collection of the interview transcripts. Among them, coding is a key part of content analysis. For the coding method, there are three commonly used coding methods: pre-constructive, post-constructive, and basic structure-guided [5]. For this study, the post-built coding method, i.e., by induction, was used. Among them, open coding, spindle coding, and selective coding are the main steps of post-constructive coding.

3. Coding Analysis

3.1. Open Coding

For open coding, this often refers to reading interview transcripts, observation notes and so on verbatim, breaking them down line by line, sentence by sentence or paragraph by paragraph and labelling them. Open coding is firstly about conceptualising the qualitative data and then categorising the relevant concepts, which refers to clustering the relevant concepts into a category, is referred to as categorisation. In this process of conceptualisation of categories is an important thing, because it can be beneficial for the researcher to reduce the weight of the information that needs to be processed, and at the same time, the categories have analytical power, which can help to go to the interpretation and prediction of events [6].

In this study, the open coding process was carried out through the Nvivo 14.0 software, where the interview data were imported into the software, and through continuous comparative analyses, through the open coding analyses of the "main factors influencing the quality of life of the elderly in the community of Mianyang City", the first results were obtained for chronic disease management, accessibility to transport, convenience in shopping, community activities, contact with friends, neighbourhood relationship, family members, and so on, Friends, neighbours, family help, sleep habits, community environment, personality traits, ideal family atmosphere, etc. 26 original concepts and 10 initial research categories, namely, health status and medical management, community life and convenience, family and social relationships, living environment, physical strength and assistance in life, physiological changes, work and retirement, sleep quality, mental status and emotions, and future outlook.

3.2. Spindle Coding

For spindle coding, it is simply the process of recombining concepts in a more focused and consistent way around a particular spindle category on the basis of the previous open coding, and then categorising and generalising the previous level, i.e. the secondary category, and further refining and generalising it to the category [7]. In fact, spindle coding actually refers to a more focused and consistent regrouping of concepts around a specific "spindle" category under the premise of open coding, followed by categorisation and generalisation, and further refinement, in order to deepen the understanding of thematic categories in a more comprehensive and accurate way, and to further improve the degree of abstract grasping of empirical information.

In this study, the spindle coding process was carried out through Nvivo 14.0 software to build tree nodes on top of the original own nodes and to find the relationship between each tree node. The 26 concepts and 10 initial categories obtained from the open coding were repeatedly compared and analysed, and these concepts and categories were placed in the context of the quality of life of the elderly in the community of Mianyang City, and five main categories were obtained after the spindle coding process: integrated health and medical care, social life and interpersonal relationships, living environment and convenience, lifestyle and vitality, and mental health and emotional experience. Integrated health and medical management was categorised by the initial categories of health status and medical management, and physiological changes; social life and relationships was categorised by the initial categories of family and social relationships, and future outlook; living environment and convenience was categorised by the initial categories of living environment, and community life and convenience; lifestyle and vitality was categorised by the initial categories of physical strength and assistance in life, and work and retirement; and mental health and emotional experience was categorised by the initial categories of sleep quality, and work and retirement, and mental health and emotional experience. Mental Health and Emotional Experience is categorised by the two initial categories of Sleep Quality, Mental State and Emotions.

3.3. Selective Coding

Selective coding mainly refers to the process of identifying the core categories by articulating the "story line" among the main categories that have been developed earlier. In fact, it also refers to the process of analysing and sorting out the previous open-ended codes and main axes codes, and obtaining the final core categories through continuous generalisation, extraction and integration. Here, through the continued examination of the main axial categories, especially the detailed and in-depth analysis and collation of the previous 5 main categories and 10 initial categories, as well as the careful reading of the original interview data and repeated comparisons, it was finally concluded that the core category of "the main influencing factors on the quality of life
of the elderly in the community of Mianyang City" could be used to unify all the other categories. All other categories.

In the story line of exploring the core category of "the main factors influencing the quality of life of the elderly in the community of Mianyang City", we can consider the quality of life as a system, whose subjects include the individual elderly, and whose objects are comprehensive health and medical management, social life and interpersonal relationships, living environment and convenience, lifestyle and vitality, mental health and emotional experience, and emotional experience. All of these factors are key factors affecting the quality of life of older people in the community. In terms of integrated health and medical management, the overall health status of the elderly is directly related to their daily activities and convenience of life, while the effectiveness of medical management also determines whether they can obtain the necessary medical support in a timely manner. Then in terms of social life and relationships, the stability and quality of family and social relationships have a direct impact on older people's mental health and life satisfaction, while a positive outlook on the future may provide them with more social motivation. For living environment and convenience, the quality of the living environment is directly related to the quality of life of older people, and the convenience services in the community may provide them with better life support, especially for older people with mobility problems. For lifestyle and vigour, changes in daily physical demands and vigour may be constrained by adjustments in work and retirement status and health conditions, which are directly related to the overall lifestyle and satisfaction of older persons.

Then with regard to mental health and emotional experience, good sleep quality is the foundation of mental health, while positive social relationships and a positive outlook on the future contribute to the formation of a positive emotional experience, which directly affects the psychological state and overall well-being of older people. Therefore, integrated health and medical management, social life and relationships, living environment and convenience, lifestyle and vitality, and psychological health and emotional experience together constitute a system of major factors affecting the quality of life of community-dwelling older people in Mianyang City.

3.4. Coding Consistency Test

In this study, three coders independently coded the qualitative research materials. According to the formula of categorisation consistency coefficient \( C = \frac{(T1 \cap T2 \cap T3)}{(T1 \cup T2 \cup T3)} \), the coding consistency coefficients of the main factors affecting the quality of life of community-dwelling older people in Mianyang City, i.e., comprehensive management of health and medical care, social life and interpersonal relationships, living environment and convenience, lifestyle and vitality, and mental health and emotional experience, were 0.87, 0.85, 0.91, 0.90, 0.92, respectively. Coding consistency coefficients above 0.8 are considered acceptable and above 0.9 are considered good. Therefore, based on the results, the coding consistency is considered to be good.

4. Discussion and Results

4.1. Discussion

Like the quality of life of the elderly is currently one of the hot topics that the whole society is concerned about, this study aims to explore the multidimensional influences on the quality of life of the elderly in the community in Mianyang City, and through focus group interview and content analyses, we have explored the influence of multiple aspects, including integrated health and medical management, social life and interpersonal relationships, living environment and convenience, lifestyle and vitality, as well as mental health and emotional experience. The impact of these aspects on the lives of community-dwelling older adults in Mianyang City is discussed and analysed. Like in the case of integrated health and medical management, it is understood that physical health is important to the quality of life of older adults, while integrated medical management provides critical support in maintaining health [8]. Participating older people also emphasised the impact that attention to health status, effective management of chronic diseases and timely access to healthcare services have on older people's physical condition and ease of living. In terms of social life and relationships, older participants generally agreed that having an active and interactive social life and harmonious relationships were important for their psychological well-being and provided them with a platform for emotional support and social engagement. In terms of social life and vitality, older participants also noted that an active lifestyle and moderate physical activity played an important role in maintaining health and vitality. In the area of mental health and emotional experience, some older participants also mentioned the positive impact of positive psychological cues and favourable emotional experiences on mental health, which can meet their psychological needs and heart support and emotional care.

4.2. Conclusion

After an in-depth study of the impact of the five key domains related to the integrated management of health and medical care, social life and relationships, living environment and convenience, lifestyle and vitality, and mental health and emotional experience on the quality of life of older people in the community of Mianyang City, it was found that these domains complement each other. Good social and interpersonal relationships positively affect mental health, and good social networks directly contribute to older people's life satisfaction [9]. Comprehensive health and medical management services and active lifestyles play a synergistic role in maintaining the overall health of older people and are essential to improving quality of life [10]. The quality of the living environment and the accessibility of community services directly shape the daily lives of older people, and optimising these aspects will create a more liveable environment for older people [11]. Mental health and positive emotional experiences are directly related to the overall life satisfaction of older persons [12].

4.3. Practical and Policy Recommendations

Based on the above conclusions, the following recommendations and policy directions for in-depth practice can be put forward: in order to strengthen social relationships, it can be recommended to organise diversified activities suitable for community groups of older people, such as book clubs, interest groups and so on, and to encourage encourage older people to actively participate in all kinds of activities organised by the community. At the same time, they will be helped to expand their friendship circle. In terms of integrated health and medical management, it is possible to help the
elderly establish comprehensive health records for the elderly, conduct regular health assessments and implement personalized health management plans. As well as implementing chronic disease care programmes, integrating medical, rehabilitation, psychological and other multi-faceted services to provide comprehensive medical support for the elderly. In terms of living environment and convenience, the relevant organisations and departments can increase investment in community infrastructure and improve the quality of the living environment, including housing facilities and transport convenience. At the same time, the process of community services can be optimised, so that elderly patients can receive appropriate community services more quickly. In terms of lifestyle and vitality, we can help the elderly in Mianyang City to formulate a lifestyle promotion plan and encourage them to participate in physical exercise and health seminars to improve their physical fitness. And regular lifestyle guidance is provided to help older people develop active and healthy habits. In terms of mental health and emotional experience, regular mental health education seminars and the like can be implemented to assist the elderly to better understand and manage their emotional state and improve their mental resilience. At the same time, mental health counselling services can be set up to provide professional psychological support to the elderly and establish a healthy psychological support system, and so on. The implementation of these recommendations and policy directions will provide strong support for improving the quality of life of older people in the community in Mianyang City, creating a healthier and happier old age. This comprehensive and in-depth practice will lay a solid foundation for the overall well-being of older people and contribute to the sustainable development of the community.

References


