



Effect of leisure activities in groups to improve quality of life among Geriatric population

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Abstract

Life satisfaction is a multidimensional category that reflects older people's psychological well-being and is widely regarded as a sign of successful aging. To determine the effect of Leisure Activities in Groups to improve the Quality of Life among the Geriatric populations. The study design was a pre and post-test experimental design that took place in Old age homes, in Chennai. Among Geriatric populations, WHOQOL-BREF Scale was used to measure the quality of life and LSM Scale was used to know their leisure interests. The present study is a clinical trial of thirty old age people who were allocated to a control and experimental group. The experimental group consisted of 15 populations who received 36 sessions of Leisure activity in groups to improve their quality of life, whereas, in the Control group, conventional occupational therapy was given. The post-test values were taken to record the outcome of the intervention. The result showed that there is a statistically significant difference in the post-test scores between the Experimental and Control Groups of the scales. This suggests that the intervention received by the experimental group had more improvement when compared to the control group. Leisure activity participation instilled positive feelings and improved general psychological health. This research promoted psychological well-being, creativity, and a sense of accomplishment.

Keywords: Geriatric populations, Leisure activities, Quality of Life, Group Therapy.

Introduction

The Percentage share of the elderly population in the total population is said to rise from 8.6 percent in 2011 to 10.1 percent in 2021. A persistent decline in the age-specific fitness components of an organism is due to internal physiological deterioration (Rose 1991). Geriatric Rehabilitation or geriatric physical therapy is a branch of medicine that studies rehabilitation and physical therapy issues in the elderly.

The majority of older adults rate their quality of life as good or better. Physical functioning and cognitive abilities, depression and other comorbidities, loneliness, and social functioning have been some of the elements that affect the quality of life. The quality of life for the aged in occupational therapy and social engagement is analyzed by looking at the aspects that affect them from the perspective of a holistic approach to people and the environment.

Leisure: it is a time during which a person feels free. During this leisure time, the person tries to experience an altered state of well-being (DL Jewell, 1997). This benefits your health in a variety of ways, including increased self-esteem and self-reliance, increased creativity and sense of achievement, and reduced stress. Groups can help a person maintain their present level of expertise so that they do not lose confidence in their regular tasks (ADLs). Occupational therapy helps older individuals improve their quality of life in a variety of ways, including overcoming barriers to everyday chores, improving physical health, enhancing mental well-being.

In 2019, CHULHWAN CHOI, CHUL-HO BUM conducted a study on Physical leisure activity and work for quality of life in the elderly - The study found that the elderly require not only physical leisure activities but also economic ones to ensure a good quality of life.

Aim of the study

To determine the effect of Leisure activities in Groups to improve the Quality of life among the Geriatric population.

Objectives:

To select the sample from the geriatric population.

To find the interest of the geriatric population using Leisure Satisfaction Measure is used.

To find out the effectiveness of Leisure activity in an experimental group.

To compare the effect of Conventional Occupational Therapy and Leisure Activity Participation in the Control group and Experimental group.

Research hypothesis:

There is a significant effect of leisure activities in groups to improve the quality of life among the geriatric population.

Research design:

The present study was a quasi-experimental study design.

Duration and size:

3 Sessions per week, 45 minutes per session for 36 sessions.

The total size of the study includes 30 participants.

Material used:

1. WHOQOL-BREF Scale
2. Leisure Satisfaction Measure (LSM)

Source of data:

The data was collected from Divine old age home, Maduravoyal, and Little drops, Mangadu.

Procedure:

The samples were selected for the study from Divine Old Age Home at Maduravoyal and Little Drops, Mangadu. The purpose of the study was explained in detail and an institutional consent

form was obtained from both institutions. Totally 30 subjects were selected under inclusion criteria. 30 subjects were given both Leisure Satisfaction Measure and WHOQOL-BREF Scale to know their interests and quality of life. They divide equally with 15 subjects in the experimental group and 15 subjects in the control group. In the Experimental group, leisure activities were given in groups, and in the Control group, conventional occupational therapy.

Data analysis and Results

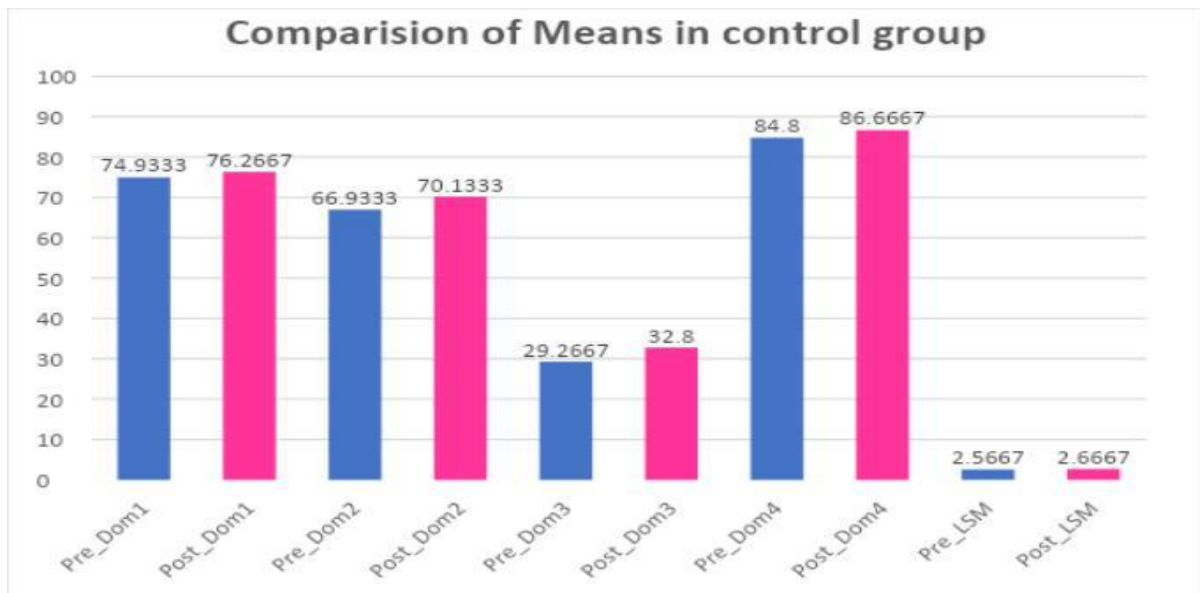
4.1 Statistical analysis of pre-test and post-test in the control group

Group		Mean	N	Z value	p-value
Control group	Pre_Dom1	74.9333	15	-2.236	0.025*
	Post_Dom1	76.2667	15		
	Pre_Dom2	66.9333	15	-3.464	0.001*
	Post_Dom2	70.1333	15		
	Pre_Dom3	29.2667	15	-3.407	0.001*
	Post_Dom3	32.8	15		
	Pre_Dom4	84.8	15	-2.333	0.02*
	Post_Dom4	86.6667	15		
	Pre_LSM	2.5667	15	-2.719	0.007*
	Post_LSM	2.6667	15		

* Significant at 5% alpha level

Since the p-value is lesser than 0.05 in all components of both scales (WHO-QOL, LSM), an alternate hypothesis is accepted. Hence, there is a statistically significant difference between

pre-test and post-test scores in the Control Group of the scales. This suggests that the intervention received by the control group had significant improvement.



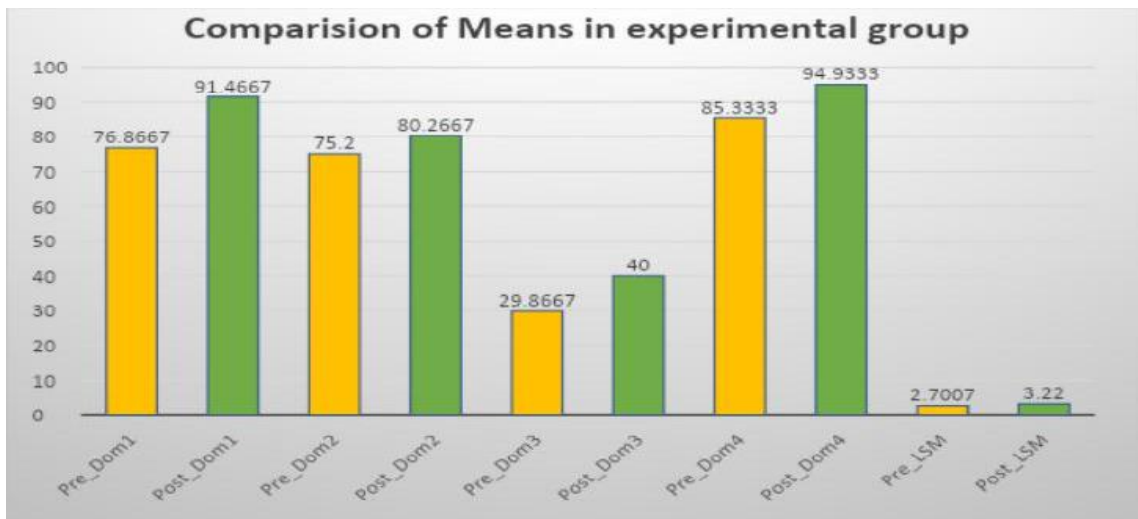
4.2 Statistical analysis of pre-test and post-test in the experimental group

		Mean	N	Z value	p-value
Experimental group	Pre_Dom1	76.8667	15	-3.418	0.001*
	Post_Dom1	91.4667	15		
	Pre_Dom2	75.2	15	-3.624	0.000*
	Post_Dom2	80.2667	15		
	Pre_Dom3	29.8667	15	-3.436	0.001*
	Post_Dom3	40	15		
	Pre_Dom4	85.3333	15	-3.432	0.001*
	Post_Dom4	94.9333	15		
	Pre_LSM	2.7007	15	-3.425	0.001*
	Post_LSM	3.22	15		

* Significant at 5% alpha level

In the Experimental group, since the p-value is less than 0.05 in all components of both scales (WHO-QOL, LSM), an alternate hypothesis is accepted. Hence, there is a statistically significant

difference in the Experimental Group between pre-test and post-test scores on scales. This suggests that the intervention received by the experimental group had significant improvement.



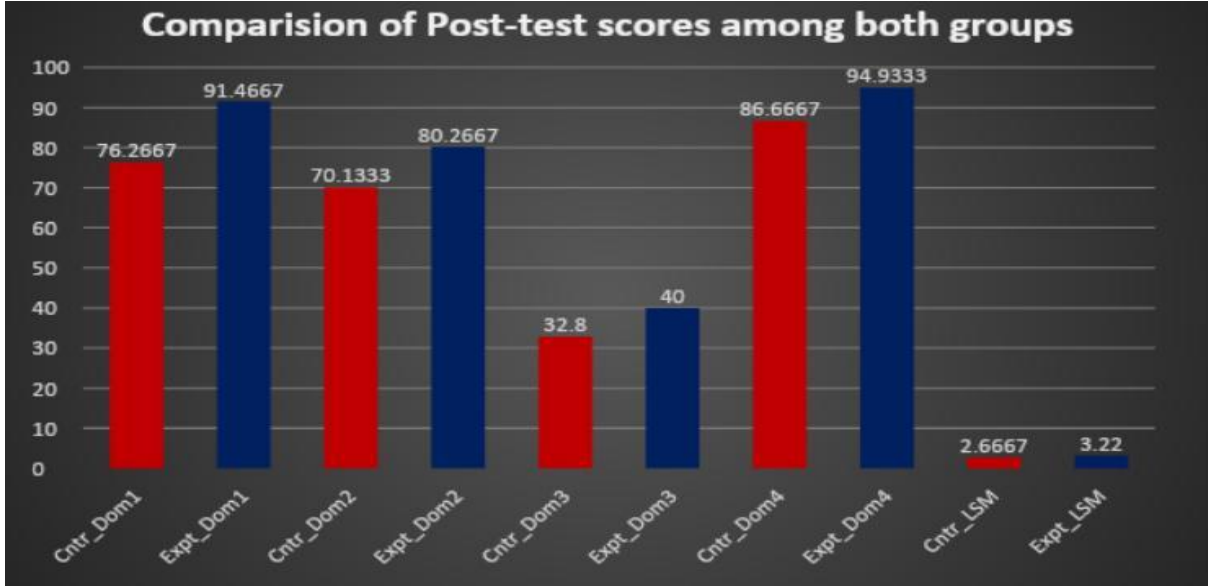
4.3 Statistical analysis between the post-test scores of the control and experimental group

		Mean	N	Z value	p-value
Post-test	Cntr_Dom1	76.2667	15	4.18928	0.000*
	Expt_Dom1	91.4667	15		
	Cntr_Dom2	70.1333	15	2.15686	0.03078*
	Expt_Dom2	80.2667	15		
	Cntr_Dom3	32.8	15	2.21908	0.02642*
	Expt_Dom3	40	15		
	Cntr_Dom4	86.6667	15	-3.33898	0.00084*
	Expt_Dom4	94.9333	15		
	Cntr_LSM	2.6667	15	3.73303	0.0002*
	Expt_LSM	3.22	15		

*Significant at 5% alpha level

Since the p-value is lesser than 0.05 in all components (WHO-QOL, LSM), an alternate hypothesis is accepted. Hence, there is a statistically significant difference in post-test scores between the Experimental and Control

groups of the scales. This suggests that the intervention received by the experimental group had more improvement when compared to the control group.



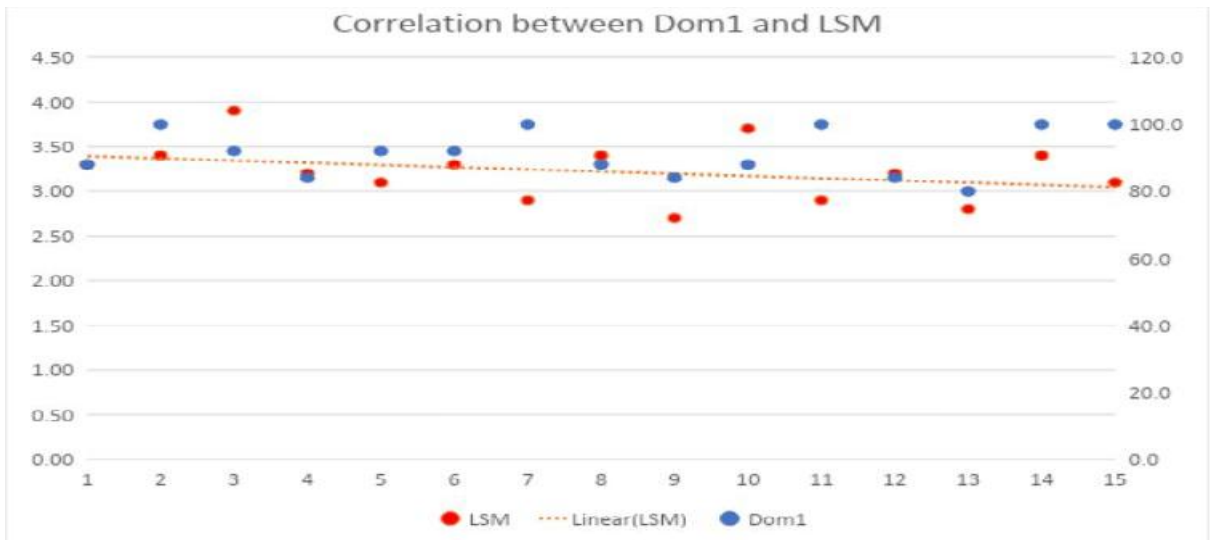
4.4 Correlation analysis between the post-test scores of the WHO-QOL and LSM

Correlation	N	Mean	r-value	p-value
Dom 1	15	91.4667	0.1043	0.5833
LSM	15	3.22		

*Significant at 5% alpha level

The p-value is greater than 0.05, hence suggesting that there is no statistical significance in the correlation between Domain 1 of WHO-QOL and

LSM scales. There is a very low positive correlation between the two groups.



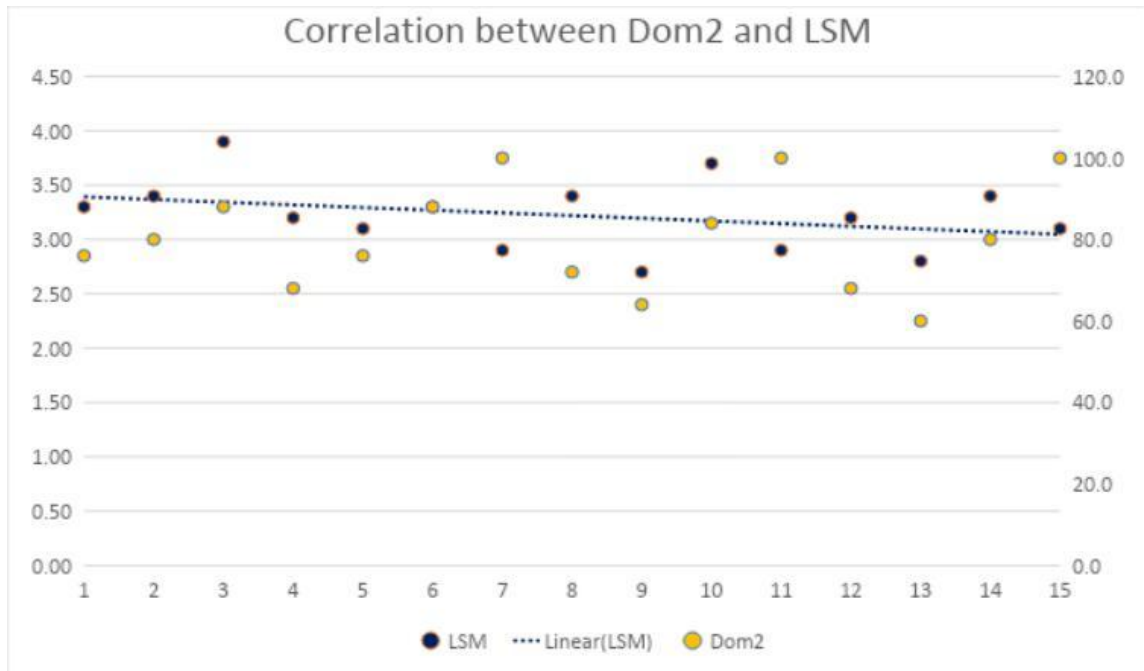
4.5 Correlation between Dom2 and LSM

Correlation	N	Mean	r-value	p-value
Dom 2	15	80.2667	0.1466	0.4395
LSM	15	3.22		

***Significant at 5% alpha level**

The p-value is greater than 0.05, hence suggesting that there is no statistical significance in the correlation between Domain 2 of WHO-QOL and

LSM scales. There is a very low positive correlation between the two groups.



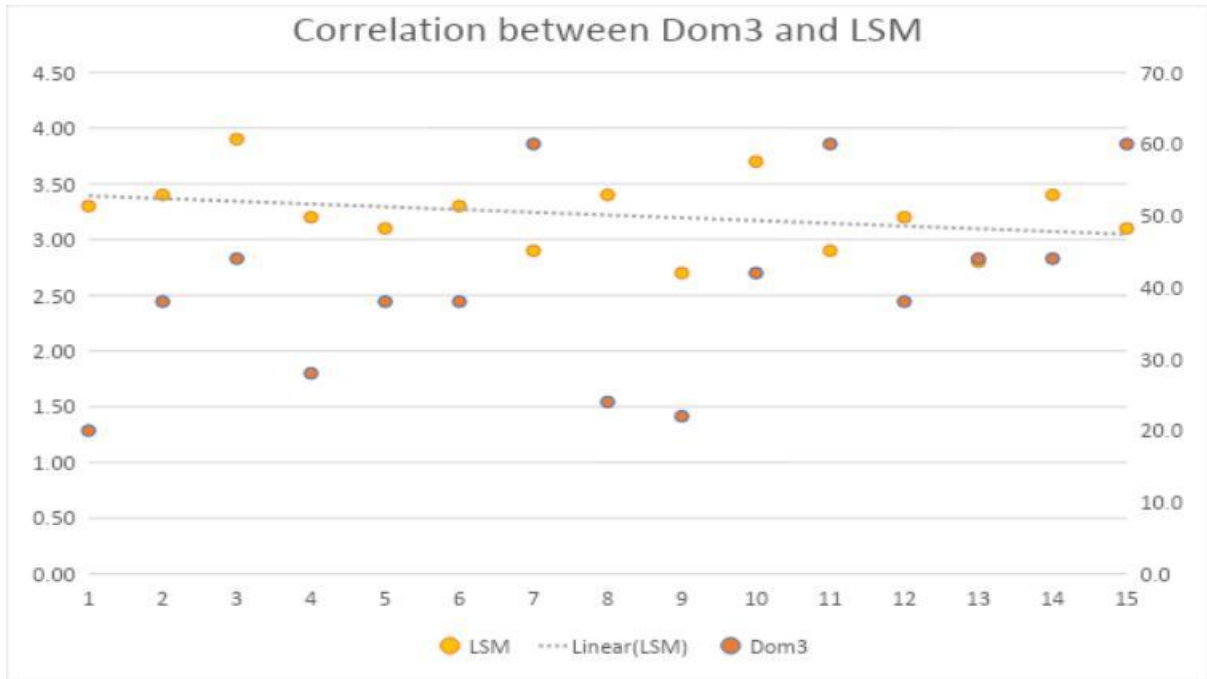
4.6 Correlation between Dom3 and LSM

Correlation	N	Mean	r-value	p-value
Dom 3	15	40	-0.1276	0.5016
LSM	15	3.22		

***Significant at 5% alpha level**

The p-value is greater than 0.05, hence suggesting that there is no statistical significance in the correlation between Domain 3 of WHO-QOL and

LSM scales. There is a very low negative correlation between the two groups.



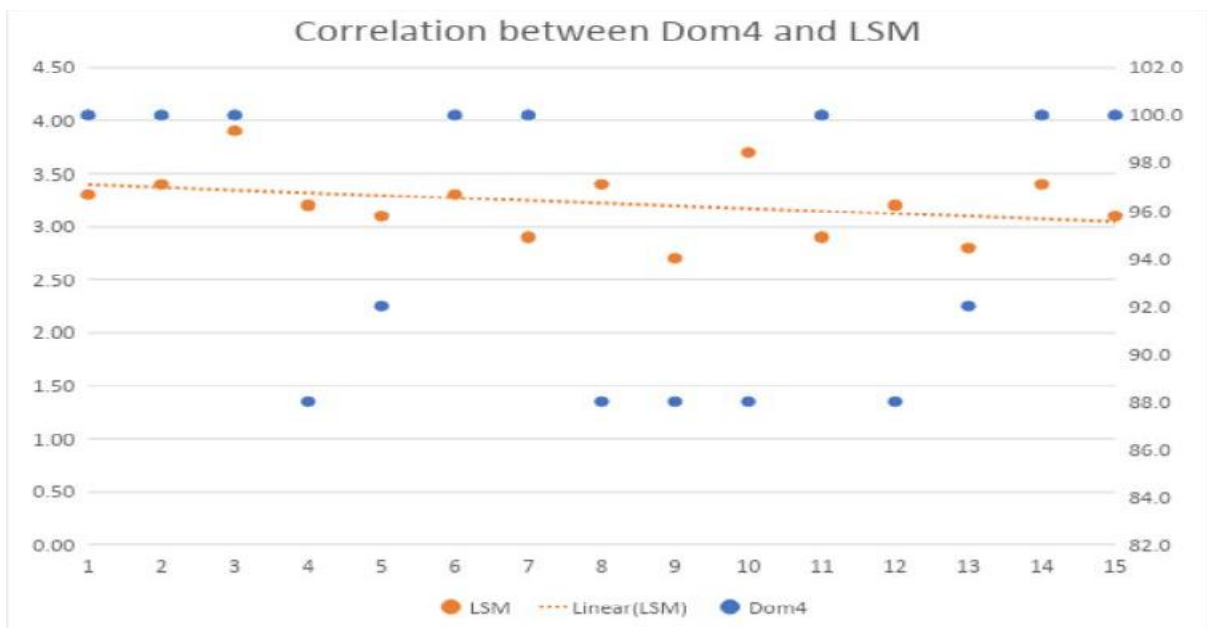
4.7 Correlation between Dom4 and LSM

Correlation	N	Mean	r-value	p-value
Dom 4	15	94.9333	0.119	0.5311
LSM	15	3.22		

*Significant at 5% alpha level

The p-value is greater than 0.05, hence suggesting that there is no statistical significance in the correlation between Domain 4 of WHO-QOL and

LSM scales. There is a very low positive correlation between the two groups.



Discussion

The study aimed to determine the effect of Leisure activities in groups to improve the Quality of life among the Geriatric population. In this study, WHOQOL BREF Scale was used to measure the quality of life and LSM Scale was used to know their leisure interests. A total of 30 samples were selected and equally divided into 2 groups, the control group and the experimental group. 15 in the Control group and 15 in the Experimental group. The Therapy was given for 3 months, 36 sessions lasting 45 minutes. For both experimental and control groups WHOQOL-BREF Scale and LSM Scale were used. In the Experimental group, Leisure activity was given in groups to improve quality of life, whereas, in the Control group, conventional occupational therapy was given. The effectiveness of the intervention was analyzed by comparing the pre-test and post-test values of both groups.

Table 1 and Graph 1, there is a statistically significant difference between pre-test and post-test scores in the Control group of the scales. Table 2 and Graph 2, there is a statistically significant difference in the Experimental group between pre-test and post-test scores on the scales. In Domain 1 (Physical health), the correlation between pre-test and post-test scores showed significant improvement. In Domain 2 (Psychological aspect), the correlation between pre-test and post-test scores shows significant differences. In Domain 4 (Environmental aspect), the correlation between pre-test and post-test scores showed significant differences. Table 3 and Graph 3, there is a statistically significant difference in the post-test scores between the Experimental and Control Groups of the scales. Table 4 and Graph 4, there is no statistical significance in the correlation between Domain 1 of WHOQOL-BREF and LSM scales. Table 5 and Graph 5, there is no statistical significance in the correlation between Domain 2 of WHO-QOL and LSM scales. Table 6 and Graph 6, there is no statistical significance in the correlation between Domain 3 of WHO-QOL and LSM scales.

Table 7 and Graph 7, there is no statistical significance in the correlation between Domain 4 of WHO-QOL and LSM scales.

Conclusion

This study has concluded that the effect of leisure activity in groups has improved the quality of life among the geriatric population. Leisure activity in groups gave them more opportunities to boost their self-esteem and confidence. This research promoted psychological well-being, creativity, and a sense of accomplishment.

Limitations and Recommendations

Limitations

-) Study was done for a shorter duration of time.
-) A Small number of samples were included.
-) Due to age-related health issues some participants were not able to participate in all sessions.

Recommendations

-) The same study can be carried out with a much larger sample size.
-) Group-based leisure activities can be given for different conditions.
-) Group-based leisure activities can be given for different age groups.

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