

Older peoples' unmet needs result in lower quality of life

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Older New Zealanders with unmet needs have a lower quality of life, according to new research from the University of Auckland.

Research that examined socioeconomic and cultural profiles and correlates of quality of life in non-Māori New Zealanders of advanced age, found that despite these challenges, a higher proportion of [women](#) reported they can count on someone to help with daily tasks, (83 percent vs 77 percent in men).

But those women also had higher unmet needs for practical [support](#) (14 percent vs 8 percent in men).

The study is from the Life and Living in Advanced Age: a Cohort Study in New Zealand (LiLACS NZ), led by Professor Ngaire Kerse from the University of Auckland. It analysed data from 516 non-Māori aged 85 years, living in the Bay of Plenty and Rotorua areas.

Socioeconomic and cultural characteristics were established in face-to-face interviews in 2010 and health-related quality of life was assessed by researchers.

"Women and men traditionally have different roles in household tasks and as more men than women lived with a spouse, their participation in the practical tasks probably differed, thus partially explaining their different perceived unmet need for practical support," says Professor Kerse, who is a gerontology specialist with the University's School of

Population Health.

"Women are more likely to outlive men and thus will need more support for the tasks formerly done by their husbands," she says. "The unmet need for practical support may also be related to house maintenance which might not be fulfilled by the daughter (the main support for women)."

"Living alone was particularly common for women aged 85 years. Coupled with the lower economic resources available to women at this age, this may put them at risk," says Professor Kerse. ""It would seem that older women in particular are resilient as they are often living alone and have access to fewer economic resources."

For women, a daughter was seen as the most common provider of support concurring with English research where it was not so much the size of the family, but the presence of a daughter that was associated with higher social contact and better outcome.

The main supporter for men in LiLACS NZ was their spouse. Social support is gender dependent, says Professor Kerse. "Supportive care appears helpful, both for practical and emotional support."

"Potentially finding ways to buttress informal support with access to formal support, respite care, training for informal caregivers, adaptations to environment, and supply of equipment, may help maintain quality of life for this group," she says.

- The study resulted in several main findings: At age 85 years, non-Māori in New Zealand on average, are reasonably able in activities of daily living and have a moderate socioeconomic status.
- Those with more social support (both practical and emotional

support); who have a perception that family and roles in the community are important to their wellbeing and those with perceived comfort with their money situation also have high health related quality of life.

- Those who report unmet needs have lower mental health related quality of life.

"This information can be used for the development of strategies to improve health and quality of life for people living in advanced age in New Zealand," says Professor Kerse.

The research showed that [home ownership](#) of 89 percent is higher than the average New Zealand home ownership rate of 66.9 percent despite a national decline in mortgage-free home ownership rates in older age groups New Zealand since 2001.

The study also showed that those in advanced age in [residential care](#) had a better quality of life.

"It is also intriguing that living in residential aged care was associated with higher physical health related quality of life both in the brief and in the full models," says Professor Kerse. "Those in residential care had the lowest functional status and both models are adjusted for this."

"One interpretation is that as functional status is the strongest predictor, the relative difference in health related quality of life between the living arrangements is driven by function," she says.

For those in advanced age with low function, those in residential care have the highest physical health related quality of life. Demand for physical support may be reduced when taken care of by paid care providers, and this relief may improve quality of [life](#).

Provided by University of Auckland

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