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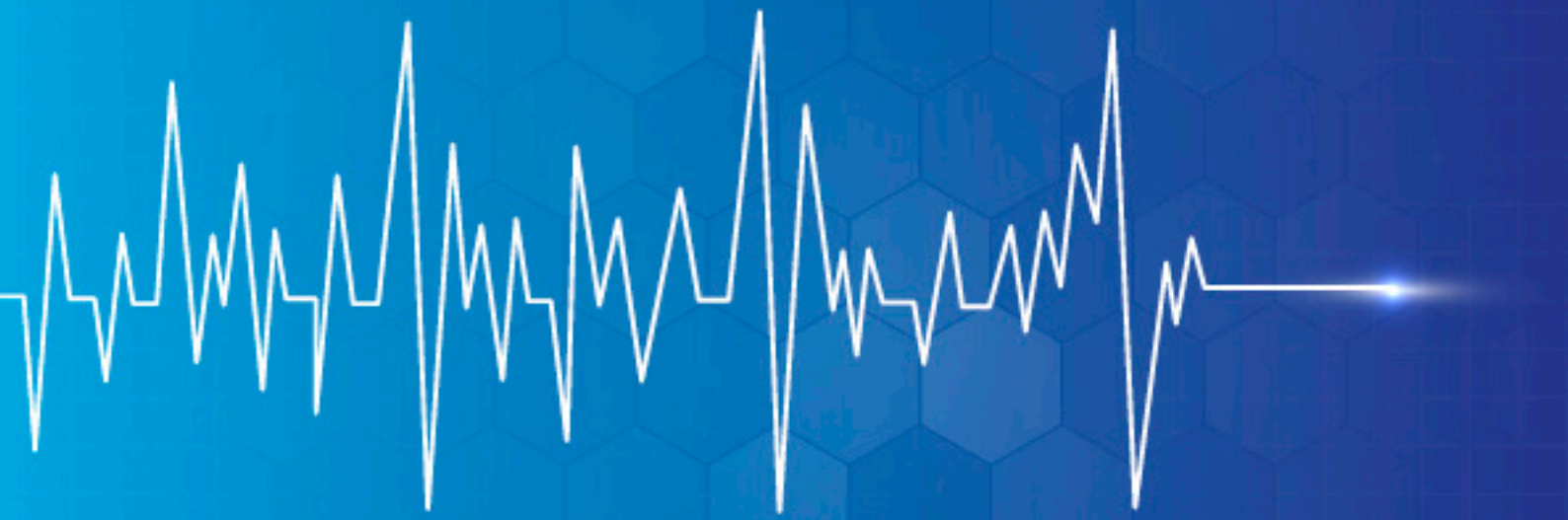

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Assessing the Quality of Life (QoL) Among the Elderly Population in Three Governorates in Oman

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ABSTRACT

Population aging has emerged as a significant public health concern globally, including in the Sultanate of Oman. Understanding the quality of life (QoL) among older adults is essential for developing responsive healthcare and social support interventions. This study aimed to assess the quality of life among elderly individuals residing in three governorates of Oman and identify dimensions contributing positively and negatively to their well-being. A descriptive quantitative cross-sectional research design was utilized among 415 elderly respondents from Al Buraimi, North Al Batinah, and South Al Batinah governorates. Data was collected using the standardized 13-item Quality of Life instrument developed by Bowling. Responses were measured using a five-point Likert scale ranging from 1 (Very Bad) to 5 (Very Good). Descriptive statistical tools, including frequency, percentage, weighted mean, and average weighted mean, were employed for data analysis. Findings revealed an overall average weighted mean of 3.30, interpreted as "Alright," indicating a moderate level of quality of life among respondents. Social and leisure engagement received the highest rating (WM = 3.90), suggesting positive social participation among elderly individuals. Conversely, financial sufficiency for household expenses obtained the lowest weighted mean (WM = 2.70), reflecting financial challenges experienced by respondents. The study concludes that elderly individuals in the selected governorates generally experience moderate quality of life characterized by positive social relationships and emotional well-being but constrained by economic limitations. The findings highlight the importance of strengthening elderly welfare programs, financial support initiatives, health promotion activities, and community-based active aging interventions in Oman.

INTRODUCTION

Population aging is increasingly recognized as a major demographic and public health concern worldwide. Improvements in healthcare services, nutrition, sanitation, and living conditions have contributed significantly to increased life expectancy, resulting in a growing elderly population across many countries. Aging, however, is frequently associated with physical decline, chronic illnesses, reduced social participation, economic dependency, and psychological challenges that may substantially influence quality of life (QoL). Consequently, maintaining satisfactory quality of life among older adults has become an essential goal in healthcare systems and public health planning.

Quality of life among older adults is multidimensional and encompasses physical health, emotional well-being, social relationships, independence, environmental safety, and financial stability. Elderly individuals often encounter reduced mobility, social isolation, repetitive daily routines, and dependency on family or healthcare systems, all of which may negatively affect their sense of well-being and life satisfaction. Conversely, active social engagement, emotional resilience, family support, and financial security contribute positively to healthy and successful aging.

In the Sultanate of Oman, demographic transitions have resulted in a steadily increasing elderly population. Individuals aged 60 years and above represented approximately 6% of the national population in recent years, prompting increased attention from governmental institutions such as the Ministry of Health and the Ministry of Social Development. Aging-related concerns in Oman include chronic disease burden, healthcare accessibility, social adaptation, and economic dependency among older adults. Although previous studies have explored selected aspects of aging in Oman, limited research has comprehensively assessed the multidimensional quality of life among elderly individuals across different governorates.

This gap in the literature highlights the need for further investigation into the social, emotional, health-related, and financial dimensions influencing quality of life among elderly populations in Oman. Understanding these dimensions is important for guiding healthcare planning, social welfare programs, and community-based interventions that support healthy aging.

This study was anchored on the World Health Organization's Active Ageing Framework, which emphasizes optimizing opportunities for health, participation, and security to enhance quality of life among older adults. The framework recognizes that elderly well-being is influenced by interconnected physical, social, economic, and environmental factors. Guided by this framework, the present study examined the quality of life of elderly individuals residing in selected governorates of Oman.

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Statement of the Problem

1. What are the demographic characteristics of the elderly respondents in terms of: Age; Sex; Marital status; Educational attainment; Employment status; andOther relevant socio-demographic characteristics?
2. What is the overall quality of life of elderly individuals residing in the selected governorates of Oman?
3. Which dimensions of quality of life contribute positively to the well-being of elderly individuals?
4. Which dimensions of quality of life contribute negatively to the well-being of elderly individuals?

MATERIALS AND METHODS

Research Design

The study utilized a descriptive quantitative cross-sectional research design to assess the quality of life among elderly individuals residing in selected governorates of Oman. The design enabled the researchers to systematically gather numerical data regarding respondents' perceptions and experiences related to their overall well-being.

Research Setting and Participants

The study was conducted in three governorates of Oman, namely Al Buraimi, North Al Batinah, and South Al Batinah. A total of 415 elderly individuals aged 60 years and above participated in the study.

A non-probability convenience sampling technique was utilized due to accessibility and availability of elderly respondents within the selected communities. The sample size was considered adequate to provide a descriptive assessment of quality-of-life indicators among the elderly population in the selected governorates.

Research Instrument

Data was collected using the standardized 13-item Quality of Life instrument developed by Bowling. The instrument measures various dimensions of quality of life among older adults, including social participation, emotional well-being, independence, health status, safety, and financial sufficiency.

The questionnaire was selected because of its established reliability and validity in assessing elderly quality of life in community-based settings. The instrument has been widely used in gerontological research and demonstrates acceptable psychometric properties in previous studies. Prior to administration, the questionnaire was reviewed for clarity and contextual appropriateness for the elderly population.

Each item was measured using a five-point Likert scale. The following scale was utilized forinterpretation of weighted mean scores:

Weighted Mean Range	Interpretation
4.21 – 5.00	Very Good
3.41 – 4.20	Good
2.61 – 3.40	Alright
1.81 – 2.60	Bad
1.00 – 1.80	Very Bad

Data Collection Procedure

Permission to conduct the study was obtained from prior to data collection. Respondents were informed regarding the purpose and significance of the study, and informed consent was secured before participation. Questionnaires were administered directly to participants, and assistance was provided when necessary to ensure comprehension of the questions.

Ethical Considerations

Ethical approval was obtained prior to data collection. Participation was voluntary, and respondents were informed of their right to withdraw from the study at any time without penalty. Confidentiality and anonymity of participants were maintained throughout the research process, and collected data were used solely for academic purposes.

Statistical Analysis

Data were analyzed using descriptive statistical methods, including frequency distributions, percentages, weighted means, and average weighted means. Descriptive statistics were considered appropriate because the study primarily aimed to describe the quality of life and identify dimensions influencing elderly well-being.

RESULTS AND DISCUSSION

Demographic Characteristics of Respondents

A total of 415 elderly respondents participated in the study. Female respondents comprised 51.1% (n = 211) of the sample, while male respondents accounted for 48.9% (n = 204), indicating a relatively balanced gender distribution.

Regarding age, most respondents were between 60 and 65 years old (39.7%, n = 165), followed by respondents aged 66–70 years (37.9%, n = 157). Participants aged 71 years and above represented 22.4% (n = 93) of the sample.

In terms of educational attainment, more than half of the respondents (53.4%, n = 223) had not attended formal schooling. Meanwhile, 40.4% (n = 169) had primary education, and only 6.2% (n = 23) had reached middle school education. This finding indicates limited educational attainment among many elderly respondents, which may influence health literacy, healthcare utilization, and socioeconomic opportunities.

Most respondents identified as Muslims (96.6%, n = 401), while smaller proportions practiced Hinduism (2.9%, n = 12) and Christianity (0.5%, n = 2). In terms of geographic distribution, 50.1% (n = 208) of respondents came from North Al Batinah, followed by Al Buraimi with 25.7% (n = 107), and South Al Batinah with 24.2% (n = 103).

Overall Quality of Life of Elderly Respondents

When respondents were asked to evaluate their quality of life as a whole, 36.6% (n = 152) described it as "Alright," while 32.4% (n = 134) perceived it as "Good." Additionally, 28.4% (n = 118) rated their quality of life as "Very Good." Only 2.6% (n = 11) considered their quality of life "Bad," and none rated it as "Very Bad."

These findings suggest that most elderly respondents generally perceived their quality of life positively or moderately. The results may reflect the presence of supportive family relationships and social engagement among older adults in Oman. Similar findings were reported in previous studies indicating that social support and active community participation contribute positively to elderly well-being and life satisfaction.

The research findings highlight various aspects of the elderly population's quality of life, as assessed through a set of 13 items. Notably, item number 5, "I have social or leisure activities/hobbies that I enjoy doing," stands out with the highest mean score of 3.90. This score, indicating a descriptive meaning of 'good,' suggests that respondents are faring well in their social lives. The interpretation is that individuals in this age group have

Table 1: Quality of Life Dimensions

Numerical values and Interpretation:
5 – Very Good (VG), 4 – Good (G), 3 – Alright (AL), 4 – Bad, 5 – Vert Bad (VB)

#	Items	5	4	3	2	1	WM	I
1	I enjoy my life overall.	91	101	199	20	4	3.6	G
2	I look forward to things.	105	200	100	8	2	3.0	AL
3	I am healthy enough to get out and about.	88	90	134	15	88	3.18	AL
4	My family, friends or neighbors would help me if needed.	125	67	140	34	44	3.40	AL
5	I have social or leisure activities/hobbies that I enjoy doing.	123	160	123	6	3	3.90	G
6	I try to stay involved with things.	90	158	115	48	4	3.60	G
7	I am healthy enough to have my independence.	100	89	123	85	18	3.30	AL
8	I can please myself what I do.	90	90	99	102	34	3.10	AL
9	I feel safe where I live.	121	139	78	10	67	3.40	AL
10	I get pleasure from my home.	89	99	115	78	34	3.30	AL
11	I take life as it comes and make the best of things.	89	90	88	115	33	3.20	L
12	I feel lucky compared to most people.	89	106	132	77	11	3.60	G
13	I have enough money to pay for household bills.	9	44	234	75	53	2.70	B
						AWM	**3.30**	**AL**

successfully completed their parental responsibilities and now have the opportunity to engage in pleasurable activities with friends and relatives.

Contrastingly, item number 13, "I have enough money to pay household bills," yields the lowest mean score of 2.70, with a descriptive meaning of 'bad.' Despite some level of housing support from family members and the government, respondents express a notable inadequacy in financial resources. This finding suggests that even with certain support structures in place, there is a perceived need among the elderly for personal financial independence.

The overall average mean across all 13 items is calculated at 3.30, indicating a descriptive meaning of 'alright.' This suggests that, on average, the elderly population's quality of life falls somewhere between good and bad. While they seem to be doing well in social and leisure aspects, the financial dimension presents challenges. This nuanced perspective reinforces the notion that the elderly population's quality of life is not distinctly good or bad but rather a mixture of positive and challenging elements. The findings suggest a balanced perspective on the quality of life of the elderly population, considering both positive and challenging elements across various dimensions.

CONCLUSION

The study highlights the need for integrated elderly care strategies that address the social, economic, and health dimensions of aging to support healthy and dignified aging in Oman. It is recommended to conduct a parallel study in other governorates or nationwide to stablished the finding of this study.

Acknoledgement

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