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The relationship between activity of daily living (ADL) and quality of life among the elderly people

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Abstract

Background: Continued age (≥ 60 years) experienced decline function physical and psychological that can influence *Activities of Daily Living* (ADL) such as bathing, dressing, eating, and transferring. Level of independence plays a role in ADL important to quality life elderly, because influence freedom activities, interactions social, as well as welfare physical and mental.

Purpose: To know the relationship between the level of independence *activities of daily living* (ADL) with quality life expectancy in the elderly.

Method: Non-experimental design with approach cross-sectional. Population study is all over elderly at LKS-LU Pangesti Lawang. Samples taken with technique purposive sampling. Instrument study covering ADL questionnaire with Barthel Index (BI) for measure level independence and WHOQOL-BREF For measure quality live. Data analysis was carried out using the Spearman Rank test.

Results: Spearman's correlation test results show that there is very strong and significant relationship between ability activity daily activities (ADL) with quality life, things This indicated by the value coefficient correlation Spearman's value is 0.916 and significance of 0.000 ($p < 0.01$). Findings This indicates that the taller ability activity daily someone, then the better quality his life.

Conclusion: There is connection meaningful between ADL level with quality life elderly. Improvement independence in ADL necessary become focus intervention for maintain and improve quality life elderly.

Keywords: Activity Of Daily Living; Continue Age; Independence; Quality Life.

INTRODUCTION

An elderly person is someone who has reached the age of 60 or older. Elderly is the term for someone who has entered late adulthood or old age. This period marks the end of a person's lifespan, with gradual physical and psychological decline. Changes occur at all cellular, organ, and system levels. This decline can increase the risk of disease in the elderly, which can lead to changes in quality of life (Abdillah & Octaviani, 2020). World Health Organization (WHO) estimated that as many as 1.3 billion elderly people or around 16% of the world's population experience disorders in the level of independence (Rahmawati, Wisnusakti, & Bolla,

2023). The results of a survey by health agencies in Indonesia showed that as many as 80% of elderly people have experienced dependence in activities (limited movement) as a result of decreased cell function (Purba, Veronika, Ambarita, & Sinaga, 2022). In 2020, the elderly in East Java were 22.34 percent, meaning that there were around 22 people out of every 100 elderly people who experienced health complaints that resulted in disruption of daily activities (Fitriana, Lestari, & Rahmayanti, 2021). At the integrated health post in Balarjosari Village, Malang, it was found that the majority of respondents, namely 46 respondents (73%) had the

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dependent category in activities, while only a small number of respondents had the independent category, namely 17 respondents (27.0%) (Atiqah, & Lumadi, 2020). Based on a preliminary study obtained at LKS-LU Pangesti Lawang on February 27, 2025, data was obtained that there were 52 elderly people, for activities of daily living (ADL) of the elderly such as bathing, eating, 80% were assisted by nurses or care givers at the shelter.

Physical changes that can occur in the elderly include wrinkled skin, graying hair, and decreased sensory function. Changes in body structure and function, as well as declining health in the elderly, often trigger mental health problems. Mental health problems in the elderly often include loneliness, emotional instability, and depression. Physiological changes in the cardiovascular system, muscles, joints and bones, and the respiratory system often cause complaints in the elderly such as fatigue, shortness of breath, muscle pain, joint stiffness, and balance disorders. This often affects the fulfillment of daily activities in the elderly (Lisdiana & Rofi'i, 2024). The increasing prevalence of disorders and diseases in older adults can impact their quality of life. Quality of life is a person's perception, influenced by the cultural context and surrounding norms, and related to goals, expectations, standards, and concerns throughout life. Quality of life is a multidimensional phenomenon, making it important to understand these various dimensions. Without proper evaluation, it is difficult to determine which dimensions are most important in a person's quality of life. Often, people assume that all aspects of quality of life are of equal importance, explaining that there are biological risks associated with older adults, namely the aging process caused by the decline in biological functions. Furthermore, there are also social and environmental risks, such as environmental conditions that can trigger stress in older adults. Economically, older adults often face decreased income due to retirement. Behavioral or lifestyle risks, such as lack of physical activity and unhealthy diets, can worsen health conditions and increase the likelihood of illness or death in older adults.

The quality of life of the elderly can be seen from the physical condition, psychological condition and social relationships of a person. Elderly can be independent well then the quality of life is in good

condition. To be able to live independently, the elderly must be able to adapt to the changes that occur. Physical changes that occur in the elderly will certainly affect the independence of the elderly, depicting the elderly as a unit that also requires independence in maintaining life, health and well-being. The dependence of the elderly on those around them makes the elderly feel useless and limited in all activities, thus causing decline and bringing its own burden for the elderly which will later affect the quality of life (Takemasa, Nakagoshi, Uesugi, Inoue, Gotou, Naruse, & Nanba, 2017). Problems that cover the quality of life are very broad and complex, including physical health problems. Changes in the quality of life that occur in the elderly due to decline in physical condition include fatigue, sweating, experiencing sleep or sleep quality disorders, anxiety, dizziness, irritability, and inferiority in socializing with the surrounding environment (Ariyanto, Puspitasari, & Utami, 2020). Psychological health, level of freedom, social relationships, and functional abilities must be maintained as independently as possible to carry out daily activities. Different living environments result in changes in the elderly's role in adapting. For the elderly, these changes in family, socioeconomic, and social roles result in a decline in adapting to new environments and interacting with their social environment (Yuliana & Setyawati, 2021). Independence for the elderly is crucial. Without it, they cannot interact and participate in activities (Suzuki, Ohyama, Yamada, & Kanamori, 2022).

RESEARCH METHOD

The type of research design used in this thesis is a correlational research design using a cross-sectional approach. Cross-sectional is a research design that collects data at a specific point in time, meaning the phenomenon being studied is taken over a period of time in data collection. Cross-sectional is able to describe a phenomenon and its relationship with other phenomena (Ningsih & Setyowati, 2020). This research was conducted by studying the dynamics of the correlation between the application of the relationship between the level of independence in daily living activities and the quality of life of the elderly at LKS-LU Pangesti Lawang Malang. The population to be studied in this research is the elderly aged ≥ 60 years, totalling 52 people.

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RESEARCH RESULTS**Table 1. Frequency distribution of Respondent (N=41)**

Variable	Results
ADL Level (n/%)	
Poor	4/9.8
Severe	8/19.5
Moderate	4/9.8
Light	6/14.6
Independent	19/46.3
Quality of Life Level (n/%)	
Poor	9/22.0
Severe	14/34.1
Moderate	18/43.9

The table shows that nearly half of the respondents were independent in performing activities of daily living (46.3%), while smaller proportions experienced light (14.6%), moderate (9.8%), severe (19.5%), and poor (9.8%) ADL levels. Regarding quality of life, most respondents reported a moderate level (43.9%), followed by severe (34.1%) and poor (22.0%) levels.

Table 2. Spearman's Rho Correlation Test

Spearman's Rho Correlation Test	P-value	Correlation Coefficient
ADL Level with Quality of Life	0.01	0.916

The Spearman's rho correlation test showed a statistically significant and very strong positive correlation between ADL level and quality of life ($r = 0.916$; $p = 0.01$), indicating that higher ADL levels were associated with better quality of life.

DISCUSSION

According to researchers, the low ADL experienced by the elderly is influenced by several factors, including their physical condition. Physical condition can impact ADL among the elderly at LKS-LU Pangesti, as well as age. This is evidenced by data showing that the average age of respondents was 75-90 years, with 61% falling into the elderly (old) category, where elderly people in this age group experience a decline in physical condition. That elderly people experience progressive decline, particularly physical changes characterized by changes in vision and hearing, decreased balance, and slow body movement. Physical changes in the elderly will lead to changes in their lifestyle, resulting in dependence on others (Ran, Jiang, Li, Kong, Du,

Wang, & Liu, 2017). That physical weaknesses in the elderly in using locomotory organs, such as weakness in the lower extremities, decreased vision and hearing function, and health conditions or diseases such as gout, hypertension, and diabetes (Wahdaiyah, 2022). Illnesses suffered by the elderly cause a decline in health status and reduce their independence in performing Activities of Daily Living (ADL). Illness causes functional weakness in the body. This causes the elderly to experience decreased energy in activities, making them unable to independently carry out daily activities (Medhi, Sarma, Pala, Bhattacharya, Bora, & Visi, 2019). A good level of independence is caused by health factors, motor factors, cognitive function, and good

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developmental status in the elderly, which makes them independent and does not require assistance from others in carrying out their daily activities (Moon, 2021).

According to researchers, the high quality of life of less than half of the elderly there can be influenced by their acceptance of their living conditions, support from LKS-LU staff, and regular social and spiritual activities. Elderly people who feel valued, are not isolated, and engage in meaningful activities tend to assess their lives more positively, even though they may experience physical limitations. Quality of life is one indicator of an elderly person's success in living their old age. Therefore, quality of life is an important topic to study, because quality of life is an individual's perception of their life within society within the context of existing culture and value systems, related to goals, expectations, standards, and concerns (Arywibowo, & Rozi, 2024). Quality of life for elderly people in nursing homes is related to several important factors, including demographic factors, socioeconomic factors, physical health factors, psychological health factors, social network factors, lifestyle and activity factors, traumatic life events, and care (Batubara, Siregar, & Fuad, 2022). Elderly people living in nursing homes experience a decline in their quality of life. Changing their residence can lead to psychological health problems, making them feel isolated from their families. If this situation persists, it can lead to a decline in their quality of life (Aryati & Fatimah, 2024).

The researchers hypothesized a relationship between Activity of Daily Living (ADL) levels and quality of life in the elderly at the LKS-LU Nursing Home. The greater the elderly's ability to perform daily activities independently, the better their perceived quality of life. Conversely, elderly with limitations in performing daily activities tend to have a lower quality of life. This was confirmed by interviews. Explains that elderly individuals possess the ability to carry out normal daily activities, including physical activity, supported by good cognitive function. This aims to enable elderly individuals to live independently without relying on others, thereby improving their quality of life. A relationship between ADL levels and quality of life in the elderly. Elderly individuals with poor activity

levels can impact a person's quality of life. Elderly individuals with high levels of independent activity will have a positive impact on their quality of life (Masithoh, Faridah, & Ramadhani, 2021). Seniors with high levels of independence will have a high quality of life. This is because high levels of physical activity will boost their self-confidence, leading to a higher quality of life (Keswara, 2017).

CONCLUSION

Has been conducted on the relationship between the level of activity of daily living and the quality of life of the elderly, as evidenced by the significance value of $p = 0.01$ where $p < 0.05$.

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