

The Quality of Life of Aging Population: A Study among Older Person Who Received Long Term Care Services at Old Folks Home, Penang

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Abstract

This paper presents the underlying factors including health, income, and social isolation that contributing on Quality of Life (QOL) of aging population. Malaysia has witnessed the dramatic change of demographic profile of aging population which expected to reach 15% of total population. However, the exploding number of aging population would become the real challenge to the country. Each year, the government has to deal with the bottling demands of admission into nursing home and residential care as part of welfare responsibilities that would affect other expenditures as well. The decision to stay at old folks home is not their own choice. Yet, there is no one to look after them. In addition, they do not want to burden their children. At this age, they supposedly spend their leisure time with their families and children at home. But, there is no choice for those who had no family or children in their life. This study utilizes quantitative approach using self-administered questionnaire involving 150 senior citizens aged 60 years and above. The older people who had severe cognitive impairment were excluded with help from the staff nurse. The respondents were selected randomly from four old folks home in Penang including Rumah Orang Tua Uzur Penang, Penang Buddhist Association, Darul Hanan old folks home and Rumah Orang Tua Jubli. The findings of this study revealed that the overall level of quality of life of older person who received long term care services at old folks homes in Penang is moderate (mean 3.27, std. deviation 0.613). The finding shows there is a positive significant relationship between health and QOL ($p < 0.000$, $r = 0.606$); and income and QOL ($p < 0.000$, $r = .213$). Notably, health factor was recorded the dominant factor affecting QOL with the highest Beta value = 0.584, $p < 0.05$. Further, health and income have significant influence on the respondents' QOL [$p < 0.01$, $\beta = 0.584$; $p < 0.01$] respectively. Health is the dominant factors that affecting QOL of aging population. Besides, the moderator gender differences is significant on the relationship between income [$t = 4.709$, $p = .000$] and social isolation [$t = 4.709$, $p = .009$] towards the QOL. Hence, the study concluded the health and income indeed crucial for the wellbeing of older people.

Keywords: Quality of Life; Self-rated Health; Social Isolation, Income

Introduction

An advancement in technology today helps to prolong human life expectancy, as more people live longer up to 65 years old. Earlier in 1981, Malaysia has observed the declining of fertility and mortality rate (The Fourth Malaysia Plan, 1985). Following

that in 1986, there is a growing number of a nuclear family, a family consisting two parents and at least one child. This is quite worrisome. Having a big sized family is a better way to share the responsibility of looking after their old parents. As supported in the study by Zainab and Wan-Ibrahim (2014), the trend of nuclear family will affect the welfare of older people, as no one would look after them. For example in China, after the implementation of one-child policy in 1979, all burdens to look after their old parents, was carried upon by a son (Zhang & Goza, 2006). In fact, every older people have a desire to be taken care by their adult children. It is part of filial responsibility as normal practice in most Asian countries to look after their old parents (Wong & Verbrugge, 2009). Some of older person has taken the initiatives to live independent without rely upon their children. However, as a country advances, the cost of living keep increasing which would dampen the quality of life of older person. Those elderly without source of support from the children or family will struggle to continue their life. Due to limitation in job attainment and poor educational background, it would be hard for older person to survive. Low paid job means low pension retirement also among the reason of heavy reliance of older person on government supports. As the result, there is a growing demand for long-term care services such as nursing home and residential home. Thus, this study intends to explore the quality of life among older person who is receiving the long term care service such as nursing home and residential home. This includes; health factor, income factor and social isolation factor.

Literature

Many countries including Malaysia have started to focus on the aspect of quality of life, rather than healthcare aspect, as more people live longer than 65 years (Soriano *et al.*, 2016). World Health Organization defines quality of life as “individual perception of their position in life in the context of the culture and value systems in which they live in relation to their goals, expectations, standards and concerns” (WHO, 1997). In other words, older people may perceive the quality of their life distinctively, depending on their physical and mental wellbeing, social relationship, economic opportunities and others. Some older people believe good health may result in good QOL but others may value money more than other determinants. Therefore, researcher has concluded that QOL has its own limitation in selecting the most appropriate and precise instrument to measure QOL (Kelley-Gillespie, 2009). Further, Lu (2012) discovered that many studies have been focusing on objective dimension (or external dimensions outside of human body such as health, income and social) rather than subjective dimension (experience, feeling and others, for instance). Many scholars face difficulty in measuring subjective dimension (perception, thought, and experience). Overall, it can be said that distinct scholars have dissimilar definitions of quality of life. Gentile (1991) and Galambos (1997) defined quality of life as ‘goodness of life that is

related to a person's perceived psychological, sociological, spiritual and environmental'. Mudey *et al.*, (2011), in contrary, proposed different perspectives of quality of life, by placing focus on economic perspective and the need for survival skills. Thus, the study explores the underlying factors contributing to the quality of life among older person at old folks home.

Institutionalized Older Person

Providing institutionalization for older person had become government's priority, since the establishment of Care Centre Act in 1993. This act provided the guidelines for the registration and establishment of centres as well as monitoring and inspection the operation of centre (Economic Planning Unit (EPU), 2000). In early 2000, the government and non-governmental agencies established a number of old folks homes and daily care centres to accommodate frail elderly and those with no family. However, the initiative had caused the government a lot as they needed to hire medical and professional staff as well as nurse for 24-hour services; and that they had to provide the facilities and equipment for physiotherapy. Therefore, the government has then turned to another initiative by encouraging the citizens to shoulder their filial responsibility, which is looking after their old parents. Without emotional support from family or children, older persons become a victim of depression, loneliness, and deterioration of health condition. Unlike other countries like Hong Kong, Hong Kong government has put concerted effort in promoting community care service (the elderly will request the help from the community). Such effort can help to promote the government's aim of encouraging the older person to stay with their families (Kin-sun & Chi-kwong, 2009).

Basically, there are two types of institutionalization which has been provided by Malaysia, includes nursing home and residential home. Accordance to Ribbe *et al.* (1997), the nursing home and residential home can be defined based on the different preferences and the type of facilities provided. A nursing home can be defined as "nursing borne which is an institution providing nursing care 24-hour a day, assistance with activities of daily living and mobility, psychosocial and personal care, paramedical care, such as physiotherapy and occupational therapy, as well as room and board. Nursing homes mainly serve frail elders with chronic diseases, disabilities, either physically or mentally (mainly dementia) or both. These facilities usually provide care which can be characterized as the highest level of care (Ribbe *et al.*, 1997). Meanwhile, residential home refers to "an institution, providing living condition, adjusted to the needs of residents, which usually no longer requires nursing care from a visiting nurse.

In general, admission is the result of inability to do self-manage at home because of some difficulties with activities of daily living and instrumental activities of daily living. In some homes, assistance can be provided for basic activities of daily living,

including assistance with dressing, assistance with mobility from a private room to a communal room for meals and limited assistance with appliances such as urinary catheters. Usually, most care in residential homes is provided by nursing aides and personnel with little or no training. In many countries, residential homes are building complexes (apartment buildings) where elders reside in private apartments or single rooms. Meals are typically not provided to these residents, and hence, they ought to find what to eat on their own” (Ribbe *et al.*, 1997). In Malaysia, most of the residential home provides the accommodation, facilities (small library, television, and others), foods and others.

The government and other non-governmental organizations have shared the responsibility to finance the operation of the centre, to provide the regular foods and comfortable accommodation, and to hire the medical and professional staff. However, the quality of life of older person is not necessarily depending upon the physical needs, but also the social and emotional needs. In the study undertaken by Cordeiro *et al.* (2015), the findings of the study discovered that those elderly who are living alone will start a new life at the old folks home. In contrast, those who stayed at old folks homes due to chronic illness or do not want to burden their family; they were less enjoyed of quality of life due to having a difficulty to adapt with a new environment (Cordeiro *et al.*, 2015). There is indeed crucial to explore the quality of life among the institutionalized older person in order to improve the institutionalized setting (Cordeiro *et al.*, 2015). A number of initiatives and programs has been taken by government and non-governmental agencies to support the institutionalized older person such as social support and religious activities. It would help to lessen the older person anxiety, rejection feeling and social isolation. As supported in the study by Soriano *et al.*, (2016), discovered the institutionalization and spirituality have a direct impact on the older person’s quality of life dimension. The finding of this study discovered that some of the respondents; who were admitted into old folks home, suffered loneliness and depression due to the absence of emotional support from family and children. Meanwhile, spirituality is a major predictor of quality of life of older person at old folks home, as it can help to enhance self-esteem and life satisfaction by involving in religious activities (Soriano *et al.*, 2016). Therefore, Soriano *et al.*, (2016) has suggested a number of religious and social activities to be offered to the older person at old folks home.

Health

Basically, older people perceive that health factor is the key to a quality life. Besides, health factor has received prominent attention from researchers seeking to conduct future studies; especially those that are related to physical activities. Physical

activity is very crucial to older person, as it can help to build muscle strength, improve mobility and lead to a more quality life (Warburton & Peel, 2008; Lim & Taylor, 2005). As supported by Glass *et al.*, (1999), both productive (gardening) and social activity (church activity) can help to hinder causes of mortality. This shows that older person can also benefit from activity that does not involve intense use of their physical ability like fitness activity.

Further, Grundy and Sloggett (2003), suggested that health status can be measured into two dimensions includes; objective health status (physical and psychological capability) and subjective health status (perception on their health). Most of the gerontological studies measure the health determinant based on the 'self-rated health' (Mossey & Shapiro, 1982; Idler & Benyamini, 1997). In the study by Mossey & Shapiro (1982), the frequent questions asked by the gerontological scholars is to compare to others your own age, and how do you rate your health. In the study undertaken by Yin-Fah *et al.*, (2010) revealed that, majority of male respondents (55.4%) rate their health is good than female (48.4%); even though they have been diagnosed at least 1 chronic illness- this is also supported by Montross *et al.*, F(2006). Phelan and Larson (2002) defined chronic illness as "an absence from cancer, high blood pressure, heart attack, stroke, osteoporosis, Parkinson and respiratory disease". Meanwhile freedom from disability can be defined as "no limitation in the ability to lift or carry groceries, climb or flight of stairs, bend/kneel, walk one block, or bathe/dress oneself". In the study by Cordeiro *et al.*, (2015), discovered that majority of 80 years and above older person was less enjoyed quality of life due to deterioration of health condition, physical limitation and being institutionalized (rejection from family, social isolation and others). Thus, health factor plays a crucial role in determining the quality of life among the older person.

Income

Other than health determinant, income factor also can influence the quality of life of older person. Basically, income refers to 'any source of income earned by a person for living (Standing, 2000). Income can be derived into five forms of social incomes including fixed income, family aid, and community aid such as charity donation, non-wage from firms, state benefits and lastly private benefits such as investment. In the study undertaken by Masud *et al.*, (2010), revealed the gender differences on income earned; 39% of women elderly who have no job experience and heavily relied upon children (Zainab & Wan Ibrahim, 2014; Yin-Fah *et al.*, 2010), Zakat and Bantuan Orang Tua (BOT) as compare to male respondents. As supported in the study by Beard *et al.*, (2012) the main reason of heavy reliance on family aid because pension alone does not enough for them to survive. The study conducted by Padmini and Haji Idris (2012), revealed that the higher income earned by the respondents, will end up better quality of life. This is because; those respondents who

have stable income will usually invest for health care including medical check-up, and taking the vitamins and supplements. In addition, retirement also has becoming the main factor of good quality of life. In the study by Wong *et al.*, (2008), revealed that some of the respondents are unwilling to retire from their job due to financial constraints. As supported by Solinge and Henkens (2007) who propose that; there are three forms of retirement that help to determine the voluntary and involuntary perceive by older people. This includes restrictive circumstance which refers to certain condition that restricts people to work beyond of human control such as poor health. The second form of retirement is older people's preference for retirement. Some may regarded earlier retirement as the best decision as they might probably seek for quality of time with family. Another form of retirement is timing and social factor refers to closeness of co-worker, family or partner that may influence their decision.

Social Isolation

Social isolation occurs when a person lives alone with small network (Hortulanus *et al.*, 2006). Meanwhile, Tomaka *et al.*, (2006) defined social isolation as "objective physical separation from other people, such as living alone or residing in a rural geographic area". A study by Newall and Menec (2013) discovered that approximately 20% to 40% of older people are suffering loneliness due to various factors, including lack of social and emotional support; physical limitation (poor eye sight and poor hearing); and others. Meanwhile, in the study by Raymond *et al.*, (2010) discovered the financial constraints are among the factors, which deteriorate the self-esteem of older people, that subsequently impacts their interact with others. Usually, after retirement, male elderly tends to face social isolation due to the loss of social networks, source of income and others (Van Tilburg & Van Groenou, 2002). Social isolation is also prevalent among older person residing at old folks' homes. Wong *et al.* (2008) revealed that some elderlies choose to stay separately from their children as they do not want to trouble their children; while others live separately due to bad relationship with their children. Newall and Menec (2013) revealed the high prevalence of social isolation with 30% of elderlies residing at old folks home. Wong *et al.*, (2008) stated that in Singapore, most of old people living at old folks home are not happy with their roommate due to misunderstanding and bickering over small things. Hence, they tend to be alone rather than mingling with others to avoid any problem.

Gender Differences

Gender differences are significantly moderate the relationship between the variables of health, income and social isolation with the dependent variable of quality of

life. It has been proven with the study Minhat and Amin (2012) claimed that less involvement in physical activities among the women elderly is not a good thing. Besides, nearly 39% of women elderly have never worked (Masud et al., 2008). This is the reason of the lower income source among the women elderly than male (Yin-Fah *et al.*, 2010). In the study undertaken by Masud et al. (2015), majority of the female elderly who co-reside with their children (82%) had zero income as compared to male elderly. The finding of the study also revealed that, majority of male elderly are still involving in productive activities to generate income to their families. The study by Selvaratnam *et al.*, (2010) also proved that women elderly is prone to disadvantage in term of socioeconomic aspects than male. World Health Organization framework also suggested that; gender culture has played the significant role in access of health and social services, physical, social and economic perspectives (Beard *et al.*, 2012). Hence, this study focuses on three contributing factors including health, income and social isolation on quality of life.

Research Objectives

The study focuses on answering four main objectives:

- i) To determine the level of quality of life of older person at old folks homes, Penang
- ii) To examine the contributing factors on quality of life of older person at old folks homes, Penang
- iii) To determine the dominant factors that affecting on quality of life of older person at old folks homes, Penang
- iv) To examine whether gender moderates the relationship between health, income, and social isolation and quality of life of older person at old folks homes, Penang

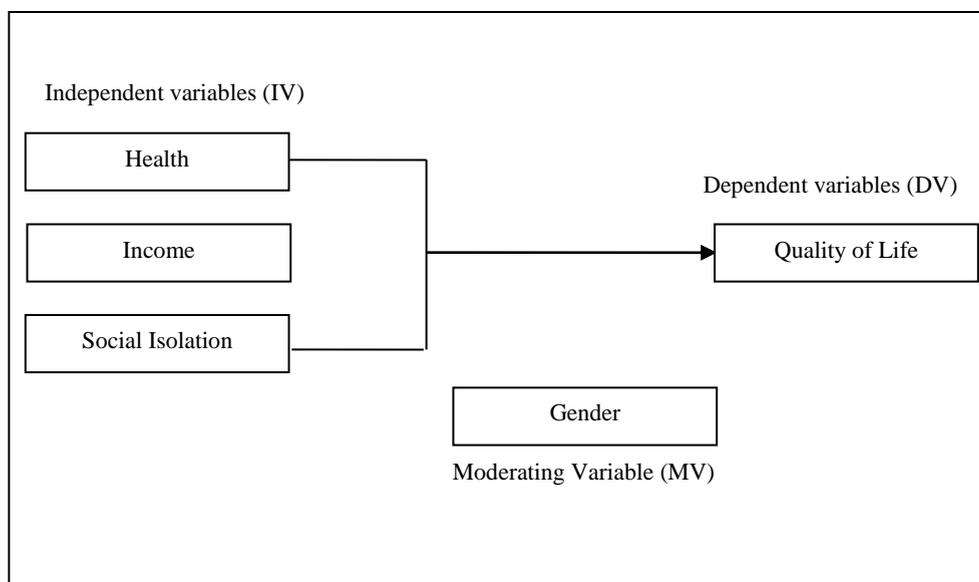


Figure 1
Conceptual Framework

Based on the conceptual framework in Figure 1, there are three independent variables including health variable, income variable and social isolation variable. The health factor is measured based on number of chronic illness diagnosed and self-rated health. Meanwhile, social isolation factor is measured based on number of friends and the frequent contact with others who are not living together in one roof. Finally, income factor is measured based on social income earned by older people. The dependent variable (DV) is the Quality of life that is measured based objective (inner self including happiness, satisfaction and others) and subjective (outside the person body including health, social and economic source (Lu L, 2012).

Methodology

A cross sectional study was conducted that associated with the survey research. The study used the questionnaire by using 5 Likert Scale (strongly agree, agree, natural, disagree and strongly disagree). As suggested by Sekaran (2006), a population sampling from 150,000 constitute to 383 sample size of the respondents to be used in the study. Penang state has a total population of who aged 60 years old and above is 155,911.

However there is only around 1% to 2% of older person who lives at old folks home in Penang (approximately around 3,000 population). While the proposed sample size is 383 respondents; this study only managed to collect 151 respondents only.

Among the reasons for moderate response rate include: respondents unable to continue their responses due to weak health condition, respondents have difficulties in remembering, thinking and responded to the questions, the respondents choose to discontinue the survey (incomplete information), as well as language barriers (unable to speak English and Bahasa Melayu). Hence, the findings of this study is only based on complete responses from a total of 151 older persons who received long term care services at Old Folks Homes in Penang. The data collection of this study was conducted within 2 months period (May till June 2016), and the questions in the survey were personally administered to the respondents.

Table 1
Total Respondents Involved from All Four Different Old Folks Homes in Penang (n=151)

Organization	Total population who aged 60 years and above	Number of respondents that involved in this study
Rumah Orang Tua Uzur Penang	312	60
Jubilee Silver Home	222	30
Penang Budhist Association	34	30
Darul Hanan Warga Emas	55	31

Findings

As indicated earlier, the findings of this study is based on a total of 151 respondents who are among the olders persns aged 60 years and above, who received long term care services at four old folks homes in Penang. The profile of respondents who involved in this study is presented in Table 1.

Table 2
Profile of Respondents

Profile	Item	Frequency (n)	Percent
Gender	Male	53	35.1
	Female	98	64.9
Age	60-65	18	11.9
	66-74	49	32.5
	75-84	65	43.0
	85+	19	12.6
Marital Status	Now married	11	7.3
	Widowed	42	27.8
	Divorced	13	8.6
	Single	85	56.3

Income	Zero income	126	83.4
	Below RM 900	20	13.2
	RM1000-1500	2	1.3
	RM1500-RM2500	3	2.0
Job	Retired	65	43.0
	Government worker	2	1.3
	Private worker	2	1.3
	Businessman	2	1.3
	Unemployed	78	51.7
Race	Malay	44	29.1
	Chinese	103	68.2
	Indian	3	2.0
Education	Primary school	66	43.7
	SPM	46	30.5
	Diploma	2	1.3
	Degree	1	.7
	Other	31	20.5
Number of Children	None	122	80.8
	Only one child	7	4.6
	2-5 children	15	9.9
	More than 6 children	5	3.3
Chronic Illness	Yes	68	45.0
	No	81	53.6
Total		151	100

Among the total 151 respondents, 64.9% were female, and the remaining were male older persons. More than half of the percentage of the respondents aged 75 years and above (55.6%). Marital status has highly significant to the study as it related to the cases of depression among older people. As presented in Table 1.2, majority of respondents were unmarried (56.3%), widowed (27.8%) and divorced (8.6%) and had no children (80.8%). This is because, majority of the respondents were Chinese (68.2%) while Malay respondent (28.1%) and minor group Indians (2.0 %). In addition, educational background plays a crucial part in the study which revealed majority of respondents 66 respondents have poor educational background at the primary school and 31 respondents were not going to school. Poor education background would result low income (lower than RM 900 – 25 respondents). Majority of the respondents have zero income (83.4%) even though they were retiree (65 respondents).

Goodness of Measures and Testing Parametric Assumptions

To ensure the goodness of data, this study conducted the Exploratory Factor Analysis (EFA)¹ and reliability test². All three parametric analysis were conducted namely normality³, linearity and outliers; and all parametric assumption for further analysis were assumed.

The Level of Quality of Life of Older Persons at Old Folks Homes, Penang

The first objective of this study is to examine the level of quality of life of older persons at old folks homes in Penang. A total of eight questions related to quality of life were asked to the respondents. Following their responses, analysis of mean and The standard deviation were used to determine the level of QOL of older persons at old folks homes in Penang. The findings are presented in Table 3.

Table 3

The Level of Quality of Life of Older Person at Old Folks Home, Penang

	Mean	Std. Deviation
I feel satisfied with the way my life has turned out	3.61	.810
I can do the things that I want to do	3.26	.946
I look forward to each day	3.06	.798
As I get older, I get wiser	3.21	.938
As I getting older, I appreciate things more	3.45	.900
I feel full of energy these day	3.17	.964
I feel that future looks good for me	2.89	.736
I enjoy being company of others	3.48	.951
Total QOL	3.2657	.61297

The item 'I feel satisfied with the way my life has turned out' has recorded the highest mean value 3.61 and standard deviation 0.810. However, item 'I feel the future looks good on me' has recorded the lowest mean value 2.89 and standard deviation .736. This is because; majority of the respondents spent 2 years and above at old folks home and some of them only waiting for the death. Notably, the overall level of quality of life of older person who received long term care services at old folks homes in Penang is moderate (mean 3.27, std. deviation 0.613). Thus, it shows that majority of

¹ KMO result shows that the sampling adequacy value was .864 which is good (more than 0.6).

² Reliability test showed the Cronbach value α had a good degree of reliability ($p > 0.5$); QOL's α value = 0.853, health's α value = 0.940, income's α value = 0.821 and social isolation's α value = 0.904.

³ Normality test showed all data seems normally distributed since all data within -2 and 2 (skewness and kurtosis).

the respondents were moderately satisfied with their life at old folks home including accommodation, facilities, food and support from staff.

The Relationship between Contributing Factors (Health, Income and Social Isolation on Quality Life of at Old Folks Homes, Penang

The second objective of this study is to examine the relationship between contributing factors (health, income and social isolation) on quality of life of older persons. For the purpose of answering this objective, Pearson Correlation analysis was carried out. The findings of Pearson Correlation, mean and standard deviation are presented in Table 4.

Table 4
Means, Standard Deviation and Correlation Matrix

Variables	Mean	SD	(1)	(2)	(3)	(4)
(1) Quality of Life	3.2657	.61297	(0.853)			
(2) Health	3.4384	.79924	.606**	(0.940)		
(3) Income	2.8829	.81561	.213**	.187*	(0.821)	
(4) Social Isolation	2.8396	.96705	.179	.092	.368**	(0.904)

** Correlation is significant at the 0.01 level (2-tailed)
Value in diagonal represents Cronbach Alpha

The finding shows there is a strong positive significant relationship between health and QOL ($p \leq 0.000$, $r = 0.606$). The result of this study also found that the income variable has significantly influenced the QOL with $p \leq 0.000$, $r = .213$. Notably, there is no relationship between social isolation and QOL of older persons at old folks homes in Penang.

The Dominant Factors that Affecting on Quality of Life of Older Person at Old Folks Homes, Penang

Analysis of Multiple Regression was performed to determine the main factor affecting QOL of older persons at old folks homes in Penang. The result revealed that health factor was recorded the dominant factor affecting QOL with the highest Beta value = 0.584, $p < 0.05$. Majority of the respondents rate their health as good even though diagnosed with at least 1 or 2 chronic illness.

Table 5*Multile Regression:**The Dominant Factor of QOL of Older Persons at Old Folks Homes*

Independent Variable	Standardized Coefficients Beta	t	Significant
Health	.584	8.851	.000
Income	.066	.929	.009
Social Isolation	.101	1.452	.028
R ²	.386		
Adjusted R ²	.374		
F	30.624		
Sig. F	0.000		

Gender in Moderating the Relationship between Health, Income, Social Isolation and QOL of at Old Folks Homes, Penang

An analysis of PROCESS by Hayes (2010) was undertaken to examine whether gender moderates the the relationship between health, income, social isolation and QOL of older person at old folks homes in Penang. The finding of PROCESS analysis is presented in Table 6.

Table 6

Findings of PROCESS Analysis: Gender Moderates the Relationship between Health, Income, Social Isolation and QOL of Older Persons

After the interaction	b	CI	t	p
Health	.1723,95%	-.1880, .5325	.9455	..3460
Income	0.879, 95%	.5203, 1.2755	4.709	..000
Social isolation	0.3893, 95%	0.988, .6798	2.6517	.009

The results showed that the moderator gender differences has significant association on income (t= 4.709, p= .000) and social isolation (t= 2.6517, p= .009) except health were significantly correlated with the quality of life (t= .9455, p= .3460). In addition, when the proposed moderator of gender was included as independent variables, the variable of income and social isolation except health were found statistically significant and positively related with quality of life.

Discussion

Based on the result, all three factors were significantly influenced the QOL of an aging population which the health factor was the dominant value. Out of 68 respondents from 151, have no chronic illness will usually rate their health as good as compare to bedridden or disabled respondent. However, it does not prove that those who have poor health condition will usually rate their heath is poor. As supported in the study by Lu (2012), the older people are always stay positive and perceived less hindrance of disease

towards their QOL. But it different case for those who are having limitation in mobility; they will usually rate themselves as poor. Next, it is noted that income is significantly influences QOL. In the study Yin-Fah et al. (2010), low educational background will result low paid job and low pension paid. Majority of the respondents were not thinking to work at their old age due to poor health condition. Besides, they would not consider the shortage of money as a problem to them; because they have received some from welfare department, donations from the visitor and family. Apart from that, social isolation has also significantly affected on QOL; in which majority of the respondents agreed with the item '*I feel comfortable to be alone rather than meet others*'. Most of them were only closed with their roommates or beside their bed and less interact with other to avoid any bickering or misunderstanding. They were afraid to make any enemies and choose to be alone. As supported in the study by Lu (2012), some of the respondents were not happy with other resident (having a depression and cognitive problem) except their own roommate. Last but not least, gender moderate the relationship on social isolation factor, income factor and quality of life except health factor. This is supported by Selvaratnam *et al.*, (2010), women elderly tend to be in disadvantage in socioeconomic aspects as compared male elderly. In term of social isolation, most of the female respondents like to stay alone in room and less socialize with others to avoid any misunderstanding.

Conclusion

As a conclusion, all these three variables including health, income, and social isolation are significantly and positively influenced the quality of life of older person at old folks home. Gender also moderate the relationship between income, social isolation and quality of life except health factor. This is related with the theory of 'General System Theory' by Kelley-Gilespie (2009), which explains the interaction between a system and other internal (life satisfaction, happiness) and external forces (health, income). All of these internal and external forces have significantly related to how people behave, think and response as well as to their QOL. Therefore, the study suggested more future research on examining the quality of life among the institutionalized older person. Besides, the study suggested that the future research should be conducted in qualitative approach due to limitation in terms of communication and understanding of the questionnaire. In term of promoting social support to the older persn at old folks home, more programs by involving the young generation and aging population are encouraged. Those elderly who had no children will be happy to have someone to listen and talk with. For example at Buddhist Association at Penang old folks home, some of university students are always come and perform to entertain the older person such as singing, story telling and acting at old folks home. Besides, the older person are encouraged to do some light activities such as

giving a help in the kitchen, cleaning their room, and watering the plants or others. This light activity is similar to one type of therapy called 'Divertional Therapy'. This Divertional therapy involves a light exercise can help to improve their physical and mental health. Those elderly in a good health can help their frail friends to buy their necessities, prepare the foods in the kitchen and others. This is a good practices in strengthening the relationships among all residents at old folks home.

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