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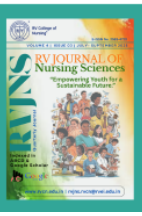
rvjns.rvcn@rvei.edu.in | Email: rvjns.rvcn@rvei.edu.in



A Study to Assess the Quality of Life among Adult Residents Living in Selected Community Areas of Bangalore: A Study from South India.

Ms. Gopika[a1], Mr. Joyel John[a2], Mr. Gowtham P Jain[a3], Ms. Aishwarya Ray[b1], Dr. Basavaraju G[b2]
[a]4th year BSc nursing,[b1]Lecturer, [b2] Professor, RV College of Nursing, Bangalore.
Email id: gopikamohan425@gmail.com.

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ABSTRACT

Background: Quality of life (QOL) is a comprehensive concept that reflects an individual's physical, psychological, social and environmental wellbeing. It is influenced by various factors such as socio-economic status, health conditions, age, gender, and living environment. The research was conducted to evaluate the quality of life among adult residents in a selected community area of Bengaluru, with the aim of identifying key factors influencing their well-being and providing insights to enhance community health and living standards.

Methods and Instruments: After obtaining ethical approval, the study was conducted in Yelachenahalli, an urban community area , Bengaluru. An informed consent and a subject information sheet were taken to obtain authorization from the subjects. A baseline proforma was prepared for collecting the demographic data for adult residents. The data was collected using the WHO-QOL (World Health Organization- Quality of life) questionnaire, a standardized tool designed to evaluate various dimensions of quality of life, including physical, psychological, social, and environmental well-being. The sample size was 50 and sampling method was Purposive sampling technique.

Results: The study findings provide valuable insights into the quality of life among adult residents in the selected community area, highlighting variations across different domains such as physical health, psychological well-being, social relationships, and environmental factors. There was a significant association between baseline variables and the quality of life, indicating that factors such as gender, employment, comorbidities, habits, socioeconomic status had a measurable impact on the various domains of quality of life.

Introduction

A person's complete well-being, including their physical and mental health, social relationships, economic circumstances, and environmental influences, is reflected in their quality of life, which is a complex notion. In order to comprehend the demands of the populace and carry out focused interventions to enhance their living conditions, it is crucial to evaluate the quality of life in certain community contexts.[1] The purpose of this study is to evaluate the quality of life for adults living in a particular community area of Yelachenahalli, Bangalore, and investigate how it relates to several baseline variables.

In order to have a deeper understanding of the well-being and everyday struggles that people in particular locations confront, the researcher decided to investigate the quality of life among adult residents in a chosen community area. In order to inform local policies and initiatives, this study attempts to uncover the elements that affect the community's physical, emotional, and social health. The researcher can offer more focused insights into the individual needs and situations of the population by concentrating on a specific area.[2] The Ultimate objective is to use evidence-based suggestions to improve community health and overall life satisfaction.

Objectives

The objectives of the study were as follows

To assess the Quality of life among adults residing in Community areas Bangalore

To determine the association between QOL and baseline variables

Evidences

A cross-sectional study was conducted involving 450 participants, with 324 from rural areas and 126 from urban areas. The quality of life (QOL) score was assessed using the WHOQOL-BREF questionnaire, and the results showed significantly lower scores in rural areas compared to urban areas, with a mean score of 51.1 ± 11.5. [3]The study found that the QOL was notably lower among the elderly residing in rural areas compared to those in urban areas.

Another community-based cross-sectional study was carried out at the urban field practice area of a teaching institution in Ahmadabad, Gujarat, using a pre-designed WHO questionnaire related to the QOL of elderly individuals. The

mean age of the study population was 65.8 years, and the results showed that 56% of participants rated their QOL as "Good" and 50.8% rated it as "Excellent."[4]An online survey assessing the quality of life of Indian adults was conducted with 3,000 participants through social media. The overall mean QOL score was found to be 3.25, with low scores in self-satisfaction and overall QOL, while happiness was rated above average. Additionally, a cross-sectional study included 225,541 adults (101,133 men and 124,408 women) from the 2018 Korean Community Health Survey. The study evaluated various sociodemographic and psychological variables, comparing participants with poor (n=676,119) and good sleep quality (n=157,922). The EUROQOL five-dimension (EQ-5D) index scores were adjusted for multiple confounding factors, and the results indicated that participants with poor sleep quality demonstrated a poorer quality of life.[5]

Materials and Methods

The study employed a non-experimental descriptive research design to systematically assess and describe the quality of life...The respondents were chosen based on inclusive criteria, meaning that all of the subjects had to be adults living in the chosen community area and between the ages of 18 and 60. Adults with mental illnesses or cognitive disability, as well as those who do not permanently reside in the community, were excluded based on certain criteria.

The data was collected using WHOQOL-BREF;it has 26 measures that assess quality of life in four important areas: environment, social interactions, psychological health, and physical health. While the psychological health area assesses mood, self-esteem, and mental functioning, the physical health domain covers things like energy, movement, and sleep. The environment area examines living conditions, financial resources, and access to healthcare, whereas the social interactions domain concentrates on the caliber of interpersonal relationships.

The number of samples selected for this study was 50 by using purposive sampling technique. The time taken to collect data from each sample was 20 minutes.

A subject information sheet was used to clarify the study's whole goal in a language that the participants could understand. The individuals' consent was obtained by informed consent. Baseline data like Age, gender, marital status, education, work, co morbidities, habits, physical activity, mental health, socioeconomic situation, housing condition, and social support system, access to healthcare, sleep length, and leisure activities were all taken into account. Data analysis was done by using mean, frequency, and standard deviation in descriptive statistics, chi-square test and Fischer exact text was used in inferential statistics

Discussion

Using the WHOQOL-BREF Questionnaire, the study evaluated the quality of life of adult residents and found that overall quality of life was moderate, with variances across many dimensions. A total of 50 samples were selected.50 people participated in the study, 31 of them were men and 19 of whom were between the ages of 21 and 30. Twenty-four of the participants had earned a graduate degree, and thirty-four were married. Of the individuals, 41 had no comorbidities and 20 were unemployed. Forty-five people were physically active, while thirty-four participants said they had no habits. Of the participants, 25 had a decent socioeconomic level and 49 were in good mental health. Thirty-two individuals had a social support system, and thirty-seven resided in pucca dwellings. Healthcare was available to all participants. In addition, 40 participants engaged in leisure activities, and 29 participants reported sleeping for 7–8 hours.

The following represents a group of bar diagrams and Pie charts depicting few significant variables in the study.

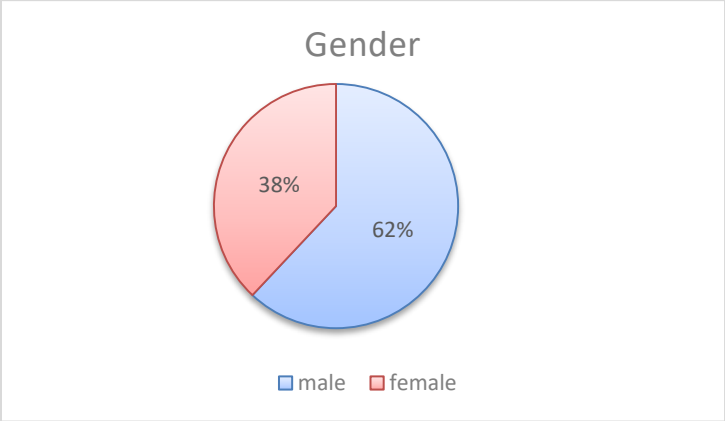

Figure 1 depicts a Pie chart that represents the gender of the participants with 62% of male and 38% of female

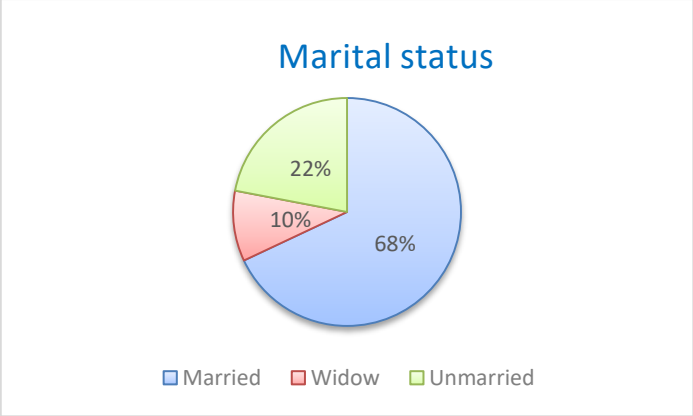

Figure 2 depicts a bar diagram representing the educational status of the participants with 48% having graduated, 34% having completed highschool,8% having attended college, 6% having a professional degree and 4% having completed elementary school.

Figure 3 shows as a pie chart depicting Marital Status with 68% of people married, 22% single and 10% widowed.

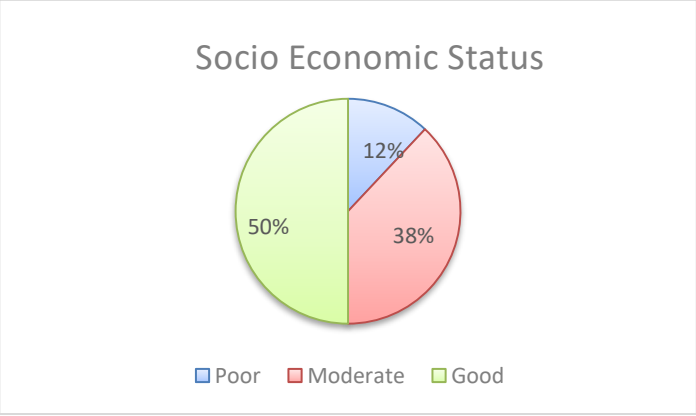

Figure 4 depicts a pie chart representing socioeconomic status in which 50% having good, 38% having moderate and 12% having poor socioeconomic status.

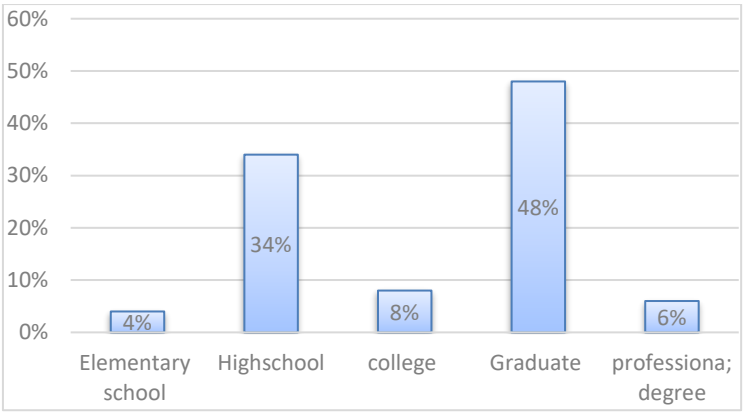

Figure 5 shows a pie chart depicting the participants sleep duration with 58% reporting 7-8 hrs of sleep, 24% reporting 5-6 hrs and 18% reporting 9-10 hrs.

In the present study, it was found that marital status is associated with both the psychological and social domains, with an association level of less than 0.05, indicating statistical significance. This finding is attributed to the observation that married individuals tend to have a better quality of life compared to those who are unmarried or widowed. A study done in South Korea, the multi level analysis by marital status showed that single men had significantly worse QOL than married men[6].

***Table 1 Indicates that the p value is less than 0.05 which shows that there is a significant association of marital status with social and psychological domain.**

Marital Status	f	Physical P value	Psychological P value	Environmental P value	Social P value	Test of Significance
Married	34	0.16	0.03*	0.08	0.01*	Chi Square test
Unmarried	11					
Widow	5					

With an association value of 0.02, below the 0.05 significance level, it was discovered that the education level was only related to the social domain. Throughout the study, we found that those with more education typically lead better lives than those without any formal education

***Table 2 Indicates that the p value is less than 0.05 which shows the association between educational status and social domain.**

Education	f	Physical P value	Psychological P value	Environmental P value	Social P value	Test of Significance
Elementary	2	0.21	0.571	0.22	0.021*	Chi Square test
High school	17					
College	4					
Graduate	24					
Professional	3					

A similar study was conducted in 2016, education was found to have positive effect on quality of life and well being[7]. With the exception of the psychological domain, where the significance threshold was less than 0.05, employment level was found to be strongly correlated with all dimensions. This outcome could be explained by the fact that those who are employed typically lead better lives than those who are unemployed.

***Table 3 Indicates that the p value is less than 0.05, shows that employment level is correlatedto all dimensions.**

Employment	**f**	Physical P value	Psychological P value	Environmental P value	Social P value	Test of Significance
Unemployed	20	0.001*	0.052*	0.020*	0.025*	Chi Square test
Elementary	2					
Agriculture	6					
Self employed	15					
Trading	3					
Clerk	1					
Professional	3					

At a significance level of less than 0.05, comorbidities were shown to be significantly associated with the social, psychological, environmental, and physical domains. This is explained by the fact that people with comorbidities typically have a lower quality of life than people without comorbidities. A relative study done in Bangladesh shows that the lowest QOL scores were observed in the psychological domain. Those with three or more simultaneous chronic comorbidities had the lowest QOL score in all four domains: physical, psychological, social, and environmental[8].

***Table 4Indicates that p value is less than 0.05 which represents that co morbidities are significantly associated with all dimensions.**

Comorbidities	f	Physical P value	Psychological P value	Environmental P value	Social P value	Test of Significance
Yes	9	0.002*	0.004*	0.004*	0.011*	Chi Square test
No	41					

At a significance level of less than 0.05, there was a significant association between mental health status and the psychological and environmental dimensions. This is due to the fact that people who are mentally well typically have better lives. A supportive study conducted in Africa concluded that almost half of the patients with mental illness had poor quality of life [9].

With a significance level of less than 0.05, sleep duration was substantially correlated with every area except the environmental domain. This result supports the conclusion that those who get 7 to 8 hours of sleep typically lead healthier lives. A population based cohort study conducted in Spain, their results showed that extreme sleep durations(<5 or >10 hours)are associated with lower health related quality of life in older adults, on both physical and mental scales[10].

Table 5Indicates that the p value is less than 0.05 which represents that duration of sleep is associated with physical, psychological and social domain.

Overall Association of the Domains

Duration of sleep	f	Physical P value	Psychological P value	Environmental P value	Social P value	Test of Significance
5-6	12	0.015*	0.018*	0.071	0.039*	Chi Square test
7-8	29					

***Table 6**Indicates the Social domain has the most significant association among the other domains with a p value of less than 0.05. The present study shows that the community had a better QOL in association to Environmental domain which indicates better environment leads to more QOL.

Physical P value	Psychological P value	Environmental P value	Social P value	Test of Significance
0.05	0.24	0.04*	0.06	Chi Square test

Nursing Implications

Nursing Practice

QOL Will help nurses to perform a Holistic evaluation by Assessing physical, emotional, social, and spiritual aspects of individuals. The nurses could consider patient's values, beliefs, and priorities.

Nursing Administration

QOL will help nurses to develop better policy and protocol for patient care, it will ensure effective resource allocations. The administration can establish health camps for assessing the QOL of people

Nursing Research

Future researches and preparing of interventional modules could be done as a follow up measure of this study

Nursing Education

In the nursing Curriculum importance must be given for imbibing QOL in Nursing Education. Students must understand the importance of having QOL as a part of the curriculum

Conclusion

This study emphasized the significance of addressing the physical, psychological, social, and environmental domains and offered insightful information about the elements affecting quality of life. It highlights how important nurses are to advancing holistic health via individualized treatment, support for better living situations, and resource accessibility. The results can be used by administrators to enhance infrastructure, prioritize mental health services, and distribute resources efficiently. The study emphasizes the necessity of

preparing aspiring medical professionals to handle a range of community needs in educational settings. To improve general well-being, the results can direct focused health initiatives, stimulate additional study, and influence legislative changes.

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