



LEVEL OF ADAPTATION AND QUALITY OF LIFE AMONG ELDERLY

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Abstract:

Background: Ageing is a natural process that can influence an individual's ability to adapt to life changes and may affect their quality of life. Purpose: A non-experimental descriptive study was conducted to assess the level of adaptation and quality of life among elderly people aged above 60 years in Vaikom Taluk. The study aimed to evaluate the adaptation difficulties and overall quality of life experienced by older adults in the selected area. Methods: The study sample consisted of 50 elderly participants, selected using the convenience sampling technique. Data were collected using a structured assessment scale for adaptation difficulty and a quality-of-life assessment tool. Result: The study found that 68% of participants had a good quality of life, while 92% of the elderly showed good adaptation on the adaptation assessment scale. The analysis also indicated that there was no significant association between adaptation and quality of life among the participants. In addition, the correlation between adaptation and quality of life was found to be negative. Conclusion: The study concluded that although some older adults experience minor difficulties in adapting to age-related changes. Most of them maintain good adaptation and a good quality of life. These findings highlight the resilience of elderly individuals and emphasize the importance of support measures to further enhance their well-being.

Keywords: Elderly, Adaptation, Quality of Life, Non- Experimental Descriptive Study

1. INTRODUCTION

Ageing is a universal and continuous process that begins at birth and progresses throughout life, resulting in gradual physiological, psychological and social changes. Population ageing is one of the major consequences of the demographic transitions process¹. This demographic transition has drawn attention to the unique needs and challenges of older adults, especially in developing countries like India, where the pace of ageing is accelerating. India is undergoing a significant demographic shift characterised by a steady increase in the elderly population. Worldwide, the number of older persons has increased rapidly over the past several decades. Recent studies by the World Health Organisation (2025) and United Nations (2023) also indicate that the global population aged 60 years and above is expected to reach around 2.1 billion by 2050 due to declining fertility and increased life expectancy, with faster ageing observed in developing regions².

Advancing age is accompanied by chronic, non-communicable diseases such as diabetes, hypertension, arthritis, sensory impairments (vision and hearing) and cognitive decline. These issues reduce mobility and increase dependency on others. Some of the problems faced by elderly individuals arise from their own physical, psychological and economic conditions, while others are related to environmental circumstances in which they live.³ The combined

effect of these age-related problems can reduce self-esteem and life satisfaction among older adults, thereby adversely influencing their overall quality of life.⁴ Adaptation in old age can be described as the capacity of elderly individuals to cope with and adjust to the physical, psychological and social changes associated with ageing through the use of individual coping strategies, social support system and available community resources. Effective adaptation helps older adults to accept age-related physical limitations, modify social roles and maintain emotional balance. In contrast, inadequate adaptation may result in feelings of frustration, social withdrawal, increased dependency and reduced life satisfaction, ultimately leading to a poor quality of life. Hence, assessing the level of adaptation among elderly individuals is crucial for promoting healthy and successful ageing.⁵

Quality of life in old age is strongly influenced by an individual's ability to adapt to age-related changes. Effective adaptations help elderly individuals to maintain physical functioning, emotional well-being and social engagement, thereby enhancing overall life satisfaction. In contrast, poor adaptation may lead to reduced independence, psychological distress and diminished quality of life. Therefore, assessing adaptation is essential for understanding and improving the quality of life among the elderly population.⁶

Within Kerala, rural areas are witnessing an increasing demographic density of older adults, many of whom live with chronic health problems, limited income and reduced family support. Migration of younger family members to urban areas or abroad has further increased the vulnerability of the rural elderly population. In regions like Vaikom Taluk, elderly individuals often reside in traditional rural settings with limited access to specialised healthcare and organised social support systems. These demographic changes highlight the importance of understanding how elderly people adapt to ageing and how such adaptation affects their quality of life. During community posting, the investigators had the opportunity to interact with older adults. The interactions revealed that many elderly individuals experienced anxiety and depressive symptoms related to the physical, psychological and social changes associated with the ageing process. These observations led to the formulation of a research study to assess the level of adaptation and quality of life among the elderly.

2. METHODOLOGY

Statement of the problem

A descriptive study to assess the level of adaptation and quality of life among the elderly residing in a rural area of Vaikom Taluk.

Objectives

The objectives of the study:

- To assess the level of adaptation among the elderly.
- To assess the quality of life among the elderly.
- To find the correlation between the level of adaptation and quality of life of the elderly.

- To find the association between the level of adaptation and quality of life with selected demographic variables of the elderly.

Assumptions

1. Elderly people experience various physical, psychological and social changes that require adaptation.
2. The level of adaptation influences the quality of life of elderly individuals.

Hypothesis

H₁: There will be a significant correlation between the level of adaptation and quality of life of the elderly at the 0.05 level of significance.

H₂: There will be a significant association between the level of adaptation and the quality of life of the elderly and selected baseline variables at the 0.05 level of significance.

Research Approach

The research approach selected for this study is quantitative and it is considered to be appropriate to the level of adaptation and quality of life among elderly resides in the rural area of Vaikom Taluk.

Research Design

The research study selected for this study is a non-experimental descriptive research design to assess the level of adaptation and quality of life among elderly.

Variables

In the study, the variables are:

1. Socio demographic variables

- Age
- Gender
- Marital status
- Occupation
- Educational status
- Type of family
- Co-morbid condition
- Support system

2. Research variables

In this study the research variables are:

A. Level of adaptation

Level of adaptation refers to the action of being adjusted to new conditions.

In this study we will use the Assessment Scale of Adaptation Difficulty for the Elderly (ASADE) scale. Which was developed and validated by Sisman and Kutlu in 2016. It is a 24-item, 4-points, LIKERT-type scale.

B .Quality of Life

The level of enjoyment comfort and health in someone's life.

In this study we will use the Older People Quality Of Life Questionnaire (OPQOL35), specifically the 35-item version and its shorter brief version was developed and proposed by Prof. Ann-Bowling (often with Paul Stenner) in 2009-2011.

Setting of the study

The study will be conducted at Thalayolaparambu the rural area of Vaikom Taluk. Population:

In this study the population include elderly people belongs to the age of 60 years and above.

Target population:

In the study the target population includes the elderly above 60 years residing in rural areas of Vaikom Taluk.

Sample and sampling technique

In the study sample consist of elderly above 60 years residing in Thalayolaparambu, the rural area of Vaikom Taluk (Ward 10).

Sampling technique: In this study samples are selected using convenience sampling technique.

☐ Inclusion criteria:

- The elderly who are 60 years and above.
- Who are available at the time of data collection.
- Oriented and capable of understanding the questions and respond to it. ☐ Exclusion criteria:
- People who are not willing

Tools /Instruments

The instruments used in the study are

- ✦ Structured baseline data

•Socio-demographic profile

✦ Assessment Scale of Adaptation Difficulty for the Elderly (ASADE)

✦ Older People's Quality of Life Questionnaire (OPQOL-35)

Ethical consideration

This study was approved by the IRB of our institution.

Data collection process

The data collection was done in 16th march 2026. The formal permission for collecting the data was obtained from the Principal of Mercy College of Nursing, Pothy and Medical Officer, CHC Thalayolaparambu. The study was done among 50 people of age 60 years and above using convenience sampling technique on the basis of inclusion criteria.

After a brief introduction, the researcher explained the purpose of study and obtained the consent from the samples.

The data was collected by structured interview technique.

Each individual was interviewed personally and privacy was ensured while conducting the interview. It took 15 minutes to interview each person.

3. RESULT

SECTION-A

Frequency and percentage distribution of samples according to the base line characteristics

SI.NO	ITEMS	FREQUENCY	PERCENTAGE
1	AGE		
	• 60-74 years	31	62%
	• 75-84 years	15	30%
	85 years and above	4	8%
2	GENDER		
	• Male	23	46%
	• Female	27	54%

3	MARITAL STATUS		
	• Married	37 1	74% 2%
	• Single	12	24%
	• Widow/Widower	0	0%
	• Divorce		
4	OCCUPATION		
	• Employed	7	14%
	• Unemployed	24	48%
	• Retired	16	32%
	• Self employed	3	6%
5	EDUCATIONAL STATUS		
	• No formal education	1	2%
		13	26%
	• Elementary	18 6	36%
	• High school	12	12%
	• Higher secondary		24%
	• Collegiate		
6	TYPE OF FAMILY		
	• Nuclear	42	84%
	• Joint	8	16%
7	CO-MORBID CONDITIONS		
	Diabetes		
	Hypertension	27	34.1%
	Hyperlipidemia	23	29.114%
	• Respiratory problems	9	11.392%
	• Cardiac problems	3	3.797%
	• Renal problems	3	3.379%
	• Musculoskeletal problems	1	1.266%
	• Neurological problems	12	15.19%
		1	1.266%
8	SUPPORT SYSTEM		
	• Family	50 0	100%
	• Community	0	0%
	• Professional	0	0%

SECTION-B The level of Adaptation of the Elderly

Frequency and percentage distribution of samples according to the Level of Adaptation

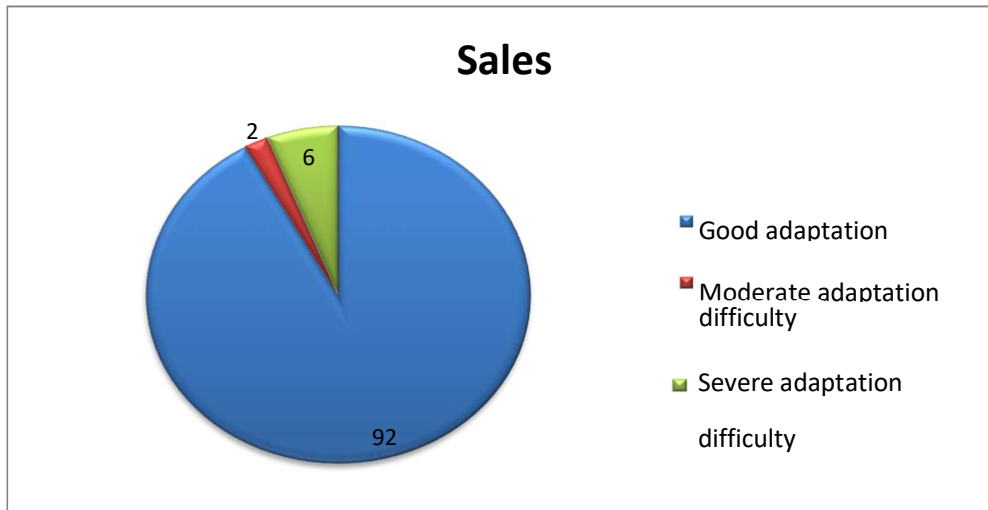


Figure 3: Frequency and percentage distribution of samples according to the level of adaptation

SECTION-C Quality of Life of elderly

Frequency and percentage of samples according to the level of their Quality of Life

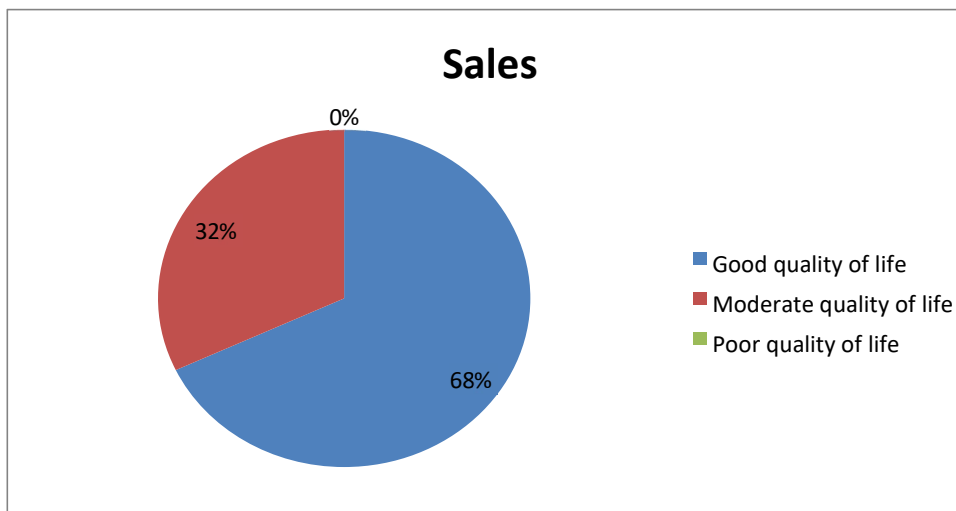


Figure 4: Frequency and percentage of samples according to their Quality Of Life

SECTION – D Correlation between level of adaptation and quality of life of elderly

n = 50

Variables	Score	Range	Mean	Mean %	S D	r	p
Level of							
Adaptation	24	0-3	0.3897	12.99	0.4656		
						-0.203	>0.001
Quality							
of life	3	35-17	135.38	77.36	14.25		

Table 2 : Correlation between the level of adaptation and quality of life of elderly.

SECTION – :Association between level of adaptation and quality of life with baseline variables

The present study findings show that there is no significant association between the level of adaptation of elderly with baseline variables such as age, gender, marital status, education, occupation, type of family and comorbid conditions. Thus the hypothesis is rejected. But in the association between quality of life among elderly with baseline variables such as age, gender marital status, occupation, education and comorbid conditions are not associated whereas type of family is associated.

4. DISCUSSION

Section A

Discussion of demographic profile:

The research shows that, out of 50 samples, 62% were in the 60-74 age group, 30% were in the 75-84 age group, and 8% were above 85 years. The males among them is 46% and females are 54%. The married people are 74%, the singles are 2%, widow or widower is 24% and there is no divorce among them. 40% are employed, 48% are unemployed, 32% are retired, and 6% are self-employed. The educational status of the samples are 2% of people having no formal education 26% having elementary education 36% having high school education 12% having higher secondary education and 24% having collegiate education. The type of family includes 84% of people are from nuclear family, 16% from joint family. The people having the comorbid conditions of 34. 1% of diabetes, 29.114% of hypertension, 11.392 % of hyperlipidemia, 3.797 % of respiratory problems, 3.797% of people having cardiac problems, 1.266% having renal problem and 17.72 % having musculoskeletal problems and 1.266 % neurological problems. The 50 samples are having support from the family.

Section B

Level of Adaptation of elderly

The present study shows that 92% (46 samples) have a good adaptation, 6% (3 samples) have a moderate adaptation, 2% (1 sample) have severe adaptation difficulty. The study shows that most of the people are good adapted to elderly.

“study conducted by Sharma and Verma (2020) among 100 elderly individuals aged 60 years and above in a rural community assessed the level of adaptation among the participants. The findings revealed that 38% of the elderly had a high level of adaptation, 47% had a moderate level of adaptation, and 15% had a low level of adaptation. The study also indicated that the majority of elderly were able to adjust moderately to age-related changes, while a smaller proportion experienced difficulty in adaptation. It was further concluded that the level of adaptation varied depending on factors such as age, health status, family support, and socio-economic conditions.”

Section C

Quality of Life of elderly

The research shows that out of 50 samples 62% were among the age group between 60-74 years, 30% were among 75-84 years and 8% above 85 years. Our study shows that 68% (34 samples) have good quality of life. 32 % (16 samples) having moderate quality life and 0 samples having poor quality of life. The study shows that most of the people having good quality of life.

“study conducted by Rao and Nair (2021) among 120 elderly individuals aged 60 years and above in a rural community assessed the quality of life of the participants. The findings revealed that 42% of the elderly had a good quality of life, 46% had an average quality of life, and 12% had a poor quality of life. The study indicated that the majority of elderly experienced a moderate level of satisfaction in their physical, psychological, and social well-being, while a smaller proportion reported poor quality of life due to health problems and lack of support. It was also concluded that factors such as age, health status, family support, and economic condition significantly influenced the quality of life among the elderly.”

Section D

Correlation between the level of adaptation and the quality of life of the elderly

The study findings revealed that there is a moderate negative correlation ($r = 0.203$) between the level of adaptation and quality of life of the elderly. However, this correlation was not statistically significant at the 0.005 level of significance. Therefore, the stated hypothesis that there will be a significant correlation between the level of adaptation and quality of life of the elderly is rejected.

“A study conducted by Joseph and Mathew (2022) among 100 elderly individuals aged 60 years and above in a rural community examined the correlation between level of adaptation and quality of life. The findings revealed that there was a moderate positive correlation ($r = 0.62$) between adaptation and quality of life, which was statistically significant ($p < 0.05$). This indicates that elderly individuals who had higher levels of adaptation to physical, psychological, and social changes also reported better quality of life. The study further highlighted that those with low adaptation levels

tended to have poorer quality of life, emphasizing the importance of promoting adaptive coping mechanisms to improve overall well-being among the elderly population.”

“A study conducted by Patel and Desai (2020) among 150 elderly individuals aged 60 years and above in an urban community assessed the relationship between level of adaptation and quality of life. The findings showed a strong positive correlation ($r = 0.71$) between adaptation and quality of life, which was statistically significant ($p < 0.01$). This indicates that as the level of adaptation increases, the quality of life of the elderly also improves. The study further revealed that elderly individuals with high adaptation levels reported better physical health, emotional stability, and social interactions, whereas those with low adaptation experienced reduced quality of life. The researchers concluded that enhancing adaptive abilities through social support, health care services, and counselling can significantly improve the overall quality of life among the elderly population.”

In our study the correlation is not significant; it may be because of small sample size.

Section E

Association between the level of adaptation and quality of life with selected demographic variables

The present study findings show that there is no significant association between the level of adaptation of elderly with baseline variables such as age, gender, marital status, education, occupation, type of family and comorbid conditions. Thus the hypothesis is rejected. But in the association between quality of life among elderly with baseline variables such as age, gender marital status, occupation, education and comorbid conditions are not associated whereas type of family is associated.

“A cross-sectional study by Reddy and Kumar (2021) conducted among 150 elderly people in semi-urban areas assessed the relationship between adaptation, quality of life, and demographic factors such as marital status, income, and living arrangements. The study showed that elderly individuals living with family had higher adaptation levels (75%) and better quality of life (78%) compared to those living alone (52% and 55% respectively). Married participants exhibited better emotional adaptation and social well-being than widowed individuals. Higher monthly income was also significantly associated with improved quality of life and adaptation ($p < 0.01$). The study emphasized that socio-demographic factors significantly influence the ability of elderly individuals to adapt and maintain a good quality of life”

A descriptive correlational study conducted by Sharma et al. (2019) among 120 elderly individuals in rural communities found a significant association between the level of adaptation and quality of life with selected demographic variables such as age, gender, and educational status. The study revealed that elderly individuals aged 60–70 years showed better adaptation (68%) and higher quality of life scores (72%) compared to those above 80 years. Additionally, literate participants demonstrated significantly higher adaptation and quality of life than illiterate individuals ($p < 0.05$). Female participants were found to have slightly lower adaptation levels due to increased dependency and health issues. The findings concluded that demographic variables play a crucial role in influencing both adaptation and quality of life among the elderly.

5. CONCLUSION

The study highlights the significant relationship between the quality of life and level of adaptation among the elderly population. The findings suggest that individuals who demonstrate higher levels of psychological, social and physical adaptation tend to report better overall quality of life. Factors such as social support, health status, financial stability and engagement in meaningful activities play a crucial role in enhancing both adaptation and well-being. Our study showed that the level of adaptation is more than that of 92% having good adaptation and quality of life having 68% of good quality. There is no significant correlation and association, excluding type of family in the quality of life.

IMPLICATIONS

The findings of the study have several implications in the field of nursing practice, nursing administration, nursing education, and nursing research.

Nursing practice

The findings of the study emphasize the need for nurses to adopt a holistic approach while caring for the elderly. Nurses should assess not only physical health but also psychological, social, and emotional adaptation levels. Individualized care plans must be developed to enhance coping mechanisms, promote independence, and improve overall quality of life.

Nursing Administration

Nursing administrators should focus on developing policies and programs that support healthy aging and adaptation among the elderly. This includes ensuring adequate staffing, providing training on geriatric care, and establishing support services such as counseling, rehabilitation, and community outreach programs.

The study highlights the importance of incorporating geriatric care, adaptation theories, and quality-of-life concepts into nursing curriculum. Nursing students should be trained to assess adaptation levels and implement appropriate interventions.

Nursing Research

The findings suggest a need for further research to explore factors influencing adaptation and quality of life among the elderly. Future studies can focus on intervention strategies, cultural influences, and long-term outcomes.

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