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International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020 ISSN: 1475-7192 DOI: 10.37200/IJPR/V24I8/PR280241 Received: 21 Jan 2020 | Revised: 08 Feb 2020 | Accepted: 14 Mar 2020 2209 Abstract--Age-related hearing loss, or presbycusis, is one of the most common conditions affecting the elderly globally.

In elderly patients, the consequences due to hearing loss are very substantial which potentially disturb social interaction and communication thus influences their quality of life, one of which is social interactions and communication. This research is an observational analytic study to compare the quality of life of the elderly with presbycusis who lived at home and those living at TresnaWreda nursing homes based on Hearing Handicap for Elderly Screening (HHIE-S) questionnaire using cross sectional study.

Research results noted, differences in quality of life between elderly with presbycusis who live at home with TresnaWreda nursing homes which p-value 0.020. There was differences of quality of life between elderly with presbycusis who live at home with those living at TresnaWreda nursing homes. Key words--Elderly, Presbycusis, Quality of life, Living at home, Tresna Wreda nursing homes I.

INTRODUCTION Age-related hearing loss, or presbycusis, is one of the most common conditions affecting the elderly globally [1]. This occurs due to the degeneration process where inner ear structure changes in the form of atrophy and hair cells supporting corti organs and nerve VIII degenerate which cause presbycusis [2], [3]. The occurrence of hearing loss for people aged 65 years or over is five times higher than those aged below 65.

World Health Organization (WHO) noted that approxymatelly 360 million (5.3%) of

people in the world experience hearing loss. Majority of them, 328 million (91%), are adults consisting of 183 million men and 145 million women [4], which reiterate previous finding that the prevalence of hearing loss increases with age. The occurrence of hearing loss in people over the age of 65 varies from 18 to almost 50% worldwide [5].

Similarly, a research conducted by Hoffman found that in 2016, 51.1% of adults aged 60-69 years in the United States experience bilateral hearing loss on high notes [6]. Consequences which elderly patient endure due to hearing loss are substantial such as social isolation, withdrawal, dependence, loneliness, anxiety, irritability, frustration, increased risk of falls and loss of self-confidence; factors which conality of life [1], [7].

At the beginning level, they are unaware of the auditory senses impairment and feel fine [7]. Disruption of communication and outreach is a problem that will arise due to presbycusis 1Faculty of Medical, Universitas Malikussaleh, Aceh, Indonesia 2Faculty of Medical, Universitas Airlangga, Indonesia 3Chief of The National Committee for Prevention & Management of Hearing Loss and Deafness 4Faculty of Medical, Universitas Indonesia, Jakarta, Indonesia Comparative Study: Quality of Life of Elderly with Presbycusis Who Live at Home with TresnaWreda Nursing Homes 1Indra Zachreini, 2Purnami N, 3Soetjipto D, 4Bashiruddin J International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020 ISSN: 1475-7192 DOI: 10.37200/IJPR/V24I8/PR280241 Received: 21 Jan 2020 | Revised: 08 Feb 2020 | Accepted: 14 Mar 2020 2210 [8]. [9].

- being, such as with physical health, psychological health, social relations and the environment [10], [11]. Relying majorly on social and communal ties, these domains play a role in determining the quality of life of the elderly. It is no wonder why many elderly treasure social and environmental relationships as a measurement of their quality of life.

The elderly who live with families in the community have a different quality of life than the elderly who live in nursing homes [12]. However, up to this point, there are still limited research analyzing a comparative degree of quality of life of the elderly with presbycusis who live at home with those living at Tresna Wreda nursing homes. II.

METHODS This research is an analytic observational study aimed to determine the differentiation between the quality of life of the elderly with presbycusis living at home with those living at Tresna Wreda nursing homes. A cross sectional method was applied in which the measurement of the variables was done one time. The target population in this study were all elderly who live at homes and nursing homes of TresnaWerda.

Affordable population in this study were the elderly who have experienced presbycusis.

Inclusion criteria in this study was elderly Indonesian people with presbycusis case, men and women, aged over 60 years old, but had no abnormalities in the ear canal and ear membranes and are willing to participate in this study.

The exclusion criteria are: samples on pure tone audiometry examination were found to be conductive hearing loss and elderly hearing aid users. The sampling technique in this study was probability sampling by simple random sampling. The dependent variable in this study was the elderly who have presbycusis hearing loss while the independent variable was quality of life of the elderly with presbycusis.

Pure calibrated audiometer was deployed as measuring instruments for determining presbycusis in a below 40 dB level of noise room. The quality of life of the elderly was determined based on the HHIE-S questionnaire that was translated and validated into Indonesian. The HHIE-S questionnaire consists of 10 questions containing an emotional and social component with a choice of yes answers (given a value of 4), sometimes (value of 2) and no (value of 0). Test of research to both of sample groups was conducted by the Provincial PGPKT Commission in Indonesia.

Data collection was carried out during 6 months period; July-December 2017. III. RESULTS In this study, 2,048 participants involved in this study, consisting of 1305 samples (63.72%) lived at home while 743 samples (36.28%) lived in TresnaWerda (nursing homes) (table 1). Table 1: Distribution of sample based on residence Residence Frequency Percentage Home 1.305 63,72 Nursing homes 743 36,28 International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020 ISSN: 1475-7192 DOI: 10.37200/IJPR/V24I8/PR280241 Received: 21 Jan 2020 | Revised: 08 Feb 2020 | Accepted: 14 Mar 2020 2211 Total 2.048 100 Of the 1305 samples who lived at home, 594 were men (45.5%) and 706 (54.5%) were women (table 2). Table 2.

Distribution of sample based on gender who live at home Gender Frequency Percentage Male 594 45,5 Female 706 54,5 Total 1305 100 Meanwhile, of the 743 samples who lived at nursing homes, 297 (39.97%) were men and 446 (60.03%) were women (table 3). Table 3. Distribution of sample based on gender who live at TresnaWerda nursing homes Gender Frequency Percentage Male 297 39,97 Female 446 60,03 Total 743 100 Grouping the samples age-wise, majority of the age group was 60 - 65 years, as many as 34.81% (table 4). Table 4.

Distribution of sample based on age group Age Group Frequency Percentage 60 - 65 713 34,81 66 - 70 515 25,14 71 - 75 339 16,55 76 80 276 13,47 81 85 130 6,34 86 90 59 2,88 > 90 16 0,81 Total 2.048 100 Results obtained from Hearing Handicap for Elderly Screening (HHIE-S) questionnaire noted that 575 of the elderly with presbycusis (44%)

experienced no decrease in the quality of life. Similarly, 289 respondents (38.90%) of those living in nursing homes also claimed the same.

535 samples (41%) of the elderly with presbycusis who live at home expounded mild to moderate decrease in quality of life, meanwhile 297 samples (39.97%) of those living in nursing homes reported comparable fact. 195 samples who lived at home (15%) however, reported the decrease in the quality of life, while those living in nursing homes amounted up to 157 samples (21.13%) (table 5). International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020 ISSN: 1475-7192 DOI: 10.37200/IJPR/V24I8/PR280241 Received: 21 Jan 2020 | Revised: 08 Feb 2020 | Accepted: 14 Mar 2020 2212 Table 5.

Distribution decreased quality of life elderly with presbycusis Decreased of QoL Home (%) TresnaWerda nursing homes (%) None 574 (43,99) 289 (38,90) Mild-Moderate 535 (40,99) 297 (39,97) Severe 196 (15,02) 157 (21,13) Total 1305 (100) 743 (100) Based on the Chi square statistical test, a positive relationship was found between the decrease in the quality of life of the elderly with presbycusis who live at home compared to the elderly with presbycusis who lived at the nursing homes (p: 0.023) (table 6). Table 6.

Relationship between quality of life of the elderly with presbycusis who live at home compared with who did not live at home in Indonesia Decrease of QoL Group Total OR (95% CI) P value Home Non Home n % n % n % 0,804 (0,669-0,996) 0,023 Present 732 35,7 456 22,3 1.188 58,0 Absent 573 28,0 287 14,0 860 42,0 Total 1.305 63,7 743 36,3 2.048 100 In similar fashion, there was also relationship between the decline in the quality of life of the elderly with presbycusis who live in nursing homes compared with the elderly with presbycusis who did not (p: 0.023) (table 7). Table 7.

Relationship between quality of life of the elderly with presbycusis who live in Tresna Werda nursing homes compared with who did not live in Tresna Werda nursing homes in Indonesia Decreased of QoL Group Total OR (95% CI) P value TW Nursing homes NonTW nursing homes n % n % n % 1,244 (1,035-1,495) 0,023 Present 456 22,3 732 35,7 1.188 58,0 Absent 287 14,0 573 28,0 860 42,0 Total 743 36,3 1305 63,7 2.048 100 Chi square statistical test also explicated a significant differences in the quality of life of the elderly who live at home with nursing homes (p: 0.020) (table 8). International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020 ISSN: 1475-7192 DOI: 10.37200/IJPR/V24I8/PR280241 Received: 21 Jan 2020 | Revised: 08 Feb 2020 | Accepted: 14 Mar 2020 2213 Table 8.

The differences in the quality of life of the elderly with presbycusis who live at home with Tresna Werda nursing homes Decreased of QoL Group Total P value Home

TresnaWerda nursing homes n % n % n % 0,020 Present 732 35,7 456 22,3 1.188 58,0 Absent 573 28,0 287 14,0 860 42,0 Total 1.305 63,7 743 36,3 2.048 100 IV. DISCUSSION Results of this study established relationship between the elderly with presbycusis who live at home with decrease in quality of life.

This was in line with research that there are significant differences between dwellings with 4 domains of quality of life between the elderly who live in homes and nursing homes. Elderly living in the family are affected by the support they gained from family and community. Less of such support from both families and communities resulted in negative change in their lives, while sufficient support from family and community impacted positive changes in their lives; both shared impacts, though differently [13], [14].The elderly who live at home have a close relationship with the family as their source of emotional support.

Social support received from various parties will affect the quality of life of the elderly [15], [16]. Other research also shows that there is a high or significant relationship between social support and the quality of life of the elderly [17]. Further statistical tests showed that there was a significant difference (p = 0,000) between dwelling and the environmental domain which was an important factor in the quality of life of the elderly. Different living environments cause changes in the role of the elderly to adjust.

For the elderly, the changing roles in the family, socioeconomic and social aspects of the community result in setbacks in adapting to the new environment and interacting with the social environment. Unlike the elderly at home, the elderly who live in nursing homes will experience exposure to the environment and new friends that require the elderly to adapt positively or negatively [18], [19].

The results of this study are in line with recent studies which state that there is a decrease in the quality of life of the elderly with presbycusis. Hearing loss tends to make the elderly experience anxiety and depression [20]. These complaints make the elderly need an suitable environment so as not to decrease the quality of life [21]. A study by Saito et al.

(2010) also mentioned that hearing loss in old age really needs family support, minimal family support can make the elderly experience symptoms of depression. Family interaction and support is one of the most important factors in improving the quality of life of patients treated at home. These interactions reduce the risk of stress and other geriatric symptoms. This problem is a social and multidisciplinary issue [23].

Therefore, a multidisciplinary approach must be taken in the assessment and

management of geriatric patients with hearing loss [23], [24]. International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020 ISSN: 1475-7192 DOI: 10.37200/IJPR/V24I8/PR280241 Received: 21 Jan 2020 | Revised: 08 Feb 2020 | Accepted: 14 Mar 2020 2214 Gratitude The author would like to thank Jenny Bashiruddin, Damayanti Soetjipto and all researchers who are members of regional committees for Hearing Loss and Deafness Control throughout Indonesia who have assisted in collecting this research data.

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