



Quality of Life and Well-Being of Caregivers and Care Recipients Aged 50 and Above: Ardakan Cohort Study on Aging

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ABSTRACT

Introduction: The elderly population is increasing worldwide, necessitating greater care due to progressive illnesses. Additionally, many elderly individuals assume caregiving roles, presenting further challenges. This study examined the quality of life, well-being, and other related factors affecting both elderly caregivers and those receiving care.

Methods and Materials: The study was cross-sectional and derived from the Ardakan Cohort Study of Aging. A multi-stage stratified random sampling method was used. In addition to background characteristics, perceived health and economic status, living arrangements, care-related variables, quality of life, and well-being were measured using questionnaires focused on receiving and providing care, the SF-12 scale, and the World Health Organization five-question scale, respectively. To address the factors influencing quality of life and well-being, linear and logistic regression analyses were conducted using Stata software version 17.

Results: This study included 2,091 older adults, 1,220 care providers, and 871 care recipients. The average ages (\pm SD) of these two groups were 59.9 ± 6.5 and 65.2 ± 8.7 years, respectively ($p = 0.001$). Women comprised a higher percentage in both groups. Care recipients and providers reported good and excellent health levels at 19% and 36.4%, respectively ($p = 0.001$). Additionally, 41% of care recipients and 61% of care providers rated their well-being as good ($p = 0.001$). Care providers exhibited a higher mental and physical quality of life compared to care recipients. However, linear and logistic regression analyses did not reveal a significant correlation between quality of life, well-being, and variables associated with receiving or providing care.

Conclusion and Discussion: Caregivers reported greater well-being and quality of life than care recipients. These health outcomes do not have significant relationships with care-related variables.

Citation:

Delbari A, Jenabi Ghods M, Hooshmand E, Saatchi M. Quality of Life and Well-Being of Caregivers and Care Recipients Aged 50 and Above: Ardakan Cohort Study On Aging. *Iranian biomedical journal*. Supplementary (12-2024): 317.

Keywords: Aged, Cohort studies, Quality of life

