

### Abstract

The purpose of present research project was to test biopsychosocial model of quality of life among the elderly in Pakistan and Canada. A mixed method approach was followed to complete the project in two phases and three studies: In Phase 1, a cross sectional survey was carried out on a sample of 1005 elderly (Pakistani = 557 and Canadian = 448), and in Phase 2, a qualitative study included a sample of 100 elderly (Pakistani = 50 and Canadian = 50), who were of age 60 years and above. Data of quantitative part were collected from a conveniently approached purposive sample via demographic datasheet, World Health Organization Quality of Life Brief Scale, Health and Lifestyle Questionnaire, General Self-Efficacy Scale, Rosenberg Self-Esteem Scale and Berlin Social Support Scale. Validity and reliability of the scales used in the study were established in study 1, Phase 1. Data of Study 2, Phase 1 were analyzed via Pearson product moment correlation, hierarchical regression, mediation analysis, independent sample t-test, and ANOVA. Data for the qualitative part were collected from a purposively selected sample using semi structured interviews. Thematic analysis was used for the analysis of qualitative data. The results of Study 2 had shown that biopsychosocial factors ( health and life style, self-efficacy, self-esteem, and social support) significantly predicted quality of life ( $R^2 = .43, .27, \text{ and } .61$ ) in the combined sample, elderly in Pakistan and elderly in Canada respectively, after controlling demographic variables. It was also found that social support partially mediated the associations among the biopsychosocial factors and quality of life. Significant differences were found between Pakistani and Canadian elderly on these biopsychosocial variables: Canadian elderly scored significantly higher on health and lifestyle, self-efficacy, and overall quality of life and its subscales whereas, elderly in Pakistan scored significantly higher on self-esteem and social support as compared to elderly in Canada. As gender differences concern,

male elderly scored significantly higher on all biopsychosocial variables (viz., health and lifestyle, self-efficacy, self-esteem, and social support) and quality of life than the female elderly. Group differences also appeared on study variables in the elderly living in four provinces of Pakistan and two provinces of Canada. The results of thematic analysis led to the identification of two major themes: 1) distress caused by deteriorating health, low impulse control, financial strains, deaths of closer ones, carelessness and departure of children and coping (e.g., establishing close relationships, faith and religiosity, social mobility and hardiness), and 2) determinants of quality of life (viz., active aging, support system, personal/psychological attributes, satisfaction with life, psychological health, social participation and behavior and life style). The results of qualitative study validated the results of quantitative part and some emergent themes were unique to the sample of present study. The study also provided a wide range of psychosocial, healthcare, legal and policy related implications for the elderly in Pakistan and Canada.

*Keywords:* quality of life of elderly, biopsychosocial model, health and lifestyle, self-efficacy, self-esteem, social support, gender differences.