

Subjective Well-being: Understanding Elderly Perspectives

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Abstract:

Background: Globally, the human population above 60 years of age has increased significantly, so in this support, policies should be entrusted to ensure positive experiences of long life accompanied by continuous opportunities for Quality of Life (QoL). QoL is measured by the degree to which the objective needs of people are accomplished in relation to individual perception of Subjective Well-being (SWB). SWB as a broader concept includes low levels of negative moods, high life satisfaction, and pleasant emotions. It emphasizes people's opinions about their life and here the knowledge of objective factors is essential to understand how these influence people's evaluation of their well-being. Various studies suggest low socioeconomic status as a strong independent risk factor for low SWB among the elderly.

Methodology: In this study, emphasis on SWB is given to understand the perceptions among the elderly, considering the socioeconomic determinants in view of the results previously published. It includes secondary information, such as articles, chapters, eBooks, and reports. The scholarly articles entitled "well-being, subjective well-being, quality of life, and elderly" were searched to gain the desired result. These were retrieved through online search engines such as Jstor, Scielo, and PubMed by the discipline to obtain the relevant articles. The articles were first screened by title, keywords, and abstract. The reviewed literature was purposively selected to attain the required data for the study.

Results: It was found that the socioeconomic indicators have a positive relation with SWB among the elderly. Moreover, the study also noticed that disruption in one of the factors impacts another, e.g., marital status and SWB are associated with health and economic condition; health and SWB are impacted by income and education; income and SWB are affected by education level; and social support and SWB are influenced by marital status.

Conclusion: Consequently, it can be outlined that to improve the overall SWB of the elderly population, emphasis should be drawn to all the factors associated with it. The interrelation characteristics of the factors found in the study will help policymakers understand the comprehensive need to pay attention to healthcare, pensions, arrangements of community engagement, and informational modes regarding policies among the elderly.

Key Word: subjective well-being, elderly, ageing, socioeconomic, quality of life.

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I. Introduction

In recent years, ageing of the human population has emerged as a global trend since the number of individuals above 60 years of age has increased worldwide (World Population Prospect, 2017) indicating the need for emphasis on this section of society. In this support, policies should be entrusted to ensure positive experiences of long life accompanied by continuous opportunities for Quality of life (QoL) (Wongsala et al., 2021). QoL is a general sense of well-being encompassing happiness and life satisfaction that focuses on various dimensions and experiences that contribute to objective and subjective human potential (Campbell et al., 1976; Severson and Collins, 2018). The term 'Quality of life' means an individual is living a good life or a life of high quality which is essentially based on satisfaction within the constraints of the resources possessed by the individual (Ventegodt et al., 2003; Diener and Suh, 1997). It is the level to which an individual life is satisfied by the basic wants and needs i.e., the degree to which specified standards of living are met by objectively verifiable conditions and subjective belief of satisfaction towards one's QoL (Kerce, 1992).

Over the last few decades, Objective or social indicators and Subjective Well-being (SWB) were introduced as two new scientific methods of QoL measurement. The objective QoL is defined as whether an individual attains things they desire, which includes the quantifiable components (Diener and Suh, 1997). On the other hand, SWB is used as a scientific term for happiness and life satisfaction, it is regarded as the way

distinct individuals feel about life (Diener, 2023). Thus, QoL is measured by the degree to which the objective needs of people are accomplished in relation to individual perception of SWB (Costanza et al., 2006).

In terms of the elderly population, besides ageing, their QoL is affected by factors including poor health, widowhood (Jivraj et al., 2014) education, gender, insufficient wealth, unemployment, depression, functional limitations, lack of positive support from spouse, children and friends, and limited social support (Zaninotto et al., 2009). Therefore, in this study, an attempt has been made to understand SWB which determines happiness and life satisfaction in accordance with the objective indicators viz. the socio-economic indicators in view of the results previously published. Here, the emphasis on SWB is made to understand the perceptions among the elderly considering the socioeconomic determinants.

II. Methodology

Descriptive methods have been adopted for the whole study. The study is based on secondary information, including articles, chapters, eBooks, and reports. The scholarly articles entitled “well-being, subjective well-being, quality of life, and elderly” were searched to gain the desired result. These were retrieved through online search engines such as Jstor, Scielo, and PubMed by the discipline to obtain the relevant articles. The articles were first screened by title, keywords, and abstract. Also, articles prominently emphasising SWB theories were selected to conceptualise SWB. The inclusion of SWB in relation to the elderly was made based on the common determinants among the previous data relevant to the age group. The reviewed literature was purposively selected to attain the required data for the study. Thus, the findings related to the impact of socioeconomic factors on SWB among the elderly are in accordance with data in the literature.

III. Subjective Well-being and Elderly

Well-being is an existentialist philosophy that concerns what matters in human life and in general has a humanistic foundation of science (Sudbery, 2010 as cited in Muhli and Svensson, 2017). SWB as a broader concept includes low levels of negative moods, high life satisfaction, and pleasant emotions. These positive experiences of high SWB are the basic concepts of positive psychology (Diener et al., 2002). The affective experiences and cognitive judgment about one’s life, as completely satisfying, refer to life satisfaction and are regarded as an essential element in the overall structure of SWB (Eid and Larsen, 2008). SWB gained importance as it emphasizes people’s opinions about their life which gives a sense of individualism i.e., individuals are concerned with their own feelings and belief systems (Diener et al., 2002). These judgments of satisfaction of an individual are the outcome of a standard chosen by the individual (Diener, 2013 as cited in Cachioni et al., 2017).

Conversely, the knowledge of objective factors is essential to understand how these influence people’s evaluation of their well-being (Diener and Suh, 1997). However, in the case of the elderly, their adjustment to the resources and competencies favours low expectations and, therefore, are inclined to a positive valuation of life. This demonstrates the role of elderly individuals in determining the sense of SWB in old age since different life events vary in their effects on SWB. Thus, in this support, the approach of ‘successful ageing’ emerged which underscores the SWB among the elderly through the attainment of life satisfaction and happiness along with maintaining strong social relationships (Cachioni et al., 2017; Luhmann et al., 2012). The term ‘successful ageing’ or ‘ageing well’ denotes the better health and longevity of the elderly and is essentially maintained through their well-being (Wongsala et al., 2021). And in recent years with the increase in life expectancy, successful ageing has developed as an important research topic (Albert et al., 2010).

IV. Factors determining SWB among Elderly

SWB of an individual is affected both by intrapersonal and interpersonal (social) factors (Das et al., 2020). The well-being of the elderly is complex and comprehensive, it includes physical, psychological, demographic, socioeconomic, and health determinants (Zaninotto et al., 2009 as cited in Jivraj et al., 2014). Factors such as health conditions, pension attainment, and social support impact life satisfaction among the elderly (Tian and Chen, 2022). Moreover, the loss of partners and health are the main reasons for declining SWB among them as life satisfaction is greater among older adults in controlled for these two factors (Hansen and Slagsvold, 2012; Cachioni et al., 2017). Various studies suggest low socioeconomic status as a strong independent risk factor for low SWB which underlines the severe economic restrictions among the elderly as a detrimental effect of SWB. Nevertheless, age poverty is regarded as a major societal and political issue (Lukaschek et al., 2017).

Thus, it is apparent that the economic level, work, financial independence, ability to make choices, involvement in household chores, and marital status are factors responsible for the well-being of the elderly (Bakshi and Pathak, 2016). Moreover, functional ageing varies among elderly of different socioeconomic backgrounds e.g., access to quality health services is associated with educational level and social influence the elderly possess; implying disparities in overall well-being (Mayer and Wagner, 1993). Considering these, here

the SWB of the elderly is assessed based on the five common socioeconomic determinants based on previous literature which include: a. marital status, b. health, c. education, d. income, and e. social support.

IV.a. Marital status and SWB

Marital status and SWB are positively related as life satisfaction is highest among married individuals (Botha and Booyesen, 2013; Grundstrom et al., 2021) for instance, the oldest elderly experienced deterioration in SWB compared to younger ones as their partners are unable to provide emotional, physical, and financial support, most likely due to their ill health (Jivraj et al., 2014). Consequently, higher SWB has been reported among older men due to a low rate of widowhood which provides them access to support and personal validation (Pinquart and Sorensen, 2001). While elderly people who never married do not suffer from loneliness due to acceptance of the situation, on the other hand, the widows consider loneliness as their greatest issue (Gubrium, 1974; Lopata, 1972 as cited in Fengler et al., 1982). Although the mere presence of a spouse does not indicate better SWB, here the potential benefit of marriage on SWB is the extent of satisfaction derived from the marriage i.e. the reciprocity that provides better psychological well-being among the married individual than the unmarried one (Hank and Wagner, 2013; Haring-Hidore et al., 1985). Moreover, the marital status of the elderly is also associated with their economic empowerment as married elderly are more financially sound than their widow counterpart. Additionally, married older adults are more involved in household chores and decision-making processes than widowed elderly which is regarded as an important component of SWB among the elderly (Bakshi and Pathak, 2016; Srivastava et al., 2020).

IV.b. Health and SWB

Health and SWB are observed to be positively related and are closely linked to age (Okun et al., 1984; Steptoe et al., 2014). Older adults with a high rate of chronic diseases have low SWB (Muhammad et al., 2021). Although most elderly are reported with high chronic diseases, the geriatric services in public health sectors are poor, while private facilities are expensive resulting in a higher burden of healthcare costs further affecting elderly those who are socioeconomically deprived (Jones et al., 2010). As healthcare expenditure is remarkably concentrated among the elderly (Gerdtham, 1993), this greatly affects their mental health and ultimately has an impact on their SWB since health status is always strongly related to SWB (Dang and Sukontamarn, 2020). For instance, the elderly with heart disease, arthritis and lung disease show increased depressive symptoms (Steptoe et al., 2014). Therefore, negative SWB is mostly observed among the elderly with poorer health conditions (Jivraj et al., 2014).

IV.c. Education and SWB

Education functions as a source of informational and effective needs of the elderly and is thus regarded as an influential factor relating to the SWB of older adults (Witter et al., 1984; Matz-Costa et al., 2014). The elderly with no education have a higher prevalence of low SWB (Muhammad et al., 2021). Highly educated people are happy for a long time (Dang and Sukontamarn, 2020), as human capital increases with educational level and extends up to retirement age (Bouaissa, 2009). In general, education provides the elderly with positive affection, social relations, and life satisfaction (Ordonez et al., 2011 as cited in Cachioni et al., 2017) significantly contributing to their SWB. Healthy and unhealthy behaviour with regards to better treatment in consideration of high status, self-respect, and sense of achievement are related to the educational level even in old age (Mayer and Wagner, 1993). Education helps in maintaining a positive outlook toward life and satisfaction as the privilege of the experiences of ageing is learned in an educational institution (Cachioni et al., 2017). This is evident from the fact that since older women are disadvantaged in terms of education, lower SWB has been observed among older women than among older men (Lukaschek et al., 2017). Furthermore, older individuals with poor education are negatively affected by high health burdens with fewer resources and remain concerned about their physical illness along with the availability and affordability of medical care (Calvisi and Dibble, 2011).

IV.d. Income and SWB

Older adults with better income have higher life satisfaction than elderly with low income (Mustafa, 2022). The elderly with low income, without pensions, inadequate assets, not having sufficient enough to fulfil basic needs, and also female elderly population reported low SWB while the elderly with incomes sufficient enough to obtain basic fulfilment have high SWB (Muhammad et al., 2021). It has been noticed that older women are characterised by low SWB, this is because older men possess a higher amount of financial assistance as compared to elderly women (He et al., 2022). Contrarywise, a woman with a successful career results in greater life satisfaction in old age and in this, education plays a key role as women with higher educational levels enjoy better job positions (Mayer and Wagner, 1993; Yousefy and Baratali, 2011). This could be attributed to the ability to access independently the required basic needs and attain better health care services which are an essential requirement for overall SWB.

IV.e. Social support and SWB

The elderly associated with social support have higher life satisfaction as they suffer less from loneliness because frequent social participation leads to higher SWB and stronger beliefs of reciprocity among the elderly and thus experience improved SWB (Pinquart and Sorensen, 2000; Chen and Feeley, 2013; He et al., 2022). On the other hand, the elderly with no community involvement report low SWB (Muhammad et al., 2021) for instance, reduce in family relations aggravated by social isolation leads to deterioration in SWB (Dang and Sukontamarn, 2020). It has been reported that the social support system of older adults with and without children predominantly consists of their partners (Becker et al., 2019) thus widowhood can result in low SWB among them. Besides, older adults experience more favourable relations with friends than family due to active leisure activities, interaction qualities and breaks in mundane daily phenomena (Larson et al., 1986). But then, with the increase in age, social support for the elderly decreases particularly those who live alone and consequently, are most vulnerable to loneliness. Therefore, the social support system is important for the elderly so that they can feel a sense of belonging, value, and identity to maintain greater SWB (Vivaldi and Barra, 2012).

V. Discussion

The findings from the previous literature underscored that although population ageing has been an important phenomenon as a global scenario, studies related to demonstrating a holistic understanding of SWB among the elderly population considering the socioeconomic indicators are limited in nature. Furthermore, the selected factors associated with SWB among the elderly are interlinked, where it is found that disruption in one of the factors impacts another, e.g., marital status and SWB are associated with health and economic condition; health and SWB are impacted by income and education; income and SWB are affected by education level; and social support and SWB are influenced by marital status. The elderly with better health conditions exhibit fewer depressive moods. Besides, the elderly with low incomes are concerned with the affordability of healthcare facilities and thus further stress their well-being. Moreover, married elderly people are found to be more active economically and socially. And educated elderly have positive life assessments and satisfaction with life.

VI. Conclusion

The study therefore concludes that marital status, health, education, income, and social support play important roles in influencing the SWB among the elderly. Consequently, it can be outlined that to improve the overall SWB of the elderly population, emphasis should be drawn to all the factors associated with it. The interrelation characteristics of the factors found in the study will help policymakers understand the comprehensive need to pay attention to healthcare, pensions, arrangements of community engagement, and informational modes regarding policies among the elderly. Besides, the study is limited to previous literature; therefore, a further detailed study is necessary to understand the importance of SWB among the elderly to ensure healthy ageing, and this could be done by understanding the role of socioeconomic indicators in determining their perceptions.

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