

A Study of Life Satisfaction and Health in Old Age

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Abstract: *Life satisfaction among aged is an important construct in psycho-social study of ageing. In the present study is based on a sample of one hundred people 50 males and 50 females drawn from Jammu region. Sample consisted of adults living in homes with families It was planned to assess the relationship between life satisfaction and physical and mental health of old age people. Researcher used two scales to produce better results. The first one is Satisfaction with life scale (SWLS) was used to assess a person's global judgement of the life satisfaction, which is theoretically predicted to depend on a comparison of life's circumstances to one's standards. The second scale used P.G.I Health questionnaire scale used to assess the quality of physical health and mental health in old age people. Results of the present study revealed that there is relationship between life satisfaction and physical and mental health. On applying Pearson's coefficient correlation significant relationship found in life satisfaction and physical health and mental health.*

Keywords: Life Satisfaction, Physical Health, Mental Health

1. Introduction

Older people who are not able to manage daily life by themselves may have a different view of life satisfaction than those with preserved self-care capacity. It may well be that the transition from being healthy and independent of help with activities of daily living to having to live with reduced self-care capacity alters the view of aspects contributing to life satisfaction. Knowledge is sparse about such factors in those with impaired self-care capacity, although this is important in health care and nursing, especially in Sweden, as in many other countries, there is an increasing older population and the average length of life also seems to be increasing (Walker & Maltby 1997). The proportion of the oldest old (80 years of age or above) will increase most in the years to come, which in turn will make demands on the health-care system.

Life satisfaction is one among a range of concepts that is assumed to reflect the conditions of 'a good life'. This section aims to clarify the relationship between life satisfaction and the two related concepts of quality of life and subjective well-being. Subjective well-being also provides the theoretical context for the definition of life satisfaction applied in the thesis. The distinction between a top-down and bottom-up theoretical framework for life satisfaction judgments is also addressed.

Diener defined life satisfaction as "a cognitive judgmental global evaluation of one's life. It may be influenced by affect but is not itself a direct measure of emotion" (1984). The definition highlights the distinction between the sub-categories of subjective well-being; the evaluation of life satisfaction involves a judgmental process that differs from that involved when reporting affect as it requires a conscious, cognitive assessment of life circumstances and a comparison of these to a subjectively set standard (Pavot & Diener, 1993). A greater amount of discrepancy between the set standard and one's actual standing means less happiness. However, there are different perspectives on the judgmental process of life satisfaction. Figure 1 (below) serves to place the concept of life satisfaction within the broader framework of various well-being concepts. Importantly, the well-being construct has been used in varying settings in which the

subcategories may differ, thus, the proposed figure represents by no means a complete definition of the construct.

2. Life Satisfaction and Aging

Life satisfaction, a component of personal well-being, is also an important part of aging well. Life satisfaction can also be connected to sense of control among older adults. Even life events that could be highly stressful, such as financial problems, may have little negative effect if the individual feels he has some choice (Krause, Jay, & Liang, 1991). What is critical to life satisfaction in almost all cases is an individual's perception of control within his or her own situation, which appears to be more important than objective measures. The field of aging has long been concerned with what happens to well-being as people grow older. Social gerontology was launched as a field with prominent emphasis on whether life satisfaction was affected by the aging process (Lawton, 1975; Neugarten et al., 1961). Initial research revealed that aging was not as strongly linked with declines in well being as many had expected (Shmotkin, 1990). Several studies show that psychological well-being remains stable or even increases with age so that, despite biological and social changes in aging, life satisfaction does not necessarily decrease in later life (Mercier, Peladeau & Tempier, 1998). Older adults, on average, appear to have positive and satisfying affective lives and while some disciplines have traditionally viewed late life as a time of emotional flattening and disengagement, recent research has suggested that older adults remain emotional beings who not only experience a full range of emotions, but who also seem more adept than their younger counterparts at avoiding negative affective states (Carstensen, Pasupathu, Mayr, & Nesselroade, 2000; Charles, Reynolds, & Gatz, 2001). Getting older is the strongest cue that time is finite, and individuals may become more optimistic with age by proactively regulating their socioemotional world (Carstensen, Isaacowitz, & Charles, 1999). Life Satisfaction and Indicators of Health Functional capacity and health are likely to become compromised in late life, and therefore, are often assumed to be critical for life satisfaction. Markides and Martin (1979) determined that functional capacity, including the ability to perform activities of daily living, is a

predictor of life satisfaction. Even in the oldest old population, greater functional capacity is associated with greater life satisfaction. The sense of being in control of one's life represents an important dimension of life satisfaction among older adults. Locus of control influences wellbeing, health, and functional capacity, as well as the ability to access social support (Newsom & Schulz, 1996). Lewinsohn, Redner, and Seeley (1988) researched the nature of the relationship between life satisfaction and psychosocial variables and determined that most of the psychosocial variables were significantly correlated with life satisfaction. Individuals with higher life satisfaction describe themselves as having more extensive, frequent, and reliable social supports, as being more socially skilled, and as feeling more content in their relationships with others, as well as engaging in a greater number of pleasant activities. They reported fewer irrational beliefs, were more optimistic and less pessimistic, and had lower levels of reported cognitive difficulty. Another significant result that emerged from the study revealed that health, both self-rated and interviewer-rated, was positively related to higher levels of life satisfaction. It has been stated that human beings seem to possess a unique ability to maintain or regain high levels of well-being even in the face of the most aversive life changes, including the sudden onset of critical health problems (Bulman & Wortman, 1977).

Aberg, Sidenvall, Hepworth, O'Reilly, and Lithell (2005) discovered that among the subjects they studied, the onset of illness became a turning point in life, when feeling old became an experienced reality and reassessment of their life situation became a necessity. However, very few participants expressed experiencing low levels of life satisfaction. Research on the oldest-old's self perception of health indicate that there is a strong association between life satisfaction and self-reported health (Hamashima, 1994).

Berg, Hassing, McClearn, and Johansson (2006) found that medically defined health was not significantly related to life satisfaction, however, there was a strong association between life satisfaction and self-rated overall health, especially in women. This indicates that the subjective perception of health provides more information about life satisfaction compared to medically-based measures. Health related quality of life includes physical, mental, and social components and encompasses perceived, valued health attributes, such as a sense of comfort and well-being, the ability to maintain good physical, emotional and intellectual functions, and the ability to satisfactorily take part in social activities (Bize, Johnson, & Plotnikoff, 2007). Among older adults, it was these components that were most strongly connected to life satisfaction.

3. Models of Life Satisfaction:

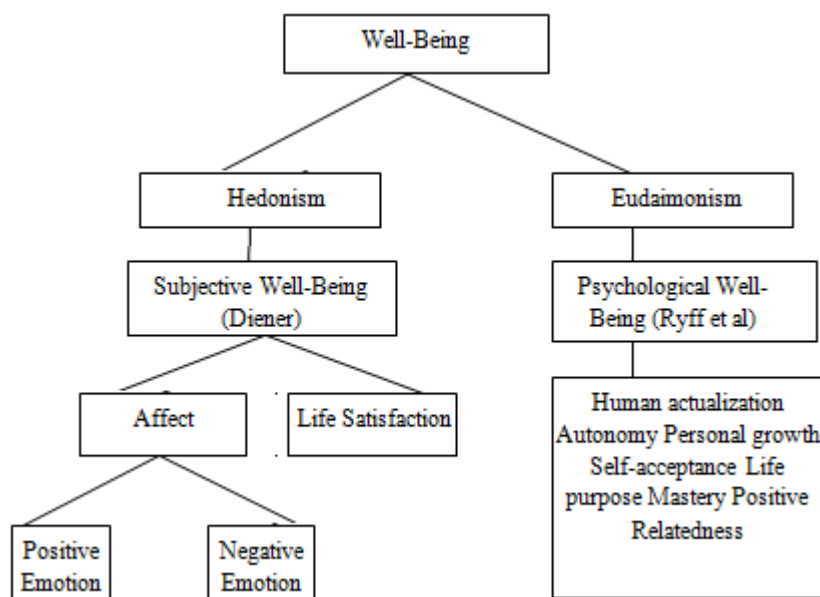


Figure 1: The Concept of Life Satisfaction in a Heuristic Well-Being Framework.

According to Diener (1987), Subjective well being has affective component and a cognitive component of subjective well being the present focuses on the cognitive components of subjective well beings is typically assessed by life satisfaction judgements (E.g. I am satisfied with my life) **Activity Theory:** The main assumptions of this theory is that the nature of the relationship between activity and life satisfaction is positive. The basic idea behind his approach is successful ageing. That the pattern of activity to keep middle values is created. Ageing can be reached starting denial happiness. Replacing them with new ones in order to maintain life satisfaction is important

4. Review of literature

In the words of (Brog) —literature in any field forms the foundation upon which all the future works are build”. Study of related literature implies locating and evaluating research reports as well as reports of the casual operation and opinion that are related to the individuals planned research project. It also takes into account the advantage of the knowledge, which has already been accumulated in the past as a result of constant human endeavour. A review of related literature gives the scholar an understanding of previous work that has been done in his/her fields/area of research and what still remains to be done. The related studies in any field forms

the foundation upon which future work will depend. Review of related literature makes the investigator fully aware with the previous work that has been done. It also provides an opportunity of gaining insight into the method, measures, subject and approaches employed by the other researchers. A careful review of research, journals, books, dissertations, thesis and other sources of information about the problem to be investigated is one of the important steps in the planning of any research studied. In the present study the investigator has reviewed the researches done in the field of life satisfaction and health in old age.

Morgan (1987) examined mental health and psychological well being among elderly. Data was obtained from 507 old (aged 65-74 years) and 535 very old (aged 75+) individuals randomly sampled from the community. Assessments of dementia and depression were subsequently against diagnostic ratings made by experience psygeritrician, level of agreement between psychometric and clinical ratings of dementia ($\kappa = 0.83$) and depression ($\kappa = 0.66$) were satisfactory. The old and very old groups reported similar levels of anxiety and personal disturbance, and showed a similar prevalence of depression. However, those aged 75+ showed higher levels of dementia and significantly lower levels of social involvement and morale.

Bowling and Farquahar (1996) examined that subjective health and functional ability as strong predictor of life satisfaction. This study analyzed individuals in the age group of 80 and over in 1987 on whom they also conducted a follow up study in 1990. The result indicate that life satisfaction remain relatively constant between 1887 and 1990.

Shema (1997) described relationship between depressive symptoms and less satisfaction with life in old age. It has been found in cross sectional studies and in a follow-up study that level of depressive symptoms at base line were found to correlate highly with life satisfaction. The increase of depressive symptoms with life satisfaction with age found in cross sectional has been confirmed in longitude studies so far show that depressive symptoms seem to be related to life satisfaction from the patter of association and the directed over time is still uncertain.

Kliem (1997) investigated relationship between the physical, functional, and subjective component of physical health status and life satisfaction among older women, and assessed the effects of three; coping responses (direct-action, positive-cognitive, and passive-cognitive coping) at each point in the process. The data of 281 older women, was collected. A series of regression analyses indicated that, before the inclusion of the coping variables, physical conditions directly contributed to functional impairment, and both indirectly lowered life satisfaction through their direct negative effects on subjective health assessments. Further analyses indicated that positive-cognitive coping generally had deleterious effects on health status, although it prevented negative health assessments from lowering life satisfaction, and that direct-action coping had little effect. These findings emphasized the importance of a multidimensional conceptualization of physical health status in understanding its relationship with life satisfaction as well

as the specific functions of coping at different points in the process for older women.

Bader and Rogers (2002) examined the relationship between life satisfaction and physical status, emotional health, social support and locus of control in the frail elderly. A random sample of 99 low-income, frail elderly living in the community was interviewed. Almost 40% of participants reported high levels of life satisfaction. Multiple regression analysis identified four significant predictors of life satisfaction. Perceived physical health, social support, emotional balance, and locus of control. Physical health emerged as the most significant predictors of life satisfaction accounting 14% of the variance. Social support, emotional balance, and locus of control each accounted for an additional 6% of the variance in life satisfaction. All four predictors explained 32% ($R=.57$) of the total variance in life satisfaction. Respondents reported their health to be "fair" (38%) to "good" (24%) over one third (36%) had a diagnosis relating to the musculoskeletal system, primarily a form of arthritis. The next most common diagnostic category was neurological, with 24% of the sample experiencing an illness of this kind. This was followed by cardiovascular illness, experienced by 19% of the sample. The mean duration of illness was 14 years, with a range from 1 to 70. Half (53%) of the sample reported a steady decline associated with a range from 1 to 70. Half (53%) of the sample reported a steady decline associated with their illness. Others reported that their conditions were stable (16%) or had variable "up and down" trajectories (14%). A few respondents (10%) reported their condition had recently improved. The mean score on the Life Satisfaction Index was 9.6 ($SD=2.5$), slightly below the cutoff score (11.6) for a normal population of elderly. Scores on the life satisfaction ranged from 3 to 14, with 39% of participants reporting a score of 11 or below 61 cutoff score.

Gwozdez,W and Poza.S (2009) analysed uses data from the German Socio-Economic Panel and the Survey on Health and Ageing in Europe to assess the effect of ageing and health on the life satisfaction of the oldest old (defined as 75 and older). Researcher observed a U-shaped relationship between age and levels of life satisfaction for individuals aged between 16 and 65. Thereafter, life satisfaction declines rapidly and the lowest absolute levels of life satisfaction are recorded for the oldest old. This decline is primarily attributable to low levels of perceived health. Once cohort effects are also controlled for, life satisfaction remains relatively constant across the lifespan.

Vinsi.M.S (2014) Life satisfaction among the elderly has become an important issue in geriatric care. Change in life styles, demanding jobs, a shift to nuclear family structures have led to increased neglect of the elderly by families and community. The study was conducted on life satisfaction level of male ($n=50$) and females ($n=60$) geriatrics staying in selected old age home. The findings revealed that the life satisfaction level was high and satisfactory in female old age populations in comparison to males geriatrics staying in old age home and there is a significant difference in life satisfaction level between male and female geriatrics living in selected old age home.

5. Research Methodology

Research methodology is a scientific procedure of looking at research issues. It is a science of studying how research is to be carried out. Essentially, the procedure by which researchers go about their work of describing, explaining and predicting phenomena is called research methodology. It is also defined as the study of methods by which knowledge is gathered. Its aim is to give the work plan of research. It is necessary for a researcher to design a methodology for the problem chosen. One should note that even if the method considered in two problems is same the methodology may be different. It is important for the researcher to know not only the research methods necessary for the research under taken but also the methodology. The present chapter throws light on the research methodology adopted for the present study. Here research objectives and design of the study i.e. sample for the study and selection of the research instrument are discussed. Methods for the collection of the data and statistics for analyzing the data have also been discussed.

Sample: Sampling is the process of selection of units (e.g., people, organization) from a population of interest so that by studying the sample may fairly generate results back to the population from which they were chosen. The present study consisted of 100 adults (age group 60-80 years) from the Jammu region. It will consist of 50 males and 50 females. Sample consisted of adults living in homes with families.



Figure 1

The actual sample is presented in the following table:

Table 1

S.no.	Name of the area	Number of adults
1.	Trikuta nagar	25
2.	Gandhi nagar	25
3.	Shastri nagar	25
4.	Nanak nagar	25
Total		100

Sample Description:

Table 2: Percentage distribution of sample.

Age group	Female	Male
60-65	12%	10%
66-70	10%	23%
71-75	15%	12%
76-80	13%	5%

Sampling Technique

Random sampling technique has been used in the present investigation. A random sample is a probability sample. A random sample requires (a) a complete listing of all elements (b) an equal chance for each element to be selected

(c) a selection process whereby the selection of one element has no effect on the chance of selecting another element. Thus random sampling may be defined as one in which all possible combinations of samples of fixed size have an equal probability of being selected.

Variable studied: There are two type of variables in the study-

Independent Variables:

- Gender
- Physical health
- Mental health

Dependent Variable:

- Life satisfaction

Research tool employed and its description:

1. Satisfaction with life scale
2. P.G.I Health questionnaire scale

The satisfaction with life scale (SWLS) has been developed by Diener et al.,(1985). SWLS is a self report measure, designed to assess a person's global judgement of the life satisfaction, which is theoretically predicted to depend on a comparison of life's circumstances to one's standards. Life satisfaction is a conscious cognitive judgement of one's life in which the criterions of comparison are up to the person (Pavot & Diener, 1993). SWLS is a five-item scale assessing positive cognitive appraisals of life in general, with items (e.g., "In most ways my life is close to my ideal", "I am satisfied with my life"). The items of the scale are global rather than specific in nature, allowing the respondents to weigh domains of their lives in terms of their own values, in arriving at the global judgements of life satisfaction. The items have a 7-point rating scale, ranging from "strongly agree" to "strongly disagree".

P.G.I health scale is an instrument designed to measure the psychological tool as perceived by old age people. It provides measures to physical health and mental health in old age people. P.G.I Health scale was constructed by S.K Verma, N.N wig and D.Pershad in 1974. a) 38-items scale divided into a physical distress and b) (psychological distress) sections with 16 and 22 items, respectively.

Statistical technique employed: In this study the investigator employed:

- Descriptive statistics (Mean, Median, Standard deviation)
- Inferential statistics (Co-relational analysis: Pearson -r)

Objective

- To study the relationship between life satisfaction and physical health among old adults.
- To study the relationship between life satisfaction and mental health among old adults.

Hypothesis

- There will be significant relationship between life satisfaction and physical health among old adults.

- There will be significant relationship between life satisfaction and mental health among old adults.

Table 3: Magnitude of correlation relationship between life satisfaction and health:

S.No.	Variables	Correlation
1.	Life satisfaction and physical health	-.302**
2.	Life satisfaction and mental health	-.355**

Coefficient of correlation of life satisfaction with the variables of health

*Significant at .05 level of significance.
 **Significance at .01 level of significance.

Table 3 shows the coefficient of correlation between life satisfaction and variables of health viz. Physical health and Mental health.

Life satisfaction and Physical health: Coefficient of correlation between life satisfaction and physical health complaint variables is $r=-.302$ which is negative and significant at .01 level of significance. So the null hypothesis is rejected and the alternate hypothesis is accepted. It means that physical health is negatively related to life satisfaction of old age and this relation is significant.

Life satisfaction and Mental health: Coefficient of correlation between life satisfaction and mental health variables is $r=-.355$ which is negative and significant even at .01 level of significance. So the null hypothesis is rejected and the alternate hypothesis is accepted. It means that mental health is negatively related to life satisfaction of old age and this relation is significant.

In the present study, correlation between life satisfaction and physical health ($r=-.302$) was found to be statistically significant at .01 level. The result has been found in consonance with the studies by **Siaphush and Spittal (2007)** who examined the effect of life satisfaction on health. A total of 9981 respondents were assessed. Measures used were self reported health, the absence of long term limiting health conditions and physical health. The multiple regression analysis is ratio(ors) beta coefficients(B), and 95% confidence intervals(cis) for the associations between base line happiness and health were used. The result of happiness and life satisfaction both were positively associated at wave 3 with excellent, very good or good health. (OR=1.50 $c1=1.33-1.70, p<.0001$, and OR=1.62, $c1=1.27-2.8, p<.0001$) respectively and with higher physical health levels($B=.99$ $c1=.60 -1.39$ $p<.0001$; and $B=.99$, $c1=.20-1.78$ $p<.0145$) respectively. This study showed that happier people and those who were satisfied with their at baseline reported better health: self rated health, absence of limiting, long term conditions and physical health. **Grant and Stepoe(2009)** states that positive well being has been associated with a range of favourable health outcomes from the old people. The contribution of health—promoting behaviour is unclear. The study was to assess the relationship between life satisfaction and seven health behaviours in adults. Life satisfaction was positively associated with not smoking, physical exercise, using sun protection eating fruit and other health benefit of behaviour. With old age, comes decline in functional capacity and

health status, a deterioration likely to affect quality of life negatively. In a study by **Martin(1979)** functional capacity in people aged 60 and older, activities of daily living were associated with life satisfaction. The findings apply even to the oldest-old, i.e, functional capacity and life satisfaction are positively related to health. According to **Marcy (2003)** it should be noted that the association appears in studies including health measures in terms of diagnoses and prescribed medication have not been investigated as frequently as self reports in life satisfaction studies of the oldest old and the relationship is not yet clearly stated. In studies including the age groups of young old 60-70 and old old 70-80 healthier people were more satisfied with life. **Okun(1984)** found that old however it seems as if the relation between medically based health and well being becomes weaker. This tendency of objective measure of health becoming less important to life satisfaction with increasing age. The experience of health seem to be more strongly related to life satisfaction and well being compared to quantitative and medically based measures of health. In later life an impaired health condition does not inevitably bring about dissatisfaction with the life it is rather the mindset related to health status that matters.

Correlation between life satisfaction and mental health ($r=-.355$) is found to be statistically significant at 0.05 level of significance. The result have been found in consonance with the studies by **Besier and Goldbeck (2012)** conducted a study aimed at analysing the vocational and social achievement, life satisfaction, and psychological well being of adults. During a routine clinic visit, 670 German with $M=23.1$ completed questionnaires on their vocational and social achievement, life satisfaction and symptom of anxiety and depression. Cross-sectional analysis were applied across age groups 60 years and above. Most achieved ordinary social and vocational development into adulthood. A favourable mental health status seems more important than pulmonary function to maintain a good satisfaction with life. **Headey and Kelley(1993)** investigated that life satisfaction is quite strongly correlated with a distress dimension, depression in old age. An older person is unlikely to be both satisfied with life.

6. Conclusion

This study examined the relationship between life satisfaction and health in old age. The first aim was to find out the relationship if any, between physical health and life satisfaction. The second aim was to find out the relationship, if any, between mental health and life satisfaction. The findings reveal that there is consistent relationship between life satisfaction and health in old age. On applying Pearson’s coefficient correlation significant negative relationships were found between physical health, mental health and life satisfaction.

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