

A Comparative Study of Subjective Well-Being and Psychological Adjustment among Institutionalized and Non-Institutionalized Older Adults

Shamnam O A

Register No. 241MSCD00751

MSc Psychology, Jain (Deemed-to-be University), Bengaluru, Karnataka, India

Abstract: *Ageing involves physical, psychological, social and emotional changes. Subjective well-being reflects individuals' evaluations of their lives and emotions, while psychological adjustment concerns adaptation to changing demands in later life. This descriptive comparative study examined subjective well-being and psychological adjustment among institutionalized and non-institutionalized older adults and considered selected gender and economic-status differences. The study used a Personal Data Schedule, an Adjustment Inventory and the Subjective Well-Being Inventory (SUBI). The available results narrative reports higher mean subjective well-being among institutionalized participants, a small difference in mean adjustment scores, a reported gender difference in adjustment, and a moderate negative correlation between the two measures ($r = -.450$, $p = .004$). Income-related differences were described as non-significant. Interpretation is limited because the supplied summary contains inconsistent sample-size descriptions and does not provide all original test statistics. Findings should be treated as provisional until checked against the original data output.*

Keywords: subjective well-being; psychological adjustment; older adults; institutionalization; ageing

1. Introduction

Ageing is a natural stage of the life course, but it is experienced differently according to health, income, family relationships, social support, autonomy, meaningful activity and the quality of the living environment. Healthy ageing involves not only the absence of illness but also functional ability, dignity, participation and a sense of purpose. Subjective well-being captures how people evaluate their lives and emotional experiences, whereas psychological adjustment concerns how they respond to changes in health, family roles, social relationships and daily routines.

Institutionalized older adults may benefit from accommodation, structured care, safety and organized social activities, while also needing to adapt to unfamiliar routines or reduced privacy and autonomy. Older adults living in the community may retain familiar relationships and greater control over daily life, but may experience isolation, family conflict or limited access to services. Neither living arrangement should automatically be assumed to produce better psychological outcomes. Comparing the two groups may help identify psychological and social needs and inform person-centred support.

2. Review of Literature

Research on ageing considers subjective experiences alongside objective indicators such as health, income and functional ability. Subjective well-being commonly includes life satisfaction and positive and negative affect. Adjustment involves responding to changes in health, retirement, bereavement, family roles, social relationships and living arrangements. Social relationships can provide companionship, emotional security and practical help. Economic resources may influence autonomy and access to health care, recreation and social participation, but they do not fully explain well-being.

The literature summarized in the supplied document reports mixed comparative findings. Suvera (2012) reportedly found no significant institutionalization-related difference in psychological well-being. Srisailamaiah, Suresh and Srikanth Reddy (2016) reported differences in depression and psychological well-being between institutionalized and non-institutionalized groups. Mali and Lavania (2023) reported higher psychological well-being among older adults living with family, while a 2024 comparison cited in the dissertation reported higher subjective well-being among non-institutionalized participants. These differing findings support further study in specific populations and settings. Full bibliographic details should be confirmed from the original reference list.

3. Objectives

- To compare subjective well-being between institutionalized and non-institutionalized older adults.
- To compare psychological adjustment between the two residential groups.
- To examine gender differences in subjective well-being and adjustment.
- To examine the relationship between subjective well-being and adjustment.
- To examine subjective well-being in relation to income/economic status.

4. Methodology

Research design: A descriptive comparative design was used, with residential status as the grouping variable and subjective well-being and psychological adjustment as the principal psychological variables. No variable was experimentally manipulated.

Participants and sampling: Purposive sampling was described. Participants were older adults living in residential

institutions and older adults living in the community with family or independently. Inclusion criteria included willingness to participate and ability to understand and respond to the tools. The supplied summary contains inconsistent sample-size descriptions: some sections state 50 participants (25 per group), while the results repeatedly report 20 participants per group ($N = 40$). The exact sample size must be taken from the actual study records rather than inferred.

Measures: A Personal Data Schedule collected demographic details such as age, gender, education, marital status, residential status and family-related information. An Adjustment Inventory assessed areas described in the source as emotional, social, marital and financial adjustment. The Subjective Well-Being Inventory (SUBI), attributed to Sell and Nagpal (1992) and a modified version attributed in the source to Suhani and Sananda Raj (2001), was described as a 25-item measure covering positive and negative dimensions of well-being.

Procedure and ethics: The source states that permission was obtained from relevant authorities, the purpose of the study was explained, participation was voluntary, confidentiality was maintained, and participants could withdraw. The Personal Data Schedule was administered, followed by the Adjustment Inventory and SUBI. Responses were scored according to the respective procedures.

Statistical analysis: The dissertation identifies frequencies and percentages for demographic description, means and standard deviations for score summaries, independent-samples t -tests for group comparisons, and Pearson correlation for the association between subjective well-being and adjustment.

5. Results

Residential status and subjective well-being: The results narrative reports a mean subjective well-being score of 52.17 for institutionalized older adults ($N = 20$) and 41.30 for non-institutionalized older adults ($N = 20$). The institutionalized group therefore had the higher reported mean. The original t statistic, degrees of freedom and p value were not included in the supplied summary, so statistical significance cannot be established here.

Residential status and adjustment: The reported mean adjustment score was 79.77 ($SD = 6.58$) for institutionalized older adults and 77.17 ($SD = 7.89$) for non-institutionalized older adults. The source narrative describes the difference as not statistically significant at the .05 level. This should be verified from the original test output. The substantive direction also depends on whether higher scores indicate better or poorer adjustment.

Gender differences: The results narrative states that female participants showed significantly higher adjustment than male participants ($p < .05$). For subjective well-being, the reported mean was 54.80 for males and 49.53 for females; the summary does not establish whether this difference was statistically significant.

Relationship between variables: A moderate negative correlation between subjective well-being and adjustment was reported ($r = -.450$, $p = .004$). This indicates that higher scores on one measure were associated with lower scores on the other in this sample. The psychological interpretation depends on the scoring direction of the Adjustment Inventory, and correlation does not establish causation.

Economic status: The dissertation summary reports no statistically significant difference in subjective well-being by income/economic status. The relevant group counts and statistical output were not included in the supplied summary.

6. Observation and Discussion

The observed mean subjective well-being score was higher among institutionalized participants than among non-institutionalized participants. This pattern does not establish that institutional living generally produces better well-being, because the available summary does not provide full statistical output or enough information to rule out other explanations.

Mean adjustment scores were relatively close across the two residential groups, and the narrative describes their difference as non-significant. The reported gender difference in adjustment and the negative correlation between the two measures may be relevant to understanding individual variation, but both require interpretation in light of the instruments' scoring rules and complete test results. The reported lack of an income-related difference should likewise be treated as provisional without the original analysis.

Overall, the available findings suggest that subjective well-being and adjustment should be considered alongside social relationships, autonomy, access to care, economic circumstances and the quality of the living environment. The results describe the study sample and should not be generalized beyond it without further evidence.

7. Practical Implications and Conclusion

Support for older adults may include opportunities to express concerns, access counselling, maintain regular family contact, participate in meaningful social and recreational activities, and retain autonomy over daily routines. Residential settings should promote privacy, respectful care, peer interaction and family-institution communication. Future studies could use larger and more diverse samples and examine social support, loneliness, resilience, health, autonomy and duration of institutionalization.

The study addresses an important aspect of ageing by comparing subjective well-being and psychological adjustment across residential settings. The available results report higher mean subjective well-being in the institutionalized group, a small and reportedly non-significant difference in adjustment, a gender difference in adjustment, a negative correlation between the two measures and no significant income-related difference. These

conclusions remain provisional until the actual sample size and complete statistical outputs are confirmed.

References

- [1] Diener, E., Lucas, R. E., & Oishi, S. (2002). Subjective well-being: The science of happiness and life satisfaction.
- [2] Sell, H., & Nagpal, R. (1992). Subjective Well-Being Inventory (SUBI).
- [3] World Health Organization. (2025). Ageing and health. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- [4] World Health Organization. (2026). Mental health of older adults. <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-of-older-adults>
- [5] Ministry of Statistics and Programme Implementation, Government of India. (2021). Elderly in India 2021.
- [6] Government of India. (2007). The Maintenance and Welfare of Parents and Senior Citizens Act, 2007.
- [7] Suvera (2012); Srisailamaiah, Suresh, & Srikanth Reddy (2016); Mali & Lavania (2023); and the 2024 comparative study cited in the original literature review. Full bibliographic details were not present in the supplied summary.