

Predictors of Subjective Wellbeing among Pakistani Older Adults: What Matters Most?

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Abstract

The present research studied subjective well-being (SWB) in late life, and looked at two dimensions of well-being: happiness and life satisfaction (LS). A purposive sample of 500 older men (n= 276) and women (n=224) was taken to statistically determine the predictors of SWB. Two categories of predictor variables were taken: Demographic Predictors (Age, Gender, Education, Marital Status, Physical Health and Financial Status), and Existential Determinants (Personal Meaning, Resilient Coping and Optimism). Regression analysis revealed that for happiness and life satisfaction, age, education and general health were significant predictors. For happiness, all three factors of optimism, meaning and resilience were significant. For LS, however, only personal meaning was significant. Findings support the theoretical framework that guided the study namely, the existential model of positive aging (Wong, 1989, 1998). This research has important implications for promoting successful aging and optimal wellness till the end of life.

Keywords: *Happiness, life satisfaction, older adults, subjective well-being*

Our world is aging rapidly, a transition that is so prominent as to have been labeled a “demographic revolution” (Kalache, Barreto, & Keller, 2005). We are witnessing a growth in the proportion and number of older people that is pervasive, unprecedented and predicted to be enduring. This carries profound implications at the individual, family, and community levels. Promotion of wellbeing of the older adults has been receiving more and more attention and now occupies an important place in the public health policy of the developed countries (Jivraj, Nazroo, Vanhoutte & Chandola, 2014). In Pakistan, the subjective wellbeing of the elderly has received very little attention indicating a significant gap in knowledge.

This research uses the tripartite model of subjective well-being (Lucas, 1996) which conceptualizes SWB as consisting of happiness (a balance of positive affect and negative affect) and life satisfaction (cognitive appraisal of one’s life as a whole). Geriatric wellbeing has been extensively researched around the world and is linked to a plethora of factors. In Pakistan, sparse research has been undertaken in the domain. There is only one doctoral thesis looking at the subjective wellbeing of older adults in Pakistan (Ul Haq, 2012). A few researches in the area have studied institutionalized older adults in comparison with community residing samples in terms of wellbeing and certain related constructs (Hafeez & Rafique, 2013; Parshad & Tufail, 2014; Hayat, Khan, Sadia, 2016). In addition, researches have looked at health (Nawaz, Mann, Akhtar, & Ashraf, 2012), quality of life (Tahreem & Shahed, 2014) and psychological wellbeing (Gul & Dawood, 2015). SWB of the community residing elderly has not been focused.

The present study sought to understand and determine the factors which influence the subjective well being among older adults in Pakistan, looking at the role of demographic and existential factors. According to the social indicator model, the socio-demographic variables like income, gender, education, ethnicity and marital status essentially determine the level of happiness and life satisfaction among individuals.

Existential factors reflect the “uniqueness of the human experience as expressed phenomenologically” (Fry, 2001). This study will focus on three existential variables namely personal meaning, resilience and optimism; Wong (2012) calls these the positive triad of the resilient good life. Meaning is central to human life, regarded as the primary concern by existential thinkers and the humanistic school in Psychology. While meaning is an important concern at all stages of life, perhaps it takes on a greater significance in old age. In his article “Successful Aging and Personal Meaning”, Wong (1989), argues that meaning is the key to successful aging as in the face of disease, losses and reduced control, the question ‘why survive’ becomes crucially important. Optimism refers to the capacity to hope, to visualize desirable events in the future and to anticipate with confidence that these will occur (Reker, 1997). Optimism has been shown to be strongly linked to many indicators of physical and psychological health and wellbeing. Though optimism is a powerful personal resource at all stages of life, we can argue that it assumes greater value in old age when there is illness and disability. The question, “if tomorrow will be as dark as today, why should I continue to live”, becomes more poignant and it is a sense of hope and a positive view of the future that make one want to live on (Wong, 1989). Wong (2012) gives a comprehensive definition of resilience that states that it is a positive outcome in the context of risk or adversity (Luthar, Cicchetti & Becker, 2000) which results from effective utilization of available personal and ecological resources (Ungar et al., 2008; Wong, 1993).

To explore the role of these two sets of variables, it was hypothesized that:

- Demographic variables (age cohort, gender, education, marital status, physical health, and financial status) will predict subjective well-being (happiness and life satisfaction) among Pakistani older adults
- Existential variables of meaning, resilient coping and optimism will predict subjective well-being among Pakistani older adults
- Existential variables will be stronger predictors of subjective well-being than demographic variables among Pakistani older adults

Method

The research design was cross sectional survey. Purposive sampling was used.

Participants

The sample included 500 older individuals who were residents of Lahore. There were 276 men and 224 women. The age range was 60 to 105 years ($M= 69.91$, $SD= 7.82$). Sample was considerably diverse in terms of demographic characteristics.

Measures

The following scales were used for measuring happiness, life satisfaction, resilient coping, personal meaning and optimism:

Scale of Positive and Negative Experiences (SPANE; Diener, 2009). SPANE is a short 12-item scale with six one-word items each for assessing positive and negative experiences. The aggregate score on SPANE-N (negative feelings) is subtracted from the score on SPANE-P (positive feelings) to derive an affect balance score (SPANE-B) that can range from -24 to 24. Possible responses range from 1 (very rarely or never) to 5 (very often or always). Among the distinct advantages of the scale are its ability to assess a wide range of feelings with just a few items and its appropriateness for different cultures. SPANE has shown good psychometric properties (Diener et al., 2010), high internal consistency (Li, Bai & Wang, 2013) and converged well with other measures of affective wellbeing (Silva & Caetano, 2013). In the present study the alpha reliability was .86.

SPANE was translated into Urdu by the forward backward translation method (Khawaja & Shahed, 2017). The translation has been uploaded on the official website of Edward Diener. Three experts were asked to translate it into Urdu keeping in mind the technical equivalence of the language. Rather than a strictly literal translation, what was required was a translation that is faithful to the meaning intended by the original writer. Three independent Urdu translations were thus generated. As the next step, a committee of 3 experts carefully evaluated the translations and selected the most appropriate items in terms of how effectively they conveyed the original meaning. This final version was back translated by two experts. Finally, three experts were asked to review the compatibility of back translations with the original scale. This was found to be satisfactory.

Satisfaction with Life Scale (SWLS; Diener, 1985). SWLS is one of the most frequently used measures for life satisfaction.

It consists of 5 items, rated on a 7-point Likert scale (There is provision for using a 5-point scale also). It has high internal consistency (Diener, Emmons, Larsen & Griffin, 1985) and good convergent and discriminant validity (Lucas, Diener & Suh 1996). The scores range from 5 to 35, where scores higher than 30 indicate very high life satisfaction and scores below 9 show extreme dissatisfaction with life. The average score falls between 20 and 24 and is the summed aggregate. The Urdu translation of the scale (Butt, Ghani & Khan, 2014) available on Diener's website was used.

Life Attitude Profile-R (LAP-R; Reker & Peacock, 1981).

The Personal Meaning Index (PMI) of the Life Attitude Profile-R has been used to measure personal meaning. It comprises two dimensions, that is purpose and coherence, with 8 items each, rated on a 7-point Likert scale. Total score is obtained by summing the score on both dimensions and ranges between 16 and 112. The internal consistency of PMI was found to be .91 and test-retest reliability was .90 with a 4-6-week interval. In addition, LAP showed excellent convergent and discriminant validity with respect to a number of scales (Reker, 1992). The scale was translated into Urdu using the four-step forward backward translation method as described above.

The Brief Resilient Coping Scale (BRCS; Sinclair & Wallston 2004).

It is a brief four item measure, rated on a 5 point scale, with good internal consistency and stability. BRCS correlates in theoretically predictable directions with a variety of coping measures and psychological well-being (Sinclair & Wallston, 2004). The possible score range is from 20 (high resilience) to 4 (low resilience). The scale was translated into Urdu using the method described earlier.

Life orientation test-R (LOT-R; Scheier, Carver & Bridges, 1994).

This 10-item measure, rated on a 7 point scale, is one of the most widely used measures of optimism versus pessimism. It demonstrates strong psychometric properties and correlates strongly with the original scale (Scheier et al., 1994). 3 items measure optimism, 3 measure pessimism and 4 items are fillers. Items 3,5 and 7 are reverse scored. The scale was translated into Urdu using the method described earlier.

Procedure

The project was given ethical clearance by the Advanced Studies and Research Board, Lahore College for Women University, Lahore. Participants were recruited from diverse places including mosques, parks, cultural centers, clinics, homes, workplaces, alumni organizations and universities etc. Participants who were older than 60 years, Pakistani nationals, residents of Lahore, Muslims and residents were included. Older individuals who were terminally ill or functionally impaired were excluded. Information was given to the participants (verbally and in writing) about the research and their written consent was obtained. They were informed about their rights to withdraw and were assured about confidentiality. Their queries were addressed and assistance was given as required. Most participants filled the questionnaires themselves. For some, the questions were read and they indicated their response verbally.

Results

Table 1

Demographic Characteristics of the Sample (N = 500)

Variables		<i>f</i>	<i>%Age</i>
Age	Below 69	270	54.0
	Above 69	230	46.0
Gender	Men	276	55.2
	Women	224	44.8
Education	Under Matric	239	47.8
	Above Matric	261	52.2
Marital Status	With Spouse	331	66.2
	Without Spouse	169	33.8
Financial Status	Independent	254	50.8
	Dependent	246	49.2
General Health	Below Average / Average	207	41.4
	Above Average / Good	293	58.6

Preliminary Analyses :Table 1 shows the demographic characteristics of the sample. For age, education and general health, sample was split on the basis of sample mean. General health was self-rated on a scale from 1 to 10, with 10 showing perfect health. The mean for the sample for general health was

6.89. For the category ‘Without Spouse’, the categories, widowed, separated, divorced and unmarried were merged. For the category “Dependent”, the categories, partially and fully dependent were merged.

Table 2

Descriptive Statistics and Psychometric Properties of the Scales (N = 500)

Scales	<i>k</i>	<i>M</i>	<i>SD</i>	<i>A</i>	<i>Range</i>		
					<i>Potential</i>	<i>Actual</i>	<i>Skew</i>
1. SPANE	6	10.48	7.55	.86	-24-24	-17 --- 24	-.80
2. SWLS	5	25.66	6.04	.85	5-35	5 --- 35	-.87
3. PMI	16	85.93	16.25	.94	16-112	16---112	-1.00
4. LOT-R.O	03	9.13	2.17	.71	0-12	1---12	-1.00
5. BRCS	04	15.14	3.00	.75	4-20	4--20	-.81

Note. SPANE= Scale of Positive and Negative Experiences; SWLS= Satisfaction with Life Scale; PMI= Personal Meaning Index of the Life Attitudes Profile-Revised; LOT-R.O= Optimism subscale of the Life Orientation Test-Revised; BRCS= Brief Resilient Coping Scale.

Table 2 presents the reliability indices for the scales used in the study. These range from .71 to .94 showing that the measures were reliable and internally consistent. The Personal Meaning Index is the composite score of the Purpose and Coherence Dimensions of the Life Attitude Profile –Revised.

While Carver and Scheier conceptualized Life Orientation Test-Revised as a unidimensional measure of optimism, Carver (1995) notes that some researchers prefer to compute the score for optimism items as separate from the score of items measuring pessimism. In our study also, optimism emerged as a factor distinct from pessimism indicating bi-dimensionality. So, items measuring optimism were taken as a separate subscale.

Table 3
Hierarchical Regression Analysis Predicting Happiness among Older Adults (N = 500)

<i>Dependent Variable: Happiness</i>							
<i>Variables</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>t</i>	<i>p</i>	<i>R²</i>	<i>F</i>
1 (Constant)	-3.26	2.49		-1.30	.19	.17	17.41
Age	1.45	.66	.10*	2.18	.03		
Gender	.43	.79	.03	.54	.58		
Education	3.36	.71	.22***	4.72	.00		
Marital Status	-.19	.73	-.01	-.25	.80		
Financial Status	-.46	.79	-.03	-.58	.56		
General Health	4.30	.67	.28***	6.36	.00		
2 (Constant)	-20.18	2.54		-7.94	.00	.38	30.46
Age	.53	.58	.04	.90	.36		
Gender	.24	.69	.02	.34	.72		
Education	1.74	.63	.12*	2.72	.01		
Marital Status	-.31	.64	-.02	-.48	.62		
Financial Status	-.48	.69	-.03	-.68	.49		
General Health	2.67	.60	.17***	4.40	.00		
Optimism	.70	.14	.20***	4.86	.00		
Pessimism	.48	.10	.16***	4.48	.00		
Personal Meaning	.13	.02	.27***	5.78	.00		
Resilience	.27	.10	.11*	2.52	.01		

Hierarchical regression was run in order to explore the significance of demographic and existential factors (namely optimism, personal meaning and resilience) as predictors of happiness. Demographic factors were entered as the first block. Here age, (education and general health appeared as significant predictors. The overall model was significant { $R^2 = .17$, $F(6,493) = 17.41$ } and explained 17% of the variance in happiness.

In the second block existential predictors were entered. Here, age was no longer significant as a predictor while health and education retained their significance. All existential predictors were significant. The overall model was significant { $R^2 = .38$, $F(10,489) = 30.46$ } and explained 38% of the variance in happiness, explaining an additional 21% as compared to the first model which indicates the unique contribution of the existential predictors after controlling for demographic variables.

Table 4
Hierarchical Multiple Regression Analysis Predicting Life Satisfaction among Older Adults (N = 500)

<i>Dependent Variable: Life Satisfaction</i>							
<i>Model</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>t</i>	<i>p</i>	<i>R²</i>	<i>F</i>
(Constant)	17.31	2.04		8.45	.00	.13	12.40
Age	1.93	.54	.16***	3.52	.00		
Gender	-.20	.65	-.02	-.30	.76		
1 Education	1.51	.58	.13*	2.58	.01		
Marital Status	-.69	.60	-.05	-1.14	.25		
Financial Status	-.25	.65	-.02	-.38	.70		
General Health	3.04	.55	.25***	5.48	.00		
(Constant)	2.46	1.81		1.35	.17	.51	51.16
Age	.81	.41	.07*	1.95	.01		
Gender	-.93	.49	-.08	-1.87	.06		
2 Education	-.59	.45	-.05	-1.30	.19		
Marital Status	-.37	.45	-.03	-.80	.42		
Financial Status	.43	.49	.04	.87	.38		
General Health	1.25	.43	.10***	2.88	.00		

Optimism	.09	.10	.03	.84	.40
Pessimism	-.04	.07	-.02	-.49	.62
Personal Meaning	.24	.01	.65***	15.66	.00
Resilience	.06	.07	.03	.79	.42

Separate hierarchical regression was run with life satisfaction as the dependent variable. Here again age education and general health appeared as significant predictors in model one. The overall model was significant { $R^2 = .13$, $F(6,493) = 12.40$ } and explained 13% of the variance in life satisfaction.

In model two where existential factors were added, age and general health remained significant whereas only

personal meaning emerged as a significant existential predictor here. The overall model explained 51% of the variance in life satisfaction scores { $R^2 = .51$, $F(10,489) = 51.16$ }. This means that existential factors explain an additional 38% of the variance in life satisfaction scores after controlling for demographic factors.

Discussion

The purpose of the study was to understand the factors that make Pakistani older adults happy and satisfied with life. We hypothesized that demographic factors and existential variables of optimism, resilient coping and meaning in life will predict happiness and life satisfaction. These hypotheses were corroborated.

This puts us in a position to unlock the ingredients of subjective well being for Pakistani older adults. Beginning with happiness, we see that education and health were significant predictors. More educated and healthier older adults were happier. This is in line with previous research (e.g. Pinquart & Sorensen 2000, Kirby; Coleman & Daley, 2004). Optimism, resilience and personal meaning were all significant predictors of happiness. Older adults who were more optimistic, more resilient and had greater meaning were happier. Again, literature supports this. (Leung, Moneta & McBride-Chang, 2005; Ferguson & Goodwin, 2010; Jeste, Savla, Thompson et al., 2013; Vieira & Aquino, 2016).

For life satisfaction, it was found that age and health were significant predictors. Age significantly predicted LS both as part of demographic factors and later when existential factors were added. These findings, considered with the result that the sample had a high general happiness and LS level, are in line with the well documented convex relationship between age and well-being (e.g., Graham, 2005; Oswald, 1997; Oswald & Powdthavee, 2005) and the 'stability-despite-loss paradox of subjective well-being' (see Schilling, 2006; Gerstorf, Ram, Röcke, Lindenberger et al., 2008). which shows that the older adults maintain their wellbeing despite increasing age and multiple detriments and losses. As judged by the beta value, health was the most robust demographic predictor of both happiness and life satisfaction. Previous research has shown health to be a very strong predictor of wellbeing in late life (e.g. Steverink, Westerhof, Bode & Dittman Kohli, 2001; Yangb, 2008).

In existential factors, only personal meaning was significant as a predictor of life satisfaction. In a way, personal meaning was the most important determinant of subjective wellbeing of older adults in our study. Not only was it a significant predictor for both happiness and LS, while controlling for the effects of demographic factors, it had the highest beta value. This is consistent both with the sizeable literature which demonstrates the relationship of meaning in life with many different aspects of wellbeing in late life (Vieira & Aquino, 2016; Ardel, 2003; Ang & Jiaqing, 2012; Van der Heyden, Dezutter, & Beyers, 2015)

and Wong's (1989) existential- spiritual model of aging which helped shape the conceptual framework of the current study. This model posits meaning as the cornerstone of successful aging, implying, in effect, that successful aging is meaningful aging (Wong, 1989). Our findings have affirmed this position.

Implications

On the basis of our findings, it is recommended that interventions be designed to enhance the subjective well-being of older adults including interventions to engender, increase or improve meaning in life, optimism and resilient coping. These interventions can be introduced and implemented in middle or young adulthood also as a proactive measure to bring about positive and happy aging and also as a preemptive measure to prevent geriatric depression. Our results have also shown the importance of education and physical health status for the older population. More attention need to be focused on these with respect to policy at the state level as better education and improved health will ensure and enhance overall wellbeing among older adults.

Limitations

Some limitations of current study are as follows: The scales used to measure happiness, life satisfaction, resilience, optimism and meaning in life were not indigenously developed tools. The degree to which the findings can be generalized depends on the nature, size and characteristics of the sample and the population as well as the sampling method. We used a purposive sample of 500 individuals and thus the findings have limited generalizability. The sample was limited to Lahore city only. It was not a nationally representative sample. Also, the sample was restricted to middle class and does not include the experience of the lower and upper class.

Future recommendations

Predictive studies should be conducted with indigenously developed tools with larger samples to develop and strengthen a data base of the subjective well-being of older adults in Pakistan. Nationally representative samples should also be taken. Rather than a few studies, concentrated research in this area should be done over time with multiple designs and strategies.

Conclusion

Our study has painted this picture of happy and satisfied older adults: the successful agers are educated and healthy older persons, who have a good sense of meaning, purpose and coherence with a fair degree of optimism and resilience.

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Received: 19th May, 2019

Revisions Received: 20th Nov, 2020