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Research Paper

# Psychosocial Factors as Predictors of Life Satisfaction of Elderly People

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## ABSTRACT

The present Study was conducted to explore the effects of gender, residence, nature of comorbidity and status of spouse on life satisfaction of the respondents. Purposive sampling technique was followed to select 382 elderly people (210 elderly males and 172 elderly females) from Rajshahi and Joypurhat district. Bangla developed version of Satisfaction with life scale (Ilyas, 2001) were administered to measure life satisfaction of the respondents. Four hypotheses were proposed based on previous research. Obtained data were analysed by employing independent sample t-test and regression analysis with the help of IBM SPSS- 28 version. The results of the current study revealed that there is a significant effect of residence, gender, status of spouse and nature of comorbidity on life satisfaction of the participants. The strongest probable socioeconomic factors of life satisfaction in the elderly were identified using regression analysis. Results through regression revealed that the status of spouse is the best predictor for life satisfaction (25.3%, $\rho < 0.05$) of the participants.

***Keywords:*** *Life Satisfaction, Gender, Residence, Comorbidity, Spouse and elderly people.*

The World Health Organisation (WHO) has suggested a decade of healthy ageing 2020-2030 to advance the well-being of over a billion individuals aged 60 and over in order to address the issue of global ageing (Rudnicka E. et al., 2020). A phase of life cycle is the ageing process. The physical and cognitive state of the aged varies markedly from person to person in some circumstances (Lin Y. J. et al., 2021), which causes loss of intellectual and physiological capacities. Two essential components of healthy ageing are life satisfaction and routine exercise (Sanchez M. W. et al., 2021). Life satisfaction is an experience of contentment with one's current life and even former lives up to the now. The level of pleasure may be evaluated by a person or an outside expert. This is crucial since being happy with one's life at the moment can be viewed as a sign of successful ageing (Lazar KA., 2000). Life satisfaction is not a constant, objective characteristic; rather, it may vary depending on the environment and can be evaluated according to how individuals see it (Aishvarya S. et al., 2014). Life satisfaction is a broad notion that can be interpreted as pleasure, a satisfactory living, or subjective wellbeing as well as a general favourable evaluation of an encompassing standard or eventual goal of the human experience (Edginton, C. R. et al., 2005; Chao, D., et al., 2018). There is currently a need for concern regarding the

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significance of life satisfaction in leading a happy life due to the increasing growth of elderly people. When experiences meet or surpass desired outcomes, people are more likely to report higher levels of life satisfaction (Mannell, R. C.; Snelgrove, R., 2012). Ageing successfully entails maintaining mental and physical health as well as social engagement in a meaningful life that is uniquely defined (Flood M., 2006). The promotion of healthy behaviours appears to be more prevalent among older persons who report better life satisfaction (Vijayakumar G., et al., 2016). Increased levels of life satisfaction are typically challenging to attain, though as people ageing and experience physical and mental health issues (Papi S., et al., 2019). Numerous social, psychological, and behavioural aspects that accurately predict ageing in older persons are also theoretically modifiable. Individual genetic characteristics do not influence success in older individuals, but additional elements like physical activity level, social engagement, and social support will have an impact on older person happiness (Seeman TE., Adler N., 1998). Life satisfaction consistently refers to a subjective assessment of life as a whole because it is an important indicator of individual happiness (Diener E., & Diener M., 1995). Older individuals who reports higher levels of life satisfaction have greater happiness, better mental and physical health and more opportunities for ageing successfully (Bai X., et al., 2018).

## LITERATURE REVIEW

Gold et al. (2002) conducted research on "Gender and health: a study of older unlike-sex twins" and found that elderly females showed higher score than their male respondents in life satisfaction. Murtagh and Hubert (2004) research on "Gender difference in physical disability among an elderly cohort" and found gender differences in level of life satisfaction. Elderly males showed less life satisfaction scores than elderly females. Priyanka and Mishra S., (2010) research on "Gender differences in life satisfaction of elderly people" and the research result showed that there were significant gender differences in elderly life satisfaction. Elderly females had mean score less than elderly males in overall life satisfaction. Philip D St John et al., (2021) have been studied on "Life satisfaction in adults in rural and urban regions of Canada - the Canadian Longitudinal Study on Aging" and they found that Citizens who lived in rural settings were happier than those who lived in cities. Chengbo Li et al., (2015) conducted research on the Chinese older people in order to know their life satisfaction regarding their residential consideration. In this study, their findings mentioned that54.6 percent of urban senior and 44.1 percent of rural seniors said they were happy with their lives. Chao Y &et al., (2020) Conducted research on the title "Association between physical function and perceived stress among U.S. Chinese older adults" they found that Subjects with more illnesses reported higher levels of perceived stress. Zhang M. et al (2014) research on the issues "The prevalence of perceived stress among US Chinese older adults." Their study results showed that the respondents who had comorbidities had more perceived stress. Scott SB. et al., (2011) run a research on "What contributes to perceived stress in later life? A recursive partitioning approach. And the researchers suggested that participants with comorbidities showed more Perceived stress compared to the participants who had not medical comorbidities. Prakash & Kumar (2019) ran a research on the topic "Perceived Stress and Quality of Life of Elderly Living Separately from Their Adult Children – A Cross-Sectional Comparative Study". They found that living alone is however incredibly exhausting for the elderly. Fengler A. P. & et al (1982) conducted on a research topic "Marital status and life satisfaction among the elderly" and their study result suggested that when compared to the divorced and widowed, but the never married, being married is associated with higher life satisfaction. Jakobsson et al., (2004) research on the issue titled "overall and health related quality of among the oldest old in pain" they found in their study that individuals who live alone are less satisfied with their life than individuals who live with a partner. Dong HJ, et al

(2020) conducted a study on "Factors Associated with Life Satisfaction in Older Adults with Chronic Pain (PainS65+)" and finally the study result showed that Elderly people with chronic pain reported less life satisfaction, but the difference from their chronic painless peers was small.

***Rational of the study***

Bangladesh is a developing country. By the most recent population Census report (2021), the country's overall population in 2021 was over 139 million. In this massive population, 15% of the population is regarded elderly, implying that about 25 million people have an average age of 60 years or more. That is a big topic of worry for any country, and it is difficult to consider about a country's entire growth without considering this massive population. Life satisfaction for elderly people are depends on many socio-demographic factors. This is why some socio-demographic factors are considered for this study that has influential power to life satisfaction. The findings of this study are very precious to make sure effective care for elderly people and also for concern authorities.

***Objectives of the study***

To consider the literature and theoretical background the current study was conducted on elderly people of Rajshahi division and analyses the happiness of the following objectives –

1. To investigate whether any different exists on life satisfaction among elderly people regarding gender.
2. To observe the residential difference on life satisfaction of the respondents.
3. To explore the difference of life satisfaction regarding comorbidity of the elderly participants.
4. To inspect the effect of spouse on life satisfaction of the study participants.
5. To find out the strongest socio-demographic predictors for life satisfaction of elderly individual.

***Hypothesis of the study***

On the basis of the evidence the following hypotheses were formulated to test in the current study.

1. Life satisfaction of elderly females better than elderly males.
2. Individuals living in rural areas are more satisfied with life than their urban counterparts.
3. Elderly people with spouse would have better life satisfaction than those of without spouse.
4. Elderly individuals with comorbidities have lower life satisfaction than those of without comorbidities.

## METHOD AND PROCEDURE

***Target Population***

The older people (age above 60 years) of Rajshahi division are the target population of the present study.

***Sample***

A total of 382 participants of the study were selected purposively from Rajshahi and Joypurhat district of Bangladesh among them 210 male and 172 female. The age ranged of the participants from 60 to 87. Other details of the respondents are shown in table-2.1.

***Table-2.1: Distribution of participants by Gender, Residence, nature of Co-morbidity, Status of Spouse.***

| Variables | Label | Number of participants | Percentage (%) |
|---|---|---|---|
| Gender | Male | 210 | 55 |
| | Female | 172 | 45 |
| | Total | 382 | 100 |
| Residence | Rural | 241 | 63.1 |
| | Urban | 141 | 36.9 |
| | Total | 382 | 100 |
| Nature of Comorbidity | Yes | 263 | 68.8 |
| | No | 119 | 31.2 |
| | Total | 382 | 100 |
| Status of Spouse | With Spouse | 264 | 69.1 |
| | Without Spouse | 118 | 30.9 |
| | Total | 382 | 100 |

***Variables***

- **Independent variables:** Gender, resident, nature of comorbidity, and present status of spouse.
- **Dependent variables:** Life Satisfaction

***Measuring instruments***

Any kind of study, it is very essential to collect data by used some measuring instruments. Depends on the objective of the study; the amount of time available for the researchers; scoring accuracy and result interpretation, the instruments are used to collect data.

To germane of the objectives of the study, for the conducting of the current research, the following measuring instruments were used:

a. A personal information blank
b. Satisfaction with life scale originally developed by Diener et al., (1985), Bangali version of the scale was developed by Ilyas (2001).

***The Personal Information Blank***

Personal information was collected including gender, profession, district, and type of residents, status of spouse and the nature of Comorbidity of the elderly people.

***Satisfaction with life scale***

The Bangali version of the scale was first developed by Ilias (2001). The Satisfaction with Life Scale was originally developed by Diener& et al., (1985). This scale consists of 5-statements. This scale basically developed to evaluate subjects overall satisfaction with their lives. Higher SWLS score shows more life satisfaction, as per the SWLS. The Romanian version of the Satisfaction with Life Scale has advanced psychometric qualities, according to prior research (Cazan, 2014). For the full scale, the Alfa Cronbach coefficient is.82. This scale had an internal consistency of 0.84. The number of response ranging from “strongly agree” to “strongly disagree. The high score of The Satisfaction with Life Scale indicate high level of satisfaction and low scores indicate low level of satisfaction of the respondents. The score of the scale may ranged from 5 to 35 where 31-35 = represents highly satisfied, 26- 30 = satisfied,

21-25 = slightly dissatisfied 20= neutral, 15-19= slightly dissatisfied, 10-14= dissatisfied, and 5-9=extremely unsatisfied.

***Procedure***

Cross sectional study was directed among elderly individuals of Rajshahi division (Two districts). The sample size was 382.The inclusion of the participants was voluntary. With the help some of my friend's data collection was possible from two districts of Rajshahi division. After the necessary rapport was established with the research participants the written informed consent was taken before supplying the questionnaires. The participants were given the purpose of the study and brief description about the research. Data collectors also ensured that the data obtained from the participants was only used for academic purposes and will be kept confidential. When the respondents agree to provided the information then the questionnaires were provided to the participants to fill up sincerely. They were asked to answer very carefully and not to omit any item of the questionnaires as soon as possible. After completing the answer of questionnaires were collected and checked out carefully. Finally, the respondents were given thanked by the collector of data for participating into the research.

***Data processing and Statistical Analyses***

By using Satisfaction with Life Scale the data were collected. After data collection process the scores of each respondent were calculated. The scores of each individual were coded and entered into data analysis software (IBM SPSS version 28) in order to analyse the obtained scores. To investigate the effect of Gender, Residence, nature of Comorbidity, and Status of Spouse on life satisfaction of the respondents' independent t test was applied. Regression analysis also applied in order to select which socio-economic variables have greatest impact on life satisfaction of older adults.

## RESULTS

To analyse the obtained scores the raw data were coded and entered into data analysis software (IBM SPSS statistics version 28). To determine the effect of Gender, Residence, nature of Comorbidity, and Status of Spouse on Life Satisfaction of the respondents' independent *t*-test were applied. Regression analysis was applied to identify the strongest possible socio-economic predictors of life satisfaction of in older persons

**Result of the Gender**

***Table-3.1: Life Satisfaction of the respondents regarding Gender***

| DV | IV | N | Mean | Mean Difference | SD | df | *t* |
|---|---|---|---|---|---|---|---|
| **Life** | Male | 210 | 20.44 | 1.98 | 2.646 | 380 | 6.919** |
| **Satisfaction** | Female | 172 | 22.42 | | 2.960 | | |

***Significant at 0.01 level*

The result shows (table-3.1) that mean and standard deviation of life satisfaction score for elderly men is 20.44 and 2.646, on the other hand mean and standard deviation of life satisfaction score for elderly female participants is 22.42 and 2.960. The result shows that significant difference ($t$ = 6.919, df= 380) of life satisfaction of elderly male and female participants.

**Result of the Residence**

***Table-3.2: Life Satisfaction of the participants regarding Residence***

| DV | IV | N | Mean | Mean Difference | SD | df | *t* |
|---|---|---|---|---|---|---|---|
| **Life Satisfaction** | Rural | 241 | 21.65 | 0.86 | 3.073 | 326.247 | 2.882** |
| | Urban | 141 | 22.79 | | 2.675 | | |

***Significant at 0.01 level*

The result table-3.2 shows that the mean and standard deviation of life satisfaction score for rural participants is 21.65 and 3.073, on the other hand the mean and standard deviation of life satisfaction score for urban respondents is 22.79 and 2.675. The result indicated that elderly rural participants feel higher life satisfaction than elderly urban people and this is significant at 0.01 level ($t$=2.882, $df$= 326.247).

**Result of the Nature of the Co-morbidity**

***Table-3.3: Life Satisfaction of the respondents regarding Co-morbidity***

| DV | IV | N | Mean | Mean Difference | SD | df | *t* |
|---|---|---|---|---|---|---|---|
| **Life Satisfaction** | Yes | 263 | 20.46 | 2.81 | 2.259 | 167.398 | 8.276** |
| | No | 1119 | 23.27 | | 3.382 | | |

***Significant at 0.01 level*

The result shows (table-3.3) that mean and standard deviation of life satisfaction score for respondents without comorbidity is 23.27 and 3.382, on the other hand mean and std. deviation of life satisfaction score for respondents with comorbidity is 20.46 and 2.259. The result reveals that elderly participants without comorbidity feel higher life satisfaction than people with comorbidity which is statistically significant at 0.01 level ($t$=8.276, $df$= 167.398).

**Result of the Status of Spouse**

***Table-3.4: Life Satisfaction of the respondents regarding status of Spouse***

| DV | IV | N | Mean | Mean Difference | SD | df | *t* |
|---|---|---|---|---|---|---|---|
| **Life Satisfaction** | With | 264 | 22.33 | 3.22 | 2.855 | 347.477 | 13.582** |
| | Without | 118 | 19.11 | | 1.724 | | |

***Significant at 0.01 level*

The result table-3.4 also shows that mean and standard deviation of life satisfaction score for respondents with spouse is 22.33 and 2.855, on the other hand mean and std. deviation of life satisfaction score for respondents without spouse is 19.11and 1.724. The result reveals that elderly participants without spouse feel lower life satisfaction than elderly people who have spouse which is significant at 0.01 level ($t$=13.582, $df$=347.477).

**Results of Regression Analysis**

***Table- 3.5 regression of four socio-demographic variables (Gender, Residence, Nature of Comorbidity and Status of Spouse) linked to life satisfaction in the research participants.***

| Variable | Parameter | R Squared | B | Std. Error | *t* |
|---|---|---|---|---|---|
| **Gender** | Male | 0.112 | -1.986 | 0.213 | 105.343** |
| | Female | | | 0.287 | 6.919** |
| **Residence** | Rural | 0.020 | 0.864 | 0.247 | 84.166** |
| | Urban | | | 0.311 | 2.779** |
| **Nature of Co-morbidity** | Yes | 0.194 | -2.813 | 0.244 | 95.463** |
| | No | | | 0.294 | 9.575** |
| **Status of spouse** | With | 0.253 | 3.216 | 0.236 | 81.070** |
| | Without | | | 0.284 | 11.340** |

***Significant at 0.01 level*

The results show in table- 3.5 indicates that the R Squared value and beta coefficient of life satisfaction for gender is 0.112 and – 1. 986.The result reveals that the gender predicts 11.2% effects on life satisfaction and this is also indicates that elderly females have approximately 2 times more life satisfaction than male subjects. The results statistically significant at 0.01 level (*t*= 105.343, 6.919). The results (table-3.5) shows that R Squared value and beta coefficient of life satisfaction for residence is 0.020 and 0. 864.The result reveals that the resistance predicts 2% life satisfaction for the study subjects, which also mentions that life satisfaction of rural areas subjects have approximately 0.9 times more than their urban counterparts. The results also statistically significant at 0.01 level (*t*= 84.166, 2.779). The result showed in table 3.5 indicates that Squared value and beta coefficient of life satisfaction for nature of comorbidity is 0.194 and – 2.813. The result reveals that the nature of comorbidity predicts 19.4% life satisfaction which also indicates that elderly people without comorbidity have 2.8 times more life satisfaction than with comorbidity. The results statistically significant at 0.01 level (*t*= 95.463, 9.575). The result presented in table-3.5 shows that Squared value and beta coefficient of life satisfaction for status of spouse is 0.253 and 3.216. The result reveals that the status of spouse predicts 25.3% life satisfaction and elderly people without spouse showed 3.2 times life satisfaction than with spouse. The results also significant at 0.01 level (*t*= 81.070, 11.340).

## DISCUSSION AND CONCLUSION

As per the **first** hypothesis, life satisfaction of elderly females is better than elderly males. The results of t-test expressed that elderly females have significantly higher life satisfaction than elderly males (*t*= 6.919, $\rho < 0.05$). The hypothesis of the study is confirmed by the study results. This particular result is apparent because women, on average, are more emotionally sensitive than men. Men manifest restricted emotionality. Restrictive emotionality is characterized by a reluctance to communicate specific emotions and a refusal to reveal personal feelings. The wellness, affective assessment, and general identity of men have been found to be influenced by their restricting emotionality. Additionally, restricting emotionality inclinations are linked to life satisfaction. This could be one of the reasons why women are happier in life. These results are also identical with some prior studies of Gold et al., (2002); Murtagh and Hybert, (2004).

According to **second** hypothesis individuals living in rural areas are more satisfied with life than their urban counterparts. The result table 3.2 revealed that elderly rural individuals have

significantly greater life satisfaction than elderly urban participants (t= 2.882, ρ < 0.05). These findings also back up the hypothesis. This is actually appropriate because the living expenses in rural settings are comparatively lesser than in urban locations. Although rural areas are remote from the city, they are connected to nature and natural areas. Open - air time is extremely good to one's life quality and well-being. People in rural areas are typically small and close-knit. Someone can get to understand your neighbours since there are so few citizens and so few venues to socialize. Neighbours may learn to rely on one another for guidance and cooperation, particularly if the nearest facilities and products are a long distance away. On the other hand, expensive living cost, more unhealthy competitions, stressful lifestyle; higher crime rates makes urban people feel less life satisfaction. These findings are entirely consistent with some prior studies of Philip D St John et al., 2021.

As per **third** hypothesis elderly individuals with comorbidities have lower life satisfaction than those of without comorbidities. The results of the table-3.3 reported that Participants without comorbidity report higher levels of life satisfaction than those with comorbidity (*t*=8.276, ρ<0.05). This finding is evident because Individuals with comorbidities have worse effectiveness, life chances, and survival rates, and they utilize outpatient and inpatient treatment more frequently than those without. These findings are also congruent with earlier literature of Dong HJ, et al., 2020.

According to **fourth** hypothesis of the study was elderly people with spouse would have better life satisfaction than those of without spouse. The results of t-test (table- 3.4) indicated that elderly participants who do not have a spouse have significantly lower life satisfaction than those who do (*t*= 13.582, ρ < 0.05). This finding is predictable because the loss of a husband or wife aggravates a pre-existing mental illness and causes medical conditions. Physical illnesses and sleep disruptions are among them. Without spouse it is difficult for living spouse to attain enlightenment or the strength to progress on. These results agreed with some earlier research of Jakobsson et al., 2004; Fengler A. P. & et al 1982.

**Regression analysis** was used to recognise the most potent socioeconomic predictors of life satisfaction in the elderly. The results (table- 3.5) also revealed that status of spouse was the most influential predictor for life satisfaction (25.3%, ρ< 0.05).

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***Conflict of Interest***

The author(s) declared no conflict of interest.

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