

Subjective Health Well-Being in Older Adults

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Abstract: The research aimed to identify the subjective health well-being of the elderly, and to identify the differences in subjective health well-being according to gender (males and females) and economic status (poor - average - good) among the elderly.

The research community included all elderly residents in nursing homes, where their number reached (606) elderly, including (331) men and (275) women in (13) homes distributed over (9) governorates, with one government home in each governorate, except for Baghdad Governorate, which has two government homes and three private homes.

The research sample consisted of the elderly who were selected from the current research community using the simple random method, with a size of (194) from each nursing home, and the number of elderly males reached (103) and (91) elderly females.

The (Healthy Subjective Well-Being) scale prepared by Van der Linden (2011) was adopted, which consists of (56) paragraphs distributed over nine areas of healthy subjective well-being, namely:

Independence

1- Movement

2- Psychological balance

3-Self-acceptance

4- Independence

5-Optimism

6-Self-development

7-Acceptance of the situation

8-Satisfaction with the balance between obligations and free time.

After presenting the scale to experts in psychology for the purpose of obtaining apparent validity, (26) paragraphs were retained. It was built using the Likert method, and consists of four alternatives: (It always happens, It happens often, It happens sometimes, It doesn't happen), and the alternatives were given scores (1-4) respectively for the paragraphs that tend towards the concept.

The reliability of the scale was obtained through the (Cronbach's alpha) method, and it was at a value of (0.091), which is a very high reliability coefficient that can be relied upon.

The research results showed

That the research sample has a higher than average level of subjective health. The results also showed that there were no statistically significant differences in the level of self-health according to the economic status, as well as the absence of a statistically significant interaction between gender and economic status.

Keywords: health -well-being - older adults.

Introduction:

As people age, they often experience a decline in physical health, which can significantly impact their health well-being. Chronic diseases, such as arthritis, diabetes, and cardiovascular disease, are more prevalent in older adults and can lead to pain, disability, and reduced mobility. These physical health problems can lead to feelings of helplessness, frustration, and depression, which can reduce overall quality of life. Studies have shown that poorer physical health is directly linked to lower levels of health well-being in older adults (Bramston et al., 2002).

Older adults often face mental health challenges, including depression and anxiety, and life transitions, such as retirement, loss of loved ones, and decreased social interactions, can exacerbate these problems. Mental health problems can also severely impact an individual's perception of their overall health and well-being. Blazer (2003) found that older adults with depression reported significantly lower levels of health-related well-being (Blazer, 2003).

In addition, social isolation has been linked to poor health outcomes and lower levels of living well-being, with Cacioppo & Cacioppo (2014) showing that older adults who report feelings of loneliness show lower levels of happiness and life satisfaction (Cacioppo & Cacioppo, 2014).

In the same context, many older adults face financial difficulties due to fixed incomes, lack of savings, or unexpected medical expenses. These financial constraints can limit access to health care, nutritious food, and other resources needed to maintain health. Financial stress can lead to anxiety and decreased overall well-being. A study indicates that many older adults face financial difficulties due to fixed incomes, lack of savings, or unexpected medical expenses. These financial constraints can limit access to health care, nutritious food, and other resources needed to maintain health. Financial stress can also lead to anxiety and decreased overall well-being. A study indicates that economic difficulties among older adults are associated with lower levels of health well-being and life satisfaction (Weinstein & Stone, 2018).

Cognitive decline often leads to increased dependence on caregivers, which can lead to feelings of loss of independence and decreased health well-being. Research shows that cognitive impairments are associated with lower levels of happiness and life satisfaction (Willroth, 2023).

Older adults also face barriers to accessing health care services, including transportation issues, lack of insurance, and complex health care systems. These barriers can prevent them from receiving appropriate medical care in a timely manner. Limited access to health care can exacerbate existing health problems and reduce levels of health well-being. Studies show that older adults with better access to health care services report higher levels of subjective well-being (Choi & DiNitto, 2016.).

Research Objectives:

The research aimed to identify:

- 1-Subjective health well-being among the elderly
- 2- To identify the differences in subjective health well-being according to gender (males and females) and economic status (poor - average - good) among Define terms:

➤ First: Healthy Self-Wellbeing

According to Diener (1984), health-related subjective well-being (health-related well-being) SWB is an individual's perception of his or her health status, the impact of health conditions on daily functioning, and his or her overall satisfaction with his or her health-related quality of life, including cognitive assessments of one's life satisfaction, emotional experiences of positive and negative feelings, and overall judgments of his or her well-being in the context of health.

Stress and readiness model)Lazarus & Folkman 1984.(

Health-related subjective well-being (SWB) is an important aspect of overall well-being that has received considerable attention in psychology. According to the predisposition-stress model, SWB is influenced by both internal factors (predisposition) and external stressors. This model suggests

that individuals who are predisposed toward positive emotions and adaptive coping mechanisms are more likely to maintain high levels of SWB even in the face of challenging circumstances (Lazarus & Folkman 1985).

In addition, positive psychology theory posits that social well-being is determined not only by the absence of negative emotions or psychological stressors but also by the presence of positive emotions, personal strengths, and a sense of accomplishment. This perspective emphasizes the importance of cultivating positive emotions such as hope, gratitude, and resilience to enhance SWB (Seligman & Csikszentmihalyi 2000).

The Socioemotional Selectivity Theory also suggests that as individuals age, they become more selective in their social relationships, focusing on maintaining emotionally meaningful connections. This theory highlights the role of social support and interpersonal relationships in promoting social well-being, especially in older adults (Fung & Carstensen, 2004).

In conclusion, understanding the different theories that explain health-related subjective well-being can provide valuable insights into how individuals can enhance their overall well-being. By integrating strategies from these theories, individuals can cultivate positive emotions, coping mechanisms, and meaningful social relationships to enhance their SWB.

One of the most prominent theories in this area is the self-determination theory proposed by Deci and Ryan in 1985. This theory bases objective well-being on the satisfaction of three basic psychological needs: autonomy, competence, and relatedness. Autonomy refers to a sense of control over our actions and decisions, competence is associated with monitoring our abilities to record our best, and relatedness refers to contact with people who have social support.

Another related theory is the Apego theory developed by Bowlby, which proposes that our emotional relationships influence the way we perceive our emotional and physical well-being in adulthood. Safe parenting experiences during childhood are associated with a greater ability to regulate emotions and maintain worthy relationships that later translate into a healthy adult. In addition to Seligman's theory of positive psychology, he highlighted the importance of cultivating positive emotions such as gratitude, hope, and joy to enhance emotional and physical well-being. Full attention and resilience are also key aspects of this theory as they allow us to face life's challenges more effectively and maintain emotional balance.

There are many theories that explain health well-being from different perspectives. Here are three prominent theories:

Theoretical Framework

1- Biopsychosocial Model:

The biopsychosocial model emphasizes the interaction of biological, psychological, and social factors in determining an individual's health. It suggests that health is influenced by a combination of biological processes, psychological factors (such as thoughts, emotions, and behaviors), and social determinants (such as socioeconomic status, social support, and environmental factors). This model highlights the holistic nature of health and recognizes the importance of addressing multiple dimensions to promote well-being.

2- Self-determination theory (SDT):

Self-determination theory posits that well-being is enhanced when individuals have opportunities to meet their basic psychological needs for autonomy, competence, and relatedness. Autonomy refers to a sense of self-direction and control, competence refers to a sense of mastery and effectiveness, and relatedness refers to a sense of connection and belonging with others. When individuals feel that these psychological needs are met, they are more likely to experience optimal well-being and engage in health-promoting behaviors

3-Socioeconomic Status (SES) Gradient Theory:

SES Gradient Theory suggests a strong relationship between socioeconomic status and health-related well-being. It argues that individuals with higher socioeconomic status tend to have better health outcomes than those with lower socioeconomic status. This theory highlights the influence of social determinants, such as income, education, occupation, and access to resources, on health-related well-being. Socioeconomic disparities in health are attributable to differential exposure to stress, access to health care, psychosocial factors, and lifestyle choices.

Method

1- Research community:

For the purpose of defining the research community and after obtaining official approvals, the research community included all elderly residents in nursing homes, where their number reached (606) elderly, including (331) men and (275) women in (13) homes distributed over (9) governorates, with one government home in each governorate, with the exception of Baghdad Governorate, which has two government homes and three private homes.

Research sample:

A- The elderly sample:

It was selected from the current research community using the simple random method, with a size of (194) from each elderly home, and the number of elderly males was (103) and (91) elderly females.

Research tools:

To achieve the requirements of the current research, there must be a tool to measure the research variable (healthy subjective well-being). Therefore, the (healthy subjective well-being) scale prepared by Van der Linden (2011) was adopted, which consists of (56) paragraphs distributed over nine areas of healthy subjective well-being, as follows: Independence

- 1- Movement
- 2- Psychological balance
- 3- Self-acceptance
- 4- Independence
- 5- Optimism
- 6- Self-development
- 7- Acceptance of the situation
- 8- Satisfaction with the balance between obligations and free time.

After presenting the scale to experts in psychology for the purpose of obtaining apparent validity, (26) paragraphs were retained.

➤ Description of the scale in its final form:

The scale in its final form consisted of (26) paragraphs, the highest score for the scale was (104) and the lowest score was (26), with a theoretical average of (65). It was based on the Likert method, and consisted of four alternatives: (always happens, often happens, sometimes happens, does not happen), and the alternatives were given degrees (1-4) respectively for the paragraphs that tend towards the direction of the concept.

Reliability: The reliability of the scale was obtained through the (Alpha Marronbach) method, and it had a value of (0. 91) which is a very high reliability coefficient that can be relied upon.

Results:

The first objective: Subjective health well-being among the elderly

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First objective: For the purpose of identifying the subjective health well-being of the elderly

The arithmetic mean and standard deviation of the sample members' scores in the subjective health well-being test were calculated to compare them with the hypothetical mean of the test, which was (62.5), and a one-sample (t) test was used to determine the significance of the difference between the arithmetic mean and the hypothetical mean, and the tabular (t) value was (1.96) at the significance level (0.05) and the degree of freedom (193), and the results are shown in Table (1).

Table (1) One-sample t-test for the difference between the sample mean and the hypothetical mean for the Subjective health well-being scale

Degree of freedom	Tabular t-value	Calculated t-value	Hypothetical mean	Standard deviation	Arithmetic mean	Number of sample members
193	1.96	3.11	62.5	8.09	64.30	194

This result indicates that the research sample enjoys a healthy subjective well-being to a degree higher than average.

The second objective: To identify the differences in subjective health well-being according to gender (males and females) and economic status (poor - average - good) among older adults

To achieve this goal, the researcher used the two-way Anova analysis to identify the significance of the differences in health and well-being according to the variables (gender and economic status), and Tables (2) illustrate this.

Table (2) Arithmetic means and standard deviations of the subjective health well-being scale according to the variables (gender and economic status)

Deviation	Mean Standard	Number	Variables
7.37	69.38	47	Male Weak
7.08	67.29	42	Male Average
7.17	67.14	14	Male Good
7.24	68.22	103	Male Total
7.06	59.56	48	Female Weak
5.92	60	35	Female Average
7.32	61.13	8	Female Good
6.60	59.87	91	Female Total
8.71	64.42	95	Female Total
7.49	63.97	77	Weak Total
7.64	64.95	22	Average Total
8.09	64.30	194	Good Total

Table (3) Results of the two-way analysis of variance to reveal the significance of differences in family rudeness according to the variables (gender and economic status)

F	M.S	D.F	s.of.s	s.of.v
37.85	1838.040	1	1838.040	Gender
0.30	14.586	2	29.172	Economic Status
1.04	50.253	2	100.507	Gender * Economic Status
---	48.564	188	9130.080	Error
---	---	194	814831	Total

The results of Table (3) indicate the following:

1. There is a statistically significant difference in subjective health well-being according to gender and in favor of males, as the calculated F-value reached (37.85), which is higher than the tabular F-value of (3.84) at a significance level of (0.05) and a degree of freedom of (1-188).
2. There is no statistically significant difference in subjective health well-being according to the economic status, as the calculated F-value reached (0.30), which is less than the tabular F-value of (3.84) at a significance level of (0.05) and a degree of freedom of (1-188).
3. There is no significant interaction between (gender and economic status), as the calculated F-value reached (1.04), which is less than the tabular F-value of (3.84) at a significance level of (0.05) and a degree of freedom of (1-188).

General Discussion:

- 1- According to the contrasting theory, one reason why older adults often experience healthy subjective well-being is their enhanced emotional regulation and resilience, Diener, E. 1984 argues. Older adults develop better coping strategies over the years, allowing them to navigate life's challenges more effectively. According to a study by Carstensen et al. (2000) older adults tend to prioritize goals that are emotionally meaningful, leading to greater emotional satisfaction and reduced negative affect. Older adults typically demonstrate improved emotional regulation, which contributes to their overall happiness. They are more adept at managing their emotions, focusing on positive experiences, and letting go of negative ones. This ability to prioritize positive emotions enhances their healthy subjective well-being.
- 2- A- Diener's model posits that subjective well-being is influenced by various factors, including personal characteristics and societal norms. In this context, gender differences may stem from several factors:

Societal Expectations and Roles: Traditional gender roles often dictate emotional expression and coping mechanisms. Males might be socialized to exhibit resilience and stoicism, leading to a more positive self-assessment regarding health and well-being.

Emotional Regulation: Research indicates that men and women may differ in emotional regulation strategies. Males may engage in more adaptive coping strategies, contributing to their higher reported well-being.

Health Behavior: Gender differences in health-seeking behavior can also play a role. Men might engage in behaviors that are perceived as protective of health, leading to higher subjective health assessments.

These factors align with Diener's assertion that individual differences and societal contexts significantly shape well-being perceptions.

b- Economic Status and Subjective Health Well-Being

The analysis revealed no statistically significant difference in subjective health well-being according to economic status, with a calculated F-value of 0.30, well below the tabular F-value of 3.84. This finding suggests that economic situation does not have a notable impact on individuals' perceptions of their health well-being.

According to Diener, while economic status can influence objective conditions of life, its direct impact on subjective well-being may be less pronounced than expected. Several reasons can explain this finding:

Relative Deprivation: Individuals may assess their well-being based on comparisons with peers rather than absolute economic conditions. If individuals perceive their economic status as sufficient relative to their social circle, it may not significantly impact their subjective health assessments.

Adaptation: The concept of hedonic adaptation suggests that individuals adjust their expectations and perceptions based on their circumstances. Therefore, people may adapt to their economic situations, leading to similar levels of subjective health well-being across different economic strata.

Non-Material Factors: Diener's model highlights the importance of non-material aspects, such as social relationships and personal fulfillment. These factors might overshadow economic considerations, leading to similar subjective health well-being ratings regardless of economic status.

Interaction between Gender and Economic Status

The findings also indicate no significant interaction between gender and economic status, with a calculated F-value of 1.04, again below the tabular F-value of 3.84. This suggests that the combined effect of gender and economic status does not significantly influence subjective health well-being.

c- Interaction between Gender and Economic Status

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Diener's model posits that well-being is shaped by individual circumstances and societal norms, but interactions between these factors can vary. The lack of significant interaction may suggest:

Independent Effects: Gender and economic status may independently influence subjective health well-being without one significantly moderating the effect of the other. This independence aligns with the idea that multiple factors contribute to well-being, but their effects do not necessarily interact.

Uniformity of Adaptation: Both genders may adapt similarly to their economic situations, resulting in comparable levels of subjective health well-being across different economic statuses. This adaptation could dilute any potential interaction effects on well-being.

Cultural Context: In some cultures, gender roles and economic situations may not interact in ways that significantly influence well-being perceptions. Cultural norms may dictate similar coping strategies and expect

Recommendations:

Based on the previous findings, the researcher presents the following recommendations to the Ministry of Social Affairs to promote the self-health well-being of the elderly

1. The Ministry of Labor should promote regular health checkups so that the elderly undergo routine checkups, including chronic disease checkups such as diabetes, high blood pressure, and cancer. By prioritizing preventive health measures, the elderly can maintain better overall health and reduce health care costs in the long run.
2. Encourage physical activity to maintain health and reduce the risk of chronic diseases in the elderly. In proportion to their abilities. Activities such as walking, swimming, or group exercises can enhance physical fitness, improve mobility, and enhance mental health. Community centers and local health organizations are encouraged to provide fitness programs specifically designed for the elderly.
3. Promote mental health support as important as physical health for the elderly. Including counseling and support groups. Programs that address issues such as depression, anxiety, and loneliness can greatly enhance the quality of life for the elderly.
4. Promote social engagement and help alleviate social isolation, which is a major concern for many older adults. Activities such as community events, clubs, and volunteer opportunities can help older adults connect with others, fostering a sense of belonging and purpose. Additionally, technology training programs can equip older adults with the skills to use digital tools to communicate, allowing them to stay connected with family and friends.

5. Improve access to healthcare services Access to healthcare services is vital to the health well-being of older adults. This ensures that older adults can easily attend appointments. In addition, telehealth services should be expanded to provide convenient access for healthcare providers, especially for those with mobility difficulties.

Suggestions:

- 1- Conduct longitudinal studies that track subjective health well-being among aging populations over extended periods.
- 2- Investigate the relationship between social media usage and subjective health well-being.
- 3- Explore how cultural differences influence subjective health well-being.

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