

REVIEWING THE SUBJECTIVE WELLBEING OF ELDERLY

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ABSTRACT

While research has addressed the spiritual needs of patients with chronic and life-jeopardizing diseases, there is limited knowledge about the wellbeing and social needs of the elderly living in private residential institutions. The purpose of this study is to examine whether social needs, social support, emotional support, or spiritual support enhance the beneficial effects of personal wellbeing among the elderly. A cross-sectional study was conducted at Nurul Saadah Institution in Terengganu, Malaysia. Questionnaires were obtained from 73 elderly aged 50 - 89 years. A majority of the participants reported feeling isolated at their homes rather than in the institution. Emotional and social supports are of minimal significance, while spiritual support is of maximum significance to the elderly population's wellbeing. Furthermore, elderly who maintain frequent contact with their relatives or friends are more optimistic than those who do not maintain such contact. Social networks are significantly correlated with the elderly's wellbeing in this study.

Keywords: -Elderly, wellbeing, and support.

1. INTRODUCTION

The Vienna International Action Plan on Aging identifies several important principles about aging [1]. Wellbeing in the context of this policy encompasses several major dimensions of health. In this article, the researcher will concentrate on optimizing the prospects and involvement of the elderly with their families and communities to provide them with opportunities to improve their wellbeing. This includes hedonic (feelings of happiness, sadness, anger, stress, and pain) and evaluative (life satisfaction) wellbeing for the elderly [2].

Loneliness has become an omnipresent modern social problem, especially among the elderly [3]. Older people may feel as though they are a burden to family and society. The feeling of social isolation among the elderly may lead to numerous negative emotions, such as loneliness, distress, and hopelessness. Those who live in the institutions may feel as if they are waiting for death, losing their affection from family, and disconnecting from local communities. While the institutionalization of the elderly is due to many factors and causes, the social support of the children to the elderly is vital. Social support, encompassing emotional support, discussion of important decision-making in life, and visits are the activities that they are looking for during this period.

Recently, social isolation is a factor affecting the development of pathologies and the increase in dependency rates. Studies have shown a directly proportional relationship between physical and mental health and social support. Active social participation is an important indicator of the quality of life during adulthood and positively influences the losses that come with aging, including physical, mental, and social changes, and serves as a preventive factor for depression [4]. The term social relationship may refer to a multitude of social interactions regulated by social rules, between two or more individuals, each having a social position and carrying out a social role. Good social relationships are a central element of social integration during any life stage and determine the wellbeing of both men and women. Therefore, to a large degree, the development of appropriate social relationships may determine the personal success associated with wellbeing and quality of life. Adults require the presence of at least one confidant in their lives to serve as a fundamental resource of social support. Individuals are considered to be socially competent when they are capable of recognizing an acceptable compromise between social adaptation and their own needs [5].

Subjective wellbeing incorporates life satisfaction, happiness, affective experiences, quality of life which tend to be used interchangeably in the research of subjective wellbeing. The literature suggests that the measures of these concepts are highly correlated with each other and with relevant personal and social characteristics. In this particular study, subjective wellbeing will represent the meaning of subjective perception of life [6]. Others researcher provides an early definition of subjective wellbeing, comprises of a cognitive-judgmental dimension reflecting life satisfaction and an emotional evaluation characterized by positive and negative effect, has been linked to important outcomes [7]. Because of the positive outcomes associated with subjective wellbeing, it is important to understand the factors that contribute to wellbeing. Either way, social support is likely to be key in understanding the link between the quality of social relationships and subjective wellbeing. Added with "various forms of aid and assistance supplied by family members, friends, neighbor, and others", which broadly encompasses a multitude of social interactions.

2. METHOD

A cross-sectional study designed was conducted at Institute Nur Saadah, Terengganu. The variable staying in the institute was 75. Data were collected from each elderly resided (private residential institutions) in the institution aged 50-89 years. Questionnaires were obtained from 73 elderly out of 75 residents. Overall, there are 28 questions to be answered in this area of study. For the questionnaire to be understood by the majority of the participants, it was necessary to construct it into the Malay language (Bahasa Malaysia). A questionnaire with three sections was formed and piloted, with questions concerning whether social needs such as social support (Section B), emotional support (Section C), and spiritual support (Section D) enhance the beneficial effects of personal wellbeing among them. In the questionnaire, the Likert Scale is a five-point scale that is used to allow the participants to express how much they; Strongly Agree, Agree, Neither Agree nor Disagree (or Neutral), Disagree, or Strongly Disagree with a particular statement. The questionnaire was formed and was pilot tested for the elderly context.

The pilot test for the questionnaire involved a total of 23 adults in Gong Badak area, to ensure that the questions were understandable by the participants. Cronbach's Alpha was computed to measure the internal consistency of these three sections items. The items have good internal consistency, with Cronbach's Alpha coefficients reported .94 (social support), .82 (emotional support), and .94 (spiritual support). We performed Cronbach's Alpha again to support the reliability aspect of the study structure for the elderly at the Institute Nur Saadah. The reliability coefficients for the entire structure shows high reliability which is greater quantified .96.

3. RESULT

Appropriate measures were taken during the data collection process to address the potential for a low response rate, which is a limitation of any study. Seventy-five questionnaires were distributed. The response rates of the survey were calculated based on the number of elderly who responded. Seventy-three questionnaires were completed, which gave a response rate of 97.3% (n=73).

The analysis began with the descriptive data from the elderly from Nurul Saadah Institution. The primary demographics and key characteristics were also examined in the study. Standard statistics, such as frequencies were computed to describe the results. The entire demographic description of the sample is presented in Table 1. The institution settings were typically identified by unequal gender representation. Of those who responded to the survey, 100.0% were female (n=73). Bumiputra or indigenous-led the ethnicity group with 100.0% (n=73). There were about ninety-seven percent elderly above 60 years old (n=71) and every one of them was married (100.0 %; n=73) and Muslim (100.0%; n=73). While there is a uniformity of educational backgrounds, most of them never attend school 87.7% (n=64) and only 12.3% (n=9) went to the primary level. The entire respondents in the working category were self-employed making up 100.0% (n =73) of the survey sample. The majority of the elderly staying in the institution have their 'own child' (97.3%; n=71) and only two (7.3%) were childlessness. A large amount of the participants has been staying in the institution for more than six years 75.4% (n=55) compared to 18 (24.7%) counted as below five years.

Pearson's correlation analysis is used to find the relationship between the scales. Researchers analyzed the relationship between demographic elements and personal wellbeing among the elderly, including spiritual, social,

and emotional support. Preliminary analyses are performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Several items from the demographic element have shown connections with spiritual support, social support, and emotional support scales. There is a weak correlation between the two variables, $r=.19$, $n=73$, $p<0.05$ with a range of age-associated with social support for the elderly. Through this study, we understand that social support from surrounding people as well as physical facilities that we measured contributes to the happiness of the elderly. The correlation analysis of emotional support and the 'own child' variable revealed $r=-0.23$ with significant difference ($p<0.003$). Emotional bonding between children in the family and the elderly forms the base for happiness in their lives. Even though they have chosen to stay in an institution, the emotional support from their family, especially their children, plays a significant role in their wellbeing. In addition to the 'own child' variable, education background concerning emotional support showed a weak negative correlation $r=-0.21$, $n=73$, $p<0.05$. In this situation, it may be that formal and informal education influences the elderly to volunteer themselves to stay in the institution. Conclusively, there is a negative and weak correlation between the spiritual support and 'own child' variable, $r=-.28$, $n=73$, $p<0.02$. However, the correlation value of 'own child' is greater compared with the other variables. Levels of spiritual and religious participation are greater among the elderly than any other age group. Even when staying in the institution voluntarily, the elderly need encouragement and attention from their children. We can conclude that among the three personal wellbeing factors, spiritual support needs were of maximum importance to the elderly population's wellbeing. A majority of the participants answered that family visits are important to make them feel happy and that such visits are necessary for their wellbeing.

Table1 Demographic data and response rates of Institution of Nur Saadah elderly

Demographic data	Frequency	Per cent (%)
<u>Gender</u>		
Male	0	0
Female	73	100.0
<u>Age</u>		
50-59	2	2.7
60-69	13	17.8
70-79	54	74.0
80-89	4	5.5
<u>Marital Status</u>		
Single	0	0
Married	0	0
Widow/Widower	73	100.0
<u>Number of Children</u>		
1-3	13	17.8
4-6	40	54.8
7-9	16	21.9
More than 9	2	2.7
Childlessness	2	2.7
<u>Ethnicity</u>		
	73	100.0
Malay	0	0
Chinese	0	0
Indian		
<u>Period of Stay</u>		
Less than 1 year	1	1.4
1-5 years	17	23.3
6-10 years	27	37.0
More than 10 years	28	38.4
<u>Education Level</u>		
No proper education	64	87.7
Primary school	9	12.3
Secondary school	0	0

4. DISCUSSION

Subjective wellbeing and health are strongly associated with age. A person's ability to interact with others has been regularly viewed as extremely important to successful aging. When a person lacks such interaction, he or she will likely feel alone, this has been viewed as one of the primary factors preventing a person from experiencing successful aging. Many researchers have shown that social relationships have become the single most important factor in measuring psychological wellbeing or happiness [8]. Other studies showed that social support is seen as the presence of people who tell others that they care, appreciate, and love him and also enable individuals to achieve their goals and to meet their needs and gain the wellbeing of life [9]. For thoughts of comfort for the residents in this study, they chose to focus on spiritual and religious services provided by the institution. For those living in such institutions, emotional, spiritual, and social support are essential to ensure the wellbeing of the occupants. Wellbeing is essentially an attempt to overcome problems and improve the quality of life [10]. Some researchers argued that the quality of life and wellbeing are equally important [11]. Other studies have found those who get social support have a higher level of psychological wellbeing and this support comes from various sources such as family, friends, social organizations, and so on [12]. These discoveries, seen in the context of spiritual needs, are important factors and major contributors to the wellbeing of the elderly in the institution studied.

5. CONCLUSION

The principle of this study is to examine whether social needs, social support, emotional support, or spiritual support enhance the beneficial effects of personal wellbeing among the elderly. We discovered that senior citizens, living in this nursing home became more interested in life when they lived in private residential institutions. The institution often offers numerous opportunities for the elderly to meet people who are great for emotional, spiritual, and social support. The article has slightly merit it several issues that have already arisen and would grow in the years to come to a country like Malaysia. It is recommended that the resulting matters should be included when considering a situation of a developing country that is already facing demographic changes in terms of aging coupled with a population impetus which will take at least 30 years more to stabilize.

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