

Relationship between life satisfaction and self-efficacy among elderly.

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Abstract

Background: Life satisfaction is a well-being measure of quality of life. Self-efficacy refers to a person's belief in his/her ability to organize and execute a required course of action to achieve a desired result. **Objectives:** The objectives were to assess the life satisfaction and self-efficacy among elderly and to determine their relationship and association with demographic characteristics of subjects. **Methodology:** Using convenience sampling, 88 elderly residing in middle Kerala age 65 years and above who can access telephone for communication were enrolled in the study. Tool for socio demographic data, satisfaction with life scale and coping self-efficacy scale were used to collect the data. Data were analysed by descriptive and inferential statistics, using SPSS software. **Results:** The study results showed that there is a moderate positive correlation of life satisfaction with coping self-efficacy which is statistically significant. There is a significant association of life satisfaction with type of family ($p=0.008$) and marital status ($p=0.049$). The mean life satisfaction score was 28.88 ± 2.96 and that of coping self-efficacy was 181.66 ± 20.75 . **Conclusion:** The present study findings help the nurses to provide comprehensive care to the geriatric population considering the factors contributing to promote their life satisfaction and self efficacy in the clinical, community and home care settings.

Keywords: Life satisfaction, self efficacy, elderly

1.Introduction

Background

Ageing is a normal, inevitable, biological and universal phenomenon, and it affects every individual irrespective of caste, creed, rich and poor. It is the outcome of certain structural and functional changes takes place in the major parts of the body as the life years increases. The ageing population is growing at an unprecedented rate. There are about 740 million individuals in the world aged 60 years or over, and the number is expected to rise to 2 billion by mid-century. India has about 100 million elderlies, and the number is expected to increase to 323 million, constituting 20 percent of the total population, by 2050. (Raj D, Swain P K, Pedgaonkar S P; 2014). Life satisfaction is a global concept, referring to life as a whole rather than to specific aspects. The distinction between life satisfaction and quality of life is not clear and the concepts are sometimes used interchangeably. Life satisfaction and morale scales measure more enduring and stable cognition, whereas happiness scales measure more temporary and transient

affective states (Mannel R C, Dupuis S;1996). Further, they consider life satisfaction as a well-being measure of quality of life. They also suggest that research on life satisfaction has changed from focusing on pathology and coping to quality of life, which confirms the idea of a strong relation between the concepts. The distinction between health related quality of life and life satisfaction is more obvious since health-related quality of life focuses on factors related to health only. Investigating lay definitions of general quality of life among people aged 65 and above, several factors were identified which were of importance for the older people: social contacts, health, activities, family, material circumstances and negatively losing family members – which may be relevant also when investigating life satisfaction among older people with reduced ability to perform daily activities (Borg C, Hallberg I R, Blomqvist K; 2006) Self-efficacy refers to a person's belief in his/her ability to organize and execute a required course of action to achieve a desired result. Self-efficacy has been found to be related to academic achievement, behaviours and attitudes (Dev R D et al; 2018).

Old age is a significant period in life and due to the development of science and improvement in health condition the number of elder people is increasing in various societies. To promote the adjustment of elderly population in the society, it is necessary to pay attention to their life satisfaction. (Jafari A, Hesampour F; 2017). A study conducted on the relationship between self-efficacy and life satisfaction of young adults showed that self-efficacy of the young adults significantly predicted their life satisfaction and self- efficacy and life satisfaction didn't significantly differ among the groups in accordance with the perceived level of income. (Cakar F S; 2012). There was only very limited number of studies in India on life satisfaction of elderly as compared to other countries. Therefore, this study is aimed at investigating the relationship between life satisfaction and self-efficacy.

Research Question: Is there a relationship between life satisfaction and self-efficacy among elderly residing in middle Kerala?

Hypotheses:

1. There is significant relationship between life satisfaction and self-efficacy among elderly
2. There is significant association between life satisfaction and selected baseline variables.

2.Methodology

A descriptive correlational study was conducted among 88 elderly residing in middle Kerala age 65 years and above who can access telephone for communication. The subjects were selected using convenience sampling technique. The study was approved by the Institutional Ethical Committee of the setting. After obtaining administrative permission, the researchers contacted the study subjects through telephone and establish rapport with them. Anonymity and confidentiality were assured and verbal informed consent was taken from the subjects. Data were collected by tool for socio demographic data which consist of 15 questions such as age, gender, religion, type of family, education, occupation, marital status, number of offsprings, pension, residing with, retired, annual income, hobbies, any disease and medication. Satisfaction with life scale which is a 5-item, 7-point scale that ranges from 7 strongly agree to 1 strongly disagree designed to measure global cognitive judgments of one's life satisfaction. Coping self-efficacy scale which is a 26-item, 10-point scale that ranges from 10 (certain can do) to 0 (cannot do at all) that measure of perceived self-efficacy for coping with challenges and threats. Data were analysed by descriptive and inferential statistics, using SPSS software.

3.Results

Findings related to demographic variables.

The major findings of the study were that majority of subjects were female (63.6%). Most of the subjects belong to Christian religion (60.2%). Majority lived in nuclear family (83%) and most of the subjects have lower primary level education (47.7%). Majority of the subjects were homemakers (54.5%). Majority were married (54.5%) and about 33% subjects have three children. About 58% of subjects were receiving pension. Majority of subjects were residing with their children (75%). Among the subjects 52.3% were retired. Most of the subjects had family income below Rs. 25000 (53.4%). 34.1% subjects have cooking as their hobby. Majority of the subjects have some disease (76.1%) and most of them are taking medications (71.6%).

Mean and standard deviation of life satisfaction and coping self efficacy of elderly.

Table 1. Mean and standard deviation of life satisfaction and coping self efficacy of elderly.
(n = 88)

Variable	Minimum	Maximum	Mean	Standard deviation(SD)
Life satisfaction score (5 – 35)	15	35	28.88	2.96
Coping self efficacy score (26-249)	136	249	181.66	20.75

The data in table 1 shows that the mean life satisfaction score was 28.88 with standard deviation of 2.96. The mean coping self efficacy score was 181.66 with standard deviation of 20.75.

Correlation between life satisfaction and coping self efficacy

Table 2. Correlation between life satisfaction and coping self efficacy

(n = 88)		
Variable	Pearson's correlation coefficient (r)	p value
Life satisfaction and Coping self efficacy	0.438	<0.001*

*Significant (p<0.05)

The data in table 2 shows that there is a moderate positive correlation of life satisfaction with coping self efficacy (r=0.438) which is statistically significant (p< 0.001).

Association of life satisfaction with demographic variables
Table 3. Association of life satisfaction with demographic variables
(n=88)

Sl No.	Demographic Variables		Life Satisfaction Score		p value
			Extremely satisfied	Satisfied	
1	Age	65 – 75 yrs	6	41	0.215
		76 – 85 yrs	4	29	
		>85 yrs	3	5	
2	Gender	Male	5	27	1.00
		Female	8	48	
3	Religion	Hindu	3	23	0.36
		Christian	10	43	
		Muslim	02	9	
4	Type of family	Nuclear	7	66	0.008*
		Joint	6	9	
5	Occupation	Self employee	3	19	0.49
		Coolie worker	0	10	
		Government employee	2	5	
		Private employee	0	1	
		Home maker	8	40	
6	Marital status	Single	2	0	0.049*
		Married	7	41	
		Widow	4	28	
		Separated	0	6	
7	Pension	Yes	5	46	0.12
		No	8	29	
8	Residing with	Children	9	57	0.63
		Spouse	4	16	
		Alone	0	2	
9	Retire	Yes	5	41	0.371
		No	8	34	
10	Annual income	<Rs 25000	7	40	0.15
		Rs 25000-50000	3	24	
		Rs 50000-	3	4	

		100000			
		>Rs 100000	0	7	
11	Hobbies	Gardening	2	16	0.39
		Cooking	3	27	
		Arts	0	4	
		Social media/multimedia	4	11	
		Craft	1	1	
		Farming	3	16	
12	Any disease	Yes	10	57	1.00
		No	3	18	
13	Medication	Yes	10	53	0.751
		No	3	22	
		No	8	54	

*Significant ($p < 0.05$)

The data in table 3 shows that life satisfaction is significantly associated with type of family ($p = 0.008^*$) and marital status ($p = 0.049^*$). Other demographic variables, age, gender, religion, occupation, pension, retirement, residing with, annual income, hobbies, comorbidities and medication use have no association with life satisfaction.

4. Discussion

In this study, the range of the scores obtained for life satisfaction and coping self efficacy were (15 – 35) and (136- 249) respectively. The mean life satisfaction score found to be 28.88 with standard deviation of 2.96. The mean coping self efficacy score found to be 181.66 with standard deviation of 20.75. A similar study was conducted by Oh HK, in South Korea, to assess the levels of ADL, self-efficacy, and life satisfaction of elderly institution residents, and the relations among the factors showed that the mean levels of ADL, self-efficacy, and life satisfaction were 2.83 (0.85), 2.79 (0.63), and 1.18 (0.42) (Oh HK et al; 2007).

In this study there is a significant relationship between the life satisfaction of elderly with self efficacy. It shows that there is a moderate positive correlation of life satisfaction with coping self efficacy ($r = 0.438$) which is statistically significant ($p < 0.001$). A similar study was conducted by Bagheri-Nesami M, in Iran to assess the relationship between life satisfaction with social support and self-efficacy in community-dwelling elderly. This study found a significant association between life satisfaction with social support ($r = 0.44$, $p = 0.001$) and self-efficacy ($r = 0.49$, $p = 0.001$) (Bagheri-Nesami M et al; 2013).

The present study findings help the nurses to provide comprehensive care to the geriatric population considering the factors contributing to promote their life satisfaction and self-efficacy. Community nurse can conduct home visits and identify the needs and problems of elderly, geriatric clinics to promote and monitor the health and well being of the elderly in the community and educational programmes both in hospital and community for creating awareness about the importance of self efficacy among elderly to improve the life satisfaction. Nursing education should give emphasis on teaching geriatric nursing to

the young nurses in the nursing curriculum considering the physical, psychological, spiritual, social variables of the elderly. The nurse administrator should train the nursing personnel to provide care to the geriatric patient based on the priority. The findings of this study helps to formulate policies for the optimal health and well being of the elderly.

The investigators felt that as the study was conducted as telephonic interview, feelings and expressions and non-verbal communication of the study subjects were not identified.

5. Conclusion

The elderly population is a vulnerable group which needs utmost care and concern. The present study findings help the nurses to provide comprehensive care to the geriatric population considering the factors contributing to promote their life satisfaction and self efficacy in the clinical, community and home care settings.

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