

Optimism and Quality of Life as Predictors of Wellness among Institutionalized Elderly

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Abstract

The present research aims to signify optimism and quality of life as predictors of wellness among institutionalized male and female elderly. For the purpose, a study was conducted on a purposive sample consisting of 200 elderly (62-72 yrs.) staying in various institutionalized homes of Delhi. To assess wellness, The Wellness Tool (developed by McKinley Wellness Centre, US, 1981) was used.

Results revealed that optimism and quality of life emerged as significant predictors of wellness for institutionalized elderly. Wellness in case of males was predicted by optimism whereas for females, both optimism and quality of life emerged as predictors of wellness.

Keywords: Optimism, Quality of Life, Predictors, Wellness, Institutionalized, Elderly

Introduction

Life is a beautiful journey spanning across various stages. Starting from babyhood, it ends on old age which is also termed as the sunset phase of life. An individual who in his youthful days, acts as a financial and emotional supporter of his family, becomes a responsibility for the family himself in his old age. During later years of life, it becomes the duty of the whole family to look after an elderly's physical as well as psychological requirements, who remain overtly unproductive in the eyes of the family and society at large.

Review of Literature

Across the world, declining fertility and increased longevity have jointly resulted in higher numbers and proportions of older persons 60 years and above. Also, the oldest-old age segment (80 years and above) is the fastest-growing segment and by 2050, about 20 per cent of older persons will be 80 years and above. The coming decades therefore are characterized by ageing of the aged. (Subaiya and Bansod, 2011)

Not only around the globe, aging population has led to the birth of grave concerns in India also, where it is one of the fastest growing sections of the population. In India, the proportion of the population aged 60 years and above was 7 per cent (80 million approx.) in 2009 and was projected to increase to 20 per cent (more than 315 million) by the year 2050. ((Subaiya and Bansod, 2011).The health, quality of life and wellness therefore emerge as the prime concerns for the aged population, not only in India but globally.

The word wellness is used by various people and organizations since the sharp rise in health care costs, diabetes and obesity during the past decade. Wellness has traditionally been viewed as freedom from disease. However this perspective is changing. Wellness isn't the mere absence of disease. It is a proactive, preventive approach designed to achieve optimum levels of health, social and emotional functioning. It indeed is a positive approach to living-an approach that emphasizes the whole person.

The terminology of wellness was introduced by Dunn (1961) in the book "High Level Wellness" (Ardell, 1984).He defined wellness as an 'integrated method of functioning which is oriented towards maximizing the potential of which, the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning'. (Dunn,1961).He emphasized wellness as a positive state, one that is beyond simply non sickness, the detailed, the interconnected nature of wellness of the mind body and

environment, which exists as a dynamic equilibrium as one tries to balance between each.

Wellness has a very important work to do. It integrates mind, body and spirit of an individual to produce a balanced lifestyle. (Pufal, 2001). It is a lifelong process of moving towards enhancing one's physical, intellectual, emotional, social, spiritual and environmental wellbeing, which requires patience and persistence. A wellness oriented lifestyle enhanced by positive self-perceptions and perceptions about life, encourages adopting habits and behaviors that promote better health and an improved quality of life.

It is clear from the above discussion that wellness is an attribute which is commonly used and easily defined but is difficult to be achieved. However many attributes can help an individual to reach a level of wellness. Optimism can be one such attribute. Being optimistic about later years of life and develop it into further efforts to enhance longevity and wellbeing can result in a happy old age. (Jeste, 2012)

Optimism is a mental attitude that interprets situations and events as being best (optimized), meaning that in some way for factors that may not be fully comprehended, the present moment is an optimum state. The concept is typically extended to include the attitude of hope for future conditions. It can also be defined in terms of positive generalized outcome expectancies. (Scheier and Carver, 1985, 1993).

Optimism plays a great role in later years of life when most of the conditions are deteriorating for the elderly. It has been observed that optimists have been shown to live healthier lifestyles which may influence disease. They are physically active and smoke and drink less. (Giltey et al, 2007). An easing of the responsibilities of middle age combined with maturity and the ability to focus on the things we enjoy combine to make old age far more enjoyable than one might expect. Therefore, being optimistic is an important strategy for living a happy old age. A positive attitude towards life has been found to be associated with successful aging. (Jeste, 2012)

Optimism may have a direct link to health. A lot of studies have proposed that optimism may serve as a protective buffer against future mental and somatic health problems (Atienza et al 2002; Giltay et al, 2004, 2007; Kubzansky et al, 2001; Maruta et al 2002; Peterson et al, 1988; Scheier and Carver, 1985, 1987, 1992; Scheier et al 1989; Seligman, 1991; Taylor, 1989) and enhancing coping strategies (Nes and Segerstrom, 2006).

Along with optimism, quality of life is another attribute which plays an important role for overall wellness of an individual. The term is used to evaluate the general wellbeing of individuals and societies and is used in a wide range of contexts, including the field of healthcare and wellness. In the field of geriatrics, it has gained its importance due to the demographic shift that has resulted in the graying of population.

Quality of life is broadly defined as an individual's happiness or satisfaction with life and environment including needs and desires, aspirations, life-style, preferences and other tangible factors which determine overall being (Cutter, 1986). The concept is

linked to existing social and environmental conditions, such as economic activity climate or the quality of cultural institutions (Campbell et al, 1976)

The most well accepted definition of quality of life has been given by WHO (1996) which defines quality of life as "individual's perception of their position in life in the context of the culture and value systems in which they live and in their relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment."

Lawton and Broody (1969) stressed on a quality of life emphasis for elderly care and stated that function and behavior, rather than diagnosis should determine the service to be prescribed.

Flangan (1981) observed that quality of life for the elderly relates physical and material wellbeing relation with the other people, community and civic activities, personal development and fulfillment and recreation. Quality of life for the elderly is a function of physical health, psychological wellbeing, good social relations within his or her social environment and its wellbeing. (Chadha, Easwaramoorthy and Kanwara, 1993)

Due to the process of industrialization, urbanization and the modernization, the quality of life of the elderly seemed to be seriously threatened in many aspects. With all the reasons, necessity of studying the quality of life of the elderly emerges tall and prominent in the recent years.

After the review of literature, some questions come to mind e.g.-why wellness is important in old age? What role does optimism and quality of life play in later years? Is one more important than the other for wellness? To what extent gender differences play a part in wellness? Since it is impossible to answer all these questions in one study, attempts have been made to answer some of them in the present study.

Methodology

Objective of the Study

To explore the relative contribution of optimism and quality of life towards wellness among institutionalized elderly across gender.

Hypothesis

Optimism and quality of life would be the predictors of wellness for institutionalized elderly across gender.

Design of the Study

The present study is correlational in nature.

Variables

Variables used in the present study have been mentioned below:

1. Predictor Variables: Optimism and Quality of life
2. Criterion Variable : Wellness

Sample

The participants for the present research comprised of 200 urban elderly (100 males, 100 females) belonging to an age range of 62-72 yrs. selected on the basis of purposive sampling from various institutionalized homes of Delhi.

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Analysis of Data

Linear Multiple Regression Analysis was used to explore optimism and quality of life as the predictors of wellness. All analysis was done using the SPSS (version 19).

Results

As mentioned earlier, linear multiple regression analysis, was used to define the effect of predictor variables namely, optimism and quality of life on the criterion variable i.e. wellness. The results revealed that different set of predictors emerged across male and female respondents.

Table – 1 Multiple Linear Regression Analysis showing Predictors (Optimism and Quality of life) on Wellness among Males

Criterion Variable: Wellness					
Predictor variables in the model	β	Multiple R	R square	F-value	p
(Model $Y_1 = a + \beta_6 X_6 + \beta_1 X_1$)					
Optimism	0.771	0.556	0.31	43.933	0
Constant		151.612			

The present table exhibits the predictors of wellness among male institutionalized elderly. Quality of life and optimism were entered into the model with wellness, however after passing the criteria (probability of F-to-enter=0.05) only optimism survived and passed the probability to enter. The relative weights with which each predictor variable predicts the criterion, independent of other factors are revealed by beta coefficients. The beta coefficient obtained for optimism was reported to be 0.771. Thus, in the present study, it was found that optimism predicts wellness among male elderly from institutionalized setting. According to previous researches also, optimism has been found to be a

significant predictor of longevity, (Maruta et al, 2002) overall health and well-being. (Seligman, 2005, Jahanara, 2017)

As optimistic people, while thinking about the future, elderly perform actions which enhance their feeling of confidence that appropriate efforts will follow. This in turn tends to sustain as well as enhance their wellness. Here emerges a strong link between optimism and wellness.

Further, table 2 represents the regression model using wellness as a criterion and optimism and quality of life as predictor variables among female institutionalized elderly.

Table – 2 Multiple Linear Regression Analysis showing Predictors (Quality of life and Optimism) on Wellness among Females

Criterion Variable: Wellness					
Predictor variables in the model	β	Multiple R	R square	F-value	P
Female					
(Model $Y_1 = a + \beta_6 X_6 + \beta_1 X_1$)					
QOL	0.751	0.416	0.173	20.553	0
Optimism	0.771	0.479	0.23	7.118	0.009
Constant		121.433			

In the table –2, optimism and quality of life both were entered jointly and both of them came into the equation. Therefore, on the basis of the findings it was concluded that optimism (beta 0.771) and quality of life (beta 0.751) predict wellness among the institutionalized female elderly.

As researches also indicate, optimism was stated to be a predictor of psychological wellbeing (Taylor et al 1992, Kardas, 2019) and overall wellbeing (Scheir and Carver, 2001)

As far as quality of life is concerned, physical activity has been demonstrated to provide substantial health benefits and maintain functional independence and improve quality of life in older adults (Gatterman, 2007)

Finally, the regression model was analyzed in terms of the overall sample, irrespective of gender. When optimism and quality of life entered the model as predictors of wellness, following results emerged. (table 3)

Table 3 Multiple Linear Regression Analysis showing Predictors (Quality of life and Optimism) on Wellness of both Genders

Criterion Variable: Wellness					
Predictor variables in the model	β	Multiple R	R square	F-value	p
Female					
(Model $Y_1 = a + \beta_6 X_6 + \beta_1 X_1$)					
QOL	0.751	0.417	0.174	41.643	0
Optimism	0.771	0.496	0.246	19.002	0
Constant		126.444			

A quick glance at the table-3 reveals that on an overall basis, optimism and quality of life emerged as predictors of wellness. The beta coefficient for optimism was found to be 0.771, followed by quality of life (beta coefficient=0.751), which suggests that optimism and quality of life predicts wellness to a moderate amount among institutionalized elderly. It has been confirmed by researches that optimists actually do engage in more health-enhancing behaviors than pessimists (Scheier and Carver (1985)). This may be because good health and wellness is a desired goal and optimists are better at goal directed behavior.

On the basis of the obtained results it can be said that for males, optimism emerged as the significant predictor of wellness whereas in the case of females, both optimism and quality of life emerged as the predictors of wellness. Therefore, the hypothesis formulated in this regard i.e. "optimism and quality of life would be the predictors of wellness for both the genders" was partially accepted.

Conclusion

Optimism and quality of life emerged as significant predictors of wellness for institutionalized elderly. Wellness in case of males was predicted by optimism whereas for females, both optimism and quality of life emerged as predictors of wellness.

Implications of the study

The present study attempts to signify optimism and quality of life as predictors of wellness. The findings of the present study can be utilized in improving wellness by increasing optimism and quality of life, not only for institutionalized elderly but, the elderly population in general also. The author would like to suggest some vital steps needed to be taken to help elderly live a healthy and peaceful life during 'the sunset phase' of their lives:

The need of the hour is to help elderly develop an optimistic attitude towards life and to be self-sufficient in facing day-to-day challenges of life. Training programs focusing on personality development and self-protection can be really helpful in this regard.

Government can provide a foundation stone towards betterment of the situations of the geriatric population in the present times, especially in the institutionalized settings, by setting up counseling centers and community centers for a close connection among the people belonging to this group as well as providing psychological assistance for a segment of population, characterized by high frequency of depression and suicidal tendencies.

The elderly face the greatest challenge during later years in the form of loss of health and a condition of frailty. Therefore an orientation towards implementing healthy lifestyle through exercises, balanced diet and a fitness regime is required. Even if in poor physical conditions, they must be motivated to be optimistic and take miniature steps to maintain and if possible regain physical vitality.

An attempt to connect the elderly with the mainstream society should be made to eradicate the feelings of being socially neglected and isolated. Public gatherings, events especially organized for

them, visits to institutionalized homes by schools and other institutions will definitely bring a positive change.

The feeling of isolation and lack of worthiness can also be minimized through providing an opportunity of voluntary services in various workplaces so as to engage them in productive activities.

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