Predictors of Life Satisfaction in Elderly African Americans

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Statement of the Research Problem

There has been increasing interest in the well-being of the elderly population in the United States. One specific area of interest has been the examination of factors that influence life satisfaction of individuals who grow older in our society. Investigation of this heightened interest in life satisfaction suggests that it essentially can be associated with three interrelated factors: 1) the growing number and proportion of elderly to the general population, 2) understanding the general premise of successful aging, and 3) the consequences of longevity that influences the overall quality of life for the elderly. To determine whether the elderly have adapted to aging, it is important to obtain their input. For them, self-rating of life satisfaction is recognized as a principal measure of effective adaptation to aging and well-being (Atchley, 2000; Mannell, 1999). This study sought to identify factors independently associated with life satisfaction of elderly African Americans, and to test a multivariate model that explains the relationship between sociodemographics, spirituality, social networks, social support, and social activity on the life satisfaction in older African Americans.

Research Background and Hypotheses

Among the social demographics, social networks, social support, social activity, and spirituality, which factor was the most influential in predicting the life satisfaction of elderly African Americans? What were some of the health conditions of the elderly African Americans who participated in activities at the senior centers? A third question addressed to what extent, if any, these conditions interfered with the seniors' level of activity.

Research Hypotheses

H₁: For elderly African Americans, social activity is positively related to life satisfaction.

- H₂: For elderly African Americans, social networks is positively related to life satisfaction.
- H₃: For elderly African Americans, social support is positively related to life satisfaction.
- H₄: For elderly African Americans spirituality is positively related to life satisfaction.
- H₅: For elderly African Americans, social demographic factors, social networks, social support, social activity, and spirituality independently or in some combination predict life satisfaction.

Methodology

A survey research design was employed to conduct this exploratory study. Personal interviews were used to collect data from the participants who participated in activities at the senior centers. The study was conducted in Pulaski County; an area comprised of 771 square miles and located in the central section of the state of Arkansas. The county has urban and semi-urban development areas that provided a heterogeneous sample of elderly African Americans. A convenience sample of 217 elderly African Americans was selected through recruiting participants at senior centers in Pulaski County. The interviews were conducted using the Life Satisfaction Interview Schedule, which consists of a series of items designed to solicit information about the sociodemographic characteristics of the participants, their subjective health status and health conditions, social activity, social networks, social support, spirituality, and life satisfaction.

The data analysis procedures included the use of the Statistical Package for Social Science (SPSS). Three levels of statistical analysis were employed in this study. Univariate analysis (i.e., descriptive statistics) was used to examine the distribution of cases on a single variable and to describe selected characteristics of the sample. Bivariate analysis involved the use of Pearson product-moment correlation coefficient (or Pearson's r) to analyze the relationship between two continuous variables. Hierarchal multiple regression analysis was conducted to determine the strongest predictor(s) of life satisfaction.

Results

The 217 participants ranged in age from 65 to 101. The majority of the participants were female (65%) and between 65-74 years of age (65.7%). Approximately half of the participants (45.5%) were widowed and only 6.0% had never been married. Over half of the participants (57.6%) lived alone. The modal level of education attainment was completion of high school/GED. The largest portion of the participants (25.7%) received \$500 to \$799 monthly (See Table 1). Participants indicated whether or not they had a particular health condition, and to what extent the condition interfered with their usual activities (See Table 2). Slightly more than 42% of the individuals indicated that arthritis/rheumatism interfered with their activities a little, while only 15.2%

indicated that it affected their activities a great deal. Hypertension, the second largest group of conditions reported, was indicated by 37.8% of the individuals as interfering with their activities a little and by only 10.6% as interfering a lot. Pearson correlation revealed that social activity and social networks had a significant relationship with life satisfaction. In the final hypothesis, the economic well-being variable emerged as the primary predictor of life satisfaction. The remaining predictors were health status, education, social networks, spirituality, and gender. Elders who indicated low economic well-being, low subjective health status, and had formal education levels that ranged from one to the eleventh grade reported high levels of life satisfaction (See Table 3).

Utility for Social Work Practice

Culturally diverse social work practice requires practitioners to work with clients from the perspective of cultural awareness (Lum, 1999). Cultural and ethnic diversity also entails recognizing the religious orientation and/or spiritual beliefs of various ethnic groups (Reamer, 1998). This study provides evidence that spirituality should be incorporated into culturally diverse social work practice. To ensure that all of the elderly clients' service needs are addressed, it is imperative that practitioners become familiar with ways to embrace the relevance of spirituality for aged clients and explore its meaning and importance early in the assessments of clients.

Establishing the function of social networks in life satisfaction of elderly people is significant. At the senior centers, interventions that are aimed at enhancing life satisfaction could place greater emphasis on developing small group activities that encourage intimacy and friendship. Carefully designed small groups may strengthen relationships among the senior centers' participants. Understanding the contributing factors to successful aging will serve to inform both public policy development and more effective design of services for elderly.

It is increasingly important for social workers to become knowledgeable about aging (Rosen & Zlotnik, 2001) and the role of ethnicity in the aging process. The results of this study may be used to enhance curricula for designing gerontological social work. The findings regarding low educational levels and economic well-being have implications for acknowledging the strength perspective of elderly African Americans. Social work education should place more emphasis on teaching students to become more skillful at reinforcing the strengths perspective in curricula on aging. Information from this study also contributes to the importance of understanding ethnic variation and diversity in the elderly (Markides, 1998).

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Table 1
Sociodemographic Characteristics of Participants

Characteristic	Number	Percent		
Age				
65-74	142	65.7		
75-84	46	21.3		
85 and older	28	13		
Gender				
Female	141	65		
Male	76	35		
Marital Status				
Married	54	24.9		
Widowed	101	46.5		
Divorced	39	18		
Separated	10	4.6		
Never Married	13	6		
Living Arrangement				
Live Alone	125	57.6		
Live with Others	92	42.4		
Education				
None	2	.9		
1 st -8 th grade	50	23.		
9 th -11 th grade	41	18.9		
Completed High School/GED	69	31.8		
1-3 years College	44	20.3		
College Graduate	11	5.1		
Monthly Income				
Less than \$500	9	4.3		
\$500-\$799	54	25.7		
\$800-\$1099	47	22.4		
\$1100-\$1449	25	11.9		
\$1500-\$1999	22	10.5		
\$2000-\$2499	13	6.2		
\$2500 or more	40	19		
Geographic Location				
Rural	84	38.7		
Urban	133	61.3		
Previous Occupation				
Professional	51	29.8		
Skilled Worker	70	40.9		
Unskilled Worker	50	29.3		

Table 2

Health Conditions and Activity Interference Levels

	Activity Interference Levels							
	Not at All		A Little		A Lot		Total	
Health Conditions	N	Percent	N	Percent	N	Percent	N	Percent
Arthritis/Rheumatism	26	12	92	42.4	33	15.2	151	69.6
Cancer/Malignant Tumor	1	.5	3	1.4	0	0	4	1.8
Cataracts	7	3.2	22	3.2	5	2.3	34	15.7
Circulation Problems	7	3.2	34	15.7	13	6	54	24.9
Coronary/Heart Disease	3	1.4	19	8.8	9	4.1	31	14.3
Diabetes	14	6.5	42	19.4	15	6.9	71	32.7
Effects of Stroke	5	2.3	10	4.6	8	3.7	23	10.6
Foot Problems	6	2.8	33	15.2	13	6	52	24
Glaucoma	4	1.8	26	12	6	2.8	36	16.6
Hypertension	20	9.2	82	37.8	23	10.6	125	57.6
Kidney Problems	3	1.4	7	3.2	4	1.8	14	6.5
Liver Problems	2	.9	1	.5	0	0	3	1.4
Lung Problems	3	1.4	8	.7	2	.9	13	6
Prostate Problem	1	.5	5	2.3	6	2.8	6	2.8
Stomach Problems	8	3.7	42	19.4	13	6	63	9
Thyroid Problems	3	1.4	3	1.4	1	.5	7	3.2
Urinary/Bladder Problems	3	1.4	11	5.1	4	1.8	18	8.3

Note: Percentages are based on the number responding.