

Differences in older and younger adults' perceptions of psychological well-being in later life

Diane J Wildbur (PhD) and Emma Frost
De Montfort University, Leicester, UK

Introduction

Current and predicted population increases in those aged 65 years (ONS, 2011) have led to an increase in research concerned with how initiatives and interventions designed specifically for older people may promote their psychological well-being. Khan (2013) identifies three key factors identified by older people themselves as essential to improving their lives: to have a sense of purpose, a sense of well-being, and to feel at home and connected to others. Taken together, these factors are known to promote the independence so valued by older people (Hoban et al., 2011; cf. Vivraj et al., 2013), and are key components of theories and research that identify an 'engaged' lifestyle as key to successful ageing (see Adams, et al., 2011 for a review).

Psychological well-being has been conceptualised by researchers in a number of different ways, notably by Ryff (1989), in terms of high levels of personal growth, self-acceptance, environmental mastery, relationships with others, purpose in life and autonomy (see also, Seligman, 2011). However, no studies have directly compared the actual reported well-being of older people to the perceptions of their well-being by future care providers and policy-makers.

The aim of this preliminary study was therefore to explore any potential mismatch between *actual* and *perceived* well-being among younger and older adults, which could lead to the development of initiatives and/or interventions from which older people may, or may not benefit.

Method

Participants and Design

In a quasi-experimental survey design, participants ($N = 101$) were an opportunity/snowball sample of:

- Older adults ($n = 50$); age range = 65-88 years ($M = 71.88$, $SD = 5.39$ years).
- Younger adults ($n = 51$); age range = 18-25 years ($M = 19.80$, $SD = 1.58$ years).

Materials and Procedure:

All participants completed the measures below. Younger adults were asked to respond from the imagined perspective of a 'prototypical' older person.

- The Warwick-Edinburgh Mental Well-being Scale¹ (WEMWBS, Tennant et al. (2007). Maximum score = 70.
- Psychological Well-being: Autonomy sub-scale (Ryff, 1989). Maximum score = 84.
- Psychological Well-being: Purpose in Life sub-scale (Ryff, 1989). Maximum score = 84.

A high score on all measures indicates a greater level of well-being.

Results

A one-way between groups multivariate analysis of variance (MANOVA) was employed to investigate age-related differences in scores of Mental Well-being, Autonomy and Purpose in Life. Preliminary assumption testing revealed no violations. There was a statistically significant difference between older and younger adults on the combined dependent variables, $F(3,92) = 8.087$, $p < .001$, $\eta_p^2 = .209$.

When the results for the dependent variables were considered separately, and as illustrated in *Figure 1*, older adults reported significantly higher levels of Mental Well-being ($F[1,94] = 23.934$, $p < .001$, $\eta_p^2 = .203$) and Purpose in Life ($F[1,94] = p = .004$, $\eta_p^2 = .086$), than students' perceptions of these scores using a Bonferroni adjusted alpha level of .017. However, older and younger participants' did not significantly differ in scores of actual and perceived Autonomy, $F(1,94) = 4.324$, $p = .040$.

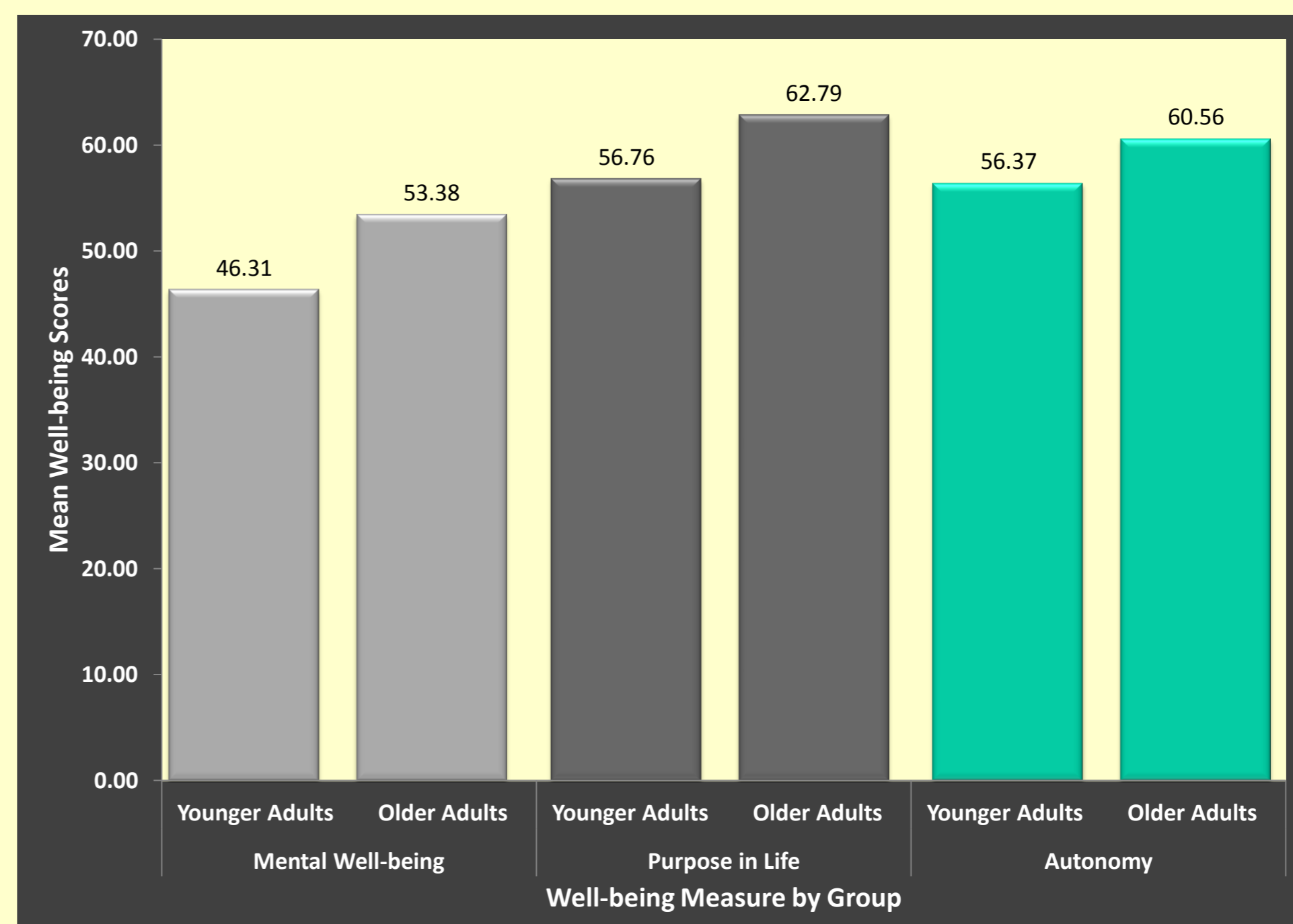


Figure 1. Mean scores on measures of Mental Well-being, Purpose in Life and Autonomy by group (younger adults, older adults).

Discussion and Recommendations

• Significant differences between the scores of younger and older adults were found on measures of Mental Well-being (WEMWBS, Tennant et al., 2007) and The Purpose in Life sub-scale of the Ryff (1989) Psychological Well-being Scales. In both cases, older adults reported higher levels of *actual* mental well-being and sense of purpose than those *perceived* by younger adults. This former outcome supports the findings of a number of recent population-based studies, which cumulatively indicate that older people experience higher levels of well-being than their younger counterparts (Vivraj et al., 2013); however, the same report notes that deterioration in well-being is greatest at the oldest ages.

• Although a similar trend to that described above was identifiable in relation to scores on Autonomy, no significant difference was found between groups. People not only perceive a decrease in autonomy in

older age, such a decrease is reported as experienced.

• The above findings highlight three considerations for those 'Designs on well-being' that have the aim of improving older peoples' well-being:

- ✓ *Consultation and needs assessment:* Initiatives and interventions should be designed around *actual*, as opposed to *perceived* levels of well-being.
- ✓ *Planning and Implementation:* 'Designs on well-being' should foster purpose, and facilitate opportunities for older people to do develop what they *can* do, in addition to providing support for what they cannot.
- ✓ *Evaluation:* Evaluations of initiatives and interventions should not assume the homogeneity of either older people or their well-being.

Acknowledgment¹

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Key References

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