

FACTORS PREDICTING HAPPINESS AMONG ELDERLY PEOPLE

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Abstract

This research was based on a predictive correlation research design aimed at determining the predictive factors of happiness among elderly people. The subjects were 102 town municipality members aged 60 and older adults living in Surin Province selected by cluster sampling. A general health questionnaire, a self-esteem assessment, a demographic questionnaire and Thai happiness indicators were used as data collection instruments. The reliability of the questionnaires ranged from 0.82-0.94 by using Cronbach's alpha coefficient. Percentage, mean, standard deviation, correlation and multiple regressions were used for data analysis.

According to the findings, most of the subjects had a poor level of happiness, health, and income. In addition, income could predict happiness at a rate of six percent ($R^2 .06$, $P < .01$). The results showed that health and self-esteem were able to co-predict happiness at a rate of 14.2 percent ($R^2 .142$, $P < .001$).

The recommendations from this study suggest that mental health care providers should be concerned about the self-esteem and health of the older persons in regard to developing proper interventions and/or activities aimed at promoting the continuum of happiness among the older adults in the town municipality.

Keywords: happiness, elderly, health, self-esteem

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Background and Significance of the Problem

Happiness in life is desirable for humans and essential in life. Happiness means happy living conditions made possible with the ability to manage problems in life, the capacity to improve and have a good quality of life, including good morals in dynamic social and environmental conditions (Department of Mental Health, 2002). However, due to many differences in social environments and related factors such as health or various personal factors of the elderly, Thais may have less happiness, particularly in the elderly population with physical degeneration, frailty and dependence on others, all of which may cause the elderly to be at risk for having less happiness in life. (Tepsuwan & Grey, 2010; Jitnapa Chimjinda, 2012).

Thailand is becoming an aging society due to developments in the healthcare system and medical science advancements causing people to receive better healthcare and enjoy longer lives. Therefore, the elderly population will keep growing until Thailand fully becomes an aging society. According to a Ministry of Social Development and Human Security report of the most recent situation of the elderly in the country, Thailand has 10,666,803 elderly people aged 60 years or 16.1 percent from a population of 66 million people. This number increased from 2017 by an average of 1,200 people per day (Department of Mental Health, 2019). Due to the aforementioned elderly population structure changes, Thailand needs to recognize the situation and make preparations in various areas to ensure that care and health promotion for the elderly population is correct because people who enter old age cannot avoid health problems and will become more dependent on others.

Old age is a time of life that usually involves multiple health problems. After adulthood, more cells decay more than those created, thereby reducing organ function and reducing the efficiency of internal organs. Therefore, older adults are found to have more frequent health problems than other ages with an increased prevalence of diseases related to organ deterioration. In addition, most of the geriatric diseases are chronic diseases requiring long-term care (Suppakit Siriluck, 2014). Moreover, physical degeneration and chronic health problems cause the elderly to be dependent on performing the activities in daily living and economic dependence. Coping with these changes has psychological effects on the elderly. The elderly are prone to mood swings, fear of abandonment, loss of confidence and familiarity, changes in habit, numbness to events, isolation, feelings of paranoia and a loss of self-worth in addition to being a burden on others with depression, irritation, easy anger, regret for past events, anxiety concerning the present, fear of the future and loneliness for elderly people who have lost spouses (Apirat Poonsawat, 2017). All of this information reflects conditions with potentially negative effects on the happiness of the elderly and ultimately leads to mental health problems (Walaiporn Nansuppawat et al., 2019; Institute of Geriatric Medicine, 2005; Barlow, Wright, Sheasby, Turner & Hainsworth, 2002, 2002). Therefore, in order to live normally, the elderly's health is important and necessary for old age. In addition, the best society is one where people have the greatest happiness. In other words, when the elderly are happy, this will bring happiness to the country in general (Layard, 2005).

According to the literature review, the factors correlated with happiness in life are health, self-esteem and personal factors, all of which have effects on happiness in life (Jinnapa Chimjinda, 2012; Cheng and Furnham; 2003; Pressman & Cohen, 2005). Elderly people who have chronic

diseases experience effects on happiness in life, thereby causing the elderly to have no physical and mental happiness (Pressman & Cohen, 2005). Chronic diseases are a cause of disability leading to more dependence on others. Diseases also cause the elderly to have less activity, thereby leading to mental stress and causing the elderly to not be cheerful with diminishing social roles. Consequently, the elderly feel different from others, entertain negative feelings and frequently have no happiness in life (Power & Jolowiec, 1987; Seligman, 1990). This finding is consistent with a study conducted by Chinun Boonruangrat (2008) who found the elderly with no chronic diseases to be happier than the elderly who have chronic diseases with statistical significance at .05. Furthermore, income sufficiency was found to have effects on the happiness of the elderly ($r = .48$, $p < .01$) (Diener & Biswas, Diener, 2002; Graham, Eggers, & Sukhtankar, 2005; Howell, Howell, & Schwabe, 2005). Good health is a major part of happiness among the elderly (Tepsuwan & Grey, 2010). In addition, the elderly who have a sickness, physical degeneration, dependence and caregivers who may be grandchildren or relatives in their old age represent another factor with effects on the happiness of the elderly (Kwansuda Boontot and Kanitta Nantaboot, 2017), while self-esteem has direct positive impacts. According to Cheng and Furnham (2003) who studied the predictors of happiness from personality, self-esteem and personal factors among the elderly, self-esteem was found to be correlated with happiness.

According to the literature review, studies were found on the factors correlated with happiness among the elderly. However, because Surin is the province with the tenth-largest elderly population at 195,250 or 13.99 percent of the provincial population in 2017 (Surin Office of Statistics, 2017), Surin is considered an aging society. Therefore, preparations need to be made in order to be able to properly adapt to and manage effects from changes in the population's structure. Psychological care for the elderly is important because the psychological dimension is a major driver in enabling the elderly to live with balance. In particular, Muang Surin Municipality is an area with diverse elderly populations in the fields of economic status, community contexts and changes in social conditions, causing lifestyles to be changed. Muang Surin Municipality prioritized the development of public health and planned projects to improve the quality of life among the elderly (Muang Surin Municipality Development Plan, 2019). This study on the happiness of the elderly in Muang Surin Municipality and the factors influencing the happiness of the elderly will provide evidence-based data leading to effective improvements for the elderly in line with real contexts in order for the elderly to maintain good health.

Research Objectives

1. To study the happiness of the elderly in the community of Muang Surin Municipality.
2. To study the predictive power of self-esteem, health, chronic diseases, income sufficiency and care over the happiness of the elderly in the community of Muang Surin Municipality.

Research Question:

Which factors have an influence on the happiness of the elderly in the community of Muang Surin Municipality?

Research Hypothesis:

Self-esteem, health, chronic diseases, income sufficiency, and care can predict the happiness of the elderly in the community of Muang Surin Municipality.

Scope of the Study

The scope of this study included the factors influencing happiness among 102 elderly people aged 60 years and up with Thai citizenship and addresses Muang Surin Municipality. Data were collected from September – October 2019. The studied variables consisted of the following independent and dependent variables: 1. Independent variables consisted of chronic diseases, care, income sufficiency, self-esteem and health; dependent variables consisted of the happiness of the elderly.

Definition of Terms Used in the Study

1. “The elderly” means persons aged 60 years and up who have Thai citizenship based on criteria of the Ministry of Social Development and Human Security (2004) and have an address in Muang Surin Municipality.

2. “Happiness” means contented living conditions resulting from the ability to manage problems in life and capacity for self-improvement to have a good quality of life covering goodness of the mind under changes in social and environmental conditions. Happiness was assessed by using the Thai Happiness Indicators, a standard assessment form of the Department of Mental Health.

3. “Health” covers four major problems consisting of unhappiness, anxiety, social impairment, and hypochondriasis. Health was assessed using the Thai GHQ – 28 standard assessment form from the Department of Mental Health.

4. “Chronic disease” means the fact that the elderly have or do not have chronic diseases diagnosed by a doctor of modern medicine with a long-term disease requiring time for treatment and follow-up care (Ministry of Public Health, 2008).

5. “Income sufficiency” means the elderly’s perception of personal income in each month as sufficient or insufficient for expenses.

6. “Care” means the fact that the elderly receive or do not receive care provided by persons who are children, grandchildren, and relatives, including formal caregivers with wages.

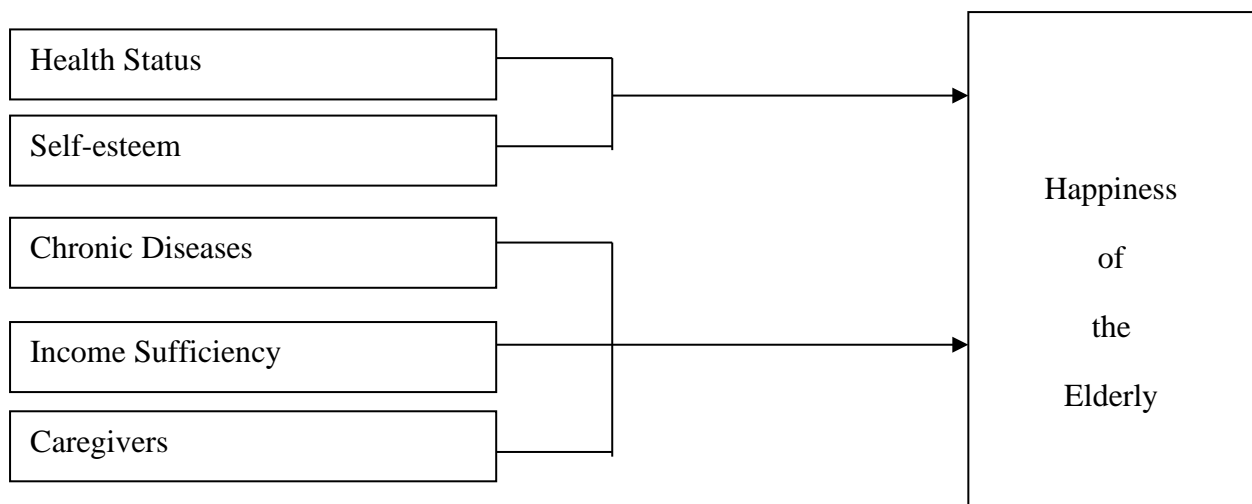
7. “Self-esteem” means the elderly’s feelings toward themselves in self-assessments regarding the worth, ability, success in actions and acceptance in society. Self-esteem was assessed using the self-esteem measuring form translated from Rosenberg’s self-esteem measuring form.

Conceptual Framework

This study explored the factors influencing happiness among the elderly. The researcher used the concept of the Department of Mental Health to assess the happiness of the elderly. Happiness was explained as happy living conditions resulting from the ability to manage problems in life and capacity for self-improvement to have a good quality of life covering goodness of the

mind under changes in social and environmental conditions (2002). The researcher used predictors of happiness from the concept of Bekhet et al. (2008), consisting of self-esteem factors, and from Lyubomirsky et al.'s concept (2005) consisting of health, chronic diseases and caregivers who are a source of social support and income sufficiency, which had a significant influence on the happiness of the elderly. Based on the aforementioned data, the researcher developed the conceptual framework and relationships between independent variables and dependent variables can be summarized in Fiture 1.

Figure 1. Conceptual Framework



Expected Benefits

Knowledge of happiness and factors influencing happiness among the elderly in Muang Surin Municipality for presentation to related persons as guidelines for further improvements to the happiness of the elderly.

Review of Literature and Related Studies

The researcher reviewed the following literature.

1. In the area of the elderly, the researcher reviewed definitions, theories on the elderly, changes of the elderly and healthcare for the elderly.

2. In the area of the happiness of the elderly, the researcher reviewed the definitions of happiness and concepts and theories correlated with happiness.

3. Studies correlated with the happiness of the elderly.

Research Methodology

This study was based on a predictive research design aimed at studying the influence of health, self-esteem, chronic diseases, care and income sufficiency on the happiness of the elderly with the following information on the research:

Population and the Sample Group

The population consisted of persons aged 60 years and up who had Thai citizenship based on the criteria of the Ministry of Social Development and Human Security (2004) and had addresses in Muang Surin Municipality. Qualifications consisted of no communication problems and the ability to communicate in Thai with an understanding of questions and answers.

The sample group consisted of the elderly aged 60 years and up who had Thai citizenship based on criteria of the Ministry of Social Development and Human Security (2004) and had addresses in Muang Surin Municipality. Qualifications consisted of no communication problems and the ability to communicate in Thai with an understanding of questions and answers. The sample was obtained by cluster sampling or area sampling.

Sample Size

The sample size was calculated by using the G*Power 3.1.9.2 program developed from basic power analysis (Faul, Erdfelder, Lang & Bucher, 2007) with reliability (α) set at .05, power of test at .80 and a medium effect size of 0.15 (Cohen, 1992). This study had five predictive variables consisting of health, self-esteem, income sufficiency, care and chronic diseases. The sample size was calculated to be at least 92 subjects. In this study, the researcher used 102 subjects (ten percent was added to prevent loss).

Research instruments in this study consisted of the following:

1. The demographic data consisted of age, gender, education, occupation, marital status, past occupation, income sufficiency, mean monthly income, chronic diseases, smoking, alcohol consumption, and caregivers.

2. The Thai Happiness Indicators (TMHI – 15), the standard version of the Department of Mental Health, Ministry of Public Health, was used to assess events, symptoms, opinions, personal feelings and factors causing happiness-suffering in the past month. The responses had four choices consisting of “None”, “A Few”, “Many” and “Most”. The instrument had a score range of 0 – 45 points. Scores of 33 – 45 points meant good happiness. Scores of 27 – 32 points meant fair happiness. Scores of less than or equal to 26 points meant poor happiness.

3. The self-esteem questionnaire, in this study, the researcher used the self-esteem measuring form translated from Rosenberg’s self-esteem measuring form (1965) by Tinnakorn Wongpakaran (2011). The instrument had a total of 10 questions consisting of six positive messages and four negative messages. Responses were rated on 4-point rating scales ranging from 4 = “Strongly Agree”, 3 = “Agree”, 2 = “Disagree” and 1 = “Disagree”. Negative scores were reversed before tallying all scores. The minimum score was ten points and the maximum score was 40 points. Higher scores meant higher self-esteem.

4. Health status means the assessment of general health conditions based on personal perception covering four main problems, namely unhappiness, anxiety, social impairment, and hypochondriasis. Health status was assessed by using the Thai GHQ – 28 of the Department of Mental Health.

Instrument Quality Testing

1. Content Validity Testing – In this study, the instruments consisted of the Thai Happiness Indicators (Short Version) with 15 questions, the self-esteem measuring form and the health assessment form. The researcher did not make any modifications to the original instruments. Therefore, the researcher did not recheck content validity. Concerning the demographic data questionnaire, the researcher presented the questionnaire to two experts in the field of the elderly and one expert in the field of psychiatric nursing for content validity testing. In addition, the researcher calculated the content validity index based on instrument quality criteria and tested the instrument for the content validity index.

2. Reliability Testing – The researcher tried out all of the questionnaires with 30 elderly people in communities outside Surin Province who had the same qualifications as the sample. The questionnaires tried out consisted of the Thai Happiness Indicators (Short Version) with 15 questions, the self-esteem measuring form and the health assessment form. Instrument reliability was determined by calculating Cronbach's Alpha Coefficient. The reliability values of the Thai Happiness Indicators were 0.94, 0.82 for the general health questionnaire and 0.82 for the self-esteem questionnaire.

Ethical Considerations

This study was certified by the Boromarajonani College of Nursing Surin's Research Committee.

Data Collection

The researcher collected data with the following procedures:

1. Once the research project's draft and instruments had passed ethical consideration by the Institutional Review Board, the researcher presented the letter of introduction from the Director, Boromarajonani College of Nursing Surin, to the administrator of Muang Surin Municipality in order to introduce herself, explain research objectives and ask for permission to collect data on the specified dates and times.

2. Once the Head of the Public Health Service Unit, Muang Surin Municipality, received the letter of approval from the Director, Boromarajonani College of Nursing Surin, the researcher met the Head of the Public Health Service Unit to explain data collection details and asked for cooperation in the study.

3. The researcher collected data in person by using the following procedures:

3.1 The researcher introduced herself, explained research objectives and data collection procedures. The researcher asked for cooperation in the study and consent from the elderly in the community of Muang Surin Municipality in addition to asking the sample for cooperation in signing the informed consent form to participate in this study.

3.2 Once the subjects had consented to participate in the study, the researcher had them complete the demographic data questionnaire, the self-esteem measuring form, the health assessment form, and the Thai Happiness Indicators. While the subjects completed the

questionnaires, the researcher allowed them to ask questions independently. If the subjects had questions, they were able to ask questions at all times.

3.3 After the subjects had completed the questionnaires, the researcher checked every questionnaire for data completeness. If data was found to be incomplete, the researcher asked for additional data immediately.

3.4 The researcher thanked the subjects for cooperation in the study.

3.5 The researcher compiled the data collected from the sample for statistical analysis.

Data Analysis

The researcher statistically analyzed the data collected from the sample by using a statistical program by setting statistical significance at .05 as follows:

1. Data on self-esteem, health, and happiness of the elderly were analyzed using descriptive statistics such as frequency distribution, percentage, mean and standard deviation.

2. Factors influencing the elderly's happiness consisting of self-esteem, health, chronic diseases, income sufficiency, and care were analyzed using multiple regression statistics.

Result

Most of the sample was composed of females (73.5%) (n = 75). In terms of age, most of the subjects were aged 70 – 79 years (48%) (n = 49). The subjects were married (54.9%) (n = 56), had primary school educational attainments (67.5%) (n = 69). In the past, the subjects had worked in commercial occupations (35.3%) (n = 36) and were Buddhists (99%) (n = 99). In the area of income sufficiency, most of the subjects did not have sufficient income (65.7%) (n = 67). The subjects' mean monthly income was less than 2,000 baht (51%) (n = 52). The subjects had chronic diseases (70.6%) (n = 72), drank alcohol (86%) (n = 84.3), had caregivers (72.5%) (n = 74) and had caregivers who were children (53.9%) (n = 55).

It was found in Table 1 that most of the subjects had poor happiness (73.5%) (n = 75). This was followed by the subjects who had fair happiness (24.5%) (n = 25) as shown in Table 1.

Table 1 Happiness of the Elderly Who Participated in the Study

Happiness Scores	n	%
33 – 45 points (good)	2	2.0
27 – 32 points (fair)	25	24.5
Less than or equal to 26 points (poor)	75	73.5

Table 2 shows that most of the elderly had health status scores of 30 points (16.7%) (17 people), followed by 32 points (13.7%) (14 people), respectively. Nevertheless, all of the elderly subjects had scores higher than six points, thereby indicating that mental health problems might have been present.



Table 2 Health Assessment Scores of the Elderly Participants (N = 102)

Total Score GHQ	N	Percent
16	1	1.0
23	3	2.9
25	1	1.0
26	2	2.0
27	8	7.8
28	8	7.8
29	9	8.8
30	17	16.7
31	9	8.8
32	14	13.7
33	9	8.8
34	8	7.8
35	2	2.0
36	1	1.0
37	4	3.9
38	3	2.9
39	2	2.0
40	1	1.0

Mean 16.79, S.D 8.78

The table showed the opinion “I have good feelings toward myself” to have the highest mean score (Mean = 3.27, S.D. = .548), followed by “In general, I feel satisfied with myself” (Mean = 3.25, S.D. = .553) and “I feel that, at the very least, I have the same value as other people” (Mean = 3.14, S.D. = .488), respectively as shown in Table 3.



Table 3 Mean and Standard Deviation of Self-esteem (N = 102)

Statement	Mean	S.D
1. In general, I feel satisfied with myself.	3.25	.553
2. I sometimes feel that there is nothing good about myself.	2.28	.883
3. I feel that there are some things that are good about me.	3.13	.390
4. I can do things as well as other people.	3.11	.396
5. I feel that there is nothing to be proud of myself.	2.02	.758
6. I frequently feel that I am worthless.	2.01	.873
7. I feel that, at the very least, I have the same value as other people.	3.14	.488
8. I believe I can respect myself more.	3.08	.415
9. Overall, I tend to feel that I am a failure.	1.76	.760
10. I have good feelings about myself.	3.27	.548
Total Score	30.93	3.769

The results showed that health status and self-esteem could co-predict happiness ($\beta = -.218$, $p < .05$, $\beta = .246$, $p < .05$). The results showed that health status and self-esteem were able to co-predict happiness at a rate of 14.2 percent ($R^2 .142$, $P < .05$) as shown in Table 4.

Table 4 Multiple Correlation Coefficients of Health, Self-esteem, and the Elderly's Health

Variable	B	SE	β	t	p
Health Status	-.095	.046	-.218	-2.083	.04*
Self-esteem	.251	.107	.246	2.348	0.021*

($R^2 .142$, $P < .001$).

The results showed that Income could predict happiness ($\beta = .268$., $p < .01$). The results showed that income, chronic disease, receiving caregiver together could predict happiness with 6% ($R^2 .06$, $P < .01$) as shown in Table 5.

Table 5 Multiple Correlation Coefficients of Care, Income, Chronic diseases, and the Elderly's Happiness.

Variable	B	Std. Error	β	t	p
Income Sufficiency	1.772	.642	.268	2.759	.007*
Chronic Diseases	-.557	.820	-.066	-.679	.499
Caregivers	-.795	.833	-.093	-.955	.342

(R^2 .06, $P < .01$).

Conclusion, Discussion, and Recommendations

The results indicated that health and self-esteem could co-predict happiness at a rate of 14.2 percent (R^2 .142, $P < .001$). The findings were consistent with Sineeporn Yuenyong and Umakorn Jaiyangyuen, who found self-esteem to be a variable with the highest ability in co-predicting the happiness of the elderly ($\beta = .50$, $p < .01$). Based on a study conducted by Mahon and Yarcheski (2002), self-esteem was found to be positively correlated with happiness with statistical significance ($r = .70$, $p < .01$). Furthermore, Nattakan Samniangsano (2013) found self-esteem to be positively correlated with the happiness of the elderly with statistical significance at .01 ($r = .63$, .61). Self-esteem and social support were able to co-predict the happiness of the elderly at 54 percent ($R^2 = .54$) with statistical significance at .01. Similarly, qualitative studies explained one of the definitions of "good mental health" in the elderly's view to be acting useful for other people, not being sick and being happy from being useful (Kwansuda Boontot, 2017). Furthermore, the findings concurred with a study conducted by Nattakan Samniangsano (2013) who found health perception to be positively correlated with happiness with statistical significance at .01 ($r = .31$). The elderly with good self-esteem and health perception can be explained to have happiness because the aforementioned factors helped the elderly to feel important, valued or capable. This enabled the elderly to live happily.

Furthermore, this study found income, chronic diseases and care provided by caregivers to be able to co-predict happiness at six percent (R^2 .06, $P < .01$). The findings did not concur with Nattakan Samniangsano (2013) who found income sufficiency to not be correlated with the readiness of the elderly. However, chronic diseases and caregivers were found to be correlated with the happiness of the elderly. Nevertheless, qualitative studies explained that happiness and suffering from the perceptions of the elderly with income were reflected in the happiness-suffering of the elderly (Boontoch & Nuntaboot, 2018).

In conclusion, the happiness of the elderly in life was mainly dependent on self-esteem and health. If these two factors are in a positive direction or at a high level, the elderly will have more happiness. Furthermore, sufficient income can lead the elderly to have happiness in life.

Recommendations for Research

1. Studies should be conducted on predictive models for the happiness of the elderly in order to use the findings as guidelines for creating happiness promotion programs for the elderly.
2. Qualitative studies should be conducted to provide in-depth views of happiness in old age.

Recommendations for Implementation

The main factors in promoting the happiness of the elderly were self-esteem and good health in addition to recruiting or supporting the elderly to have occupations to earn income.

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