



Gaceta Médica Boliviana
ISSN: 1012-2966
ISSN: 2227-3662
gacetamedicaboliviana@gmail.com
Universidad Mayor de San Simón
Bolivia

Psychological well-being in elderly people in southern Chile

Alarcón-Riveros, Mari; Troncoso-Pantoja, Claudia

Psychological well-being in elderly people in southern Chile

Gaceta Médica Boliviana, vol. 43, no. 2, 2020

Universidad Mayor de San Simón, Bolivia

Available in: <https://www.redalyc.org/articulo.oa?id=445674705015>

Todos los derechos morales a los autores y todos los derechos patrimoniales a la Gaceta Médica Boliviana

Todos los derechos morales a los autores y todos los derechos patrimoniales a la Gaceta Médica Boliviana



This work is licensed under Creative Commons Attribution-ShareAlike 4.0 International.

Psychological well-being in elderly people in southern Chile


Mari Alarcón-Riveros marialarcon@ucsc.cl

Faculty of Medicine, Universidad Católica de la Santísima Concepción, Chile

 <https://orcid.org/0000-0002-4194-2542>

Claudia Troncoso-Pantoja

Universidad Católica de la Santísima Concepción, Chile

 <https://orcid.org/0000-0002-8433-5750>

Gaceta Médica Boliviana, vol. 43, no. 2, 2020

Universidad Mayor de San Simón, Bolivia

Received: 20 October 2020
Accepted: 10 December 2020

Redalyc: <https://www.redalyc.org/articulo.oa?id=445674705015>

Abstract: Objective: to interpret the perception of psychological well-being of elderly people in a commune in the Bío-Bío Region, Chile.

Methods: The qualitative paradigm with phenomenological orientation was used. Sampling was non-probabilistic by convenience through theoretical saturation. The subjects included met the eligibility criteria and signed an informed consent form. Data collection was done through a semi-structured interview that based its questions on the Multidimensional Model of Well-being. Results were coded and analysed through content analysis.

Results: The elderly people investigated have a high degree of psychological well-being. The main source of psychological well-being is relational, the family and their immediate environment. The assessment made by the older person, in the present, involves the conditions in which they live and the ways in which they have faced emotionally demanding situations during their lives.

Conclusions: a high level of psychological well-being is identified in the population studied. **Keywords:** mental health; elderly person; qualitative research. **Conclusions:** a high level of psychological well-being is identified in the population studied.

Keywords: health mental, older people, qualitative research.

Resumen: Objetivo: interpretar la percepción de bienestar psicológico que poseen las personas mayores de una comuna de la Región del Bío-Bío, Chile.

Métodos: se utilizó el paradigma cualitativo con orientación fenomenológico. El muestreo fue no probabilístico por conveniencia a través de saturación teórica. Los sujetos incluidos cumplieron con los criterios de elegibilidad y firma de consentimiento informado. La recopilación de información se realizó a través de una entrevista semiestructurada que basó sus preguntas en el Modelo Multidimensional de Bienestar. Los resultados fueron codificados y analizados a través de análisis de contenidos.

Resultados: las personas mayores investigadas poseen un alto grado de bienestar psicológico. La principal fuente de bienestar psicológico es de tipo relacional, la familia y su entorno más cercano. La evaluación que realiza la persona mayor, en el presente, involucra las condiciones en las cuales se desenvuelve y las formas en las cuales enfrentaron situaciones de exigencia emocional durante la vida. **Conclusiones:** se identifica un alto nivel de bienestar psicológico en la población estudiada.

Conclusiones: se identifica un alto nivel de bienestar psicológico en la población estudiada.

Palabras clave: salud mental, persona mayor, investigación cualitativa.

As the population of older people ¹ increases, there is a need to provide better and more appropriate responses to the requirements of this stage of the life course, which, in turn, contribute to the promotion of health and quality of life.

The positive view of longevity, recognising that the extension of life expectancy is a success, has become a challenge: to promote healthy and active ageing, adding years of life and maintaining functionality for a longer period of time ². The concept of health, in this period, is more subjective than in any other, and is subordinated to physiological environments, functional abilities, psychological well-being and social foundation ³.

Psychological well-being can play a protective role in health. Oramas et al ⁴ report that the greater the psychological well-being, the lower the number of physical symptoms, anxiety, vulnerability to stress and depression, and the better the social behaviour. The latter is reaffirmed by Telzer et al ⁵, indicating that psychological well-being acts as a protective factor because it would be behaviours that would foster feelings of self-fulfilment in people, improve their self-esteem and make self-esteem depend on intrinsic factors ⁵. In women with high ratings of purpose in life, sense of personal growth and better interpersonal relationships, cardiovascular risk was lower and they also had better endocrine regulation ^{6,7}.

Different theoretical models describe, explain and evaluate psychological well-being, the most accepted conceptual theoretical model currently being the one proposed by Carol Ryff ^{8, 9} and it is the one under which the current research process is being developed. The Multidimensional Model, as this archetype is known, consists of six dimensions: effective relationships with others, personal growth, purpose in life, mastery of the environment, self-acceptance and autonomy ¹⁰.

In recent decades, research related to the psychological well-being of older people and the variables that condition it has gained relevance. This interest could be the particular result of what has been called the 'well-being paradox', i.e., despite the conflicts of senescence (loss of functionality, family or friends), older people do not report an associated decline in most shades of well-being ¹¹.

The research carried out, mostly of the quantitative type, uses secondary information bases, surveys, questionnaires, thus leaving little or no room for the opinion of the population studied. The appreciation that these people express in relation to their affinity with others, the autonomy they possess, their purposes in life, the development of their human potential, the management of everyday life situations, the willingness to value their character and personality give clear indications of the psychological well-being that they possess. Making their feelings and sources of satisfaction visible, in order to promote them through the design of interventions that highlight health from the perspective of psychological well-being. This is why the aim of this study is to interpret

the perception of psychological well-being of older people in a commune in the eighth region of Chile.

Material and methods

The research is based on the qualitative paradigm, focusing on finding out in terms of the meanings given by older people, giving meaning to the phenomenon being studied in an interpretative way. In this paradigm, people are considered as active agents in the construction and determination of the realities in which they find themselves, in a naturalistic way, and, therefore, there is no manipulation or stimulation with respect to reality ¹².

It is a qualitative design with a phenomenological approach, the latter, as Miguel Martínez points out, "is the most appropriate when there is no reason to doubt the goodness of the information and the researcher has not lived through and it is not at all easy for him to form adequate ideas and concepts about the phenomenon he is studying" ¹³.

The type of sampling used is non-probabilistic by convenience, using typical cases, selecting participants up to the point of saturation, i.e. when the answers given by older people do not contribute new data to the research. The sample consisted of 10 participants: seven women and three men.

Attributes for participation: to be over 60 years of age, without mental health pathology or cognitive impairment and to sign an informed consent form. There, the objectives of the research, the free will to participate, the permanent anonymity of each collaborator were detailed, and it was also indicated that they could withdraw from the study at any time they wished. In this way, the ethical aspects of the research were safeguarded.

The research presents six categories, whose definitions are based on Carol Ryff's proposal in the Multidimensional Model of Well-being presented by Jesús Valenzuela Medina in 2015¹⁴.

The instrument used to collect the information was a semi-structured interview, based on the six dimensions of Carol Ryff's Multidimensional Model of Psychological Well-being ¹⁰, which was submitted to expert judgement in order to be validated.

For the study of the data, the content analysis method was used, using the qualitative software NVivo ¹⁰, which allowed us to identify and group the theoretical and emergent categories of the participants' discourses.

Results

1. Positive relationships with others

The cultivation of cordial, supportive and caring ties with others is evidenced at a very good level in the interviewees, given that they maintain close and positive relationships, focusing mainly on their family

environment and those closest to them in physical proximity. They express opinions such as the following:

"I get on well with people, I treat them well, I respect them". "With my sister, she is my confidant" (Interview 1).

"With my neighbours, when my husband died, I had a lot of help. They support me when I'm sad, they talk to me, they visit me, they give me company, they help me" (Interview 4).

They recognise that the ability to relate to others in a clear and honest way is relevant for an adequate coexistence both in the family and in their immediate environment. They identify the importance of having quality bonds with others, obtaining positive emotions and providing them with emotional stability.

"I talk to a neighbour, she is a trustworthy person. "If you want to be respected, you still have to do it" (Interview 2).

"I am a lucky man. I get along well with others"; "Yes, I talk a lot with my family"; "They bring me joy" (Interview 7).

2. Personal growth

For the perception of continuous growth and development and the concomitant satisfaction these older people have the best self-assessment.

"Yes, for example, I had no idea how to go to an office, how to talk to someone, how to ask for help. And what I have done since then has been an achievement. Learning what I couldn't when my husband was there" (Interview 3).

"Yes, I learned several professions: furniture makers, welder" (Interview 6).

There is a permanent appreciation for personal improvement, identifying that they have a deep sense of continuous development and a willingness to experience new challenges and experiences.

3. Purpose in life

The sense of existence, the achievement of life goals in older people has a high level, declaring that they feel at ease with what they have achieved. Having set goals to achieve in life at an early age has given meaning to life and the achievement of these goals is what generates their valuable degree of satisfaction. The great majority focused their sense of existence on forming a family and providing its members with the skills to advance in life.

"Happy, I made my home"; "I feel good. My children tell me: 'Mum, if we are the way we are, it's because of you, because you instilled values in us'"; "What else can I live for" (Interview 1).

"When I was a child before I was 15 I thought I would marry young. I grew up with my grandparents, on my own. So I wanted to have a family, I got married young at 19"; "I got what I wanted, I'm happy" (Interview 7).

4. Mastery of the environment

They are a group of people who have developed in the course of their lives an adequate and constructive management of the simultaneous pressures of everyday life. Almost all of them perceive that they have been able to overcome life's hurdles and are very satisfied with the control of the environment they have been able to develop.

"I think things have a solution. I handle situations with faith and optimism. Believing the story that I am going to do well" (Interview 7).

"I always tried to do my best. With responsibility" (Interview 10)

5. Self-acceptance

There is a high approval of their virtues and tolerance of personal defects, showing satisfaction with themselves and accepting both positive and negative aspects of their personality. They value their past actions well, particularly because they managed to reverse negative situations. The persons studied show positive self-appreciation, with a positive evaluation of the past.

"Nothing, I wouldn't change anything, I like the way I am". (Interview 1)

"At this age I would not change anything"; "My change was to be alone, to stop suffering"; "My quiet time is a big change in my life"; "Well, I like it". (Interview 2)

6. Autonomy

Many of the study participants show remarkable levels of internal regulation of their behaviour, not tolerating external influence, being able to decide, omitting third party judgements and trusting in their ability to regulate their behaviour, independence and the ability to handle social pressure is not totalitarian in the study population. Only three people report not maintaining independence in the face of social pressure. In them, the degree of autonomy is not total, they make decisions based on their beliefs, they do not manage to express their opinions when they are contrary to those expressed by the environment, in order not to harm what others think of them. They are susceptible to social pressure.

"I keep my opinion to myself, so I don't fight" (Interview 6).

"I prefer to keep them, perhaps so as not to offend" (Interview 8).

Discussion

The psychological wellbeing of older people registers a high level and it is relevant to identify that relational factors (affective, emotional) are the sources of wellbeing beyond economic aspects. The family, the affections, are those that have constituted the reason for existence, overcoming and, when difficulties were experienced, the necessary improvements were generated and sought.

Self-acceptance

A high degree of self-knowledge has been achieved, which is associated with an acceptance of life history, an accurate perception of motives and feelings that promote behaviour. This is true of the interviewees, most of whom identify a high level of self-satisfaction. Coherent with what was found in the study by Molina and Meléndez ¹⁵, there, in a relevant way, the participants, faced with the opportunity to change something in their life, also align themselves with "I would not change anything", feeling satisfied with their life as they have lived it.

In one of the interviewees, a perceived relationship of direct dependence between self-acceptance and her health was identified. Faced

with the hypothetical scenario of modifying something about her, the change is centred on her current health situation, which is deficient due to the presence of illnesses, in line with the findings of the study by Alvarado et al.¹⁶ where the main explanatory component of satisfaction with life in the elderly is the "self-perception of health". Along the same lines, Mella et al. emphasise that a decline in health status favours the appearance of depressive symptoms and thus a decline in quality of life¹⁷.

As the aforementioned studies are quantitative, what is relevant is that there is coherence with the perception of the subject (elderly person) and the results of the surveys and questionnaires used in the aforementioned studies^{16,17}.

Positive relationships and mastery of the environment

Interpersonal relationships at the stage of the life course under study revolve around family, social networks, friendships, social or community activities; the latter is relevant, as interpersonal relationships are essential for mental health and a sign of maturity¹⁷. In the interviewees, satisfactory relationships constitute a pillar of mental health, they provide them with feelings of love, empathy, emotional protection, in these older people it is evidenced at a very good level, given that they maintain close and positive relationships focusing mainly on their family environment and those closest to them in physical proximity.

Along the same lines, Condeza et al.¹⁸ published that the sample studied showed a greater perception of emotional support in the close social network, and emphasised that the aetiology of this may be due to the fact that the people investigated were autonomous, which is also applicable to the current research.

In terms of mastery of the environment, almost all of the participants were perceived to have managed to overcome the adverse situations inherent to life and, in view of this, they stated that they were very satisfied with the control they were able to develop, which is consistent with Moreno and Marreno in their study "Optimism, self-esteem and well-being", where it was found that the older the age, the greater the mastery of the environment¹⁹.

Transcendence of the meaning of life

In the area of identifying how the person feels about himself/herself in relation to the fulfilment of goals that he/she considers valuable for his/her life, all the interviewees are emphatic in pointing out that their goals have been achieved. This is in line with the findings of Arraga and Sánchez²⁰ in older Venezuelans, who in this quantitative study report a high level (79.1%) of satisfaction with life. A similar situation was detected in a study of older people by Inga and Vara, who found a high level of life satisfaction in the sample studied²¹.

Autonomy and personal growth

Independence and the ability to handle social pressure is not total among the research participants. It is predominant, however, with three people stating that they do not maintain independence in the face of social pressure. This is in line with what Mayordomo et al. found in their

study on "Well-being and the Life Cycle", in which a loss of autonomy as ageing occurs ²² is evident. However, this is contrary to what Ryff and Keyes propose, where they emphasise that autonomy increases with increasing years lived ²³.

For the perception of continuous growth and development and the concomitant satisfaction these older people have the best self-assessment ¹⁴.

However, this is not consistent with the findings of the study by Mayordomo et al, where older people score lower than younger people ²². The divergence may be due to the fact that the interviewees analysed the whole of their lives, and not this stage in particular as in Mayordomo's study. In conclusion, a high level of psychological well-being is identified in the population studied. Future research could show the perception of older people according to gender or socio-economic status, thus increasing knowledge in the area, from the account of older people.

Conflict of interest: The authors declare that there is no conflict of interest

Funding: Fondo de Actividades Académicas (FAA) 02/2016 Dirección de Investigación, Universidad Católica de la Santísima Concepción, Concepción, Chile.

References

1. Departamento de Asuntos Económicos y Sociales de las Naciones Unidas/ División de Población. Perspectivas de la población mundial, revisión de 2017 (División de la población) Naciones Unidas, Nueva York.
- 2.- OMS. Estrategia y plan de acción mundiales sobre el envejecimiento y la salud 2016-2020: hacia un mundo en el que todas las personas puedan vivir una vida prolongada y sana. 69.^a Asamblea Mundial de la Salud WHA69.3 Punto 13.4 del orden del día
- 3.- Vivaldi F, Barra E. Bienestar Psicológico, Apoyo Social Percibido y Percepción de Salud en Adultos Mayores. *Ter Psicol* 2012;30(2): 23-29. <https://doi.org/10.4067/S0718-48082012000200002>
- 4.- Oramas A, Santana S, Vergara A. El bienestar psicológico, un indicador positivo de la salud mental. *Revista Cubana de Salud y Trabajo*; 2006; 7(1-2):34-9.
- 5.- Telzer E, Fulgini A, Lieberman M, Galvan A. Neural sensitivity to eudaimonic and hedonic rewards differentially predict adolescent depressive symptoms over time, *Proceedings of national academy of sciences of the united states of america*, 2014; 111(18): 6600 -6605). <https://doi.org/10.1073/pnas.1323014111>
- 6.- Ryff C, Love G, Urry H, Muller D, Rosenkranz M, Friedman E, Davidson R, Singer B. Psychological well-being and illbeing: Do they have distinct or mirrored biological correlates? *Psychotherapy and Psysomatics*. 2006; 75(2): 85 -95. <https://doi.org/10.1159/000090892>
- 7.- Ryff C, Singer B, Love G. Positive health: Conneting well-being with biology. *Phisophical Transactions of the royal society of London B.Biol Sci*. 2004; 359:1383-1394. <https://doi.org/10.1098/rstb.2004.1521>

- 8.- Vielma J, Alonso L. El estudio del bienestar psicológico subjetivo. Una revisión teórica. *Educere*. 2010; 14(49): 265-275.
- 9.-García - Alandete J. Psicología positiva, bienestar y calidad de vida. *Claves del Pensamiento*. 2014;8(16): 13-29.
- 10.- Ryff C. Eudaimonic well -being and health: Mapping consequences of self -realization. In A. S Waterman (Ed), *The best within us: Positive psychology perspectives on Eudaimonia* (77 -98) Washington, DC. American Psychological Association. <https://doi.org/10.1037/14092-005>
- 11.- Gallardo-Peralta L, Córdoba Jorquera I, Pina Moran M, Urrutia Quiroz B. Diferencias de género en salud y calidad de vida en personas mayores del norte de Chile. *Polis*. 2018; 49(17): 153-175. <https://doi.org/10.4067/S0718-65682018000100153>.
- 12.- Hernández Sampieri R, *Metodología de la investigación*. México. Ed. Mc Graw Hill. Quinta edición. 2010. p 1- 10.
- 13.- Martínez M., La investigación cualitativa (síntesis conceptual). *Revista IIPSI*. 2006; 9(1): 123-146. <https://doi.org/10.15381/rinvp.v9i1.4033>.
- 14.- Valenzuela J. Bienestar psicológico en una muestra de estudiantes universitarios mexicanos. *Psicumex*. 2015; 5 (2): 4-19. <https://doi.org/10.36793/psicumex.v5i2.278>
- 15.- Molina C, Meléndez J, Análisis cualitativo del bienestar en la vejez. *Revista Española de Geriatria y Gerontología*. 2007; 42(5): 276-284. [https://doi.org/10.1016/S0211-139X\(07\)73563-1](https://doi.org/10.1016/S0211-139X(07)73563-1)
- 16.- Alvarado X, Toffoletto M, Oyanedel J, Vargas S, Reynaldos K. Factores asociados al bienestar subjetivo en los adultos mayores. *Texto Contexto Enferm*, 2017; 26(2):e5460015
- 17.- Mella R, González L, D'Appolonio J, Maldonado I, Fuenzalida A, Díaz A. Factores Asociados al Bienestar Subjetivo en el Adulto Mayor. *PSYKHE*. 2004; 13(1):79-89. <https://doi.org/10.4067/S0718-22282004000100007>
- 18.- Condeza A, Bastías G, Valdivia G, Cheis C, Barrios X, Rojas R, Gálvez M, Fernández F, Adultos mayores en Chile: descripción de sus necesidades en comunicación en salud preventiva. *Cuadernos.info*. 2016; 38: 85-104. <https://doi.org/10.7764/cdi.38.964>
- 19.-Moreno Y, Marrero R. Optimismo y autoestima como predictores de bienestar personal: diferencias de género. *Revista Mexicana de Psicología*. 2015; 32(1): 27-36.
- 20.- Arraga M, Sanchez M. Bienestar subjetivo en adultos mayores venezolanos. *Revista interamericana de psicología*. 2010; 44(1): 12 -18.
- 21.- Inga J, Vara A, Factores asociados a la satisfacción de vida de adultos mayores de 60 años en Lima-Perú. *Universitas Psychologic*. 2006; 5(3): 475-485.
- 22.- Mayordomo T, Sales A, Satorres E., Meléndez J. Bienestar psicológico en función de la etapa de vida, el sexo y su interacción. *Pensamiento psicológico*. 2016; 14(2): 101-112. <https://doi.org/10.11144/Javerianacali.PPSI14-2.bpfe>
- 23.- Ryff C, Keyes C. The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*. 1995; 69(4): 719-727. <https://doi.org/10.1037/0022-3514.69.4.719>