

# SUBJECTIVE WELLBEING OF ELDERLY PEOPLE: SOCIAL DOMAIN ASPECT

*Gintarė Vaznonienė*

*Aleksandras Stulginskis University, Lithuania*

## Abstract

This article discloses the interrelations between social domain and subjective wellbeing of elderly people in Lithuania. The changes after the reestablishment of the independence of Lithuania challenged wellbeing differentiation in the society, which determined that some elderly people feel low wellbeing while others live normally. The influence of social domain on the subjective wellbeing among elderly people has shown that higher ratings of subjective wellbeing are based on strong social relations, family help in individual care while the state is a guarantee of financial resources, the level of social integration depends on the activity of various institutions as well as on different fears and social problems.

*Key words:* wellbeing, subjective wellbeing, elderly people, social domain.

## Introduction

In this modern society increasingly bigger attention is given to human, social groups, society's wellbeing. Our life is affected by various internal and external factors, previous positive or negative experience that create different environment in which we live. During life course people gain specific experience, skills, knowledge etc., but in each life stage there is a challenge to live and feel well. Accordingly, the question of human, social groups, society's wellbeing is developed in separate social sciences: starting with psychology, sociology, economics, etc (Easterlin, 2003; Hoff, 2006; Veenhoven, 2007; McAllister, Camfield & Woodcock, 2009; Measuring Well-Being for Development, 2013, etc.). It shows that being or feeling well should be a natural state of each human, but in reality it is usually a desirable thing. This distinction between subjective wellbeing (also called "self-reported wellbeing") and conditions of real life challenges is that for some people their wellbeing is evaluated quite high, though for others there is a need to improve it. Especially it is seen when analysing distinct components (or life domains) of subjective wellbeing.

In recent decade, the interest in subjective wellbeing has increased significantly among researchers, politicians, national statistical offices, the media, and the public. The value of this information is grounded on potential contribution to monitoring the economic, social, and health conditions of populations, social groups and potentially informing policy decisions across these domains (Layard, 2005; National Research Council, 2013). Since in this article the situation of elderly people is analysed it provides the possibility to evaluate the present social living of elderly people and how it contributes to their subjective evaluations of wellbeing. A Lithuanian case shows that the interest in subjective wellbeing in general and especially of elderly people is in developing process. Most literature is based on medicine and quite a narrow viewpoint is given about that in social sciences. This enables to develop new researches based on elderly people's perception of their subjective wellbeing and interrelations with separate life domains. Considering the issues above, **the object of this research** is the interrelations between social domain and subjective wellbeing of elderly people. **The aim of the research** is to analyse social domain interrelations with subjective wellbeing of elderly people. **The objectives of the research** are as follows: 1) to define subjective wellbeing conception and its domains; 2) to analyse social domain elements influencing subjective wellbeing of elderly people; 3) to explore the conclusions of the research.

Implementing the research the following research methods were used: analysis and synthesis of scientific literature (for revealing the conception of subjective wellbeing and the importance of social domain to elderly people's subjective wellbeing); comparative and

statistical analysis, survey method (applying questionnaire) were applied for the purpose to show how different elements of social domain affect elderly people's subjective wellbeing.

The results of the research are presented starting with introducing the general notion of wellbeing and going on to the features of subjective wellbeing, giving the empirical research methodology, hereafter the importance of social domain interrelations with subjective wellbeing of elderly people are disclosed.

### The results of research

#### Conceptualising wellbeing and subjective wellbeing

Defining wellbeing it is necessary to consider the fact that it has formed in distinct societies. Firstly this definition (Schuessler & Fisher, 1985; Milaševičiūtė, Pukelienė & Vilkas, 2006; National Research Council, 2013) arose in the 7th decade of the 20<sup>th</sup> century as the president of the United States of America L. Johnson remarked that it is not sufficient to measure life taking into consideration the fact how many items members of the society can obtain but it is purposeful to assess how it influences their wellbeing. This remark was not left without consideration whereas the fundamental conception of wellbeing as the expression of worldly goods/values/resources gradually obtained other meanings as well. A number of researches (Johansson, 2001; Easterlin, 2003; Camfield, 2005; Royo & Velazco, 2006; European Social Survey, 2013) have reported that traditionally widely used dimensions were only economic (e.g. gross domestic product estimated for one inhabitant; household income, consumption expenditure, etc.). Afterwards economists, psychologists, sociologists and a number of other researchers determined that such a conception of wellbeing is restricted due to the fact that it does not encompass other significant aspects of people or society's wellbeing (Easterlin, 2003; Quality of Life throughout the World, 2005; Kaimiškujų vietovių įtaka Lietuvos regionų gyvenimo kokybei ir sanglaudai, 2006; Servetkienė, 2013). In this respect it is significant to mention that researches still do not have a unified opinion concerning the conception of wellbeing and especially due to the estimation dimensions or criterion. It was noted that emphasizing only economic components of wellbeing does not solve such social problems of society as poverty, mortality rate, insufficient literacy, health, etc. Recent evidence of wellbeing conception analysis suggests that it reveals people's features and characteristics of circumstance and cultural conditions in comparison with standard or certain level, satisfaction with appropriate situation. It can be noticed that wellbeing of individuals who belong to modern society or separate social groups is estimated as a significant basis of universal development and it actualizes the importance of wellbeing research in contemporary social studies. It is also naturally accepted that wellbeing has twofold understanding as *objective* and *subjective*.

The definition of *subjective wellbeing* originated in studies and researches from psychology science. Psychologists have always sought to perceive and to reveal people's evaluation of their lives (Diener et al., 2003; Camfield, 2005). Interdisciplinary interest in subjective wellbeing enforced various scientists who are concerned with the questions related to human entity, individual demands, value expression and other issues to focus on this field of research. It should be noted that the researches and analysis of subjective wellbeing has grown to the object of theoretic discussions and empirical researches. Subjective wellbeing has been linked with recognition and individual's emotional experiences that affect his/her life. In this respect it has become a subjective feeling of life completeness which arises while supplying spiritual recognition, communication, aesthetical and physiological demands. What is more, it is a factual or subjective equivalent of idealism and existing. Psychological wellbeing aspects were admitted as very significant individual's aspects of social and private life (Diener & Fujita, 1995; Veenhoven, 2002). In connection with the previous points it is significant to mention that subjective wellbeing as the object of research was included into clinical, intercultural, organisations and other researches. In this respect the central figure is a separate individual and his/her personal conception of wellbeing. Increasing interest of subjective wellbeing in science encouraged interdisciplinary debates concerning various matters (Strack, Argyle & Schwartz, 1991; Siegrist, 2003; Ruta, Camfield & Donaldson, 2006): how it can be investigated and

measured, what kind of factors influence subjective wellbeing, how it can be assessed, what theoretical assumptions and methodological approach there can be, etc.

One more factor indicating subjective wellbeing is personal experience of various situations, events when an individual undergoes happy or unhappy empathy and has to make a decision how to behave further. It must be noted that these decisions are formed in social environment to which the person belongs (Siegrist, 2003; Diener, 2005). This fact indicates that diverse positive and negative experiences are suffered or particular emotions assert during social interaction between various individuals/various situations. Accordingly this definition is also described as a socially determined construct comprising various aspects of real life which influence each social group's/individual's wellbeing.

As it is pointed in the book "Subjective Well-Being: Measuring Happiness, Suffering, and Other Dimensions of Experience" (National Research Council, 2013) subjective wellbeing is multifaceted and as an analytic construct it can be defined as *evaluative wellbeing* which refers to the judgments of how satisfying one's life is (these judgments are sometimes applied to specific aspects of life, such as relationships, community, health, and work) and *experienced wellbeing* which is concerned with people's emotional states and may also include the effects associated with sensations and other factors such as feelings of purpose or pointlessness that may be closely associated with emotional states and assessments of those states.

It is typical to a subjective wellbeing conception that it starts from *macro* viewpoint and continues till *micro* viewpoint. Thus it means that not the opinion of the majority of people (i.e. all the people of the country) is considered but the focus of attention is dedicated to subjective evaluation of social groups/particular individuals. In this respect the idea of localism arises because the phenomena of society more and more are assessed in the context of globalisation (Veenhoven, 1996; Camfield, 2005; McAllister, Camfield & Woodcock, 2009). The encouragement of such attitude enables to identify the values that are significant to people and priorities that are used while seeking better wellbeing for life.

Taking into account the comments of World Health Organization (Furmonavičius, 2001) it is considered that subjective wellbeing is a difference between personal expectations (hopes) and real opportunities while achieving/realizing it. It is obvious that wellbeing is treated as a comparable construct which can be analysed by various layers (Felce & Perry, 1995; Johansson, 2001; Veenhoven, 2002; Wellbeing Concepts and Challenges, 2005; Royo & Velazco, 2006):

- what individuals have (want to have) and do not have;
- conceptual and empirical grounding and definition of wellbeing;
- the things people have and desire for;
- comparison of wellbeing with each other;
- having of aims and opportunities to realize them;
- conception of what things encourage and limit the rise of wellbeing;
- conception of wellbeing among separate individuals, social groups, nations;
- positive and negative effects of life that influence the attitude towards your own cognition of wellbeing, etc.

Generalizing *subjective wellbeing* is a subjective individual's conception about his/her wellbeing or life which is based on experience, empathy and evaluation in different fields of life: social, economic, political, cultural, environmental, personal.

### **Social domain in subjective wellbeing context**

The analysis of subjective wellbeing conception reveals that it is broad and diverse concerning its content. Different researchers (Gasper, 2005; Verdugo et al., 2005; Bjornskov, Fischer & Axel, 2008) admit that the measurement of wellbeing should be based on separate individuals' domains and index analysis equally. It would provide the answer to the question what should be measured. The *analysis of life domains* (i.e. social relations, leisure, work, physical condition, etc.) appeals to particular individual's experiences in different fields of life although it is more significant what influence those fields have on wellbeing generally but not the number of the fields which are examined. As Cummins (1996), Veenhoven (2002), Rojas (2004) claim person's individual conception of wellbeing is affected by various life

domains. Following previous arguments it is obvious that it must be analysed how separate life domains affect people's lives and what things improve/worsen their wellbeing at local, regional, national or international levels.

In the United Kingdom 29 indicators including "cohesive society features" from three cohesive development domains – social development, increase of economy and environment protection were used for local level observation (Local Quality of Life Counts: a Handbook for a Menu of Local Indicators of Sustainable Development, 2000). In the global project account of social alteration research (Quality of Life throughout the World, 2005) only a few domains capturing wellbeing were distinguished: health condition, economic wellbeing, education, independence, satisfaction of life. It is noticed that the number of wellbeing domains depends on the fact whether the researcher investigates objective or subjective wellbeing. It is worth noting that objective indicators in diverse life domains can be restricted meanwhile subjective data can reveal more colourful and useful results and can highlight more components informing concerning wellbeing (Praag et al, 2001). Various authors (Mercer, 2005; Gataūlinas, 2010; Krutulienė, 2012) distinguish the following life domains influencing subjective wellbeing: political and social surroundings; economic surroundings; socio-cultural surroundings; medicine facility and health; learning and education; public facility and transport; recreation; consumption goods; accommodation; natural surroundings; immaterial aspects of wellbeing like social relations and political factors.

The most significant events of life and circumstances concerning family and marriage (Fahey, Nolan & Whelan, 2003; Helliwell & Putnam, 2005, etc.) are estimated as the closest (internal) environment that influences initial feeling of wellbeing and positive changes; it is worth noting that while assessing wellbeing for people social relations to external environment – community, associates, etc. are relevant. Camfield (2005) claims that individuals tend to assess their wellbeing more positively if their extent of integration to society is bigger. It is clear from the above that the main disadvantage while assessing the importance of social relations is the fact that there is no exact indicator allowing determining the connections between social relations and subjective wellbeing.

Since in this article subjective wellbeing of targeted *elderly people* group is analysed it should be highlighted that in most studies in the field of general wellbeing connections with separate life domains have revealed that social domain has a great significance to elderly people (Hoff, 2006; Vaznonienė, 2011; Skučienė, 2012). Giving in details the significance of social domain to subjective wellbeing can be based on the following remarks:

- breakaway/departure of labour market motivates to look for new social domains or deepen the existing ones; demand to communicate closely with members of the family increases;
- strengthens the feeling of loneliness (especially after losing the second-half);
- different feeling of time originates – you have to plan your activity and everyday life newly;
- changed position (when you become a retired person) challenges to greater demand of social care and frequent attendance of various social institutions (especially concerning health);
- various social problems that early were not so important develop, etc.

Following the above mentioned factors we can easily find that social domain in the evaluation of subjective wellbeing takes an important place. It involves different social life elements (like health and education, local facilities, formation of social surroundings, involvement (empowering) and partnership, etc.) which affect every person's present and future life. Most of the analysed literature reveals that social domain is very important when applying it to some social group. As it was already mentioned elderly people is the social group who took part in the research and their role and attendance is much more grounded in further sections.

### Methodology of empirical research

Traditional wellbeing research approaches are based on objective evaluation (outside information) i.e. while applying various indicators for a particular group/locality/country. Meanwhile empirical researches of subjective wellbeing are accomplished using different methods that enable to reveal subjective opinion, attitudes, and value. The following methods that are mostly used in evaluating subjective wellbeing could be mentioned: self-reports; various indexes and scales; people's opinion researches applying questionnaire interview method, etc.

Conceptualisation of wellbeing involves diverse conceptions, components and analysis methods of this definition. Thus, bearing in mind the previous points the importance of questionnaire survey implementing the researches of subjective wellbeing in this article is surveyed. A number of researches (Diener, Scollon & Lucas, 2003; Ventegodt & Merrick, 2003; Veenhoven, 2009) admit that questionnaire survey is one of the most popular subjective wellbeing research methods. Therefore, the questionnaire used for this research was based on the examples of international wellbeing questionnaire researches that are implemented in various countries (Eurobarometer researches, European social research, SHARE research, etc.) or within separate countries i.e. national, regional, local level wellbeing researches of countries.

Highlighted blocks of questions involved some life domains (social, economical, personal, environmental and political) that according to previous researches especially affect individual's subjective wellbeing. The key argument is that life domains influencing wellbeing are purposefully arranged in one way direction i.e. it goes from micro (internal environment – close/intimate) to macro (external) environment.

Most of the questions in the questionnaire were focused on the actualisation of *social domain* approach. The aim of the questions of this section was to investigate *the significance of social relations to involvement/integration of elderly people, to social problems and their connections with subjective wellbeing*. In this respect wellbeing evaluation of analysed individuals' age-group very often unfolds through social context. It is significant to mention that a social context is one of the most important domains influencing the wellbeing of elderly people's lives. Following all mentioned before a great attention was focused on social relations (social interaction), social participation/integration and social problems of elderly people. Accordingly the demand of this social group in order to maintain social relations can be perceived in three different ways:

- on the one hand, physical condition often requires a closer relation with family, relatives. It is no wonder that namely a close environment (relatives, neighbours, friends, former associates, etc.) becomes the most relevant factor while seeking to remain strong and necessary as much as it is possible;
- on the other hand, the demand of social relations/social integration in elderly age calls certain challenges because this group falls out of labour market and individuals lose their ordinary role in society. It is obvious that such alterations strongly affect certain individuals and due to this fact they face the danger of social disjuncture;
- elderly people are free to choose the object of communication (it is stated that they do have spare time, ideas or hobbies that are not realized and they are able to unfold freshly). However this attitude is not always correct because not all people's material wellbeing provides the freedom of choice and due to it human liberty and opportunities are restricted.

Moreover, the domain of social relations is concerned with psychological working of elderly people. It must be noted that such points as human loneliness are very significant. Due to the fact that people of employable age are busy with production and consumption, their intercommunication lacks of time and willingness. A lonely person becomes strange to himself/herself. On the one hand, the alienation syndrome can be linked to the pursuit of self-importance, on the other hand, it can be connected to other person's depreciation or lack of evaluation. Following the previous ideas it could be stated that under these circumstances the shortage of confidence in close people or friends and lack of support when it is needed arise

(Jurgelėnas et al., 2008). Thus, the feeling of loneliness in the declension of years becomes a difficult probation for elderly people (especially for women, because their lifespan is longer) and due to this fact the demand of proximity, communication increases.

In this paper the respondents (targeted group) were elderly people, i.e. Lithuanian people, senior (elderly)/retiring age people. Assuming the data of the Lithuanian statistics department (Statistikos departamentas, 2012) it must be noted that such age limit for elderly (retirement age) people is applied: women's retirement age is from 60 years, men's retirement age is from 62,5 years. To identify the number of the respondents nonprobability sampling was applied.

The importance of social domain impact to elderly people's subjective wellbeing can be proven according to a few reasons:

- Lithuanian society, like global society expeditiously advances in age;
- elderly people are one of the most potential social groups that can become socially excluded because the risk of vulnerability increases with age;
- elderly people's vote can contribute to their decrease as socially isolated people;
- elderly people are often discriminated among other social groups (i.e. in comparison with a junior generation);
- elderly people can have intelligent, relevant suggestions how to improve their wellbeing;
- subjective wellbeing research of elderly people could supplement already existing information base concerning their life patterns because subjective wellbeing of this social group in the context of Lithuania is analysed not enough in social sciences and mostly in medicine (Furmonavičius, 2001; Jurgelėnas et al., 2008; Juozulynas et al., 2009; Skučienė, 2012; Orlova, 2014 admit that subjective wellbeing researches of elderly people is an innovation because the attention is focused on other vulnerable groups (i.e. children, women, risk families), etc.)

Conducting the survey 602 people were involved in the research. While performing people's selection particular population characteristics were considered: the distribution of respondents according to sex and age groups (60-69, 70-79, 80 and more years of age) should be close to the distribution of elderly people in Lithuania. Consequently, there were 413 women (69 percent) and 189 men (31 percent) in the empirical research. The average of their life was 70,3 years, median was 69 years and mode is 68 years. Respondents' age in variation line ranges about 6,7 years. The lowest possible respondent's age was 60 years (as it was noted above it is one of the elderly age indicators which is applied for women) and the oldest person who participated in the survey was 93 years old.

### **Insights of empirical research**

The research of subjective wellbeing of elderly people giving attention to the social domain aspect revealed miscellaneous results. It was complicated for the respondents to define their current position (various possible categories illustrating socioeconomic position were combined). The respondents had to indicate how else they could define their condition: working, unemployed, ill, disabled, destitute, living with their children, relatives, etc. What is more, the establishment of position was significant because it broadened knowing about socioeconomic condition of elderly people. Yet as the majority of elderly people indicated that they do not work (522), the working ones (mostly belonging to the group of 60-69 years – their number was 70) were glad to have an opportunity to be involved in labour market. Other versions of position are linked to health condition, disablement or poverty characteristics. It is clear from the above that namely the question concerning the respondents' socioeconomic position conditionally enabled to specify/supplement other questions that justify socioeconomic life domain. Referring to the common estimation characteristics of subjective wellbeing of elderly people it is significant to consider what subjective opinion arises while estimating wellbeing according to particular features. It has been found out that family status (1 Table) performs an important part in wellbeing estimations of elderly people.

**Table 1.** Evaluation of subjective wellbeing according to respondents' family status, percentage

Family status	Very good	Good	Moderate	Bad	Very bad
Married	1,5	17,3	61,6	18,8	0,7
Widowed	0,4	12,9	54	29,4	3,3
Divorced	3,1	18,8	50	28,1	0
Not married	10	10	60	20	0
Partnership	0	50	25	0	25
Average	1,2	15,4	57,2	24,1	2

The research results revealed that although there is a prevailing internal estimation of wellbeing, the responses vary according to individual family status. Thus, it must be noted that single or living in common-law marriage individuals evaluate wellbeing best. Furthermore, it is important to emphasise that there is a minority of these respondents in the total number of people who were questioned thus it can be stated that the distribution of responses is more important among other groups. It has been found out that widowers estimate wellbeing worst. Although the loss of spouse in this age can be realised as a normal process of life it leaves a significant negative effect for further life.

Subjective opinion was examined according to what socioeconomical group respondents attribute themselves (2 Table).

**Table 2.** Evaluation of subjective wellbeing according to respondents' socioeconomical group, percentage

Evaluation	Social economical group				Average
	Can barely live	Live poor	Live normal/ Substantial	Live very good/ good	
Very good/good	3,4	3,0	19,4	36,8	16,6
Moderately	37,9	54,3	62,5	50,6	57,2
Very bad/bad	58,7	42,7	18,1	12,6	26,2
Overall	100,0	100,0	100,0	100,0	100,0

The given data indicate that better subjective wellbeing estimations depend on better evaluation of a socioeconomical status. On the contrary if person ascribes himself/herself to "barely can live" or "live poor" obviously his/her wellbeing estimations decrease.

To return to the earlier research insights, wellbeing is mostly influenced by a few human life domains: personal, economic, cultural, environmental and political (Table 3). The majority of observed interrelationships are weak, only links of average strength were obtained between sociocultural and socio-political life domains. Taking into consideration the investigation results it is obvious that firstly their wellbeing is influenced by *social* and *economic* (that has given underlying 1-2 points in the 6 points scale), then personal life domains.

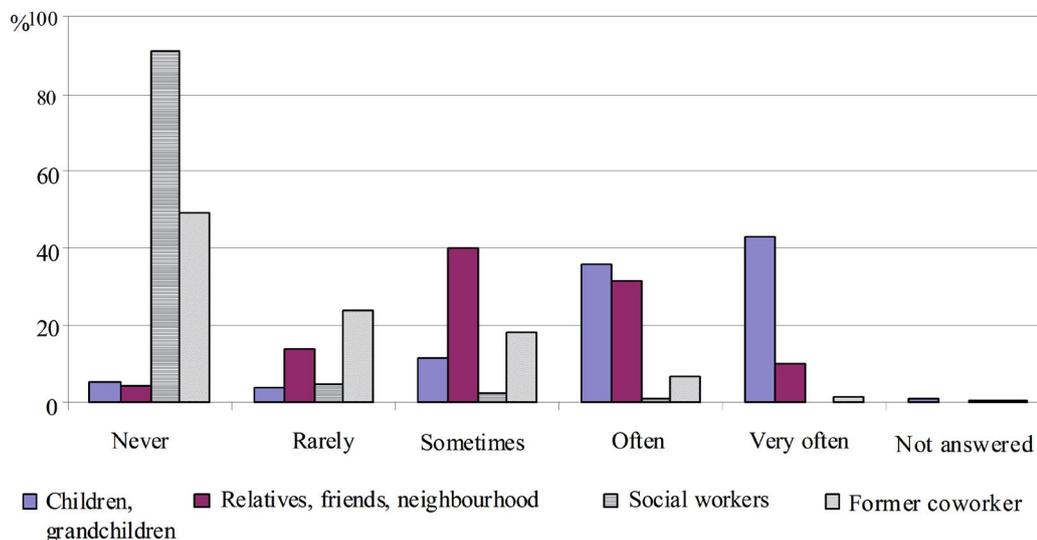
**Table 3.** Statistical indicators of wellbeing domains distribution

Indicators	Social (family, friends, neighbours)	Economical (income, expenditure)	Personal (emotional, physical, psychological) behaviour	Environmental (safety, territorial attractiveness)	Cultural (leisure, entertainment, etc.)	Political (election, freedom of speech, etc.)
Average	2,10	2,19	2,49	4,13	4,71	5,37
Median	2,00	2,00	2,00	4,00	5,00	6,00
Mode	1	1	3	4	5	6

Indicators	Social (family, friends, neighbours)	Economical (income, expenditure)	Personal (emotional, physical, psychological) behaviour	Environmental (safety, territorial attractiveness)	Cultural (leisure, entertainment, etc.)	Political (election, freedom of speech, etc.)
Standard deviation	1,176	1,163	1,263	0,933	0,992	1,131

The data show that the respondents gave priority to what mostly affects their subjective wellbeing. Mode 1 point, average and median as 2 points (e.g. for social domain) means that elderly people put less attention to other wellbeing domains and their better life is related to overall satisfaction in social domain (or social sphere). To continue with, the characteristics of social life domain and connections with subjective wellbeing of elderly people revealed that the influence of social life domain on wellbeing of elderly people is usually estimated in the context of social relations (importance of close/distant surroundings), social attendance/integration and social problems. Having considered the fact that elderly people can be attributed to social disjuncture groups it is obvious that some questions from social domain have been analysed in the context of social disjuncture factors of elderly people.

Maintenance of social relations for elderly people is one of the ways to integrate into society. What is more, the opportunity to speak out, the demand to be heard for elderly people is very important. Therefore, elderly people were asked whether they have someone to discuss their problems with. Referring to the results it is obvious that most people indicated “yes, of course/probably” (almost 80 percent), while people who doubted or did not have anyone were 20 percent, in connection with the last points it is significant to emphasise that people who have a spouse or often communicate with their children/grandchildren or live with them have better communication opportunities, feel more necessary. In addition, it was considered whether relatives often visit elderly people if they do not live together (Fig. 1).



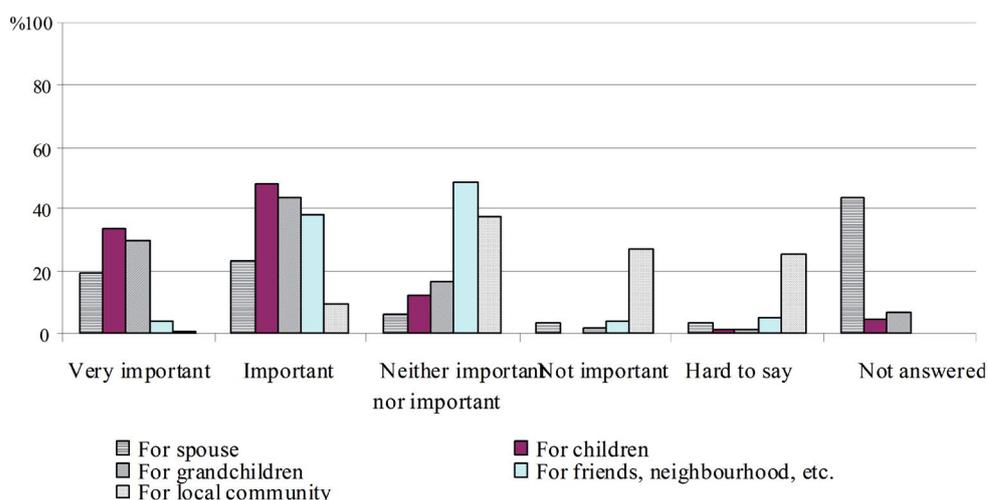
**Figure 1.** Respondents' opinion about how often other people visit elderly people, percentage

The data of the research revealed that people from close environment for example children/grandchildren, relatives, neighbours usually visit elderly people. However, the gap with people of remote (external) environment apparently emerges. On the one hand, the fact that social workers hardly ever visit elderly people can mean that their help is not needed,

on the other hand, it may indicate that specialists of this field insufficiently or wrongly fulfil their work. So far the research has demonstrated that former associates are not active while maintaining relations with retired people (almost 73 percent indicated that former associates “never/rarely” visit them). However it can be a choice of elderly people or emerging restricting factor of communication of diverse generations (this factor is mentioned as social disjuncture of elderly people and as influencing wellbeing factor).

One more significant question which is important while indicating the relations of elderly people with other people was the estimation of the feeling of necessity (Fig. 2). According to the answers of the respondents it has been found out that elderly people are the most necessary to children/grandchildren. Furthermore, people who are married are necessary to spouse (43,2 percent) but individuals who are divorced indicated answers expressing doubt or pointed that they are not necessary. It must be noted that 42 percent of people felt necessary to acquaintances, friends and 49 percent expressed doubts concerning their necessity. It seems that this estimation of the feeling of necessity can be associated with elderly people’s qualities of activeness/passiveness. It is noticeable that self-starter people feel more necessary to friends, neighbours, local community.

The evidence suggests that the role of local community is unnoticed in the life of elderly people because only 10,3 percent of elderly people agree that they are important to local community.



**Figure 2.** Evaluation of being in need of other people, percentage

It is clear from the factorial analysis that 3 factors can be distinguished: factor number 1 constitutes 23,4 percent of the whole variation and includes family members (children/grandchildren/spouse), factor number 2 constitutes 20,7 percent of the whole variation (involves the individuals of close surroundings – neighbours, friends, acquaintances/local community/former associates) and factor number 3 composes 12 percent of the whole variation (social workers representing distant/outer environment).

The ability to maintain social relations is linked not only to communication generally but to other people’s attendance as well. Due to this fact the respondents were examined how often they make a visit (gather in public) or invite other people. The responses show that 47,8 percent of elderly people “more rarely than once or once in a month” make a visit/invite guests, 20,6 percent of people indicated that more often than once whereas 27,6 percent indicated once or several times in a week.

The evidence suggests that the maintenance of social relations or its demand is largely revealed through a particular activity. The respondents were asked what they do or what activity

would be necessary for them, what events they visit. Taking into consideration the respondents' stage of age possible activities were indicated. Although elderly people indicated a few activities in which they are involved but mostly pointed that they "read the press/books/listen to the radio", "tidy the house", "meet with friends, neighbours", "go for a walk". Furthermore, the activities that were indicated as least engaging were the following: "attendance of clubs/circles", "care of animals", "attendance of community meetings". Accordingly, taking the results into account it is noticeable that passive activity which is held in their own surroundings, houses is more dominant. What is more, it can be stated that such distribution reveals that elderly people do not want to be involved in society activities or their demand to be included in various activities is restricted by financial opportunities, inappropriate communication, etc. Thus, in this respect the factor analysis of the activities that are necessary to elderly people was conducted. The results revealed that 2 factors are dominant: factor number 1 clarifies 31,5 percent, whereas factor number 2 explains 20,8 percent of the whole variation. It can be seen (Table 4) that the first factor combines more components than the second one and basically their elements are distinct. The factor 1 can be defined as *cultural and leisure activity* demand meanwhile the second one can be defined as *religious activity* demand. Although the factor 2 combines less components (only two) but major factor weights of the components unfold.

**Table 4.** Activities which are necessary to elderly people (results of factor analysis)

Factors	Factor weight	
	1 factor	2 factor
Various meetings with known local/country's people	0,746	0,041
Participation in community meetings	0,728	0,159
Participation in music/dance/handicraft collectives	0,662	0,137
Participation in entertainment events (concerts, theatre, festivals, etc.)	0,658	0,171
Visiting library	0,648	-0,194
Visiting seminars about health	0,603	-0,046
Visiting political events (voting, meeting with politicians)	0,299	0,274
Visiting church	-0,032	0,919
Visiting religious events	0,055	0,916

Research data reveal that religious activity is specifically important to elderly people. It is noticeable that the attendance of political events does not get a sufficient score both in the first factor and the second factor due to the particular reasons. Accordingly it was noticed that political events (or political domain) in many calculations was at the end without specific assessment.

As it has been previously noted, the significance of social domain for wellbeing of elderly people reveals not only through the social relations, social attendance but through various social problems as well. Due to various social problems negative estimation of wellbeing increases. Bearing in mind the previous notes, it must be noted that there are a few questions that are related to social/financial support/help, fears of elderly people, estimation of institutions' activity that are considered. While estimating the subjection of social/financial support/help from separate institutes (family and state) statistically significant results were received concerning average differences.

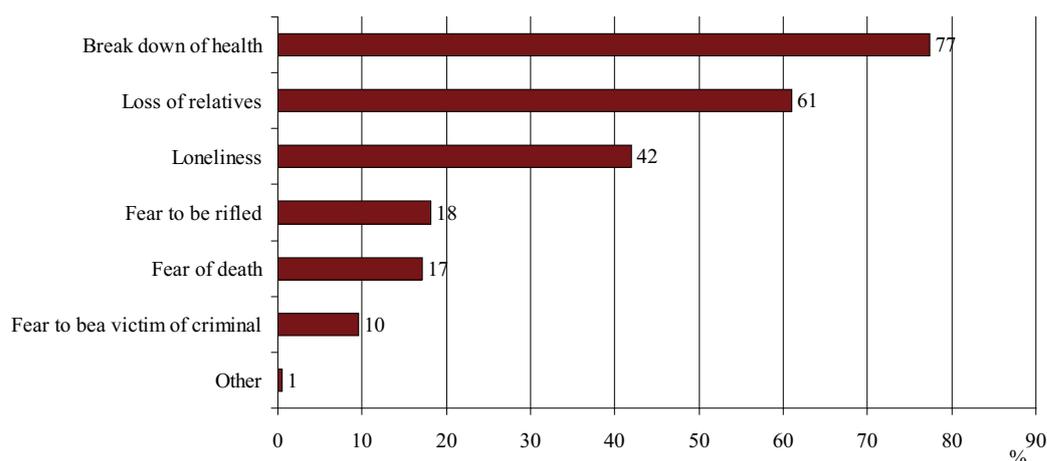
**Table 5.** Respondents' opinion about the responsibility of family and state for elderly people

Statement	Just family	Mostly family	Both family and state	Mostly state	Just state
Financial support for elderly people	1,8	1,7	32	41,2	23,3
Assistance for elderly people in housekeeping	19,9	50,0	28,4	1,7	-

Statement	Just family	Mostly family	Both family and state	Mostly state	Just state
Care of elderly (nursing, help while getting dressed, etc.)	11,3	33,7	49,3	4,7	1,0

The data of the research show that almost one third of the respondents indicated that state should mostly concern about financial support of elderly people (64,5 percent), that family and state should care for elderly people. Another opinion is revealed while talking about the assistance at home/housework. In this case, on the contrary, the most significant role falls to family members, relatives (it was indicated by 70 percent of the respondents). Meanwhile, social support (to be precise, social facility) which is necessary for this group has to be important to family and state equally (or more to family, as 45 percent of respondents indicated). It is obvious from the points above that such attitude of elderly people about help for them indicates the distinction among kinds of assistance that is necessary for them. It is clear that family is important while solving individual (personal) help questions meanwhile state is a guarantee of financial resources (firstly ensuring pensions or other social benefits). Although in contemporary society attention is paid to various social facilities that are afforded by state but not all representatives of this age group are able to use the facility due to various reasons (i.e. shortage of information, etc.).

One more problematic issue which is relevant to elderly people is various fears which they face (Fig. 3) or they think about.



**Figure 3.** Fears which make elderly people worry, percentage

As given above elderly people mostly indicated that the biggest fear is associated with health deterioration. What is more, it can be seen from the data analysis that the biggest fears are associated with personal life domain. It is clear from the results that the condition of the closest surroundings is an important factor of personal wellbeing and only then all the other fears are relevant. The fears are connected with negative life phenomena such as death and delinquency. However, while estimating the strength of link among various fears very weak bonds were received except average links between the threats of delinquency and fear that they can be robbed.

It must also be noted that suitable implementation of functions of different institutions contribute not only to elderly people's risk factors remission/elimination but to the rise of wellbeing as well. It is emphasised by scientists (Atkinson & Davoudi, 2000; Bjornskov, Fischer & Axel, 2008, etc.) examining the effect of institutions to social groups and their possible prevention. In connection with this last aspect it is significant to mention that the

estimation of the activity of institutions (Table 6) revealed that in the scale of 5 points health institutions are evaluated the worst (it was indicated by 38,5 percent of the respondents) and the activity of government/municipality (26,5 percent) – respectively 2,75 and 2,92 points and the activities of church, shops and post office were evaluated the best. In addition, the correlation analysis of institutions revealed that among the activity of institutions very weak bonds exist and only among health institutions and government/municipality that are evaluated as the worst there are bonds of average strength.

**6 Table.** Evaluation of institutions activity, percentage

Activity	Very good	Good	Not good, not bad	Bad	Very bad
Health institutions	2,2	15,1	44,2	32,7	5,8
Elderships, municipalities	4,5	14,3	54,7	21,8	4,7
Transport	3,0	31,7	50,2	12,6	2,5
Post	7,5	55,4	33,1	3,0	1,0
Shops	13,1	51,8	32,1	2,7	0,3
Church	22,1	51,0	23,4	2,5	1,0
Entertainment	5,5	21,3	61,4	7,0	4,8

Emphasizing the interrelations of social life domain with subjective wellbeing of elderly people a few results can be distinguished. Firstly, the basis for better evaluation of subjective wellbeing is close social relations in the closest environment. Initial relations with family/relatives, neighbours/friends ensure better integration to society in general. Distant environment is significant as well because it is associated with the satisfaction of various demands. In this case the integration to society while maintaining relations with various institutions is pointed out. As it was noticed before, the communication/social interaction depends not only upon the person but upon activity implementation of the institutions. In this respect various fears and social problems of elderly people, that for separate individuals can be very diverse, emerge. As the research suggests, elderly people are united by similar fears and the particularity of arising problems.

### Conclusions

Historically the concept of wellbeing and its application have transformed and at different stages of social development portrayed different characteristics of wellbeing of an individual and/or society. Contemporary wellbeing does not only reflect the objective conditions under which people live and allocate physical resources. Subjective wellbeing including physical health, spiritual condition, feelings, social relations, life priorities is also important. Accordingly subjective wellbeing involves non-physical components of living conditions, means the difference between personal expectations/hopes and actual possibilities to achieve/implement the same, it is a comprehensive perception of wellbeing (e.g. life satisfaction in general) or individual living domains.

The analysis of subjective wellbeing among elderly people showed that their subjective wellbeing is evaluated with average scores; men's wellbeing is worse than women's; better wellbeing is that of 60-69 year-old respondents, but the worst is among 70-79 year-old respondents; women are more happy than men also men are less satisfied with their present life than women; women find the family status particularly important for high well-being, while men opt for material well-being.

The empirical research highlighted that the social domain has an essential impact on the wellbeing of elderly people. Strong relations with the near social environment (family, relatives, friends, neighbours, etc.) affect the process of integration into the society, while weak relations are relative to a gradual rupture with social life. It appeared that the family is important in addressing individual (related to a person) help issues, while the state is rather a guarantee of financial resources (firstly related to the payment of pensions and other social benefits).

The understanding of elderly people about who/what is responsible for their wellbeing depends on how active they are. More active people agreed that they are responsible for their lives themselves or that their immediate family can help them. The more passive ones, who suffer from inadequate living conditions or poverty, believe that they should be taken care of by the neighbourhood or municipality, state or various public, non-governmental or charity organizations.

## References

1. Atkinson, R., & Davoudi, S. (2000). The concept of social exclusion in the European Union: Context, development and possibilities. *Journal of Common Market Studies* 38, 3, 427-448.
2. Bjornskov, Ch., Fischer, & J. AV. Axel D. (2008). *Formal Institutions and Subjective Well-Being: Revisiting the Cross-Country Evidence*. Munich Personal RePEc Archive. MPRA Paper No. 17159, 45 p. Retrieved from: [http://mpra.ub.uni-muenchen.de/17159/1/MPRA\\_paper\\_17159.pdf](http://mpra.ub.uni-muenchen.de/17159/1/MPRA_paper_17159.pdf)
3. Camfield, L. (2005). *Researching Quality of Life in Developing Countries*. Newsletter of the ESRC Research Group on Wellbeing in Developing Countries. Retrieved July 3, 2005. Retrieved from: <http://www.welldev.org.uk/news/newsletter-april-05.htm>
4. Cummins, R. A. (1996). The Domains of Life Satisfaction: An Attempt to Order Chaos. *Social Indicators Research*, 38, p. 303-332.
5. Diener, Ed, & Fujita, F. (1995). Resources, personal strivings, and subjective well-being of nations. *Journal of Personality and Social Psychology*. 68(5), 926-35.
6. Diener, Ed, Scollon, Ch. N., & Lucas, R. E. (2003). The evolving concept of subjective well-being: the multifaceted nature of happiness. *Advances in Cell Aging and Gerontology*, Vol. 15, 187-219.
7. Diener, Ed. (2005). *Guidelines for National Indicators of Subjective Well-Being and Ill-Being*. November 28. Retrieved from: [http://s.psych.uiuc.edu/~ediener/Documents/Guidelines\\_for\\_National\\_Indicators.pdf](http://s.psych.uiuc.edu/~ediener/Documents/Guidelines_for_National_Indicators.pdf)
8. Easterlin, R. A. (2003). *Building a Better Theory of Wellbeing*. IZA Discussion Paper No. 742. Retrieved from: <http://ssrn.com/abstract=392043>
9. *European Social Survey* (2013). Round 6 Module on Personal and Social Wellbeing – Final Module in Template. London: Centre for Comparative Social Surveys, City University London.
10. Fahey, T., Nolan, B., & Whelan, Ch. T. (2003). *Monitoring quality of life in Europe*. European Foundation for the Improvement of Living and Working Conditions, Office for Official Publications of the European Communities, Luxembourg.
11. Felce, D., & Perry, J. (1995). Quality of life: its definition and measurement. *Research in Developmental Disabilities*. 16 (1), 51-74.
12. Furmonavičius, T. (2001). Gyvenimo kokybės tyrimai medicinoje. *Biomedicina*. 1, 2, 128-132.
13. Gasper, D. (2005). Subjective and objective well-being in relation to economic inputs: puzzles and responses. *Review of Social Economy*, 1470-1162, 63, (2), 177 – 206.
14. Gataūlinas, A. (2010). The Concept of Subjective Well-Being and its Application for the Analysis of EU Countries. *Filosofija. Sociologija*, 21 (2), 92-100.
15. Helliwell, J., & Putnam, R. (2005). The Social Context of Wellbeing. In Huppert, F.; Baylis, N. and Keverne, B. (eds). *The Science of Wellbeing*. Oxford: OUP.
16. Hoff, A. (2006). Research on Ageing in Central and Eastern Europe. *Paper given at the James Martin School of the 21st Century Seminar Series at the Oxford Institute of Ageing on „Population Ageing in Central and Eastern Europe*, 23 Oxford. Retrieved from: <http://www.ageing.ox.ac.uk/system/files/Working%20Paper%20308.pdf>
17. Johansson, S. (2001). *Conceptualizing and Measuring Quality of Life for National Policy*. FIEF Working Paper Series, No. 171, Stockholm. 21 p. Retrieved from: <http://swopec.hhs.se/fiefwp/papers/WP171.pdf>
18. Jurgelėnas, A. et al. (2008). Gyvenimo kokybės ir amžiaus integralumo bruožai. *Gerontologija*. 9(4), 207-213.
19. Juozulynas, A., Prapiestis, J., Jurgelėnas, A., Valeikienė, V., Savičiūtė, R., & Migline, V. (2009).

- Pensijinio amžiaus žmonių gyvenimo kokybės tyrimai Vilniaus mieste. *Gerontologija*.10(2), 83–91.
20. *Kaimiškųjų vietovių įtaka Lietuvos regionų gyvenimo kokybei ir sanglaudai*. (2006). Mokslinio tyrimo ataskaita. Užsakovas: LZŪM. – Vadovas: doc. J. Čaplikas.
  21. Krutulienė, S. (2012). Gyvenimo kokybė: sąvokos apibrėžimas ir santykis su gero gyvenimo terminais. *Kultūra ir visuomenė*. Socialinių tyrimų žurnalas, 3 (2), 117-130.
  22. Layard, R. (2005). *Happiness: Lessons from a New Science*. London: Allen Lane, Penguin Group.
  23. *Local Quality of Life Counts: a handbook for a Menu of Local Indicators of Sustainable Development*. (2000). Environment Protection Statistics and Information Management Division. (EPSIM), 75 p.
  24. McAllister, F., Camfield, L., & Woodcock, A. (2009). Needs, Wants and Goals: Wellbeing, Quality of Life and Public Policy. *Applied Research Quality Life*, 4, 135–154.
  25. *Measuring Well-Being For Development*. (2013). OECD Global Forum ON Development. Discussion Paper for session 3.1. Retrieved from: [www.oecd.org/site/oecdgfd/](http://www.oecd.org/site/oecdgfd/)
  26. Mercer. *World-wide quality of living survey*. Mercer Human Resource Consulting, 2005. Retrieved from: <http://www.mercerhr.com/qualityofliving>
  27. Milaševičiūtė, V., Vilkas, E., & Pukelienė, V. (2006). Indeksas gyvenimo kokybei matuoti: analizė, vertinimas ir tyrimas Lietuvos atveju. *Organizacijų vadyba: sisteminiai tyrimai*. Nr. 39, 161-178.
  28. National Research Council. (2013). *Subjective Well-Being: Measuring Happiness, Suffering, and Other Dimensions of Experience*. Washington, DC: The National Academies Press.
  29. Orlova, U. L. (2014). *Socialiai globojamų vyresnio amžiaus asmenų gyvenimo kokybės veiksniai* (PhD thesis, Vilnius University).
  30. Praag, B. M. S., Frijters, P., & Ferrer-i-Carbonell, A. (2001). *The Anatomy of Subjective Well-being*. Discussion Paper No. 265. Berlin. Retrieved from: [http://www.diw.de/documents/publikationen/73/diw\\_01.c.38602.de/dp265.pdf](http://www.diw.de/documents/publikationen/73/diw_01.c.38602.de/dp265.pdf)
  31. *Quality of Life throughout the World*. (2005). A report from The Global Social Change Research Project. Available at: <http://gsociology.icaap.org/reportpdf/quality.pdf>
  32. Rojas, M. (2004). *The Complexity of Well-being A Life Satisfaction Conception and a Domains of Life Approach*. Paper for the International Workshop on Researching Well-being in Developing Countries, 26 p. Retrieved from: [http://www.flacso.or.cr/fileadmin/documentos/FLACSO/Dialogos\\_Bienestar/Luis\\_Mariano4.pdf](http://www.flacso.or.cr/fileadmin/documentos/FLACSO/Dialogos_Bienestar/Luis_Mariano4.pdf)
  33. Royo, M. G., & Velazco, J. (2006). *Exploring the relationship between happiness, objective and subjective well-being: evidence from rural Thailand*. WeD Working Paper 16. Wellbeing in Developing Countries ESRC Research Group. 46 p.
  34. Ruta, D., Camfield, L., & Donaldson, C. (2006). *Sen and the art of quality of life maintenance: towards a working definition of quality of life*. ESRC Research group on Wellbeing in Developing Countries. WeD Working paper 12, 51 p.
  35. Schuessler, K.F., & Fisher, G. A. (1985). Quality of Life Research and Sociology. *Annual Review of Sociology*, 11, 129-149.
  36. Servetkienė, V. (2013). *Gyvenimo kokybės daugiadimensis vertinimas, identifikuojant kritines sritis* (PhD thesis, Mykolas Romeris University).
  37. Siegrist, J. (2003). Subjective well-being: new conceptual and methodological developments in health-related social sciences. *ESF SCSS Exploratory Workshop on „Income, Interactions and Subjective Well-Being* Paris.
  38. Skučienė, D. (2012). Lietuvos pensininkų subjektyvioji gerovė tarp Europos šalių. *Gerontologija*. 13(3), 154–164.
  39. Statistikos departamentas (2012). *Lietuvos statistikos metraštis*. Vilnius: Statistikos departamentas prie Lietuvos Respublikos Vyriausybės.
  40. Strack, F., Argyle, M., & Schwartz, N. (1991). *Subjective Well-Being. An interdisciplinary perspective*. Pergamon Press.
  41. Vazonienė, G. (2011). *Subjektyvi gerovė ir socialinė atskirtis: pagyvenusių žmonių atvejis* (PhD thesis, Kaunas Technology University).
  42. Veenhoven, R. (1996). Happy life expectancy. A comprehensive measure of the quality of life in

- nations. *Social Indicators Research*, 39, 1-58.
43. Veenhoven, R. (2002). Why Social policy needs subjective indicators. *Social Indicators Research*, 58, 33-45.
  44. Veenhoven, R. (2007). Subjective Measures of Well-being. In: McGillivray (Ed.) *Human Well-being, Concept and Measurement*. Palgrave /McMillan, Houndmills, New Hampshire, USA, Chapter 9, pp. 214-239. ISBN 10-0-230-00498-9.
  45. Veenhoven, R. (2009). Well-Being in Nations and Well-Being of Nations. Is There a Conflict Between Individual and Society? *Soc Indic Res.* 91, 5–21.
  46. Ventegodt, S., & Merrick, J. (2003). Lifestyle, Quality of Life, and Health. *The Scientific World Journal*, 3, 811–825.
  47. Verdugo, M. A., Schalock, R. L., Keith, K. D., & Stancliffe, R. J. (2005). Quality of life and its measurement: important principles and guidelines. *Journal of Intellectual Disability Research*, 49, 707 –717.
  48. *Wellbeing Concepts and Challenges*. (2005). Sustainable Development Research Network (SDRN) briefing three. Sustainable Development Research Network. Sponsored by Defra. Retrieved from: <http://www.sdresearch.org.uk/wpcontent/uploads/finalwellbeingpolicybriefing.pdf>

## SUBJECTIVE WELLBEING OF ELDERLY: SOCIAL DOMAIN ASPECT

### Summary

*Gintarė Vazonienė,*  
*Aleksandras Stulginskis University, Lithuania*

Research on wellbeing provides new information about the human being. Recently the interest in this field increased among academic researchers, policy makers, national statistical offices, the media and the public. Traditional view evaluating objective wellbeing was extended/supplemented by subjective wellbeing approach. It enabled to make a deeper analysis of wellbeing of social groups. This has also become an important research field in Lithuania, though the tradition of subjective wellbeing is growing in momentum.

The changes after the reestablishment of the independence of Lithuania challenged wellbeing differentiation in the society, which determined that some elderly people feel low wellbeing while others live normally. The interest in subjective wellbeing of elderly people in social sciences is quite new and mostly revealed in medicine, somewhat in gerontology, psychology. This view is rather limited and gives opportunities for social sciences to explore it. The growing number of elderly people in society makes challenges for their overall wellbeing. Being aware of what life domains affect their subjective wellbeing it can be easier to improve their lives. Considering wellbeing issues mentioned in the paper the object of this research was – interrelations between social domain and subjective wellbeing of elderly people. The aim of the research was to analyse social domain interrelations with subjective wellbeing of elderly people. The objectives of the research are as follows: to define subjective wellbeing conception and its domains; to analyse social domain elements influencing subjective wellbeing of elderly people; to explore the conclusions of the research.

The definition of subjective wellbeing originated in studies and researches from psychology science. Interdisciplinary interest in subjective wellbeing enforced various scientists who are concerned with the questions related to human entity, individual needs, value expression and other to focus on this field of research. Subjective wellbeing definition is linked with: recognition and individual's emotional experiences that affect his/her life; personal experience of various situations, events when an individual undergoes happy or unhappy empathy and has to make a decision how to behave further; it is a socially determined construct comprising various aspects of real life which influence each social group's/ individual's wellbeing. The analysis of this conception showed that the measurement of subjective wellbeing should be based on separate individuals' life domains: social, economic, political, cultural, environmental, personal. Accordingly the social domain interrelations with elderly people subjective wellbeing were analysed in this article.

Empirical research of subjective wellbeing of elderly people was accomplished using the questionnaire method. The questionnaire was created using the examples of international wellbeing questionnaire researches that are implemented in various countries or within separate countries i.e. national, regional, local level wellbeing researches of countries. Most of the questions were focused on the actualisation of social domain with the aim to reveal the significance of social relations to the integration of elderly people, social problems and their connections with subjective wellbeing. The respondents were elderly people (retiring age people).

Characteristics of social life domain and connections with subjective wellbeing of elderly people revealed that influence of social life domain on wellbeing of elderly people is usually estimated in the context of social relations, social attendance/integration and social problems. The research of subjective wellbeing of elderly people giving attention to social domain aspect revealed miscellaneous results. It has been found out that family status performs an important part in wellbeing estimations of elderly people: married and not married people feel better wellbeing than widowed persons. According to socioeconomic characteristics better wellbeing is for those who live normally or good and worse who believe they are poor. The data about social relations showed that the communication with close environment improves the respondents' wellbeing and elderly people feel necessary, important. This estimation of the feeling of necessity can be associated with elderly people's qualities of activeness/passiveness. Family is important while solving individual care questions meanwhile state is a guarantee of financial resources. Analysing social domain elderly people evaluated how various fears influence their wellbeing: the biggest fears are associated with breakdown of health, loss of relatives, loneliness. Since elderly people contact with different institutions, suitable implementation of functions of different institutions contribute not only to elderly people's risk factors remission/elimination but to the rise of wellbeing as well.

Summarizing it should be noted that the interrelations of social life domain with subjective wellbeing of elderly people have distinguished few results. The basis for better evaluation of subjective wellbeing is close social relations in the closest environment and ensuring of better integration to society in general. External environment is significant as well because it is associated with the satisfaction of various demands. In this case the integration to society while maintaining relations with various institutions is emphasized. Communication/social interaction depends not only upon the person but upon activity implementation of the institutions. As the research highlighted, the strengthening of social domain of elderly people's wellbeing can be a basis for better overall living.