

IMPACT OF WELLBEING ON QUALITY OF LIFE OF AGING POPULATION IN PAKISTAN: EVIDENCE FROM KARACHI

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ABSTRACT

Pakistan is experiencing a boom in the aging population; hence it has become a new challenge and there is a need to focus on this demographic shift. The wellbeing of the physically vulnerable segment of the population seeks much consideration as it sets general values of society. The purpose of this research was to determine the impact of wellbeing on quality of life among aging population in Karachi, Pakistan. A well-structured questionnaire is used to collect data from individuals working / non-working in different setups and capacities. On wellbeing, four dimensions; Psychological, Social, Physical and Occupational are used to assess their impact on quality of life. The statistical results indicate a significant impact of Psychological Wellbeing, Social Wellbeing and Occupational Wellbeing on Quality of Life. However, the impact of Physical Wellbeing is statistically insignificant. This study is of value since it sets ground to devise suitable plans for management of the elderly population by the employers of the public health, and policy-making organizations. Effective policies and programs will not only promote healthy aging but also improve the quality of life of senior citizens by enabling them to remain productive and independent.

Keywords: *Quality of Life; Physical Wellbeing; Psychological Wellbeing; Social Wellbeing; Occupational Wellbeing; Aging Population; Active Aging.*

INTRODUCTION

An increase in the aging population appears to be the next social issue that needs to be addressed with due care. Like many other developing countries, Pakistan is going through a demographic transition. The continuous improvement in life expectancy has resulted in population boom since last fifty years, and it will close to seventy-two years of age due to the increase in life expectancy by 2023 (Elahi, 2012; Ali, Hussain

& Chaudhry, 2001; Bloom, 2011). According to the Government of Pakistan (2002), approximately six percent (6%) of the population of Pakistan is over the age of 60 (7.3 million people), whereas forty percent (40%) of the households have at least one aging person.

There are various definitions of the terms Quality of life and Wellbeing in the literature. The meaning of these terms is expressed differently as they are used in various context, however, in general, they are referred to the environmental settings in which people live, (quality of air, water, housing), or in relation to some individual attribute (health or educational qualification) (Pacione, 2003; Hills, 1995).

Similarly, a report by the Centres for Disease Control and Prevention (2000), asserts that the quality of life concept covers multidimensional facets. It usually includes subjective evaluations of both positive and negative aspects of life regarding an individual's or a group's perceived physical and psychological health. Besides, wellbeing is physical, psychological, and social betterment (Sidorenko & Zaidi, 2013).

WHO (2002), define active aging and security as two essential characteristics of elderly wellbeing. Active aging is the elderly participation in multi-layered range of activities in social, economic (participation in the workforce), cultural, spiritual, and community affairs, while security is concerned with the accessibility to a safe physical & social environment, and assurance of income security to improve the quality of life among the aging population. (Centers for Disease Control and Prevention, 2016). Relatedly, Crimmins and Beltrán-Sánchez (2010), emphasize that the older people are living longer lives, but the quality of life remains unclear among the aging population.

According to Bloom and Finlay (2009), there is an increase in the aging population trend in Asian countries in recent times due to the changes in demographics at both the regional and international levels. In the year 2000, approximately ten percent of the world's population comprised of six billion residents aging sixty years or older, and it is expected that by 2050, this percentage will increase to twenty-two percent due to an increase in the aging population. Similarly, it is expected that in Pakistan, sixty years and above age population will increase from 5.8% in 2000 to 7.3% in 2025 and 12.4 % in 2050. To build a secure, equitable, and peaceful society, there is a need to focus on this demographic shift. In this

view, it becomes important to study the nature and extent of the nexus between the quality of life, and wellbeing of the aging population. This research thus aims to examine the impact of different wellbeing variables on the quality of life of the aging population in Karachi, Pakistan.

The rest of the study includes analysis based on extant literature followed by empirical results, discussion, and conclusion of the current research study.

LITERATURE REVIEW

Psychological Wellbeing and Aging

Wellbeing is defined as an optimal state of an individual or group health, concerning the realization of one's physical, psychological, social, spiritual and economic potential along with the fulfillment of role expectations in the family, community, workplace and other settings (Smith, Tang, & Nutbeam, 2006). Psychological wellbeing is defined as an important element to be healthy, well, and fully functioning, and endorsing key aspects such as autonomy, growth, self-acceptance, purpose, and environmental mastery (Ryff & Singer, 2008). Psychological wellbeing and quality of life are closely associated and at older ages, this link becomes more important due to the prevalence of illness (Gul & Dawood, 2015). Steptoe, Deaton, and Stone, (2015), emphasize that the psychological wellbeing is an emerging issue to handle at old ages. Even in the presence of psychological changes, persons may remember the values, thoughts, and memories formed over a lifetime. Thus, aging and psychological wellbeing are both associated with affecting the quality of life of older adults. (Gatz, Smyer, & DiGilio, 2016).

Cantarero and Potter (2014), examined the association between quality of life and psychological wellbeing of the elderly residents. The outcome of the study revealed a positive association between quality of life and psychological wellbeing. Another study conducted by Jena, Das, & Deo (2018), found a positive association between quality of life and psychological wellbeing. In this essence, the first hypothesis anticipated for this study is as under:

H₁ = There is a significant impact of psychological wellbeing on quality of life.

Physical Wellbeing and Aging

Fabian and Flatt (2011), specified physical wellbeing as the overall functioning ability of a person, whereas, aging is considered as a process of physiological changes that lead to a decrease in the functional ability

(López-Otín et al., 2013). Physical effects include pain, injury, and death; while psychological effects lead to stress and depression which result in decreased quality of life (Dong, Chen, & Simon, 2014; Dong & Simon, 2013). Prevalence of comorbidities and underlying physiologic changes lead to the development of disease among the aging population beyond the 60s and ultimately affects the quality of life (Collard et al., 2012).

Nevertheless, there are a considerable number of older people with high physical well-being despite low physical activity (Zammit et al., 2012). Kahana, Kahana, and Lee (2014), argue that some older individuals are “lucky agers,” who suffer from a minimal decline in physical health to maintain their well-being and quality of life. The high rate of infectious diseases due to the exposure to environmental and other stressors lead to influence the physical wellbeing and quality of life of aging population (Macaulay et al., 2013). Bae, Ik Suh, Ryu, and Heo (2017), found physical wellbeing linked positively to the quality of life (satisfaction). Thus, the second hypothesis for this study is formulated as:

H₂ = There is a significant impact of physical wellbeing on quality of life.

Social Wellbeing and Aging

Social wellbeing is defined as the evaluation of the quality of one's association to the society and community; sense of belongingness; and engagement (Salehi et al., 2017). The social association and wellbeing are defined differently in the literature but include relations with the family, friends, classmates, and community groups (Whitlock, 2007). Key areas of social wellbeing include emotional, affectionate, informational, tangible, and social interaction. Effect of social support varies depending on the group being studied, whereas emotional support effects on cognitive function as compared to tangible support among the aging population (Ellwardt, 2013). Lack of social support leads to deprived physical and mental wellbeing as well as the quality of life among the rural and urban aging population. Social wellbeing includes support from social system both formally and informally (Siedlecki et al., 2014).

According to Giles et al. (2005), social interaction with friends, family, and relatives forecast the survival rate among Australian aging people to 70 years. Due to change in demographics and social trends in Pakistan from extended to a more nuclear family system has elevated apprehensions about the increasing old-age dependency ratio and the adequacy of future family care, support, and quality of life for the aging population (Mahmood & Nasir, 2008). Social support and wellbeing may decrease the depressive

symptoms and enhance the quality of life among the aging population (Schwarzbach et al., 2014). Gouveia et al. (2016), found that social interaction/wellbeing has a positive effect on the quality of life of elderly persons. Therefore, a current study formulates the third hypotheses as under:

H₃= There is a significant impact of social wellbeing on quality of life.

Occupational Wellbeing and Aging

Occupational Well-being is a subjective evaluation of working conditions, working environment, and work competence in diverse age groups (Aldana et al., 2005). It also includes both positive aspects like good physical wellbeing and job satisfaction. Work wellbeing makes a person physically active; encompasses activities through which people can engage with others and spend their time with people who have a perceived level of competence and are socially interactive (Vogel et al., 2009). Thus, occupational or work wellbeing is meaningful for healthy aging and quality of life (SNIPH, 2007). Furthermore, due to a rapid increase in the aging workforce in many countries, there is a need to assess the occupational wellbeing of aged people (Finkelstein et al., 2015). As specified by European Commission (2014), the demographic shift is towards an increase in aged workers around the globe including thirty percent of the aging population in Europe and North America, twenty-one percent in Asia, and seventeen percent in Latin America.

Occupational wellbeing was considered as a crucial factor for constituting the quality of work and life among employees (Van Horn et al., 2004). Not all employees have the same working capability, and health status as other social segments as the young, adult, women, handicapped. Aging workers may require adaptation of working methods, environment, and safety to meet the job demand and enhance their quality of life (Guidotti, 2011). Older employees display the highest level of occupational well-being in the workplace as compared to other employees (Zacher et al., 2014). Nilsson, Lundgren, and Liliequist (2012), found that occupational wellbeing in relation to the surrounding world enhances the quality of life of individuals. Therefore, the fourth hypothesis of the study is formulated as:

H₄= There is a significant impact of occupational wellbeing on quality of life.

RESEARCH METHODOLOGY

For the collection of the quantitative data a well-structured questionnaire, prepared on a Likert Scale of 1 to 5, was administered. According to Robert (2003), the Likert-type scales are commonly used in research, to measure attitudes

of respondents: the degree they agree or disagree with a statement. According to Kooij et al. (2008), most organizations define older workers or aged workforce as individuals of age 40, 45, or 50 years and older. Thus, the target population of this study consists of individuals age 40 and above. Participants were selected based on their accessibility for data collection from the urban population. A total of 300 questionnaires were distributed among respondents for data collection out of which 250 were found useful for further data analysis. The research instrument consists of the respondent’s demographic information and questions regarding psychological, social, physical & occupational wellbeing and quality of life. The gathered data were analyzed by using SPSS software. Multiple regression was applied to examine the impact of independent variables on the dependent variable.

General mathematical representation:

$$Y = a + \beta X_1 + \beta X_2 + \beta X_3 + \beta X_4 + \text{error term}$$

Where: Y represents Quality of life; X1 represents Psychological wellbeing; X2 represents Physical wellbeing; X3 represents Social wellbeing; X4 represents Occupational wellbeing

RESULTS

Descriptive Statistics

Table 1. Age Distribution of Respondents

Age (Years)	Frequency	Percent	Valid Percentage
40-50	79	31.6	31.6
51-60	110	44.0	44.0
61-70	61	24.4	24.4
Total	250	100.0	100.0

Table 1 demonstrates the age group of respondents. Respondents falling between the age group 40-50 years of age are 31.6%; respondents between the age group of 51-60 are 44.0%; whereas respondents between the age group of 61-70 are 24.4%.

Reliability Statistics

Table 1. Reliability Statistics

Variables	Cronbach’s Alpha	N of Items
Psychological wellbeing	.724	5
Physical wellbeing	.803	6
Social wellbeing	.778	5
Occupational wellbeing	.749	7
Quality of life	.803	6

According to Ritter (2010), the research instrument is considered reliable when the values of Cronbach’s Alpha in respect to each construct is more than 0.7. In our case, the Cronbach alpha statistic of all variables meet the criteria hence considered fit for further analysis.

Table 3. Model Summary and ANOVA

Model	R	R Square	Adjusted R Square	Std. Error	F	Sig.
1	.820	.673	.668	.434	126.690	.000

The Adjusted R square value represents the coefficient of determination which is the proportion of variance in the dependent variable that can be explained by independent variables. In this model, 67.3% of the total variation has been explained. Table 3 also reports the ANOVA results. The Sig value < 0.05 = 0.000 indicates that the regression model is a good fit for further analysis.

Table 4. Coefficient

Model		Un-standardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	T	
1	Independent Variables					
	(Constant)	-.861	0.305		-2.672	.008
	Psychological Wellbeing	.254	.082	.118	3.085	.002
	Physical Wellbeing	.032	.035	.034	.920	.359
	Social Wellbeing	.207	.057	.139	3.639	.000
Occupational Wellbeing	.762	.037	.758	20.422	.000	

Table 4 shows the result of significant and insignificant variables of the model. Physical wellbeing has a statistically insignificant relationship with quality of being. However, the rest of the variables indicate a significant relationship with quality of life of the aging population.

DISCUSSION

This study has examined the impact of psychological, physical, social, and occupational wellbeing on quality of life. The findings indicate that psychological wellbeing affects the quality of life of the aging population as the p-value in our research findings is less than 0.05, which indicates that psychological wellbeing has a positive impact on quality of life. The results of psychological wellbeing are in accordance with the studies undertaken by (Jena et al., 2018; Cantarero & Potter, 2014).

Moreover, the findings indicate that in the aging population, physical wellbeing has no impact on the quality of life as the p-value is greater than 0.05. This is supported by the research conducted by Kahana et al. (2014); Zammit et al. (2012).

Furthermore, the results show that social wellbeing has an impact on the quality of life as the p-value is less than 0.05. The results of social wellbeing are in accordance with the study undertaken by (Schwarzbach et al., 2014; Gouveia et al., 2016).

The finding specifies that in the aging population, occupational wellbeing has an impact on the quality of life as the p-value is less than 0.05. The aging workforce working in organizations preferred to work in a good working environment where they support each other. This is substantiated by the studies conducted by (Zacher et al., 2014; Nilsson et al., 2012; Guidotti, 2011; Van Horn et al., 2004).

CONCLUSION

The aim of this study was to examine the impact of psychological, physical, social, and occupational wellbeing on the quality of life of the aging population. The empirical results show evidence of significant importance of psychological wellbeing, social wellbeing, and occupational wellbeing on quality of life of the aging population whereas, the physical wellbeing showed no impact on quality of life. This study is of value since it sets the ground for making plans regarding the management of the elderly population by employers of public health, and policy-making organizations. Effective policies and programs may support improving the quality of life of senior people by enabling them to remain an independent and productive citizen.

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