

A Study of Personality Disposition and Social Support of Aged Individual in Context to their Quality of Life

Dr. Ramendra Kumar Singh*

Abstract

Background: Define ageing in terms of the biology; referring to “the regular changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age.” old age has been viewed, as problematic period of one’s life and this is correct to some extent. **Quality of life** is major issues in the life of older people. **Aim:** present research is aimed to assess the effect of personality variable, social support and demographic variables on quality of life of aged individual. **Method:** A cross sectional study was undertaken. Study was conducted on 100 aged individual of different habitat background of Arrah district of Bihar. As a tool: Socio demographic and personal data sheet, General Health Questionnaire (Sunder et al, 1986), WHO BREF QOL scale, Eysenck Personality Questionnaire, and Social support Questionnaire were used. Statistical analysis of data was done with the help of SPSS win 13.0 version. **Result:** It is found that there is a significant effect of personality variable and social support on quality of life of aged individual. Extroversion and social support is positively correlated with quality of life whereas neuroticism is negatively correlated. **Conclusion:** Quality of life is significantly affected by personality and other psycho socio variables of the individuals.

Key words: Ageing, Social Support, Quality of Life.

Background:

The proportion of elderly persons in the population of India rose from 5.63 per cent in 1961 to 6.58 per cent in 1991 (Mishra and Sharma, 1999) and to 7.5 per cent in 2001. Categorical definitions of the old, elderly, aged and ageing are neither straightforward nor universally applicable. Old is an individual-, culture-, country- and gender-specific term. The definitions can differ for the sexes as life-course events contribute to the ageing transitions, for example, retirement from work. A chronological definition of elderly or aged is commonly used, but contested. UN tabulations provided figures for both 60 and 65 years of age and older, making possible more detailed estimates and projections for older people in most countries. The WHO uses categories starting at the age of 65 and 80. For many men and women, particularly in developing countries, old age will be accompanied by chronic illness and disability, the result of lives lived in poverty, with little or no access to adequate health care. Many people are functionally ‘old’ in their forties and fifties, calling into question the relevance of chronological definitions of old age. For older individuals in developing countries personal health consistently ranks alongside material security as a priority concern. Ageing is a normal, biological and universal phenomenon. Ageing of the population is occurring throughout the world, more rapidly in developing countries. United Nations considered 60 years to be dividing line between ‘old age’ and ‘middle and younger age group threshold of old age (Meisheri 1992). In most of the gerontological literature, people above 60 years of age are considered as ‘old’ and constituting the ‘elderly’ segment of the population (Prakash 1999). Edward J. Stieglitz defines aging “as the elements of time living.” According to him “aging is a part of living.” Aging begins with conception and terminates with death. Aging may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child bearing. Physiologically aging is characterized by diminishing of bodily functions. Many researchers have divided old age into three categories.

* Assistant Professor, PG Deptt of Psychology, Maharaja College, Arrah (Bihar)

- Early old age or young old age which extended from age 60 to age 69.
- Old age or advanced old age, this begins at the age 70 and ends at age 79.
- From the age 80 and the above is considered older old age

In India proportion of older persons has risen 5.5 percent in 1951 to 6.5 percent in 1991, 7.7 in 2001 and projected 12 percent in 2025 (Vinod Kumar 2003). Changes in population structure will have several implications on health, economy, security, family life, well-being and Quality of Life of people. All the aspects of “Health status”, “Lifestyle”, “Life satisfaction”, “Mental health” and “Well-being” together reflects the multidimensional nature of Quality of Life in an individual (Barua 2007). Quality of life is a holistic approach that not only emphasizes on individuals’ physical, psychological, and spiritual functioning but also their connections with their environments; and opportunities for maintaining and enhancing skills. Ageing, along with the functional decline, economic dependence, and social cut off, autonomy of young generation, compromises quality of life. The dilemma of dichotomy of longevity on one hand and enormously compromised QOL is indeed perplexing.

Review of literature showed that Very few studies were carried out in Indian population regarding this. So, the present research is aimed to assess the effect of personality variable i.e. extraversion, neuroticism, social support and demographic variables on quality of life of aged individual. In order to explore the relationship among these variables, the following objectives were characterized:

- To assess the relation between extroversion and quality of life among aged
- To assess the relation between neuroticism and quality of life among aged
- To compare and assess the relation between social support and quality of life among aged

Research design and venue of the study

It is a cross sectional and correlational study, which was conducted at different rural as well as urban area of Arrah district of Bihar.

Sample:

The sample for the study was consisted of 100 aged individual who were selected through purposive sampling method. Following inclusion and exclusion criteria were taken in consideration during the selection of sample:

Inclusion criteria for sample:

- Individual must be age above the 55yrs
- Individual must be minimum educated upto 10th grade
- Individual of either sex
- Individual having no history of any significant mental and physical illness
- Individual having no family history of any significant mental ,neurological and physical mental illness
- Individual having below cut off score on G.H.Q.-5 questionnaire

Exclusion criteria for sample:

- Individual not cooperative for study
- Individual not able to understand , comprehend and respond on questionnaire

Hypotheses: In order to find out the aims of the present study the following major hypotheses were formulated:

Ha₁- There would be significant difference in level of Quality of life of aged individual having high and low score on personality variables of extroversion and neuroticism.

Ha₂-There would be significant difference in quality of life level of subjects having high and low score on social support questionnaire

Ha₃.There would be significant difference in quality of life of subjects having difference in demographic variables i.e. age, sex, residence and education level

Tools used

The Following tools were used for the study:

- Socio demographic and personal data sheet
- General Health Questionnaire (Sunder et al, 1986)
- WHO BREF QOL scale (Hindi adaptation done by RINPAS ,Ranchi)
- Eysenck Personality Questionnaire(Hindi Adaptation) G.P. Thakur
- Social support Questionnaire (R.Nehra et al,1966)

Procedure for data collection

First of all, the subjects were selected according to inclusion and exclusion criteria. After that they were contacted and consent was taken about study. Then, prior permission was sought to undertake the study in their respective homes. They were made acquainted with the aims and objective of the study. All relevant information was filled in the socio demographic and personal data sheet. After that all questionnaires was administered and raw data were compared. Questionnaires were administered in session according to convenience of subjects.

Statistical Analysis

Statistical package for social science for win version 13.0 was used. Data of the present study is described using number and percentage for category variable. Group comparison was done by X² test for category variable. Pearson’s method of correlation is used for evaluating correlation between variables.

Result and Discussion

Most of the sample were educated minimum up to matric or above, belongs to urban area of habitat, presently maintained married status and age range of 60-65 yrs.

Findings of this study are presented below in different sections:

Table-1:Score of the sample on QOL scale

Scale	High N(%)	Average N(%)	Low N(%)
Quality of life scale	24	53	23

Performance of the sample on quality of life scale was divided into high, average and low group on the basis of concerned manual. Result showed that among 100 aged individual 24 have high quality of life and 23 were low.

Findings of relation between extraversion disposition and quality of life are given in table-2.

Table-2: Extraversion and quality of life

variable	High QOL group (N=24) M±SD	Low QOL group (N=23) M±SD	t df=398
Extroversion	18.30±2.19	9.76±4.12	30.10**

** sig. on .01 level

Table-2 showed that there is significant difference between high and low extraversion group in regards to their quality of life level ($t= 30.10, P<.01$). Most of the aged individual with high level of quality of life have high level of extroversion tendency in comparison to low quality of life group. Previous studies like Diener et al, 1999 also showed that personality is especially neuroticism and extraversion is the consistent predictor of life satisfaction. Extraversion includes characteristics such as gregariousness, assertiveness, positive emotions, and openness. It is thought that neurotics and extraverts have a temperamental susceptibility to experience negative and positive affect respectively. For example, extraverts are characterized by a greater sensitivity to rewards and this sensitivity may manifest itself in the form of greater pleasant affect when exposed to rewarding stimuli. Higher positive affect potentially motivates individuals to approach rewarding stimuli, which in turn, may reinforce the extraverted personality (Diener, Suh, Lucas, & Smith, 1999). It is thought that our society is more accepting of extraverted personalities and situations that are pleasurable to extraverts are more easily found in Western cultures. Thus, it appears that in Western cultures, an extraverted personality may interact with the environment to increase well-being (Smith, 1995; Bingleac, 1994; Yang and Wang, 2005).

Finding of neuroticism and quality of life level is given in table-3

Table-3: Neuroticism and quality of life

variable	High QOL group (N=24) M±SD	Low QOL group (N=23) M±SD	t df=398
Neuroticism	7.50±1.34	15.8±3.12	36.45**

**sig. on .01 level

Table-3 showed that there is significant difference between high and low quality of life group in regards to their neuroticism level ($t=36.45, P<.01$). Most of the aged individual with high level of life satisfaction have low level of neuroticism disposition in comparison to low satisfaction group.

Finding regarding social support and quality of life is given in table-4

Table-4: Social support and quality of life

variable	High QOL group (N=24) M±SD	Low QOL group (N=23) M±SD	t df=398
Social support	57.03±5.02	34.01±3.19	65.85**

**sig. on .01 level

Table-4 showed that there is significant difference between high and low QOL group in regards to their social support level ($t=65.85, P<.01$). Most of the aged individual with high level of life satisfaction had perceived high level of social support network in comparison to low satisfaction group. A Lot of studies show that social networks play an essential role for life satisfaction in the oldest-old. (Caron, et al, 2007; Bovier et al 2013). Social networks are usually described either in terms of structural measures such as frequency of social contacts or as functional indicators such as quality of social network and social support (Cohen, Gottlieb, & Underwood, 2001). Social support is an important human need and the desire to form close

attachments with others is a basic inherent motivation that is vital in sustaining one’s psychological as well as physical wellbeing (Baumeister RF, Leary MR,1995; Di Tommaso E, Spinner B.,1997). Not only does social network provide a sense of security and emotional support during stressful time, it also offers concrete support in time of needs. It worked as buffer for reduction of stress and enhancing the feeling of satisfaction in individual. Socio emotional selectivity theory explains this aging-related tendency as an expression of the need for fewer and more emotionally rewarding contacts at the expense of a large social network (Carstensen, 1992). On the other hand, aging-related diseases and disability, which are exceedingly common in later life, might also, explain why quality, and not quantity, of social network gradually becomes more important to life satisfaction (Pinquart & Sorensen, 2000). As a result of health-related deterioration, people experience increased dependency on support and their social network. Frequent social contacts based on dependency do possibly meet basic practical needs, but do not necessarily correspond to the need for rewarding social interactions that contribute to quality of life. The relevance of satisfying social contacts in late life is probably an expression of both healths related dependency and a propensity to be more selective in the choice of company.

Table-5: Pearson Correlation and between different variable and quality of life

Variables	Pearson correlation
Extraversion	.61
Neuroticism	-.59
Social support	.48

** sig. on .01 level * sig. on .05 level

Result showed that extraversion (.61), education (.37) and social support (.48) is positively correlated with life satisfaction and neuroticism is negatively correlated (-.59) with quality of life. Stepwise linear regression of variable is given in table-6

Table-6 Stepwise linear regression with dependent variable ‘quality of life’

Coefficient	Un-standard coefficient B	Standard coefficient β	t	sig
Extraversion	2.12	.326	3.98	.001
Neuroticism	.418	.251	3.08	.009
Social Support	2.37	.254	2.79	.008

On putting life satisfaction as dependent variable in regression equation it reveals extraversion, neuroticism, and social support best predicted the dependent variable.

Conclusion:

Quality of life is significantly affected by personality and other psycho socio variables of the individuals.

References:

1. Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276-302.
2. Gold, C. H., Malmberg, B., McClearn, G. E., Pedersen, N. L., & Berg, S. (2002). Gender and health: a study of older unlike-sex twins. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 57(3), S168-176
3. Katz, S., Branch, L. G., Branson, M. H., Papsidero, J. A., Beck, J. C., & Greer, D. S. (1983). Active life expectancy. *The New England Journal of Medicine*, 309(20), 1218-1224.
4. Prakash, I. J. (1999). 'Health problems of the Elderly in India' in K. G. Desai (ed.) *Ageing in India*, Tata Institute of Social Sciences, Bombay pp. 43-53.
5. Smith, B. (1995). "An approach to graphs of linear forms (Unpublished work style)",
6. Yang, H. & Wang, H. (2005). "The role of personality traits in UTAUT model under online stocking", *Contemporary Management Research*. Vol, 01, No. 01. 69-82.