



The educational, racial and gender crossovers in life satisfaction: Findings from the longitudinal Health and Retirement Study



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ABSTRACT

Objective: To examine variations in life satisfaction by education, gender, and race/ethnicity over a period of eight years among middle-aged and older Americans.

Methods: Mixed-effects models were used to analyze five waves (2006, 2008, 2010, 2012 and 2014) of longitudinal data from 16,163 participants born 1890–1953 in the U.S. Health and Retirement Study.

Results: Life satisfaction was higher in older adults, and the Great Recession had great impact on life satisfaction. Crossover interactions were found by gender, education, and race/ethnicity. Higher education was associated with higher life satisfaction for both genders, with stronger effects for females. Hispanics had the higher level of life satisfaction than non-Hispanic Whites and African Americans.

Discussion: Longitudinal evidence revealed disparities in life satisfaction. The racial/ethnic differences in the impact of education suggest that the economic and health returns of education vary by social group. Researchers should continue to examine reasons for these disparities.

1. Introduction

Americans are living longer than ever, it is essential to examine if they live a better quality of life when they get older. One approach to assess whether people have a good quality of life is to rely on their subjective perception of well-being (Diener & Suh, 1997). Subjective well-being (SWB), defined as an individual's global evaluation of all aspects of his/her life (Diener, 1984), is often conceptualized to have a cognitive component that evaluates one's overall life satisfaction (LS), domain-specific satisfaction (toward family, work, health, finances, etc.), and an emotional component that relates to a person's affective state (i.e., personal happiness) (Diener, Suh, Lucas, & Smith, 1999). LS constitutes the cognitive dimension of SWB and refers to individuals' global evaluation of their own lives (George, 2010), and it is the focus of this study.

Guided by the life course perspective (Elder, Johnson, & Crosnoe, 2003), this study aims to examine how patterns of life satisfaction are structured by individual lives and the historical and socioeconomic context in which their lives unfold. Accordingly, we choose to focus on age cohorts, which link age and historical time, as well as socio-demographic factors such as education, race, and gender that largely determine individuals' social pathways.

In terms of age differences in SWB, it is intuitively expected that, with the increase in risks and losses associated with advancing age, it becomes difficult to maintain SWB (Baltes & Baltes, 1993). However, there is evidence suggesting that older adults are more satisfied with their lives than young adults and middle-aged adults (Blanchflower & Oswald, 2008; Campbell, Converse, & Rodgers, 1976). The maintenance of SWB despite age-related changes or declines in life circumstances, such as health and income among older adults, is known as the paradox of well-being (Kunzmann, Little, & Smith, 2000; Mroczek & Kolarz, 1998). A recent large-scale cross-sectional study based on the European Social Survey confirmed the U-shaped happiness-age trajectory with a dip in the age 50s among affluent countries such as United Kingdom, Italy and Spain. However, when individuals with more advanced age were examined, another dip in SWB was found in the age of late 80s (Morgan, Robinson, & Thompson, 2015), which implies that the age-related paradox in LS may not hold in the oldest-old. An analysis of data from the Household, Income, and Labor Dynamics in Australia (HILDA) revealed the same pattern of two dips in LS at the age 50s and late 80s (Segerstrom, Combs, Winning, Boehm, & Kubzansky, 2016). These findings suggest that, even in late life, there might be noticeable variations in LS by age that warrant further examination. Besides age, another associated factor is cohort.

Abbreviations: LS, life satisfaction; SWB, subjective well-being; ADL, activities of daily living

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Different age cohorts tend to utilize different experiences and resources to respond to the same historical event or condition, resulting in cohort-patterned LS trajectories. For instance, a study found that economic context affects older people more than younger people (Swift et al., 2014).

Besides age cohort, we also focus on education. Education is stable across one's life course, and it is a universal indicator of socioeconomic status as it enhances human capital that remains in individuals despite retirement and reduction in income in late life (Mirowsky & Ross, 2003b). Although the association between education and health is one of the most powerful and robust relationships in social science (Lynch, 2003), the relationship between education and LS is more complex and less straightforward because education increases both opportunities and aspirations that may lead to contradictory effects on LS (Ferrante, 2009). Opportunities and aspirations, in turn, are likely to be contingent on factors such as gender and race/ethnicity.

Gender differences in SWB are also complex because of the gender-age interaction (Inglehart, 2002; Plagnol & Easterlin, 2008; Yang, 2008), as well as societal differences in gender equality (Tesch-Romer, Motel-Klingebiel, & Tomasik, 2008) that may influence women's levels of opportunities and aspirations. Empirical findings are mixed, with some studies showing no gender differences in LS (Borg et al., 2008; Fugl-Meyer, Melin, & Fugl-Meyer, 2002) or lower LS in women (Stevenson & Wolfers, 2009) and others finding higher levels of LS in women (Ambrey & Fleming, 2014; Yang, 2008). Education has a significant impact on LS (Inglehart, 2002; Salinas-Jimenez, Artes, & Salinas-Jimenez, 2011), and the effects are slightly higher for women than for men (Salinas-Jimenez, Artes, & Salinas-Jimenez, 2013).

Differences in LS by race/ethnicity are less clear. A study found that Hispanics, who compose the fastest growing segment of the older adult population in the U.S., were more satisfied with their lives than non-Hispanics (Marquine et al., 2015). Another study found that both Blacks and Hispanics had lower LS than Whites (Barger, Donoho, & Wayment, 2009). The U.S. Gallup Poll showed that non-Hispanic Whites had higher LS than Hispanics and non-Hispanic Blacks since 2008, but that Hispanics and non-Hispanic Blacks showed increasing levels in LS in the following 5 years, while non-Hispanic Whites' satisfaction levels remained stable over time ("The Gallup Poll: U.S. Blacks', Hispanics' Life Satisfaction Up From 2008,").

Taken together, our understanding of heterogeneity in LS over the life course by sociodemographic characteristics such as age, education, gender, and race/ethnicity in middle-aged and older Americans is limited and warrants more empirical attention. The majority of previous studies were primarily based on regional and cross-sectional surveys (Diener et al., 1999). Large-scale, population-based longitudinal datasets provide powerful resources to examine longitudinal patterns of LS and to explore the dynamics and causal inferences of subjective quality of life across the life course (George, 2010). Using longitudinal data would allow us to examine if patterns of LS are socially organized by birth cohort, education, gender, race/ethnicity, as well as by the complex interactions among them.

To improve our limited and inconclusive understandings of LS disparities, we utilize five waves of longitudinal data from the U.S. Health and Retirement Study (HRS) over a period of 8 years. We aimed to examine: (1) whether the age-related paradox in LS holds in middle-aged and older Americans, (2) how levels of LS change in older Americans over time by cohort, and (3) whether and how LS varies with education, gender, race/ethnicity, and complex interactions among them. In summary, we conducted a systematic analysis of the influences of social stratifications on LS in middle and late life. Our study may have significant policy implications, as findings can shed light on changes in the social distribution of quality of life in American society by sociodemographic features over time.

2. Method

2.1. Data

Data from HRS were employed to examine the abovementioned research questions. The HRS began collecting health, economic, demographic, and retirement data from a nationally representative sample of individuals over age 50 in 1992 (Sonnegga et al., 2014). The HRS is sponsored by the National Institute on Aging (grant number NIA U01AG009740) and conducted by the University of Michigan. Study participants were interviewed every 2 years, with a random half of the sample assigned to face-to-face interview. The half samples alternate waves, so longitudinal information is available every four years at the individual level. Since 2006 (Sonnegga et al., 2014), data collection expanded to include psychosocial context, where half of the sample that completed the core survey is randomly selected to complete the psychosocial questionnaire. As a result, the numbers of repeated measures were not balanced across individuals. In this study, we focused on the 16,163 participants who completed the psychosocial surveys and core surveys in the following five waves: 2006, 2008, 2010, 2012 and 2014. Among the 16,163 participants, approximately 336 (2.1%), 954 (5.9%), 821 (5.1%) and 926 (5.7%) died in 2008, 2010, 2012 and 2014 respectively, and only 260 (1.61%) were lost to follow up.

2.2. Dependent variable

In longitudinal studies, variables include a time variable, time-invariant variables (i.e., subject-level demographics or baseline characteristics), and time-variant variables. The dependent variable is always time-variant. Our dependent variable is the Diener's measure of LS, an established and reliable measure of SWB that is incorporated into the HRS and has been used extensively in international comparative studies of aging (Diener, Emmons, Larsen, & Griffin, 1985; Pavot & Diener, 1993). The index of LS in this analysis is defined as the mean score on a 7-point Likert scale (1 = Strongly disagree, 2 = Somewhat disagree, 3 = Slightly disagree, 4 = Neither agree nor disagree, 5 = Slightly agree, 6 = Somewhat agree and 7 = Strongly agree) across five items. These items include: (a) In most ways my life is close to ideal; (b) The conditions of my life are excellent; (c) I am satisfied with my life; (d) So far, I have gotten the important things I want in life; and (e) If I could live my life again, I would change almost nothing. The LS was measured at each wave, and the internal consistency of this index (assessed by Cronbach's Alpha) was 0.88–0.89 for all waves.

2.3. Independent variables

The time-invariant independent variables are the four 10-year cohorts (50–59, 60–69, 70–79 and 80 or older), gender (male or female), race/ethnicity (African Americans, Hispanics, or non-Hispanic Whites), and educational attainment (< high school, high school/GED, 1–3 years of college, or 4-year college or more). The age cohort was defined by the participants' age at the baseline wave in 2006.

The time-variant control variables are marital status, disabilities in activities of daily living (ADLs), self-rated health, and poverty. Marital transitions can be associated with long-lasting changes in satisfaction, but these changes can be overlooked when only average trends are examined (Lucas, Clark, Georgellis, & Diener, 2003). Marital status was coded into two categories: married or partnered versus alone. Both self-rated health and ADLs are indicators of physical and functional health (Borg et al., 2008; Pinquart, 2001; Sato, Demura, Kobayashi, & Nagasawa, 2002). ADLs were assessed by asking respondents if they had any difficulty in performing tasks, such as bathing, eating, dressing, walking across a room, and getting in or out of bed (yes or no). An index of ADLs was first created by summing the five items (ranging from 0 to 5), and then the index was dichotomized

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