



Factors associated with happiness in the elderly persons living in the community



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ABSTRACT

Objective: The aim of the present study was to evaluate factors associated with happiness in a sample of Brazilian older adults.

Methods: A study was conducted with 263 elderly people in the area of coverage of a family health unit located in the state of São Paulo, Brazil. The Subjective Happiness Scale was used to measure happiness, the final score of which determined one of three outcomes: not happy, intermediate, and happy. Disability, sociodemographic characteristics, and psychological, cognitive, and physical factors were considered for the multinomial logistic regression analysis.

Results: Statistically significant differences were found among the three groups regarding satisfaction with life, disability, social phobia, anxiety, depression, and frailty ($p \leq 0.05$). In the multinomial regression analysis, being “not happy” was significantly associated with satisfaction with life (RRR: 0.53), depression (RRR: 1.46), social phobia (RRR: 1.24), and age (RRR: 1.06).

Conclusion: The present findings indicate that psychological factors and age influence the levels of happiness in older adults living in the community. Furthermore, better screening, diagnosis, and treatment of mental health disorders could increase the feeling of happiness among older adults.

1. Introduction

Happiness regards the way that an individual considers different aspects of life and can be defined as a subjective expression of personal welfare that comprises an evaluation of one's own emotional state and satisfaction with life (Diener, 2006; Lyubomirsky & Lepper, 1999; Veenhoven, 2008). In recent years, happiness has been object of a large number of studies (Lobos, Lapo, & Schnettler, 2016). One's level of happiness seems to be an important indicator of subjective welfare (Diener, 2006), with substantial effects on both physical and psychological health (Sumngern, Azeredo, Subgranon, Sungvorawongphana, & Matos, 2010) that can assist in obtaining a healthier way of life (Baruth et al., 2011) and expanding longevity (Sadler, Miller, Christensen, & McGue, 2011).

Despite the growing interest, happiness and its associated factors are rarely studied in the elderly population of low and middle income countries, such as Brazil (Lima, Barros, & Alves, 2012). In high-income countries, happiness is an important marker of successful aging (Sumngern et al., 2010), as factors associated with lower levels of

happiness are more often found among older adults (Godoy-Izquierdo, Lara Moreno, Vázquez Pérez, Araque Serrano, & Godoy García, 2013). Indeed, age is an important factor to consider, as happiness levels appear to decline with the advance in age (Baird, Lucas, & Donnellan, 2010; Godoy-Izquierdo et al., 2013; Mroczek & Spiro, 2005), although some studies point in the opposite direction or even indicate an inverted U-curve (Lobos et al., 2016). Health is another important determinant of happiness (Lobos et al., 2016). A greater number of chronic diseases can impose physical and psychological limitations, exerting a negative impact on the ability to perform activities of daily living and reducing one's level of happiness (Pawlowski, Downward, & Rasciute, 2011; Windsor & Anstey, 2010).

An adequate social support network and being in a stable relationship can attenuate the decline in happiness among older adults (Windsor & Anstey, 2010; Patrick, Cottrell, & Barnes, 2001; Portela & Neira, 2012; Lai, Leung, Kwong, & Lee, 2014; Lelkes, 2008). One's economic situation is another important aspect of happiness in this population (Sumngern et al., 2010; Hirotsaki et al., 2011), as

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financial strain can lead to a 4.3-fold increase in the odds of feeling unhappy (Ergin & Mandiracioglu, 2015).

The few studies addressing factors associated with happiness in Brazil have found strong correlations between higher levels of happiness and a lower frequency of chronic diseases as well as higher levels of satisfaction with life in adults (Barata, de M.C.S Ribeiro, & Cassanti, 2011; Rodrigues & Silva, 2010). Moreover, happiness has been found to decrease with the increase in both age and functional limitations among the elderly (Lima, Belon, & Barros, 2016).

Considering the aging of the population, the importance of happiness to active, healthy aging and the small number of studies on this issue conducted in low and middle-income countries, the aim of the present study was to evaluate factors associated with levels of happiness in a sample of Brazilian older adults. We added variables related to factors frequently associated with happiness in the previous studies cited above, including psychological (depression, anxiety, satisfaction with life, cognitive status), social (household income, relationship status) and physical (frailty, disability) characteristics.

2. Materials and methods

2.1. Setting and participants

This study was conducted in the city of São Carlos, which is located in the state of São Paulo, Brazil. According to the 2010 census, the city has 28,696 inhabitants over 60 years of age, corresponding to 12.92% of the total population (IBGE, 2010). The study was conducted in the area of coverage of a Family Health Unit located in the southeast portion of São Carlos, at which 317 individuals aged 60 years or older were registered. During home visits, 44 individuals were not found in their homes or no longer lived at the address, five refused to participate in the study, two were bedridden, and three did not complete the happiness scale. Thus, the final sample was composed of 263 participants. Data were collected from March to November of 2016.

2.2. Procedures

This study received approval from the ethics committee of the Federal University of São Carlos and all participants signed a statement of informed consent prior to the interviews. Four trained gerontologists were conducted at-home interviews and administered the scales. The research assistants attended one-day training session to learn about the study procedures and the application of scales. Data on socio-demographic characteristics [gender, age, schooling, relationship status (with or without a partner) and household income (in Brazilian currency)] were also collected.

The following scales were administered:

- Subjective Happiness Scale (SHS) – This scale has four items, each of which is scored from 1 to 7 points. The mean of the items constitutes the final score, with higher scores representing a high level of happiness (Lyubomirsky & Lepper, 1999). The SHS has been validated for Brazilian Portuguese and demonstrates adequate psychometrics properties (Damásio, Zanon, & Koller, 2014). Based on a previous study (Vera-Villarreal et al., 2012), the final score was used to determine three groups: “not happy” (scores lower than 4.75 points), “intermediate” (scores between 4.75 and 6 points), and “happy” (scores higher than 6 points).
- Satisfaction with Life Scale (SWLS) – This scale has been validated for Brazilian Portuguese (Gouveia, Milfont, da Fonseca, & de J.A.P. F, 2009) and consists of five statements scored on from 1 (strongly disagree) to 7 (strongly agree) points. The final score is calculated as the mean of the items, with higher scores denoting greater satisfaction with life (Diener, Emmons, & Larsen, 1985).

- Mini-Mental State Examination (MMSE) – This is a brief test used to evaluate global cognitive status with regard to the following domains: orientation in time and space, registration, attention and calculation, recall, language, and visual construction. The final score ranges from 0 to 30, with higher scores denoting better cognitive status (Folstein, Folstein, & McHugh, 1975).
- Brazilian version of the Mini Social Phobia Inventory (Connor, Kobak, Churchill, Katzelnick, & Davidson, 2001) – This is a brief, self-report instrument comprising three items derived from the Social Phobia Inventory used to measure symptoms of social anxiety and has been validated for use on the Brazilian population (F de Osorio, Crippa, & Loureiro, 2010). The respondent is asked to rate on a scale from 0 to 4 points the extent to which he/she agrees or disagrees with the following 3 sentences: “Fear of embarrassment causes me to avoid doing things or speaking to people”; “I avoid activities in which I am the center of attention”; “Being embarrassed or looking stupid are among my worst fears”. The items are totaled for the final score, which ranges from 0 to 12, with higher scores denoting greater social phobia.
- Depression domain of the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure (American Psychiatric Association, 2013) – This domain consists of two questions regarding the essential criteria of major depression. The participant is asked to rate from 0 (none/not at all) to 4 (severe/nearly every day) the extent to which or how often he/she has been bothered by the following problems in the previous two weeks: 1- Little interest or pleasure in doing thing; 2- Feeling down, depressed, or hopeless.
- Anxiety domain of the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure (American Psychiatric Association, 2013) – This domain consists of three questions relating to anxiety disorders. The participant is asked to rate from 0 (none/not at all) to 4 (severe/nearly every day) the extent to which or how often he/she has been bothered by the following problems in the previous two weeks: 1- Feeling nervous, anxious, frightened, worried, or on edge; 2- Feeling panic or being frightened; and 3- Avoiding situations that make you anxious.
- World Health Organization Disability Assessment Schedule (WHODAS 2.0) – This scale is used to evaluate functionality in six domains: cognition, mobility, self-care, getting along, life activities, and participation (World Health Organization, 2010). In the present study, the 36-item instrument was used (Silveira et al., 2013) and the total score was converted to a scale ranging from 0 to 100, with higher scores denoting greater disability.
- Self-Reported Assessment of Frailty – This scale was used to determine frailty phenotype based on five criteria: unintentional weight loss, exhaustion, weakness, slow walking speed and low physical activity (Fried et al., 2001). The number of components applicable to each individual was used for the classification of “not frail”, “pre-frail” or “frail”. A previous study reports that this instrument can be used as a screening tool for frailty in the Brazilian population (Nunes, de YA Duarte, Santos, & Lebrão, 2015).

2.3. Statistical analyses

Descriptive statistics (mean and percentage) were performed for the independent variables in the overall sample as well as the three groups (not happy, intermediate and happy). Pearson’s chi-square test and ANOVA were used to compare differences among groups. Multinomial logistic regression analysis was performed to identify factors associated with happiness. Variables with p -value ≤ 0.2 in the univariate analysis were selected for the multinomial analysis and only those with a p -value ≤ 0.05 remained in the final model. Level of happiness (not happy, intermediate and happy) was the dependent variable and the “happy” group was considered the reference in the regression models. All analyses were performed using SPSS version 20.0.

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