

Gender Differences in Life Satisfaction: The Moderation Role of Social Support among Older Persons

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Abstract

Introduction: Life satisfaction among older persons is one significant component of quality of life. However, differences related to gender and moderation role of social support might affect life satisfaction. **The purpose** of this study was to examine the moderation effect of perceived social support on the relationship between gender and life satisfaction among older persons.

Method: A predictive-exploratory approach was used. Data collected from 966 persons at age of 60 years or older using a structured interview format.

Results: In general, older persons had moderate to a high level of life satisfaction and perceived social support. Perceived social support had a significant moderation effect on the relationship between gender and life satisfaction ($F_{7,913} = 52.37, p < .001; R^2 = .152$).

Conclusion: Life satisfaction among older persons is influenced by social support indicating importance of creating and enhancing the supportive system available to older persons.

Keywords: *Life Satisfaction; Older Persons; Social Support; Gender.*

Introduction

Worldwide, number of older persons, aged 60 years or above, by the year 2030 will reach 1.4^[1]. By 2050, 80% of older people will be living in low- and middle-income countries^[2]. The elderly population in Jordan (over age of 60) in the year 2015 reached 0.4 million, including 49.1% females and 50.9% males^[3]. The number will increase to reach 8.6% by year 2030^[4]. Such a situation might impact the quality of life among older persons and their psychological wellbeing causing further health problems^[5-7]. The literature indicated that older persons

suffer from a myriad of physical and psychosocial morbidities which may decline their quality of life (QoL) and affecting their life satisfaction^[8-10]. Older women and men found to be different in their health needs, that consequently, influencing their perception of life satisfaction and quality of life (QoL)^[11-12].

Life satisfaction is one of the three major indicators of subjective well-being (SWB) that reflects the overall assessment of feelings and attitudes about one's quality of life^[13]. While some researchers reported that differences among older males and females in life satisfaction existed, others found no significant differences^[11]. Furthermore, studies suggested a stronger association of life satisfaction and incidence of chronic diseases in older women than in older men^[14-15]. Being a female is connected to lower perception of life satisfaction which explains higher morbidity rates among older women^[16]. Evidences showed that social support associate with lower health cost and higher perception of wellbeing among older persons^[17]. It has also been found that

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older persons with high level of social support are more capable to maintain their health and daily activities^[18]. Although literature explored adequately older person's health and well-being^[19-22], the inter connectedness of age, gender, and life satisfaction addressing the role of social support as a moderating factor has little attention. Therefore, the purpose of study was to examine the moderation effect of perceived social support from family, friends, and others on the relationship gender and life satisfaction in a sample of older persons with chronic illnesses in Jordan the specific aims were:

- To examine the moderating effect of perceived social support on the relationship between gender and life satisfaction among older person diagnosed with chronic illness?
- To test the differences in life satisfaction in relation to gender among older person diagnosed with chronic illness?

Materials and Method

Design: A cross sectional, predictive explorative design was used. Data collected using structured interview format.

Sample and Setting: A total of 996 older persons agreed and completed the questionnaire of a total of 1200 approached forming 83% response rate. Multistage sampling technique was used. Inclusion criteria included: all those above the age of 60 years and able to read and write in Arabic. Exclusion criteria included persons who are physically and mentally incompetent to answer the survey questions according to their next of kind statements.

Data collection Procedures: Data collection started after ensuring ethical approval from the University of Jordan. Privacy and confidentiality maintained and guaranteed for the participants. Structured format of data collection was used in the respondents' households by research team. The family members acted as co-signer of the consent form. The questionnaires were presented in Arabic language.

Instrumentation: The data collected using the Arabic version of scales. The instruments were:

1. The Arabic version of the Satisfaction with Life Scale^[23] was used to measure Life satisfaction^[24]. The scale is a five items scale measuring general

life satisfaction. Respondents are asked to make their responses on a seven-point scale ranging from strongly disagree (1) to strongly agree (7). The higher the score the higher the life satisfaction is. The scores of the total scale range from 5 to 35 and interpreted as follow: 31- 35 (extremely satisfied), from 26-30 (satisfied), from 21-25 (slightly satisfied), 20 (neutral), from 15-19 (slightly dissatisfied), from 10-14 (dissatisfied), and 5 – 9 (extremely dissatisfied). The scale has good reliability with Cronbach's alpha of .79^[23].

2. The Arabic version of the Multidimensional Scale of Perceived Social Support^[25] was used to measure Perceived social support^[26]. The scale is a 12-item tool measuring perceived social support from family, friends and others the respondents are expected to make their responses on a 7-point Likert scale ranging from very strongly disagree (1) to very strongly agree (7). The higher the score is the higher the perceived social support. This scale had good internal consistency with Cronbach's alpha of .83^[25].

Sociodemographic factors included information related to age, gender, marital status, education level, type of chronic diseases if they have, duration of diagnosis of the disease, and smoking status.

Results and Discussion

Descriptive Characteristics: The analysis showed that age ranged from 60 to 100 years with a mean of 68.0 (SD = 7.3). of them, 54.0% (n = 538) were males and 46.0% (n = 456) were females. The majority of the older persons (68.6%, n = 683) were married, and 107% (n = 107) had fulltime work. of them, 28.1% (n=280) have comorbid diagnoses of medical diagnosis, compared to 26% (260) are not diagnosed with any medical (or do not know). For more details see table 1.

Table 1: Descriptive characteristics of the older persons (N=996)

Variable		n	%
Gender	Male	538	54.0
	Female	456	46.0
Education level	≤ High School	770	77.3
	≥ High School	226	22.7

Variable		n	%
Marital status	Single	21	2.1
	Married	683	68.6
	Divorce	34	3.4
	Widow	257	25.8
Working status	Don't work	549	55.1
	Full time	107	10.7
	Part time	56	5.6
	Retired	278	27.9
Smoking status	Yes	264	26.5
	No	732	73.5

Life satisfaction: The mean score of life satisfaction (LS) was 24.1 (SD = 5.9) ranging from 5 to 35 with 50% (n = 498) have a score of 26 or higher indicating a satisfied level. According to level of satisfaction, the analysis showed that 7.8% (n = 78) are extremely satisfied compared to 1.9% (n = 19) extremely dissatisfied.

Perceived Social support (PSS): The mean total score of PSS was 62.1 (SD = 12.9) ranging from 12 to 84. The lowest mean scores for the domains was for PSS-friends (M = 17.6, SD = 5.8), while for PSS family and others were almost equal (M = 22.2, SD = 5.1; M = 22.1, SD = 4.9, respectively).

Model testing: Moderation effect of perceived social support on the relationship between gender and life satisfaction

Path analysis, two-model multiple hierarchical regression analysis, was used to examine the hypothesis. In block-1, gender was entered and in block-2 perceived social support has been entered. Initially, gender have been regressed using standardized linear regression model on life satisfaction. The analysis showed that the model was not statistically significant (F = 1.91, p = .310). The model was able to explain only 0.5% (R² = .005) of variation in life satisfaction in relation to gender among older persons. Analysis has shown that gender was not a significant predictor.

Table 3: Regression examining moderation effect of perceived social support on the relationship between gender and life satisfaction (N =996)

Variables	Block 1		Block 2	
	β	p-value	β	p-value
Gender	-.523-	.226	-.549-	.170
PSS-FA			.163	p <.001
PSS-FR			.120	p <.001
PSS-OTHER			.256	p <.001
R ²	.005		.151	
R ² _{adj}	.001		.146	
R2 change	.146		p <.001	
e	.97		.70	

PSSFA: perceived social support from family; PSSFR: perceived social support from friends; PSSOTHER: perceived social support from others.

In block-2, in which perceived social support from family, friends and others added to test its moderation effect, the analysis showed that the model was statistically significant (F = 52.37, p <.001) with R² = 0.152 and adjusted R² = .145. The R² value of .152 indicates that almost 15% of the variation in the relationship between gender and life satisfaction is related to the moderation effect of perceived social support. The variation has been improved largely with inclusion of perceived social

support from model 1 to model 2 where the magnitude of R² changes value is .146 indicating the perceived social support has great moderation effect on the relationship between gender and life satisfaction among older person (see table 3). In general, the results infer that adding perceived social support from family, friends and others has buffered the negative influence of gender on the life satisfaction.

Differences in life satisfaction related to selected demographics: The analysis showed no significant differences related to gender ($t = .08, p = .941$). However, using the univariate analysis to examine the differences between males and females in their life satisfaction controlling for type of medical diagnosis, the analysis showed a significant difference ($F_{1,996} = 8738.7, p < .001$). Males had higher mean score ($M = 24.5, SD = 5.7$) than females ($M = 23.9, SD = 7.1$). Significant differences found between males and females controlling for duration of medical diagnosis with mean score for males ($M = 24.5, SD = 5.6$) higher than females ($M = 23.8, SD = 7.0$).

Discussion

Older persons are struggling to manage their biopsychosocial needs within limited available resources in the developing countries^[5]. The literature asserted that older persons are suffering from number of psychological and physical deteriorations^[27-30]. This study is extending the body of knowledge identifying the role of social support as moderating factor on the relationship between life satisfaction and gender. The findings of the study provide a new perspective of understanding that the relationship between ageing and the biopsychosocial wellbeing of older persons. We have found that social support is one core component of older persons' quality of life due to the effect of social support on the life satisfaction regardless of gender of the older persons. Males and females are not simply similar in their social functions. Women are assuming different roles in the Arabian culture in which most of women's responsibilities are geared towards home-related and family-related matters indicating that women need more social support than men. However, we found that older men and women regardless of their age need an equal social support to successfully maintain their life satisfaction. The results are not in line with other studies^[31] who found that perceived social support was more closely related to life satisfaction for women than for men. One explanation is that older women preserve their social roles through maintaining their strong connectedness with their adult male and female children. In Arabian culture, adult male and female children are obliged to seek more constant appraisals from their mothers than fathers in all their life matters. This would explain the higher level of social support that older women received than men. This also explains what we have also found that age and gender of older persons are not significantly related to the level of life

satisfaction supporting previous report^[30-31] who found no significant differences in life satisfaction in relation to sociodemographic factors.

However, when controlling for health characteristics (type and duration of medical diagnosis) we found significant differences in life satisfaction in relation to gender in which older males were more satisfied with their lives than older females. Such findings would sustain the notion that life satisfaction is complicated within social context. This would suggest that life satisfaction among older persons cannot be measured using global life satisfaction scale. There is a need to develop a measure that emphasizes the social and psychological context of gender role among older persons.

One limitation of this study is that the sample the study is cross sectional in which a longitudinal approach measuring life satisfaction at various points of life would be more informative.

Conclusion

Given the results of the present study, specifically understanding the relationship between ageing, gender, and biopsychosocial wellbeing, the results indicated that adding perceived social support from family, friends and others has buffered the negative influence of gender on the perception of life satisfaction. Older male persons had higher life satisfaction than females controlling for health-related factors. The study implies that social support is one particular factor to consider while attempting to explain or intervene to improve quality of life among older person.

Conflicts of Interest: the authors declare no conflict

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Ethical Clearance: The study was approved by the scientific research committee at the University of Jordan (#10/2017-2018).

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