

Influencing Factors on Mid-Life Well-Being

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Abstract

Background/Objectives: The purpose of this study was to identify the factors which may influence a mid-life well-being.

Method/Statistical Analysis: This study is a descriptive survey design using a convenience sampling. The data were analyzed using descriptive statistics, t-test, ANOVA, Pearson's correlation coefficient and stepwise multiple regression using the SPSS 22.0 program.

Findings: As a result of conducting the stepwise regression analysis, the explanatory power of above 4 variables was appeared to be 52.3% including positive thinking ($\beta = .416$, $p < .001$), depression ($\beta = -.266$, $p < .001$), meaning of life ($\beta = .196$, $p < .001$) and perceived health status ($\beta = .110$, $p = .027$).

Improvements/Applications: This study will be used as basic data for developing nursing intervention programs that can improve well-being of middle age by establishing factors that affect well-being of middle age using variables of multilateral aspects.

Keywords: *Mid-life, Meaning of life, Depression, Positive thinking, Self-efficacy, Social support.*

Introduction

Mid-life is a kind of transition period from adulthood to old age and is an important and meaningful stage in the life cycle. In recent years, people have shown lots of interests in life satisfaction, happiness and well-being which promote happiness and growth of individuals emphasizing the positive aspects of human beings.

Well-being is used in combination with many similar concepts such as quality of life, happiness, life satisfaction, positive emotions and morale^[1]. General well-being is divided into subjective well-being (life satisfaction, happiness) focusing on the 'pleasant' result and psychological well-being (purpose and meaning of life) that emphasizes 'self-fulfilling' results^[2]. Among

them, the subjective well-being is closely related to depression^[3] which can be considered as a variable that negatively affects well-being as a factor to reduce the life quality throughout the middle age. Meaning of life is an indicator of psychological health related to happiness, and the effort to find meaning of life is the power to lead the life well by discovering meaning of life in the adversity or suffering experienced in the life^[4].

Positive thinking is a factor that allows people to accept and cope positively with their life despite the negative side in the life. Having positive thinking is not only a means of gaining happiness, but also is reported to have a significant effect on the mental health as a factor that can promote health, life quality and well-being^[5]. Social support is an important factor influencing well-being^[2]. The greater the social support, the less likely they are to experience stress and the potential to develop mental symptoms therefrom^[6]. The concept of self-efficacy has been diversely applied in the nursing or health-related fields and acts as a determinant to create behavioral change and motivation for solving problems occurring in the middle age, such that it can be assumed as a factor affecting well-being^[7].

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There have been few studies on well-being in the aspect of nursing. In particular, no integrated approach to the factors affecting well-being of middle age has been carried out. Therefore, this study aims to find a nursing intervention plan that can improve well-being of middle age by establishing variables that affect well-being of middle age.^[1]

Method

1. **Subjects:** In this study, middle-aged men and women from 40 to 59 years old living in three areas Seoul, Gyeonggi-do, and Chungcheongnam-do, were selected as subjects. To verify the fitness of the sample size, the G*Power 3.0 program was used and a significance level of .05, effect size of .15, verification power of .95 and 12 predictive factors were applied to the regression analysis to acquire the final number of 184 subjects. A total of 219 copies were used in the final analysis.
2. **Instruments:**
 1. **Well-being:** The scale developed by Dupuy^[8] and revised by this researcher. This tool consists of 5 points scale from 1 to 5 points with 18 items. The higher score, the higher score of well-being. Cronbach 's $\alpha = .83$ in this study.
 2. **Meaning of Life:** The scale used in Won et al.^[4] was used to measure the meaning of life. The higher the score on the 7-point scale of 10 questions, the more subjective meaning of life they have. Cronbach 's $\alpha = .93$ in this study.
 3. **Depression:** Korean version of Center for Epidemiologic Studies Depression Scale-Revised, K-CESD-R which Lee et al.^[9] validated the feasibility and reliability was used in this study. The tool consists of five scales ranging from 0 to 4 points in 20 questions. The higher score, the higher score of depression. Cronbach 's $\alpha = .96$ in this study.
 4. **Positive thinking:** The positive accident scale developed by Kim et al.^[5] was used to measure positive thinking. This tool consists of 18 questions, ranging from 1 point of 'not at all' to 5 points of 'very much'. The higher score, the more score of positive thinking. Cronbach 's $\alpha = .94$ in this study.
 5. **Self-efficacy:** In this study, Korean Version of General Self-Efficacy scale (GSE) developed by Schwarzer & Jerusalem^[10] was used to measure the Self-Efficacy. This tool consists of 10 questions from 1 point of 'not at all' to 4 points of 'very much'. The higherscore, the higher score of self-efficacy. Cronbach 's $\alpha = .90$ in this study.
 6. **Social support:** In this study, Korean version of the MSPSS scale (Multiple Dimensional Scale of Perceived Social Support) developed by Zimet et al.^[11] was used to measure the social support. This tool consists of 5-points scale with total 12 questions. The higher score, the higher score of social support. Cronbach 's $\alpha = .95$ in this study.
3. **Data collection:** Data collection period was from 1st May 2019 to 30th June 2019. Data were collected by sampling the middle-aged men and women who visited religious and service organizations and sports centers. In addition, after explaining the purpose of the study, the researcher asked subjects who voluntarily participated in the study to fill out the written consent form and then answer the questionnaire.
4. **Ethical Consideration:** The researcher explained to subjects the purpose of the study, promised anonymity and confidentiality, and explained in advance that the subject would not have to respond if they were reluctant to reveal personal information. The researcher also explained that subjects can stop or withdraw the answering at any time if they do not want to participate in the study.
5. **Data Analysis:** Using the SPSS/WIN 22.0 program, the subjects' general characteristics and variables were analyzed for frequency, percentage, mean, and standard deviation. The difference in well-being according to general characteristics was analyzed using ANOVA and Scheffé test. In addition, multiple regression analysis was conducted to establish the factors affecting well-being of subjects.

Result and Discussion

1. **General characteristics of subjects:** The average age of subjects was 46.51 years old. Among them, 40 to 49 years old was the most common with 154 persons (70.3%), and number of female subjects, 113 persons (51.6%) was greater than that of male subjects. For the degree of education, 182 persons (83.1%) graduated college or higher, 181 persons

(82.6%) had spouse, 110 persons (50.2%) who had a religion, and 178 persons (81.3%) had a job. 157 persons (71.7%) considered their economic status as ‘middle’, 91 persons (41.6%) considered

their perceived health status as moderate while 101 persons (46.2%) thought their sleep status as good [Table 1].

Table 1. General Characteristics and Difference of Well-being according to Characteristics (N = 219)

Characteristics	Categories	n (%)	Well-being		
			M±SD	t/F (P)	Scheffé
Age (Years)	40-49	154(70.3)	3.03±0.45	-0.37(.707)	
	50-59	65(29.7)	3.06±0.47		
Sex	Male	106(48.4)	3.08±0.46	1.28(.878)	
	Female	113(51.6)	3.00±0.45		
Education	Below high school	37(16.9)	3.11±0.51	1.03(.286)	
	Above college	182(83.1)	3.03±0.44		
Spouse	Yes	181(82.6)	3.04±0.47	-0.35(.730)	
	No	38(17.4)	3.06±0.39		
Religion	Yes	110(50.2)	3.01±0.47	-1.01(.313)	
	No	109(49.8)	3.07±0.44		
Occupation	Yes	178(81.3)	3.04±0.43	0.26(.795)	
	No	41(18.7)	3.02±0.55		
Economic status	Low	55(25.1)	3.06±0.56	0.52(.597)	
	Middle	157(71.7)	3.04±0.45		
	High	7(3.2)	3.20±0.54		
Perceived health status	Bad ^a	57(26.0)	2.71±0.37	47.96(<.001)	a<b<c
	Moderate ^b	91(41.6)	2.99±0.34		
	Good ^c	71(32.4)	3.37±0.44		
Sleep status	Bad ^a	66(30.1)	2.77±0.39	22.64(<.001)	a<b<c
	Moderate ^b	52(23.7)	3.04±0.34		
	Good ^c	101(46.2)	3.22±0.46		

2. Descriptive Statistics of the Variables: The mean of subjects’ meaning of life was 4.57 (±0.97), 0.65 (±0.78) for depression, 3.24 (±0.62) for positive

thinking, 2.64 (±0.44) for self-efficacy, 3.44 (±0.76) for social support and 4.57 (±0.97) for well-being [Table 2].

Table 2. Descriptive Statistics of the Variables

Variables	M±SD	Min	Max
Meaning of life	4.57±0.97	1.80	7.00
Depression	0.65±0.78	0.00	3.85
Positive thinking	3.24±0.62	1.17	4.94
Self-efficacy	2.64±0.44	1.30	4.00
Social support	3.44±0.76	1.42	5.00
Well-being	3.04±0.46	1.78	4.33

3. Difference of well-being according to general characteristics: The difference of well-being according to general characteristics showed significant difference according to perceived health status ($F = 47.96, p < .001$) and sleep status ($F = 22.64, p < .001$). In other words, the better the perceived health and sleep status, the higher well-being [Table 1].

4. Correlations Coefficient among the Variables: Well-being of subjects had negative correlation with depression ($r = -.53, p < .001$), but had positive correlation with meaning of life ($r = .50, p < .001$), positive thinking ($r = .64, p < .001$), self-efficacy ($r = .48, p < .001$) and social support ($r = .48, p < .001$). In other words, the lower the depression score, the higher the meaning of life, positive thinking, self-efficacy, social support and well-being score [Table 3].

Table 3. Correlations Coefficient among the Variables

Variables	Meaningof life r(p)	Depression r(p)	Positive thinking r(p)	Self-efficacy r(p)	Social support r(p)
Well-being	.50(<.001)	-.53(<.001)	.64(<.001)	.48(<.001)	.48(<.001)

5. Factors affecting well-being of subjects: As a result of stepwise regression analysis, positive thinking ($\beta = .416, p < .001$), depression ($\beta = -.266, p < .001$), meaning of life ($\beta = .196, p < .001$), perceived

health status ($\beta = .110, p = .027$) were shown, and the explanatory power of these four variables was 52.3%. Among them, the most influential variable was positive thinking [Table 4].

Table 4. Factors Affecting Well-being of Subjects

Variables	B	SE	β	t	p
Intercept	2.122	.140		15.214	<.001
Positive thinking	.306	.042	.416	7.318	<.001
Depression	-.155	.030	-.266	-5.130	<.001
Meaning of life	.190	.053	.196	3.592	<.001
Perceived health status	.107	.048	.110	2.134	.027
F = 60.65, p<.001, Adj R ² = .523					

Discussion

In this study, well-being of subjects ranged from 1 to 5 with a mean score of 3.04. The subjective well-being is the overall happiness experienced by the individual and includes emotional states such as perceived assessment for overall life satisfaction, positive and negative emotions while it is reported that men experience more positive emotion and women experience more negative emotion^[12].

Well-being according to general characteristics showed significant difference according to the perceived health status and sleep status. Especially for middle age women, the quality of menopausal life differed according to their sleep status. This can be inferred from the fact

that the life quality is a health indicator^[13] affected by not only general well-being but also disease degree, such that the degree of well-being is different by these variables. In addition, early studies on well-being also reported that demographic variables had a low effect on the subjective well-being. However, the contradictory result that the younger people have higher well-being scores than the middle aged and showed differences according to culture, age and gender^[14] requires a further study in the future therefrom.

As a result of examining the correlation between well-being of middle age and variables, the lower the depression score, the higher the meaning of life, positive thinking, self-efficacy, social support and well-being

score. These findings support the result of previous studies that the higher the meaning of life, the higher the positive emotion^[4], the lower the depression^[3] and meaning of life is closely related to the life quality and well-being^[4]. Positive thinking is highly correlated with positive variables such as life satisfaction and well-being^[5]. It is reported that the higher the self-efficacy, the higher well-being^[15], so it is similar to the result of this study. In addition, it is consistent with the research result^[2] that the higher the degree to perceive the social support system or resources by the individual in the social relation, the higher well-being.

In order to identify the factors affecting well-being of middle age, as a result of hierarchical regression using the perceived health status and sleep status cognized to be different in well-being of middle age according to general characteristics as control variables, positive thinking, depression, meaning of life and perceived health status were shown to be significant variables. The explanatory power of these four variables was 52.3%. The most influential variable was positive thinking and is reported to be a variable^[5] that has a significant effect to the life satisfaction and well-being of individuals and supports the results of this study. The second factor affecting well-being of middle age was depression. Depression is an important variable that negatively affects the whole life after middle age. Depression was reported to make people not feel the life satisfaction and give negative effect^[6] to well-being by looking the life with a critical attitude.

Next, meaning of life is the decisive constituent of well-being, which supports the results of this study as a variable that directly affect the health and well-being^[1]. Therefore, the perception of meaning of life as a developmental task in the middle age is related to well-being of the middle age.

Lastly, the perceived health status means the physiological adaptation, and it is reported that as the perceived health status gets worse, the life quality decreases^[13], such that it is predictable that the health status perceived through the relation between the perceived health status, life quality and psychological well-being is an influence variable for well-being.

In addition, self-efficacy and social support were not identified as variables affecting well-being of middle age. However, as a result of identifying the relative influence of factors that explain the meaning of life, the biggest

influential variable was social support for middle aged men and self-efficacy for middle aged women^[8]. This is contradictory to the results of this study, considering that meaning of life is an important constituent of well-being^[1]. These results are difficult to compare directly with other studies due to different measuring tools used and variables that were entered as predicting variables in well-being of middle age, so repetitive studies are required in the future.

Therefore, it is necessary to prepare a way to strengthen the ability to adapt well to negative emotions such as depression by giving new meaning to life through cognitive change through positive thinking.

Conclusion

Through the above results, an active process to experience well-being and reorganize and understand the integral life of old age, for example, positive thinking through cognitive change, enhancing the ability to manage the individualized depression, giving a meaning of life at a new viewpoint, and promoting the physical and mental health status of individuals to prepare for old age. This study is meaningful in that it is an integrated approach that considers variables in various domains to provide nursing interventions to promote well-being of middle age. However, this study is limited to generalize the results by conveniently selecting middle age men and women living in some regions only.

Ethical Clearance: Not required

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Conflict of Interest: Nil

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