



Personality Correlates of Quality Of Life in Senior Citizens

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Abstract

The present study was aimed to explore the relationship of big five and personality hardiness with quality of life in senior citizens. The sample comprised of 400 senior citizens with equal number of educated males and females (200 males and 200 females). The analysis revealed that for the male's sample, personality hardiness explained the maximum variance (23%) followed by neuroticism (4%), agreeableness (3%) and conscientiousness (3%). In all, these variables have accounted for 33% of variance. In female's sample, personality hardiness contributed the maximum variance (5%) followed by neuroticism (4%) and conscientiousness (3%) accounting for 12% of variance in totality. The results have shown commonness of three variables viz. personality hardiness, neuroticism and conscientiousness in predicting the quality of life in both the genders. Further, t-test has revealed the superiority of males in personality hardiness and quality of life.

Keywords: *Senior Citizens, QOL, Big Five, Gender, Personality Hardiness.*

Introduction

Quality of life is broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life. Quality of life is an important aspect of human existence that can be defined as "individuals" perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the persons' physical health, psychological state, level of independence, social relationships and their relationship to salient features of their environment (Skevington, Lofty & O'Connell, 2004).

Maintaining a good life is especially important in older adults, who often experience poor functional health and are more vulnerable to negative health outcomes. The nature of the relationship between age and quality of life remains ambiguous (Mollenkopf & Walker, 2007). Many studies report that quality of life improves with age (Mercier, Peladeau & Tempier, 1998), while others report no difference between young and old adults (Unruh, Newman, Larive, Dew, Miskulin & Greene, 2008). There has been a paucity of research amongst older age group; those investigating older age have suggested an accelerated



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decline in quality of life (Schilling, 2006), possibly due to a reduction in cognitive resources available for compensatory strategies (Rothermund & Brandstadter, 2003).

The quality of life of the elderly depends on various factors such as physical health, psychological health, the living arrangement and level of independence, personal and social relationships, working capacity, access to health and social care, home environment, transportation facilities, and the ability to acquire new skills. In addition, older adults are considered to be 'health optimists' in that they tend to view their health and quality of life positively, even when they have multiple health problems (Paskulin & Molzahn, 2007).

The quality of life in aging population is greatly influenced by psychological factors. The psychological factors play important role in one's quality of life. Psychological factors, such as big five (neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness), personality hardiness can have a direct or indirect effect on quality of life. Among the personality dimensions, neuroticism, extraversion, and conscientiousness are particularly important and are most frequently studied in relation to quality of life (Lucas et al., 2004; Wismeijer & Assen, 2008).

Most research on personality and quality of life in older adults has focused on neuroticism. Neuroticism is the tendency to experience negative emotions, such as anger, anxiety, or depression. It is sometimes called emotional instability. High levels of Neuroticism and/or low levels of Extraversion are related to lower quality of life (Dubayova, Nagyova, Havlikova, Rosenberger, Gdovinova & Middel, 2009).

Extraversion is related to psychological well being. Some investigations have shown that extraversion has a consistent and strong correlation with psychological well-being (Headey & Wearing, 1989; Hotard, McFatter, McWhirter, & Stegall, 1989; Lu, 1995). Extraverts are happier because they seem to have more social skill; they are more assertive and more co-operative. Individuals with a high level of extraversion experience more pleasure (Lucas & Baird 2004). Extraversion may affect aspects of HRQOL related to social-emotional and physical quality of life. Extraversion encapsulates sociability, energy and the frequent experience of positive emotion (Costa & McCrae, 1992). Extraverted individuals also maintain broader social network in older adulthood (Lang, Staudinger, & Carstensen, 1998), and they might enjoy better quality of life in aspects related to social functioning. Extravert people implement more active and dynamic specific processes and mechanisms, which are associated with better quality of life (Wilt, Nofle, Fleeson & Spain, 2012).

Openness to experience refers to the individual's propensity to be open to a variety of novel ideas, values, and experiences (Costa & McCrae, 1992). A high level of openness to experience is associated to a broader range of experience, whereas "closed" people report fewer hobbies and a narrow behavioural repertoire (Little, Lecci, & Watkinson, 1992). Open individuals adapt more quickly and effectively to changes (LePine, Colquitt, & Erez, 2000). Duberstein et al., (2003) further suggested that open older people are more likely to engage in activities that help them maintain their health and open individuals are likely to present higher life satisfaction (Mroczek & Spiro, 2005).

People who are high in agreeableness tend to exhibit positive experience in social situation (Hayes & Joseph, 2002). Agreeable individuals tend to exhibit optimistic view and are more likely to experience



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happiness because they extremely love to have close interrelationship and those who are higher in this trait will have higher life satisfaction and better quality of life. Studies have found positive relationship between agreeableness and well-being (McCrae & Costa 1991). Individuals high on agreeableness have close relationships that contribute to their well-being and to low levels of distress.

Another important factor is conscientiousness which is a tendency to show self discipline, act dutifully, and aim for achievement. High conscientiousness explains significant amount of variance in people's quality of life. Conscientious individuals are better able to anticipate and prepare for future consequences of potential adversities, more organized, and self-disciplined. They are also seemed to be more successful in establishing objective indicators of quality of life (Walton & Bogg, 2005) and therefore experience high levels of subjective well-being. (Duckworth, Weir, Tsukayama & Kwok, 2012).

Further, it is assumed that hardy individuals have better well-being than non-hardy individuals. Hardy persons are easily committed to what they are doing in their lives, believe they have some control over the causes and solutions of life problems, and view changes in life and adaptive demands of challenges and opportunities for growth rather than as threats. Hardiness which is positively related with quality life, reduces negative effects of stress as a source of inner resistance, and prevent occurrence of physical and mental disorders (Sharma & Malhotra, 2007; Sharma, 2011).

Method

2.1 Sample

A sample of the study comprised of 400 educated senior citizens with equal number of males and females (200 each) above 60 years of age group from different districts of Himachal Pradesh.

2.2 Design

Correlation design was used to see the association between psychological factors and quality of life. Regression analysis was computed separately for both the genders (males and females) to find out the best set of predictors of quality of life. T-test was also computed to find out the significance of differences on personality hardiness and quality of life.

2.3 Tools

NEO Five- Factor Inventory (Costa & McCrae, 1992): There are two forms for the NEO, one for self-report (form S) and one for observer rating (Form R). Form S is a self report version that was used in this study. The NEO- FFI is a 60 item personality inventory designed to assess five broad personality domains: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. For each statement, the participants rated themselves on a five – point Likert scale ranging from 0 to 4, "strongly agree", "agree", "neutral", "disagree" & "strongly disagree".

Personality Hardiness Scale (Kobasa, 1979): The scale consists of 36 items related to the three hypothesized factors of hardiness: control, commitment, and challenge. Alpha coefficients have been documented between .71 and .88. The items were to be rated on 4 point likert scale from not at all true



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(0) a little true (1) quite true (2) completely true (3). The total hardiness score was obtained by summing up all the scores of 36 items.

WHOQOL-BREF (1996): The data were collected with a questionnaire named WHOQOL-BREF (1996) conceptualized by Alisen Harper. The 26 items WHOQOL-BREF consist of two overall items measuring general quality of life and health conditions and 24 items that are universally adopted for the WHOQOL-BREF in four domains are health, psychological well being, social relationship and environment. Each item was rated on a 5 point likert scale (higher score denotes higher quality of life).

Results

Figure-1 indicates that quality of life of male senior citizens significantly and positively correlated with personality hardiness, $r = .479^{**}$ ($p < .01$), neuroticism, $r = -.201^{**}$ ($p < .01$), agreeableness, $r = .182^{**}$ ($p < .01$) and conscientiousness, $r = .146^*$ ($p < .05$) and in female senior citizens personality hardiness, $r = .312^{**}$ ($p < .01$), neuroticism, $r = -.187^{**}$ ($p < .01$) and conscientiousness, $r = .162^*$ ($p < .05$) were significant correlates of quality of life. **Table 1** indicates that in male's sample, when independent variables were entered in the regression model with quality of life, personality hardiness emerged as the best predictor accounting for 23% of variance. A significant increase of 4% was observed in R^2 when it was entered along with neuroticism accounting for 27% of variance. A significant increase of 3% was observed in R^2 when personality hardiness and neuroticism were entered along with agreeableness accounting for 30% of variance. Further, a significant increase of 3% was observed in R^2 when personality hardiness, neuroticism and agreeableness were entered along with conscientiousness accounting for 33% of the total variance. In all, these variables have contributed 33% of variance in quality of life. **Table 2** depicts that in female's sample, when independent variables were entered in the regression model with quality of life, personality hardiness emerged as the best predictor accounting for 5% of variance. A significant increase of 4% in neuroticism was observed in R^2 when this variable was entered along with depression accounting for 9% variance. Further, a significant increase of 3% was observed in R^2 when personality hardiness and neuroticism were entered along with conscientiousness accounting for 12% of the total variance. In all, these variables have contributed 12% of variance in quality of life. **Table 3** indicates significant mean differences between male and female senior citizens on personality hardiness, $t = 3.22^{**}$ ($p < .01$) and quality of life, $t = 1.98^*$ ($p < .05$).

Discussion

This study examined the relationship between personality (i.e., neuroticism, extraversion, openness to experience, agreeableness, conscientiousness, personality hardiness) and quality of life. Regarding personality, we found that high neuroticism was associated with poor quality of life, while high extraversion, high openness to experience, high agreeableness, high conscientiousness and high personality hardiness were positively related to quality of life.



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The results have shown significant difference between male and female senior citizens on quality of life. In regression analysis of the both the sample personality hardiness has come up as the main predictor of quality of life. In the males' sample it is explaining 23% of variance (R^2 Change =.229, $p < .01$) (see table 1) and $r = .479^{**}$, $p < .01$ (see figure 1). In females' sample explaining 5% of variance (R^2 Change =.048, $p < .01$) (see table 2) and $r = .312^{**}$, $p < .01$ (see figure 1). It reveals that males are harder than females. Hardy persons are easily committed to what they are doing in their levels believe they are some control over the cause and solution of the life problems, and view changes in life and adaptive demands of challenges and opportunities for growth rather than as threat (Maddi & Kobasa, 1984). High level of hardiness enjoyed high quality of life and a good sense of well-being (Ayubi et. al., 2010). **The second variable** which has come up as main predictor of quality of life in both the sample is neuroticism. In the males' sample explaining of 4% of variance (R^2 Change =.039 ** , $p < .01$) (see table 1) and $r = -.201^{**}$, $p < .01$ (see figure 1). In females' sample explaining 4% of variance (R^2 Change =.035 ** , $p < .01$) (see table 2) and $r = -.187^{**}$, $p < .01$ (see figure 1). It reveals that the negative association between neuroticism and quality of life may be the fact that more neurotic individuals demonstrated lower quality of life (Hoyle & Gallagher, 2015). It is suggested that neuroticism may depress person's well being through inflating the negative affect and also positively influence all the aspects of subjects' well being (Emmons & Diener, 1985). It has been found that neurotic tend to have poorer quality of life which in turn, suppresses happiness (Lu & Shih, 1979a). The third variable which has come up as main predictor of quality of life in male's sample is agreeableness explaining 3% of variance (R^2 Change =.031 ** , $p < .01$) (see table 1) and $r = .182^{**}$, $p < .01$ (see figure 1). Low agreeableness has been found to be a health risk, and high agreeableness, especially trust and honesty has been linked to longevity (Friendman et. al., 1995, John & Srivastava, 1999). Individual, low agreeableness seems to be the product of an inability to regulate emotions and behaviours, thus agreeableness is a positive parameter of good quality of life (Ahadi & Rothbart, 1994; Pulkkinen, 1996). The fourth variable which has come up as main predictor of quality of life on both the sample conscientiousness has come up as the main predictor of quality of life. In the males' sample it is explaining 3% of variance (R^2 Change =.028, $p < .01$) (see table 1) and $r = .146^*$, $p < .05$ (see figure 1). In females' sample explaining 3% of variance (R^2 Change =.033, $p < .01$) (see table 2) and $r = .162^*$, $p < .05$ (see figure 1). Conscientiousness individuals are showing better quality of life as compared to others. It influences the way in which we control, regulate and direct our impulses. They are also positively regarded by others as intelligent and reliable. The above findings are supported by Judge et. al., (2003) conscientious people are generally more likely to hold positive self belief and associated with positive affect. Conscientious people are convinced about the things and which they do and are in control of themselves and achieve better quality of life.

The mean values show that male senior citizens have scored significantly higher on hardiness which shows that males are hardy in their approach towards life. They are more committed, take the challenge willingly and control their emotions which strengthen their physical and mental power thereby improving overall quality of life (Sharma & Malhotra, 2007, Sharma, A. 2011). The result of the present studies shows that males are higher on quality of life it means that males are better in quality of life than females. Female have lower quality of life and more loneliness then male senior citizens because of their



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health problems, physical limitations social activity and marital status. The low quality of life for female senior citizens results from behavioural and social factors. The female senior citizens are socially inactive, have a tiny income and many health problems so as to feel disappointed with their life (Kirchergast & Haslinger, 2008).

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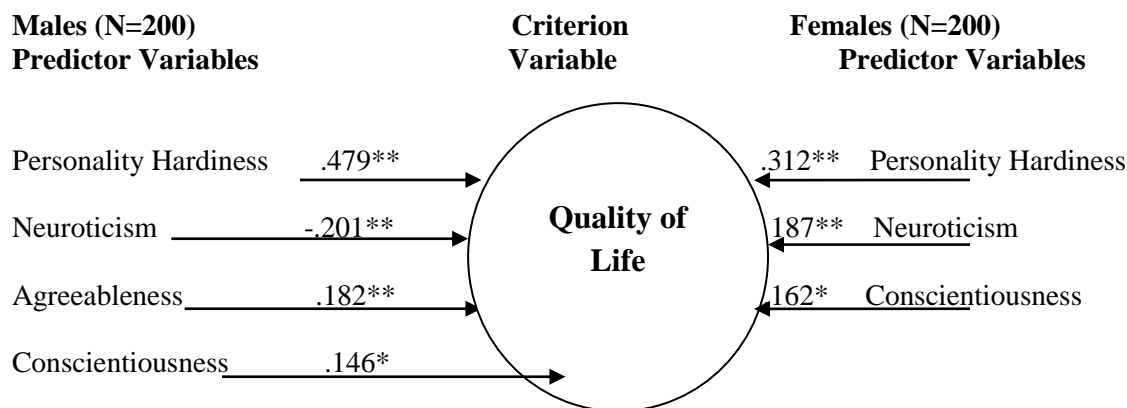
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** p<.01, *p<.05

Figure I: Inter- correlations among Quality of Life, Personality Hardiness, Depression, Social Support, Religiosity, Femininity, Neuroticism, Agreeableness and Conscientiousness, in both the Genders (Males and Females, N=200)

Table 1 Stepwise Regression Analysis: Predictors of Quality of Life in Senior Citizens for Males' Sample (N=200)

Predictors	Order of Entry	R	R	Beta Weight	R ²	R ² Change	F	Sig
Personality Hardiness	1	.479**	.479	.479	.229	.229	39.01	.01
Neuroticism	2	-.201**	.662	.289	.438	.039	8.143	.01
Agreeableness	3	.182**	.685	.269	.469	.031	6.032	.01
Conscientiousness	4	.146*	.705	.234	.497	.028	2.411	.05
Total Variance Explained						33%		

Table 2 Stepwise Regression Analysis: Predictors of Quality of Life in Senior Citizens for Females' Sample (N=200)

Predictors	Order of Entry	R	R	Beta Weight	R ²	R ² Change	F	Sig
Personality Hardiness	1	.312**	.559	.418	.312	.048	14.144	.01
Neuroticism	2	-.187**	.622	.369	.386	.035	5.321	.01



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Conscientiousness	3	.162*	.648	.353	.419	.033	2.164	.05
Total Variance Explained						12%		

Table 3 Comparative Analysis of Male and Female Senior Citizens on Personality Hardiness and Quality of Life.

Variables	Gender	N	\bar{X}	SD	t	Sig.
Personality Hardiness	Males	200	62.30	12.48	3.22	.01
	Females	200	58.82	8.75		
Quality of Life	Males	200	142.78	18.56	1.98	.05
	Females	200	139.02	20.19		