

Purpose in Life and Personal Growth: Predictors of Quality of Life in Mexican Elders

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Abstract

Pursue goals and dreams throughout life are important to maintain an active life and enjoy it, which turns out to be a mechanism where people adapt to the challenges of the age, also if they are able to use their resources to continue growing as people, all should contribute to a better quality of life. Therefore the aim is to test the predictive value of subjective well-being, their dimensions: purpose in life and personal growth on quality of life of older adults from different entities of Mexico. For that, 582 elderly (mean age = 70.3, SD = 7.5) were individually interviewed, also they answered with their consent informed, the questionnaire Quality of Life (QoL) (WHOQOL-OLD) and the Ryff's Scale of Subjective Well-Being (SW) with two of its dimensions: Purpose in Life (PiL) and Personal Growth (PG). The results show statistically significant correlations between QoL and PiL ($r = .565, p < .0001$), QoL and PG ($r = .442, p < .0001$), and QoL and SW ($r = .633, p < .0001$). Also the resulting linear regression model with significant coefficients is: PiL ($\beta = 0.134, p < .038$), PG ($\beta = -0.138, p < .025$) and SW ($\beta = 0.632, p < .0001$), value $F_{(3,423)} = 99.28, p < .0001$ and coefficient $R^2 = .413$. It is concluded that the purpose in life, personal growth and well-being are predicting a better quality of life of older adults.

Keywords

Well-Being, Purpose in Life, Personal Growth, Quality-of-Life, Elders

1. Introduction

Well-being is a concept that includes social, subjective and psychological dimensions for that people function well. So it has been a special interest in research on well-being to extend this construct (Diener, Suh, Lucas, & Smith, 1999) in recent decades.

There are two great traditions of conceiving well-being: the first one is related to happiness, known as hedonic well-being; while the second refers to the development of human potential, called well-being eudaimonic (Ryan & Deci, 2001).

As principal representative of the hedonic tradition has used the construct of subjective well-being (Keyes, Shmotkin, & Ryff, 2002), for eudaimonic tradition, the construct of psychological well-being is used.

Where from the hedonic tradition originally conceived well-being as an indicator of quality of life based on the relationship between the characteristics of the environment, access to resources and the level of satisfaction experienced by people (Campbell, Converse, & Rodgers, 1976).

In another sense, several authors define the well-being in terms of life satisfaction, by the overall judgment that people make about their own lives (Diener, 1994; Veenhoven, 1994), or in terms of happiness, through the overall balance of indicators of positive and negative affects that the people make about their own lives (Diener, 2000; Godoy-Izquierdo, Martinez, & Godoy, 2008). So subjective well-being is conceived as a composite measure satisfaction with life besides happiness (Lucas, Diener, & Suh, 1996).

Therefore, while the tradition of subjective well-being has shown particular interest in the study of emotions and life satisfaction, psychological well-being has focused on developing skills and personal growth, designed both as the main indicators about positive function.

Thus the psychological well-being depends on the consistency between the aspirations of a person's perception of himself and his environment and the ability to change or take positive action in their life circumstances.

However, in the case of older adults may wonder whether the hedonic and eudaimonic well-being coexist, as predictors of quality of life.

In this regard, recent findings suggest that affective experiences are more stable with age (Röcke & Brose, 2013; Röcke, Li, & Smith, 2009; Vera-Villaruel, Urzúa, Silva, Pavez, & Celis-Atenas, 2013), example of this can be found in the development model of elderly Baltes (Baltes & Baltes, 1990; Baltes, Lindenberger, & Staundinger, 2006) and the theory of socioemotional selectivity Carstensen (Carstensen et al., 2011; Carstensen, Rosenberger, Smith, & Modrek, 2015), which suggests a transformation throughout the cycle of life improvement from adulthood to old age, contributing to greater stability and emotional well-being subjective.

However, despite this evidence, Carstensen et al. (2011) note that in relation to the greater well-being in older adults, there are many questions about the course of emotional regulation and well-being that still remain unanswered, for example, the relation between well-being and spirituality (Van Dierendonck, 2004).

Meanwhile Ryff (1989) defines psychological well-being like the result of an evaluation by the subject with respect to how he has lived; it is presented as a multidimensional concept. Ryff & Keyes (1995) distinguish the psychological well-being, defining it as subjective perception, state or feeling; while satisfaction is understood as gratification provided by personal projects; and the quality of life and the degree to which life is perceived favorably.

The dimensions of psychological well-being according to Ryff are positive evaluations of oneself and of one's past life (Self-Acceptance), the capacity to manage effectively one's life and surrounding world (Environmental Mastery), the possession of quality relations with others (Positive Relations With Others), sense of self-determination (Autonomy), the belief that one's life is purposeful and meaningful (Purpose in Life), and a sense of continued growth and development as a person (Personal Growth). Of these, the first four correspond to the hedonic well-being, while the last two are linked to the eudaimonic well-being.

So the research question is: the purpose in life and personal growth like dimensions of eudaimonic well-being contribute to the quality of life of older adults? The aim of this study was to determine whether the subjective well-being (SW) and two of its dimensions, purpose in life and personal growth, are predictors of quality of life in Mexican elders.

2. Method

2.1. Participants

582 seniors from different areas of Mexico, 68% (396) women and 32% (186) men, with an age range of 60 - 94

years ($M = 70.3$, $SD = 7.5$). The 97% of the sample are literate, while the remaining 3% do not know read and write; marital status of the majority is 51% married, widowed 32% and 10% single, among others. The 72% of seniors report to be sick, while 28% pointed not to be sick. The main mentioned diseases are chronic degenerative (46%), muscle-skeletal (17%), and acute (10%). The three most significant issues or concerns are economic (31%), family (28%) and health (16%).

2.2. Definition of Variables

The purpose in life, is based on the person to have clear goals and be able to define goals in their life. A high score on this subscale will indicate that the subjects have clarity about what they want in life (Ryff, 1995).

The personal growth, evaluates the individual's ability to generate the conditions to develop their potential and continue to grow as a person, a sense of continued growth and development as a person, the belief that one's life is purposeful and meaningful (Ryff, 1995).

The quality of life according to the World Health Organization defines it as “*the perception of individuals of their position in life within the context of their culture and value system in which they live, and the relationship of their goals, expectations, standards and interests*” (Harper & Power, 1998: p. 551).

2.3. Measures

Socio-demographic data. The socio-demographic information sheet included questions about gender, age, education level, marital status, income, self-perceived health status, diseases, and the three most significant problems.

WHOQOL-OLD is a 24-item self-report instrument that is divided into six domains: Sensory Abilities (SA); Autonomy (A); Past, Present, and Future Activities (PPFA); Social Participation (SP); Death and Dying (DD); and Intimacy (I) (4 items per subscale). Each domain provides an individual score, and an overall score is also calculated from the set of 24 items. Answers are based on a 5-point Likert response scale, with items 1, 2, 6, 7, 8, 9, 10 being reverse scored. Although all the response scales have five points they vary in their anchors: “Not at all”/“An extreme amount”; “Completely”/“Extremely”; “Very poor”/“Very good”; “Very dissatisfied”/“Very satisfied”; “Very unhappy/Very happy”. The Spanish version of the scale [8] was adapted to colloquial features of Mexican Spanish. Total scores on the WHOQOL-OLD range from 24 to 120, with higher scores being indicative of better quality of life (QoL). Cronbach's alpha were satisfactory values with an acceptable range from $\alpha = .75$ to $\alpha = .85$ for each facet score, while the total score displayed a consistency coefficient of $\alpha = .88$; while concurrent validity (convergent and discriminant) was tested, WHOQOL-OLD correlated positively with DQOL ($r = .159$, $p < .032$), as would be expected; and WHOQOL-OLD correlated negatively with BDI ($r = -.516$, $p < .034$) and GDS ($r = -.336$, $p < .002$) (González-Celis & Gómez-Benito, 2013).

Ryff's Scales of Psychological Well-being, a self-report questionnaire measuring aspects of Subjective Well-being (SW) on six sub-scales: Self-Acceptance, Environmental Mastery, Positive Relations with Others, and Autonomy, this sub-scales are indicators of the Hedonic Well-being; and Purpose in Life (PiL) and Personal Growth (PG), both include the measure about Eudaimonic Well-being (Ryff, 1995); the 39-item version translated into Spanish by Díaz et al. (2006) was used. Each dimension had six to eight items, some positively and some negatively worded. Respondents were asked to indicate if a statement described them accurately or not. A 6-point answering scale, from 1: Strongly agree to 6: Strongly disagree was utilized. The internal consistency (or coefficients for the scales were as follows: self-acceptance, .93; positive relations with others, .91; autonomy, .86; environmental mastery, .90; purpose in life, .90; and personal growth, .87. With comparative fit index (CFI = .88).

2.4. Procedure

Data collection was done in interview format, in an office or the waiting room of the health clinic, in a single session of 60 minutes. With support of the receptionists potential participants were detected, researchers approached them to introduce themselves, gave a brief explanation of the study and invited to participate; those who accepted were asked to accompany the interviewer in a more private space. They all signed an informed consent form that was approved by the Research Ethics Committee of the university in which the study was carried out. Interviewers were psychology undergraduates who had previously received training in how to apply the various instruments used.

All participants (N = 582) completed six instruments, as well as the socio-demographic data sheet in individual interview. For this report it was analyzed the data obtained only of the scale WHOQOL-OLD, the Ryff's Scale of Subjective Well-being, in their dimensions: Purpose in Life (PiL) and Personal Growth (PG), and socio-demographic data.

Signed the informed consent, the interview was conducted. Data were analyzed using the statistical package SPSS Statistics 22.

3. Results

The model result with variables predictors of the quality of life is observed in **Figure 1**, it show values correlations between quality of life dimensions and subjective well-being: Purpose in Life and Personal Growth.

Significant differences were found between the younger (60 < 74 years) and older (>75 years) groups in total quality of life ($t = 3.942, p < .0001$) and on four QoL domains: sensory abilities ($t = 2.428, p < .015$), autonomy ($t = 3.988, p < .0001$), social participation ($t = 2.567, p < .011$) and intimacy ($t = 4.969, p < .0001$) (**Figure 2**).

No differences were observed for the remaining domains, and neither was there statistical evidence of differences in quality of life (total and domain scores) between men and women or between elders who reported health problems and those who did not.

Statistically significant correlations were observed between QoL and PiL ($r = .565, p < .0001$), QoL and PG ($r = .442, p < .0001$), and QoL and SW ($r = .663, p < .0001$) (**Table 1** and **Table 2**).

The significant coefficients in the linear regression model were as follows: PiL ($\beta = 0.134, p < .038$), PG ($\beta = -0.138, p < .025$) and SW ($\beta = 0.632, p < .0001$), with $F_{(3,423)} = 99.28, p < .0001$, and $R^2 = .413$.

4. Discussions and Conclusion

In particular, some authors (Freund & Baltes, 2007) have reported that as people age, goals tend to be more modest, short-term and related to the current situation. Therefore, in the elderly, the stability in the measures of “hedonic” well-being can coexist with decreasing measures “eudaimonic” well-being. Hence empirically distinguish between the two approaches to well-being, will be the key to a better understanding of the process and adaptation in old age.

Given the maturity and personal growth as a measure of well-being eudaimonic like a predictor of the quality of life of older adults, it makes it possible to go beyond the traditional hedonic approaches being oriented towards the present as a subjective criterion for success to consider other future-oriented perspective, rooted in the notion of well-being eudaimonic (Deci & Ryan, 2008; Grossbaum & Bates, 2002; Ryff & Singer, 2008).

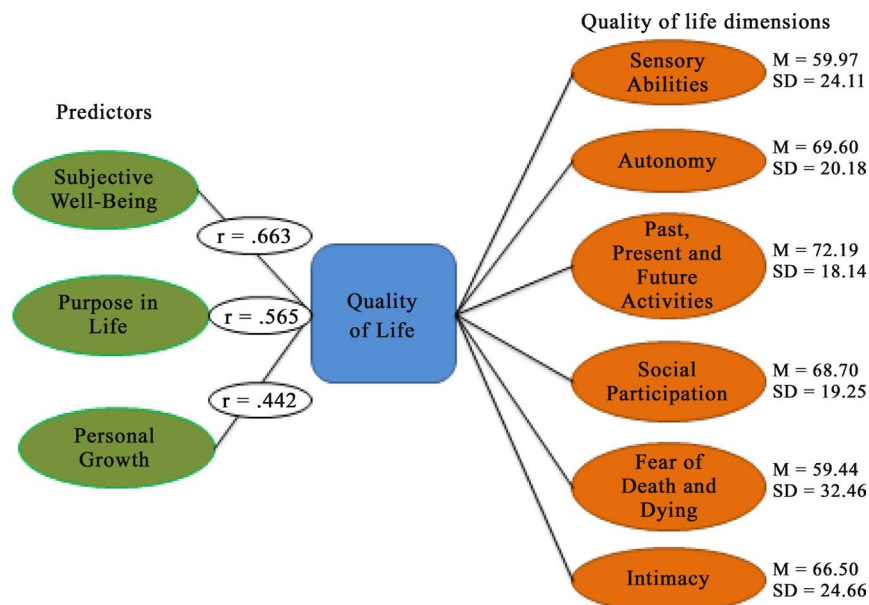


Figure 1. Predictors of quality of life.

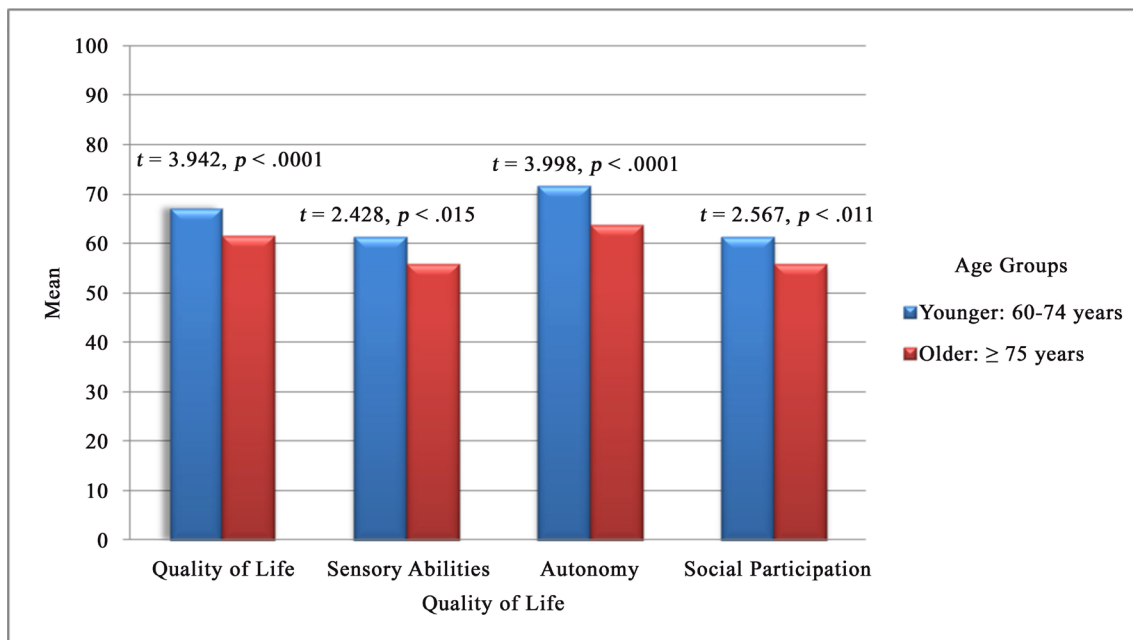


Figure 2. Comparison by age groups for quality of life and its dimensions.

Table 1. Correlation between quality of life and subjective well-being, purpose in life and personal growth.

	Quality of Life (QoL)
Subjective Well-being (SW)	$r = .633^{***}$
Purpose in Life (PiL)	$r = .565^{***}$
Personal Growth (PG)	$r = .442^{***}$

***Correlation is significant at the level .001 (One side).

Table 2. Regression model parameters coefficients^a.

	Non Standardized Coefficients		Standardized Coefficients	t	Sig
	B	Standard Error	β		
Constant	19.46	2.83		6.88	.000
Purpose in Life	0.12	0.06	0.13	2.08	.038
Personal Growth	-0.14	0.06	-0.14	-2.25	.025
Subjective Well-being	0.69	0.09	0.63	7.83	.000

^aDependent Variable: Quality of Life.

Ryff (1989) concludes that the elderly who have more well-being eudaimonic, i.e. when they believe that life has a purpose and a meaning, and when talent to advance is used, they have better living while having chronic disease conditions, than those people who have not developed such conditions of well-being. That means that your medical conditions do not result in more disease and dysfunction. It is concluded that well-being eudaimonic is a protective factor when older people are sick that means if they have a purpose in life, it can be used as a resource to cope with the disease.

Therefore, the results of this study provide evidence that having a purpose in life for seniors is important to enjoy a lasting well-being, with a good quality of life, where people need to set goals in life and define objectives that enable them to make sense of his life. To perceive that life has meaning need to have a sense of direction and intent and make life be productive, creative, emotionally integrated and thereby improve the quality of life.

In the same vein, the Personal Growth is important for the positive and optimal functioning of the elderly,

who need to make an effort to develop their potentials and capabilities in order to grow and expand as human beings and thereby improve their quality of life; however, the results do not provide enough statistical evidence to say that the Personal Growth can predict the quality of life of older adults; where one possible explanation is that the psychological well-being can be determined socio-culturally; which suggests highlighting the role of the influence of the historical culture in determining the psychological well-being.

In conclusion, the psychological well-being can predict the subjective dimension of quality of life, relatively stable subjective experience, occurs in relation to a judgment of satisfaction with life (balance between expectations and achievements) in the areas of greatest significance for each individual. When it comes to psychological well-being and subjective quality of life is being identifying the positive sense, that is, a good quality of life. So we talk about a personal enjoyment, where positive emotional states predominate. The drawn expectations, achievements and the balance between the two, however it seems that is mediated by the historical and socio-cultural conditions in which the individual develops.

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