

Psychological Well-Being Among Older Adults

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ABSTRACT

Psychological Well-Being (PWB) refers to the psychological state of an individual characterized by self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). Among older adults, PWB plays a crucial role in determining quality of life and resilience in facing physical and social changes. This study aimed to describe the level of PWB among older adults. A cross-sectional descriptive design was applied with 35 participants at a community-based elderly health post in East Java, Indonesia, during May–July 2022. Findings showed that nearly one-third of respondents (28.6%) had low levels of PWB, while only 17.1% were in the very high category. These results suggest that factors such as age, low education, and unemployment contribute to decreased PWB. Recent studies further highlight the importance of resilience, social support, religiosity, and meaningful activities as protective factors (López et al., 2020; Herdian et al., 2022; Aisyah & Chisol, 2020; MDPI, 2020). Nursing interventions should therefore address not only physical health but also psychological, social, and spiritual well-being to holistically improve the quality of life in older adults.

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INTRODUCTION

Psychological well-being (PWB) is an essential component of health in older adults, yet it often receives less attention than physical health conditions. As people age, they face multiple challenges including physiological decline, role transitions after retirement, and restrictions in performing daily activities. These changes can result in feelings of loneliness, decreased usefulness, or a diminished sense of life purpose, all of which negatively affect overall quality of life. The World Health Organization (WHO, 2023) stresses that mental health is inseparable from physical health, and both are equally important in ensuring healthy aging. With the increasing proportion of older adults in many countries, including Indonesia, where life expectancy continues to rise, the issue of psychological well-being is becoming increasingly urgent and demands more comprehensive attention from researchers, policymakers, and health professionals.

The concept of PWB was introduced by Ryff (1989), who conceptualized well-being through six dimensions: self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth. This multidimensional framework provides a deeper understanding of well-being beyond the absence of illness. Later, Ryff and Keyes (1995) refined this model, while Seligman (2011) expanded the discussion through the PERMA model—covering positive emotions, engagement, relationships, meaning, and accomplishment. Over the past decades, these frameworks have been widely adopted in aging studies. Research has consistently shown that PWB in older adults is influenced by various protective and risk factors. For instance, Li et al. (2021) highlighted the role of social support and resilience, while Aisyah and Chisol (2020) found that religiosity helps older adults maintain psychological well-being. Marquez et al. (2020) further emphasized the positive contribution of physical activity. Despite this, PWB remains an underexplored domain in low- and middle-income countries, including Indonesia, where social and cultural factors differ significantly from Western contexts.

In Indonesia, older adults face a dual burden: the lack of adequate access to mental health services and relatively low levels of health literacy, especially in rural communities. These conditions weaken their ability to manage stress, maintain independence, and sustain psychological well-being. Local evidence also suggests that loneliness, low education, and unemployment are significant predictors of low PWB among Indonesian older adults (Herdian et al., 2022; Purnama et al., 2022). Compared to Western countries where institutional care is common, Indonesian older adults often depend heavily on family and community networks, which can serve as both protective and limiting factors. However, empirical studies focusing on the unique cultural context of Indonesia remain scarce. Therefore, this study aimed to describe the levels of psychological well-being among older adults at a community-based elderly health post in East Java, Indonesia. The research question was straightforward: What are the levels of psychological well-being among older adults in this community-based setting? By answering this question, the study provides a necessary empirical foundation for future interventions.

The significance of this study lies in its contribution to both theoretical knowledge and practical application. From a theoretical perspective, it enriches the existing literature by presenting empirical data from Indonesia, where cultural, spiritual, and family dynamics strongly shape aging experiences. By examining demographic characteristics such as age, gender, education, and employment status, this study also highlights socio-demographic factors that may contribute to variations in psychological well-being. These findings support and extend global evidence (López et al., 2020; Susanty et al., 2022), showing that determinants of PWB are both universal and culturally specific. From a practical perspective, the results provide valuable insights for nursing practice, particularly in designing interventions that address not only physical but also psychological and spiritual needs of older adults.

Finally, the growing population of older adults in Indonesia underlines the urgency of a holistic approach in health services. Interventions that enhance protective factors—such as resilience training, strengthening social support, religious and spiritual engagement,

and the provision of meaningful community-based activities—are essential to improve psychological well-being (Reynolds, 2022; Kim et al., 2024; Zhang et al., 2019). The findings of this study are aligned with national health policies that emphasize promotive and preventive health efforts for older adults. Beyond academic significance, this research carries practical implications for improving the well-being of older adults, reinforcing the role of nursing professionals in creating sustainable strategies for healthy and dignified aging.

METHOD

This study employed a quantitative descriptive design with a cross-sectional approach. Such a design was chosen because it allows researchers to capture the condition of psychological well-being (PWB) among older adults at a single point in time without manipulating variables. This type of research is widely used in nursing and social sciences to describe the characteristics of a population and to generate baseline data that can inform future interventions and more complex studies.

The study population consisted of all older adults registered at one of the community-based elderly health posts in East Java, Indonesia, totaling 43 people. From this population, a sample of 35 respondents was selected using purposive sampling. The inclusion criteria were: being able to communicate effectively, willing to participate voluntarily, and actively attending health post activities during the study period. Exclusion criteria included older adults with severe cognitive impairment or acute illness that might hinder participation. This sampling approach ensured that participants represented the active elderly population in the community health setting.

Data collection was carried out during May to July 2022. The instrument used was Ryff's Psychological Well-Being Scale (RPWB), which has been adapted and validated in various cultural contexts, including Indonesia (Purnama et al., 2022; Meliala & Ahman, 2024). The scale consists of multiple items measuring six core dimensions of PWB: self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth. Respondents were asked to respond to each statement using a Likert-type scale, allowing for the quantification of their psychological well-being. The instrument was administered directly by the researchers with assistance provided when necessary to ensure clarity and accuracy of responses.

For data analysis, descriptive statistical techniques were employed. The collected responses were tabulated, and the frequencies and percentages were calculated to illustrate the distribution of respondents across demographic variables as well as PWB categories. This descriptive analysis allowed the researchers to identify patterns and tendencies within the sample, such as the prevalence of low, moderate, and high levels of psychological well-being among older adults. The results are presented in both narrative and tabular forms to provide a comprehensive overview of the findings.

FINDING AND DISCUSSION

RESEARCH RESULT

The study involved 35 respondents who met the inclusion criteria. The main findings are presented according to respondents' demographic characteristics and their levels of psychological well-being (PWB).

Table 1. General Characteristics of Respondents (n=35)

Characteristics	Category	Frequency (n)	Percentage (%)
Age	36–45 years	4	11.4
	46–55 years	19	54.3
	56–65 years	9	25.7
	>65 years	3	8.6
Gender	Male	17	48.6
	Female	18	51.4
Education	Primary school	15	42.9
	Junior high school	9	25.7
	Senior high school	7	20.0
	Higher education	4	11.4
Occupation	Unemployed	15	42.9
	Entrepreneur	9	25.7
	Government/private	6	17.1
	Others	5	14.3

Source: Primary Data (2022)

Table 2. Distribution of Psychological Well-Being among Respondents (n=35)

PWB Category	Frequency (n)	Percentage (%)
Very high	6	17.1
High	8	22.9
Moderate	8	22.9
Low	10	28.6
Very low	3	8.6
Total	35	100

Source: Primary Data (2022)

Table 1 presents the demographic characteristics of the 35 respondents who participated in this study. The results show that the majority of respondents were in the age group of 46–55 years, accounting for more than half of the sample (54.3%). This was followed by the 56–65 years group with 25.7%, while respondents aged above 65 years represented only 8.6%. A smaller portion, 11.4%, were aged between 36–45 years. These findings indicate that most respondents were in the middle to late adulthood stage. The gender distribution of respondents was relatively balanced, consisting of 48.6% male and 51.4% female, which suggests that both sexes were almost equally represented in the study.

Educational background varied across respondents. The largest proportion of respondents, 42.9%, had completed only primary school, followed by 25.7% who completed junior high school, and 20% who completed senior high school. Only a small proportion, 11.4%, had attained higher education. This distribution illustrates that most respondents had relatively low levels of formal education. In terms of occupation, nearly half of the respondents, 42.9%, reported being unemployed, while 25.7% were entrepreneurs. Another 17.1% were employed in government or private sectors, and 14.3% were engaged in other types of work. This data shows that a large portion of respondents did not have active employment at the time of the study.

As presented in Table 2, the distribution of psychological well-being (PWB) levels among respondents demonstrated variability across categories. Nearly one-third of respondents (28.6%) were categorized as having low levels of PWB, making it the largest group. An equal proportion of 22.9% fell into the moderate and high categories, showing that some respondents experienced average to good psychological well-being. Meanwhile, only 17.1% of respondents achieved very high levels of PWB, indicating a smaller group with optimal well-being. The lowest category, very low PWB, was reported by 8.6% of respondents.

Overall, the tabulated data indicates that most older adults in this study were concentrated in the low to moderate categories of psychological well-being, while fewer respondents reached the high and very high levels. This pattern reflects the variability of PWB among older adults, where only a minority experienced optimal well-being and some remained in the lower categories. The use of frequency and percentage distributions provides a clear overview of the demographic composition and well-being status of the respondents, offering a factual basis for further discussion.

DISCUSSION

The findings of this study revealed that most older adults were categorized as having low to moderate levels of psychological well-being (PWB), with only a minority achieving high or very high levels. This distribution is important because PWB plays a central role in determining overall quality of life, especially for older adults who experience multiple physiological, psychological, and social changes. Low levels of PWB may indicate difficulties in areas such as environmental mastery, autonomy, and personal growth, which are critical for maintaining independence in later life. Furthermore, the predominance of low and moderate categories suggests that many older adults struggle to find meaning and satisfaction in their daily lives. This highlights the urgent need to address not only physical health concerns but also the psychological and emotional needs of this vulnerable population.

These results can be understood in the context of the demographic profile of respondents. The majority of participants were aged 46–55 years, a stage often marked by transitions such as retirement or reduced productivity. Such life transitions may contribute to feelings of purposelessness, thereby lowering psychological well-being. Similarly, nearly half of the respondents were unemployed, which may further reduce their sense of self-worth and achievement. Education also appeared to play a role: most respondents had only completed primary school, which may limit health literacy and coping strategies. These demographic realities suggest that social determinants such as age, education, and employment status are closely linked to variations in PWB levels.

When compared to prior studies, these findings are consistent with international and local evidence. López et al. (2020) found that psychological well-being in older adults tends to decline with age, particularly in the domain of personal growth, though purpose in life often remains intact. Herdian et al. (2022) observed similar trends in Indonesia, noting that loneliness was strongly associated with reduced psychological well-being among older adults. Educational disparities have also been linked to differences in PWB: Purnama et al. (2022) highlighted that higher educational attainment contributes to greater autonomy and environmental mastery, whereas lower education correlates with poorer coping mechanisms. Religious and social factors have also been shown to influence well-being. Aisyah and Chisol (2020) emphasized that religiosity and spiritual involvement protect against declines in psychological well-being, while Kim et al. (2024) demonstrated that community-based interventions, particularly those that foster social connection, significantly

improve PWB. These findings collectively suggest that both individual demographic factors and broader social determinants play pivotal roles in shaping PWB.

In addition, other studies have emphasized the importance of resilience, physical activity, and social participation. Marquez et al. (2020) showed that physical activity is positively associated with improved psychological well-being and quality of life in older adults. Similarly, Zhang et al. (2019) underscored the need for reliable measures of PWB in physical activity research, further illustrating the multidimensional nature of this construct. Reynolds (2022) argued that mental health care for older adults must adopt a holistic perspective, integrating physical, psychological, and social interventions. This study contributes to these discussions by highlighting the interplay of demographic factors with psychological well-being in an Indonesian context, adding to global evidence on aging populations.

Despite these contributions, the study has limitations. The use of a cross-sectional design prevents causal conclusions about the relationship between demographic variables and psychological well-being. The small sample size and restriction to a single community-based elderly health post in East Java further limit the generalizability of findings. Additionally, the reliance on self-report questionnaires may introduce bias, as responses could be influenced by mood at the time of data collection or by limited understanding of the questionnaire items. Cultural factors, such as the strong role of family in Indonesia, may also have shaped responses in ways not fully captured by the instrument. Future research should address these limitations by adopting longitudinal designs, expanding to multiple sites, and incorporating qualitative approaches to capture richer insights into the lived experiences of older adults.

The implications of this study are significant for both practice and research. For nursing practice, the findings highlight the need for holistic care approaches that go beyond addressing physical health. Nurses can play a pivotal role in facilitating programs that strengthen social support networks, foster religious and spiritual activities, and provide opportunities for meaningful engagement. These interventions may help older adults develop resilience, maintain autonomy, and enhance their sense of purpose in life. For policy, the results align with national and global agendas to improve the quality of life of older adults through promotive and preventive health strategies. For future research, it is recommended to explore the effectiveness of interventions such as group-based activities, resilience training, and spiritual care programs in improving PWB. By doing so, researchers can contribute to evidence-based strategies that are culturally sensitive and practically applicable in diverse settings.

CONCLUSION

This study concludes that most older adults had low to moderate levels of psychological well-being, with only a small proportion achieving very high levels. Age, low education, and unemployment were identified as contributing factors. Recent literature also highlights resilience, social support, religiosity, and physical activity as protective factors for PWB. Holistic nursing interventions that address physical, psychological, social, and spiritual aspects are required to enhance psychological well-being and improve the quality of life in older adults.

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