

## Special Thematic Section on "Aging and Health in Different Sociocultural Contexts"

### Daily Living Functioning, Social Engagement and Wellness of Older Adults

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#### Abstract

**Aim:** The present study aim to investigate the contributing role of daily living functioning and social engagement in enhancing wellness and various dimensions of wellness in older adults.

**Method:** A correlational research was designed. Socio-demographic data was collected. Lawton Instrumental Activities of Daily Living, Lubben Social Network Scale, and Perceived Wellness Survey were administered on a sample of 112 participants, including 56 men and 56 women.

**Results:** A correlation analysis found positive correlations between daily living functioning, social engagement and wellness of older adults. The results of regression analysis concluded that both the daily living functioning and social engagement predicted wellness and domains of wellness as well.

**Conclusion:** The obtained results indicate that older adults who are self-reliant lead a more satisfied life in old age and demonstrate to be more adjusted to the effects of aging.

**Keywords:** older adults, daily living functioning, social engagement, wellness

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Ageing is the process of growing older (Gorman, 1999). It is described that the chronological age of 60 or 65 years is considered as definition of older person (WHO, 2007). According to Rowe and Kahn (1997), ageing incorporates three segments: vulnerability towards illness, limitations in psychological and physical actions, and dynamic engagement with life. Previous research showed that the older adults who are socially engaged and connected with people through different exercises were more likely to have better health and are considered to be physically fit (Ryff, 1982).

The functioning of the older adults is greatly affected by their social connections. In old age, most of the people lose their contacts due to the decline in their health. The people who have more contacts have better health functioning in their daily lives (Kiely & Flacker, 2003). Previous research support that older adults performed their functions much better if they are connected to the society.

When individuals become old, they lose their abilities of performing tasks well and their functioning decreases day by day (Lawton & Brody, 1969). Physical functioning has an extraordinary impact on social engagement of older adults. Everard (1999) explained in his research that the maintenance of social activities was positively associated with physical health. It was also found that social interaction with friends, but not with children or other relatives, is related to reduced risk of disability (Mendes de Leon, Gold, Glass, Kaplan, & George, 2001).

Different studies mention the influence of social engagement on the level of daily living functioning regarding older adults. Gardner (2014) emphasized that older adults who connected with their family, friends, neighbours and relatives, performed a better functioning. Furthermore, a research was conducted by Rosso, Taylor, Tabb, and Michael (2013) revealed that reduced daily living activities were associated with a lower level of social engagement - which means that older adults would have better health and performed better functions if they connect themselves with the society. Social engagement is important for maintaining good health and achieving successful ageing (Bassuk, Glass, & Berkman, 1999). The decline in social network was negatively correlated with the executive functioning (Seeman et al., 2010).

According to Dodge, Daly, Huyton, and Sanders (2012), wellness is something that provides an individual with psychological, social and physical means that are needed to face psychological, social and/or physical challenges. People with purpose of life and the ability of self-determination increased the prevalence of wellness (Kimura, Yamazaki, Haga, & Yasumura, 2013). Another research was conducted by Bath and Deeg (2005) in which they reviewed the relationship between social participation and wellness; the results showed that if the person engaged himself in social activities and participated in leisure activities, his/her physical and mental health would be better compared to staying at home alone.

It has been evidenced from previous studies that social engagement has an impact on wellness and daily living functioning of older adults, acknowledging the importance of social connectedness. It is known that older adults have more physical and psychological wellness if they share their daily living problems with their relatives, friends, or neighbours. Currently, there is the need to assess the perceived wellness of older people, along with the status of their physical functioning and level of social connections. It was hypothesized that there would be a positive association between daily living functioning, social engagement and wellness of older adults. It was also hypothesized that daily living functioning and social engagement would positively predict wellness and different dimensions of wellness in older adults. It was also hypothesized that gender differences would also be found.

## Method

### Participants

The sample included 112 older adults, aged from 65 to 75 years old. The sample comprised 56 men and 56 women; the mean age was 68.48 ( $SD = 3.29$ ) in men and 67.16 in women ( $SD = 2.35$ ).

## Measures

The applied questionnaire was composed by a socio-demographic form, the Lawton's Instrumental Activity of Daily Living Scale (Lawton & Brody, 1969), the Lubben's Social Network Scale (Lubben & Gironde, 2004) and the Perceived Wellness Survey (Adams, Bezner, & Steinhardt, 1997).

The socio-demographic questionnaire was developed to assess the demographic characteristics of participants, such as age, gender, education, marital status, family background, clinical history of any physical and mental illness, etc.

### Instrumental Activity of Daily Living Scale (IADL)

Developed by Lawton and Brody (1969), it assesses independent living skills, identifying a person's present functioning and the improvement or deterioration over time. This scale evaluates eight domains of function, including housekeeping, laundry, cleaning, among others; each item is scored with 0 or 1. The total score is obtained through the sum of all items. Test-retest reliability coefficient for IADL was .93. For the present study, the instrument was translated to Urdu with the permission of the authors. The calculated Cronbach alpha (0.70) for Urdu version was found to be satisfactory.

### Lubben Social Network Scale (LSNS)

Developed by Lubben and Gironde (2004), this scale has 18 items that assess the nature of the relationship with friends, relatives and neighbours. It is an adequate tool for assessing the social network of the older adults of age 65 years. The score is obtained through the mean of all items. The scores for each LSNS item range from 0 to 5, with lower scores indicating smaller networks. Factor analysis on the LSNS suggest that it measures three different types of social networks: family networks, friendship networks, and interdependent relationships. The items include "How many relatives do you feel at ease with that you can talk about private matters?"; "How many of your friends do you see or hear from at least once a month?"; and "How many neighbours do you feel close to such that you could call on them for help?", among others. The scale has an acceptable internal consistency, with an alpha of .73 and moderate to strong inter-item correlations. The instrument was translated to Urdu, with the permission of the authors, for the present study. The calculated Cronbach alpha (.90) for the Urdu version demonstrated an adequate internal consistency.

### Perceived Wellness Survey (PWS)

Developed by Adams, Bezner, and Steinhardt (1997), this survey comprises 6 dimensions - emotional, intellectual, physical, psychological, social, and spiritual- and each dimension has 6 items respectively. Emotional wellness is defined as a secure self-identity and a positive sense of self-regard; it includes the items such as "There have been times when I felt inferior to most of the people I knew". Intellectual wellness is defined as the perception of being internally energised by an optimal amount of intellectually stimulating activity; it includes items related to intellectual activities, such as "I will always seek out activities that challenge me to think and reason". Physical wellness is referred as a positive perception and expectation of physical health; items of this domain include "My physical health has restricted me in the past". Psychological wellness is stated as the perception that one will experience positive outcomes to the events and circumstances of life; included items are related to the purpose of future life, for example "I am always optimistic about my future". Social wellness is defined as the perception of having support available from family or friends, as well as the perception of being a valued support provider; items of this dimension relate to social network, such as;

“Members of my family come to me for support”. Spiritual wellness is stated as a positive sense of meaning and purpose in life; the items of this domain include questions as “I believe there is a real purpose for my life”.

Globally, the 36 items of PWS are scored ranging from 1 (*very strongly disagree*) to 6 (*very strongly agree*). The total score of the PWS is obtained by dividing the mean of the subscales with the standard deviation among subscales. The dimensional scores are integrated by combining the mean of each dimension with the standard deviation among dimensions into a wellness composite score. The scale has adequate reliability ( $\alpha = .88$  and  $\alpha = .93$ ). For this study, the PWS was translated to Urdu with the permission of the authors. The calculated Cronbach alpha (.91) for the Urdu version indicated an adequate internal consistency. The internal consistency of each dimension of wellness was calculated: psychological ( $\alpha = .69$ ), emotional ( $\alpha = .66$ ), social ( $\alpha = .48$ ), physical ( $\alpha = .80$ ), spiritual ( $\alpha = .69$ ) and intellectual ( $\alpha = .64$ ).

## Procedure

Data were collected through snowball sampling and participants' referencing. The older adults were debriefed about the nature of the research, their role in the study, and were educated about the research purpose. The questionnaires were administrated individually; the time taken to fill in the form varied from 30 to 60 minutes.

## Statistical Analyses

Descriptive statistics and inferential analysis were performed with Statistical Packages for Social Sciences (SPSS) version 20. Pearson correlation was used to find the association between daily living functioning, social engagement and wellness among older adults. In order to explore the predictors of wellness stepwise regression analysis was conducted.

## Results

The main analysis report the obtained association between the variables, and the predictors of the outcome variable were found by using the stepwise regression. [Table 1](#) shows the Pearson's correlations of daily living functioning (IADL), social engagement (LSNS) and the dimensions of wellness, as well as the perceived wellness (PWS).

This study's hypothesis was validated, according to the obtained results - which showed that there was positive correlation between daily living functioning (IADL), social engagement (LSNS) and wellness (PWS) in older adults. The daily living functioning had a positive association with wellness and its dimensions (psychological, emotional, social, physical, spiritual and intellectual wellness). This association emphasizes that older people who had better physical health status, meaning their body seems to resist the physical illnesses effectively, execute their daily tasks (including responsibility of own medication and other personal tasks) more effectively, and vice-versa.

Table 1

*Relationship Between Daily Living Functioning (IADL), Social Engagement (LSNS) and Wellness and Its Domains (PWS)*

Variables	1	2	3	4	5	6	7	8	9	M	SD
1. Daily living functioning	-	.30**	.39**	.48**	.49**	.50**	.35**	.38**	.51**	6.97	1.51
2. Social engagement		-	.37**	.41**	.50**	.29**	.35**	.21**	.30**	44.05	14.24
3. Psychological wellness			-	.55**	.65**	.57**	.61**	.25**	.62**	26.47	3.81
4. Emotional wellness				-	.72**	.63**	.72**	.55**	.74**	26.42	3.73
5. Social wellness					-	.54**	.58**	.30**	.64**	26.39	2.94
6. Physical wellness						-	.62**	.50**	.79**	24.60	4.95
7. Spiritual wellness							-	.42**	.66**	27.06	3.56
8. Intellectual wellness								-	.74**	24.18	4.27
9. Perceived wellness									-	15.74	3.52

*Note.*  $N = 112$ .

\* $p < .05$  (one tailed). \*\* $p < .01$  (one tailed).

The significant positive association found between daily living functioning and the domains of psychological and emotional wellness highlights that older people were optimistic about their future and have confidence in their abilities as they performed their routine tasks enthusiastically. There was also found a significant association between daily living functioning and social wellness, meaning that the older people enhance their social relationships by meeting with other people, when they were physically active and independent. When they move independently by using transports, put an effort to meet friends and relatives with purpose for conversation, and seek emotional support from social circle, their social wellness is enhanced. Daily living functioning was also significantly correlated with spiritual wellness; older people, when more self-reliant and less incapacitated, have positive sense in meaning and purpose of their life. They courageously fulfil their duties and responsibilities, believe in themselves and in having an aim and purpose for their life. The intellectual wellness also had a positive and significant association with daily living functioning; this means that an optimal amount of intellectual and stimulating internal activity energised the older people when they are capable to involve in physical activities for intellectual pursuit, such as reading books, watching informative TV programs, and engaging in knowledgeable conversation with others.

Results also revealed a significant positive correlation of social engagement with perceived wellness; this means that older adults who were more socially active also reported better perceived wellness. Social engagement also had significant positive correlation with psychological, emotional, social, physical, spiritual and intellectual wellness domains. This reflects that older people had strong connections with their friends and family, sharing their personal matters, concerns and discuss important decisions with them. They may trust their friends and families and they would help them in their harsh and difficult times. The maximum involvement in socialisation is a source of social support from relationships. Older people view themselves socially desirable and well cared. Moreover, playing an active social role also increased feelings of self-worth. The opportunity to listen to others and share their own concerns enhanced the emotional functioning. Subsequently, older people continue to experience wellness in psychologically, socially and emotionally domains. The daily living functioning also had a positive significant relationship with social engagement; this expresses that older adults who adequately perform their daily living activities are inclined to social engagement and contributed towards societal activities - such as communicating with friends by calling them, going shopping with friends and family

members, and travelling to different areas and regions to meet relatives. The spiritual wellness is established by attending different functions of the society. Friends may encourage their potential and make them feel proud of their life. The older adults found intellectual challenges to be vital for their wellbeing and also felt pleasure in solving intellectual games of their friends and family members. The intellectual wellness of the older was well-organised.

Regression analysis of daily living functioning, social engagement and perceived wellness is presented in Table 2.

Table 2

*Daily Living Functioning and Social Engagement Predicting Perceived Wellness*

Variable	B	95% CI
Constant	6.44***	[3.60, 9.27]
Daily living functioning	1.07***	[0.68, 1.46]
Social engagement	0.04*	[0.00, .084]

Note.  $R^2 = .28$ ,  $F = 22.12$ ,  $p < .001$ . CI = confidence interval.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

According to this table, the results indicate that daily living functioning and social engagement predicts perceived wellness. The model is statistically significant ( $F(2,109) = 22.12$ ,  $p < .001$ ) and accounted for .28 of the variance in the perceived wellness (see Figure 1).

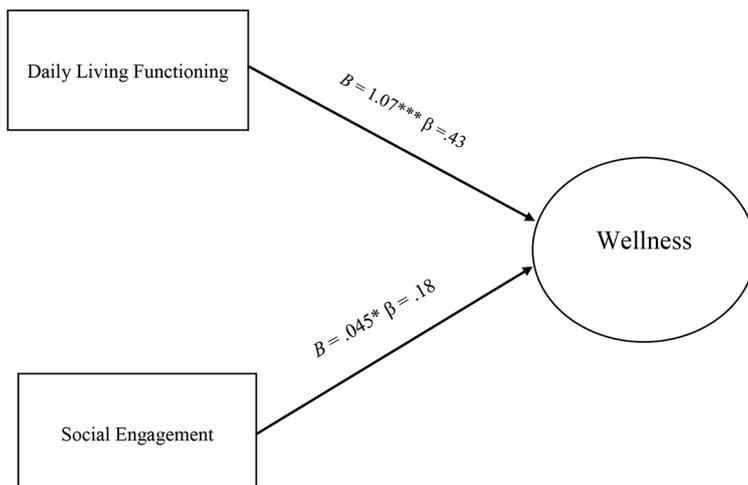


Figure 1. Emerged model representing the predictive relation between daily living functioning (IADL), social engagement (LSNS), and wellness (PWS) in older adults.

The results showed that both variables of daily living functioning (IADL) and social engagement positively (LSNS) predicted the perceived wellness (PWS). Physical functional status determines the quality of life and, subsequently, older people perceive wellness in aspects of physical and psychological status, and also of intellectual and spiritual domains. They are more capable to care for themselves, pursue intellectual quests and engaging themselves in spiritual activities.

When participants show more independence in daily functioning in spite of an old age, physical, psychological, emotional, social, intellectual and spiritual wellness were enhanced. It is inferred that older adults with better capacity to continue their independent living, adequately perform their responsibilities as shopping, laundry, money keeping and housekeeping etc. They also stimulated their intellectual abilities by updating themselves with the ability to use mobile phones. They perceived their wellness better and viewed themselves as self-reliant and satisfied with their lives and health status.

Results indicated social engagement as another emerged predictor of wellness. This means that the older adults who were engaged in social activities and maintained their social contacts, reported a higher wellness.

Table 3 shows the results of the independent *t*-test which was run to check possible gender differences in daily living functioning, social engagement and wellness of older adults.

Table 3

*Gender Differences in Instrumental Activities of Daily Living Functioning (IADL), Lubben Social Network Scale (LSNS) and Perceived Wellness (PWS)*

Variable	Men		Women		<i>t</i> (110)	<i>p</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			LL	UL	
Daily living functioning	7.00	1.51	6.95	1.62	0.03	.85	-0.53	0.64	0.03
Social engagement	48.05	14.46	40.05	12.95	0.58	.003	2.85	13.14	0.58
Perceived Wellness	15.47	3.40	16.00	3.65	-0.15	.42	-1.86	0.786	-0.15
Psychological Wellness	26.57	3.74	26.38	3.92	0.05	.78	-1.23	1.63	0.05
Emotional Wellness	26.27	3.65	26.57	3.83	-0.08	.66	-1.70	1.09	-0.08
Social Wellness	26.29	2.84	26.50	3.08	-0.07	.70	-1.32	0.89	-0.07
Physical Wellness	24.73	4.73	24.46	5.20	0.05	.77	-1.59	2.13	0.05
Spiritual Wellness	27.09	3.17	27.04	3.94	0.01	.93	-1.28	1.39	0.01
Intellectual Wellness	24.20	4.65	24.16	3.90	0.009	.96	-1.57	1.64	0.009

Note. *N* = 112; CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit.

From the results, no significant gender differences was found. The obtained results referred that both men and women perceived similar levels of wellness and were equally efficient in performing their routine tasks and effectively accomplishing their responsibilities. The only significant difference was found on social engagement (LSNS), where men reported higher scores. This indicated that men were more involved in social activities and in get together with others in this period of their lives. On the contrary, women reported a more reduced investment on social network in old age.

## Discussion

The present study examined the relationship between daily living functioning, social engagement and wellness among older adults. The primary focus of this research was to understand the interrelationships of daily living functioning and social engagement with wellness in this particular sample.

A positive relationship between daily living functioning, social engagement and perceived wellness was hypothesised. It was also hypothesised that daily living functioning and social engagement would be predictors

of perceived wellness. The results showed that these variables were positively and significantly correlated. Overall, these results are consistent with previous literature; particularly, these findings are supported by the continuity theory, which explains that older adults preserve their health and wellness in later life if they show stability in their behaviours, actions and personalities during their transitional phase (Atchley, 1989). Maier and Klumb (2005) found, in a comparative study, that the group of older adults who had impairments in physical functioning would not perceive themselves as well as the group of elderly who were healthier and more active.

The results of the present study are also supported by previous findings that indicate that older adults could not be devalued, emphasizing that their physical health and wellness would be maintained if they were occupied with friends and family members (Hugman, 1999). The positive prediction between social engagement and wellness is also supported by literature that reports that low level of social engagement predicts the intermediate decline in wellness of the elderly (Bennett, 2002).

Overall, a positive correlation was found between daily living activities (IADL), social engagement (LSNS), and wellness and its domains (PWS). The participants experienced physical, psychological, emotional, spiritual and intellectual wellness when they themselves engaged in physical and social activities. They also showed to be optimistic about their futures and able to accomplish all their responsibilities efficiently. Furthermore, they engaged themselves in societal welfare activities as well as in socialisations with relatives, neighbours and friends, playing a positive social role and seeking social support. The results emphasize that the active and socially connected older adults would have better health and wellness. It was also found that women were less socially active; this is possibly related to the cultural context, since in Pakistan women tend to stay home more, when comparing to Pakistani men - this may contribute to a decrease in women's social connections.

This Indigenous research studied the positive construct of wellness related to aging. Depending on multiple aspects, such as family and friends, health and personal activities, the analysis of wellness in the present study focused all aspects of the wellness. All the possible dimensions of social engagement are also studied in this research - including trusting on others, sharing problems, and discussing important decisions.

This research presents some limitations, due to non probabilistic sampling - which limits the generalisation of the obtained results - and to the exclusivity of responses taken only from urban areas. Elderly from rural areas should also be assessed, since there may exist possible differences due to the social structures of urban and rural contexts. Other limitation of the present study is its particular focus in physical functioning, not addressing the cognitive functioning of this sample. The wellness could also be affected by cognitive distortions, consequently impacting the functioning of older adults.

Support groups can be structured for older people to help each other on the enhancement of social participations and functional coping. Elderly's family members can be guided with the multiple ways to support their older adults in periods perceived as difficult and challenging.

Based on these results, it is concluded that daily living functioning, social engagement and perceived wellness established a significant association with each other. Aging can be positively experienced when functional status is less impaired and social life is maintained, facilitating perceived wellness - characterised by psychological, emotional, social, physical, spiritual, and intellectual wellness. In sum, older adults performing daily activities enthusiastically would experience better wellness and have positive social contacts with others.

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## Competing Interests

The authors have declared that no competing interests exist.

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